IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 101(19)

SUBJECT: PRIVATE PAYER COVERAGE OF NEWBORN HEARING SCREENING

AUTHOR: BARRY BENNETT, MD

SPONSORED BY: IDAHO FALLS MEDICAL SOCIETY

WHEREAS, Strong evidence shows newborn hearing screening leads to earlier identification and treatment of babies with hearing loss; and

WHEREAS, According to the American Academy of Pediatrics (AAP), hearing loss is one of the most frequently occurring birth defects; approximately three infants per 1,000 are born with moderate, profound or severe hearing loss; and

WHEREAS, Hearing loss not detected and treated early can impede speech, language and cognitive development; and

WHEREAS, Thirty-six states have laws requiring hearing screening for newborns and seventeen states require private health payers to cover the screening; and

ADOPTED

WHEREAS, Idaho's current statute requires Phenylketonuria (PKU) and preventable diseases to be screened in newborns[i], however, hearing screening or private health payer reimbursement is not required; and

WHEREAS, The Affordable Care Act (ACA) plans follow the U.S. Preventive Services Task Force (USPSTF) recommendations for required coverages, however, USPSTF has not provided recommendations for hearing screening; and

WHEREAS, Idaho's 2016 data indicates 98.5 percent of newborns are screened; therefore be it

RESOLVED, That Idaho Medical Association partner with the Idaho State Department of Health and Welfare and other stakeholders to establish regulations and hospital guidelines for newborn hearing screening; and be it further

RESOLVED, That Idaho Medical Association work with private payers for newborn hearing screening to be an insurance covered benefit in the state of Idaho.

EXISTING IMA POLICY: IMA has a history of working with the appropriate partners to improve newborn screening in Idaho.

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: HIGH

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[i] Idaho Statute 39-909. TESTS FOR PHENYLKETONURIA AND PREVENTABLE DISEASES IN NEWBORN INFANTS. It shall be the duty of the administrative officer or other person in charge of each hospital or other institution caring for newborn infants and the person responsible for the registration of the birth of such infants under section 39-255, Idaho Code, to cause to have administered to every newborn infant in its or his care a test for phenylketonuria and such other tests for preventable diseases as prescribed by the state board of health and welfare. The person administering such tests shall make such reports of the results thereof as required by the state board of health and welfare.

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 102(19)

SUBJECT: SPINAL MUSCULAR ATROPHY NEWBORN SCREENING

AUTHOR: KELLY J. ANDERSON, MD

SPONSORED BY: IDAHO FALLS MEDICAL SOCIETY

WHEREAS, Spinal Muscular Atrophy (SMA) is a genetic disorder that affects the motor nerve cells in the spinal cord. SMA is a neurodegenerative disease affecting physical strength, impeding ability to walk, swallow and in severe cases, the ability to breathe; and

WHEREAS, SMA affects approximately 1 in 11,000 babies and is the number one genetic cause of death among infants; and

WHEREAS, About 1 in 50 people are genetic carriers and, if both parents are carriers, the child has a 1 in 4 chance of having SMA; and

WHEREAS, SMA was added to the National Recommended Uniform Screening Panel in July 2018 with recommendations for states to include in conditions to screen for infants; and

ADOPTED

WHEREAS, The U.S. Department of Health and Human Services Secretary has approved adding SMA to the newborn screening panel; and

WHEREAS, Idaho data estimates two babies are born annually with SMA, 67 individuals are currently living with SMA and there are 30,647 SMA carriers; and

WHEREAS, Including SMA in the newborn screening panel will help parents get swift treatment for children with the condition, possibly preventing death or serious health problems; therefore be it

RESOLVED, That the Idaho Medical Association adopt policy recognizing that newborn screening of spinal muscular atrophy in Idaho is an important 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 spinal muscular atrophy.

EXISTING IMA POLICY: IMA has a history of working with the appropriate partners to improve newborn screening in Idaho.

