

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 201 (18)

SUBJECT: BYLAWS CHANGE TO REFLECT NEW IDAHO MEDICAL ASSOCIATION MISSION STATEMENT

AUTHOR: IMA BOARD OF TRUSTEES

SPONSORED BY: IMA BOARD OF TRUSTEES

1 WHEREAS, The IMA mission statement resides in the organization’s bylaws,
2 and has not been updated in decades; and

3
4 WHEREAS, In April 2018, the IMA Board of Trustees engaged in a strategic
5 planning process to set organizational goals and strategies for the
6 future, and to assess whether these goals and strategies align with
7 the mission of the IMA. Upon completion of this process, the Board
8 determined the IMA mission statement should be updated to more
9 accurately reflect the overarching aims of the organization; and

10
11 WHEREAS, The IMA Board of Trustees believes the mission statement should
12 emphasize the IMA’s role as an advocate and voice for physicians,
13 to uphold the art and science of medicine, and serve the patients
14 of Idaho; therefore be it

15
16 RESOLVED, Idaho Medical Association bylaws be amended as indicated to
17 read as follows (strikethrough text indicates language being

ADOPTED

1 removed, and underlined text indicates new language being
2 added):

3 **CHAPTER I -- NAME, ~~PURPOSES~~ MISSION, AND ORGANIZATION**

4 **Section 2. ~~Purposes~~ Mission**

5 ~~The purposes of this Association are to promote the science and art of medicine, the~~
6 ~~protection of the public health, and the enhancement of the medical profession of the~~
7 ~~State of Idaho; and to unite with similar organizations in other states and territories of~~
8 ~~the United States to form the American Medical Association.~~

9 Idaho Medical Association is the leading organization representing physicians in all
10 specialties, practice settings and geographic locations in our state, and is recognized
11 as the voice of medicine in Idaho. IMA's mission is to unify and advocate for all Idaho
12 physicians, promote the art and science of medicine, and remain dedicated to
13 improving the health and well-being of all Idahoans; and be it further

14
15 RESOLVED, Idaho Medical Association staff is hereby authorized to make any
16 technical corrections to these bylaws to ensure accurate
17 numbering of sections, cross references and elimination of
18 typographical errors.

19
20 EXISTING IMA POLICY: As stated in current bylaws language.

21 IMA FISCAL NOTE: \$

22 STATE OF IDAHO FISCAL NOTE: N/A

23 IMA RESOURCE ALLOCATION: Low

24 DEGREE OF DIFFICULTY: Low

ADOPTED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 202 (18)

SUBJECT: UPHOLDING STATUTORY LICENSURE REQUIREMENTS

AUTHOR: IMA BOARD OF TRUSTEES

SPONSORED BY: IMA BOARD OF TRUSTEES

1 WHEREAS, Executive Order 2017-06 was signed May 19, 2017 by then Acting
2 Governor Brad Little, ordering a sweeping review of Idaho’s
3 occupational licensing requirements to determine if there are
4 overly burdensome regulations that act as barriers to licensed
5 professions. Examples of licensed professions in Idaho include
6 architects, attorneys, plumbers and engineers, as well as the
7 various healthcare professions such as physicians, nurses,
8 optometrists, pharmacists and chiropractors; and

9
10 WHEREAS, In order to protect the public, the legislature has enacted laws in
11 Idaho establishing licensure requirements and regulatory board
12 oversight for individuals who seek to be employed or engaged in
13 various professional, technical or other occupations within the
14 state; and

15
16 WHEREAS, The goal of Executive Order 2017-06 was to identify and repeal or
17 replace archaic, unnecessary or onerous regulations, but not to

ADOPTED

1 reduce appropriate requirements or restrictions on licensure or
2 certification that protect the public; and

3
4 WHEREAS, The Idaho Board of Medicine (“Board”) was created by the
5 legislature and its members are appointed by the governor to
6 assure the public health, safety and welfare in the state through
7 the licensure and regulation of physicians, and to exclude
8 unlicensed persons from the practice of medicine; and

9
10 WHEREAS, According to Idaho Code 54-1803(1), the "practice of medicine"
11 means:

12 (a) To investigate, diagnose, treat, correct or prescribe for any
13 human disease, ailment, injury, infirmity, deformity or other
14 condition, physical or mental, by any means or instrumentality;

