

REFERENCE COMMITTEE B

June 19, 2019

Members:

Crystal Pyrak, MD, Chair, Coeur d'Alene
Cristina Leon, DO, Pocatello
Chris Partridge, MD, Nampa
Mary Barinaga, MD, Boise
Brian O'Byrne, MD, Idaho Falls

The following reports and resolutions have been assigned to Reference Committee B:

REPORTS:

CR 1 Report of the Idaho Medical Political Action Committee

CONSENT CALENDAR:

CR 2 Report of the Committee on Medical Education Affairs
CR 3 Report of the Physician Recovery Network
CR 4 Report of the Financial Services Program Advisory Board
CR 5 Report of the Idaho Medical Association Foundation
SR 1 Report of the Idaho State Board of Medicine
SR 2 Special Report on Policy Priority Tool
SR 3 Report of 2018 Resolutions Requiring an Update to the 2019
House of Delegates
SR 4 Special Report on IMA Strategic Plan

RESOLUTIONS:

RES 201 Mental Health Holds in the Outpatient Setting
RES 202 Mental Health Parity (Attachment)
RES 203 Improvements in Pain Care
RES 204 Medication-Assisted Treatment (MAT) and Related Issues
RES 205 Idaho Medical Association Policy on Kratom
RES 206 Public Information Campaign for Idaho Medical Association Policy on
Medical Marijuana
RES 207 Volunteer Healthcare Professional Immunity
RES 208 Dignity for LGBT Patients
RES 209 Idaho Maternal Health Workforce Study Initiative

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL POLITICAL ACTION COMMITTEE

Ronald Cornwell, MD, Chair, Nampa

1 The Idaho Medical Political Action Committee (IMPAC) was very involved in the
2 2018 primary election. IMPAC committee members and staff gathered
3 information and supported candidates of both parties in the May 2018 primary
4 election and also in the November 2018 general election. It is important that
5 members continue to contribute in non-election years like this one because we
6 need to refill the coffers for the 2020 election. The work of IMPAC is critically
7 important in advancing the IMA legislative agenda on behalf of physicians and
8 their patients. We are gratified by the response of IMA members who see the
9 need to create a legislative environment that is open and fair when considering
10 the interests of Idaho physicians and their patients.

11
12 This report summarizes IMPAC activities since the 2018 IMA House of Delegates
13 meeting:

14
15 **1. Membership and Dues Collection:** Participation in IMPAC is 107 dues paying
16 members (compared to 104 members during the same period the prior year for an
17 increase of 3 percent).

18
19 IMPAC has collected \$17,190 during this period (compared to \$21,515 during the
20 same period the prior year for a decrease of 20 percent).

21
22 **2. State Legislative Candidate Support:** The candidates supported by IMPAC
23 are “friends of medicine” and have established voting records or positions that
24 are supportive of IMA legislative issues. Special consideration is also given to
25 friendly incumbents, members of relevant legislative committees, and those in
26 legislative leadership positions.

27
28 The IMPAC Board reviewed input from physicians, the IMA lobby team,
29 candidate forums and interviews, and other sources throughout the state on
30 candidates’ backgrounds and their positions on healthcare-related issues. In the
31 hotly-contested 2018 Republican gubernatorial primary, the IMA board and lobby
32 team members spent several hours with the top candidates to make their
33 carefully-considered decision on which candidate to support. Ultimately, the
34 IMPAC Board made contributions to 42 candidates and legislative PACs totaling
35 \$35,250 in the 2018 primary election and contributed to another 13 candidates
36 and legislative PACs totaling \$16,500 in the 2018 general election for a total of
37 \$51,750 in the entire 2017-18 election cycle. Decisions on 2020 election
38 contributions will be made in spring 2020.

1 **3. Federal Candidate Support:** The American Medical Association Political
2 Action Committee (AMPAC) makes evaluations and contributions independently
3 from IMPAC for Idaho's federal candidates. Federal law does not allow IMA or
4 IMPAC to make contributions to federal candidates, but we do encourage
5 member physicians to make individual contributions to candidates for federal
6 positions based upon their own political positions and preferences.

7
8 We thank those who contributed to IMPAC and thereby help candidates who
9 listen to physicians and vote to support issues important to medicine. Every
10 election cycle is very important. Each time there is an election (every two years
11 for Idaho legislators), there are significant changes in the makeup of the Idaho
12 Legislature that have a real impact on the success or failure of issues of concern
13 to Idaho physicians.

14
15 In the 2020 legislative session, IMA will continue to advocate for healthcare
16 coverage for all Idahoans, additional medical education and residency training
17 funding, improvements in reimbursement, scope of practice laws that prioritize
18 patient safety and appropriate provider education, and other vital healthcare
19 issues as directed by the IMA House of Delegates.

20
21 With so many critical issues at the forefront of legislative activity, we need
22 additional physician participation and contributions to ensure that IMPAC
23 maintains its strong reputation of support for quality candidates. Joining IMPAC
24 is now more convenient, as contributions can be made online at www.idmed.org.

25
26 Respectfully submitted,

27
28 Ronald Cornwell, MD, Chair, Nampa
29 Bruce Belzer, MD, Boise
30 Erich Garland, MD, Idaho Falls
31 A.C. Jones, III, MD, Vice-Chair, Boise
32 Robert McFarland, MD, Coeur d'Alene
33 David Peterman, MD, Boise
34 Wilfred E. Watkins, MD, Nampa
35 Steve Williams, MD, Boise
36 William Woodhouse, MD, Pocatello
37 Ken McClure, JD, Government Relations, Boise
38 Susie Pouliot, IMA CEO, Boise
39 Molly Steckel, IMA Policy Director, Boise

40
41 July 2019

Idaho Medical Association

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION AFFAIRS

Mary Barinaga, MD, Co-Chair, Boise
Melissa “Moe” Hagman, MD, Co-Chair, Boise

1 Resolution 18, as passed by the 1997 Idaho Medical Association House of
2 Delegates, directed the IMA to actively support Idaho medical education
3 programs in the Legislature and other venues. In response to this directive, the
4 IMA Board of Trustees increased the size of the IMA Committee on Medical
5 Education Affairs and gave it additional charges.

6

7 **1. Committee Charges**

8

9 The original charge of the Committee was to ensure IMA’s presence in the
10 medical education arena and to give input to the Idaho State Board of Education
11 (SBOE) and Idaho Legislature on medical education issues. Specifically, the
12 Committee was a leader in formulating IMA policy on funding of medical
13 education programs in Idaho. The Committee was created to be a resource for
14 medical education to the Idaho State Board of Education, the Legislature, and to
15 the IMA, specifically to the IMA lobby team.

16

17 The Committee was structured to include: all areas of medical education in
18 Idaho, including representatives from the residencies, University of Washington
19 School of Medicine (Idaho WWAMI), University of Utah School of Medicine,
20 Idaho State Board of Education, Idaho College of Osteopathic Medicine (ICOM)
21 and physicians involved with medical education at all levels of the physician
22 pipeline in Idaho, high school through residency.

23

24 The Committee and its subcommittees were very active until 2018. At that point,
25 SBOE created not only a GME Coordinator position but also an official Idaho
26 GME Council to advise the Board. Many of the members of the IMA Medical
27 Education Affairs Committee (MEAC) have been appointed to the SBOE Idaho
28 GME Council. The IMA MEAC Committee will continue as an informal body to
29 assist the SBOE Idaho GME Committee as needed.

30

31 The SBOE, as a state entity, is not allowed to lobby the legislature for funding.
32 They can only answer questions and clarify budget requests. Therefore, the
33 IMA’s critical role will continue as the primary lobbyists working for funding of
34 medical education programs in Idaho.

35

36 **2. State Board of Education Report**

37

38 The Graduate Medical Education Council (GMEC) of the SBOE was created in
39 2018 and IMA has a seat on the council. As reported in previous reports,
40 newsletter articles, and other communications, the GMEC developed a ten-year
41 plan for GME program creation and growth in Idaho. The medical education

1 community has been successful in making this plan a priority in state funding of
2 health education programs. Since the state of Idaho is making a significant
3 investment to grow GME programs in order to enhance the Idaho physician
4 workforce, there must be corresponding outcome metrics to determine the return
5 on investment and success of this effort. The following metrics of success will be
6 applied to all programs that receive state funding and will be collected on an
7 annual basis by the GMEC:

- 8 1. All programs will have 100 percent fill rates of their programs' first year
9 class on July 1 of each academic year once they have started.
- 10 2. All residency and fellowship programs will maintain ongoing accreditation
11 with ACGME (as applicable).
- 12 3. All sponsoring institutions will maintain ongoing accreditation by the
13 ACGME for Sponsoring Institution requirements.
- 14 4. All residency/fellowship programs will have at least 50 percent of their
15 graduates remain in Idaho as measured by a rolling five-year average.
- 16 5. All residency/fellowship programs will have at least 30 percent of their
17 graduates that remain in Idaho serve in rural or underserved areas as
18 defined as communities of less than 35,000 people or counties defined as
19 Health Professional Shortage Areas (HPSAs).
- 20 6. All programs will maintain at least an 80 percent Board Certification pass
21 rate for their graduates as measured on a rolling five-year average.

22 23 **3. Medical Education Funding 2019**

24
25 IMA continues to advocate for more residency training opportunities in Idaho to
26 increase our physician workforce. IMA successfully lobbied for a \$1.875M
27 appropriation to bring state funding for existing GME programs up to
28 \$40K/position, and the creation of 14 new positions at \$50K/position and five new
29 positions at \$60K/position, in addition to six new positions that were previously
30 fully funded. The ultimate goal is to bring the state funding portion for each
31 residency position to \$60K, and we will keep moving in that direction. As a
32 member of the State Board of Education's Graduate Medical Education Council,
33 IMA will work with other stakeholders to revise the Ten-Year Strategic Plan for
34 GME Expansion and develop a proposal for Year Three in 2020.

35 36 **4. Programs**

37
38 Idaho's medical education and residency training programs report a successful
39 year. They are working together to advocate for implementation of the ten-year
40 GME plan, as well as working within their own programs to promote excellence in
41 Idaho's system of medical education at all levels. It is well known that Idaho
42 needs to increase its number of physicians. In order to do that, the members of
43 the IMA Medical Education Affairs Committee are in a constant process of
44 assessing and planning for today, tomorrow and the future in order to grow
45 Idaho's physician workforce in a positive, thoughtful way.

1 Respectfully submitted,
2
3 Mary Barinaga, MD, Co-Chair, Boise
4 Melissa "Moe" Hagman, MD, Co-Chair, Boise
5 Kirsten Aaland, MD, Boise
6 Suzanne Allen, MD, Boise
7 Bridgette Baker, MD, Nampa
8 Benjamin Chan, MD, Salt Lake City
9 Kelli Christensen, MD, Pocatello
10 Ted Epperly, MD, Boise
11 Justin Glass, MD, Boise
12 Richard McLandress, MD, Coeur d'Alene
13 Brandon Mickelsen, DO, Pocatello
14 Shields Stutts, MD, Blackfoot
15 Kim Stutzman, MD, Boise
16 Kevin Wilson, DO, Meridian
17 William Woodhouse, MD, Pocatello
18
19 July 2019
20
21 Attachment

Ten Year GME FY 2020 Budget Increase Request - Addendum

3/6/2019

| Program | Current Funding per FTE | Existing Residents (FY2020) | | New Residents / Fellows (FY 2020) | | Other | Total FY 2020 Requested Funding Increase |
|--|-------------------------|-----------------------------|---------------------------|-----------------------------------|---------------------|-------------------|--|
| | | FTEs | Increase Funding to \$40K | FTEs | Funding at \$50K | | |
| Family Medicine Residency of Idaho | \$ 35,000 | | | | | | |
| Boise Family Medicine | | 33 | \$ 165,000 | | \$ - | \$ - | \$ 165,000 |
| Caldwell FM Rural Training Track | | 9 | 45,000 | | - | - | 45,000 |
| Magic Valley FM Rural Training Track | | 6 | 30,000 | | - | - | 30,000 |
| Nampa Family Medicine | | - | - | 6 | <i>funded</i> | - | - |
| Total | | 48 | \$ 240,000 | 6 | \$ - | \$ - | \$ 240,000 |
| Idaho State University | \$ 40,000 | | | | | | |
| Pocatello Family Medicine | | 21 | \$ - | | \$ - | \$ - | \$ - |
| RTT Rexburg Resident | | | | 1 | 60,000 | - | 60,000 |
| RTT Program Director | | | | | | - | - |
| RTT Residency Coordinator | | | | | | - | - |
| Hospitalist Fellowship | | | | 1 | 60,000 | - | 60,000 |
| Supplemental | | | | | | 300,000 | 300,000 |
| Total | | 21 | \$ - | 2 | \$ 120,000 | \$ 300,000 | \$ 420,000 |
| Kootenai | \$ 35,000 | | | | | | |
| Coeur d'Alene Family Medicine | | 18 | \$ 90,000 | | \$ - | \$ - | \$ 90,000 |
| Total | | 18 | \$ 90,000 | - | \$ - | \$ - | \$ 90,000 |
| University of Washington/VA | \$ 17,500 | | | | | | |
| Internal Medicine | | 25 | \$ 62,500 | 3 | \$ 150,000 | \$ - | \$ 212,500 |
| Preliminary Year Intern Program | | 4 | 10,000 | | - | - | 10,000 |
| IM Chief Resident | | 2 | 5,000 | | - | - | 5,000 |
| Total | | 31 | \$ 77,500 | 3 | \$ 150,000 | \$ - | \$ 227,500 |
| University of Washington - Psychiatry | \$ 49,725 | | | | | | |
| Seattle/Boise Core Program | | 8 | \$ - | - | \$ - | \$ - | \$ - |
| Total | | 8 | \$ - | - | \$ - | \$ - | \$ - |
| Bingham Internal Medicine | \$ 35,000 | | | | | | |
| Blackfoot Internal Medicine | | 12 | \$ 60,000 | 1 | \$ 50,000 | \$ - | \$ 110,000 |
| Total | | 12 | \$ 60,000 | 1 | \$ 50,000 | \$ - | \$ 110,000 |
| Eastern Idaho Regional Medical Center | \$ 35,000 | | | | | | |
| Idaho Falls - Internal Medicine | | 10 | \$ 50,000 | 10 | \$ 500,000 | \$ - | \$ 550,000 |
| Total | | 10 | \$ 50,000 | 10 | \$ 500,000 | \$ - | \$ 550,000 |
| University of Utah / ISU | \$ 60,000 | | | | | | |
| Salt Lake City/Pocatello Core Program | | - | \$ - | 3 | \$ 180,000 | \$ - | \$ 180,000 |
| Total | | - | \$ - | 3 | \$ 180,000 | \$ - | \$ 180,000 |
| Grand Total | | 148 | \$ 517,500 | 25 | \$ 1,000,000 | \$ 300,000 | \$ 1,817,500 |

Idaho Medical Association

REPORT OF THE PHYSICIAN RECOVERY NETWORK

Willis Parmley, MD, Chair,
Pocatello

New Programs Beginning August 2019:

The Idaho Board of Medicine (BOM) decided in early 2019 to create six new programs for the state to replace the existing Physician Recovery Network that has been administered by Idaho Medical Association since 1986. In April 2019 BOM issued a Request for Proposal for the Idaho Physician’s Health Program (PHP) Administration. The new programs consist of a substance use disorder treatment program and a behavioral health and wellness program in each of three different regions of Idaho: Northern Idaho, Southern Idaho and Eastern Idaho. The state anticipates multiple contracts and, perhaps, multiple vendors to implement these new programs. The existing IMA PRN program and committee will be dismantled at the end of the current contracting period, July 31, 2019. IMA has expressed concern about the BOM’s approach in overhauling the existing program, which has had a stellar record of success. Please see the attached letters from IMA to the BOM.

History and Status Prior to August 2019:

The Physician Recovery Network (PRN) was formed in 1986 with the support of the Idaho Medical Association House of Delegates. The PRN consists of an Idaho Medical Association Committee of 13 volunteer members (11 physicians, one physician assistant, and one lay person) from around the state. Willis Parmley, MD, of Pocatello serves as Chair of the Committee; Mark Broadhead, MD, of Reno, Nevada serves as the Associate Medical Consultant. Benjamin Seymour, CADC, a chemical dependency expert with Southworth Associates, serves as Program Coordinator and is a part-time contractor with the Idaho Medical Association (IMA).

The PRN was created to help any Idaho physician or physician assistant who is impaired as a result of a substance use disorder, mental illness, or senility. The program’s primary mission is to advocate for and help impaired physicians, thereby protecting the public from unsafe practice by impaired professionals. The PRN provides a network of trained physicians and other healthcare professionals to aid in confidential investigations of alleged physician impairment and, when appropriate, conduct interventions and coordinate placement in a treatment program. The PRN develops and coordinates an individualized long-term monitoring recovery program for each physician/physician assistant in treatment. The PRN seeks to educate Idaho physicians and other involved parties about the nature of the PRN program and about the problems of impaired physicians, and it seeks to establish liaisons with other professional organizations concerned with these issues.

To partially fund an impaired physician program for its physician members (and

1 non-members alike) the IMA has entered into a contract with the Idaho State
2 Board of Medicine. This contract requires the IMA to provide a diversion program
3 for impaired physicians to the Board of Medicine (BOM).

4
5 To fulfill the provisions of the BOM contract, the IMA, through the PRN
6 Committee, contracts with Benjamin Seymour and Southworth Associates to
7 provide impaired physician services that the IMA cannot perform in-house.
8 These services include performing interventions, monitoring participants,
9 providing educational outreach, and offering administrative support. The IMA and
10 the PRN Committee have contracted with Southworth Associates since 1994.
11 The terms of the contract with Southworth Associates are controlled and
12 established by the IMA and the PRN Committee, as are the treatment,
13 monitoring, and post-inpatient treatment requirements for the participants.
14 Program participants are required to pay Southworth Associates part of the cost
15 for monitoring services, but the amount a participant may be charged must be
16 approved by the PRN Committee.

17
18 Nationally, professional health programs have high success rates ranging from
19 85 to 90 percent. The PRN's recent experience is consistent with those results.
20 Success is generally defined as a physician/physician assistant achieving a
21 chemically free and professionally productive lifestyle.

22
23 The PRN has become an important source of confidential assistance to
24 healthcare professionals who can acquire the help they need without necessarily
25 jeopardizing their medical licenses. Most individuals join the program through
26 some form of "benevolent coercion," seeking assistance because of external
27 pressure that comes primarily from professional colleagues. However, spouses,
28 hospital administrators, lawyers, and others have also contacted the program
29 about possible impairment or other abnormal behavior.

30
31 When a call, which may be anonymous, is made the Southworth program staff
32 initiates a discreet inquiry. If substantial evidence of impairment is discovered
33 after a complete, but confidential investigation, an intervention takes place. The
34 program coordinator sets up an appointment with the individual and facilitates a
35 caring confrontation. If the person agrees, he or she is sent to a selected facility
36 for a complete evaluation. If the evaluators indicate that the person is impaired
37 and in need of treatment, the person is then asked to sign a contract with PRN. If
38 the physician/physician assistant is willing to enter the PRN program, the PRN
39 requires the person to abide by the PRN requirements for a period of generally
40 five years. Typically, a physician/physician assistant is required to complete an
41 inpatient program at a facility that meets the criteria of the PRN. These programs
42 include a complete medical and psychiatric work-up as well as counseling. After
43 successful completion of primary treatment, the physician/physician assistant
44 signs a contract committing to total abstinence from addictive chemicals,
45 continuing treatment, behavioral monitoring, random toxicology testing, worksite
46 monitoring, and attendance at 12-Step meetings. Initially, therapy is weekly and
47 urine testing is frequent.

1 The PRN maintains an arms-length relationship with the BOM while at the same
2 time interacting with the Board in a manner that develops trust and satisfies legal
3 requirements. If the physician/physician assistant is in compliance with the PRN
4 program requirements, he/she will not be reported to licensing or disciplinary
5 agencies. The PRN will contact the Board if a physician/physician assistant
6 refuses to comply with PRN recommendations. When physicians/physician
7 assistants follow their recovery program, the PRN can be a powerful advocate.
8 In the past, the PRN has advocated on behalf of physicians/physician assistants
9 to the BOM, federal agencies, judges, malpractice insurance carriers, and
10 hospitals.

11
12 **Number of Participants:**

13 Please see the attached statistical report for the number of participants, their
14 specialty, and other pertinent information.

