

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

Report of REFERENCE COMMITTEE B

Presented by: Keith Davis, MD, Chair, Shoshone

1 Mr. Speaker and Members of the House of Delegates:

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3 Reference Committee B considered its agenda of resolutions and reports, and submits
4 the following report:

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6 1.) RESOLUTION 204 (18) – SUPPORT FOR THE APPROPRIATE PRACTICE OF
7 RADIOGRAPHY

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9 RECOMMENDATION:

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11 Mr. Speaker, your Reference Committee recommends that Resolution 204 (18) be
12 referred to the Idaho Medical Association Board of Trustees for report.

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14 Resolution 204 repeals existing Idaho Medical Association policy opposing legislation
15 to license radiologic technologists (also known as x-ray technicians or “rad techs”) and
16 adopts policy in support of licensing radiologic technologists who have attained
17 national certification and registration to practice radiography through the American
18 Registry of Radiologic Technologists (ARRT) and employing only those licensed
19 radiologic technicians in the generation of radiography in all settings in so far as it is
20 possible and practical and to sponsor legislation to implement this requirement in
21 Idaho.

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23 The Committee heard mixed testimony on this resolution with opinions split relatively
24 evenly between supporting and opposing viewpoints. Testimony was heard that
25 excess radiation exposure is a serious concern for patient safety, as well as concern
26 for potential access to care issues if rural practices are required to hire licensed
27 radiographic technicians.

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29 Two separate amendments were submitted and considered by the Committee. One
30 amendment sought to delete the second resolved clause in the resolution. The other
31 amendment softened the language in the resolution to state that having licensed
32 radiographic technicians perform radiography services is preferable, but not
33 mandated. The second amendment also proposed that employers be required to pay
34 for additional education and training for employees who will be performing radiography
35 services if the employees need that supplemental education and training to obtain
36 licensure.

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38 Overall, the Committee determined that there was not consensus from the House on
39 either the resolution or the proposed amendments and that additional information is
40 needed to determine the will of the House on the resolution. Therefore, the Committee

1 recommends the resolution be referred to the IMA Board of Trustees for study and
2 report back to the 2019 House of Delegates.

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4 2.) RESOLUTION 205 (18) – OPPOSITION TO INTERVENTIONAL PAIN PRACTICE
5 BY NON-PHYSICIAN HEALTHCARE PROVIDERS

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7 RECOMMENDATION:

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9 Mr. Speaker, your Reference Committee recommends that Resolution 205 (18) be
10 adopted.

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12 Resolution 205 establishes IMA policy in opposition to non-physician healthcare
13 providers practicing independent interventional pain management and directs IMA to
14 partner with appropriate organizations including the Idaho Society of Anesthesiologists
15 and the Idaho Society of Interventional Pain Physicians to sponsor legislation to
16 restrict the independent practice of interventional pain management by non-physician
17 healthcare providers.

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19 The Committee received testimony unanimously in support of this resolution.
20 Delegates reported an awareness of non-physician providers practicing pain
21 management in various communities in the state. Delegates expressed concern for
22 patient safety and questioned whether services offered were appropriate therapies or
23 appropriately administered by non-physician providers without physician supervision or
24 collaboration. Further, Delegates expressed doubt that some of the care being offered
25 by non-physician providers in the area of interventional pain management is
26 efficacious.