15 (b) To apply principles or techniques of medical science in the
16 prevention of any of the conditions listed in paragraph (a) of this
17 subsection; or

18 (c) To offer, undertake, attempt to do or hold oneself out as able
19 to do any of the acts described in paragraphs (a) and (b) of this
20 subsection; and

21
22 WHEREAS, Licensure boards are responsible for interpreting the laws, rules, and
23 regulations for their licensees to determine the appropriate standards

1 of practice in an effort to ensure clinical proficiency and the highest
2 degree of professional conduct; and

3
4 WHEREAS, Idaho Medical Association is very selective in its policy
5 deliberations and positions adopted that determine whether IMA
6 will support, remain neutral or actively oppose other healthcare
7 providers' licensure or scope of practice issues; and

8
9 WHEREAS, The criteria for IMA to oppose efforts for expansion of the scope of
10 practice or licensure by non-physician healthcare providers is
11 based on the potential for significant harm to patients and/or
12 deterioration of public health policy; and

13
14 WHEREAS, IMA policy states that other healthcare practitioners should be held
15 to the same standard of care as a physician when they are
16 providing similar services; and

17
18 WHEREAS, Because physicians (MDs/DOs) have the highest level of
19 education and training of all healthcare providers, it is important
20 that the IMA maintain its policy of involvement in the scope of
21 practice and licensing issues proposed by non-physician
22 healthcare providers and their licensure and regulatory boards;
23 therefore be it

1 RESOLVED, Idaho Medical Association adopts policy in support of its ongoing
2 involvement in the changes to scope of practice and licensure
3 laws, rules and regulations proposed by non-physician healthcare
4 providers and their licensure and regulatory boards for the purpose
5 of protecting the health and safety of Idaho patients; and be it
6 further

7

8 RESOLVED, Idaho Medical Association will work with stakeholders, including
9 health profession advocacy groups, licensure and regulatory
10 boards, legislators, individual providers and patients to uphold the
11 highest education and quality standards for all healthcare
12 providers to ensure the health and safety of Idaho patients.

13

14 EXISTING IMA POLICY: IMA has existing policies on 22 different types of non-
15 physician health care providers, as well as additional policies on
16 various general scope of practice-related issues.

17

18 IMA FISCAL NOTE: \$\$\$

19 STATE OF IDAHO FISCAL NOTE: N/A

20 IMA RESOURCE ALLOCATION: High

21 DEGREE OF DIFFICULTY: High

22

23 Attachment: Idaho Executive Order 2017-06



Executive Department
State of Idaho

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

State Capitol
Boise

EXECUTIVE ORDER NO. 2017-06

**ON REVIEWING THE NECESSITY FOR AND THE APPLICABILITY AND
PROCESSING OF LICENSURE REQUIREMENTS FOR INDIVIDUALS
ENGAGED OR DESIRING TO BE ENGAGED OR EMPLOYED IN TECHNICAL,
PROFESSIONAL OR OTHER OCCUPATIONS WITHIN THE STATE OF IDAHO,
EMPHASIZING THE EFFECT OF LICENSURE REQUIREMENTS ON IDAHO
EMPLOYMENT OPPORTUNITIES**

WHEREAS, in order to protect the public, the Legislature has enacted laws in Idaho establishing licensure requirements for persons desiring to be employed or engaged in various professional, technical or other occupations within the state; and

WHEREAS, administration of such laws are vested in agencies or bureaus within state executive departments or in various self-governing agencies; and

WHEREAS, the extent of state occupational licensure is partially reflected in Title 54, Idaho Code, with 57 chapters devoted to licensure of persons to engage in certain professional, technical, and occupational endeavors, and the responsibility for licensure of persons to engage in those occupations is delegated by law to independent self-governing agencies, and substantial occupational licensing authority also has been granted to the 19 state executive departments; and

WHEREAS, while it is important to ensure public protection, it also is imperative that we ensure that the laws and rules do not create unnecessary barriers to commerce and employment, and although new and occasionally existing regulatory rules are reviewed by the Legislature, there has not been a comprehensive internal review of licensing requirements within the executive branch of Idaho's government since the reorganization of the state executive departments in the mid-1970s, more than 42 years ago; and

WHEREAS, there has been no comprehensive critical analysis of the effect of existing licensing requirements on employment opportunities within the state, nor has there been any re-examination of such requirements to determine the necessity for such licensure, or whether the public interest could not be equally or better served by less restrictive or less intrusive mechanisms than those now in place; and

WHEREAS, analysis of the laws and rules may well result in removing unnecessary barriers to desirable employment for qualified individuals and increasing the availability of a skilled and valuable workforce necessary to grow Idaho's economy; and

WHEREAS, Article IV, Section 5, of the Constitution of the State of Idaho vests the supreme executive power of the state in the governor and imposes upon the governor the responsibility to see that the laws of the state are faithfully executed; and

WHEREAS, Article IV, Section 5, of the Constitution of the State of Idaho provides that in the event of certain events, including the absence of the Governor from the state, the powers, duties and emoluments of the office of governor shall devolve upon the lieutenant governor until the governor shall not be absent from the state; and

WHEREAS, at the time of executing this Executive Order, the Governor is absent from the state and during such absence, the powers and duties of the office of governor have devolved upon the Lieutenant Governor;

NOW THEREFORE, I, BRAD LITTLE, Acting Governor, by virtue of the authority vested in me by the Constitution and laws of the State of Idaho, hereby declare the following:

- 1. Each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency with statutory or regulatory authority to issue a license to an individual, authorizing such person to engage in a profession, vocation or occupation, shall review and report:*
 - a. the timeframe for final action either approving or denying a complete application for issuance of a professional, occupational, or vocational license; and*
 - b. review of requirements that are prerequisites for the issuance of each type of license and suggestions on requirements that can be eliminated; and*
 - c. review of renewal requirements and suggestions on requirements that can be eliminated ; and*
 - d. statutory or regulatory prohibitions that require the department to deny either the acceptance of an application for a license or the denial of the issuance or renewal of a license, together with a report of the number of applicants denied licensure, or whose applications were not accepted for consideration by the department or agency, or who were refused renewal of a license for the one-year period immediately following or preceding the date of this executive order, and the factual or statutory basis for each such denial; and*
 - e. statutory or regulatory authority for the suspension, revocation or other disciplinary action relating to professional, technical, or occupational licenses issued by such agency, together with a report of the number of such disciplinary actions and the factual or statutory basis for such action; and*
 - f. the cost of administering the licensing process on a per applicant basis, and the fee charged to each applicant for issuance or renewal of a license.*
 - g. in recognition of the work by board members to address these issues, list the laws and rule changes enacted in the past five years to eliminate barriers.*

- 2. Each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency with statutory or regulatory authority to issue a license to an individual, authorizing such person to engage in a professional, technical or occupation, shall:*
 - a. provide an assessment or statement as to whether the licensure, or requirements relating thereto, are in the public interest, together with the reasons for such assessment or opinion; and*
 - b. provide recommendations for improvement, modification or elimination of licensure requirements within the department's or the self-governing agency's jurisdiction; and*
 - c. within thirty (30) days following the effective date of this Executive Order, adopt a process or procedure affording interested persons reasonable opportunity to submit to the department, bureau or self-governing agency, or to the Governor's office or the office of the Lieutenant Governor if the person chooses, data, views, opinions or arguments concerning any matter which is the subject of this Executive Order. Such information may be submitted either in writing or*

electronically. The process or procedure may provide a closing date for the submission of such information, which for the purposes of this Executive Order shall not be earlier than May 1, 2018; and

d. upon adopting such process or procedure, provide notice to the Governor's office and to all interested persons of its intent to comply with the requirements of this Executive Order and the manner in which such interested persons may provide data, views, opinions or arguments either to the department, bureau, self-governing agency or to the Governor's office or the office of the Lieutenant Governor.

3. The term "interested persons," as used in paragraphs 2c and 2d of this Executive Order shall include but not be limited to all persons currently licensed by the affected department or agency on the effective date of this Executive Order.

4. Each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency, shall submit the report including the information required in this Executive Order to the Governor's office no later than July 1, 2018. Reports may be submitted electronically.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 19th day of May, in the year of our Lord two thousand and seventeen and of the Independence of the United States of America the two hundred forty-first and of the Statehood of Idaho the one hundred twenty-seventh.



