

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

Report of REFERENCE COMMITTEE B

Presented by: Crystal Pyrak, MD, Chair, Coeur d’Alene

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

2  
3 Reference Committee B considered its agenda of resolutions and reports, and submits  
4 the following report:

5  
6 1.) RESOLUTION 201 (19) – MENTAL HEALTH HOLDS IN THE OUTPATIENT  
7 SETTING

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9 RECOMMENDATION:

10  
11 Mr. Speaker, your Reference Committee recommends that Resolution 201 (19) be  
12 adopted.

13  
14 Resolution 201 adopts IMA policy in support of an improved process for placing mental  
15 health holds in the outpatient setting and directs IMA to work with stakeholders to  
16 improve the process.

17  
18 The Committee heard testimony that the current process for placing mental health  
19 holds in the outpatient setting is confusing and often leads to a breakdown of  
20 communication between providers, law enforcement, and others. Putting someone on  
21 an involuntary hold is very stressful for both the physician and the patient and it is  
22 critical that the process be improved.

23  
24 In addition, caution was urged because it can be very difficult to determine when it is  
25 appropriate to place a patient on an involuntary hold and that it takes skill to know how  
26 to manage the situation. It can be particularly challenging to do so in the outpatient  
27 setting. The Committee carefully considered this testimony but, ultimately, determined  
28 the will of the house is to adopt this resolution as written.

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30 2.) RESOLUTION 203 (19) – IMPROVEMENTS IN PAIN CARE

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32 RECOMMENDATION NO. 1:

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34 Mr. Speaker, your Reference Committee recommends that Resolution 203 (19) be  
35 amended by insertion and deletion on page 2, line 9, so that the lines read:

36  
37 RESOLVED, That Idaho Medical Association work with policymakers and  
38 health insurance companies to ensure pain patients receive the  
39 individualized, comprehensive and compassionate care they  
40 deserve from licensed physicians qualified, well-credentialed pain  
41 medicine specialists; and be it further

1 RESOLVED, That Idaho Medical Association work with policymakers and  
2 health insurance companies to remove administrative and other  
3 barriers to comprehensive, multimodal, multidisciplinary pain care  
4 and rehabilitation programs; and be it further  
5

6 RESOLVED, That Idaho Medical Association work with policymakers and  
7 health insurance companies to reverse policies that limit the  
8 duration of opioid prescriptions or set maximum dose of morphine  
9 milligram equivalents (MME) per day.

10  
11 RECOMMENDATION NO. 2:

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13 Mr. Speaker, your Reference Committee recommends that Resolution 203 (19)  
14 be adopted as amended.

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16 Resolution 203 directs IMA to work with stakeholders to ensure patients receive the  
17 best care possible, that barriers to this care are removed and policies that limit the  
18 duration of opioid prescriptions or set maximum dose of morphine milligram  
19 equivalents (MME) per day are reversed.

20  
21 The Committee heard testimony that patients with chronic pain conditions are often  
22 stigmatized and, further, that it is often difficult to get insurance coverage of non-opioid  
23 alternative treatments because of the higher cost. Some patients do very well on  
24 appropriately prescribed opioids and others cannot get safer drugs because of the  
25 higher cost.

26  
27 The main focus of concern with the existing language was that there are not enough  
28 pain medicine specialists in Idaho to set IMA policy that patients must receive care  
29 from “qualified, well-credentialed pain medicine specialists” and that an amendment  
30 broadening the resolution would be best. The resolution author agreed to the  
31 suggested amendment.

32  
33 3.) RESOLUTION 204 (19) – MEDICATION-ASSISTED TREATMENT (MAT) AND  
34 RELATED ISSUES

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36 RECOMMENDATION NO. 1:

37  
38 Mr. Speaker, your Reference Committee recommends that Resolution 204 (19) be  
39 amended by insertion and deletion on page 3, line 7, and on page 3, line 10 so that the  
40 lines read:

41  
42 RESOLVED, Idaho Medical Association adopt policy in support of improved  
43 access to Medication-Assisted Treatment; and be it further  
44

45 RESOLVED, Idaho Medical Association will work with state and federal  
46 stakeholders at the organizational, administrative and/or  
47 legislative level to:

- 1 1. Remove prior authorization for Medication-Assisted  
2 Treatment in Medicaid and commercial insurance plans;  
3 and
- 4 2. Streamline education requirements ~~Reduce training~~  
5 ~~requirements~~ for physicians to be able to offer Medication-  
6 Assisted Treatment; and
- 7 3. Improve access to Medication-Assisted Treatment for the  
8 duration of a patient's stay in the emergency department  
9 ~~room~~ and until out-patient treatment is secured; and
- 10 4. Support state and federal legislation that allows expansion  
11 of the medications reportable to the Idaho Board of  
12 Pharmacy's Prescription Monitoring Program to include  
13 methadone and buprenorphine from opioid treatment  
14 programs.