ADOPTED

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 19-21, 2019

RESOLUTION 103(19)

SUBJECT: IMPORTANCE OF CARDIOPULMONARY RESUSCITATION (CPR) TRAINING FOR IDAHO PUBLIC SCHOOL STAFF, TEACHERS AND COACHES

AUTHOR: CRISTINA LEON, DO

SPONSORED BY: SOUTHEASTERN IDAHO DISTRICT MEDICAL SOCIETY

WHEREAS, Sudden cardiac arrest (SCA) is defined as the "sudden cessation of cardiac activity so that the victim becomes unresponsive, with no normal breathing and no signs of circulation."(1) If corrective measures are not taken rapidly, this condition progresses to sudden cardiac death (SCD). Cardiac arrest is used to signify an event that can be reversed, usually by cardiopulmonary resuscitation (CPR), administration of medications and/or defibrillation or cardioversion; and

WHEREAS, There are more than 350,000 adult out-of-hospital cardiac arrests (OHCA) annually in the United States of America and nearly 90 percent of them are fatal.(2) The incidence in the pediatric population has not been well reported, but it is estimated to be 20 in 100,000 children.(3) Sudden cardiac arrest (SCA) or sudden cardiac death (SCD) in children and adolescents is a devastating event. Strategies for prevention

ADOPTED AS AMENDED

include both primary as well as secondary prevention strategies, and these strategies are not mutually exclusive. The American Academy of Pediatrics Policy Statement on Pediatric Sudden Cardiac Arrest addresses that it is critically important to promote and advocate for CPR and automated external defibrillator (AED) education for everyone. It is known that CPR and AEDs save the lives of children, adolescents, and adults and that a society that is able and willing to perform CPR will result in an increase in the incidence of lay-rescuer CPR and will save more lives; and

WHEREAS, Current statistics show that if more people knew CPR, more lives could be saved. It is known that education programs for effective bystander CPR and appropriate AED use as well as the development of effective school emergency response programs have been successful throughout the country. The state of Idaho currently requires CPR training for all high school students prior to graduation, but there are no requirements for school staff, teachers and coaches to be trained in CPR; therefore be it

RESOLVED, Idaho Medical Association work with the American Heart Association and relevant education organizations to bring cardiopulmonary resuscitation programs to all Idaho schools

and help create the next generation of lifesavers as well as encourage that the staff members at all schools are trained; and be it further

RESOLVED, Idaho Medical Association work with the American Heart Association and Idaho school systems to implement cardiac resuscitation quality improvement programs in all Idaho schools and encourage that all staff members involved in any aspect of physical activity programs or athletics are trained in cardiopulmonary resuscitation.

IMA POLICY: NONE

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: Potential impact on public school budget

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: MODERATE

References:

1. 2017 AHA/ACC/HRS Guideline for Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death. A Report of the American College of Cardiology/ American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society.

ADOPTED AS AMENDED

2. https://www.sca-aware.org/sca-news/resuscitation-quality-improvement-programs-offer-a-comprehensive-solution-to-help-improve-o and https://cpr.heart.org/AHAECC/CPRAndECC/Training/CPRInSchoolsTrainingKits/UCM_473191_CPR-In-Schools-Training-Kits.jsp

3. https://pediatrics.aappublications.org/content/pediatrics/129/4/e1094.full.pdf

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 104(19)

SUBJECT: GUN SAFETY PRACTICE RECOMMENDATIONS

AUTHORS: FAMILY MEDICINE RESIDENCY OF IDAHO RESIDENTS

SPONSORED BY: IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, Firearm-related deaths and injuries are a major public health problem; and

WHEREAS, According to U.S. national statistics, the estimated rate of private gun ownership per 100 people in the U.S. is 120.5 in 2017(1); and

WHEREAS, The U.S. national statistics report that there were 242 deaths by firearms in Idaho in 2016(2); and

WHEREAS, According to the Idaho Division of Public Health, Idaho's suicide rate is 57 percent higher than the national average and consistently ranks among the highest in the nation(3); and

WHEREAS, Sixty percent of completed suicides in Idaho were by firearms(3); and

ADOPTED

WHEREAS, Gun safety laws in Idaho are among the weakest in the nation with Idaho receiving an F ranking from the Giffords Center to Prevent Gun Violence in 2018 and ranking 48 out of 50 states for gun law strength[4]; and