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28 3.) RESOLUTION 206 (18) – NETWORK ADEQUACY AND OUT OF NETWORK
29 PAYMENTS

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31 RECOMMENDATION NO. 1:

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33 Mr. Speaker, your Reference Committee recommends that Resolution 206 (18) be
34 amended by insertion and deletion on page 2, line 22, and on page 3, line 22, so that
35 the RESOLVEDS read:

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37 RESOLVED, In order to facilitate more fully informed decisions by patients, the
38 Idaho Medical Association urges ~~Idaho its member~~ physicians to
39 clearly disclose their fee schedules to patients upon request prior
40 to care whenever possible, to be transparent about the health
41 insurance products and networks in which they participate, to join
42 networks when feasible, and to bill in a way that reflects the cost
43 of providing care. Idaho Medical Association opposes unethical
44 practices of inappropriately billing patients; and be it further

45
46 RESOLVED, Idaho Medical Association adopt policy in support of requirements
47 for health plans: 1) to maintain strong, measurable network
48 adequacy standards that provide patients with timely access to

1 and choice of providers; 2) to the degree possible to standardize
2 the way in which they market and describe their out-of-network
3 coverage to provide transparency for patients; 3) to be
4 responsible for informing patients in a timely manner whether or
5 not a physician or hospital is in network or out of network based
6 on the patient's individual plan, and estimates of the allowable
7 benefit for care, deductible and copay so patients may accurately
8 assess their financial exposure; 4) to provide reasonable
9 reimbursement to out of network physicians using an index of fair
10 market values for services rather than payor fee schedules; and 5)
11 to engage in arbitration with physicians to determine adequate
12 reimbursement for out of network services; and be it further
13

14 RESOLVED,

15 Idaho Medical Association engage with the Idaho Department of
16 Insurance to insist insurance companies comply with appropriate
17 network adequacy standards in all situations, and participate in a
18 coalition of physician, hospital and patient advocates and
19 associations to work with the Department of Insurance to adopt
20 rules and guidelines, or if necessary, to sponsor and advocate for
21 the passage of legislation to ensure that health plans: 1) maintain
22 strong, measurable network adequacy standards that provide
23 patients with timely access to and choice of providers; 2) to the
24 degree possible to standardize the way in which they market and
25 describe their out-of-network coverage to provide transparency for
26 patients; 3) to be responsible for informing patients in a timely
27 manner whether or not a physician or hospital is in network or out
28 of network based on the patient's individual plan, and estimates of
29 the allowable benefit for care, deductible and copay so patients
30 may accurately assess their financial exposure; 4) to provide
31 reasonable reimbursement to out of network physicians using an
32 index of fair market values for services rather than payor fee
33 schedules; and 5) to engage in arbitration with physicians to
34 determine adequate reimbursement for out of network services.

35 RECOMMENDATION NO. 2:

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37 Mr. Speaker, your Reference Committee recommends that Resolution 206 (18) be
38 adopted as amended.

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40 Resolution 206 directs IMA to urge its member physicians to clearly disclose their fee
41 schedules to patients upon request prior to care whenever possible, to be transparent
42 about the health insurance products and networks in which they participate, to join
43 networks when feasible, and to bill in a way that reflects the cost of providing care. It
44 adopts IMA policy in opposition to unethical practices of inappropriately billing patients.
45 It further adopts IMA policy supporting requirements for health plans related to network
46 adequacy and out of network payments and directs IMA to participate in a coalition of
47 physician, hospital and patient advocates and associations to work with the
48 Department of Insurance to adopt rules and guidelines, or if necessary, to sponsor and

1 advocate for the passage of legislation to ensure that health plans meet these
2 requirements.

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4 The Committee heard nearly unanimous testimony in favor of this resolution with some
5 testimony that the resolution does not go far enough in addressing the issue.
6 Delegates stated that the current environment nearly decimates the ability of
7 physicians in some specialties to take call. Although it is frequently referred to as
8 “surprise balance billing,” a more accurate name for this problem is “surprise gap in
9 insurance coverage.” Testimony was also given that the most important part of this
10 equation is network adequacy and the importance of requiring insurers to maintain
11 sufficient networks throughout Idaho.

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13 Many Delegates stated that physicians need to find a solution and that it is critical for
14 physicians to speak with one unified voice. In the same vein, Delegates stressed that
15 this is primarily a patient issue and that physicians must work with insurers to solve the
16 issue and get patients out of the middle.

