REFERENCE COMMITTEE A June 29, 2016

Members:

Erich Garland, MD, Chair, Idaho Falls
Suzanne Allen, MD, Boise
Bradley Beaufort, DO, Pocatello
Brian Crownover, MD, Meridian
Jeff Hessing, MD, Boise

The following reports and resolutions have been assigned to Reference Committee A:

REPORTS:

ADM IV	Report of the Treasurer and Membership

CONSENT CALENDAR:

ADM I	Report of the President
ADM II	Report of the President-Elect
ADM III	Report of the Board of Trustees
ADM V	Trustee Report of District One
ADM VI	Trustee Report of District Two
ADM VII	Trustee Report of District Three
ADM VIII	Trustee Report of District Four
ADM IX	Trustee Report of District Five
ADM X	Trustee Report of District Six
ADM XI	Trustee Report of District Seven
*ADM XII	Report of the AMA Delegation

RESOLUTIONS:

RES 101	STD and STI Testing and Treatment in Minors
RES 102	Full Coverage for Gap Population
RES 103	Limiting The Use of Maintenance of Certification (MOC)
RES 104	All Vaccine Providers Required to Report in IRIS
RES 105	Opportunities for the Idaho Medical Association to Partner with the Idaho Food Bank
RES 106	Regulation of Sterile Compounding
RES 107	Commercial Insurance Recoupment Limits
RES 108	Newborn Screening for Critical Congenital Heart Disease
RES 109	Prior Authorization Standardization
RES 110	Parity of Payer Coverage for Opioids

*Indicates material to be posted to the IMA website prior to July 29, 2016

REPORT: ADM IV

Idaho Medical Association

REPORT OF THE TREASURER AND MEMBERSHIP

Kyle Palmer, MD, Meridian

Attached to this report are three exhibits: the completed Audit for 2015 (Exhibit I), the IMA Monthly Membership Report (Exhibit II), and the IMA Renewal Report (Exhibit III).

Exhibit I, the 2015 Audit, contains line item and summary figures for the General Fund operating account, as well as the Physician Recovery Network account.

The IMA Board of Trustees has reviewed the association's financial status in detail and recommends the following action to the House of Delegates.

Recommendation: That Idaho Medical Association membership dues for the following categories remain at the present levels for 2017, which are:

1st Year Member	$173
2nd Year Member	$347
Full Paying Member	$520
Part-Time Associate Member	$260
Affiliate (Resident) Member	$ 25
Physician Assistant	$ 50
Nurse Practitioner	$ 50
Medical Student	$ 0

The active physician membership, which includes: 1st year, 2nd year, full paying and part-time associates in the IMA was 1,742 on May 31, 2016. Membership as of May 31, 2015 was 1,753. In addition, there were a combined number of 485 physician assistant and nurse practitioner members as of May 31, 2016, compared to a combined number of 435 physician assistants and nurse practitioners in 2015. The IMA also has a combined number of 300 retired and dues exempt members – See Exhibit II, IMA Monthly Membership Report, May 31, 2016 vs. May 31, 2015.

A summary report on 2016 renewal efforts made by the membership department for providers that were members in 2015 and the renewals obtained by these efforts are listed in Exhibit III. Deciding factors for non-renewal are listed on this report. In several cases offices have multiple providers, but only partial membership participation, which allows the remaining providers access to IMA benefits and services. Some are nearing retirement, and others will be or have already left the state. In addition, some hospitals that were previously submitting membership dues on group invoices for all providers are no longer doing so, which has resulted in an increase of non-renewals.

Respectfully submitted,

Kyle Palmer, MD, Treasurer, Meridian

July 2016
Attachments

IDAHO MEDICAL ASSOCIATION, INC.

AUDITED FINANCIAL STATEMENTS
and
OTHER FINANCIAL INFORMATION

YEARS ENDED DECEMBER 31, 2015 and 2014

CONTENTS

CRANDALL-SWENSON, PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Idaho Medical Association, Inc.
Boise, Idaho

We have audited the accompanying statements of financial position of Idaho Medical Association, Inc. (a non-profit organization) as of December 31, 2015 and 2014, and the related statements of activities, changes in net assets, and cash flows, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of Idaho Medical Association, Inc. as of December 31, 2015 and 2014, and the results of its operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The other information, as indicated in the table of contents and presented on pages 12 through 16 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting records used to prepare the financial statements. This information has been subjected to the auditing procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America, and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Crandall-Swenson, PLLC

Boise, Idaho
January 29, 2016

IDAHO MEDICAL ASSOCIATION, INC.
STATEMENTS OF FINANCIAL POSITION

	December 31, 2015		
ASSETS	**Operating Fund**	**Physician Recovery Network Fund**	**Total**
Current Assets:			
Cash and cash equivalents	$ 681,654	$ 99,470	$ 781,124
Accounts receivable	21,470	2,250	23,720
Investments, net of market adjustments	1,083,692	-	1,083,692
Prepaid expenses	5,492	-	5,492
Total Current Assets	1,792,308	101,720	1,894,028
Property and Equipment:			
Land & building	950,467	-	950,467
Furniture and equipment	153,278	-	153,278
	1,103,745	-	1,103,745
Less accumulated depreciation	413,668	-	413,668
	690,077	-	690,077
Other Assets:			
Funds with deferred compensation administrators	373,489	-	373,489
	$ 2,855,874	$ 101,720	$ 2,957,594
LIABILITIES AND NET ASSETS			
Current Liabilities:			
Accounts and other payables	$ 57,257	$ 10,134	$ 67,391
Deferred revenue	707,704	-	707,704
Current portion of capital lease obligation	9,898	-	9,898
Total Current Liabilities	774,859	10,134	784,993
Long-term Liabilities:			
Deferred compensation payable	373,489	-	373,489
Capital lease obligation- due after one year	20,194	-	20,194
Total Long Term Liabilites	393,683	-	393,683
Total Liabilities	1,168,542	10,134	1,178,676
Net Assets:			
Unrestricted	1,687,332	-	1,687,332
Restricted	-	91,586	91,586
	1,687,332	91,586	1,778,918
	$ 2,855,874	$ 101,720	$ 2,957,594

The accompanying notes are an integral part of the financial statements.

December 31, 2014		
Operating Fund	Physician Recovery Network Fund	Total
$ 920,241	$ 98,397	$ 1,018,638
40,045	535	40,580
1,330,662	-	1,330,662
4,998	-	4,998
2,295,946	98,932	2,394,878
950,467	-	950,467
153,278	-	153,278
1,103,745	-	1,103,745
381,709	-	381,709
722,036	-	722,036
389,682	-	389,682
$ 3,407,664	$ 98,932	$ 3,506,596
$ 54,322	$ -	$ 54,322
965,302	-	965,302
9,183	-	9,183
1,028,807	-	1,028,807
389,682	-	389,682
30,092	-	30,092
419,774	-	419,774
1,448,581	-	1,448,581
1,959,083	-	1,959,083
-	98,932	98,932
1,959,083	98,932	2,058,015
$ 3,407,664	$ 98,932	$ 3,506,596

The accompanying notes are an integral part of the financial statements.