WHEREAS, In an article published in the Annals of Internal Medicine in 2015, the authors share that “Patients trust their physicians to advise them on issues that affect their health, and physicians can answer questions and educate the public on the risks of firearm ownership and the need for firearm safety” [5]; therefore be it

RESOLVED, That Idaho Medical Association adopt policy in support of improving gun safety without infringing on second amendment rights; and be it further

RESOLVED, That Idaho Medical Association urge their members to increase awareness of gun safety among their patient populations; and be it further

RESOLVED, That Idaho Medical Association encourage members to use established screening and educational tools such as Eddie Eagle provided by the National Rifle Association and other professional associations such as the American Academy of Family Physicians

and American Medical Association to educate patients on gun safety; and be it further

RESOLVED, That Idaho Medical Association identify organizations providing free trigger locks and offer that information to members interested in furnishing them to their patients.

IMA POLICY: IMA opposes legislation that would require written notification to patients indicating that answering questions regarding ownership of firearms is voluntary. The Board had significant discussion about the difficulty or impossibility to comply with the proposed law, as most EHR templates do not allow for such notices to be incorporated. (BOT, Feb 2013)

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW

References:

1. Estimated Global Civilian-held Firearms Numbers, June 2018 http://www.smallarmssurvey.org/fileadmin/docs/T-Briefing-Papers/SAS-BP-Civilian-Firearms-Numbers.pdf

ADOPTED

2. Centers for Disease Control and Prevention Firearm Mortality Rates. https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm

3. Idaho Department of Health and Welfare Suicide Prevention Program. http://healthandwelfare.idaho.gov/Families/SuicidePreventionProgram/StatisticsandFacts/tabid/1922/Default.aspx

4. Giffords Law Center to Prevent Gun Violence. https://giffordslawcenter.networkforgood.com/projects/38759-giffords-law-center-to-prevent-gun-violence

5. Annals of Internal Medicine, April 7, 2015. https://annals.org/aim/fullarticle/2151828/firearm-related-injury-death-united-states-call-action-from-8

6. National Rifle Association Eddie Eagle Gunsafe Program. https://eddieeagle.nra.org/

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 105(19)

SUBJECT: UNIFORM IDAHO PRACTITIONER CREDENTIALS VERIFICATION APPLICATION

AUTHORS: JESSICA JAMESON, MD AND HOLLIE MILLS, MD

SPONSORED BY: KOOTENAI-BENEWAH DISTRICT MEDICAL SOCIETY

WHEREAS, Idaho Medical Association established the Idaho Practitioner Credentials Verification Application in 2005 with various stakeholders, including payers and medical office managers; and

WHEREAS, A uniform credentialing application accepted by all commercial payers allows physicians and other healthcare providers to complete one application, one time, to become contracted with selected payers; and

WHEREAS, Credentialing or recredentialing is a prerequisite to the final decision of a health benefit plan to permit initial or continued participation by a physician or other healthcare provider; and

WHEREAS, Today, physicians face the redundant and time-consuming process of credentialing or recredentialing with individual health plans once every three years. Easing the

ADOPTED

credentialing process is an important step in our efforts to simplify the business of health care; and

WHEREAS, Any health benefit plan that is offered, issued or renewed in Idaho shall provide for credentialing and recredentialing of physicians and other healthcare providers based on criteria provided in the Idaho Practitioner Credentials Verification Application; and

WHEREAS, Upon receipt of primary source verification and malpractice history by the plan, the plan shall determine if the application is a clean application. If the application is deemed clean, a plan shall have specified calendar days within which to credential or recredential a physician or other healthcare provider. As used in this paragraph, clean application means an application that has no defect, misstatement of facts, improprieties, including a lack of any required substantiating documentation, or particular circumstance requiring special treatment that impedes prompt credentialing or recredentialing; and

WHEREAS, Establishing the same or similar effective dates with all selected payers will ease scheduling of patients and not require patients to wait for appointments until the physician

or healthcare provider receives credential approval at a later date; therefore be it

RESOLVED, Idaho Medical Association adopt policy in support of developing a uniform Idaho Practitioner Credentials Verification Application that would be used by commercial payers and Idaho hospitals; and be it further

