

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

Report of REFERENCE COMMITTEE A

Presented by: Steve Kohtz, MD, Chair, Twin Falls

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

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

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6 1.) ADM IV – REPORT OF THE TREASURER AND MEMBERSHIP

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8 RECOMMENDATION:

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10 Mr. Speaker, your Reference Committee recommends that ADM IV be adopted.

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12 ADM IV, Report of the Treasurer and Membership presents the 2018 Financial Audit of  
13 the Idaho Medical Association (IMA) and contains a recommendation that the IMA  
14 membership dues remain unchanged for the 2020 membership year.

15

16 2.) RESOLUTION 102 (19) – SPINAL MUSCULAR ATROPHY NEWBORN  
17 SCREENING

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19 RECOMMENDATION:

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21 Mr. Speaker, your Reference Committee recommends that Resolution 102 (19) be  
22 adopted.

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24 Resolution 102 asks the IMA to adopt policy recognizing that newborn screening of  
25 spinal muscular atrophy in Idaho is an important public health issue and to partner with  
26 stakeholders to establish regulations and hospital guidelines for newborn screening of  
27 spinal muscular atrophy.

28

29 The Committee heard testimony in support of the resolution as presented with one  
30 delegate emphasizing the success of a new intervention when spinal muscular atrophy  
31 is detected through newborn screening, thus preventing death or serious health  
32 problems. Another delegate testified that Idaho currently contracts with the Oregon  
33 State Lab to process newborn screening and that this test can be added to current  
34 Idaho newborn screening at a very low cost.

35

36 An amendment was proposed that would have revised the resolution to direct the  
37 Idaho Medical Association to partner with the Idaho Department of Health and Welfare  
38 and others to establish regulations to require Idaho to include screening of all  
39 conditions listed in the Recommended Universal Screening Program of the US

1 Department of Health and Human Services and to ensure that those are covered  
2 benefits in Idaho. The Committee acknowledged the good intent of the proposed  
3 amendment, but ultimately determined it would be better if the proposal be presented  
4 in the future as a stand-alone resolution.

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6 3.) RESOLUTION 103 (19) – IMPORTANCE OF MANDATORY  
7 CARDIOPULMONARY RESUSCITATION (CPR) TRAINING FOR IDAHO PUBLIC  
8 SCHOOL STAFF, TEACHERS AND COACHES

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10 RECOMMENDATION NO. 1:

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12 Mr. Speaker, your Reference Committee recommends that Resolution 103 (19) be  
13 amended by insertion on page 2, line 23; by deletion on page 2, line 24 and on page 3,  
14 line 5 and 7; and by insertion and deletion on page 3, lines 1 and 7 so that the lines  
15 read:

16  
17 RESOLVED, Idaho Medical Association work with the American Heart  
18 Association and relevant education organizations to bring  
19 cardiopulmonary resuscitation programs to all Idaho ~~public~~  
20 schools and help create the next generation of lifesavers as well  
21 as ~~ensure~~ encourage that the staff members at all schools are  
22 trained; and be it further

23  
24 RESOLVED, Idaho Medical Association work with the American Heart  
25 Association and Idaho ~~public~~ school systems to implement cardiac  
26 resuscitation quality improvement programs in all Idaho ~~public~~  
27 schools and ~~ensure~~ encourage that all staff members involved in  
28 any aspect of physical activity programs or athletics are trained in  
29 cardiopulmonary resuscitation.

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31 RECOMMENDATION NO. 2:

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33 Mr. Speaker, your Reference Committee recommends that Resolution 103 (19) be  
34 adopted as amended.

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36 Resolution 103 directs the IMA to work with stakeholders to bring CPR programs to all  
37 Idaho schools. Overall testimony supported the resolution. The Committee received  
38 several amendments addressing multiple issues with the wording of the resolved  
39 clauses. A delegate pointed out Idaho Medical Association’s long-time opposition of  
40 mandates and recommended replacing “ensure” with “encourage” to avoid a mandate.  
41 Another delegate proposed deletion of the designation of the program being limited to  
42 Idaho “public” schools.

43  
44 Another amendment suggested that the State Board of Education be added to the first  
45 resolved clause to direct Idaho Medical Association to also work with the Board to  
46 bring CPR into Idaho schools. To allow IMA to work with all appropriate educational  
47 entities in the state, the Committee recommends inserting “relevant education  
48 organizations.”

1 In addition, an amendment was proposed that would limit the training to “hands-only  
2 CPR.” The Committee considered this amendment, but felt that this would  
3 unnecessarily limit the schools’ cardiac resuscitation quality improvement programs.  
4

5 To avoid confusion and acknowledge the recommended amendments to the resolved  
6 clauses of the resolution, the Committee recommends that the title of the resolution be  
7 changed to “Importance of Cardiopulmonary Resuscitation (CPR) Training for Idaho  
8 School Staff, Teachers and Coaches.”  
9

10 4.) RESOLUTION 104 (19) – GUN SAFETY PRACTICE RECOMMENDATIONS

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12 RECOMMENDATION:

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14 Mr. Speaker, your Reference Committee recommends that Resolution 104 (19) be  
15 adopted.

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17 Resolution 104 directs IMA to adopt policy in support of improving gun safety without  
18 infringing on second amendment rights and urge members to increase awareness of  
19 gun safety among patients by using screening and educational tools. It also directed  
20 IMA to identify organizations providing free trigger locks.  
21

22 The Committee felt the will of the House clearly supported Resolution 104. However,  
23 testimony was mixed on the inclusion of the educational tool Eddie Eagle provided by  
24 the National Rifle Association. One delegate indicated discomfort with any alignment  
25 of IMA with the NRA. Another delegate indicated support for Eddie Eagle. With the  
26 mixed reaction from the delegates on the tool and inclusion in the resolution of  
27 additional resources from AMA and AAFP, the committee decided not to remove the  
28 reference to Eddie Eagle.  
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30 5.) RESOLUTION 106 (19) – REDUCING PRIOR AUTHORIZATION  
31 REQUIREMENTS

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33 RECOMMENDATION NO. 1:

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35 Mr. Speaker, your Reference Committee recommends that Resolution 106 (19) be  
36 amended by insertion and deletion on page 2, line 21 and page 3, line 4 so that the  
37 lines read:  
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39 RESOLVED, Idaho Medical Association adopt policy and work with an  
40 organized coalition of physicians, payers, associations and the  
41 Idaho Department of Insurance to advocate that payers publicly  
42 post their utilization review data for all prior authorization services  
43 and medications, and eliminate prior authorization requirements  
44 for services and medications with approval rates of ~~95~~ 85 percent  
45 or higher; and be it further  
46

47 RESOLVED, If feasible, Idaho Medical Association will sponsor and advocate  
48 for the passage of legislation to require commercial payers to

1 publicly post their utilization review data for all prior authorization  
2 services and medications, and eliminate prior authorization  
3 requirements for services and medications with approval rates of  
4 95 85 percent or higher.  
5

6 RECOMMENDATION NO. 2:  
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8 Mr. Speaker, your Reference Committee recommends that Resolution 106 (19) be  
9 adopted as amended.  
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11 Resolution 106 directs the IMA to adopt policy and advocate for payers to publicly post  
12 their utilization review data for all prior authorization services and medications, and  
13 advocate for elimination of prior authorization for those services and medications with  
14 high approval rates.  
15

16 The Committee received testimony in support of the resolution. In addition, two  
17 amendments were received. One amendment recommended changing the approval  
18 rate threshold for elimination of prior authorization from 95 percent to 85 percent. The  
19 author of the resolution accepted this amendment as presented. The second  
20 amendment addressed the need to reauthorize medications on a yearly basis when  
21 there have been no changes to the patient's condition. The Committee discussed this  
22 amendment and determined that it was outside the original scope of the resolution and  
23 that improving the approval rate threshold could lessen the burden of reauthorization.  
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25 6.) RESOLUTION 108 (19) – AVAILABILITY OF LIQUID OXYGEN  
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27 RECOMMENDATION NO. 1:  
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29 Mr. Speaker, your Reference Committee recommends that Resolution 108 (19) be  
30 amended by deleting all of the existing resolved clauses and replacing them with new  
31 language so that the lines read:  
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33 ~~RESOLVED, Idaho Medical Association partner with the American Medical~~  
34 ~~Association to submit comments to Centers for Medicare and~~  
35 ~~Medicaid Services highlighting the problems patients have~~  
36 ~~accessing liquid oxygen during the public comment period on the~~  
37 ~~proposed Durable Medical Equipment, Prosthetics, Orthotics and~~  
38 ~~Supplies (DMEPOS) Competitive Bidding Program (CBP) for~~  
39 ~~Calendar Year 2021; and be it further~~  
40

41 ~~RESOLVED, Idaho Medical Association delegation present this resolution at the~~  
42 ~~November 2019 American Medical Association interim meeting for~~  
43 ~~action and request the American Medical Association to advocate~~  
44 ~~with like-minded medical professional and patient organizations to~~  
45 ~~implement policy that improves the oxygen market to:~~

- 46 ~~• Ensure patients have appropriate access to the full range~~  
47 ~~of oxygen-delivery systems;~~

- ~~• Ensure Durable Medical Equipment suppliers provide the oxygen modality prescribed by physicians,~~
- ~~• Ensure Centers for Medicare and Medicaid Services, recognizes and compensates for the service component involved with provision of supplemental oxygen,~~
- ~~• Ensure Centers for Medicare and Medicaid Services, recognizes and compensates for the additional costs associated with providing in-home services to patients living at a distance such as in rural settings, and~~
- ~~• Develop quality measures for the service component of the prescription and delivery of supplemental oxygen to ensure and measure the delivery of quality supplemental oxygen service.~~

15 RESOLVED, Idaho Medical Association support efforts by our American Medical  
16 Association to actively support policy to remove liquid oxygen from  
17 the competitive bidding system and return payments for liquid oxygen  
18 to a Medicare fee schedule basis; and be it further

20 RESOLVED, Idaho Medical Association, in its role as advocate for the health of the  
21 citizens of the State of Idaho whose physicians it represents, formally  
22 recognize that for many patients dependent on continuous  
23 supplemental oxygen, the inability to access a full range of oxygen  
24 delivery systems becomes an issue of sizable proportion, one which  
25 attacks their sense of well-being and independence and impacts their  
26 relations with employers and family on a daily basis, and one for  
27 which patient advocates are few; and be it further

29 RESOLVED, Idaho Medical Association respectfully extend an invitation to the  
30 Honorable Mike Crapo, United States Senator, Member of the Senate  
31 Finance Committee, and Co-Chair of the Congressional COPD  
32 Caucus, to enlist legislative and other support to escalate this issue to  
33 one of high priority.

35 RECOMMENDATION NO. 2:

37 Mr. Speaker, your Reference Committee recommends that Resolution 108 (19) be  
38 adopted as amended.

40 Resolution 108 directs the IMA to partner with the AMA to improve the oxygen market.

42 The presenter of Resolution 108 informed the delegates that action taken at the AMA's  
43 meeting in June necessitated a complete rewrite of the resolved clauses. He  
44 presented an amendment with the rewritten resolved clauses.

45 The Committee heard testimony in support of the resolution, citing instances where  
46 patients' quality of life was significantly improved by the availability of liquid oxygen.

1 7.) RESOLUTION 110 (19) – MINOR CONSENT FOR VACCINATIONS

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3 RECOMMENDATION:

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5 Mr. Speaker, your Reference Committee recommends that Resolution 110 (19) be  
6 adopted.

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8 Resolution 110 reaffirms IMA policy in support of all efforts towards reducing barriers  
9 and improving childhood vaccination rates and advocate for legislation that expands  
10 rights of minors so that they can consent for vaccinations.

11  
12 Testimony heard by the Committee was supportive with the exception of one delegate  
13 who voiced oppositional support and noted concerns with the erosion of parental  
14 rights. An amendment was received that would have added foster parents and the  
15 Department of Health and Welfare as consenters of minors' vaccinations. The  
16 Committee decided that due to the far reaching implications of the amendment beyond  
17 the topic of vaccinations, they would not to accept this amendment.

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19 8.) CONSENT CALENDAR:

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21 RECOMMENDED FOR ADOPTION:

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23 REPORTS:

- 24 ADM I Report of the President
- 25 ADM II Report of the President-Elect
- 26 ADM III Report of the Board of Trustees
- 27 ADM V Trustee Report of District One
- 28 ADM VI Trustee Report of District Two
- 29 ADM VII Trustee Report of District Three
- 30 ADM VIII Trustee Report of District Four
- 31 ADM IX Trustee Report of District Five
- 32 ADM X Trustee Report of District Six
- 33 ADM XI Trustee Report of District Seven
- 34 ADM XII Report of the AMA Delegation

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36 RESOLUTIONS:

- 37 RES 101 (19) – Private Payer Coverage of Newborn Hearing Screening
- 38 RES 105 (19) – Uniform Idaho Practitioner Credentials Verification Application
- 39 RES 107 (19) – Prescription Drug Affordability and Accessibility
- 40 RES 109 (19) – Physician Complaints Reported to Idaho Department of  
41 Insurance
- 42 RES 111 (19) – Screening, Intervention and Treatment for Adverse Childhood  
43 Experiences

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45 Mr. Speaker, this concludes the Report of Reference Committee A. Your Reference  
46 Committee wishes to thank all who participated in the hearing and contributed to the  
47 preparation of this report.

1 Respectfully submitted,  
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3 Steve Kohtz, MD, Chair, Twin Falls  
4 Erich Garland, MD, Idaho Falls  
5 Cher Jacobsen, MD, Post Falls  
6 Stephanie Long, MD, Boise  
7 Russell Snow, DO, Caldwell  
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9 July 2019