17
18 In response to a question, legal counsel advised the House that there can be no
19 discussion of specific rates or in what situations physicians will accept or not accept
20 specific rates. It is important to be careful not to engage in discussions that could be
21 considered a breach of antitrust laws.

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23 4.) RESOLUTION 207 (18) – PHARMACY BENEFIT MANAGER TRANSPARENCY
24 AND REGULATION

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26 RECOMMENDATION NO. 1:

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28 Mr. Speaker, your Reference Committee recommends that Resolution 207 (18) be
29 amended by insertion on page 3, line 7, to add a RESOLVED that reads:

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31 RESOLVED, Idaho Medical Association work with the American Medical
32 Association to change federal law to promote pharmacy cost and
33 price transparency, remove pharmacy group purchasing
34 protections from the federal Anti-Kickback Statute and the
35 Physician Self-Referral Law (Stark Law) and to encourage
36 efficiencies in pharmacy benefit cost management.

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38 RECOMMENDATION NO. 2:

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40 Mr. Speaker, your Reference Committee recommends that Resolution 207 (18) be
41 adopted as amended.

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43 Resolution 207 adopts IMA policy supporting regulation of Pharmacy Benefit
44 Managers (PBMs) and directs IMA to support legislation to require PBMs to register
45 with the Idaho Department of Insurance and be subject to regulation.

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47 The Committee received unanimous testimony in support of this resolution with
48 Delegates stating that the current system results in higher costs to patients because

1 any savings realized by patients in the short-run are offset by paying higher premiums
2 in the long-run. Further, it was stated that work is being done at the federal level to
3 address this issue and that Idaho Medical Association should work to support the
4 efforts at the federal level. An amendment was submitted speaking to IMA
5 involvement at the federal level and the Committee determined that was a valuable
6 amendment that should be adopted.

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8 5.) RESOLUTION 208 (18) – STUDENT LOAN TAX RELIEF ASSISTANCE

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10 RECOMMENDATION:

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12 Mr. Speaker, your Reference Committee recommends that Resolution 208 (18) be
13 adopted.

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15 Resolution 208 directs IMA to work to reduce the state tax rate on physician loan
16 repayment to zero percent for physician workforce recruitment and retention.

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18 The Committee received testimony in support of this resolution. In response to a
19 question, legal counsel stated this resolution would be difficult to implement. An
20 amendment was presented to expand the proposal to include all physicians rather
21 than limiting it to physicians early in practice. The Committee concluded there was not
22 support from the House for this amendment.

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24 6.) CONSENT CALENDAR:

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26 RECOMMENDED FOR ADOPTION:

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28 RESOLUTIONS:

29 RES 201(18) Bylaws Change to Reflect New Idaho Medical Association Mission
30 Statement

31 RES 202(18) Upholding Statutory Licensure Requirements

32 RES 203(18) Non-Physician Provider Outcome Reporting

33 RES 209(18) Death Certificate and Coroner Processes

34
35 REPORTS:

36 CR 1 Report of the Idaho Medical Political Action Committee

37 CR 2 Report of the Committee on Medical Education Affairs

38 CR 3 Report of the Physician Recovery Network

39 CR 4 Report of the Financial Services Program Advisory Board

40 CR 5 Report of the Idaho Medical Association Foundation

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43 RECOMMENDED FOR FILING:

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45 SR 1 Report of the Idaho State Board of Medicine

46 SR 2 Special Report on Policy Priority Tool

1 Mr. Speaker, this concludes the Report of Reference Committee B. Your Reference
2 Committee wishes to thank all who participated in the hearing and contributed to the
3 preparation of this report.

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5 Respectfully submitted,

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7 Keith Davis, MD, Chair, Shoshone

8 Ron Dorn, MD, Boise

9 Jeff Hessing, MD, Boise

10 Robin Sebastian, MD, Emmett

11 Joe Williams, MD, Meridian

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13 August 2018