RESOLVED, Idaho Medical Association adopt policy in support of allowing physicians and other healthcare providers to indicate in their commercial payer contracts the effective date they plan to start treating patients; and be it further

RESOLVED, Idaho Medical Association will work with stakeholders, including commercial payers and Idaho Department of Insurance, to adopt the Idaho Practitioner Credentials Verification Application as the accepted form of credentialing with commercial payers and Idaho hospitals; and be it further

RESOLVED, Idaho Medical Association support legislation to require commercial payers and Idaho hospitals to accept the Idaho Practitioner Credentials Verification Application.

EXISTING IMA POLICY: NONE

ADOPTED

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 19-21, 2019

RESOLUTION 106(19)

SUBJECT: REDUCING PRIOR AUTHORIZATION REQUIREMENTS

AUTHOR: DAVID RICE, MD

SPONSORED BY: NORTH IDAHO MEDICAL SOCIETY

WHEREAS, In 2017, the Idaho Medical Association (IMA) adopted the American Medical Association's (AMA) Prior Authorization and Utilization Management Reform Principles; and

WHEREAS, Item ten of the AMA Principles states that utilization review entities should make statistics regarding prior authorization approval and denial rates publicly available in a readily accessible format; and

WHEREAS, Physicians complete an average of 31 prior authorizations per week, utilizing administrative and physician time of roughly 14.9 hours or two business days; and

WHEREAS, Costs associated with prior authorization requirements need to be reduced through standardization and streamlining activities between physicians and payers; and

ADOPTED AS AMENDED

WHEREAS, Utilization management programs, such as prior authorizations and step therapy, can create significant barriers for patients by delaying the start or continuation of necessary treatment; and

WHEREAS, Current prior authorization processes undermine the physicians' expertise for determining their patients' preferred treatment options; and

WHEREAS, A 2018 American Medical Association survey finds prior authorizations have increased over the past five years and 85 percent of physicians reported interference with patients' continuity of care[i]; therefore be it

RESOLVED, Idaho Medical Association adopt policy and work with an organized coalition of physicians, payers, associations and the Idaho Department of Insurance to advocate that payers publicly post their utilization review data for all prior authorization services and medications, and eliminate prior authorization requirements for services and medications with approval rates of 85 percent or higher; and be it further

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

payers to publicly post their utilization review data for all prior authorization services and medications, and eliminate prior authorization requirements for services and medications with approval rates of 85 percent or higher.

EXISTING IMA POLICY: Prior Authorization Reform; 105(2017)
Prior Authorization Standardization; 109(2016)
Standardized Prior Authorization Process; 101(2015)
Prior Authorization for Medication; 110(2014)
Concerns with Medicaid Prior Authorizations; 16(2013)
Improving Prior Authorization Process; 14(2010)
Reimbursement for Physician Time Spent in Obtaining Prior Authorization; 9(2006)

IMA FISCAL NOTE: $$$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

[i] American Medical Association Physician 2018 survey: https://www.ama-assn.org/system/files/2019-02/prior-auth-2018.pdf
Industry checkup: https://www.ama-assn.org/system/files/2019-03/prior-auth-survey.pdf

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 107(19)

SUBJECT: PRESCRIPTION DRUG AFFORDABILITY AND ACCESSIBILITY

AUTHOR: BRUCE BELZER, MD

SPONSORED BY: BRUCE BELZER, MD

WHEREAS, The cost of prescription drugs is rising rapidly[i]; and

WHEREAS, The cost of prescription drugs represents a significant challenge to the Idaho budget for Medicaid and CHIP expenditures, Idaho employee and retiree health insurance, corrections' health care and the cost of coverage for the employees of public schools and institutions of public higher education for which Idaho shares the cost; and

WHEREAS, The cost of prescription drugs represents 21 percent of spending for employer sponsored insurance, creating a significant challenge to employers that struggle to provide health insurance to employees and their dependents while maintaining a competitive and viable business concern in Idaho; and