15  
16 RECOMMENDATION NO. 2:

17  
18 Mr. Speaker, your Reference Committee recommends that Resolution 204 (19) be  
19 adopted as amended.

20  
21 Resolution 204 adopts IMA policy in support of improved access to Medication-  
22 Assisted Treatment and directs IMA to work with stakeholders to accomplish this goal.

23  
24 The Committee heard testimony that our nation is at a crossroads with opioid  
25 prescribing. There is a high rate of death from overdose and treatment options are  
26 limited. Some patients have a brain chemistry that increases the likelihood of  
27 addiction and it is important to treat those who suffer from substance use disorders  
28 before tragedy strikes. There are significant barriers to Medication-Assisted Treatment  
29 currently in place at both the state and federal level that jeopardize treatment  
30 opportunities.

31  
32 The Committee received amendments to slightly tweak the language of the resolved  
33 clauses and the Committee accepted those amendments as consistent with the will of  
34 the House.

35  
36 4.) RESOLUTION 206 (19) – PUBLIC INFORMATION CAMPAIGN FOR IDAHO  
37 MEDICAL ASSOCIATION POLICY ON MEDICAL MARIJUANA

38  
39 RECOMMENDATION:

40  
41 Mr. Speaker, your Reference Committee recommends that Resolution 206 (19) not be  
42 adopted.

43  
44 Resolution 206 directs IMA to engage in a public information campaign to share IMA  
45 policy in opposition to the use of medical marijuana.

46  
47 The Committee received extensive testimony both in favor of and in opposition to this  
48 resolution. Comments ranged from the need to get information out to Idaho physicians

1 and patients on IMA's current policy in opposition to medical marijuana, to possible  
2 language changes on IMA's current policy (which is not a part of the resolution).  
3 There is a difference between marijuana, CBD, and THC.

4  
5 Amendments were submitted to change IMA's existing policy in opposition to medical  
6 marijuana. Because this resolution was not written to address existing policy, the  
7 Committee rejected those amendments.

8  
9 Ultimately, the resolution sponsor stated that he appreciated the discussion and that it  
10 is obvious that more work needs to be done on this topic. Taking this into account, the  
11 Committee recommends this resolution not be adopted.

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13 5.) RESOLUTION 208 (19) – DIGNITY FOR LGBT PATIENTS

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15 RECOMMENDATION NO. 1:

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17 Mr. Speaker, your Reference Committee recommends that Resolution 208 (19) be  
18 amended by insertion on page 3, line 1, and on page 3, line 7, so that the lines read:

19  
20 RESOLVED, Idaho Medical Association adopt policy in support of high-quality  
21 healthcare provided with equity and respect for all patients,  
22 including lesbian, gay, bisexual, and/or transgender patients; and  
23 be it further

24  
25 RESOLVED, Idaho Medical Association oppose legislative and regulatory  
26 proposals related to healthcare services that discriminate against  
27 any patient, including lesbian, gay, bisexual, and/or transgender  
28 individuals and will, when directed by Idaho Medical Association  
29 Board of Trustees, engage in lobbying activities on such  
30 proposals.

31  
32 RECOMMENDATION NO. 2:

33  
34 Mr. Speaker, your Reference Committee recommends that Resolution 208 (19) be  
35 adopted as amended.

36  
37 Resolution 208 adopts IMA policy in support of high-quality healthcare for LGBT  
38 patients and directs IMA to oppose any healthcare proposals that discriminate against  
39 LGBT patients.

40  
41 The Committee received considerable testimony on this resolution that centered  
42 around whether or not calling out a specific patient population is an appropriate policy  
43 position for the IMA. Some delegates felt that LGBT patients are particularly  
44 vulnerable and do need the protection of a specific policy, while others felt that all  
45 patients deserve to be treated with dignity and respect and that all patients should fall  
46 under the umbrella of a policy for dignity for all. An amendment was submitted to  
47 remove the first resolved clause, but the Committee rejected it as not reflective of the  
48 discussion of the Delegates.

1 The Committee had a lengthy discussion and ultimately concluded the majority of  
2 Delegates advocated amending the resolution to include dignity for all patients, while  
3 still specifically referring to LGBT patients.  
4

5 The Committee discussed the title of the resolution and recommends changing it to,  
6 “Dignity for All Patients.”  
7

8 6.) RESOLUTION 210 (19) – ENSURING ACCESS TO COMPREHENSIVE FAMILY  
9 PLANNING AND REPRODUCTIVE HEALTH SERVICES

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11 RECOMMENDATION:

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13 Mr. Speaker, your Reference Committee recommends that Resolution 210 (19) be  
14 referred to the Board of Trustees for decision and report back to the House of  
15 Delegates.  
16

17 Resolution 210 instructs IMA to affirm support for access to comprehensive  
18 reproductive healthcare including abortion care and defend against legislation that  
19 attempts to restrict women’s access. Resolution 210 also asks IMA to oppose  
20 legislation that criminalizes patients who seek abortion or physicians who provide  
21 abortion care by taking a resolution to the American Medical Association and  
22 supporting the right of physicians to provide miscarriage management and medication  
23 abortions with mifepristone in their general family practices.  
24

25 The Committee received testimony from the resolution sponsor that this resolution is in  
26 line with positions taken by many national healthcare advocacy associations that are in  
27 support of all access to all reproductive healthcare services, including abortion. There  
28 are various levels of protections for reproductive healthcare and abortion services in  
29 different states. The resolution sponsor stated that it is well-established that there are  
30 adverse outcomes when women are denied a full range of reproductive healthcare  
31 services, and that to provide the best healthcare, physicians must have the ability to  
32 provide all services as indicated.  
33

34 Delegates testified about the need to support Idaho women, speaking for the unborn,  
35 the importance of protecting the physician-patient relationship, consideration of the  
36 advances in fetal medicine, and the political ramifications of IMA wading into the  
37 politics of abortion in Idaho.  
38

39 IMA legal counsel spoke extensively about the amount of political capital it would cost  
40 IMA to engage in abortion fights in the legislature. In response to questions from  
41 Delegates, legal counsel stated IMA can only damage its credibility with legislators and  
42 that the result would be the sacrifice of the other advocacy issues IMA champions,  
43 such as increased funding to grow GME programs. Legal counsel stated that abortion  
44 is too emotional, too personal and too divisive of an issue to wade into without  
45 significant negative consequences to the IMA in the legislature.  
46

47 Delegates offered similar cautions about the negative consequences to the IMA within  
48 the membership of taking sides on the issue of abortion. Members are split on the  
issue and taking any position will fracture the membership and cause a loss of civility,

1 a loss of collegiality, a loss of trust, and a loss of support for the IMA within the  
2 physician community.

3  
4 Several amendments were offered on this resolution, specifically that an additional  
5 resolved be added to direct the IMA Board of Trustees to require that IMA staff engage  
6 in lobbying action on abortion-related proposals; to remove all resolved clauses after  
7 the first one; that IMA oppose any legislation that restricts the ability of physicians to  
8 discuss abortion with patients; to direct IMA to oppose legislation that requires  
9 physicians to give false or misleading information to patients when discussing  
10 reproductive and abortion care; and that the final resolved be put into a different  
11 resolution. After considerable discussion, the Committee rejected these amendments  
12 as not being true to the will of the House.

13  
14 After extensive review of the differing opinions with near 50/50 divide of testimony for  
15 and against the change of IMA position on abortion in the HOD, your Reference  
16 Committee is unable to determine with certainty the will of the House of Delegates  
17 regarding Resolution 210. The Committee recommends referring this resolution to the  
18 IMA Board of Trustees due to the near complete division of their delegation and how  
19 this topic impacts the physician patient relationship. It was discussed in great detail on  
20 the floor of the HOD and in committee the potential loss of political capital with taking a  
21 position on abortion.

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23 7.) CONSENT CALENDAR:

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25 RECOMMENDED FOR ADOPTION:

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27 REPORTS:

- |    |      |   |
|----|------|---|
| 28 | CR 1 | Report of the Idaho Medical Political Action Committee  |
| 29 | CR 2 | Report of the Committee on Medical Education Affairs    |
| 30 | CR 3 | Report of the Physician Recovery Network                |
| 31 | CR 4 | Report of the Financial Services Program Advisory Board |
| 32 | CR 5 | Report of the Idaho Medical Association Foundation      |

33  
34 RESOLUTIONS:

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| 35 | RES 202(19) | Mental Health Parity                             |
| 36 | RES 205(19) | Idaho Medical Association Policy on Kratom       |
| 37 | RES 207(19) | Volunteer Healthcare Professional Immunity       |
| 38 | RES 209(19) | Idaho Maternal Health Workforce Study Initiative |

39  
40 RECOMMENDED FOR FILING:

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|----|------|---|
| 41 |      |   |
| 42 | SR 1 | Report of the Idaho State Board of Medicine   |
| 43 | SR 2 | Special Report on Policy Priority Tool  |
| 44 | SR 3 | Report of 2018 Resolutions Requiring an Update to the 2019<br>45 House of Delegates |
| 46 | SR 4 | Special Report on IMA Strategic Plan  |

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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