15
16 **The PRN Contract:**

17 The PRN is designed to support the recovery process of physicians/physician
18 assistants and to help ensure the safe practice of medicine. The monitoring
19 contract created for each participant outlines the recovery plan for the individual
20 physician/physician assistant. This contract serves as a powerful tool in
21 documenting the recovery process and helping physicians/physician assistants
22 return to the practice of medicine. The success of the program depends not only
23 on the positive outcome of the physician's/physician assistant's recovery, but
24 also on the support of physician volunteers, hospitals, medical societies, and
25 countless others who are instrumental in creating a supportive peer network and
26 ensuring that appropriate monitoring is followed.

27
28 The overall Substance Use Disorder contract is a five-year contract designed to
29 guide and document a physician's/physician assistant's recovery from
30 Substance Use Disorders (mild, moderate, and severe.) Requirements of this
31 contract include, but are not limited to, weekly attendance at 12-Step meetings,
32 weekly attendance at professionally-facilitated support group meetings, regular
33 attendance with a 12-Step sponsor and worksite monitor, and participation in
34 random urine drug screening.

35
36 The PRN offers continued monitoring to graduates of the program through
37 Phase III monitoring which includes participation in random drug screenings
38 approximately three times per year. Through extended monitoring, the PRN will
39 continue advocating for the recovering physician/physician assistant even after
40 the initial five-year monitoring contract has been completed.

41
42 The PRN currently contracts with First Source Solutions (FSS), a company that
43 was formed for the specific purpose of providing drug testing programs for
44 monitoring healthcare and other professionals who have been identified with
45 substance use disorders. The goal of First Source is to provide a cost-effective,
46 reliable, and professional drug-monitoring program to document recovery while
47 protecting the public.

1 **PRN Outreach:**

2 One of the most important activities of the PRN is the education of physicians,
3 healthcare administrators, hospitals, and the public regarding the prevention,
4 early identification, intervention, and treatment of substance use disorders and
5 other illnesses affecting physicians and physician assistants. As more people are
6 educated about substance use disorders and its effect on the health
7 professional, we are seeing earlier identification and intervention taking place,
8 alleviating some of the problems that arise as the disease progresses. It is our
9 desire to reach out to more hospitals and organizations to help educate them on
10 identifying the signs and symptoms of the “troubled colleague” and inform them
11 of the purpose of the PRN program.

12
13 **PRN Mission Statement:**

14 The mission of the Idaho Physician Recovery Network is prevention,
15 identification, intervention, and rehabilitation for Idaho physicians/physician
16 assistants who have, or are at risk for, developing disorders which are associated
17 with functional impairment. This will be done in a manner consistent with the laws
18 and medical practice acts of the state of Idaho.

19
20 **PRN Access to Pharmacy Records:**

21 In the 2014 legislative session, PRN representatives worked with the Idaho State
22 Board of Pharmacy to pass legislation authorizing the PRN program to access
23 the Idaho State Board of Pharmacy drug usage database for PRN participants.
24 Accessing this information will aid the PRN program in its monitoring of
25 recovering physicians and physician assistants.

26
27 Additional information on the PRN, including a question and answer article, are
28 available on the IMA website at: www.idmed.org.

29
30 Respectfully submitted,

31
32 Willis Parmley, MD, Chair, Pocatello
33 David Adams, PA-C, Rexburg
34 Mark Broadhead, MD, Medical Consultant, Reno
35 Stephen Bushi, MD, Boise
36 Jonathan Cree, MD, Pocatello
37 T. Barry Eschen, MD, Boise
38 Dan Scott Fairman, MD, Ketchum
39 Gary Fletcher, Boise
40 Mary Hafer, MD, Nampa
41 Michael Minick, MD, Lewiston
42 Ryan Owsley, MD, Nampa
43 Christopher Partridge, MD, Nampa
44 D. Kurt Seppi, MD, Boise

45
46 July 2019

47 Attachments

Physician Recovery Network Statistic Report as of 5/31/19

Box #1

Active Clients at Time of Report

| Participation Type | Active Clients | % | Referral Type | Active Clients | % |
|--|----------------|----------|---------------|----------------|-------|
| CD | 11 | 57.9% | Board Ordered | 9 | 47.4% |
| Dual | 6 | 31.6% | Self | 9 | 47.4% |
| Mental Health | 2 | 10.5% | Phase III | 1 | 5.3% |
| TOTAL | 19 | | TOTAL | 19 | |
| Total Number of Pending PRN Clients | | 5 | | | |

Box #2

| Total Number of Clients by Referral Type | 2019 | | 2018 | | 2017 | | 2016 | | 2015 | |
|--|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|
| Board Ordered | 98 | 1 | 97 | 3 | 94 | 1 | 93 | 0 | 93 | 4 |
| Self | 93 | 1 | 92 | 2 | 90 | 3 | 87 | 0 | 87 | 1 |
| TOTAL | 191 | 2 | 189 | 5 | 184 | 4 | 180 | 0 | 180 | 5 |

| Total Number of Clients by Referral Type | 2014 | | 2013 | | 2012 | | 2011 | | 2010 | |
|--|------------|----------|------------|----------|------------|-----------|------------|-----------|------------|-----------|
| Board Ordered | 89 | 3 | 86 | 5 | 81 | 5 | 76 | 6 | 70 | 8 |
| Self | 86 | 5 | 81 | 2 | 79 | 6 | 73 | 8 | 65 | 2 |
| TOTAL | 175 | 8 | 167 | 7 | 160 | 11 | 149 | 14 | 135 | 10 |

Box #3

| Inactive Clients by Discharge Reason | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2009 | 2008 |
|---|----------|----------|-----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|
| Board referred vs. self referred | | | | | | | | | | | | |
| Discharge-Completed ProgramBoard | 3 | 1 | 4 | 2 | 2 | 3 | 2 | 1 | 3 | 4 | 3 | 4 |
| Discharge Completed ProgramSelf | 0 | 2 | 6 | 5 | 2 | 3 | 1 | 1 | 1 | 2 | 5 | 0 |
| D/C Completed Short TermBoard | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 3 | 1 | 0 | 0 | 0 |
| D/C Completed Short TermSelf | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 |
| Discharge-Deceased | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Discharge-TerminatedBoard | 0 | 0 | 0 | 2 | 0 | 2 | 1 | 3 | 1 | 0 | 0 | 2 |
| Discharge-TerminatedSelf | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Discharge-withdrew from programBoard | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Discharge-withdrew from programSelf | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 |
| Total by Year | 3 | 4 | 10 | 11 | 5 | 10 | 6 | 9 | 7 | 9 | 9 | 9 |

Box #4

| | |
|---|-----------|
| Total # of Graduates from 2008-Present | 71 |
| # Graduates who re-entered after 2008 | 10 |
| % of Graduates who re-entered after 2008 | 14.1% |
| # of Graduates who are currently pending | 0 |

Box #5

| | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2009 |
|--|----------|----------|----------|-----------|----------|----------|-----------|-----------|----------|----------|----------|
| Number of Pending-Inactives | 3 | 1 | 1 | 13 | 5 | 9 | 12 | 15 | 7 | 2 | 5 |
| Number of Pending-Inactives who were sent for an Evaluation but did not enter | 0 | 0 | 1 | 5 | 2 | 1 | 0 | 0 | 1 | 2 | 2 |

Physician Recovery Network Statistic Report as of 5/31/19

Box # 6

| Relapses/Slips | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2009 | 2008 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 1 | 1 | 2 | 1 |

Box # 7

| | |
|---|-----------|
| TOTAL # Relapse from 2008-Present | 21 |
| # of clients who relapsed (2008 - present) | 14 |

Box # 8

| Relapse Year | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|-------------------|--------------|--------------|--------------|-------------|-------------|
| | 10 | 6 | 4 | 0 | 1 |
| Percentage | 47.6% | 28.6% | 19.0% | 0.0% | 4.8% |

Box # 9

| PRN Primary Recommendation/Action Following Relapse* | |
|--|---|
| Attend PRN mtg | 1 |
| Continued with program | 1 |
| Contract Extension | 0 |
| Increased Requirements | 0 |
| Other | 1 |
| Re-evaluation | 9 |
| Report to Board | 9 |
| Treatment | 0 |

*primary action following relapse - may have had secondary action as well

Box # 10

| Method of Detection for Relapse | | | |
|---------------------------------|---|------------------|---|
| Employer | 1 | Self | 6 |
| Family Member | 1 | Treatment Center | 0 |
| Monitor | 2 | UA | 8 |
| Other | 3 | | |

Box # 11

| First Drug of Choice | All Cts. |
|---|----------|
| Alcohol | 109 |
| Alprazolam (Xanax) | 2 |
| Ambien (Zolpidem) | 1 |
| Benzodiazepines | 2 |
| Butorphanol (Stadol) | 2 |
| Cannabinoids (Marijuana) | 3 |
| Clonazepam (Klonopin) | 1 |
| Cocaine | 3 |
| Codeine (Tylenol with codeine) | 2 |
| Dextromethorphan | 1 |
| Fentanyl (Sublimaze) | 2 |
| Heroin | 1 |
| Hydrocodone (Lortab, Vicodin) | 16 |
| Hydromorphone (Dilaudid) | 1 |
| Meperidine (Demerol) | 6 |
| Meprobamate /Carisoprodol (Soma, Miltown) | 0 |
| Methamphetamine (Desoxyn) | 1 |
| Methylphenidate (Ritalin) | 2 |
| Morphine | 0 |
| N/A | 13 |
| Nalbuphine (Nubain) | 1 |
| Opiates | 13 |
| Oxycodone (Percodan, Oxycontin) | 2 |
| Propoxyphene (Darvocet, Darvon) | 1 |
| Tramadol (Ultram) | 3 |
| Unknown | 1 |
| Lysergic Acid Diethylamide (LDS) | 1 |
| Promethazine (Phenergen) | 1 |

Box # 12

| Specialty | All Cts. |
|------------------------------|----------|
| Anesthesiology (AN) | 9 |
| Cardiology (CD) | 4 |
| Dermatology (D) | 2 |
| Emergency Medicine (EM) | 14 |
| Endocrinology (ENDO) | 1 |
| Family Practice (FP) | 42 |
| Gastroenterology | 0 |
| General Practice (GP) | 10 |
| Internal Medicine (IM) | 17 |
| Nephrology | 1 |
| Neurology (N) | 3 |
| OB/GYN (OBG) | 9 |
| Oncology (ON) | 4 |
| Ophthalmology | 4 |
| Otolaryngology-ENT (OTO) | 5 |
| Pathology | 2 |
| Pediatrics (PD) | 3 |
| Phys. Med. And Rehab. (PM&R) | 1 |
| Physician Assistant (PA) | 26 |
| Preventative Medicine | 1 |
| Psychiatry (P) | 11 |
| Radiology | 2 |
| Surgery-General/Specific (S) | 16 |
| Unknown | 1 |
| Urology (U) | 3 |

Physician Recovery Network Statistic Report as of 5/31/19

Box # 13

| Participation Type | All Clients |
|--------------------|-------------|
| CD | 122 |
| Dual | 53 |
| Mental Health | 16 |

Box # 14

| Region | All Cts. | Region | All Cts. |
|--------|----------|------------|----------|
| I | 8 | V | 28 |
| II | 12 | VI | 13 |
| III | 17 | VII | 15 |
| IV | 59 | Out of St. | 39 |

Box # 15

| Referral Source | All Clients |
|-------------------------|-------------|
| Board of Medicine | 74 |
| Board of Pharmacy | 0 |
| Colleague | 47 |
| Counselor | 2 |
| Employer | 12 |
| Family/Friend | 5 |
| Hospital | 26 |
| Interventionist | 0 |
| Other | 4 |
| Peer Assistance Program | 6 |
| Primary Care Physician | 1 |
| Self | 11 |
| Treatment Center | 3 |

Box # 16

| Method of Entry Into the Program 2002 - Present | | | |
|---|----|-------------------------|----|
| Board Investigation | 15 | Other | 23 |
| Diversion | 7 | Positive Drug Screen | 1 |
| DUI | 19 | Suspicion of Use | 7 |
| Noted Impairment | 18 | Transfer from other PHP | 29 |

Box # 17

| Reported Alcohol Levels of Physicians charged with DUI | | | Noted Impairment Levels |
|--|-----------|-----------|-------------------------|
| 0.12 | 0.13 | 0.14 | 0.18 |
| .173/.176 | 0.15 | .223/.222 | 0.26/.28 |
| 0.20 | 0.22 | .208/.195 | 0.23 |
| .212/.222 | .206/.196 | | |

Box # 18

| | |
|--|----|
| Number of clients UA testing only (2002 - Present) | 11 |
|--|----|

Physician (PRN) Stat Report-Explanation of Report

GLOSSARY

- **Clients:** Defined in this report as those who have signed contracts
- **Inactive clients:** Defined in the report as those who signed contracts, but are not currently active
- **Pending-Inactive:** Defined in this report as clients who never signed contracts but we worked with them, referred them to other sources, “watched” them etc.
- **Pending-Active:** Defined in this report as clients who we are currently watching, working with but who have not signed a contract.

REPORT

- **Box # 1 Active Clients at Time of Report**

This is a current count of clients, at the time of the report. It includes Participation Type, Referral Type and Total number of pending active clients.

- Participation Type (CD=substance use disorder clients, dual=substance use disorder with another issue i.e. major depressive disorder, and Mental Health. Clients on contract at time of report.
- Referral Type. Board ordered, self-referrals currently on contract at time of report. Phase III refers to a graduate of the program who is doing quarterly UA testing with us. We do not currently offer this part of the program but this individual was grandfathered in.
- Total number of pending active clients. This is the number of clients, at the time of the report, that are on our watching list. It includes those the Board may send our way, those who called inquiring about the program, those who are in treatment. They have not signed a PRN contract but are active cases we are working on.

- **Box # 2 Total number of clients by referral type**

This is a breakdown of total number of clients by year and referral type. i.e. The example box below is read as: in 2018 we had 5 new clients (total box), 3 board ordered and 2 self-referrals, making in 2018 the total number of clients by referral type for the duration of the program as having 97 Board ordered clients and 92 self-referrals for a total of 189 clients.

| Total Number of Clients by Referral Type | 2018 | |
|--|---------------|----------|
| | Board Ordered | 97 |
| Self | 92 | 2 |
| TOTAL | 189 | 5 |

- **Box # 3 Inactive clients by discharge reason**

This box shows a yearly listing of inactive clients (those who signed contract) and their discharge reason. (Terminated=we or BOM terminated contract, withdrew=client quit program). It is further broken down between board ordered and self-referred clients.

- Box # 4 Total # of Graduates from 2008 – Present
 - This box shows the total number of graduates (either 5 yr or short-term contracts) from 2008 to the date of the report.
 - Number of graduates who re-entered PRN 2008-time of report.
 - What percentage of graduates from 2008-time of report re-entered PRN.
 - How many graduates of the program are on our pending list (open cases but have not signed a PRN contract).

- Box # 5 Total Number of Pending-inactive

This box shows a listing of inactive clients who never signed contract and the year in which they became inactive (case closed). It also lists how many were sent for an evaluation but did not enter the program.

- Box # 6 Relapse/Slips

This box shows a listing of relapses/slips and the year in which they took place.

- Box # 7 Total # Relapse from 2008-Present:

This box shows the total number of relapses from 2008- present (date of report). It also shows how many clients relapsed. So if the top reads 20 and the bottom reads 13, then we have had 20 relapses by 13 clients.

- Box #8 Relapse Year and Percentage

This box shows a breakdown of the total number of relapses from 2008 to present. It is broken down by what year in the program the client is/was. A corresponding percentage is also given.

- Box # 9 PRN Recommendations/Action Following Relapse

This box shows a breakdown of PRN's primary recommendations/actions following the total number of relapses (2008-present). There may have been a secondary action as well. For example a client is reported to the board as a primary action of the relapse but we are also working on getting the client re-evaluated.

- Box # 10 Method of Detection for Relapse

This box shows what the method of detection for relapse was for the total number of relapses from 2008-present.

- Box # 11 First Drug of Choice – All Clients

This box shows a listing of the first drug of choice - all clients, meaning everyone who has been in the program, historically.

- Box # 12 Specialty – All Clients

This box shows a listing of the client's specialty – all clients. Meaning everyone who has been in the program, historically.

- Box # 13 Participation Type All Clients

This box shows the Participation Type of All clients, historically. (CD=substance use disorder clients, dual=substance use disorder with another issue i.e. major depressive disorder, and mental health).

- Box # 14 – Region of All Clients
This box show what regions (1-7) clients came out of at time of entry in the program, including out of state clients.
- Box # 15 Referral Source –All Clients
This box shows the referral source of all clients, historically.
- Box # 16 Method of Entry Into the Program 2002-Present
This show the method of entry into the program for clients who entered from 2002 to present. Those in “other” did not fall into another category.
- Box # 17 DUI and Noted Impairment Levels
These boxes show BAC of physicians entering the program who received a DUI. It also show noted impairment levels of those entering the program, if any.
- Box # 18 Number of clients UA testing only (2002-present)
This show the number of clients who are participating in UA testing only (no AA etc) from 2002 until the present.



Idaho Medical Association

October 26, 2018

Anne Lawler JD, Executive Director, and
Members of the Idaho Board of Medicine
Logger Creek Plaza
345 W. Bobwhite Court, Ste. 150
Boise, ID 83706

RE: IMA PRN Committee

Dear Anne and Members of the Idaho Board of Medicine,

We appreciated Dr. Sutherland and Shasta Kilminster-Hadley attending our Physicians' Recovery Network (PRN) Committee meeting on October 13, 2018. The dialogue at the meeting was helpful and, we hope, is just the beginning of a conversation between BOM, PRN, IMA and Southworth & Associates to assess the program and discuss its evolution. We certainly share with BOM the goal of improved health of Idaho's medical providers while maintaining consistently high standards to ensure the safety of the public.

We understand BOM is evaluating Idaho's Physician Health Program. As the administrator of the PRN program for over three decades, IMA would appreciate the opportunity to work with BOM in this assessment. The PRN committee members have extensive expertise in the recovery process as it specifically relates to physicians and PAs and are an invaluable resource to BOM. Committee members are eager to be of assistance in this evaluation process.

Budgetary issues are important and, concurrently, it is important that there is an apples-to-apples comparison of services provided to accurately conduct a cost-benefit analysis when comparing programs. According to the Federation of State Physician Health Programs, about eighteen state medical societies operate their state's physician health program, most of them with formal contractual agreements with the state regulatory board. At the same time BOM staff is looking at how other state boards manage their physician health programs, IMA will reach out to other state medical associations to gather information on financial arrangements and details of program management. These efforts should give all concerned a starting point for further discussions.

IMA is fully supportive of BOM's interest in broadening Idaho's Physician Health Program to develop a wellness program for physicians and physician assistants that will have major benefits to both licensees and their patients. We all know physician burnout and wellness are enormous problems and that there is more focus being put on the need for substantial resources for providers. Every physician can identify either their own or their colleagues' difficult experiences related to the stresses of modern practice. As the voice of medicine in Idaho, IMA would appreciate the opportunity to work with BOM on the development of an Idaho wellness program.

As you know, IMA has invested significant financial, staff and legal resources in the PRN committee since its inception in 1986 and since BOM involvement beginning in 1995. IMA continues to fully support the mission of the PRN and is committed to the ongoing success of the program. To this end, we hope to work with BOM through enhanced communication and collaboration to continue the highly successful addiction program we have in place, as well as to develop new programs to address challenges in provider wellness.

As a first step, we request the formation of a subcommittee of BOM and PRN physician members. In the contract between BOM and IMA, there is already a process in place for such a subcommittee. According to section 19, "The Board and the Committee agree to have at least one joint meeting a year to review the program and discuss any problem areas. Both entities shall name at least three representatives to attend the joint meeting." We understand that the PRN Committee has traditionally been invited to attend and report at one BOM meeting per year. Given the current focus on the PRN program and need for development of new programs, it appears there is a need for more frequent subcommittee meetings, with involvement of both physician members of the BOM and PRN committee, as well as BOM, IMA and Southworth staff.

IMA values its long relationship with the Idaho Board of Medicine and we look forward to ongoing work to improve the practice of medicine in Idaho for physicians, other providers and patients. Thank you very much for your consideration of this request.

Sincerely,

A handwritten signature in cursive script that reads "Susie Pouliot".

Susie Pouliot
IMA Chief Executive Officer



Idaho Medical Association

December 17, 2018

Anne Lawler JD, Executive Director, and
Members of the Idaho Board of Medicine
Logger Creek Plaza
345 W. Bobwhite Court, Ste. 150
Boise, ID 83706

Dear Anne and Members of the Idaho Board of Medicine,

Thank you for arranging the November 12 meeting between members of the IMA Physician Recovery Network (PRN) Committee and the Board of Medicine (BOM). At that meeting BOM members asked us to clarify what benefits IMA's participation in the PRN process brings to the table.