ADOPTED

WHEREAS, The cost of prescription drugs represents a significant and daily challenge to thousands of Idaho's residents, who experience difficulty accessing affordable medications; and

WHEREAS, The unpredictability of new, high cost drugs and significant price increases for older drugs can strain the ability of Idaho agencies, private payers, and consumers to manage their budgets and access treatments; and

WHEREAS, The lack of transparency in health insurance issuer costs, and wholesaler and pharmacy benefits manager discounts and margins prevents policymakers and the public from gaining a true understanding of the cost of the prescription drugs purchased; and

WHEREAS, Providing pricing information across the prescription drug supply chain will help achieve pricing transparency; and

WHEREAS, Pharmacies are an integral and critical partner in healthcare delivery, and

WHEREAS, Pharmacies are the most knowledgeable about the cost of medications and variations in the cost of medications; therefore be it

ADOPTED

RESOLVED, Idaho Medical Association adopt policy in support of prescription drug pricing transparency; and be it further

RESOLVED, Idaho Medical Association support prohibiting penalties to an entity that discloses alternative and less expensive methods for purchased medications; and be it further

RESOLVED, Idaho Medical Association encourages pharmacies to provide medication cost transparency information to patients; and be it further

RESOLVED, Idaho Medical Association advocate on a legislative agenda that a plan sponsor, health insurance issuer or pharmacy benefit manager may not:

a) Prohibit a pharmacist from discussing reimbursement criteria with a covered person;
b) Penalize a pharmacy or a pharmacist for disclosing cost information to a covered person or for selling a more affordable alternative to a covered person;
c) Require a pharmacy to charge or collect a copayment from a covered person that exceeds the total charges submitted by the network pharmacy.

ADOPTED

EXISTING IMA POLICY: IMA has adopted policy regarding the cost of prescription drugs similar to the American Medical Association (AMA) policy H-110.997. IMA delegation shall present a resolution to the November 2014 American Medical Association (AMA) interim meeting for action, and request the AMA to advocate for prescription drug cost containment, and to communicate concerns about the rapidly rising cost of generic prescription drugs to the Federal Drug Administration. (HOD 2014)

IMA FISCAL NOTE: $$$

IDAHO OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

[i] Total spending for prescription drugs increased at an average annual rate of 5.2 percent between 2012 and 2017, compared with an average increase of 4.5 percent for all other health care services, equipment and supplies. Centers for Medicare and Medicaid Services (CMS). Table 2 – National Health Expenditures; Aggregate, Annual Percent Change, Percent Distribution and Per Capita Amounts, by Type of Expenditure: Selected Calendar Years 1960-2017 [https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/index.html].

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 108(19)

SUBJECT: AVAILABILITY OF LIQUID OXYGEN

AUTHOR: BENJAMIN CALL, MD, FACC

SPONSORED BY: SOUTHEASTERN IDAHO DISTRICT MEDICAL SOCIETY

WHEREAS, More than 1.5M Americans use supplemental oxygen, a therapy that can improve the quantity and quality of life for adults living with chronic lung and heart diseases; and

WHEREAS, Portable oxygen delivery systems are important for patients requiring supplemental oxygen by making it possible for them to leave their home, thus becoming more active physically, more likely to be gainfully employed, and more likely to maintain their emotional, social and financial independence; and

WHEREAS, Liquid oxygen (LOX) is the preferred portable oxygen delivery system for patients requiring high flow oxygen (>3 Liters/minute) with activity because it is the only portable oxygen delivery system capable of delivering greater than 3 L/min of continuous oxygen flow, and because it has the greatest ability to deliver oxygen for longer duration at an acceptable weight (i.e. 2 L/min continuous flow for eight

hours at a device weight of 8.5 pounds), as opposed to portable oxygen concentrators which can deliver at most 3.0 L/min continuous flow, and which have lesser ability to provide a reasonable duration of flow at a reasonable weight (i.e. 2 L/min continuous flow for 5 hours at a weight of 18 pounds, or for 3 hours at a weight of 10 pounds); and