IDAHO MEDICAL ASSOCIATION, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

	Year Ended December 31, 2015		
	Operating Fund	Physician Recovery Network Fund	Total
Revenues:			
Dues	$ 884,601	$ -	$ 884,601
Contributions and support	-	129,234	129,234
Other	335,613	-	335,613
Total operating revenues	1,220,214	129,234	1,349,448
Expenses:			
Committees	22,898	-	22,898
PRN program	-	136,750	136,750
Administration:			
Officers and trustees	100,052	-	100,052
Operating	1,086,823	-	1,086,823
Total operating expenses	1,209,773	136,750	1,346,523
Income (loss) from operations	10,441	(7,516)	2,925
Other Income (expense):			
Depreciation	(31,959)	-	(31,959)
Investment activity:			
Interest & dividends	47,253	170	47,423
Investment fees	(5,361)	-	(5,361)
Investment sales gains (losses)	(4,018)	-	(4,018)
Market value adjustment	(19,969)	-	(19,969)
Total Investment Activity	17,905	170	18,075
Total Other Income (Expense)	(14,054)	170	(13,884)
Income (loss) before IMA Foundation donation	(3,613)	(7,346)	(10,959)
Donation to IMA Foundation	(268,138)	-	(268,138)
Increase (Decrease) in Net Assets	(271,751)	(7,346)	(279,097)
Net Assets at Beginning of Year	1,959,083	98,932	2,058,015
Net Assets at End of Year	$ 1,687,332	$ 91,586	$ 1,778,918

The accompanying notes are an integral part of the financial statements.

Year Ended December 31, 2014		
Operating Fund	Physician Recovery Network Fund	Total
$ 876,488	$ -	$ 876,488
-	132,417	132,417
365,457	-	365,457
1,241,945	132,417	1,374,362
19,178	-	19,178
-	134,639	134,639
93,622	-	93,622
1,123,029	-	1,123,029
1,235,829	134,639	1,370,468
6,116	(2,222)	3,894
(27,612)	-	(27,612)
50,771	195	50,966
(6,683)	-	(6,683)
(1,074)	-	(1,074)
(12,709)	-	(12,709)
30,305	195	30,500
2,693	195	2,888
8,809	(2,027)	6,782
-	-	-
8,809	(2,027)	6,782
1,950,274	100,959	2,051,233
$ 1,959,083	$ 98,932	$ 2,058,015

The accompanying notes are an integral part of the financial statements.

IDAHO MEDICAL ASSOCIATION, INC.
STATEMENTS OF CASH FLOWS

	Year Ended December 31, 2015		
	Operating Fund	Physician Recovery Network Fund	Total
Cash Flows from Operating Activities:			
Increase (decrease) in net assets	$ (271,751)	$ (7,346)	$ (279,097)
Adjustments to reconcile to net cash:			
Depreciation add back	31,959	-	31,959
(Increase) decrease in investments	246,970	-	246,970
(Increase) decrease in accounts receivable	18,575	(1,715)	16,860
(Increase) decrease in prepaid expenses	(494)	-	(494)
Increase (decrease) in accounts payables	2,935	10,134	13,069
Increase (decrease) in deferred revenue	(257,598)	-	(257,598)
Cash Provided (Used) by Operating Activities	(229,404)	1,073	(228,331)
Cash Flows from Investing Activities:			
Purchase of property and equipment	-	-	-
Redemption of investments	125,000	-	125,000
Purchase of investments	(125,000)	-	(125,000)
Cash Provided (Used) by Investing Activities	-	-	-
Cash Flows from Financing Activities:			
New borrowings	-	-	-
Principal portion of debt service paid	(9,183)	-	(9,183)
Cash Provided (Used) by Financing Activities	(9,183)	-	(9,183)
Net Increase (Decrease) in Cash and Cash Equivalents	(238,587)	1,073	(237,514)
Cash and Cash Equivalents:			
At beginning of year	920,241	98,397	1,018,638
At end of year	$ 681,654	$ 99,470	$ 781,124
Supplemental Information			
Interest paid during the year	$ 2,644	$ -	$ 2,644

The accompanying notes are an integral part of the financial statements.

Year Ended December 31, 2014		
Operating Fund	Physician Recovery Network Fund	Total
$ 8,809	$ (2,027)	$ 6,782
27,612	-	27,612
(35,732)	-	(35,732)
(16,322)	2,675	(13,647)
12,610	-	12,610
27,228	-	27,228
271,194	-	271,194
295,399	648	296,047
(35,161)	-	(35,161)
205,094	-	205,094
(205,094)	-	(205,094)
(35,161)	-	(35,161)
-	-	-
(8,519)	-	(8,519)
(8,519)	-	(8,519)
251,719	648	252,367
668,522	97,749	766,271
$ 920,241	$ 98,397	$ 1,018,638
$ 3,308	$ -	$ 3,308

The accompanying notes are an integral part of the financial statements.

IDAHO MEDICAL ASSOCIATION, INC.
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

1. Summary of significant accounting policies

This summary of significant accounting policies of Idaho Medical Association, Inc. Is presented to assist in understanding the Association's financial statements. The financial statements and notes are the representations of the Association's management, which is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles.

Organization

The Association is a non-profit organization incorporated under the laws of the State of Idaho. It is organized to represent and serve the medical industry in Idaho. Responsibility for the Association's operations is vested in an independent board of trustees, with day-to-day operations conducted by an administrative staff.

Income taxes

The Association is exempt from income taxes under Section 501(c)(6) of the Internal Revenue Code. The Association is not a private foundation.

Financial reporting

The accompanying financial statements are presented in accordance with recommendations contained in the industry audit guide, Audit and Accounting Guide for Not-For-Profit Entities of the American Institute of Certified Public Accountants.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of accounting

Accounting for the Association is on the accrual basis, under which revenues and accounts receivable are recognized at the time services are provided, and expenses and liabilities are recorded at the time supplies and services are received. Membership dues received in advance are recorded as deferred revenue and are recorded in the period to which such dues pertain. The Association accounts for operations through two funds, an unrestricted General Operating Fund and a restricted Physician Recovery Network Fund.

1. **Summary of organization and significant accounting policies (cont.):**

Cash and cash equivalents

Cash and cash equivalents include certain investments in highly liquid securities and debt instruments that have varying maturities of three months or less. Such investments are recorded at fair market value.

Property and equipment

Property and equipment acquisitions are recorded at cost if purchased or fair market value if received by donation. Depreciation is provided over the estimated useful lives of depreciable assets and is computed using the straight-line method. Maintenance, repairs and renewals which neither materially add to the value of the property nor appreciably prolong its useful life are charged to expense as incurred. Gains or losses on dispositions of property and equipment are included in operations in the year such dispositions occur.

2. **Concentration of credit risk**

The Association maintains accounts at more than one bank. Aggregate bank balances at each bank are insured up to $250,000 by the FDIC. At various times during the year, the Association's bank balances, temporarily, exceed that insured limit. The Association has never experienced a loss of funds from the financial institutions that they do business with, and believes that the financial strength of these institutions is great enough to avoid any possible future fund loss.

3. **AMA and local Medical Society dues**

A portion of the dues collected by the Association are specified to be paid to the American Medical Association (AMA) and local Medical Societies. Since funds are received on behalf of these organizations and remitted directly to them, the Association does not record either their collection or their remission as Association revenue or expense.

4. **Retirement plan**

The Association has a 401(K) plan which is available to all full-time employees. For participating employees, The Association contributes 15% of qualifying employees' annual wages to the plan. Plan contributions and associated plan costs were $84,808 and $69,222 for the years ended December 31, 2015 and 2014, respectively.

5. **Deferred compensation plan**

The Association has had a deferred compensation plan created in accordance with Section 457 of the Internal Revenue Code. The plan is presently sealed and is no longer available to Association employees. When active, the plan permitted designated employees to defer a portion of their salaries to future years. The Association made no contributions to the plan, at any time. The deferred compensation contributions previously made by participating employees are not available to the employees until termination, death, retirement or other defined unforseen emergency events. The net increase (decrease) in plan assets, including investment gains less plan distributions, for the years ended December 31, 2015 and 2014, was ($16,192) and ($1,641), respectively.

5. Deferred compensation plan (cont.)

All assets of the plan are the sole property of the Association until paid or made available to the plan participants or beneficiaries, and are subject to the rights of the Association's general creditors. Plan participants' rights to plan assets are equal to those of general creditors, in amounts equal to the fair value of the deferred account value for each participant. It is the opinion of Management that the Association has no liability for potential losses under the plan and Management further believes that it is unlikely that plan assets would be used to satisfy general creditors' future claims.