As you know, the PRN program and committee was created in 1986 by the IMA and our members due to a strong commitment to the treatment, support and safe return to practice of Idaho physicians with substance abuse disorders. Because of the success of the program and because funds were needed to continue the program and expand as needed, the Board of Medicine agreed to seek legislation and funding beginning in 1995. While history does not dictate future, I feel it is important to remember the genesis of the PRN program since it was conceived as an IMA program and has always been either independently administered by IMA or administered by IMA under contract with BOM. This is the first time in the history of this successful program there has been consideration of removing IMA from the process, and we have strong concerns about that course of action.

The primary benefits of IMA administration of the PRN program include:

- The IMA PRN Committee provides peer-to-peer support and accountability to physicians with substance abuse disorders. In exit interviews with clients, the PRN Committee was repeatedly cited as being instrumental in a physician's recovery, with one stating it saved his life and another saying, "Without it, there would be no advocacy from a trusted source."
- IMA administration of the program provides a critical arms-length distance between BOM and licensees, giving them assurance of confidentiality while also giving BOM assurance that licensees are being appropriately monitored to ensure their safe practice of medicine. Without IMA's involvement there could be a chilling effect and physician participation would likely decline, resulting in fewer physicians receiving treatment.
- The majority of recovery service providers are not physicians and physicians in recovery have unique needs due to the public safety aspect for actively practicing physicians with substance use disorders. Physicians on the IMA PRN Committee have experience in the recovery process and provide a level of deep understanding and compassion to their peers that is critical to recovery, while also holding them accountable. Because the safety of the public is at risk when a physician is practicing under the influence, the importance of this connection between physician committee members and program participants cannot be understated.
- PRN participants receive treatment and ongoing monitoring from recovery service professionals but the oversight the IMA PRN Committee provides is a critical component of the

process as well. As they move through treatment, participants request adjustments to their programs based on their progress and challenges. For example, after a consistent run of negative drug tests, a participant may request a reduction in testing – perhaps from monthly to quarterly – and the PRN Committee takes into consideration the assessment and recommendation of the treatment provider, the participant's colleagues and others and makes the ultimate decision about whether to approve the request based on their assessment of the participant's ability to maintain sobriety with a reduced level of monitoring. The PRN Committee members, as physicians, offer a valuable perspective on not only the participant's likelihood of relapse but also on their ability to practice safely and the level of ongoing treatment and support needed to maintain their sobriety in the face of the stress of medical practice.

- IMA provides both financial and administrative support to the program. Between 2014 and 2018, IMA subsidized the PRN program at an amount just under \$30,000, not including staff time and other in-kind support. IMA also collects participant fees, which is an important piece of accountability for clients.
- IMA is a neutral party that physicians know and trust. We represent and advocate for approximately 75% of the practicing physicians in Idaho. Regardless of the PRN Committee being an IMA entity, we would never refuse to work with a non-IMA member who is a PRN participant. That has never occurred in the history of the program. We do not track which PRN participants are IMA members, and have always treated all participants equally. Further, if there are concerns about either the BOM disciplinary processes or Southworth's services, it is important for participants to be able to come to the IMA for assistance. Whether they are members or not, Idaho physicians know IMA advocates for physicians and it is important to maintain IMA involvement.

IMA understands that BOM has authority to issue an RFP for Idaho's Physician Health Program. We also understand BOM's desire to contract directly with treatment providers in order to more easily negotiate and control costs. However, it is critically important that BOM members fully comprehend the resulting impacts of this course of action regarding the IMA and the IMA PRN Committee's future participation in the program. As you know, IMA does not directly provide recovery services, but we do administer the IMA PRN Committee. If BOM puts the program out for bid without making a provision for inclusion of a PRN Committee in the recovery process for substance abuse disorders, the IMA would no longer have the ability to participate in the program, and the IMA PRN Committee as we know it will cease to exist. We do not believe that is the desire of BOM, but it may well be an unintended consequence.

The feedback we have received from PRN participants, as well as BOM, is that the IMA PRN Committee is an invaluable resource for physicians and PAs in recovery. The PRN Committee members have many dozens of years of combined experience working with providers in recovery and they are dedicated to serving their colleagues in this capacity. PRN Committee members receive no compensation for their participation and they commit their personal time to weekend meetings, with many also taking additional time to traveling to Boise for those meetings. The committee members are united in their desire for the committee to maintain its position working with the BOM's contractor for recovery services. Without asking the question, IMA has heard from several committee members that they are unwilling to participate in a Physician Health Program that does not include the IMA.

The IMA PRN Committee and the IMA Board of Trustees feel IMA's ongoing participation in physician and PA programs for the treatment of substance abuse disorders is a critical component of this very successful program. Regardless of the direction BOM ultimately takes in contracting, we request the continued involvement of the IMA PRN Committee and believe it is in the best interest of both the

Idaho Physician Health Program participants and Idaho citizens. We are dedicated to participants' safe return to practice and want to continue aiding the PRN program.

As stated previously, the IMA is supportive of developing a treatment and recovery program for physicians suffering from mental health conditions. The IMA PRN Committee has discussed the possibility of providing similar services for behavioral health when BOM is ready to launch that program. The current PRN Committee does not feel they are the right group to enter into the treatment realm for behavioral health conditions but do agree that a similar model of care as is currently used for substance use disorders would be very effective. If BOM wishes, IMA would be supportive of creating a behavioral health committee comprised of physicians in the manner of the existing PRN Committee. Again, IMA would not be in a position to bid on an RFP as a behavioral health treatment provider, we are simply offering to develop a committee to serve as a resource to the BOM behavioral health program.

To reiterate, IMA is in no way attempting to interfere with the creation of the BOM RFP. IMA is not in a position to respond to an RFP for recovery services of any kind and we do not benefit or suffer financially from BOM's potential change in contracting models. We simply want to provide you with all of the information we can so BOM can move forward with a full understanding of the potential unintended outcomes of the RFP process.

Thank you for your consideration. I look forward to continued discussions.

Sincerely,

A handwritten signature in cursive script that reads "Susie Pouliot".

Susie Pouliot
Chief Executive Officer



Idaho Medical Association

April 17, 2019

Anne Lawler JD, Executive Director, and
Members of the Idaho Board of Medicine
Logger Creek Plaza
345 W. Bobwhite Court, Ste. 150
Boise, ID 83706

Re: State of Idaho RFP19000604, Physician's Health Program Administration

Dear Director Lawler and Members of the Idaho Board of Medicine,

As a follow up to the Idaho Medical Association's December 17, 2018 letter to the Board of Medicine, the IMA Board of Trustees reiterates our concerns about your decision to dismantle Idaho's Physician Recovery Network (PRN) and replace it with what will be known as the Idaho Physician's Health Program (PHP). In reviewing the Request for Proposal (RFP) that was released on April 8, we see that our apprehensions are realized in that IMA and our PRN Committee are removed from the process. I want to personally advise you of IMA's regret that we will no longer have a role in the PHP for the first time since the inception of a physician recovery program in Idaho over 30 years ago.

IMA staff and many members of our Board of Trustees have spoken directly with members of the Board of Medicine. Each BOM member expressed support for IMA's ongoing involvement in the PHP and made a point to say that, while BOM is required by the state Division of Purchasing to put the contract out to bid, in no way is BOM attempting to change the operation of the existing PRN committee or to remove IMA from the program. Unfortunately, this RFP does exactly that and I feel it is important that I communicate with you to confirm that if the BOM enters into a PHP contract that contains this provision the IMA will discontinue our PRN committee, effective at the end date of our contract in 2019.

At Section 8.3.4, the RFP outlines the new committee process in the PHP and that the winning contractor will:

Facilitate quarterly meetings of a Volunteer Committee (~7 - 9 members appointed by the Board, tasked with oversight and decision-making regarding changes to and termination of Board licensee participants' monitoring programs). Include a complete description of how you will provide this facilitation.

In contrast to this approach, the current PRN committee has members appointed by both the BOM and IMA and is facilitated by IMA. We are concerned that having all committee members appointed by BOM and the committee itself administered by the contractor, Idaho physicians are losing a very important piece of the existing program. IMA administration of the PRN program provides a critical arms-length distance between BOM and licensees, giving program participants assurance of confidentiality while also giving BOM assurance that licensees are being appropriately monitored to

April 17, 2019

Page 2

ensure their safe practice of medicine. Without IMA's involvement, I believe there will be a chilling effect and voluntary physician participation would likely decline, resulting in fewer physicians receiving treatment.

Over the decades it has taken a significant effort to recruit physicians who possess the required commitment, knowledge and expertise for membership in the single statewide PRN committee. The expectation that the regional contractors will be able to stand up individual committees that match this standard is unrealistic. I believe the willingness of physicians to serve on these regional committees will certainly be diminished when such service is no longer under the umbrella of their professional organization. The change to multiple regional contractors and committees also likely will result in unacceptable variation in standards and process.

As you know, the Idaho PRN program is one of the top-performing physician recovery programs in the country. It consistently has high rates of success in helping physicians achieve an addiction-free, professionally productive lifestyle. It would be very helpful for IMA members to understand from the BOM's perspective how creating a new Physician Health Program crafted in this proposed manner will result in better service to impaired physicians and better overall performance of the program. IMA would welcome any insights the BOM members could share with us as to why IMA and our PRN Committee must be removed from the BOM's new process.

Thank you for your consideration of our comments, and we look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Woodhouse', with a long, sweeping flourish extending to the right.

William Woodhouse MD
President

Idaho Medical Association

FINANCIAL SERVICES PROGRAM ADVISORY BOARD

Richard Lee, MD, Chair, Boise

1 Idaho Medical Association Financial Services (IMAFS), under the management
2 of Martin “Marty” A. Watkins, CFP, has been in operation since late 2007. IMAFS
3 provides investment management, retirement planning, tax reduction strategies,
4 and other services to Idaho physicians who are members of the IMA. IMAFS
5 provides discounted service fees to IMA physician clients as a membership
6 benefit.

7
8 Jared Empey, MSFS started as a financial planner for IMAFS in August 2016 and
9 is based in the Boise IMA office. Marty has been meeting alongside Jared with
10 IMAFS clients over the past two years to complete the transition. Marty will
11 continue to maintain current clientele while Jared primarily works with new clients
12 throughout Idaho.

13
14 The IMAFS Program Advisory Board is comprised of Idaho physicians, and
15 provides an oversight and advisory function to IMAFS activities. The Advisory
16 Board currently meets two or three times per year.

17
18 Since the IMA Annual Meeting in August 2018, the IMAFS Advisory Board met
19 on October 18, 2018, and May 14, 2019, for consideration of the following:

- 20
21 1. Regular review of program activities and IMA member client demographics.
22 2. Review and approval of programs, such as retirement plan options for
23 physician practices.
24 3. Periodic review of current investment climate and global economic updates.
25 4. Review of new marketing efforts to generate new business among Idaho
26 physicians.
27 5. Review of terms of service of Board members and plans to recruit new
28 members.

29
30 The following is a summary of IMAFS client activity as of May 9, 2019:

31
32 **Assets under management:** **IMA member response:**
33 \$81.1 million 193 physician clients

34
35 **Five percent gross revenue paid to IMA in 2018:** \$24,826.01

36
37 Respectfully submitted,

38
39 Richard Lee, MD, Chair, Boise
40 Steve Bushi, MD, Boise
41 Ronald Cornwell, MD, Nampa
42 Brian Crownover, MD, Meridian

- 1 Ann Huntington, MD, Eagle
- 2 Randy James, MD, Caldwell
- 3 Ron Kristensen, MD, Boise
- 4 David Martin, MD, Nampa
- 5 Russell Snow, DO, Caldwell
- 6 James Stewart, MD, PhD, Boise
- 7 Ralph Sutherlin, DO, Boise
- 8 Brett Troyer, MD, Boise
- 9
- 10 July 2019

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL ASSOCIATION FOUNDATION

Keith Davis, MD, President, Shoshone

1 Foundation History

2
3 On July 8, 2010, the Idaho Medical Association formed the Idaho Medical
4 Association Foundation (IMAF). Since its formation, IMAF has been recognized
5 by the IRS as a private foundation exempt from tax under IRC Section 501(c)(3).
6 IMAF is currently governed by an active board of directors and group of officers
7 comprised of Idaho-based physicians. Keith Davis, MD was appointed President
8 by the IMA Board of Trustees in June 2017.

9
10 According to its governing instrument, IMAF shall only engage in activities
11 designed to promote the science and art of medicine and enhance the well-being
12 of the people of the state of Idaho by improving the quality and accessibility of
13 healthcare in the state. Specifically, from 2010 - 2019, IMAF has focused on the
14 following three objectives:

- 15
16 A. Provide medical education financial assistance to full-time medical students
17 and residents who have Idaho ties.
18
19 B. Recruit and encourage qualified physicians to practice in Idaho.
20
21 C. Assist medical professionals with improving the quality and accessibility of
22 healthcare.
23

24 Foundation Financial Report

25
26 As of June 10, 2019, IMAF had assets of \$535,853.29. Since the date of the last
27 report (August 2018), IMAF has awarded \$24,350 in grants to Idaho medical
28 education and residency training programs. The IMAF Board also created the
29 Future Physicians of Idaho Award to provide individual awards to medical
30 students and residents in Idaho medical education or residency programs who
31 intend to practice in Idaho. Due to stock market losses in 2018, the Foundation
32 funds sustained losses that delayed the individual Future Physicians of Idaho
33 grants. The funds have now recovered enough such that individual awards in the
34 total amount of \$20,000 will be made in early summer 2019. In total, during this
35 report period, IMAF anticipates distributing \$44,350 in awards for the
36 advancement of physician workforce and training in Idaho.
37

38 Process for Awarding Program Grants

39
40 Program Awards: Staff published a notice of availability of approximately
41 \$30,000 in grant funds from IMAF to Idaho medical education and residency
42 programs. The IMAF Board reviewed the grant applications received. Dr. Davis

1 reviewed with the Board the criteria each member was to use for scoring the
2 grant applications, specifically:

| | | |
|---|---------------------------------------|-----|
| 3 | Background of applicant | 10% |
| 4 | Commitment to Idaho | 20% |
| 5 | Commitment to serving the underserved | 20% |
| 6 | Budget | 20% |
| 7 | Scope of proposal | 30% |

8

9 The Board received scoring sheets in advance of the meeting with directions for
10 scoring the grant applications. Dr. Davis asked staff to go through the list of
11 applications and to record and tally scores for each application. The Board
12 reviewed the final scores and voted to award grants to the applicants as follows:

13

| | | |
|----|---------------------------------------|----------|
| 14 | University of Utah School of Medicine | \$6,000 |
| 15 | Ada County Medical Society | \$1,000 |
| 16 | ISU Family Medicine Residency | \$5,000 |
| 17 | UW Psychiatry, Idaho Track | \$2,000 |
| 18 | Bingham Memorial Hospital | \$1,000 |
| 19 | FMRI Boise | \$5,000 |
| 20 | FMRI Nampa | \$4,350 |
| 21 | TOTALS | \$24,350 |

22

23 Staff was directed to prepare letters to all applicants advising them of the Board's
24 decision. For those receiving grant dollars, grantees will be asked to provide a
25 report back to the IMAF Board by September 1, 2019, advising the Board of how
26 the grant funds were spent and the results achieved with the money.

27

28 Individual Awards: As of the date of this report, the Foundation is in the process
29 of making individual awards. If awards are made prior to the July 19-21 IMA
30 Annual Meeting and House of Delegates, the award winners will be invited to
31 attend the meeting to be recognized by the assembled audience at the
32 President's Dinner.

33

34 **Next Steps for IMAF**

35

36 The IMAF Board will have a meeting in June 2019 to make individual awards.
37 The IMAF Board is meeting later in the fall of 2019 to make program awards.

38

39 Respectfully submitted,

40

41 Keith Davis, MD, President, Shoshone

42 Basil Anderson, MD, Jerome

43 Mary Barinaga, MD, Boise

44 Brad Beaufort, DO, Meridian

45 Bruce Belzer, MD, Boise

46 Darby Justis, MD, Lewiston

47 Steven Kohtz, MD, Twin Falls

CR5 (19)

Page 3

- 1 Beth Martin, MD, Coeur d'Alene
- 2 Susie Pouliot, IMA CEO, Boise
- 3 Zachary Warnock, MD, Pocatello
- 4 William Woodhouse, MD, Pocatello
- 5
- 6 July 2019

Idaho Medical Association

REPORT OF THE IDAHO STATE BOARD OF MEDICINE

Kathleen R. Sutherland, MD, Chairman, Boise

1 Members of the Idaho State Board of Medicine (Board) include: Chairman
2 Kathleen R. Sutherland, MD, Boise; Vice Chairman Steven Malek, MD, Coeur
3 d’Alene; Col. Ked Wills, Director, Idaho State Police; Erwin Sonnenberg, Public
4 Member, Boise; David A. McClusky, III, MD, Ketchum; Mark S. Grajcar, DO,
5 Meridian; John B. Brown, III, MD, Moscow; Erich Garland, MD, Idaho Falls; Michele
6 Chadwick, Public Member, Emmett; and Julia Bouchard, MD, Boise.

7

8 Members of the Committee on Professional Discipline are: Chairman William
9 Ganz, MD, Coeur d’Alene; William Cone, MD, Moscow; Robert Yoshida, Public
10 Member, Boise; Laura McGeorge, MD, Boise; and Barry Bennett, MD, Idaho Falls.

11

12 Members of the Physician Assistant Advisory Committee include: Mary Eggleston
13 Thompson, PA-C, Coeur d’Alene; Anntara Smith, PA-C, Meridian; and Heather
14 Frazee Whitson, PA-C, Salmon.

15

16 In 2018, the Board issued the following licenses: 489 medical licenses, 110
17 osteopathic licenses, and 126 physician assistant licenses. There were 76 medical
18 resident registrations and 19 osteopathic resident registrations issued. In addition,
19 there were 163 medical student registrations and 46 osteopathic student
20 registrations issued by the Board.

21

22 Currently, the total number of licensees in Idaho includes 5,769 active and 87
23 inactive medical licensees; 894 active and 8 inactive osteopathic licensees; and
24 1,189 physician assistant licensees. The year 2018 showed a 2.36 percent
25 increase in the number of active allopathic licensees, a 7.05 percent increase in
26 active osteopathic licensees, and a 7.99 percent increase in the number of active
27 physician assistant licensees.

28

29 There are 932 physicians registered as supervising physicians for physician
30 assistants, medical students, interns and residents; 36 physicians are registered as
31 supervising physicians for cosmetic and laser medical personnel; and 62 physicians
32 are registered as directing physicians for athletic trainers. There are currently five
33 volunteer physicians licensed in Idaho.

34

35 There were 106 pre-litigation screening requests involving 284 respondents. There
36 were 87 pre-litigation panel hearings conducted in 2018. Of these hearings, 11
37 were found to have merit, 68 were found to have no merit, and eight were found to
38 have possible merit. The remaining hearings were either dismissed or withdrawn.
39 The Board pays travel, lodging, and other panel expenses for each pre-litigation
40 hearing. The Board continues to pay panel chairpersons \$1,000 for each hearing.

1 The Board remains grateful to the physicians and hospital administrators who
2 continue to contribute their time and expertise to the pre-litigation process.
3

4 The Committee on Professional Discipline and the Board considered 241
5 complaints in 2018 and opened 160 investigations. The Board took 15 formal
6 disciplinary actions and 24 informal actions (20 Letters of Concern and 4 Corrective
7 Action Plans) in 2018. There were three stipulations and orders issued for
8 rehabilitation for drugs or alcohol. There are currently 61 licensees being monitored
9 for compliance with Board orders.
10

11 During the 2019 legislative session, the Board accomplished a full overhaul of its
12 Medical Practice Act and MD/DO/PA licensing rules to update and modernize
13 provisions related to licensure, registration, discipline and member composition of
14 the Board and PA Advisory Committee.
15

16 The Medical Board was increased from ten members to eleven and will now include
17 a physician assistant member. The Physician Assistant Advisory Committee was
18 increased from three members to five members and will include a public member.
19 Several grounds for medical discipline were updated and new ones added,
20 including failure to comply with the abortion complications reporting act, failure to
21 report to the Board a felony charge or conviction within 30 days, and engaging in a
22 pattern of unprofessional or disruptive behavior.
23

24 The Board also increased the number of physician assistants that physicians can
25 supervise from three to four and removed the medical student registration
26 requirement.
27

28
29 The Interstate Medical Licensure Compact ("Compact") continues to grow with 31
30 members (29 member states, Guam, and the District of Columbia). By March 31,
31 2019, the Compact has processed 3,314 applications, resulting in 5,450 medical
32 licenses being issued by member states and 1,223 licenses renewed. Since the
33 beginning of licensing through the Compact in 2017, Idaho, as State of Principal
34 License, has issued 49 Letters of Qualification to Idaho Licensees who seek
35 licenses in other states and issued 272 expedited licenses to applicants from other
36 states.
37

38 The Idaho commissioners to the Compact are currently Erich Garland, MD, Idaho
39 Falls, Idaho State Board of Medicine Member, and Anne Lawler, Executive
40 Director, Idaho State Board of Medicine.
41

42 Respectfully submitted,
43

44 Anne Lawler, Executive Director, Idaho State Board of Medicine
45

46 July 2019

Idaho Medical Association

SPECIAL REPORT ON POLICY PRIORITY TOOL

Beth Martin, MD, President-Elect, Coeur d'Alene

1 The Idaho Medical Association, through various policies, supports the concept of
2 transparency in a variety of ways. In an effort to provide greater transparency
3 and more detailed updates to the House of Delegates (HOD) on the progress of
4 its adopted actions and policies, the IMA Board of Trustees authorized a process
5 that will allow IMA members to review and track actions taken by the IMA Board,
6 staff, and lobby team on adopted HOD resolutions.