WHEREAS, Consequent to the Centers for Medicare and Medicaid Services (CMS) Competitive Bidding Program initiated in 2011, Medicare reimbursement for medical oxygen and equipment has fallen nationally to about one half the precompetitive bidding level, contributing to a fall in the number of oxygen suppliers from 10,465 in July 2013 to 6,181 in April 2017, and a major reduction in the availability of LOX, the most costly of the portable oxygen systems; and

WHEREAS, Consistent with national trends in rural settings, suppliers of medical oxygen in Idaho report that they currently receive about one third the reimbursement they received in 2015 for an oxygen setup, and can no longer afford to offer LOX due largely to the non-reimbursable cost of making regular deliveries of LOX to patient homes, resulting in a dramatic decline in the availability of LOX, with nearly all oxygen suppliers surveyed reporting that they no longer provide LOX

to new patients, and are working to transition existing LOX patients to a “non-delivery” model; and

WHEREAS, Without access to LOX, patients requiring high-flow oxygen are being treated with inadequate and physically unmanageable portable oxygen delivery options, often subjecting these patients to confinement in their home, resulting in an impaired quality of life, greater social isolation, less opportunity for gainful employment, and less opportunity for physical activity; and

WHEREAS, Due to reduced reimbursement for all oxygen supplies and equipment, and absence of reimbursement for oxygen related patient support services, there has been a major reduction in the availability of respiratory therapists to perform necessary in-home support services including education, setup, assessment, monitoring and training, all of which are needed to achieve effective clinical outcomes, patient compliance, and patient satisfaction; and

WHEREAS, A recent national survey of 1,926 patients receiving oxygen supplementation found that their greatest source of dissatisfaction was the inability to access portable liquid oxygen; therefore be it

ADOPTED AS AMENDED

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

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

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

EXISTING IMA POLICY: NONE

ADOPTED AS AMENDED

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 19-21, 2019

RESOLUTION 109(19)

SUBJECT: PHYSICIAN COMPLAINTS REPORTED TO IDAHO DEPARTMENT OF INSURANCE

AUTHOR: PAUL BROOKE, MD AND LINDIE BORTON, MD

SPONSORED BY: IDAHO DERMATOLOGY SOCIETY

WHEREAS, The Idaho Department of Insurance (DOI) has been regulating the business of insurance in Idaho and has a mission to serve and protect Idahoans by administering the Idaho Insurance Code; and

WHEREAS, The DOI Consumer Services Bureau serves as a free resource, providing general information about insurance and responds to consumer inquiries and complaints; and

WHEREAS, The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows physicians and other healthcare providers to discuss information about a patient when needed for treatment, payment or when it falls into the category of healthcare operations; and

ADOPTED

WHEREAS, Physicians and other healthcare providers have been unable to file complaints to the DOI under the incorrect assumption that it is a HIPAA violation; therefore be it

RESOLVED, Idaho Medical Association adopt policy in support of creating a process for physicians to file complaints and report issues related to possible violations of Idaho Insurance Code to the Idaho Department of Insurance; and be it further

RESOLVED, Idaho Medical Association will work with the Idaho Department of Insurance to develop a process for physicians to report possible violations while maintaining patients' privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

EXISTING IMA POLICY: The IMA has a long history of working with the Idaho Department of Insurance to improve DOI/physician relations and policy. We currently have no policy on this specific aspect of DOI relations.

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: Nominal

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: HIGH

ADOPTED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 110(19)

SUBJECT:	MINOR CONSENT FOR VACCINATIONS
AUTHORS:	PATRICK MARVIL, MD AND CRYSTAL PYRAK, MD
SPONSORED BY:	KOOTENAI CLINIC FAMILY MEDICINE COEUR D' ALENE RESIDENCY, KOOTENAI-BENEWAH DISTRICT MEDICAL SOCIETY AND IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, Vaccine preventable diseases are a major public health problem; and

WHEREAS, By April of 2019, the number of measles cases in the United States had already exceeded the most cases in a year since measles was declared eliminated in 2000; and

WHEREAS, It is legal in Idaho for minors to consent to their own care in certain instances concerning mental health hospitalization, family planning, drug rehabilitation, and under other specific circumstances; and

WHEREAS, It is legal in Idaho for minors fourteen years of age or older to consent for contraceptive services, sexually transmitted infection services, and prenatal care; and