6. Capital lease obligation

The Association has entered into a capital lease agreement to which it is obligated as follows:

Lessor	Balances at December 31, 2015	2014
US Bank:		
-Konica Minolta BHC654 copying system: payable monthly at $1,299 including interest at 7.52% per annum; monthly payments include $314 for maintenance and supplies; payments to conclude October, 2018; secured by equipment.	$ 30,092	$ 39,275
Less amount due in one year	(9,898)	(9,183)
Due after one year	$ 20,194	$ 30,092

Annual capital lease maturities for the next five years are as follows:

Year ended December 31,	
2016	$ 9,898
2017	10,670
2018	9,524
Thereafter	-

7. Subsequent events

The Association evaluated events subsequent to December 31, 2015 through January 29, 2016, the date of this report, and determined that no additional disclosures or adjustments to these financial statements are required.

OTHER FINANCIAL INFORMATION

Property and equipment

Changes in property and equipment and related accumulated depreciation during the year ended December 31, 2015, are presented in the following summary:

	Property and Equipment				Accumulated Depreciation				Net Book Value at December 31 2015
	Balances at December 31 2014	Additions	Deletions	Balances at December 31 2015	Balances at December 31 2014	Additions	Deletions	Balances at December 31 2015	
Land	$ 280,881	$ -	$ -	$ 280,881	$ -	$ -	$ -	$ -	$ 280,881
Building and Improvements	669,586	-	-	669,586	305,912	16,221	-	322,133	347,453
Furniture and equipment	153,278	-	-	153,278	75,797	15,738	-	91,535	61,743
	$ 1,103,745	$ -	$ -	$ 1,103,745	$ 381,709	$ 31,959	$ -	$ 413,668	$ 690,077

Revenue

Detail of revenue for the years ended December 31, 2015 and 2014, are presented as follows:

	Year ended December 31	
	2015	2014
State membership dues	$ 884,601	$ 876,488
Annual meeting other income	37,955	40,755
Annual meeting displays	23,800	23,550
Miscellaneous income	22,626	26,724
Publication income	870	1,788
Coding book sales	16,887	17,384
AMA dues reimbursements	4,132	5,203
Contracted seminars	707	8,582
CME support	3,500	4,000
Association administrative support	84,124	77,064
Rents- building	15,736	17,025
Rents- parking lot	4,695	3,964
MIEC peer review	31,826	31,969
MIEC per diem	23,876	24,000
Business partnership royalties	17,713	17,690
Advertising revenue	25,999	35,364
Reimbursement seminars	18,481	27,565
Practice mgmt. consulting	2,686	2,830
Total revenue	$ 1,220,214	$ 1,241,945

Expenses

Detail of expenses for the years ended December 31, 2015 and 2014, are presented as follows:

	Year ended December 31	
	2015	2014
Officers and Trustees-		
President	$ 7,252	$ 4,338
President Elect	4,687	9,668
Past President	1,608	2,151
Secretary/Treasurer	2,399	1,520
Trustees	12,927	12,650
AMA Delegate & Alternate	14,263	11,191
Speaker & Vice Speaker	4,333	3,180
Medical student representative	1,251	921
Young Physician representative	6,092	2,452
Resident Physician representative	1,959	369
Chief Executive Officer	12,357	12,462
Associate Executive Director	4,637	1,634
Board of Trustees meeting	20,715	26,477
Director of operations	1,048	434
Communication director	1,500	1,775
Reimbursement specialists	3,024	2,400
	100,052	93,622
Committees-		
Continuing Medical Education	1,587	36
Federal activities	170	1,150
Western Mtn. States conference	1,822	2,193
State Legislative activities	18,371	15,212
Other	948	587
	22,898	19,178
Operating expenses-		
Salaries	562,520	573,174
Extra office help	3,579	4,473
Association administration expense	5,717	16,913
Staff training	729	3,748
Insurance	5,996	7,143
Payroll taxes	43,693	44,070
Dues & subscriptions	5,497	5,175
Materials & supplies	4,976	6,651
Accounting & auditing	12,490	11,480
Legal service	29,397	39,457
Coding book expense	17,273	17,476
Annual meeting expense	61,261	56,669
Contracted seminar expense	-	1,990
Postage	16,619	14,388
Printing & copying	2,551	6,102
Telephone	6,466	5,891
Web site & electronic communication	9,512	17,416
Miscellaneous office expenses	1,406	835

(continued on following page)

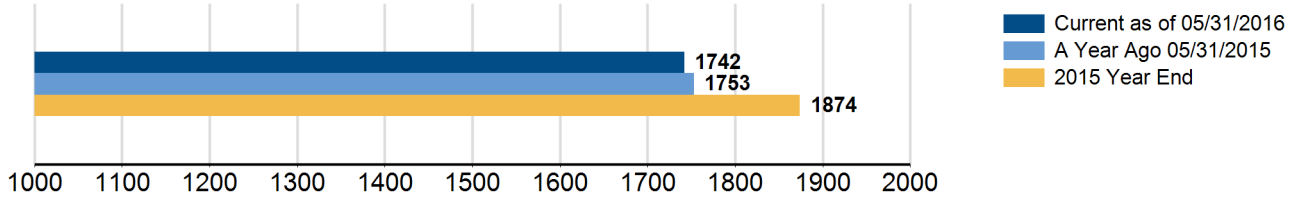
Expenses (continued):

Equipment rent	2,971	2,167
Pension administration & contributions	84,808	69,222
Equipment repairs & services	5,879	8,564
Health & accident insurance	48,025	39,729
Public relations	8,146	26,570
Property taxes	12,269	12,261
Government relations	82,332	67,903
Building repairs & maintenance	18,712	19,033
Utilities	8,993	8,687
Publications & resale expense	7,577	11,996
Reimbursement seminars expense	1,917	6,187
Bank charges	7,934	9,098
Income taxes	4,934	5,253
Interest	2,644	3,308
	1,086,823	1,123,029
Total expenses	$ 1,209,773	$ 1,235,829

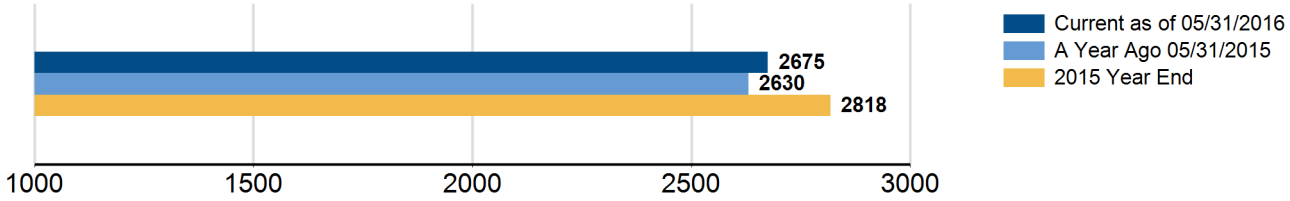
2016 MONTHLY MEMBERSHIP REPORT

May 31, 2016

TOTAL ACTIVE IMA MEMBERSHIP



TOTAL IMA MEMBERSHIP

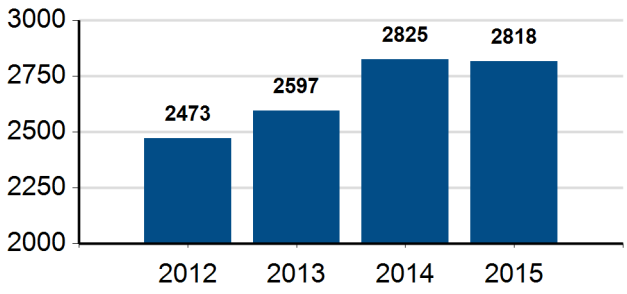


		5/31/2016	5/31/2015	(+/-)	%(+/-)	2015 YE	% of 2015 YE
Active (practicing Physicians)	**Active**	1504	1518	-14	-0.9%	1648	91.3%
	Active First Year	86	112	-26	-23.2%	50	172.0%
	Active Second Year	115	90	+25	27.8%	140	82.1%
	Part Time	37	33	+4	12.1%	36	102.8%
	TOTAL	**1742**	**1753**	**-11**	**-0.6%**	**1874**	**93.0%**
Affiliate	**Resident**	84	68	+16	23.5%	92	91.3%
	Student	64	70	-6	-8.6%	68	94.1%
	TOTAL	**148**	**138**	**+10**	**7.2%**	**160**	**92.5%**
Assistant	**Nurse Practitioner**	203	183	+20	10.9%	199	102.0%
	Physician Assistant	282	252	+30	11.9%	280	100.7%
	TOTAL	**485**	**435**	**+50**	**11.5%**	**479**	**101.3%**
Life & Retired Physicians	**Retired IMA**	220	217	+3	1.4%	130	169.2%
	Exempt	80	87	-7	-8.0%	175	45.7%
	TOTAL	**300**	**304**	**-4**	**-1.3%**	**305**	**98.4%**
	TOTAL MEMBERSHIP	**2675**	**2630**	**+45**	**1.7%**	**2818**	**94.9%**

YE TOTALS

	YE Totals	(+/-)	% (+/-)
2015	2818	-7	-0.2%
2014	2825	228	8.8%
2013	2597	124	5.0%
2012	2473	-76	-3.0%

YE TOTALS



2016 NEW MEMBERS

Category	Total
Active	27
Active First Year	68
Active Second Year	7
Part Time	2
Resident	2
Student	14
Nurse Practitioner	44
Physician Assistant	52
TOTAL	**216**

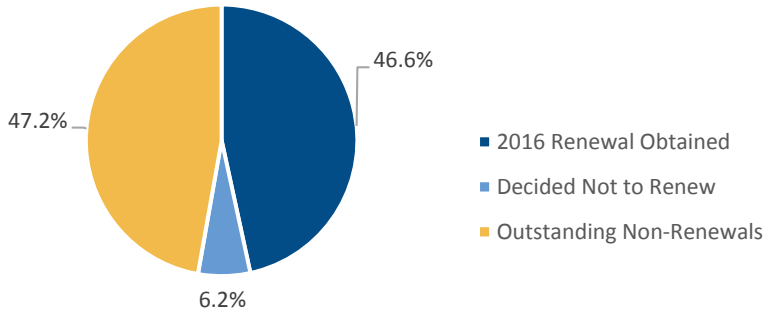
2016 MONTHLY MEMBERSHIP REPORT

May 31, 2016

	IMA MEDICAL SOCIETY MEMBERSHIP TOTALS BY DISTRICT						
DISTRICT	**MEDICAL SOCIETY**	**5/31/2016**	**5/31/2015**	**(+/-)**	**%(+/-)**	**2015 YE**	**% of 2015 YE**
	Out of State	35	74	-39	-52.7%	81	43.2%
	TOTAL	**35**	**74**	**-39**	**-52.7%**	**81**	**43.2%**
1	**Bonner Boundary District MS**	43	37	+6	16.2%	42	102.4%
	Kootenai Benewah District MS	219	203	+16	7.9%	252	86.9%
	Shoshone County MS	2	2	0	0.0%	3	66.7%
	TOTAL	**264**	**242**	**+22**	**9.1%**	**297**	**88.9%**
2	**North Idaho District MS**	167	169	-2	-1.2%	177	94.4%
	TOTAL	**167**	**169**	**-2**	**-1.2%**	**177**	**94.4%**
3	**Southwestern Idaho District MS**	274	246	+28	11.4%	274	100.0%
	TOTAL	**274**	**246**	**+28**	**11.4%**	**274**	**100.0%**
4	**Ada County MS**	1377	1327	+50	3.8%	1357	101.5%
	TOTAL	**1377**	**1327**	**+50**	**3.8%**	**1357**	**101.5%**
5	**Mini-Cassia MS**	25	24	+1	4.2%	29	86.2%
	South Central Idaho District MS	124	138	-14	-10.1%	153	81.0%
	Wood River Valley District MS	47	24	+23	95.8%	30	156.7%
	TOTAL	**196**	**186**	**+10**	**5.4%**	**212**	**92.5%**
6	**Idaho Falls MS**	176	185	-9	-4.9%	204	86.3%
	Upper Snake River Valley MS	46	45	+1	2.2%	52	88.5%
	TOTAL	**222**	**230**	**-8**	**-3.5%**	**256**	**86.7%**
7	**Bear River Valley District MS**	13	9	+4	44.4%	9	144.4%
	Bingham County MS	17	24	-7	-29.2%	20	85.0%
	Southeastern Idaho District MS	110	123	-13	-10.6%	135	81.5%
	TOTAL	**140**	**156**	**-16**	**-10.3%**	**164**	**85.4%**
	TOTAL MEMBERSHIP	**2675**	**2630**	**+45**	**1.7%**	**2818**	**94.9%**

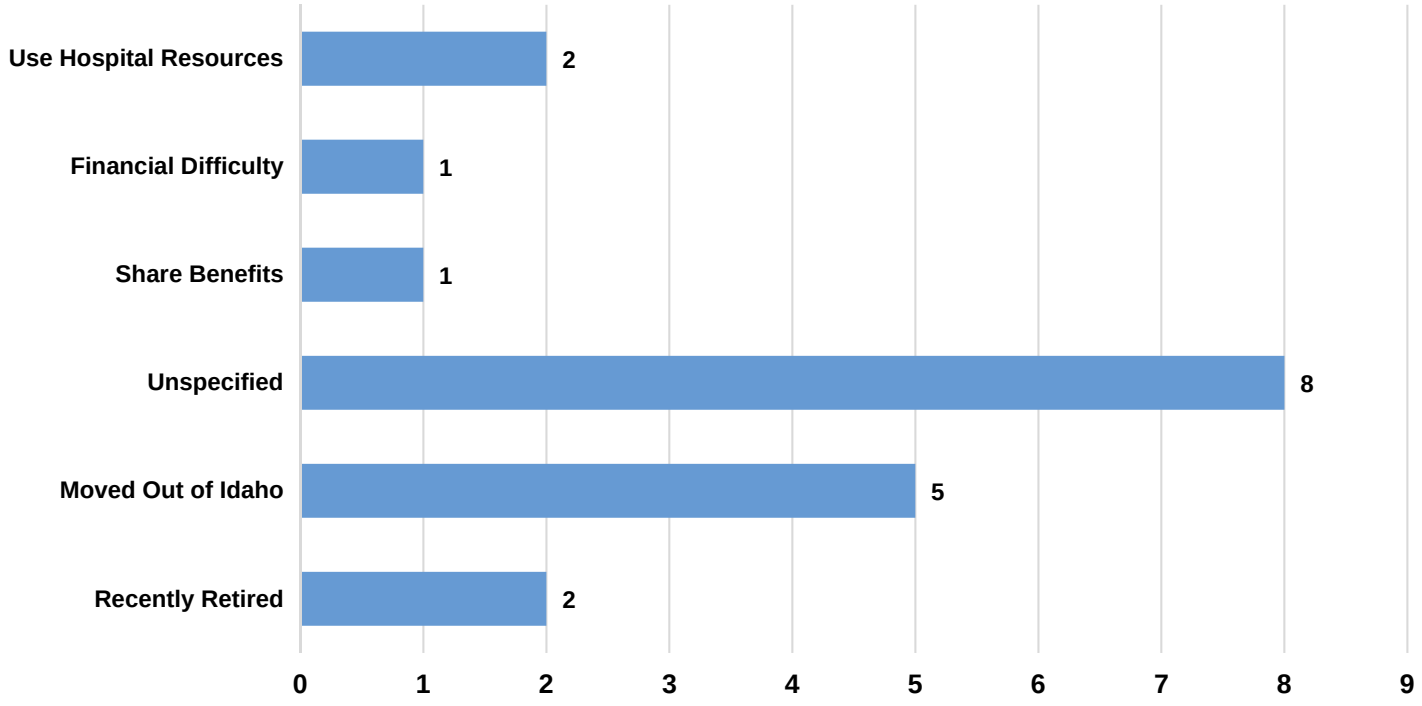
2016 AMA MEMBERSHIP TOTALS		
	COUNT	**TOTAL**
Unknown Source	14	$5,880.00
Paid Thru the IMA	161	$67,620.00