7
8 The Policy Priority Tool (attached) gives the IMA Board of Trustees a dynamic
9 process to manage and prioritize the ever-growing body of HOD policies and
10 directives and ensures that the IMA has the appropriate resources to be
11 accountable in carrying through adopted HOD resolutions. This is especially
12 relevant for legislative action directives, for which the timing may not be right the
13 year the resolution is adopted, but the feasibility of pursuing legislative actions
14 may improve in the future.

15
16 The Policy Priority Tool (PPT) also provides the HOD an ongoing feedback loop
17 to keep members apprised of IMA's progress on completion of HOD directives,
18 and the results of successful implementation of IMA policies. The PPT will also
19 serve as the conduit to report on new developments in state and federal
20 legislative and regulatory arenas that impact the ability of the IMA to carry
21 through the original adopted HOD resolutions. And, importantly, the PPT gives
22 the HOD the ability to challenge the IMA Board of Trustees' prioritization of
23 certain issues if there is disagreement.

24
25 The attached Policy Priority Tool is a compilation of resolutions from 2008-2018
26 whose directives are ongoing or yet to be achieved. The IMA Board of Trustees
27 reviewed all the resolutions and grouped them into broad categories to coincide
28 with the IMA's recently developed strategic plan. The seven focus areas are:
29 Relevance of the IMA, Medical Practice Models, Physician Experience-Personal
30 and Professional, Reimbursement, Physician Workforce, Cost of Care, and
31 Patient Experience. Within those categories, the resolutions are labeled as either
32 Legislative or Regulatory/Policy/Other.

33
34 Two years ago, IMA instituted a new process for obtaining input from the House
35 of Delegates and general membership to provide their rankings of priority issues
36 each year. The Board reviews this information and then assigns each resolution
37 a priority status of High, Moderate, Low, Sunset or Completed. The resolutions
38 given the Sunset designation are removed from the IMA list of directives for
39 action, although any policy positions established remain as adopted policy and
40 continue to be recognized in the IMA Policy Compendium.

41
42 Respectfully submitted,

SR 2 (19)
Page 2

- 1 Beth Martin, MD, President-Elect, Coeur d'Alene
- 2
- 3 July 2019

SR 2 (19)
Page 3

- 1 July 2019
- 2
- 3 Attachment

IMA Resolution and Policy Priority Tool
~ 2018 Annual Update ~

| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|-----------------------------|---|------------------------------|--|--|-----------|
| RELEVANCE OF THE IMA | | | | | |
| 202(18) | Upholding Statutory Licensure Requirements | Legislative | RESOLVED, Idaho Medical Association adopts policy in support of its ongoing involvement in the changes to scope of practice and licensure laws, rules and regulations proposed by non-physician healthcare providers and their licensure and regulatory boards for the purpose of protecting the health and safety of Idaho patients; and be it further RESOLVED, Idaho Medical Association will work with stakeholders, including health profession advocacy groups, licensure and regulatory boards, legislators, individual providers and patients to uphold the highest education and quality standards for all healthcare providers to ensure the health and safety of Idaho patients. | 2019: the IMA lobby team is actively working in the legislature to uphold existing healthcare provider licensure requirements for protection of the public. | High |
| 203(18) | Non-Physician Provider Outcome Reporting | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association will adopt policy and create an internal process to gather information voluntarily shared by its members on adverse outcomes derived from care by non-physician providers in Idaho. The information gathered in this process would be for internal Idaho Medical Association use. If it is determined the use or release of this information outside of the Idaho Medical Association would be advantageous for a specific purpose, the Idaho Medical Association Board of Trustees would have authority to approve the use or dissemination of the information and set guidelines for its use. | 2019: (Jan) Work has not yet begun. | High |
| 203(17) | IMA Policy on Removing Physician Supervision of Physician Assistant Practice in Idaho | Legislative | RESOLVED, The Idaho Medical Association shall adopt policy in opposition to any legislative proposal to remove the supervisory relationship between a Physician Assistant and the physician with whom he or she practices, as is currently required by Idaho law, and be it further RESOLVED, That Idaho Medical Association and the Idaho Academy of Physician Assistants, ideally with involvement of members of the Board of Medicine, will form a workgroup to make recommendations for improvements to the regulatory environment for PAs and the physicians who employ them, while keeping a firm commitment to physician assistants practicing exclusively in collaboration with physicians. Physicians will remain in their current role as the center of the medical team. | Fall 2017: IMA conducted physician survey to determine level of problems with BOM PA supervision paperwork, etc. IMA to convene workgroup with IAPA and BOM. Meetings are ongoing. BOM will not agree to remove supervision. Other options are being reviewed. 2019: BOM increasing ratio of PAs to supervising docs to 4:1. | High |
| 205(18) | Opposition to Interventional Pain Practice by Non-Physician Healthcare Providers | Legislative | RESOLVED, Idaho Medical Association adopt policy in opposition to non-physician healthcare providers practicing independent interventional pain management; and be it further RESOLVED, Idaho Medical Association will partner with appropriate organizations including the Idaho Society of Anesthesiologists and the Idaho Society of Interventional Pain Physicians to sponsor legislation to restrict the independent practice of interventional pain management by non-physician healthcare providers. | 2019: not politically feasible at this time. | Medium |
| 204(18) | Support for the Appropriate Practice of Radiography | Legislative | RESOLVED, Idaho Medical Association will repeal existing Idaho Medical Association policy opposing legislation to license radiologic technologists (also known as x-ray technicians or "rad techs") and hereby adopts policy in support of licensing radiologic technologists who have attained national certification and registration to practice radiography through the American Registry of Radiologic Technologists (ARRT) and employing only those licensed radiologic technicians in the generation of radiography in all settings in so far as it is possible and practical; and be it further RESOLVED, Idaho Medical Association will sponsor legislation to license radiologic technologists who have attained national certification and registration to practice radiography through the American Registry of Radiologic Technologists (ARRT) and employing only those licensed radiologic technicians in the generation of radiography in all settings in so far as it is possible and practical. | Referred to the IMA Board to determine path forward. 2019: Report prepared for 2019 HOD; BOT determined best course of action is to recommend that radiologists work together to educate providers in Idaho on this topic. | Low |
| 201(18) | Bylaws Change to Reflect New Idaho Medical Association Mission Statement | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association bylaws be amended as indicated to read as follows (strikethrough text indicates language being removed, and underlined text indicates new language being added): CHAPTER I -- NAME, MISSION, AND ORGANIZATION Section 2. Purposes Mission: Idaho Medical Association is the leading organization representing physicians in all specialties, practice settings and geographic locations in our state, and is recognized as the voice of medicine in Idaho. IMA's mission is to unify and advocate for all Idaho physicians, promote the art and science of medicine, and remain dedicated to improving the health and well-being of all Idahoans; and be it further RESOLVED, Idaho Medical Association staff is hereby authorized to make any technical corrections to these bylaws to ensure accurate numbering of sections, cross references and elimination of typographical errors. | Staff has made necessary administrative changes to enact this Resolution. Accomplished | Completed |

IMA Resolution and Policy Priority Tool
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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|--|---|------------------------------|--|--|-----------|
| 209(17) | Support for Visiting Sports Team Act | Legislative | RESOLVED, The Idaho Medical Association adopt a policy in support of visiting sports team medical professionals engaging in the treatment of their team's injured athletes or traveling staff members, provided they are fully and appropriately licensed in their own state, have an agreement in place with their sports team to provide care while traveling, do not seek to practice in Idaho healthcare facilities, and do not seek prescriptive authority in Idaho; and be it further RESOLVED, The Idaho Medical Association support legislation sponsored by the Idaho Orthopaedic Society for an Idaho law allowing visiting sports team medical professionals to engage in the treatment of their team's injured athletes or traveling staff members, provided they are fully and appropriately licensed in their own state, have an agreement in place with their sports team to provide care while traveling, do not seek to practice in Idaho healthcare facilities, and do not seek prescriptive authority in Idaho. | Fall 2017: ID Ortho Society drafted legislation; BOM has no objections; IMA Board will review at Oct 5, 2017 meeting. Legislation passed in 2018. | Completed |
| MEDICAL PRACTICE MODELS | | | | | |
| 103(18) | Statewide Healthcare Innovation Plan | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association work with partners throughout Idaho to advocate for the sustainability of the Statewide Healthcare Innovation Plan project goals of improved care coordination, aligning payment mechanisms across payers to transform payment methodology from volume to value and reduce overall healthcare costs and support the foundation of timely access to primary care to meet these goals through the Healthcare Transformation Council of Idaho. | IMA participation in the Idaho Healthcare Coalition concludes with the end of SHIP Jan 31, 2019. IMA is a key stakeholder for the HTCI in 2019 moving forward as the next phase of delivery reform. | High |
| 19(08) | Patient Centered Medical Home | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association actively advocate the principles of the Patient Centered Medical Home as outlined in the attached document. | 2019: IMA continues advocacy for PCMH and looking to next steps to integrate into the medical neighborhood. | High |
| PHYSICIAN EXPERIENCE: PERSONAL & PROFESSIONAL | | | | | |
| 101(18) | Prescription Monitoring Program Searches Authorized by Physicians for Prescribers in their Charge | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association adopts policy in support of physicians having authority to access Idaho Prescription Monitoring Program records of the non-physician prescribers they employ or supervise; and be it further RESOLVED, Idaho Medical Association will work with the Idaho State Board of Pharmacy on a process to allow physicians the authority to access Idaho Prescription Monitoring Program records of non-physician prescribers they employ or supervise. | 2019: IMA will meet with the Idaho Board of Pharmacy once a new Executive Director is in place to discuss a path forward. | High |
| 107(18) | Exempting Mentally Ill From Battery Against Healthcare Worker Statute | Legislative | RESOLVED, Idaho Medical Association adopt policy to oppose efforts to repeal Idaho Code § 18-915C, that make it a felony to commit battery against a healthcare worker; and be it further RESOLVED, Idaho Medical Association adopt policy in support of creating limited exemptions to Idaho Code § 18-915C for those who commit battery against a healthcare worker, but who at the time suffered from mental illness that prevented them from acting with competence. | IMA will work with coalition members who are working on this issue. IMA's focus will be maintaining protections for physicians and others while also keeping the best interests of individuals with mental illness at the forefront. 2019: No legislation is expected. | High |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|------------|--|------------------------------|--|--|----------|
| 105(17) | Prior Authorization Reform | Legislative | RESOLVED, The Idaho Medical Association adopt policy in support of the American Medical Association's Prior Authorization and Utilization Management Reform Principles, in which Health plans will be required to use secure electronic transmissions using the standard electronic transactions for pharmacy and medical services benefits; and be it further RESOLVED, The Idaho Medical Association organize a coalition of physician, hospital and patient advocates and associations to work with the Idaho Department of Insurance toward a solution or, if necessary, to sponsor and advocate for the passage of legislation to add the following elements of the American Medical Association's Prior Authorization and Utilization Management Reform Principles to Idaho Code: (1) Health plans will prospectively provide criteria, on the application form, used to evaluate and approve prior authorization requests; (2) If a prior authorization denial is issued, health plans will provide a list of covered alternative treatment options; (3) If a prior authorization denial is issued, health plans will provide the specific clinical rationale used to make that determination; (4) If a prior authorization denial is issued, health plans will list the prescriber's appeal rights and the health plan's appeal processes, including links to website forms for the immediate filing of appeals along with telephone numbers and email addresses of health plan employees directly involved in the appeal process; (5) For non-urgent care, health plans will provide prior authorization determination and notification to prescriber within 48 hours of obtaining all necessary information. For urgent care, the determination will be made and communicated within 24 hours of obtaining all necessary information; (6) A prior authorization approval will be valid for the full duration of the prescribed/ordered course of treatment and will not expire or require repetitive reauthorizations. | 2017: IMA met with DOI director and he has agreed to convene meeting with providers and insurers to discuss ways to lessen the burden. 2018: Meetings are ongoing with physicians, insurance med directors and DOI reps. 2019: Workgroup continues meeting; new Gov Little seeks input from groups for regulatory relief - prior auth is a top issue that will be conveyed to Gov. | High |
| 109(16) | Prior Authorization Standardization | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association reaffirm its policy to work with payers and physicians to utilize the American Medical Association's automated, streamlined, standard Prior Authorization (PA) process; and be it further RESOLVED, That the Idaho Medical Association work with payers to: 1) Find ways to reduce the number of prior authorizations for medications; 2) Include same class formulary alternatives that do not require prior authorization; 3) Provide the specific medical, scientific, clinical or financial basis for prior authorization denial, and avoid statements such as "do not adhere to generally accepted guidelines." | Fall 2016: Publish in IMA newsletter, AMA links to prior authorization resources. IMA staff participating in AMA workgroup for national standardization. February 2017: AMA published 21 points to work with commercial payers on prior authorization regulations and limiting the burden on physicians. 2018: meetings are ongoing. 2019: Opportunity to seek relief with new Gov and state administration. | High |
| 209(18) | Death Certificates and Coroner Processes | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association will review Idaho's statutes regarding death investigation and coroner processes to assess whether amendments are needed and, if so, will pursue those amendments; and be it further RESOLVED, Idaho Medical Association will educate members on Idaho statutes regarding death investigation and coroner processes, as well as the rights of physicians and appropriate processes for physicians to follow when working with an Idaho county coroner. | 2019: no action has taken place per prioritization by BOT. | Medium |
| 102(18) | Maintenance of Certification | Legislative | RESOLVED, Idaho Medical Association reaffirm existing policies from past years and, if politically feasible, will pursue legislation whereby maintenance of certification by a nationally recognized accrediting organization that specializes to a specific area of medicine shall not be required as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, liability insurance coverage or employment. | The IMA Lobby Team will assess the feasibility of this resolution to determine whether there is a path forward. | Medium |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|----------------------|---|------------------------------|--|--|-----------|
| 206(17) | Lessening the Stigma and Potential for Negative Professional Consequences to Physicians Seeking Mental Health Care Services | Regulatory, Policy, or Other | RESOLVED, The Idaho Medical Association adopt a policy in support of fair and transparent processes for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further RESOLVED, The Idaho Medical Association will work with stakeholders to improve established policies, rules and procedures and the communication about them for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further RESOLVED, That Idaho Medical Association work with stakeholders to promote the proactive use of mental health services by physicians as part of a normative lifestyle of self-care in consideration of the unique stressors they face; and be it further RESOLVED, That Idaho Medical Association work with stakeholders to promote the Quadruple Aim, adding the goal of "improving the work life of health care providers, including clinicians and staff" as a key plank in healthcare delivery systems which have adopted the Triple Aim. | BOM is working to remove language about prior mental health care services and only asking licensees about current issues that could effect their medical practice. IMA needs to continue to work with IHA about progress in hospital credentialing processes. 2018: BOM made changes in accordance with FSMB language. Accomplished. | Completed |
| 101(15) | Standardized Prior Authorization Process | Regulatory, Policy, or Other | RESOLVED That the Idaho Medical Association establish policy to work with payers and physicians to utilize American Medical Association's automated, streamlined, standard Prior Authorization (PA) process; and be it further RESOLVED That Idaho Medical Association provide resources to physicians on using the American Medical Association standardized electronic prior authorization tool. | AMA Prior Authorization toolkit available to start electronic authorizations with payers. IMA newsletter article - 12-15-15. Ongoing. | Sunset |
| 110(14) | Prior Authorizations for Medications - Notification | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association adopt a policy that any notices of prior authorization denial of medications by insurers include an alternative medication or medications acceptable to the insurer in order for the prior authorization process to work in favor of continuity of care; and be it further RESOLVED, That the Idaho Medical Association seek administrative or legislative changes to require that any notices of prior authorization denial of medications by insurers shall include an alternative medication or medications acceptable to the insurer. | Sept/Oct 2014: IMA workgroup being developed; IMAges article urging submission of PA issues; joined national workgroup. Ongoing. | Sunset |
| REIMBURSEMENT | | | | | |
| 105(18) | Primary Care and the Linkage to Value Based Payment | Legislative | RESOLVED, Idaho Medical Association work on legislation to ensure the increase in primary care spending in Idaho shifts from five percent to twelve percent of the entire healthcare system spend over the next ten years(1); and be it further RESOLVED, Idaho Medical Association advocate on a legislative agenda that all insurance plans (public and private) licensed in Idaho would be required to cover a defined set of essential health benefits in order to achieve these important healthcare outcomes. | Referred to the IMA Board to determine path forward. | High |

IMA Resolution and Policy Priority Tool
 ~ 2018 Annual Update ~

| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|------------|--|------------------------------|---|--|----------|
| 206(18) | Network Adequacy and Out of Network Payments | Legislative | RESOLVED, In order to facilitate more fully informed decisions by patients, the Idaho Medical Association urges Idaho physicians to clearly disclose their fee schedules to patients upon request prior to care whenever possible, to be transparent about the health insurance products and networks in which they participate, to join networks when feasible, and to bill in a way that reflects the cost of providing care. Idaho Medical Association opposes unethical practices of inappropriately billing patients; and be it further RESOLVED, Idaho Medical Association adopt policy in support of requirements for health plans: 1) to maintain strong, measurable network adequacy standards that provide patients with timely access to and choice of providers; 2) to the degree possible to standardize the way in which they market and describe their out-of-network coverage to provide transparency for patients; 3) to be responsible for informing patients in a timely manner whether or not a physician or hospital is in network or out of network based on the patient's individual plan, and estimates of the allowable benefit for care, deductible and copay so patients may accurately assess their financial exposure; 4) to provide reasonable reimbursement to out of network physicians using an index of fair market values for services rather than payor fee schedules; and 5) to engage in arbitration with physicians to determine adequate reimbursement for out of network services; and be it further RESOLVED, Idaho Medical Association engage with the Idaho Department of Insurance to insist insurance companies comply with appropriate network adequacy standards in all situations, and participate in a coalition of physician, hospital and patient advocates and associations to work with the Department of Insurance to adopt rules and guidelines, or if necessary, to sponsor and advocate for the passage of legislation to ensure that health plans: 1) maintain strong, measurable network adequacy standards that provide patients with timely access to and choice of providers; 2) to the degree possible to standardize the way in which they market and describe their out-of-network coverage to provide transparency for patients; 3) to be responsible for informing patients in a timely manner whether or not a physician or hospital is in network or out of network based on the patient's individual plan, and estimates of the allowable benefit for care, deductible and copay so patients may accurately assess their financial exposure; 4) to provide reasonable reimbursement to out of network physicians using an index of fair market values for services rather than payor fee schedules; and 5) to engage in arbitration with physicians to determine adequate reimbursement for out of network services. | IMA is working with the Department of Insurance, insurers and hospitals to try to negotiate a consensus solution. Meetings are ongoing. 2019: Legislation is not expected. | High |
| 104(15) | Insurance Denials of Claims for Illegal Activity | Regulatory, Policy, or Other | RESOLVED That the Idaho Medical Association investigate all avenues to limit or prohibit the denial of coverage for a claim under an insurance policy on the basis that the claim is associated with an illegal act; and be it further RESOLVED That the Idaho Medical Association 1) work with the Idaho Department of Insurance to adopt a rule limiting or prohibiting the denial of a claim on the basis that it is associated with an illegal act; or 2) sponsor legislation to prevent the denial of coverage for a claim on this basis unless a court of law has determined that the claim is the result of an illegal act committed by the patient. | Sept 2015 Mtg w/ Ins Commissioner, request complaint for DOI action to close loophole. Jan 2016 DOI will convene IMA & ins to determine definition of "illegal act". Mar 2016 Legislation printed but no hearing. Summer 2016: continued advocacy with DOI and media. Sept 2016 Court case found in patient's favor; BCI required to pay medical expenses. 2017 BCI appealed. Ongoing. | High |