*BRAD LITTLE
ACTING GOVERNOR*

*LAWRENCE DENNEY
SECRETARY OF STATE*

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 203 (18)

SUBJECT: NON-PHYSICIAN PROVIDER OUTCOME REPORTING

AUTHOR: JOSEPH WILLIAMS, MD

SPONSORED BY: ADA COUNTY MEDICAL SOCIETY

1 WHEREAS, Physicians (MD/DO) have seen a dissolution and redistribution of
2 their scope of practice over the past 15 or more years, as well as
3 the dilution of their clinical authority; and

4
5 WHEREAS, Broad categories of non-physician healthcare service provisions
6 have developed or been expanded, including but not limited to:

- 7 • Nurse practitioner care in either a medically supervised
8 environment or a non-medically supervised environment
9 • Physician assistant services
10 • Pharmacist direct prescribing
11 • Chiropractic care
12 • Naturopathic care
13 • Massage therapy
14 • Services by classically regarded ancillary service lines, for
15 example:
16 ○ respiratory therapy
17 ○ athletic trainers
18 ○ physical trainers
19 ○ occupational therapy; and

ADOPTED

1 WHEREAS, There are well-developed systems for MD/DO adverse care
2 outcome review, peer review, involvement of the medical liability
3 industry and malpractice adjudication industry; and

4

5 WHEREAS, There are nascent to limited systems for the vetting of adverse
6 outcomes or complications for non-physician provider incidents
7 with patients, clients or customers; and

8

9 WHEREAS, Idaho's occupational licensing laws and associated administrative
10 rules on healthcare providers create a system whereby each
11 occupation is governed by a regulatory board that is charged with
12 policing their licensees; and

13

14 WHEREAS, Nearly all of Idaho's licensed non-physician providers are
15 governed by regulatory boards that are made up primarily of
16 members of the profession they regulate; and

17

18 WHEREAS, Under Idaho's occupational licensing and regulatory system it is
19 difficult, if not impossible, for the Idaho State Board of Medicine to
20 pursue cases of the unlicensed practice of medicine against non-
21 physician providers licensed under another regulatory board; and

22

1 WHEREAS, There is no centralized system of gathering information on adverse
2 outcomes derived from care by non-physician providers in Idaho;
3 and

4
5 WHEREAS, Idaho Medical Association is frequently asked by legislators and
6 others for information on or examples of adverse outcomes or
7 complications from care by non-physician providers and there is
8 currently no process for gathering that information; therefore be it

9
10 RESOLVED, Idaho Medical Association will adopt policy and create an internal
11 process to gather information voluntarily shared by its members on
12 adverse outcomes derived from care by non-physician providers in
13 Idaho. The information gathered in this process would be for
14 internal Idaho Medical Association use. If it is determined the use
15 or release of this information outside of the Idaho Medical
16 Association would be advantageous for a specific purpose, the
17 Idaho Medical Association Board of Trustees would have authority
18 to approve the use or dissemination of the information and set
19 guidelines for its use.

20
21 EXISTING IMA POLICY: IMA has existing policies on 22 different types of non-
22 physician health care providers, as well as additional policies on
23 various general scope of practice-related issues.

24

- 1 IMA FISCAL NOTE: \$\$
- 2 STATE OF IDAHO FISCAL NOTE: N/A
- 3 IMA RESOURCE ALLOCATION: Moderate
- 4 DEGREE OF DIFFICULTY: Low

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 204 (18)

SUBJECT: SUPPORT FOR THE APPROPRIATE PRACTICE OF RADIOGRAPHY

AUTHOR: JAMES SCHMUTZ, MD

SPONSORED BY: JAMES SCHMUTZ, MD

1 WHEREAS, The appropriate practice of radiography requires adequate
2 knowledge of anatomy, patient positioning, examination
3 techniques, equipment, protocols, radiation safety, radiation
4 protection, and basic patient care; and

5

6 WHEREAS, Radiologic technologists (also known as x-ray technicians or “rad
7 techs”) with the highest level of training have completed disciplined
8 programs and acquired national certification and registration to
9 practice radiography through the American Registry of Radiologic
10 Technologists (ARRT); therefore be it

11

12 RESOLVED, Idaho Medical Association will repeal existing Idaho Medical
13 Association policy opposing legislation to license radiologic
14 technologists (also known as x-ray technicians or “rad techs”) and
15 hereby adopts policy in support of licensing radiologic
16 technologists who have attained national certification and
17 registration to practice radiography through the American Registry
18 of Radiologic Technologists (ARRT) and employing only those

REFERRED TO THE BOARD OF TRUSTEES FOR REPORT

1 licensed radiologic technicians in the generation of radiography in
2 all settings in so far as it is possible and practical; and be it further

3

4 RESOLVED, Idaho Medical Association will sponsor legislation to license
5 radiologic technologists who have attained national certification
6 and registration to practice radiography through the American
7 Registry of Radiologic Technologists (ARRT) and employing only
8 those licensed radiologic technicians in the generation of
9 radiography in all settings in so far as it is possible and practical.

10

11 EXISTING IMA POLICY: IMA opposes legislation to license radiology technicians due
12 to concerns the bill would be problematic in rural areas of the state
13 leading to access issues for radiology. (BOT, Feb 2013)

14

15 IMA FISCAL NOTE: \$\$

16 STATE OF IDAHO FISCAL NOTE: N/A

17 IMA RESOURCE ALLOCATION: Moderate

18 DEGREE OF DIFFICULTY: Moderate

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 205 (18)

SUBJECT: OPPOSITION TO INTERVENTIONAL PAIN PRACTICE BY
NON-PHYSICIAN HEALTHCARE PROVIDERS

AUTHOR: JESSICA JAMESON, MD

SPONSORED BY: KOOTENAI BENEWAH DISTRICT MEDICAL SOCIETY

1 WHEREAS, The scope of practice for non-physician healthcare providers is
2 becoming wider; and

3

4 WHEREAS, The practice of interventional pain medicine is a highly specialized
5 practice; and

6

7 WHEREAS, Interventional chronic pain procedures carry with them the risk for
8 severe complications including, but not limited to, stroke, paralysis,
9 and death; and

10

11 WHEREAS, The education required for a physician is over twice that required
12 for Certified Registered Nurse Anesthetists and other non-
13 physician healthcare providers; and

14

15 WHEREAS, The training hours required for a physician to practice
16 interventional pain is over five times that required for Certified
17 Registered Nurse Anesthetists and non-physician healthcare
18 providers; and

ADOPTED

1 WHEREAS, Access to physician care for residents of Idaho as it relates to
2 interventional pain has never been better; and

3

4 WHEREAS, Coordinated, physician-led, patient-centered, team-based patient
5 care is the best approach to improving quality care for all patients,
6 and interventional pain medicine requires active physician
7 involvement and oversight to maintain patient safety; therefore be
8 it

9

10 RESOLVED, Idaho Medical Association adopt policy in opposition to non-
11 physician healthcare providers practicing independent
12 interventional pain management; and be it further

13

14 RESOLVED, Idaho Medical Association will partner with appropriate
15 organizations including the Idaho Society of Anesthesiologists and
16 the Idaho Society of Interventional Pain Physicians to sponsor
17 legislation to restrict the independent practice of interventional pain
18 management by non-physician healthcare providers.

19

20 EXISTING IMA POLICY: IMA opposes HB 659, Independent Practice for Nurse
21 Practitioners. (BOT, Feb. 2004)

22

23 IMA opposes U.S. Senate Bill 866 allowing independent practice
24 for CRNA's. The IMA requests that Senator Craig rescind his

1 support of this legislation. (BOT, June 1999)

2

3 IMA FISCAL NOTE: \$\$\$\$

4 STATE OF IDAHO FISCAL NOTE: N/A

5 IMA RESOURCE ALLOCATION: High

6 DEGREE OF DIFFICULTY: High

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 206 (18)

SUBJECT: NETWORK ADEQUACY AND OUT OF NETWORK PAYMENTS

AUTHOR: IMA BOARD OF TRUSTEES

SPONSORED BY: IMA BOARD OF TRUSTEES

1 WHEREAS, Idaho’s health plans are creating increasingly more narrow
2 networks of physicians and other providers to save money, and
3 there is a lack of regulatory or statutory guidance on network
4 adequacy standards to ensure patient access to necessary care in
5 local communities; and

6
7 WHEREAS, Some physicians choose not to join networks due to unfavorable
8 contract terms, and some physicians want to join networks and are
9 prevented from doing so because Idaho’s Any Willing Provider
10 statute does not apply to networks; and

11
12 WHEREAS, Patients often do not receive clear and timely information from
13 health plans about whether or not a physician or hospital is in or
14 out of network, nor what allowable benefits, deductibles and
15 copays the patient might expect when receiving care from out of
16 network (OON) physicians; and

ADOPTED AS AMENDED

1 WHEREAS, When local hospitals are in networks, but the physicians providing
2 care in those facilities are not, it causes problems for patients,
3 especially in emergency situations when health plans do not
4 adequately cover care provided by OON physicians. In these
5 situations, patients with a surprise lack of coverage are left with the
6 financial responsibility for the OON physicians' services; and

7

8 WHEREAS, Health plans should honor their commitments to provide coverage
9 for patients and establish a mechanism for providing reasonable
10 reimbursement to OON physicians so that patients are held
11 harmless for amounts owed over and above copays and
12 deductibles. The OON payment system must not be derived from
13 government or health plan fee schedules because they do not
14 reflect the cost of providing care; and

15

16 WHEREAS, If health plans fail to provide an adequate OON reimbursement
17 system, physicians should have access to an arbitration process to
18 determine appropriate payment for services rendered; therefore be
19 it

20

21 RESOLVED, In order to facilitate more fully informed decisions by patients, the
22 Idaho Medical Association urges Idaho physicians to clearly
23 disclose their fee schedules to patients upon request prior to care
24 whenever possible, to be transparent about the health insurance

1 products and networks in which they participate, to join networks
2 when feasible, and to bill in a way that reflects the cost of providing
3 care. Idaho Medical Association opposes unethical practices of
4 inappropriately billing patients; and be it further

5

6 RESOLVED, Idaho Medical Association adopt policy in support of requirements
7 for health plans: 1) to maintain strong, measurable network
8 adequacy standards that provide patients with timely access to
9 and choice of providers; 2) to the degree possible to standardize
10 the way in which they market and describe their out-of-network
11 coverage to provide transparency for patients; 3) to be responsible
12 for informing patients in a timely manner whether or not a
13 physician or hospital is in network or out of network based on the
14 patient's individual plan, and estimates of the allowable benefit for
15 care, deductible and copay so patients may accurately assess
16 their financial exposure; 4) to provide reasonable reimbursement
17 to out of network physicians using an index of fair market values
18 for services rather than payor fee schedules; and 5) to engage in
19 arbitration with physicians to determine adequate reimbursement
20 for out of network services; and be it further

21

22 RESOLVED, Idaho Medical Association engage with the Idaho Department of
23 Insurance to insist insurance companies comply with appropriate
24 network adequacy standards in all situations, and participate in a

1 coalition of physician, hospital and patient advocates and
2 associations to work with the Department of Insurance to adopt
3 rules and guidelines, or if necessary, to sponsor and advocate for
4 the passage of legislation to ensure that health plans: 1) maintain
5 strong, measurable network adequacy standards that provide
6 patients with timely access to and choice of providers; 2) to the
7 degree possible to standardize the way in which they market and
8 describe their out-of-network coverage to provide transparency for
9 patients; 3) to be responsible for informing patients in a timely
10 manner whether or not a physician or hospital is in network or out
11 of network based on the patient's individual plan, and estimates of
12 the allowable benefit for care, deductible and copay so patients
13 may accurately assess their financial exposure; 4) to provide
14 reasonable reimbursement to out of network physicians using an
15 index of fair market values for services rather than payor fee
16 schedules; and 5) to engage in arbitration with physicians to
17 determine adequate reimbursement for out of network services.

18
19 EXISTING IMA POLICY: The IMA will oppose HB 495 to prohibit balance billing.

20 (BOT, Feb 2018)

21
22 IMA adopted policy in support of health care reform in 2009 and
23 part of that policy outlines support for, "Allowing balance billing and
24 private contracting." (HOD, July 2009)

1

2

IMA opposes HB 710, prohibition on balance billing for emergency

3

services, which would prohibit non-participating physicians from

4

balance billing a patient if services were provided in a hospital that

5

participates with the patient's insurer. (BOT, Feb. 2004)

6

7

The IMA supports SB1457 which clarifies Idaho law regarding the

8

practice of balance billing to state that physicians may balance bill

9

except for services covered under written contractual acceptance.