2016 RENEWAL PROJECT - INITIATED 2/1/16



2015 Non-Renewals	Contact Attempted	2016 Renewal Obtained	Decided Not to Renew	Outstanding (Following Up)
304	275	142	19	143

NON-RENEWAL DETAIL



Reason for Non-Renewal	#
Use Hospital Resources	2
Financial Difficulty	1
Share Benefits	1
Unspecified	8
Moved Out of State	5
Recently Retired	2
Total	**19**

Idaho Medical Association

REPORT OF THE PRESIDENT

Ronald Cornwell, MD, President, Caldwell

It has certainly been a quick year as IMA President. Along the way there have been a few challenges as well as many pleasant memories.

My term started without much incident until the annual schedule brought us towards the legislative session. As in previous sessions, much effort was applied towards Medicaid expansion. As is well known, it was again an unsuccessful effort, but there appears to be glimmer of optimism for next year. Fortunately, we enjoyed success in the area of expansion of WWAMI seats and at least an acknowledgement of the need for more graduate medical education.

This leads to one of the disappointments. That being the fact that our normally well respected organization was completely shut out of the discussions/meetings or whatever they were that led to the approval of a new medical school in Idaho to be named Idaho College of Osteopathic Medicine (ICOM). This bit of news was delivered as the IMA delegation, including myself, was waiting at the airport in Washington, DC having just attended the AMA National Advocacy Conference (more on that later). The sick feeling of being blind-sided stung for some time. Generally, one would expect us to be cheering at the prospect of a new medical school, however, there were many questions and issues that needed answered and/or clarified. We ultimately were able to convene a hastily scheduled Board meeting with representatives of the proposed school. There were a variety of opinions amongst the members of the Board which has led to very robust debate between us. This debate will continue on at the Annual House of Delegates Meeting in Sun Valley. I'll keep my personal opinions to myself and am anxious to see how this plays out.

As for the AMA National Advocacy Conference, this took place in February and it was a very nice experience. They really do a good job obtaining spectacular speakers. The advocacy touched on three very important issues that we brought forth to Senators Crapo and Risch and a staffer of Representative Simpson (who was away due to illness). The issues were the epidemic of opiate abuse, issues with telemedicine (the good vs the bad) and concerns with onerous Meaningful Use requirements for Electronic Health Records. All in all, this was a valuable experience and in the future, I may be inclined to attend and pay my own expenses when I am no longer an IMA officer.

The Board of Trustees had a very productive retreat in Moscow and this was the venue where the final IMA policy statement with regard to ICOM was crafted. During this we were treated to a tour and presentation of the WWAMI facility and future plans. With the incoming class having 40 seats and the second year students staying in Idaho, there will be 75 students using the facility this academic year and thus 80 next year. With our 50 seats (including University of Utah), we are nearly meeting the needs of our quality Idaho

students. The major and ongoing contributions of the IMA in the furtherance of this success is something I am very proud of, it makes me very gratified to be a member. It has been an honor and a pleasure to serve as your President.

Thank You!

Respectfully submitted,

Ronald Cornwell, MD, President, Caldwell

July 2016

Idaho Medical Association

REPORT OF THE PRESIDENT-ELECT

Bruce Belzer, MD, President-Elect, Boise

Welcome to the 124th annual meeting of the Idaho Medical Association. I appreciate your involvement and look forward to speaking with as many of you as possible this weekend in Sun Valley.

I find it humbling to be submitting this when I consider that this organization has continued to represent the physicians of Idaho for nearly 125 years! I wasn't exactly sure what to expect during my year as President-Elect. I warned Susie in advance I wasn't a fan of politics - in fact, I described myself as "apolitical." However, I am definitely not apathetic about issues facing physicians and patients. I believe each of us, regardless of our specialty or practice model, has an opportunity on a regular basis to get involved as an advocate for our individual patients, the Idaho patient population in general, and for medicine as a whole. I remain convinced the opportunity for the greatest impact in these areas is through our involvement and participation at the local and state levels.

My personal challenge as President-Elect this past year was to be actively involved in working towards a solution to "Close the Gap" for the 78,000 Idahoans who continue to work but are without healthcare insurance. While involved in many issues facing medicine, the IMA continues to work actively at the forefront and behind the scenes to achieve coverage for the gap population. The 2016 legislative session made progress in terms of taking a step forward. However, as you are aware, in the end politics trumped what the majority of Idahoans, regardless of political persuasion, believe is the right thing to do. I would characterize our progress in this regard as being akin to "two steps forward and one step backward." This is frustrating, but in the end, still closer to achieving IMA policy.

The future remains full of challenges for us as physicians, and medicine in general. Together, with a united and knowledgeable voice, we have the highest likelihood of achieving the IMA's mission: "To promote the science and art of medicine, the protection of public health, and the enhancement of the medical profession of the state of Idaho."

Thank you for taking the time to attend this annual meeting and participate in your House of Delegates. The IMA is your membership organization! Stay involved and recruit others to participate with you.

Respectfully submitted,

Bruce Belzer, MD, President-Elect, Boise

July 2016

REPORT: ADM III

Idaho Medical Association

REPORT OF THE BOARD OF TRUSTEES

Kyle Palmer, MD, Treasurer, Meridian

The Idaho Medical Association (IMA) is organized in a manner conducive to member participation and input, with much of the association's business reviewed at the committee level prior to consideration by the Board of Trustees. The committees' deliberations and decisions are central to formulating policy for the IMA, with the committees' actions set forth in their reports to the House of Delegates.

During 2015-2016, the IMA Board of Trustees deliberated and acted upon a number of issues that are outside the subject matter included in reports of the association's committees. This report includes only those matters considered and decisions acted upon by the Board of Trustees that are not otherwise reported.

Of note were these actions, in which the Board:

- Moved to include members and non-members in the Idaho Medical Association Directory of Idaho Physicians.

- Voted to sponsor a concurrent resolution to the legislature seeking funding for an updated or new medical education study.

- Adopted a soft support position for the First Health Home as a way to increase access to healthcare for Idahoans.

- Voted to form an advisory group of board members and other members to review reimbursement of telemedicine services and provide recommendations to the Telehealth Services Council.

- Moved to support the administration of naturopath licensure under the Idaho State Board of Medicine.

- Voted to proceed with a proposal to seek reimbursement for telehealth services for the codes approved for reimbursement by Medicare.

- Moved to co-sponsor a proposal from the Idaho State Dental Association that would require insurers that provide quality data for patients to make available to providers the criteria used to gather the data and appeal rights.

- Adopted policy in opposition to the concept of assistant physicians.

- Voted to support the Idaho State Pharmacists Association's bill seeking to lower the minimum age of children that pharmacists may vaccinate from 12 to 6.

- Moved to support the Idaho Board of Chiropractic Physicians' bill to amend Idaho Code regarding the scope of practice of chiropractors to clarify that injections are outside of that scope.

- Voted to oppose the laboratory technician licensure bill.

- Moved to oppose the Idaho State Board of Nursing's bill that would broaden the definition of nursing.

- Adopted a support position on the bill that expands access to epinephrine auto-injectors.

- Moved to remain neutral on "Right to Try" legislation.

- Voted to participate as a member of the Idaho Suicide Prevention Coalition.

- Adopted a policy statement regarding the Idaho College of Osteopathic Medicine.

In addition to the actions summarized above, the IMA Board of Trustees has actively followed and provided written and verbal comment on many legislative and regulatory priorities. Third Party Payer activities are included in minutes of the Board of Trustee meetings. Through ongoing contact with the Idaho congressional delegation, key federal agencies and departments, and the American Medical Association, the IMA Board and staff play an effective role in bringing forward initiatives and ideas to improve Idaho's practice environment. The IMA is aggressively involved in advocacy efforts related to the most vital issues in medicine today, including medical liability reform, Medicare physician payment reform, expanding Medicaid as provided under the Affordable Care Act, increasing access to care, improving the public health, expanded access to medical education, and more.

The IMA Board of Trustees (or Executive Committee of the Board of Trustees) serves as the State Legislative Committee of the IMA. The committee meets by conference call as needed during the legislative session and reviews a comprehensive list of legislation at its fall and winter meetings. The purpose of the committee is to screen legislation which may affect physicians and their patients and which may require the attention of the Idaho Medical Association.

Results from the 2016 Legislative Session were mixed. The state budget saw an overall 6.6 percent increase over the prior year's budget, with the largest boost (7.4 percent) going to increase public school funding. While the enhanced education budget is a positive outcome, the 2016 Legislature is more likely to be remembered for its inability to Close the Gap and provide health coverage for 78,000 low-income Idahoans.

Successes included: funding for another seven medical students (five seats at WWAMI and two at University of Utah), as well as buildout of the final phase of the Kootenai Clinic Family Medicine Coeur d'Alene Residency; funding for a coordinated and more comprehensive suicide prevention plan; funding for two additional mental health crisis

centers in the state, and; increasing the number of delegates a physician may have for the Prescription Monitoring Program.

There are many bills proposed each session that, while not worthy of straight opposition, require that the IMA lobby team and attorneys negotiate and advocate for amendments in order to make them workable for Idaho physicians (or to avoid unintended consequences). It is important that we all coordinate and communicate so that we can continue to be successful and to accurately promote the will of the majority of physicians in Idaho.

Respectfully submitted,

Kyle Palmer, MD, Treasurer, Meridian

July 2016

REPORT: ADM V

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT ONE

Beth Ann Martin, MD, Coeur d'Alene

The expansion of the hospital at Kootenai Health is nearly complete with the opening of the new front entrance and lobby completed along with the Family Birth Center. The level 3 NICU is set to open July 1st. Additionally, 32 new orthopedic and neurology beds have been added.

The hospital has spearheaded Kootenai Care Network, which is a voluntary network of providers both hospital and privately owned, whose main purpose is to have a clinically integrated network of participants to help maintain quality of care delivered to patients while controlling costs. This is an innovative and collaborative effort and shows much promise in helping providers to transform their practices to help them to continue to provide high quality care in today's ever changing healthcare environment.

The Kootenai Clinic Family Medicine Coeur d'Alene Residency has selected their new class of interns. The program is now at full capacity with participants in all three years of residency. The growth of the program has been fun to watch and it will be great to see the third year residents graduate next June.

The medical society president has broken her foot which has made coordinating and holding meetings quite difficult during her period of incapacitation. As she recovers it is hoped that the meetings will resume later this summer and fall.

As of June 1, 2016, District One membership was as follows:

2016 Current Members	2016 Non-Members	2015 Members	2015 Non-Members
185	501	174	365

Respectfully submitted,

Beth Ann Martin, MD, Trustee, District One, Coeur d'Alene

July 2016

REPORT: ADM VI

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT TWO

Darby Justis, MD, Lewiston

The North Idaho District Medical Society (NIDMS) has been relatively quiet over the past year. We had a successful and very well attended meeting with our legislators last fall. This year we held our meeting at a downtown Lewiston conference center, rather than at a physician's residence. Several new physicians were in attendance.

In May, we met at Drs. Lyndal and Sherry Stoutin's home to provide everyone with an overview of the 2016 legislative session and how it impacted physicians and healthcare in Idaho. Our state House Minority Leader, John Rusche, MD was also in attendance and was able to give us additional insight into the bills that did or did not pass through the legislature this year. We also discussed several issues for the upcoming IMA House of Delegates meeting. Lyndal Stoutin, MD has announced he will step down as President of NIDMS. The search for nominees for this position is underway. Brian Hoffman, MD is still our current Treasurer but plans to step down as well. At the legislative meeting, Dr. Hoffman gave us a financial report for NIDMS and we are very strong financially, so we have decided to donate some of the funds to a local charity health clinic.

The transition in healthcare delivery continues to evolve. Although the percentage of employed physicians continues to rise, private/group practices continue to thrive. The IMA represents the interests of both independent and hospital-employed physicians. Public health, patient advocacy, post graduate medical education and access to care are topics which continue to be important to all of us.

Over the past year, many people signed up for health care insurance coverage under the Affordable Care Act (ACA). Since Idaho has created a Health Insurance Exchange, we will not be impacted much by the upcoming Supreme Court decision regarding the legality of the ACA. Those states which chose to use the Federal Health Insurance Exchange, instead of creating their own exchange, may have to deal with the prospect of thousands of their citizens suddenly without health insurance. Idaho was progressive when developing the Health Insurance Exchange, however, we have not been very progressive when it comes to the expansion of Medicaid. This continues to be a deeply divisive topic and will most likely be brought up again to the state legislature next year.

I encourage everyone to participate with our state and local medical societies. It's always best to be proactive and work for a better future for healthcare in Idaho rather than be reactive to detrimental legislation and regulatory changes. Being informed of upcoming changes is the first step in helping to steer the future of medicine.

As of June 1, 2016, District Two membership was as follows:

2016 Current Members	2016 Non-Members	2015 Members	2015 Non-Members
111	121	109	113

Respectfully submitted,

Darby Justis, MD, Trustee, District Two, Lewiston

July 2016

REPORT: ADM VII

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT THREE

Bridgette Baker, MD, Fruitland, ID

I currently practice family medicine in Fruitland and Ontario. I also provide hospice care here as well as throughout the Treasure Valley and surrounding counties. I am excited to continue to serve as the trustee to our district.

Our local medical society is the Southwestern Idaho District Medical Society (SWIMS). We have a large geographic area that we serve and are fortunate to have some new participants. We are excited to welcome our new SWIMS President Dr. Bill Vetter, a family physician from Emmett. We also welcome our new SWIMS Vice President Dr. Ryan Mckinnon who is an ophthalmologist in Nampa.

We had a great fall combined social and legislative event at the Warhawk Air Museum in Nampa. We had an excellent turnout and enjoyed the participation of more society members and legislators than is typical for our legislative events. The recent spring social was a burger cook off that was combined with Ada County Medical Society and in conjunction with the Idaho Academy of Family Physicians conference. It was fairly well attended and our members had a great evening.

At the July 2015 IMA House of Delegates meeting in Coeur d'Alene we had a fair SWIMS delegate representation and have been working to involve new members as well as those that have not participated in the past. We are looking forward to involving new and different members along with our leadership changes as well.

The landscape of this part of the state continues to evolve as the main health systems in Boise continue to solidify their recent expansions into Canyon and Ada counties.

The rural areas continue to be well served by small community hospitals and clinics and the large Boise-based hospitals have put in place systems that ease urgent and non-urgent referral and transfer with the inclusion of telemedicine. These seem to be working well.

As of June 1, 2016, District Three membership was as follows:

2016 Current Members	2016 Non-Members	2015 Members	2015 Non-Members
169	121	150	105

Respectfully submitted,

Bridgette Baker, MD, Trustee, District Three, Fruitland, ID

July 2016

REPORT: ADM VIII

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT FOUR

Joseph Williams, MD, Boise
Mary Barinaga, MD, Boise

The Ada County Medical Society (ACMS) has had another active and productive year. The current board of directors include: President Stacia Munn, MD; President-Elect Daniel Reed, MD; Secretary/Treasurer Michael Sant, MD; Members-At-Large Micheal Adcox, MD, Katherine Miller, MD, Stephanie Hodson, MD, and Thomas Pintar, MD; Resident Representative Kelsey Terland, MD; and Immediate Past President Joseph Williams, MD.

During the 2015-2016 membership year, the following events were held:

August: **Top Shelf Burger Competition** was held in Meridian as a fundraiser for ACMS Foundation. About 80 people attended, raising $1,500 for foundation activities by pitting six amateur teams against each other in a gourmet burger cook-off. Society members got to taste each of the burgers and then vote for the People's Choice Award, which was given to the Idaho Medical Association BBQ Bruschetta Babes.

September: The 3rd Annual **Go Wild at Zoo Boise** CME event drew a total attendance of 182 with families at a picnic-style dinner with a short talk on infectious diseases.

October: The **ACMS Annual Meeting and New Physician Dinner** drew 122 physicians/spouses and provided care for 44 children. Dr. Edward Newcombe, MD was honored as ACMS' 2015 Physician of the Year for his long service in health care in Boise. This year both new physician members and new physicians to the community were invited to be part of celebrating Oktoberfest, with a family-style-served Bavarian menu.

November: **Legislative Nights** were held in conjunction with the IMA's legislative team. This year we broke the meeting into two separate locations in member physicians' homes, Dr. Brian Crownover and Dr. Steve Schutz. This allowed for a total of 37 members interacting with nine legislators over the course of two different nights. Members said they had deeper conversations with legislators in this style versus the podium style presentations in a conference room.

December: Our best-attended event of the year, the annual **Winter Garden aGlow** sponsored by Mountain West Bank, was held at the Idaho Botanical Gardens where hundreds of thousands of lights illuminate the night. Even with very frigid temperatures and wind chill in effect, the event drew more than 800 people and is a family favorite.

January: ACMS helped MIEC host a CME event on **Disclosure of Unanticipated Medical Outcomes**, which drew 25 people.

New York Life sponsored two evenings just for fun this year at Big Al's entertainment center. In January, we had a **bowling night** with 17 members/spouses in attendance. In April, we held **March MD-ness** with about 15 people watching the final NCAA championship game. Feedback from members reflected that this very relational kind of activity is needed more often.

February: The **57th Annual Winter Clinics** was held in McCall with 100 conference attendees and 38 tradeshow vendors in attendance. Overall, a total of 13 credits of CME was available with an average of 10.75 hours earned by participants. Brundage Mountain skiing was phenomenal.

Our keynote speaker was Dr. Tray Dunaway, a South Carolina surgeon, who had the audience in stitches after the Saturday evening banquet. In the middle of his presentation, he ripped off his suit down to scrubs underneath and broke out into a rendition of "Keep Away from Fraud and Abuse" to the tune of "Keep Away from Runaround Sue."

March: Our first **Early Career Physicians series** focused on residents and attending physicians of ten years of less. March's event included a presentation combined with round-table discussion. The presentation was by Dr. Tom Murphy of Emmett who has written "Physician Burnout: A Guide to Recognition and Recovery." He spoke on "Reverse Engineering Your Residency Brain" and "Thriving with Change" to about 45 members. During the remainder of the year, we will cover physician personal finances, practice styles, starting your own practice, contract negotiation and how to make a living as a physician.

May: We repeated the **Top Shelf Burger Competition** (see August above) as a joint event with the Southwestern Idaho District Medical Society and the Idaho Association of Family Physicians members who were in Boise for their annual conference. More than 130 people attended the event in Meridian and seven teams competed. The People's Choice Award was given to Ladd Family Pharmacy for their "lettuce wrap" style burger.

The **High School Sports Physicals Program** which has been running since the 80's has seen a 50 percent decline over the past ten years for a variety of reasons. ACMS has always provided volunteer physician recruitment help and some logistical support, allowing for the $20 fee to be passed on directly to the high school athletic training programs. After considerable discussion, the high school athletic trainers chose to host the physicals themselves: some went solo and some consolidated their efforts, for a total of four different sites over two evenings. The effort paid off with nearly 900 students receiving screenings, an 80 percent increase over last year's 500 students. Forty-three ACMS members volunteered for the program this year.

June: Our 3rd annual **New Residents Welcome** will be held at the rooftop Reef Restaurant in Boise to welcome new residents to the Boise area, including Family Medicine Residency of Idaho (FMRI) and categorical University of Washington Internal Medicine residents. We will also connect "seasoned" physicians with new residents through our Adopt-a-Resident program for the second year.

ACMS delegates attending the 2016 IMA Annual Meeting and House of Delegates will receive a $500 stipend. They must attend both Friday and Sunday to be eligible for the stipend. ACMS hosts a breakfast at the resort for delegates.

Modified Bylaws: ACMS bylaws were revised by the membership in November with the goal of aligning the bylaws to IMA's after its revisions in 2014. This included removing archaic and obsolete language, subrogating membership definitions to IMA's bylaws, clarifying the definition of "principal office," creating a Residency Representative selection process, adding board participation and conflict of interest disclosure requirements, merging the secretary/treasurer roles, removing disciplinary procedures for ACMS members from the function of the society, and allowing for members to self-nominate to the Board and IMA House of Delegates.

ACMS Membership and Medical Resource Directory: Our 235+ page photo directory includes listings for 1,300 physicians, nurse practitioners, and physician assistant members. All ACMS members are listed by last names with contact info; physician listings include a photo, specialty, board certifications, hospital privileges, and education. Other features include a cross reference list of physicians by specialty and clinic location, low-income patient and community resources, medical associations and support groups, pharmaceutical representatives, and an area pharmacy list.

Physician Shadowing Program: This self-initiated opportunity allows for a physician to shadow another physician during clinic hours and both receive CME credits.

Physician Wellness Program: We are launching a program this fall to provide free and confidential psychological counseling for members. Our hope is to reduce the barriers for physicians who seek access to care in order to promote wellness and reduce burnout. Neither ACMS nor their employee will know who accessed this program as it is not billable to insurance. Members will be able to call one or more counseling services to self-schedule and will be allowed six-eight appointments per year.

Membership for District IV continues at about the same raw numbers and market saturation level as last year.

April 30, 2016	2016 (members/potential district members)	2015 (members/ non-members)
Physicians	1016 / 1452 (70%)	1023
Physicians Assistants	147 / 322 (46%)	128
Nurse Practitioners	123 / 368 (33%)	119
Medical Residents	37 /87 (43%)	47
Medical Students	39	17
Total	**1362/2281 (60%)**	**1334**

Overall, we are emphasizing a strengthening of collaborative relationships with hospitals, medical systems, other medical societies and community resources.

ACMS is staffed by a full-time executive director, Steven Reames.

Respectfully submitted,

Joseph H Williams, MD, Trustee, District Four, Boise, Seat A
Mary Barinaga, MD, Trustee, District Four, Boise, Seat B

July 2016

REPORT: ADM IX

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT FIVE

Steven Kohtz, MD, Twin Falls

South Central Idaho District Medical Society, Wood River Valley District Medical Society, and Mini-Cassia Medical Society report that they meet periodically throughout the year.