IMA Resolution and Policy Priority Tool
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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|-----------------------|---|------------------------------|---|--|-----------------|
| 209(15) | Support for Equitable Reimbursement for Telehealth Services | Legislative | RESOLVED That the Idaho Medical Association adopt policy supporting reimbursement by all private and governmental third party payers for telehealth services for consultation or referral arrangements equitable to their reimbursement for comparable non-telehealth services that meet the applicable Idaho community standard of care; and be it further RESOLVED That the Idaho Medical Association work with stakeholders, including the Idaho Telehealth Council, the Idaho Hospital Association, and others to seek reimbursement by all private and governmental third party payers for telehealth services for consultation or referral arrangements equitable to their reimbursement for comparable non-telehealth services that meet the applicable Idaho community standard of care. | Fall 2015 Meeting with IHA; advocating to Idaho Telehealth Council; mtg w/ carriers. Jan 2016 IMA will introduce legislation. Mar2016 HB 583 killed by House H&W Comm. 2017: Legislation introduced by Sen. Keough was killed; IMA lobby team continues to look for potential successes. 2019: Avenue may become available as PCMH deployment in rural areas will require robust telehealth use. | High |
| 11(09) | Increased Payment for Primary Care Services | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association adopt a policy that supports actions that increases payment for primary care services. | Met w/ IAFF to discuss; Feb 2010 mtg on PCMH to address reimbursement; Ongoing discussions with Medicaid and other third party payors. Ongoing. | High |
| 104(18) | Reimbursement for Medical Interpreters in Medical Practices | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association adopt policy and partner with the American Medical Association to eliminate the financial burden to physicians, hospitals and healthcare providers for the cost of interpretive services for individuals who are hearing impaired or have Limited English Proficiency (LEP); and be it further RESOLVED, Idaho Medical Association seek opportunities to contract with a reputable interpreter services entity to provide hearing impaired or Limited English Proficiency (LEP) interpreter services at a reduced rate for Idaho Medical Association members. | IMA will work with AMA on lessening the impact of the requirement; IMA will reach out to other states about discounted interpreter service fees. | Medium |
| 106(17) | Accurate Provider Directories for Meaningful Access to Physicians and Other Health Care Providers | Regulatory, Policy, or Other | RESOLVED, The Idaho Medical Association adopt policy in support of requirements for health plans to provide accurate provider directories to patients for every plan and network; and that health plans with incorrect directories that result in patients using out-of-network providers be subject to requirements to pay the non-contracted provider's usual, customary, and reasonable charges; and be it further RESOLVED, The Idaho Medical Association organize a coalition of physician, hospital and patient advocates and associations to sponsor and advocate for the passage of legislation to require health plans to provide accurate provider directories to patients for every plan and network; and that health plans with incorrect directories that result in patients using out-of-network providers be required to pay the non-contracted provider's usual, customary, and reasonable charges. | Fall 2017: no action has taken place per prioritization by BOT. | Medium |

IMA Resolution and Policy Priority Tool
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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|------------|--|------------------------------|--|--|-----------|
| 17(13) | Disparity in Worker's Compensation Physician Reimbursement | Regulatory, Policy, or Other | RESOLVED, That the policy of the Idaho Medical Association is to support the reduction of the disparities in payment that currently exist within the Idaho Industrial Commission physician fee schedule; and be it further RESOLVED, That the Idaho Medical Association support an increase in the Idaho Industrial Commission physician fee schedule for Medicine Group One and Two code ranges (90000–99607) but not at the expense of other areas of the IIC physician fee schedule. | Oct 2013 - Data review revealed primary care codes increased 30% between 2008-2013. Increasing the fees will not be requested for 2014. Will review conversion factor in 2014 for possible updates in 2015. 6/23 - IIC proposed another physician payment freeze. Public negotiated rulemaking with IIC to address 2015 fees. Discussions continuing. 2015 and 2016 physician conversion factor remain frozen. Claim data continues to show 70% of claims billed below current fee schedule. Education ongoing to encourage practices to review billed amounts for injured worker treatment. IIC proposed to keep conversion factor frozen in 2017 and 2018. | Medium |
| 107(16) | Commercial Insurance Recoupment Limits | Legislative | RESOLVED, That the Idaho Medical Association adopt policy in support of limiting commercial insurers' recoupment of overpayments to one year from the date of payment in all cases other than when fraudulent activity is identified; and be it further RESOLVED, That Idaho Medical Association support legislation to add regulation to the Idaho Insurance Code limiting commercial insurers from recouping reimbursement beyond one year from date of payment. | Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Currently not feasible. | Low |
| 109(15) | Industrial Accident Compensation | Regulatory, Policy, or Other | RESOLVED That the Idaho Medical Association work with the Idaho Industrial Commission to modify its rules regarding payment for medical services, or support legislation if necessary, to require that the portion of workers compensation payments that represent reimbursements for medical services provided to a worker injured in an industrial accident, whether adjudicated or not, to be made directly to the physician or facility and not to the patient. | Jan 2016 Ken received proposed legislative language from a surety that may allow IMA language to be added to allow physicians to receive direct payment when settlement reached. IMA language was not added to proposed legislation. April 2017: IIC acknowledges problem but not ready to implement solution. Ongoing. | Low |
| 107(17) | Chronic Care Management Payment for Patients Also on Home Health | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association communicate support of Chronic Care Management reimbursement for rural health clinics, federally qualified health centers, and all other physician clinics managing chronic conditions for patients enrolled in a home health episode, to the Centers for Medicare and Medicaid Services to meet the needs of integrated healthcare in a Patient-Centered Medical Home; and be it further RESOLVED, That the Idaho Medical Association delegation present this resolution at the November 2017 American Medical Association interim meeting for action, and request that the American Medical Association advocate for the authorization of chronic care management during a home health episode to the Centers for Medicare and Medicaid Services for all physicians and, if federal law must be amended, to Congress. | Fall 2017: IMA submitted resolution the AMA Interim House of Delegates meeting. | Completed |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|------------|--|------------------------------|--|--|-----------|
| 109(17) | Medicaid's Use of Probability Sampling and Extrapolation | Regulatory, Policy, or Other | RESOLVED, The Idaho Medical Association adopt policy in support of fair and reasonable auditing practices on the part of third party payers that: 1) provide clear definitions of, and distinction between, coding errors, misconduct, fraud and abuse; 2) limit the use of probability sampling and extrapolation when overall compliance rates are high; and 3) follow due process guidelines that allow a physician to appeal and provide additional information; and be it further RESOLVED, The Idaho Medical Association partner with other appropriate organizations to advocate for language to be added to Idaho Administrative Procedures Act (IDAPA) that further defines the Idaho Department of Health and Welfare's authority to use probability sampling and extrapolation, and that such language should be consistent with language from federal Medicare guidelines (Federal Code 42 U.S.C. § 1395ddd(f)(3) (Section 1893(f)(3))). | Fall 2017: no action has taken place pending prioritization by BOT. 2018: IMA assisted with resolution of issue. DHW accepted a proposal from St. Luke's to narrow the focus of extropolation. | Completed |
| 105(14) | Medicaid Reimbursement to FQHC and RHC for Expenses Not Included in Encounter Rate | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association support the vital services provided by Federally Qualified Health Centers and Rural Health Clinics to Medicaid patients in under-served and rural areas of the state, and support additional Medicaid reimbursement to align with Medicare payment methodology for identified supplies and the technical component for radiology and laboratory services; and be it further RESOLVED, That the Idaho Medical Association communicate this policy to the Idaho Department of Health and Welfare and request revision of Medicaid guidelines to align with Medicare payment methodology and allow reimbursement of the encounter rate in addition to reimbursement for 1) identified supplies, and 2) the technical component of radiology and laboratory services; and be it further RESOLVED, That the Idaho Medical Association work with the Idaho Academy of Family Physicians and the Idaho Primary Care Association to advocate for the requested changes in Medicaid reimbursement for Federally Qualified Health Centers and Rural Health Clinics. | 10/1/14- Met with Medicaid to discuss differences. Sending details on Medicare addiional reimbursed services outside of encounter rate 3/3/15 - F/U with Sheila and Matt at IDHW re: status of email sent in October. 3/18-Met with IDHW. Medicaid encounter rates higher than Medicare. Would need to review cost analysis of how much addtl money necessary to cover supplies and | Completed |
| 108(17) | Supporting the Prudent Person Standard for Insurance Coverage of Emergency Care | Regulatory, Policy, or Other | RESOLVED, The Idaho Medical Association adopt a policy in support of maintaining the prudent person standard currently in Idaho Code 41-3903(7); and be it further RESOLVED, The Idaho Medical Association will actively and vigorously work to defeat any challenges to the prudent person standard currently in Idaho Code 41-3903(7). | Fall 2017: IMA staff participated on AMA national call on the issue. Monitoring. | Sunset |
| 106(14) | Medicaid Payment of Anesthesia Services for Dentistry | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association support Medicaid reimbursement for general anesthesia services provided by board certified anesthesiologists or Certified Registered Nurse Anesthetists administered in dental offices with a flat fee for the first hour with a per minute charge after the first hour at a rate that encourages practitioners to provide these services; and be it further RESOLVED, That to maximize patient safety participating anesthesiologist or certified registered nurse anesthetist must have active privileges to perform the same services at a hospital or Ambulatory Surgery Center within Idaho or a bordering state; and be it further RESOLVED, That the Idaho Medical Association communicate this policy to the Idaho Department of Health and Welfare and request revision of Medicaid guidelines to allow reimbursement on a flat fee structure for anesthesia services performed on pre-approved dental procedures in the dentist office. | Oct 2014 -Met with Medicaid. Idaho dentistry srvs paid on managed care model. Washington is fee for service. Need to check with other states offering this type of payment that are managed care to see how it will work. Willing to work with IMA, Dental Association and others to implement. May 2016-Idaho reimburses dentists for anesthesia. Some urban area dentists have own ASC to perform procedure that bundles anesthesia into ASC payment. Fall 2016: DentaQuest identified Arizona and Texas with similar models for physicians to provide anesthesia in dentist office. Fall 2017: Unable to locate model that shows hard data similar to model proposed. | Sunset |
| 108(14) | Exchange Health Plan Grace Period | Legislative | RESOLVED That the Idaho Medical Association sponsor and advocate for passage of legislation to create guidelines and time limits for health insurers to report extensive information as part of the notification to physicians and other providers that a patient has entered the second and third month of the grace period upon an eligibility check, to require insurers to disclose their policies and procedures for handling claims for patients in various stages of the grace period, and to establish that failure to provide notification or providing inaccurate information to physicians as required would result in a binding eligibility determination upon the insurer. | Oct-Nov 2014: Issue included on Legislative Talking Points & discussed at Phys-Legis mtgs across the state. Feb 2015 - shopping legislation for introduction; Chairman Wood refused to hear bill in 2015. Currently not feasible. | Sunset |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|----------------------------|---|-------------|---|---|-----------|
| 17(12) | Medicaid Reimburse Multiple Procedures on the Same Day | Legislative | RESOLVED, That the Idaho Medical Association introduce and support legislation to require Medicaid multiple procedure reimbursement guidelines be consistent with CMS Medicare guidelines. | Staff met with Medicaid to address issue for 2014 DHW agency budget request. | Sunset |
| 03(10) | Reaffirmation of Support for Any Willing Provider Law | Legislative | RESOLVED, That the Idaho Medical Association House of Delegates hereby reaffirms its strong support of the original Any Willing Provider law and directs the Idaho Medical Association Board of Trustees to give top priority to protecting the Any Willing Provider law from repeal; and be it further RESOLVED, That the Idaho Medical Association support legislation, if politically feasible, clarifying the Any Willing Provider law similar to the 2010 legislation SB 528 that would allow non-network physicians or physicians in a small or solo practice to invoke the Any Willing Provider law to obtain a contract from an insurance company even though that insurance company is only contracting with networks or with large physician groups. | Present at Phys-Legis mtgs Oct-Dec 2010; Attend stakeholder mtg Dec 2010; No legislation ever introduced. 2018: IMA continues to bring up the issue with respect to narrow networks, but no opportunity to move forward. | Sunset |
| PHYSICIAN WORKFORCE | | | | | |
| 208(15) | Updated Policy on Medical Education and Residency Training in Idaho | Legislative | RESOLVED That the Idaho Medical Association update its existing policy on medical education and residency training in Idaho in a manner that is program agnostic but that maintains focus on quality and minimum criteria that must be met to gain Idaho Medical Association support; and be it further RESOLVED That there are important minimum criteria that must be met in order for the Idaho Medical Association to consider supporting a specific proposal from any source. The minimum criteria, as defined by the Idaho Medical Association Medical Education Affairs Committee and approved by the Idaho Medical Association Board of Trustees, are: 1. Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation 2. Provides affordable access to medical education for qualified Idaho students 3. Focus on the goal of continued expansion of Idaho medical school graduates 4. Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs 5. Education and training of specialties based on physician workforce numbers and needs in Idaho 6. Focus on recruitment and retention of program graduates | Fall 2015: Working on strategy with Idaho State Board of Education; mtg w/ legislators. Feb & April 2016: used criteria to evaluate proposed ICOM med school. Aug 2016: IMA rep on SBOE med ed committee looking at next steps for Idaho. Fall 2017: IMA continues to have a very active Medical Education Affairs Committee that is focused on the improvement of medical education and residency training options in Idaho for programs that meet our policy standards. Ongoing. 2019 - work continues with increase in funding proposed. | High |
| 201(17) | Support for New Eastern Idaho Psychiatry Residency | Legislative | RESOLVED, The Idaho Medical Association adopt a policy in support of the development of the Eastern Idaho Psychiatry Residency in Pocatello; and be it further RESOLVED, The Idaho Medical Association actively lobby the Idaho Legislature to support funding requests made by or on behalf of the Eastern Idaho Psychiatry Residency. | ISU has put their E. Idaho Psychiatry Residency funding in their State of Idaho budget request. This program is included in the 10 year GME expansion plan presented to Gov. Otter. | Completed |
| 208(18) | Student Loan Tax Relief Assistance | Legislative | RESOLVED, Idaho Medical Association work to reduce the state tax rate on physician loan repayment aid to 0 percent; and be it further RESOLVED, Idaho Medical Association advocate on a legislative level to pass a five to ten year pilot program to remove the tax on physician loan repayment funds provided by a third party; and be it further RESOLVED, Idaho Medical Association work with applicable parties on legislation to exclude, from the gross income of a physician, the amounts paid by an employer or private individual under the student loan repayment program. | Awaiting prioritization by BOT. | Sunset |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|---------------------------|--|------------------------------|--|---|-----------|
| 208(16) | Idaho Preceptor Tax Incentive Program | Legislative | RESOLVED, That the Idaho Medical Association adopt a policy in support of the creation of a tax incentive program for physician preceptors of students and residents of Idaho Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) medical education and Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs; and be it further RESOLVED, That the Idaho Medical Association sponsor legislation to support the creation of a tax incentive program for physician preceptors of students and residents of Idaho Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) medical education and Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs. | Fall 2016: Working with Ken McClure and med ed committee leaders to develop appropriate program guidelines and to draft proposed legislation. Fall 2017: After meeting with the tax committee chairs & encountering strong opposition, the issue is not feasible. Will continue to look for openings in the future. | Sunset |
| 206(15) | Student Loan Rate Opportunity | Legislative | RESOLVED That the Idaho Medical Association work with the Idaho Academy of Family Physicians, Idaho Department of Health and Welfare, Idaho Bankers Association and other applicable organizations to develop a program for physicians to provide reduced interest rates on outstanding student loan debt as a recruitment and retention tool for Idaho; and be it further RESOLVED That the Idaho Medical Association support legislation to implement a recruitment and retention program for physicians to reduce interest rates on outstanding student loan debt. | IMA will advocate in support if legislation is proposed. Jan 2016, IAFP agreed to work on plan after Legislature for 2017 proposal. Apr 2016 Mtg set w/ Sen. Hagedorn. July 2016 mtg w/ DHW ORH; Ongoing. | Sunset |
| COST OF CARE | | | | | |
| 207(18) | Pharmacy Benefit Manager Transparency and Regulation | Legislative | RESOLVED, Idaho Medical Association adopt policy in support of regulation of Pharmacy Benefit Managers that will provide increased transparency, set limits on pricing methods, prohibit practices that unnecessarily drive up costs for patients, restrict gag clauses that withhold important information from patients, and prohibit any other deceptive practices that adversely impact patient access, choice and cost; and be it further RESOLVED, Idaho Medical Association support legislation to require Pharmacy Benefit Managers to register with the Idaho Department of Insurance and be subject to regulation that will provide increased transparency, set limits on pricing methods, prohibit practices that unnecessarily drive up costs for patients, restrict gag clauses that withhold important information from patients, and prohibit any other deceptive practices that adversely impact patient access, choice and cost; and be it further RESOLVED, Idaho Medical Association work with the American Medical Association to change federal law to promote pharmacy cost and price transparency, remove pharmacy group purchasing protections from the federal Anti-Kickback Statute and the Physician Self-Referral Law (Stark Law) and to encourage efficiencies in pharmacy benefit cost management. | Legislation was introduced in 2018 for discussion and IMA will work with the legislation sponsor to support legislation in 2019. | High |
| 207(17) | Community Health Screening Volunteer Provider Immunity | Legislative | RESOLVED, The Idaho Medical Association support the removal or reduction of barriers and liability risks to health care providers who want to volunteer their participation in community health screenings; and be it further RESOLVED, The Idaho Medical Association work with stakeholders to remove barriers and remove or reduce liability risks to health care providers who want to volunteer their participation in community health screenings. | Fall 2017: Lobby team has discussed structure of potential legislation, and identified key legislators and stakeholders. Accomplished in 2018. | Completed |
| PATIENT EXPERIENCE | | | | | |
| 106(18) | Self-Administration of Sunscreen by Public School Students | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association shall adopt policy in support of Idaho school district policies encouraging students to self-administer sunscreen without physician or school authorization while at school or under school authority; and be it further RESOLVED, Idaho Medical Association will work with stakeholders to develop Idaho school district policies encouraging students to self-administer sunscreen without physician or school authorization while at school or under school authority. | 2019: Preliminary discussions have begun. | High |
| 110(18) | Medicaid Family Planning Waiver | Legislative | RESOLVED, Idaho Medical Association supports the state of Idaho applying for a Medicaid Family Planning Waiver or pursuing a Medicaid State Plan Amendment from the Centers for Medicare and Medicaid Services to include family planning coverage for uninsured, low-income Idahoans. | Prop 2 passed. Nothing more needed. | High |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|------------|--|------------------------------|--|---|----------|
| 102(17) | Treatment Options for Pregnant Patients on Idaho Medicaid with Substance Use Disorders | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association adopt a policy in support of treatment of substance use disorders during pregnancy that acknowledges the need for a variety of treatment options and settings including both outpa-tient and inpatient treatment, and with a variety of approaches including abstinence, withdrawal support and agonist therapy; and be it further RESOLVED, That the Idaho Medical Association partner with other appropriate organizations to advocate for expanded access to a range of treatment options for pregnant patients on Idaho Medicaid with substance use disorders including both outpatient and inpatient treatment, and with a variety of approaches including abstinence, withdrawal support and agonist therapy. | Fall 2017 - Met with Medicaid Policy & Division of Behavioral Health (DBH). Informed even though block grant is going away, treatment for pregnant women is still a priority and funding is complicated between behavioral health and Medicaid, but pregnant women will always have treatment available. Will work w/ DBH to make sure physicians are aware of how to access the proper care so no one is turned away. March 2018 - Working with IDHW BPA dept to find solution of inpatient treatment for pregnant women. Watch U.S. House bill H.R. 5789: To amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and post-partum women while receiving inpatient treatment for a substance use disorder, and for other purposes. | High |
| 202(17) | Idaho Maternal Death Review | Legislative | RESOLVED, The Idaho Medical Association adopt a policy in support of development of a maternal death review process in Idaho; and be it further RESOLVED, The Idaho Medical Association will work with stakeholders to establish a maternal death review process in Idaho. | Fall 2017: Initial discussions with DHW have taken place; they are supportive & need to find a way to fund. 2018: IMA is forming a task force of physicians and working with the AMA to find solutions. 2019: Legislation is being finalized and will be introduced. | High |
| 102(16) | Full Coverage for Gap Population | Legislative | RESOLVED, That the Idaho Medical Association reaffirm its strong support for full healthcare coverage for the 78,000 Idahoans in the gap without health insurance by continuing to urge the Legislature to develop a complete gap solution that brings our federal tax dollars back to Idaho, replaces the costly and inefficient indigent/catastrophic system, and ensures that the gap population has full health coverage; and be it further RESOLVED, That the Idaho Medical Association, in the event of continued inaction by the Idaho Legislature, respectfully requests Governor Otter to issue an immediate Executive Order to provide full health care coverage for the 78,000 Idahoans in the gap without health insurance. | Current: IMA is a leader on this issue and is heavily involved at the strategy, grassroots, and legislative levels. 2018: IMA is supporting IFH to pass and work toward implementation of Prop 2. 2019: ongoing work toward full implementation. | High |
| 206(16) | Medically Necessary Treatment for Children | Legislative | RESOLVED, That the Idaho Medical Association adopt policy in support of the treating physician's determination that the life and long-term health of the child demands access to medical care over the right of the parents or guardians to exercise their right to deny treatment for religious or spiritual reasons; and be it further RESOLVED, That the Idaho Medical Association support legislation or other efforts in support of the treating physician's determination that the life and long-term health of the child demands access to medical care over the right of the parents or guardians to exercise their right to deny treatment for religious or spiritual reasons. | Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Lobby team is attending legislative interim committee meetings and is working with committee chairs to develop appropriate policy. Fall 2017: lobby team members will continue to monitor and work on issues as they arise in the 2018 Legislature. 2019: monitoring. | High |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|------------|--|------------------------------|---|--|----------|
| 13(13) | Prescription Drug Abuse Policies | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association encourage the ability of physicians to appropriately prescribe controlled substances for pain management, to access educational resources for current pain management protocols, and identify potential prescription drug abuse in patients; and be it further RESOLVED, That the Idaho Medical Association support physician registration and regular usage of the Idaho State Board of Pharmacy Prescription Drug Monitoring Program (PDMP); promote the PDMP through outreach through the Idaho Medical Association newsletter and website; and provide physician feedback to the Board of Pharmacy for improvements to the PDMP; and be it further RESOLVED, That the Idaho Medical Association continue to participate in the Idaho Office of Drug Policy Prescription Drug Abuse Workgroup to identify ways for physicians to proactively address this issue with their patients and their local communities; and be it further RESOLVED, That the Idaho Medical Association oppose legislative mandates or other provisions that require physicians to engage in a burdensome process before writing controlled substance prescriptions; or mandate a physician's participation in continuing medical education (CME) courses specifically focused on pain management; or any mandates that compromise a physician's medical judgment or interfere with physician-patient relationship. | 10/17/13 - have sent out different newsletter blurbs to members about awareness and promotion of PMP - continue to attend Gov's Rx Abuse Workgroup Meetings; IMA supported legislation requiring doc registration for PMP is now law. 2016: continued work with Rx Abuse Workgroup and Board of Pharmacy. 2017: Participation with ODP strategic plan. Ongoing. 2019: Will be on BOT Retreat Agenda to discuss potential mandates. | High |
| 109(18) | Advance Directives for Patients with Dementia | Regulatory, Policy, or Other | RESOLVED, Idaho Medical Association shall adopt policy in support of the creation of advance directives tailored to the unique challenges faced by Idaho patients with dementia and for acceptance of those advance directives in Idaho's advance directive registry; and be it further RESOLVED, Idaho Medical Association will work with existing stakeholder groups to support the creation and distribution of advance directives tailored to the unique challenges faced by Idaho patients with dementia and to support efforts to work with the state of Idaho to allow for acceptance of advance directives for patients with dementia in Idaho's advance directive registry. | 2019: work is ongoing; the Idaho Health Continuum of Care Alliance (IMA is a member) is working to develop language. | Medium |
| 103(17) | Physician Dispensed Controlled Medications to Reduce Opioid Epidemic | Regulatory, Policy, or Other | RESOLVED, The Idaho Medical Association work with stakeholders to find avenues for distributing detoxification medication to patients receiving a monitored prescription from a physician, physician assistant or nurse practitioner (such as buprenorphine or naloxone), to access the medication through various Drug Enforcement Agency (DEA) approved locations (such as probation and parole offices, assertive community treatment (ACT) teams, drug treatment facilities, and pharmacies); and be it further RESOLVED, The Idaho Medical Association partner with the American Medical Association to develop and distribute a statewide educational toolkit designed to help reverse the state's opioid epidemic and encourage physicians to remain committed to reducing prescription drug abuse. | Fall 2017: no action has taken place per prioritization by BOT. | Medium |
| 204(17) | Medication Management in Idaho Schools | Regulatory, Policy, or Other | RESOLVED, The Idaho Medical Association shall adopt policy in support of Idaho school district policies on medication management for students that are based on best clinical practices for the condition being treated; and be it further RESOLVED, The Idaho Medical Association will work with stakeholders to improve Idaho school district policies on medication management for students based on best clinical practices for the condition being treated. | Fall 2017: no action has taken place per prioritization by BOT. 2019: additional work will begin if sunscreen in schools resolution is successful. | Medium |
| 13(10) | Recommendation for Increased Involvement of Psychiatrists in Idaho's Public Mental Health System | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association work in partnership with and support of the Idaho Psychiatric Association in strongly urging the Idaho Department of Behavioral Health, Governor's Task Force on Mental Health, the legislative Health Care Task Force Subcommittee on Mental Health, and other appropriate entities to adopt and implement the following recommendations: 1. Prioritize involvement of qualified psychiatrists who are active in the treatment of severely mentally ill adults and seriously emotionally disturbed children as it moves to transform the public mental health and substance abuse treatment systems; 2. Recruit and retain a state-contracted or employed psychiatrist as medical director to help lead the transformation of the public mental health and substance abuse treatment systems; 3. Place a minimum of at least one regional mental health director in each of the defined regions in the state of Idaho who is a qualified psychiatrist experienced in the care of severely mentally ill adults and seriously emotionally disturbed children. | Ongoing. Coordination of various groups needed. The Behavioral Health Integration workgroup of SHIP includes three psychiatrists, one is a co-chair. The Behavioral Health Integration (BHI) workgroup was formed to advise and address the behavioral health needs of the Statewide Healthcare Innovation Plan. | Medium |
| 108(18) | Support for Honoring Choices Idaho | Legislative | RESOLVED, Idaho Medical Association shall adopt policy in support of Honoring Choices Idaho. Idaho Medical Association supports the goal of obtaining state general funds or private funding options for Honoring Choices Idaho to further their mission of statewide promotion of best practices for advance care planning throughout Idaho; and be it further RESOLVED, Idaho Medical Association will support efforts by Honoring Choices Idaho and their partners to obtain statewide funding. | 2019: IMA belongs to a coalition that is working on this issue. | Low |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|------------|---|------------------------------|--|--|----------|
| 205(17) | Syringe Service Programs | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association shall adopt policy in support of a governmental entity's right to implement syringe service programs in Idaho; and be it further RESOLVED, That the Idaho Medical Association will work to remove barriers in Idaho law to a governmental entity's right to implement syringe service programs in the case of locally-determined community needs or a designated public health crisis caused by shared needles between injection drug users. | Fall 2017: no action has taken place pending prioritization by BOT. 2018: IMA is working with an ISU DNP candidate who is working on this issue for his dissertation project. 2019: legislator may introduce legislation. | Low |
| 101(16) | STD and STI Testing and Treatment in minors | Legislative | RESOLVED, That the Idaho Medical Association adopt a policy in support of the confidential consent to sexually transmitted disease and sexually transmitted infections testing and treatment for all minors regardless of age in an effort to decrease the prevalence and spread of sexually transmitted disease and sexually transmitted infections throughout the state of Idaho and provide a safe and confidential environment for minors seeking healthcare; and be it further RESOLVED That the Idaho Medical Association, if politically feasible, sponsor legislation to support the confidential consent to sexually transmitted disease and sexually transmitted infections testing and treatment for all minors. | Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: met with DHW; no ability to address issue through child endangerment program. Currently not feasible. | Low |
| 104(16) | All Vaccine Providers Required to Report in IRIS | Legislative | RESOLVED, That the Idaho Medical Association adopt a policy in support of requiring all providers of vaccines, including physicians, pharmacists and other non-physician providers, to report all vaccines administered, with the exception of adult influenza vaccines, into Idaho's Immunization Reminder Information System (IRIS) unless the patient or the patient's parent, guardian or medical decision maker opt out of sharing their information; and be it further RESOLVED, That the Idaho Medical Association sponsor legislation requiring all providers of vaccines, including physicians, pharmacists and other non-physician providers, to report all vaccines administered, with the exception of adult influenza vaccines, into Idaho's Immunization Reminder Information System (IRIS) unless the patient or the patient's parent, guardian or medical decision maker opt out of sharing their information. | Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: bill failed on the floor of the House due to anti vaccine sentiment; no path forward. | Low |
| 207(16) | Severe Mental Illness Exclusion of Death Penalty Sentencing | Legislative | RESOLVED, That the Idaho Medical Association adopt a policy to oppose the imposition of a death sentence upon individuals determined by a court following a court-ordered psychiatric assessment to have suffered from severe and persistent mental illness at the time of their criminal acts; and be it further RESOLVED, That the Idaho Medical Association support legislation to prevent the imposition of a death sentence upon individuals determined by a court following a court-ordered psychiatric assessment to have suffered from severe and persistent mental illness at the time of their criminal acts. | Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. IMA is part of a coalition, including the ACLU and the Idaho Prosecuting Attorneys Association to work on this issue. Fall 2017: the coalition continues to look for openings to move this issue forward. They are hoping to make presentations to the germane legislative committees in 2018. No movement yet. | Low |
| 23(12) | Dangers of Generic to Generic Substitution | Regulatory, Policy, or Other | RESOLVED, That the Idaho Medical Association request that the Idaho State Board of Pharmacy educate pharmacists and pharmacy technicians that generic to generic substitutions can have unintended, negative consequences for patients; and be it further RESOLVED, That the Idaho Medical Association provide educational materials and links on the Idaho Medical Association website for Idaho healthcare consumers about the potential risks associated with switching between generic brands, and how to identify their medications by generic name; and be it further RESOLVED, That the Idaho Medical Association advocate that the Idaho State Board of Pharmacy adopt rules that require pharmacists to notify patients when the generic brand | 2012: Staff to meet with Bd of Pharmacy to assess problem. Will request BOP rule change and will educate physicians. | Low |