10

(BOT, February 1998)

11

12 IMA FISCAL NOTE: \$\$\$\$

13 STATE OF IDAHO FISCAL NOTE: N/A

14 IMA RESOURCE ALLOCATION: High

15 DEGREE OF DIFFICULTY: High

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 207 (18)

SUBJECT: PHARMACY BENEFIT MANAGER TRANSPARENCY AND
REGULATION

AUTHOR: W. PATRICK KNIBBE, MD

SPONSORED BY: W. PATRICK KNIBBE, MD, PRESIDENT,
ASSOCIATION OF IDAHO RHEUMATOLOGISTS

1 WHEREAS, Pharmacy Benefit Managers (PBMs) are third party administrators
2 of prescription drug programs that negotiate drug prices with
3 manufacturers and process claims on behalf of the health plans
4 they represent; and

5

6 WHEREAS, PBMs contract with health plans or self-insured employers to
7 manage their drug benefits and process pharmacy claims in
8 exchange for undisclosed fees and payments to the PBM; and

9

10 WHEREAS, PBMs negotiate with drug manufacturers to provide preferred
11 formulary placement for manufacturers' products in exchange for
12 undisclosed rebates and other fees payable to the PBM; and

13

14 WHEREAS, PBMs can charge full copays to patients even when a drug costs
15 less than the copay. In addition, PBMs can enact non-
16 disparagement or gag clauses that prevent pharmacists from

ADOPTED AS AMENDED

1 disclosing to patients that a drug may be less expensive to
2 purchase at its cash price, rather than with the out of pocket costs
3 of insurance; and

4
5 WHEREAS, Patients are negatively impacted by PBMs when certain
6 prescriptions aren't covered because the drug didn't garner
7 enough rebate money for PBMs to place it on a plan's formulary.
8 Patients may also be forced to pay higher copays that are based
9 on list prices instead of discounted drug prices; and

10
11 WHEREAS, Current PBM practices lack transparency and drive up prescription
12 drug costs for patients, employers and health plans; therefore be it

13
14 RESOLVED, Idaho Medical Association adopt policy in support of regulation of
15 Pharmacy Benefit Managers that will provide increased
16 transparency, set limits on pricing methods, prohibit practices that
17 unnecessarily drive up costs for patients, restrict gag clauses that
18 withhold important information from patients, and prohibit any other
19 deceptive practices that adversely impact patient access, choice
20 and cost; and be it further

21
22 RESOLVED, Idaho Medical Association support legislation to require Pharmacy
23 Benefit Managers to register with the Idaho Department of
24 Insurance and be subject to regulation that will provide increased

1 transparency, set limits on pricing methods, prohibit practices that
2 unnecessarily drive up costs for patients, restrict gag clauses that
3 withhold important information from patients, and prohibit any other
4 deceptive practices that adversely impact patient access, choice
5 and cost; and be it further

6

7 RESOLVED, Idaho Medical Association work with the American Medical
8 Association to change federal law to promote pharmacy cost and
9 price transparency, remove pharmacy group purchasing
10 protections from the federal Anti-Kickback Statute and the
11 Physician Self-Referral Law (Stark Law) and to encourage
12 efficiencies in pharmacy benefit cost management.

13

14 EXISTING IMA POLICY: IMA supports preferred drug discounts for low income clients,
15 including proposed legislation to authorize Health and Welfare to
16 negotiate with drug companies for discounts for non-Medicaid
17 clients at 200 percent or below poverty. (BOT, Nov. 2004)

18

19 IMA FISCAL NOTE: \$

20 STATE OF IDAHO FISCAL NOTE: N/A

21 IMA RESOURCE ALLOCATION: Low

22 DEGREE OF DIFFICULTY: Low

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 208 (18)

SUBJECT: STUDENT LOAN TAX RELIEF ASSISTANCE

AUTHORS: JAMES BAILEY, MD

SPONSORED BY: IDAHO ACADEMY OF FAMILY PHYSICIANS

1 WHEREAS, Idaho ranks 49th in the nation for number of physicians per capita;
2 and

3
4 WHEREAS, Idaho ranks 46th in the nation for the number of primary care
5 physicians per capita; and

6
7 WHEREAS, The data shows that Idaho has difficulty with physician workforce
8 recruitment; and

9
10 WHEREAS, There are very few untaxed loan repayment programs available
11 through private, federal or state funding in the state of Idaho (State
12 Loan Repayment Program, Rural Physician Incentive Program,
13 Peace Corps and National Health Service Corps); and

14 WHEREAS, Idaho is competing with surrounding states that have generously
15 funded loan repayment and recruitment programs; and

ADOPTED

1 WHEREAS, The funding received for loan repayment is viewed as taxable
2 income and Idaho levies a tax on loan repayment funding from
3 private companies or citizens at a rate of 7.4 percent or more; and
4

5 WHEREAS, A repayment program providing a student with \$10,000 for loan
6 repayment would pay a tax of up to 25 percent in Federal Taxes,
7 7.5 percent in Social Security Taxes and equal to or more than 7.4
8 percent of Idaho taxes decreasing the \$10,000 award to \$7000 or
9 less; and

10
11 WHEREAS, This tax amount is not applied directly to the student loan but
12 imposed on the student which may increase their overall tax
13 burden; therefore be it

14
15 RESOLVED, Idaho Medical Association work to reduce the state tax rate on
16 physician loan repayment aid to 0 percent; and be it further
17

18 RESOLVED, Idaho Medical Association advocate on a legislative level to pass a
19 five to ten year pilot program to remove the tax on physician loan
20 repayment funds provided by a third party; and be it further

21
22 RESOLVED, Idaho Medical Association work with applicable parties on
23 legislation to exclude, from the gross income of a physician, the

ADOPTED

1 amounts paid by an employer or private individual under the
2 student loan repayment program.

3
4 EXISTING IMA POLICY: IMA will work with the Idaho Academy of Family Physicians,
5 Idaho Department of Health and Welfare, Idaho Bankers
6 Association, and other applicable organizations to develop a
7 program for physicians to provide reduced interest rates on
8 outstanding student loan debt as a recruitment and retention tool
9 for Idaho. IMA will support legislation to implement a recruitment
10 and retention program for physicians to reduce interest rates on
11 outstanding student loan debt. (HOD, July 2015)

12
13 IMA FISCAL NOTE: \$\$

14 STATE OF IDAHO FISCAL NOTE: Unknown. Cannot estimate as there is no data
15 source for medical student loan repayment funds given to
16 individuals by third party donors

17 IMA RESOURCE ALLOCATION: Moderate

18 DEGREE OF DIFFICULTY: High

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 209 (18)

SUBJECT: DEATH CERTIFICATES AND CORONER PROCESSES

AUTHOR: THORNTON BRYAN, III, MD AND KEITH DAVIS, MD

SPONSORED BY: THORNTON BRYAN, III, MD AND KEITH DAVIS, MD

1 WHEREAS, Idaho is one of a minority of states that has a coroner system for
2 investigation of unusual, suspicious, sudden and unexplained,
3 violent, and non-natural deaths rather than a medical examiner
4 system; and

5
6 WHEREAS, Idaho Medical Association has received reports from various
7 members expressing concern or posing questions about
8 appropriate processes to follow when working with a county
9 coroner; and

10
11 WHEREAS, Examples of concerns include physicians being asked to sign
12 death certificates for individuals not in their care or to sign death
13 certificates even when they disagree with the coroner about the
14 cause of death; therefore be it

15
16 RESOLVED, Idaho Medical Association will review Idaho's statutes regarding
17 death investigation and coroner processes to assess whether
18 amendments are needed and, if so, will pursue those

ADOPTED

1 amendments; and be it further

2

3 RESOLVED, Idaho Medical Association will educate members on Idaho statutes
4 regarding death investigation and coroner processes, as well as
5 the rights of physicians and appropriate processes for physicians
6 to follow when working with an Idaho county coroner.

7

8 EXISTING IMA POLICY: IMA supports HB128 which provides for the investigation of
9 deaths by coroners if a death is not attributable to a known medical
10 cause. (BOT, February 2005)

11

12 IMA supports proposed legislation creating an Idaho office of the
13 medical examiner. (BOT, February 2000)

14

15 IMA FISCAL NOTE: \$\$

16 STATE OF IDAHO FISCAL NOTE: N/A

17 IMA RESOURCE ALLOCATION: Moderate

18 DEGREE OF DIFFICULTY: Low