The South Central Medical Society elected a new President and Treasurer. The South Central Medical Society met twice through the summer of 2015, one to discuss mission and vision and another to engage members in follow up of the IMA House of Delegates. We anticipate another South Central Medical Society meeting to include Wood River Valley District Medical Society and Mini-Cassia Medical Society prior to the IMA House of Delegates in 2016, specifically as it pertains to the proposed Idaho College of Osteopathic Medicine (ICOM).

South Central Idaho District Five also met for a legislative dinner and evening to discuss IMA policy including support for increased medical student seats and other issues important to the IMA. I look forward to engaging both Mini-Cassia and Wood River in the upcoming year so that all voices are heard as it pertains to the physician voice in this region.

As of June 1, 2016, District Five membership was as follows:

2016 Current Members	2016 Non-Members	2015 Members	2015 Non-Members
139	178	130	170

Respectfully,

Steven Kohtz, MD, Trustee, District Five, Twin Falls

July 2016

REPORT: ADM X

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT SIX

C. Paul Brooke, MD, Idaho Falls

The topic involving the most discussion over the last several weeks is the proposed establishment of the Idaho College of Osteopathic Medicine (ICOM) in Meridian, Idaho. The Dean of the school met with area physicians on Monday, April 25, 2016 for a dinner discussion. I was interested in the discussion, as currently the staff at Eastern Idaho Regional Medical Center (EIRMC) is divided in their opinions.

The newer competing hospital in Idaho Falls seems to continue in its expansion and attracts more physicians that traditionally practiced at the EIRMC facility. EIRMC continues to hire physicians that are dedicated solely to the EIRMC facility.

My individual struggle at this time, along with many other physicians, is attempting to secure drugs while some pharmaceutical companies continue to price gouge, costing my staff time and effort to find alternative medications. I am frustrated that the AMA and American Academy of Dermatology, as well as a majority of my colleagues, have not put more effort into seeking a resolution to this problem. It appears that both presidential candidates have those companies in their cross hairs, we can only hope!!

Maintenance of Certification may now be modified thanks to those of you who spoke up. Keep the pressure on!! Thanks to Dr. Julie Foote!!

The Idaho Falls Medical Society is actively recruiting new members with some success, but we also are aware of the need to retain those who have been loyal members in the past.

Finally, with the advent of EMRs, “meaningful use”, and more audits to come I have never in my 42 years of medicine seen morale so low. I quote from Eleanor Roosevelt: “It is better to light a candle than curse the darkness.” In the year coming let us light some candles!!

As of June 1, 2016, District Six membership was as follows:

2016 Current Members	2016 Non-Members	2015 Members	2015 Non-Members
166	157	167	133

Respectfully submitted,

C. Paul Brooke, MD, Trustee, District Six, Idaho Falls

July 2016

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT SEVEN

William Woodhouse, MD, FAAFP, Pocatello

The Southeastern Idaho District Medical Society, in collaboration with IMA leadership, held a legislative night in November. District members will be invited to a meeting early this summer where we will review 2016 House of Delegates resolutions and provide input to their delegation.

Health West, Southeast Idaho's Community Health Center, continues to expand its clinics and services to better meet the primary care needs of patients regardless of their ability to pay. In the past few years they have opened new clinics in Pocatello, Preston and Chubbuck. In April 2016, they celebrated the grand opening of a new dental clinic and expanded behavioral health facilities in the Pocatello Clinic. With over 60,000 visits annually, a third of their nearly 18,000 patients are uninsured and a third of patients are covered by Medicare or Medicaid. Health West has continued their long-term commitment to medical education in collaboration with the ISU Department of Family Medicine and have led the region in patient-centered medical home transformation.

Portneuf Medical Center has outsourced its hospitalist and ER physician groups to EmCare, a national physician staffing firm. The Portneuf Quality Alliance has been formed as a step toward clinical integration in Southeast Idaho. In anticipation of impending Medicare payment reform, more than 400 providers have joined in this physician-led initiative to share utilization and outcomes data and implement evidence-based best practices across the healthcare continuum. In 2015, the Portneuf Health Trust, which is funded by Portneuf Medical Center, opened the Portneuf Wellness Complex in Pocatello. This 80 acre outdoor facility includes sports fields, basketball courts, volleyball court, mountain bike park, paved recreation trail, playground and a 7 acre lake. The centerpiece of the complex is a state-of-the-art outdoor amphitheater which seats up to 11,000 concertgoers.

This year the ISU Family Medicine Residency has enjoyed an active interview season and fruitful match. As a result, the program matched seven outstanding interns from high on the rank list.

As of June1, 2016, District Seven membership was as follows:

2016 Current Members	2016 Non-Members	2015 Members	2015 Non-Members
102	164	114	140

Respectfully submitted,

William Woodhouse, MD, FAAFP, Trustee, District Seven, Pocatello

July 2016

REPORT: ADM XII

Idaho Medical Association

REPORT OF THE AMA DELEGATION

A. Patrice Burgess, MD, AMA Delegate, Boise
Vicki Wooll, MD, MPH, AMA Alternate Delegate, Eagle

The most recent American Medical Association (AMA) meeting just concluded and was held June 10-15, 2016, in Chicago, Illinois. This was a productive meeting that dealt with many issues pertinent to the practice of medicine. The highlights of this meeting are outlined below:

- The new AMA President, Andrew Gurman, MD, a hand surgeon from Pennsylvania, was inaugurated.
- This meeting was overshadowed by two large issues: MACRA (Medicare Access and CHIP Reauthorization Act of 2015) and gun violence in the wake of the most recent shooting in Orlando that occurred during the meeting. We heard from the Acting Administrator of the Centers for Medicare and Medicaid Services, Andrew Slavitt. He discussed the comment period for the implementation of MACRA and problematic areas for physicians that need work. Visit www.breaktheredtape.org for information and tools on this topic. We also voted to ask for a lift on the ban for research regarding gun violence, hoping that this can be treated as a public health issue with calm, logical solutions that protect the public while preserving individual rights.
- Other areas garnering a lot of attention at this meeting were maintenance of certification and licensure, electronic health record issues, physician burnout, and issues around opioids, including discussions around eliminating pain as the fifth vital sign.
- The AMA has three main focus areas: 1) improving the practice of medicine, 2) transforming medical education, and 3) improving patient health with a focus on type 2 diabetes and heart disease. Please peruse the AMA website, www.ama-assn.org, for a variety of tools around these issues. We believe you'll find that resource alone worth your AMA membership dues!
- The AMA continues to support all forms of the practice of medicine (independent, employed, academic, etc.) and has a variety of caucuses and forums addressing issues pertinent to each.
- The AMA is active in helping states fight broadening scope of practice issues through the Scope of Practice Partnership and foresees these to be continuing battles.
- Leaders from all of the state and specialty societies were present to discuss and vote on these issues and many other leaders were present to offer testimony.
- The AMA will continue to have an online forum prior to each meeting where any member can offer testimony. We will send out notification with more information about this prior to each meeting and encourage you to participate to have your voice heard and provide your unique perspective on the issues you are concerned about.

- Representing the Idaho Medical Association were: AMA Delegate Patrice Burgess, MD; AMA Alternate Delegate Vicki Wooll, MD; AMA Young Physician Representative Zach Warnock, MD; and IMA Chief Executive Officer Susie Pouliot.

We invite you to take a look at what the AMA is working on and advocating for on our behalf and either maintain or reconsider your membership status.

Please don't hesitate to contact us with any questions or concerns.

Respectfully submitted,

A. Patrice Burgess, MD, AMA Delegate
Vicki Wooll, MD, MPH, AMA Alternate Delegate

July 2016

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

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

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

1 DEGREE OF DIFFICULTY: HIGH

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

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

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 restrict 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

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;

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 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 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

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

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

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

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

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

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

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

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

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

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: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: MODERATE

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

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