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| RES # (YR) | Description | Category | Resolved Clause(s) | Status Update | Priority |
|-----------------------|--|-----------------|---|---|------------------|
| 208(17) | Alcohol Poisoning and Overdose Good Samaritan Law | Legislative | RESOLVED, The Idaho Medical Association shall adopt policy to support creation of an Alcohol Poisoning and Overdose Good Samaritan Law to encourage early notification to rescue personnel, law enforcement, and/or initiating a 911 call by providing limited legal protections for witnesses who encounter an individual appearing to experience alcohol poisoning or overdose; and be it further RESOLVED, The Idaho Medical Association work with stakeholders, including Idaho law enforcement, prosecuting attorneys, the Idaho Office of Drug Policy and others to support creation of an Alcohol Poisoning and Overdose Good Samaritan Law, or a similar process, to encourage early notification to rescue personnel, law enforcement, and/or initiating a 911 call by providing limited legal protections for witnesses who encounter an individual appearing to experience alcohol poisoning or overdose. | Fall 2017: no action has taken place pending prioritization by BOT. 2018: Legislation passed in 2018. | Completed |
| 210(16) | Forensic Interviews of Adults with Cognitive Impairment and Minors Allowed as Testimony in Court | Legislative | RESOLVED, The Idaho Medical Association adopt policy in support of allowing recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court; and be it further RESOLVED, The Idaho Medical Association work with interested stakeholders, including advocates for adults with cognitive impairment and minors, prosecutors, courts and other parties, to investigate the possibility of developing a consensus plan to allow recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court; and be it further RESOLVED, That the Idaho Medical Association support, and if necessary and politically feasible, sponsor legislation or advocate for the adoption of court rules of evidence to allow recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court. | Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Fall 2017: continuing to look for openings to move this issue forward. | Sunset |

Idaho Medical Association

**REPORT OF 2018 RESOLUTIONS REQUIRING AN UPDATE
TO THE 2019 HOUSE OF DELEGATES**

William Woodhouse, MD, President, Pocatello

1 **A. Resolution 105 (18), Primary Care and the Linkage to Value Based**
2 **Payment** was authored and sponsored by the Idaho Academy of Family
3 Physicians. The resolved clauses were referred to the Board of Trustees for
4 action.

5
6 RESOLVED, Idaho Medical Association work on legislation to ensure the
7 increase in primary care spending in Idaho shifts from five
8 percent to twelve percent of the entire healthcare system spend
9 over the next ten years.

10
11 RESOLVED, Idaho Medical Association advocate on a legislative agenda
12 that all insurance plans (public and private) licensed in Idaho
13 would be required to cover a defined set of essential health
14 benefits in order to achieve these important healthcare
15 outcomes.

16
17 **Status:** The Board of Trustees discussed Resolution 105(18) at its meeting of
18 October 5, 2018. The Board determined that this resolution includes two resolved
19 clauses that address separate issues that need to be considered independently.

20
21 The first resolved clause directs the IMA to work on legislation to increase
22 primary care spending in Idaho from five percent to twelve percent. Similar efforts
23 are underway in Oregon and Rhode Island, but both those states have an all
24 payer claims database (APCD) and a significantly different political environment
25 and approach to regulating insurance companies. The lack of an APCD in Idaho
26 could make it very difficult to determine what percentage of healthcare spending
27 in our state is currently going to primary care. The Board discussed the need to
28 research the environment in Idaho, determine an approximate current
29 percentage of primary care spend, and educate stakeholders on why increasing
30 spending on primary care is important as a first step in laying the groundwork
31 prior to pursuing legislation.

32
33 IMA staff reached out to the five major private insurers in Idaho to determine their
34 reported level of spending on primary care services. Responses from two
35 companies indicate most of their primary care spending already meets or
36 exceeds the 12 percent target. Blue Cross of Idaho reported 14-16 percent for
37 their commercial plans and 6-8 percent for Medicare Advantage. Pacific Source
38 reported 13.4 percent for commercial, 10.6 percent for Medicare Advantage and
39 16.5 percent for Coordinated Care Organization plans. United Healthcare
40 reported health care economics across all United Healthcare states, primary care

1 tends to comprise 5-8 percent. IMA will continue to seek data from the other
2 payers, but if the numbers align with information already collected, the need for
3 legislation is diminished.

4
5 The second resolved clause is stating opposition to health plans that do not offer
6 the ten essential benefits as required by the Affordable Care Act. In early 2018,
7 the state of Idaho proposed allowing these “skinny” plans to be sold in Idaho, but
8 the Centers for Medicare and Medicaid Services (CMS) initially rejected the
9 proposal. The Department of Insurance has indicated that it continues its
10 discussions with CMS and hoped to have something approved by the end of
11 2018. The Board concluded that it did not want to take a position until
12 determining if the plans were going to be offered in Idaho.

13
14 **B. Resolution 204 (18), Support for the Appropriate Practice of**
15 **Radiography**, was authored and sponsored by James Schmutz, MD. The
16 resolved clauses were referred to the Board of Trustees for action.

17
18 RESOLVED, Idaho Medical Association will repeal existing Idaho Medical
19 Association policy opposing legislation to license radiologic
20 technologists (also known as x-ray technicians or “rad techs”)
21 and hereby adopts policy in support of licensing radiologic
22 technologists who have attained national certification and
23 registration to practice radiography through the American
24 Registry of Radiologic Technologists (ARRT) and employing
25 only those licensed radiologic technicians in the generation of
26 radiography in all settings in so far as it is possible and
27 practical; and be it further

28
29 RESOLVED, Idaho Medical Association will sponsor legislation to license
30 radiologic technologists who have attained national certification
31 and registration to practice radiography through the American
32 Registry of Radiologic Technologists (ARRT) and employing
33 only those licensed radiologic technicians in the generation of
34 radiography in all settings in so far as it is possible and
35 practical.

36
37 **Status:** The Board of Trustees discussed Resolution 204(18) at its meeting of
38 October 5, 2018. The Board discussed the lack of precedence for IMA to sponsor
39 legislation for licensure or scope of practice on behalf of non-physician providers.
40 The Board voiced concern over the implication of such legislation on rural and
41 small medical practices. The cost and availability of nationally certified and state
42 licensed radiologic technologists to perform the relatively few radiographic
43 activities in rural and small practices would likely make it impossible for many of
44 those practices to continue to provide radiography services to patients.

1 The Board of Trustees passed the following motion:

2

3 **THAT THE IMA BOARD OF TRUSTEES ADOPT POLICY TO ENCOURAGE**
4 **IDAHO RADIOLOGISTS TO PROACTIVELY WORK WITH HEALTH**
5 **PROVIDERS IN THEIR LOCAL AREAS TO IDENTIFY OPPORTUNITIES TO**
6 **IMPROVE IMAGING PRACTICES AND PROTECT PATIENT SAFETY.**

7

8 Respectfully submitted,

9

10 William Woodhouse, MD, President, Pocatello

11

12 July 2019

Idaho Medical Association

SPECIAL REPORT ON IMA STRATEGIC PLAN

Bill Woodhouse, MD, President, Pocatello

1 The Idaho Medical Association (IMA) undertook a strategic planning process to
2 ensure that our organization is focused on the top issues that are most
3 meaningful to our members, and that IMA resources are allocated in the most
4 productive way.

5
6 The process started with the Board of Trustees' spring retreat in April 2018.
7 Working with a facilitator, the IMA Board and staff brainstormed issues impacting
8 the practice of medicine in Idaho and had a series of discussions as to why those
9 issues were most relevant.

10
11 Ultimately, the Board identified and approved seven major issue categories to
12 form the foundation of the IMA strategic plan:

- 13
- 14 • Relevance of the IMA
- 15 • Medical Practice Models
- 16 • Physician Experience: Personal and Professional
- 17 • Reimbursement/Payor Issues
- 18 • Physician Workforce
- 19 • Cost of Care
- 20 • Patient Experience
- 21

22 The IMA Board and staff members developed specific goals and strategies for
23 each of the seven issue areas. After the retreat, staff worked with the facilitator to
24 flesh out tactics for each of the strategies and assign these tasks to the
25 appropriate staff members. An IMA Strategic Plan spreadsheet was developed to
26 track the various aspects of the plan.

27
28 At its August and October 2018 meetings, the Board approved the Strategic Plan
29 spreadsheet and identified priority areas and goals to be targeted first. The
30 following list shows the goals that were selected as priorities:

31
32 **Relevance of the IMA ~ Goals:**

- 33 • IMA brand and resources are recognized and valued by all IMA members
34 and stakeholders
- 35 • Continue leadership role in advocacy and policy for physicians and
36 patients
- 37

38 **Medical Practice Models ~ Goals:**

- 39 • Understand the needs of and provide support to physicians in all medical
40 practice models

1 Physician Experience – Personal and Professional ~ Goals:

- 2 • Promote and advocate for physician wellness
3 • Make Idaho an enjoyable and attractive place to practice medicine
4

5 Reimbursement/Payor Issues ~ Goals:

- 6 • Help physicians get paid for their work in a timely and efficient manner
7 • Maintain continuity of care for patients and access to prescribed
8 treatments
9

10 Physician Workforce ~ Goals:

- 11 • Continue support for quality undergraduate and graduate medical
12 education
13 • Support and strengthen the physician workforce pipeline: recruitment,
14 retention, distribution
15

16 Cost of Care ~ Goals:

- 17 • Support ways to reduce the cost of medical care
18

19 Patient Experience ~ Goals:

- 20 • Advocate to improve the health of all Idahoans through access to quality
21 care
22 • Promote patient satisfaction by simplifying the medical practice experience
23

24 The attached IMA Strategic Plan spreadsheet shows the strategies and tactics to
25 be deployed in achieving each of the goals identified as priority status. The IMA
26 staff will use this tool to keep the Board and the membership apprised of our
27 progress on each of the goals throughout the year.
28

29 Respectfully submitted,

30
31 Bill Woodhouse, MD, President, Pocatello
32

33 July 2019
34

35 Attachment

| <p>MISSION: Idaho Medical Association (IMA) is the leading organization representing physicians in all specialties, practice settings and geographic locations in our state, and is recognized as the voice of medicine in Idaho. IMA’s mission is to unify and advocate for all Idaho physicians, promote the art and science of medicine, and remain dedicated to improving the health and well-being of all Idahoans. (2018)</p> | | | |
|--|---|---|--|
| ISSUES | GOALS | STRATEGIES | TACTICS |
| 1. Relevance of the Idaho Medical Association (IMA) | <p>Relevance GOAL 1: IMA brand and resources are recognized and valued by all IMA members & stakeholders</p> | <p>RG 1, Strategy 1: Develop a comprehensive marketing plan and integrate with website redesign</p> | <ul style="list-style-type: none"> Engage vendor to advise plan development to align brand across IMA service areas: membership, reimbursement, advocacy, meetings, website, social media, etc. Achieve ability to segment membership and target marketing/communication strategies Comprehensive website redesign to align with marketing plan Establish staff website committee to conduct annual review and evaluation of web content Develop a plan for social media engagement Train staff on all aspects of marketing plan, website redesign and social media plan |
| 1. Relevance of the Idaho Medical Association (IMA) | <p>Relevance GOAL 3: Continue leadership role in advocacy and policy for physicians and patients</p> | <p>RG3, Strategy 1: Engage more physicians to support efforts of lobby team through grassroots advocacy</p> | <ul style="list-style-type: none"> Urge physicians to support the Idahoans for Healthcare campaign through grassroots activity, community outreach, financial contributions, etc. Find ways to engage more physicians in regional legislative meetings Increase numbers of physicians who provide testimony at legislative hearings Urge more physicians to send messages to legislators via IMA web tool |
| 1. Relevance of the Idaho Medical Association (IMA) | <p>Relevance GOAL 3: Continue leadership role in advocacy and policy for physicians and patients</p> | <p>RG3, Strategy 3: Strongly advocate for and promote physician-led, team-based care to maximize the complementary skill sets of all healthcare professionals on the care team</p> | <ul style="list-style-type: none"> Continue advocacy for patient safety as top priority Assess involvement in scope of practice issues on a case by case basis Explore opportunities to develop programs like the “Know Your Doctor” campaign |
| 2. Medical Practice Models | <p>MPM GOAL 1: Understand the needs of and provide support to physicians in all medical practice models</p> | <p>MG1, Strategy 1: Identify relevant issues within each model of practice</p> | <ul style="list-style-type: none"> Identify the number of physicians in each practice model Conduct a needs assessment survey among physicians in all models Based on needs assessment, conduct focus groups with physicians in all medical practice models to identify major issues Capture information and identify specific issues from staff conversations with physicians Based on information gathered, identify trends impacting medical practice models |
| 3. Physician Experience: Personal & Professional | <p>Phys Exp GOAL 1: Promote and advocate for physician wellness</p> | <p>PhG1, Strategy 1: Identify pathways and barriers to satisfaction/wellness</p> | <ul style="list-style-type: none"> Identify pathways and barriers to satisfaction/wellness through existing resources on state and national levels As physicians express needs to IMA staff, evaluate opportunities to address specific requests for assistance Create pathways for input from medical office staff or other stakeholders |

| ISSUES | GOALS | STRATEGIES | TACTICS |
|--|---|---|---|
| 3. Physician Experience: Personal & Professional | Phys Exp GOAL 1: Promote and advocate for physician wellness | PhG1, Strategy 3: Facilitate mental health support (substance abuse and non-substance abuse; independent, non-punitive, anonymous; IMA mediated) | <ul style="list-style-type: none"> • Ensure that Physicians Recovery Network mental health participants are not addressed in the same manner as PRN participants with addiction issues • Expand PRN focus to provide increased mental health recovery resources and services • Identify what local societies are doing to facilitate mental health support and develop a comprehensive summary • Based on work of local societies, determine the appropriate role of IMA in expanding local resources to all areas of the state |
| 3. Physician Experience: Personal & Professional | Phys Exp GOAL 2: Make Idaho an enjoyable and attractive place to practice medicine | PhG2, Strategy 1: Promote a sense of community through physician collegiality at state and local levels | <ul style="list-style-type: none"> • IMA Board events, Annual Meeting and other member meetings: create opportunities to engage personally and informally • Create opportunities for interaction among physicians of all specialties, practice models, geographic locations, etc. • Develop a Welcome Packet for new Idaho physicians |
| 3. Physician Experience: Personal & Professional | Phys Exp GOAL 2: Make Idaho an enjoyable and attractive place to practice medicine | PhG2, Strategy 2: Assist and collaborate with other medical societies and specialty organizations | <ul style="list-style-type: none"> • Enhance collaboration among staff who assist in managing local medical societies and specialty organizations • Identify IMA resources available to local and specialty societies for administration, meetings, advocacy, special projects, etc. |
| 3. Physician Experience: Personal & Professional | Phys Exp GOAL 2: Make Idaho an enjoyable and attractive place to practice medicine | PhG2, Strategy 4: Sustain and increase physician empowerment in medical practice | <ul style="list-style-type: none"> • Encourage physician participation in IMA meetings and educational activities • Engage more physicians to participate with IMA staff in meetings with stakeholders: legislators, insurance companies, Idaho Industrial Commission, Department of Health & Welfare, Board of Medicine, etc. |
| 4. Reimbursement/Payor Issues | Reimbursement GOAL 1: Help physicians get paid for their work in a timely and efficient manner | RG1, Strategy 1: Provide resources for physicians to understand and navigate reimbursement systems and practice management issues | <ul style="list-style-type: none"> • Increase outreach and interaction with physicians and office staff to identify and collaboratively address areas of need • Develop relevant educational webinars by researching national and state trends, as well as incorporating input from practices • Look for opportunities to participate in statewide conferences to provide education and outreach to practices • Explore ways to increase resources to assist physicians with practice management, legal guidance and compliance |
| 4. Reimbursement/Payor Issues | Reimbursement GOAL 1: Help physicians get paid for their work in a timely and efficient manner | RG1, Strategy 2: Increase leverage of physicians in negotiations with insurers | <ul style="list-style-type: none"> • Serve as a clearinghouse and advocate on behalf of physicians in researching, tracking and resolving payer issues • Encourage and facilitate peer-to-peer interactions between member physicians and physician medical directors at insurance companies • Develop a statewide list of attorneys who provide assistance with contractual issues |
| 4. Reimbursement/Payor Issues | Reimbursement GOAL 2: Maintain continuity of care for patients and access to prescribed treatments | RG2, Strategy 1: Reduce administrative barriers that delay or prevent patient treatment | <ul style="list-style-type: none"> • Provide prior authorization tools for medical offices that reflect best practices • Highlight success stories of medical practices to educate other practices • Support legislative initiatives to reduce barriers to delayed patient treatment |

| ISSUES | GOALS | STRATEGIES | TACTICS |
|-------------------------------|--|--|--|
| 4. Reimbursement/Payor Issues | Reimbursement GOAL 2: Maintain continuity of care for patients and access to prescribed treatments | RG2, Strategy 2: Advocate for network adequacy among insurance plans | <ul style="list-style-type: none"> • Continue support for legislative initiatives to advocate for established IMA policy positions • Urge the Department of Insurance to develop more regulations on network adequacy standards, maps of networks, accurate physician registries, etc. • Develop or share tools to help practices navigate out-of-network policies |
| 5. Physician Workforce | Workforce GOAL 1: Continue support for quality undergraduate and graduate medical education | WG1, Strategy 1: Advocate to maintain and expand current state-funded medical school programs | <ul style="list-style-type: none"> • Facilitate and support the Medical Education Affairs Committee to convene stakeholders to develop annual medical education plans and legislative initiatives • Engage in discussions with the State Board of Education to assess how the Med Ed Affairs Committee can collaborate with SBOE and support their efforts |
| 5. Physician Workforce | Workforce GOAL 1: Continue support for quality undergraduate and graduate medical education | WG1, Strategy 2: Advocate for funding of GME expansion | <ul style="list-style-type: none"> • Advocate for adoption and full funding of the Ten Year Strategic Expansion Plan for GME as approved by the State Board of Education • Support and participate in the GME Council created by the State Board of Education |
| 5. Physician Workforce | Workforce GOAL 2: Support and strengthen the physician workforce pipeline: recruitment, retention, distribution | WG2, Strategy 1: Expand loan repayment opportunities and programs | <ul style="list-style-type: none"> • Build upon the recent 2:1 state match for rural physicians in primary care, and explore opportunities to expand scope and geography of awardees • Expand promotion of IMA Foundation Future Physician of Idaho awards |
| 6. Cost of Care | Cost GOAL 1: Support ways to reduce the cost of medical care | CG1, Strategy 4: Maintain favorable liability reform climate | <ul style="list-style-type: none"> • Continue advocacy for legislative initiatives to uphold and expand liability protections • Maintain involvement with and increase awareness of the Idaho Liability Reform Coalition |
| 7. Patient Experience | Patient GOAL 1: Advocate to improve the health of all Idahoans through access to quality care | PtG 1, Strategy 1: Promote access to healthcare through coverage for all Idahoans | <ul style="list-style-type: none"> • Actively support the Idahoans for Healthcare campaign to expand Medicaid through outreach, education and financial support • Support strategies to ensure that health insurance premiums are affordable • Support initiatives to grow the physician workforce • Advocate for insurance coverage for telehealth services to expand access in rural areas |
| 7. Patient Experience | Patient GOAL 2: Promote patient satisfaction by simplifying the medical practice experience | PtG 2, Strategy 1: Improve patient experience through promotion of the Patient Centered Medical Home (PCMH) | <ul style="list-style-type: none"> • Continued participation and advocacy for statewide initiatives to support and expand the PCMH model among Idaho medical practices • Provide education and updates on the PCMH model to physicians • Ensure that physician specialists are aware of the extension of PCMH to the “medical neighborhood” |

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 201(19)

SUBJECT: MENTAL HEALTH HOLDS IN THE OUTPATIENT SETTING

AUTHOR: DERIC RAVSTEN, DO

SPONSORED BY: IDAHO PSYCHIATRIC ASSOCIATION AND
SOUTHEASTERN IDAHO DISTRICT MEDICAL SOCIETY

1 WHEREAS, The process in Idaho to place a 24-hour mental health hold
2 on a patient outside of an Emergency Department is both
3 confusing and difficult for physicians; and

4

5 WHEREAS, When patients are at imminent risk of harm to self or others,
6 and are in an outpatient setting, it is important that
7 physicians have a clear and efficient process to follow that
8 ensures the safety of the patient, the physician and others in
9 the vicinity; and

10

11 WHEREAS, There is confusion about the current process, including the
12 hierarchy of authority, the role of physicians and other
13 healthcare providers, the patient and the patient's family, law
14 enforcement, Department of Health and Welfare designated
15 examiners, judges and others involved; therefore be it

1 RESOLVED, Idaho Medical Association adopt policy in support of a
2 practical, safe and streamlined process to place a 24-hour
3 mental health hold on patients outside of the Emergency
4 Department; and be it further

5
6 RESOLVED, Idaho Medical Association will work with stakeholders to
7 analyze the current process for placing 24-hour mental
8 health holds on patients outside of the Emergency
9 Department and to seek changes to improve the process
10 and make it more practical, safe and streamlined for
11 patients, physicians and others involved.

12
13 EXISTING IMA POLICY: IMA will sponsor and advocate for legislation that
14 amends the Children’s Mental Health Act (Chapter 24, Title
15 16) to confirm that physicians may order mental health holds
16 on minors. These mental health holds will be established
17 using a procedure similar to that set out in Chapter 3, Title
18 66, Idaho Code when the physician believes that the minor is
19 gravely disabled due to mental illness or the minor’s
20 continued liberty poses an imminent danger to the minor or
21 to others as evidenced by a threat of substantial physical
22 harm. (HOD 2012)

23
24 IMA FISCAL NOTE: \$\$

- 1 STATE OF IDAHO FISCAL NOTE: N/A
- 2 IMA RESOURCE ALLOCATION: MODERATE
- 3 DEGREE OF DIFFICULTY: MODERATE

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 202(19)

SUBJECT: MENTAL HEALTH PARITY

AUTHOR: IDAHO PSYCHIATRIC ASSOCIATION

SPONSORED BY: IDAHO PSYCHIATRIC ASSOCIATION

1 WHEREAS, The federal Mental Health Parity and Addiction Equity Act
2 (MHPAEA) requires insurance coverage for mental health
3 and substance use disorder care to be no more restrictive
4 than coverage for other medical care; and

5

6 WHEREAS, Even though it has existed for a decade, insurers are still not
7 in full compliance with the law; and

8

9 WHEREAS, The financial and human cost of untreated mental illness is
10 high, while data clearly show that the cost of instituting equal
11 coverage for treatment of mental illness is low; and

12

13 WHEREAS, The President's Commission on Drug Addiction and the
14 Opioid Crisis featured parity enforcement as one of the key
15 tools in addressing the opioid epidemic; and

16

17 WHEREAS In March, a federal judge ruled that UnitedHealthcare Group
18 had created internal policies aimed at effectively

1 discriminating against patients with mental health and
2 substance abuse disorders to save money, thus violating its
3 fiduciary duty under federal law; and

4

5 WHEREAS, In this environment, only half of the nearly 8 million children
6 who have been diagnosed with depression, anxiety or
7 attention deficit hyperactivity disorder receive treatment,
8 according to a February research letter in the medical journal
9 *JAMA Pediatrics*. Fewer than one in five people with
10 substance use disorder are treated, a national survey
11 suggests, and overall, nearly six in ten people with mental
12 illness get no treatment or medication, according to the
13 National Institute of Mental Health; and

14

15 WHEREAS, Better enforcement efforts by state insurance departments
16 and state Medicaid agencies are essential to securing full
17 compliance; therefore be it

18

19 RESOLVED, That Idaho Medical Association adopt policy in support of
20 mental health parity; and be it further

21

22 RESOLVED, That Idaho Medical Association participate in a parity
23 implementation coalition of stakeholders including the Idaho
24 Psychiatric Association, state chapters of patient advocacy

1 groups such as the National Alliance on Mental Illness
2 among other organizations; and be it further

3

4 RESOLVED, That Idaho Medical Association support the coalition's efforts
5 to work with insurers and the Department of Insurance to
6 further the goal of mental health parity and, if necessary,
7 support legislation similar to the model legislation that is
8 attached.

9

10 EXISTING IMA POLICY: IMA supports mental health coverage parity for state
11 employees. (BOT, Feb. 2004)

12

13

14 IMA FISCAL NOTE: \$\$

15 STATE OF IDAHO FISCAL NOTE: N/A

16 IMA RESOURCE ALLOCATION: LOW

17 DEGREE OF DIFFICULTY: MODERATE

18

19 Attachment

LEGISLATURE OF THE STATE OF IDAHO

Sixty-fifth Legislature

First Regular Session - 2019

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. XXX

BY _____

AN ACT

RELATING TO THE MENTAL HEALTH AND ADDICTION COVERAGE TRANSPARENCY AND ACCOUNTABILITY ACT; AMENDING TITLE 41, IDAHO CODE, BY THE ADDITION OF CHAPTER 65

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Title 41, Idaho Code, be, and the same is hereby amended by the addition of a NEW CHAPTER, to be known and designated as Chapter 65, Idaho Code, and to read as follows:

41-6501. SHORT TITLE. Sections 41-6501 through 41-6505 shall be known and may be cited as the "Mental Health and Addiction Coverage Transparency and Accountability Act."

SECTION 2. That Title 41, Idaho Code, be, and the same is hereby amended by the addition of a NEW SECTION, to be known and designated as Section 41-6502, Idaho Code, and to read as follows:

41-6502. DEFINITIONS. For the purposes of this chapter:

(1) "Carrier" means any entity that provides health insurance in this state. For purposes of this chapter, carrier includes an insurance company, a hospital or professional service corporation, a fraternal benefit society, a health maintenance organization, any entity providing health insurance coverage or benefits to residents of this state as certificate holders under a group policy issued or delivered outside of this state, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

(2) "Health benefit plan" means any hospital or medical policy or certificate, any subscriber contract provided by a hospital or professional service corporation, or health maintenance organization subscriber contract. Health benefit plan does not include policies or certificates of insurance for specific disease, hospital confinement indemnity, accident-only, credit, dental, vision, medicare supplement, long-term care, or disability income insurance, student health benefits only, coverage issued as a supplement to liability insurance, worker's compensation or similar insurance, automobile medical payment insurance, or nonrenewable short-term coverage issued for a period of twelve (12) months or less.

(3) "Individual carrier" means a carrier that offers health benefit plans covering eligible individuals and their dependents.

(4) "Mental health and substance use disorder benefits" means benefits for the treatment of any condition or disorder that involves a mental health condition or substance use disorder

that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the International Classification of Disease or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

(5) "Nonquantitative treatment limitation" means limitations that are not expressed numerically, but otherwise limit the scope or duration of benefits for treatment.

SECTION 3. That Title 41, Idaho Code, be, and the same is hereby amended by the addition of a NEW SECTION, to be known and designated as Section 41-6503, Idaho Code, and to read as follows:

41-6503. PARITY REPORTING. (1) All carriers and individual carriers providing health benefit plans that provide mental health and substance use disorder benefits shall submit an annual report to the director on or before March 1 that contains the following information:

(a) A description of the process used to develop or select the medical necessity criteria for mental health and substance use disorder benefits and the process used to develop or select the medical necessity criteria for medical and surgical benefits;

(b) Identification of all non-quantitative treatment limitations (NQTs) that are applied to both mental health and substance use disorder benefits and medical and surgical benefits within each classification of benefits; there may be no separate NQTs that apply to mental health and substance use disorder benefits but do not apply to medical and surgical benefits within any classification of benefits;

(c) The results of an analysis that demonstrates that for the medical necessity criteria described in item (a) and for each NQTL identified in item (b), as written and in operation, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each NQTL to mental health and substance use disorder benefits within each classification of benefits are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each NQTL to medical and surgical benefits within the corresponding classification of benefits; at a minimum, the results of the analysis shall:

(i) Identify the factors used to determine that an NQTL will apply to a benefit, including factors that were considered but rejected;

(ii) Identify and define the specific evidentiary standards used to define the factors and any other evidence relied upon in designing each NQTL;

(iii) Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to design each NQTL,

as written, and the as written processes and strategies used to apply the NQTL to mental health and substance use disorder benefits are comparable to, and are applied no more stringently than, the processes and strategies used to design each NQTL, as written, and the as written processes and strategies used to apply the NQTL to medical and surgical benefits;

(iv) Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to apply each NQTL, in operation, for mental health and substance use disorder benefits are comparable to, and are applied no more stringently than, the processes or strategies used to apply each NQTL, in operation, for medical and surgical benefits;

(v) Disclose the specific findings and conclusions reached by the carrier or individual carrier that the results of the analyses above indicate that the carrier or individual carrier is in compliance with this section and the Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, which includes 45 CFR 146.136, 45 CFR 147.160, and 45 CFR 156.115(a)(3).

SECTION 4. That Title 41, Idaho Code, be, and the same is hereby amended by the addition of a NEW SECTION, to be known and designated as Section 41-6504, Idaho Code, and to read as follows:

41-6504. DIRECTOR IMPLEMENTATION AND REPORTING. (1) The director shall implement and enforce applicable provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, and any amendments to, and any federal guidance or regulations relevant to, that act, including 45 CFR 146.136, 45 CFR 147.136, 45 CFR 147.160, and 45 CFR 156.115(a)(3), which includes:

- (a) Proactively ensuring compliance by carriers and individual carriers providing health benefit plans that provide mental health and substance use disorder benefits;
- (b) Evaluating all consumer or provider complaints regarding mental health and substance use disorder coverage for possible parity violations;
- (c) Performing parity compliance market conduct examinations of carriers and individual carriers providing health benefit plans that provide mental health and substance use disorder benefits, particularly market conduct examinations that focus on nonquantitative treatment limitations such as prior authorization, concurrent review, retrospective review, step-therapy, network admission standards, reimbursement rates, and geographic restrictions, among other nonquantitative treatment limitations;
- (d) Requesting that carriers and individual carriers providing health benefit plans that provide mental health

and substance use disorder benefits submit comparative analyses during the form review process demonstrating how they design and apply nonquantitative treatment limitations, both as written and in operation, for mental health and substance use disorder benefits as compared to how they design and apply nonquantitative treatment limitations, as written and in operation, for medical and surgical benefits;

(e) The director may adopt rules, under 41-211, as may be necessary to effectuate any provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 that relate to the business of insurance.

(2) Not later than February 1, 2020, the director shall issue a report and educational presentation to the Legislature, which shall:

(a) Cover the methodology the director is using to check for compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and any federal regulations or guidance relating to the compliance and oversight of MHPAEA;

(b) Identify market conduct examinations conducted or completed during the preceding 12-month period regarding compliance with parity in mental health and substance use disorder benefits and summarize the results of such market conduct examinations;

(c) Detail any educational or corrective actions the director has taken to ensure carrier and individual carrier compliance with MHPAEA;

(d) The report must be written in non-technical, readily understandable language and shall be made available to the public by, among such other means as the director finds appropriate, posting the report on the internet website of the department of insurance.

SECTION 5. That Title 41, Idaho Code, be, and the same is hereby amended by the addition of a NEW SECTION, to be known and designated as Section 41-6505, Idaho Code, and to read as follows:

41-6505. MEDICATION-ASSISTED TREATMENT. (1) All carriers and individual carriers providing health benefit plans that provide prescription drug benefits for the treatment of substance use disorders shall not impose any prior authorization requirements on any prescription medication approved by the federal Food and Drug Administration (FDA) for the treatment of substance use disorders.

(2) All carriers and individual carriers providing health benefit plans that provide prescription drug benefits for the treatment of substance use disorders shall not impose any step therapy requirements before the carrier or individual carrier will authorize coverage for a prescription medication approved by the FDA for the treatment of substance use disorders.

(3) All carriers and individual carriers providing health benefit plans that provide prescription drug benefits for the treatment of substance use disorders shall place all prescription medications approved by the FDA for the treatment of substance use disorders on the lowest tier of the drug formulary developed and maintained by the carrier or individual carrier.

(4) All carriers and individual carriers providing health benefit plans that provide prescription drug benefits for the treatment of substance use disorders shall not exclude coverage for any prescription medication approved by the FDA for the treatment of substance use disorders and any associated counseling or wraparound services on the grounds that such medications and services were court ordered.

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 203(19)

SUBJECT: IMPROVEMENTS IN PAIN CARE

AUTHORS: MONTE MOORE, MD

SPONSORED BY: IDAHO PAIN SOCIETY

1 WHEREAS, Recommendations contained in the U.S. Department of
2 Health and Human Services Interagency Pain Task Force
3 (IPTF) contain a roadmap to help physicians and
4 policymakers take sustainable steps to end the opioid
5 epidemic and improve pain care; and

6
7 WHEREAS, Among the IPTF recommendations are:
8 • Bolstering support for multidisciplinary, multimodal
9 approaches to treating patients with acute and chronic pain
10 • Reversing harmful policies such as arbitrary limits on
11 prescribed pain medications
12 • Providing individualized treatment that account for co-
13 morbidities and severity, not one-size-fits-all approaches,
14 which is a point recently emphasized by the Centers for
15 Disease Control and Prevention
16 • Encouraging better health insurance coverage of
17 affordable, evidence-based non-opioid medications and

1 non-pharmacologic treatments for pain and eliminating
2 obstacles to treatment such as fail-first policies
3 • Recognizing the urgent need to address stigma as a
4 barrier to care; therefore be it

5

6 RESOLVED, That Idaho Medical Association work with policymakers and
7 health insurance companies to ensure pain patients receive
8 the individualized, comprehensive and compassionate care
9 they deserve from qualified, well-credentialed pain medicine
10 specialists; and be it further

11

12 RESOLVED, That Idaho Medical Association work with policymakers and
13 health insurance companies to remove administrative and
14 other barriers to comprehensive, multimodal,
15 multidisciplinary pain care and rehabilitation programs; and
16 be it further

17

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

1 EXISTING IMA POLICY: IMA will encourage physicians to appropriately
2 prescribe controlled substances for pain management, to
3 access educational resources for current pain management
4 protocols, and identify potential prescription drug abuse in
5 patients. Further, IMA supports physician registration and
6 regular usage of the Idaho State Board of Pharmacy
7 Prescription Drug Monitoring Program (PDMP) and IMA will
8 promote the PDMP through newsletter and website
9 outreach. IMA will provide physician feedback to the Board
10 of Pharmacy for improvements to the PDMP. IMA will
11 continue to participate in the Idaho Office of Drug Policy
12 Prescription Drug Abuse Workgroup to identify ways for
13 physicians to proactively address this issue with their
14 patients and their local communities. IMA will oppose
15 legislative mandates or other provisions that: 1) require
16 physicians to engage in a burdensome process before
17 writing controlled substance prescriptions; 2) mandate a
18 physician's participation in continuing medical education
19 (CME) courses specifically focused on pain management; 3)
20 include any mandates that would compromise a physician's
21 medical judgment or interfere with the physician-patient
22 relationship. (HOD 2013)

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

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 204(19)

SUBJECT: MEDICATION-ASSISTED TREATMENT (MAT) AND RELATED ISSUES

AUTHORS: CHRISTINE HAHN, MD, HEATHER HAMMERSTEDT, MD AND STACIA MUNN, MD

SPONSORED BY: IDAHO CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY MEDICINE

1 WHEREAS, The American Medical Association Opioid Task Force
2 recently released their 2019 Progress Report that includes
3 this statement from newly installed AMA President Patrice A.
4 Harris, MD: *“We are at a crossroads in our nation’s efforts to
5 end the opioid epidemic. It is time to end delays and barriers
6 to medication-assisted treatment (MAT) - evidence-based
7 care proven to save lives; time for payers, PBMs and
8 pharmacy chains to reevaluate and revise policies that
9 restrict opioid therapy to patients based on arbitrary
10 thresholds; and time to commit to helping all patients access
11 evidence-based care for pain and substance use disorders.
12 Physicians must continue to demonstrate leadership, but
13 unless and until these actions occur, the progress we are
14 making will not stop patients from dying”*; and

15
16 WHEREAS, Lack of availability of affordable and effective treatment
17 options is one of the most difficult issues to address in
18 ending the opioid crisis; and

1 WHEREAS, Adequate physician training to administer MAT is important,
2 but current requirements are excessive; and

3
4 WHEREAS, Delays in starting MAT prevent timely care to patients
5 suffering from substance use disorders and can cost lives;
6 and

7
8 WHEREAS, Emergency department-initiated MAT has been shown to
9 increase patient engagement in additional treatment (JAMA,
10 April 2015); and

11
12 WHEREAS, Patients can be unreliable reporters of their medical history,
13 particularly when it comes to drug use and the lack of
14 accurate information can hinder the physician's ability to
15 care for the patient. Working toward adding all MAT drugs to
16 the Idaho Prescription Monitoring Program will serve both
17 patients and physicians so that as much patient information
18 is available as possible; therefore be it

19
20 RESOLVED, Idaho Medical Association adopt policy in support of
21 improved access to Medication-Assisted Treatment; and be
22 it further

1 RESOLVED, Idaho Medical Association will work with state and federal
2 stakeholders at the organizational, administrative and/or
3 legislative level to:

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

17
18 EXISTING IMA POLICY: IMA has multiple policies in place addressing the
19 opioid crisis and treatment of substance use disorder but has
20 no policies regarding Medication-Assisted Treatment.

21
22 IMA FISCAL NOTE: \$\$\$

23 STATE OF IDAHO FISCAL NOTE: N/A

24 IMA RESOURCE ALLOCATION: HIGH

1 DEGREE OF DIFFICULTY: HIGH

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 205(19)

SUBJECT: IDAHO MEDICAL ASSOCIATION POLICY ON KRATOM

AUTHOR: MARY BARINAGA, MD

SPONSORED BY: IDAHO MEDICAL ASSOCIATION BOARD OF TRUSTEES

1 WHEREAS, Kratom is an herbal extract that comes from the leaves of an
2 evergreen tree (*Mitragyna speciosa*) grown in Southeast
3 Asia. Kratom leaves can be chewed and dry kratom can be
4 swallowed or brewed. Kratom extract can be used to make a
5 liquid product. The liquid form is often marketed as a
6 treatment for muscle pain, or to suppress appetite and stop
7 cramps and diarrhea. Kratom is also sold as a treatment for
8 panic attacks; and

9
10 WHEREAS, Kratom is believed to act on opioid receptors. At low doses,
11 kratom acts as a stimulant, making users feel more
12 energetic. At higher doses, it reduces pain and may bring on
13 euphoria. At very high doses, it acts as a strong sedative
14 and can be deadly; and

15
16 WHEREAS, Kratom use is increasing. The Centers for Disease Control
17 and Prevention (CDC) analyzed overdose deaths in which

1 kratom was detected on postmortem toxicology testing and
2 deaths in which kratom was determined by a medical
3 examiner or coroner to be a cause of death in 11 states
4 during July 2016–June 2017 and in 27 states during July–
5 December 2017. Further, more recent information from the
6 CDC found that kratom was a cause of death in nearly 100
7 people over a 17-month period; and

8
9 WHEREAS, Kratom sellers and users claim kratom has healthful benefits
10 but, at this time, studies have failed to show kratom has
11 healthful benefits that are sufficient to offset its significant
12 risks; therefore be it

13
14 RESOLVED, Idaho Medical Association support legislative or regulatory
15 efforts to prohibit the sale or distribution of kratom in Idaho,
16 provided proper scientific research is not inhibited by such
17 legislative or regulatory efforts.

18
19 EXISTING IMA POLICY: IMA opposes legalization of cannabis/marijuana for
20 medicinal reasons unless credible scientific studies are
21 completed that demonstrate medicinal efficacy and then the
22 legalization should be narrow and limited to the uses that the
23 scientific studies support and only prescribed for those

1 patients that have an appropriate medical need to use it and

2 can use it with acceptable levels of risk. (HOD 2012)

3

4 IMA FISCAL NOTE: \$

5 STATE OF IDAHO FISCAL NOTE: N/A

6 IMA RESOURCE ALLOCATION: LOW

7 DEGREE OF DIFFICULTY: LOW

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 206(19)

SUBJECT: PUBLIC INFORMATION CAMPAIGN FOR IDAHO
MEDICAL ASSOCIATION POLICY ON MEDICAL
MARIJUANA

AUTHORS: MONTE MOORE, MD

SPONSORED BY: MONTE MOORE, MD

1 WHEREAS, IMA policy in opposition to the legalization of medical
2 marijuana was created by the Idaho Medical Association
3 House of Delegates in 2012; and

4

5 WHEREAS, More states are legalizing medical and recreational
6 marijuana, so physicians are likely to hear more patients
7 report use of marijuana and ask questions about its use for
8 various conditions. Such patients may also ask their
9 physicians for advice about how best to use marijuana for
10 their medical conditions; and

11

12 WHEREAS, Smart Approaches to Marijuana (SAM), the leading
13 nonpartisan organization dedicated to offering a science-
14 based approach to marijuana policy, recently released its
15 third annual Lessons Learned Report, a comprehensive
16 study of the data outcomes in legalized marijuana states.

1 A few of the findings of the SAM report regarding Colorado
2 include:

- 3 • Colorado's crime rate in 2016 increased 11 times
4 faster than the 30 largest cities in the nation since
5 legalization;
- 6 • Marijuana exposures among 0-8-year-olds reported to
7 Colorado poison control have quadrupled since
8 legalization;
- 9 • The percent of traffic fatalities that involved drivers
10 intoxicated with marijuana in Colorado rose by 86
11 percent between 2013 - 2017;
- 12 • In Colorado, the annual rate of marijuana-related
13 emergency department visits increased by 62 percent
14 from 2012 - 2017.

15 This is just a small sample of findings of the effect of
16 marijuana legalization in Colorado. Other states show
17 similar numbers, although data for Colorado is more readily
18 available because it was the first state to legalize; and

19
20 WHEREAS, Idaho lawmakers do not appear to be considering
21 legalization in Idaho, but it is still incumbent upon Idaho's
22 physicians to make it publicly known that medical evidence
23 solidly supports the IMA position in opposition to the
24 legalization of medical marijuana; and

1 WHEREAS, The risk is small, but there is potential liability created for
2 physicians who receive reports of illegal drug use by patients
3 and who are asked for advice in using medical marijuana or
4 other illegal drugs; and

5
6 WHEREAS, IMA members may find it helpful to use IMA's policy against
7 the use of medical marijuana as support for not advising
8 patients in their use of the substance; therefore be it

9
10 RESOLVED, Idaho Medical Association will engage in a public information
11 campaign to share Idaho Medical Association policy in
12 opposition to the use of medical marijuana. It is anticipated
13 that letters to the editor of local newspapers, newspaper
14 opinion pieces, social media posts, newsletter articles, and
15 similar strategies will be used to carry out this public
16 information campaign.

17
18 EXISTING IMA POLICY: IMA opposes legalization of cannabis/marijuana for
19 medicinal reasons unless credible scientific studies are
20 completed that demonstrate medicinal efficacy and then the
21 legalization should be narrow and limited to the uses that the
22 scientific studies support and only prescribed for those
23 patients that have an appropriate medical need to use it and
24 can use it with acceptable levels of risk. (HOD 2012)

- 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

JULY 19-21, 2019

RESOLUTION 207(19)

SUBJECT: VOLUNTEER HEALTHCARE PROFESSIONAL IMMUNITY

AUTHOR: ANDREW BRADBURY, MD

SPONSORED BY: REXBURG FREE CLINIC

1 WHEREAS, Many Idaho healthcare professionals possess a desire to
2 volunteer their services to those who may otherwise not be
3 able to access health care; and

4
5 WHEREAS, Idaho Section 39-7701 recognizes that the public policy of
6 the state of Idaho is to encourage and facilitate such
7 voluntary service by offering immunity from liability for
8 healthcare professionals providing charitable medical care;
9 and

10
11 WHEREAS, The current Statute, in Section 39-7702 (4), limits these
12 protections to physicians, dentists, optometrists, physician
13 assistants and nurses; and

14
15 WHEREAS, Many other essential healthcare professionals would
16 volunteer their services if immunity were provided, including
17 but not limited to counselors, social workers, psychologists,
18 physical therapists, pharmacists and dieticians; and

1 WHEREAS, Many of these same volunteers are actively involved in
2 training students to become our next generation of
3 compassionate professionals; therefore be it

4

5 RESOLVED, The Idaho Medical Association support the amendment of
6 Idaho Code 39-7702 (4) to provide immunity from liability for
7 all properly licensed, certified and registered healthcare
8 professionals while volunteering their services in free clinics,
9 and also students in these same professional fields,
10 provided they are supervised by one of the above
11 professionals who is present in the facility while they provide
12 care.

13

14 EXISTING IMA POLICY: IMA supports the removal or reduction of barriers and
15 liability risks to health care providers who want to volunteer
16 their participation in community health screenings. IMA will
17 work with stakeholders to remove barriers and remove or
18 reduce liability risks to health care providers who want to
19 volunteer their participation in community health screenings.

20 (HOD 2017)

21

22 IMA FISCAL NOTE: \$\$

23 STATE OF IDAHO FISCAL NOTE: N/A

24 IMA RESOURCE ALLOCATION: MODERATE

1 DEGREE OF DIFFICULTY: MODERATE

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 208(19)

SUBJECT: DIGNITY FOR LGBT PATIENTS

AUTHOR: NEIL RAGAN, MD

SPONSORED BY: SOUTHEASTERN IDAHO DISTRICT MEDICAL SOCIETY
AND THE IDAHO PSYCHIATRIC ASSOCIATION

-
- 1 WHEREAS, All patients have the right to be treated with equity and
2 respect; and
3
- 4 WHEREAS, A patient's personal life and relationships affect their life in
5 many ways, including their health. A patient should feel safe
6 talking to their physician about all aspects of their life,
7 including their sexual partners, sexual orientation, HIV status
8 and gender identity; and
9
- 10 WHEREAS, Lesbian, gay, bisexual, and/or transgender (LGBT) patients
11 are members of every community. They are diverse, come
12 from all walks of life, and include people of all races and
13 ethnicities, all ages, all socioeconomic statuses, and from all
14 parts of the state; and
15
- 16 WHEREAS, According to the Centers for Disease Control and Prevention
17 (CDC), LGBT youth are at greater risk for depression,

1 suicide, substance use, and sexual behaviors that can place
2 them at increased risk for HIV and other sexually transmitted
3 diseases (STDs). Nearly one-third (29 percent) of this
4 population attempted suicide at least once in the prior year
5 compared to six percent of heterosexual youth. In 2014,
6 young gay and bisexual men accounted for eight out of ten
7 HIV diagnoses among youth; and

8
9 WHEREAS, Specifically, the CDC reports that significant risk factors for
10 suicide are linked to being gay or bisexual in a hostile
11 environment and the effects that this has on mental health;
12 and

13
14 WHEREAS, Multiple studies have shown that, when compared to the
15 general population, LGBT individuals are more likely to use
16 alcohol and drugs and have higher rates of substance abuse
17 compared to heterosexual individuals; and

18
19 WHEREAS, All patients should receive high-quality healthcare in an
20 affirming and inclusive environment in which they can find
21 trust and open communication with their care providers;
22 therefore be it

23
24 RESOLVED, Idaho Medical Association adopt policy in support of high-

1 quality healthcare provided with equity and respect for
2 lesbian, gay, bisexual, and/or transgender patients; and be it
3 further

4

5 RESOLVED, Idaho Medical Association oppose legislative and regulatory
6 proposals related to healthcare services that discriminate
7 against lesbian, gay, bisexual, and/or transgender
8 individuals and will, when directed by Idaho Medical
9 Association Board of Trustees, engage in lobbying activities
10 on such proposals.

11

12 EXISTING IMA POLICY: NONE

13

14 IMA FISCAL NOTE: \$

15 STATE OF IDAHO FISCAL NOTE: N/A

16 IMA RESOURCE ALLOCATION: LOW

17 DEGREE OF DIFFICULTY: LOW

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 209(19)

SUBJECT: IDAHO MATERNAL HEALTH WORKFORCE STUDY INITIATIVE

AUTHOR: CAITLIN GUSTAFSON, MD

SPONSORED BY: IDAHO SECTION OF THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGY

1 WHEREAS, Approximately one third of Idaho’s population lives in a rural area
2 and national data shows that rural women experience higher rates
3 of pregnancy complications requiring hospitalization, and higher
4 rates of adverse birth outcomes such as preterm birth and low birth
5 weight babies and overall higher infant mortality; and
6

7 WHEREAS, Nationally, less than one half of rural women live within a 30
8 minute drive to the nearest hospital offering perinatal services; and
9

10 WHEREAS, Nationally, one half of U.S. counties have no obstetrician-
11 gynecologist and obstetric services provided by family physicians
12 is on a steady decline with only 19 percent of family physicians
13 attending routine deliveries; and
14

15 WHEREAS, Nationally, rural areas are experiencing closures of obstetric units
16 at increasing rates; and

1 WHEREAS, Idaho has 27 critical access hospitals (CAH) serving its rural
2 areas, with 18 of those CAHs and three other non-CAH rural
3 hospitals currently offering routine labor and delivery services, and
4 if nationwide trends for closure of labor and delivery units in rural
5 areas occurs in Idaho, women may need to travel even longer
6 distances for safe maternity care; and

7

8 WHEREAS, Declines in recruitment and retention of providers to rural hospitals
9 and lack of collaboration between providers to further develop
10 regionalized perinatal care could pose further threat to the
11 maternal health of Idaho's population; and

12

13 WHEREAS, Idaho first needs to establish the make-up of its maternity care
14 workforce by specialty and available services at each hospital in
15 order to establish how many women currently are geographically
16 underserved with a map of current access to maternity care
17 services derived from the data; and

18

19 WHEREAS, Establishing the current map of maternal care access would
20 facilitate the development of initiatives that may improve that care
21 and health outcomes for all Idaho women in their reproductive
22 lifetimes, not limited to but including:

23

- further collaboration to establish/improve regionalized

24

maternal care

- 1 • promotion of state initiatives to offer financial incentives to
- 2 areas lacking obstetric care providers
- 3 • efforts to utilize effective telemedicine technologies in
- 4 accordance with state regulations
- 5 • further monitoring of threats to the availability of obstetric
- 6 services
- 7 • further research on safe initiatives to improve maternal
- 8 health outcomes in rural areas;

9 therefore be it

10

11 RESOLVED, Idaho Medical Association adopt policy in support of the
12 development of an Idaho Maternal Health Workforce Study
13 Initiative with a goal of providing timely and useful information
14 regarding the Idaho obstetric workforce and access to obstetric
15 care for all women of Idaho, in order to inform policymakers of the
16 urgency for more initiatives to improve regionalized maternity care
17 across our state.

18

19 EXISTING IMA POLICY: IMA adopts a policy in support of development of a maternal
20 death review process in Idaho and will work with stakeholders to
21 establish such a process in Idaho. (HOD 2017)

22

23 IMA FISCAL NOTE: \$

24 STATE OF IDAHO FISCAL NOTE: TBD

- 1 IMA RESOURCE ALLOCATION: LOW
- 2 DEGREE OF DIFFICULTY: LOW