ADOPTED

WHEREAS, The World Health Organization lists vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – as one of the “Top Ten Threats to Global Health in 2019”; and

WHEREAS, The American Academy of Pediatrics states that adolescent minors, in appropriate circumstances, should be allowed to give consent for themselves for vaccines so that as many adolescents as possible receive the benefit of immunization against vaccine-preventable diseases; therefore be it

RESOLVED, That Idaho Medical Association reaffirm their policy in support of all efforts towards reducing barriers and improving childhood vaccination rates in Idaho; and be it further

RESOLVED, That Idaho Medical Association support and advocate for legislation in Idaho that expands rights of minors fourteen years of age or older such that they can consent for vaccinations.

EXISTING IMA POLICY: IMA has nearly twenty policies in place strongly supporting immunizations and ensuring immunizations are available to all Idahoans.

IMA FISCAL NOTE: $$$

ADOPTED

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

References:

1. Centers for Disease Control and Prevention, Measles
https://www.cdc.gov/measles/hcp/index.html
2. Centers for Disease Control and Prevention, HPV Vaccine Information
https://www.cdc.gov/hpv/hcp/need-to-know.pdf
3. Idaho Code
https://healthandwelfare.idaho.gov/Portals/0/Health/Disease/IdahoSTDCode2007.pdf
4. World Health Organization, Ten Threats to Global Health in 2019
https://www.who.int/emergencies/ten-threats-to-global-health-in-2019
5. Legal Basis of Consent for Health Care and Vaccination for Adolescents
https://pediatrics.aappublications.org/content/pediatrics/121/Supplement_1/S85.full.pdf

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 111(19)

SUBJECT: SCREENING, INTERVENTION AND TREATMENT FOR ADVERSE CHILDHOOD EXPERIENCES

AUTHOR: THOMAS PATTERSON, MD

SPONSORED BY: THOMAS PATTERSON, MD

WHEREAS, The Centers for Disease Control and Prevention, the Substance Abuse and Mental Services Health Administration and the American Academy of Pediatrics have all attributed Adverse Childhood Experiences (ACEs) as a contributing factor for mental health and disease states. ACEs can include physical, mental or sexual abuse, or neglect. It also includes children who experience divorce, who have a parent with a substance abuse problem or mental illness, or a relative who is incarcerated; and

WHEREAS, ACEs have been associated with myocardial infarction, chronic obstructive pulmonary disease, mental distress, depression, smoking, disability, substance abuse, coronary artery disease, Alzheimer's disease, stroke and diabetes. ACEs have also been associated with decreased income, unemployment, lack of health insurance, further victimization as adults of abuse and lower education attainment; and

ADOPTED

WHEREAS, That seven of the top ten causes of death have a graded relationship to ACE scores; and

WHEREAS, Identifying and intervening on children early with adequate community, behavioral or mental health resources may benefit children. Adults can be referred for post-trauma treatment or support groups; and

WHEREAS, The American Medical Association adopted an Adverse Childhood Experiences and Trauma Informed Care policy at the 2019 Annual House of Delegates; therefore be it

RESOLVED, Idaho Medical Association adopt policy in support of physicians and other healthcare providers performing screening, intervention and treatment for Adverse Childhood Experiences (ACEs); and be it further

RESOLVED, Idaho Medical Association partner with the American Medical Association to support their Adverse Childhood Experiences and Trauma Informed Care policy:

1. Evidence-based primary prevention strategies for Adverse Childhood Experiences (ACEs);
2. Evidence-based, trauma-informed care in all medical settings that focuses on the prevention of poor health

and life outcomes after ACEs or other trauma occurs;

3. Efforts for data collection, research and evaluation of cost-effective ACEs screening tools without additional burden for physicians;
4. Efforts to educate physicians about the facilitators, barriers and best practices for physicians implementing ACEs screening and trauma-informed care approaches into a clinical setting; and
5. Funding for schools, behavioral and mental health services, professional groups, community and governmental agencies to support patients with ACEs or trauma.

EXISTING IMA POLICY: NONE

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW