REFERENCE COMMITTEE B

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
CR 3	Report of the Physician Recovery Network

CONSENT CALENDAR:

CR 2	Report of the Committee on Medical Education Affairs
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
LATE RES 210	Ensuring Access to Comprehensive Family Planning and Reproductive Health Services

REPORT: CR1

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL POLITICAL ACTION COMMITTEE

Ronald Cornwell, MD, Chair, Nampa

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

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

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

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

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

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

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

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

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

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

Respectfully submitted,

Ronald Cornwell, MD, Chair, Nampa
Bruce Belzer, MD, Boise
Erich Garland, MD, Idaho Falls
A.C. Jones, III, MD, Vice-Chair, Boise
Robert McFarland, MD, Coeur d'Alene
David Peterman, MD, Boise
Wilfred E. Watkins, MD, Nampa
Steve Williams, MD, Boise
William Woodhouse, MD, Pocatello
Ken McClure, JD, Government Relations, Boise
Susie Pouliot, IMA CEO, Boise
Molly Steckel, IMA Policy Director, Boise

July 2019

REPORT: CR 3

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

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

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

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

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

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

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

Number of Participants:

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

The PRN Contract:

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

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

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

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

PRN Outreach:

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

PRN Mission Statement:

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

PRN Access to Pharmacy Records:

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

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

Respectfully submitted,

Willis Parmley, MD, Chair, Pocatello
David Adams, PA-C, Rexburg
Mark Broadhead, MD, Medical Consultant, Reno
Stephen Bushi, MD, Boise
Jonathan Cree, MD, Pocatello
T. Barry Eschen, MD, Boise
Dan Scott Fairman, MD, Ketchum
Gary Fletcher, Boise
Mary Hafer, MD, Nampa
Michael Minick, MD, Lewiston
Ryan Owsley, MD, Nampa
Christopher Partridge, MD, Nampa
D. Kurt Seppi, MD, Boise

July 2019
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 Board referred vs. self referred	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Discharge-Completed Program*Board*	3	1	4	2	2	3	2	1	3	4	3	4
Discharge Completed Program*Self*	0	2	6	5	2	3	1	1	1	2	5	0
D/C Completed Short Term*Board*	0	0	0	1	0	0	1	3	1	0	0	0
D/C Completed Short Term*Self*	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-Terminated*Board*	0	0	0	2	0	2	1	3	1	0	0	2
Discharge-Terminated*Self*	0	0	0	1	0	0	0	0	0	1	0	1
Discharge-withdrew from program*Board*	0	0	0	0	1	1	0	0	0	0	0	1
Discharge-withdrew from program*Self*	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	Other	1
Continued with program	1	Re-evaluation	9
Contract Extension	0	Report to Board	9
Increased Requirements	0	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

0.12	0.13	0.14
.173/.176	0.15	.223/.222
0.20	0.22	.208/.195
.212/.222	.206/.196	

Noted Impairment Levels

0.18
0.26/.28
0.23

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	3
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.

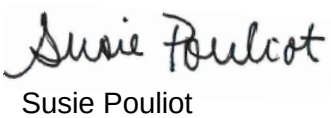
IMA is fully supportive of BOM's interest in broadening Idaho's Physician Health Program to develop a wellness program for physicians and physician assistants that will have major benefits to both licensees and their patients. We all know physician burnout and wellness are enormous problems and that 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,



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,

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

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,

William Woodhouse MD
President

REPORT: CR2

Idaho Medical Association

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION AFFAIRS

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

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

1. Committee Charges

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

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

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

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

2. State Board of Education Report

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

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

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

3. Medical Education Funding 2019

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

4. Programs

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

Respectfully submitted,

Mary Barinaga, MD, Co-Chair, Boise
Melissa “Moe” Hagman, MD, Co-Chair, Boise
Kirsten Aaland, MD, Boise
Suzanne Allen, MD, Boise
Bridgette Baker, MD, Nampa
Benjamin Chan, MD, Salt Lake City
Kelli Christensen, MD, Pocatello
Ted Epperly, MD, Boise
Justin Glass, MD, Boise
Richard McLandress, MD, Coeur d’Alene
Brandon Mickelsen, DO, Pocatello
Shields Stutts, MD, Blackfoot
Kim Stutzman, MD, Boise
Kevin Wilson, DO, Meridian
William Woodhouse, MD, Pocatello

July 2019

Attachment

Ten Year GME FY 2020 Budget Increase Request - Addendum 3/6/2019

Program	Current Funding per FTE	Existing Residents (FY2020) FTEs	Existing Residents (FY2020) Increase Funding to $40K	New Residents / Fellows (FY 2020) FTEs	New Residents / Fellows (FY 2020) Funding at $50K	Other	Total FY 2020 Requested Funding Increase
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	*funded*	-	-
	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

FINANCIAL SERVICES PROGRAM ADVISORY BOARD

Richard Lee, MD, Chair, Boise

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

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

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

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

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

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

Assets under management:	**IMA member response:**
$81.1 million	193 physician clients

Five percent gross revenue paid to IMA in 2018: $24,826.01

Respectfully submitted,

Richard Lee, MD, Chair, Boise
Steve Bushi, MD, Boise
Ronald Cornwell, MD, Nampa
Brian Crownover, MD, Meridian

Ann Huntington, MD, Eagle
Randy James, MD, Caldwell
Ron Kristensen, MD, Boise
David Martin, MD, Nampa
Russell Snow, DO, Caldwell
James Stewart, MD, PhD, Boise
Ralph Sutherlin, DO, Boise
Brett Troyer, MD, Boise

July 2019

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL ASSOCIATION FOUNDATION

Keith Davis, MD, President, Shoshone

Foundation History

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

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

A. Provide medical education financial assistance to full-time medical students and residents who have Idaho ties.

B. Recruit and encourage qualified physicians to practice in Idaho.

C. Assist medical professionals with improving the quality and accessibility of healthcare.

Foundation Financial Report

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

Process for Awarding Program Grants

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

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

Background of applicant	10%
Commitment to Idaho	20%
Commitment to serving the underserved	20%
Budget	20%
Scope of proposal	30%

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

University of Utah School of Medicine		$6,000
Ada County Medical Society		$1,000
ISU Family Medicine Residency		$5,000
UW Psychiatry, Idaho Track		$2,000
Bingham Memorial Hospital		$1,000
FMRI Boise		$5,000
FMRI Nampa		$4,350
	TOTALS	$24,350

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

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

Next Steps for IMAF

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

Respectfully submitted,

Keith Davis, MD, President, Shoshone
Basil Anderson, MD, Jerome
Mary Barinaga, MD, Boise
Brad Beaufort, DO, Meridian
Bruce Belzer, MD, Boise
Darby Justis, MD, Lewiston
Steven Kohtz, MD, Twin Falls

Beth Martin, MD, Coeur d’Alene
Susie Pouliot, IMA CEO, Boise
Zachary Warnock, MD, Pocatello
William Woodhouse, MD, Pocatello

July 2019

REPORT: SR1

Idaho Medical Association

REPORT OF THE IDAHO STATE BOARD OF MEDICINE

Kathleen R. Sutherland, MD, Chairman, Boise

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Respectfully submitted,

Anne Lawler, Executive Director, Idaho State Board of Medicine

July 2019

REPORT: SR 2

Idaho Medical Association

SPECIAL REPORT ON POLICY PRIORITY TOOL

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

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

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

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

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

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

Respectfully submitted,

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

July 2019

July 2019

Attachment

IMA Resolution and Policy Priority Tool
~ 2018 Annual Update ~

RES # (YR)	Description	Category	Resolved Clause(s)	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.	**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.	**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.	**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.	**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.	**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.	**Completed**

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RES # (YR)	Description	Category	Resolved Clause(s)	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.	**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.	**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.	**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.	**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.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	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.	**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."	**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.	**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.	**Medium**

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RES # (YR)	Description	Category	Resolved Clause(s)	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.	**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.	**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.	**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.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	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	**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.	**High**
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.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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.	**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	**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.	**Medium**
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.	**Medium**

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RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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.	**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.	**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.	**Completed**
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)).	**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.	**Completed**

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RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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).	**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.	**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.	**Sunset**
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.	**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 futher 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.	**Sunset**
PHYSICIAN WORKFORCE				

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RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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	**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.	**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	**Sunset**
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.	**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	**Sunset**
COST OF CARE				

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RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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	**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.	**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.	**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.	**High**
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 treat-ment 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.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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.	**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.	**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.	**High**
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	**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.	**Medium**

IMA Resolution and Policy Priority Tool
~ 2018 Annual Update ~

RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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.	**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.	**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.	**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.	**Low**
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.	**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.	**Low**

IMA Resolution and Policy Priority Tool
~ 2018 Annual Update ~

RES # (YR)	Description	Category	Resolved Clause(s)	Priority
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.	**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.	**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	**Low**
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.	**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	**Sunset**

REPORT: SR 3

Idaho Medical Association

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

William Woodhouse, MD, President, Pocatello

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

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.

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.

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

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

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

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

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

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

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.

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

The Board of Trustees passed the following motion:

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

Respectfully submitted,

William Woodhouse, MD, President, Pocatello

July 2019

REPORT: SR 4

Idaho Medical Association

SPECIAL REPORT ON IMA STRATEGIC PLAN

Bill Woodhouse, MD, President, Pocatello

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

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

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

- Relevance of the IMA
- Medical Practice Models
- Physician Experience: Personal and Professional
- Reimbursement/Payor Issues
- Physician Workforce
- Cost of Care
- Patient Experience

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

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

<u>Relevance of the IMA ~ Goals:</u>

- IMA brand and resources are recognized and valued by all IMA members and stakeholders
- Continue leadership role in advocacy and policy for physicians and patients

<u>Medical Practice Models ~ Goals:</u>

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

Physician Experience – Personal and Professional ~ Goals:

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

Reimbursement/Payor Issues ~ Goals:

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

Physician Workforce ~ Goals:

- Continue support for quality undergraduate and graduate medical education
- Support and strengthen the physician workforce pipeline: recruitment, retention, distribution

Cost of Care ~ Goals:

- Support ways to reduce the cost of medical care

Patient Experience ~ Goals:

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

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

Respectfully submitted,

Bill Woodhouse, MD, President, Pocatello

July 2019

Attachment

Idaho Medical Association Strategic Plan

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)*

ISSUES	GOALS	STRATEGIES	TACTICS
1. Relevance of the Idaho Medical Association (IMA)	**Relevance GOAL 1**: IMA brand and resources are recognized and valued by all IMA members & stakeholders	**RG 1, Strategy 1**: Develop a comprehensive marketing plan and integrate with website redesign	• 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)	**Relevance GOAL 3:** Continue leadership role in advocacy and policy for physicians and patients	**RG3, Strategy 1:** Engage more physicians to support efforts of lobby team through grassroots advocacy	• 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)	**Relevance GOAL 3**: Continue leadership role in advocacy and policy for physicians and patients	**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	• 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	**MPM GOAL 1:** Understand the needs of and provide support to physicians in all medical practice models	**MG1, Strategy 1**: Identify relevant issues within each model of practice	• 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	**Phys Exp GOAL 1**: Promote and advocate for physician wellness	**PhG1, Strategy 1:** Identify pathways and barriers to satisfaction/wellness	• 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)	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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)	• 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

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

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

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

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

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

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

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: MODERATE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: MODERATE

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 (NQTLs) 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 NQTLs 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

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

WHEREAS, Among the IPTF recommendations are:

- Bolstering support for multidisciplinary, multimodal approaches to treating patients with acute and chronic pain
- Reversing harmful policies such as arbitrary limits on prescribed pain medications
- Providing individualized treatment that account for co-morbidities and severity, not one-size-fits-all approaches, which is a point recently emphasized by the Centers for Disease Control and Prevention
- Encouraging better health insurance coverage of affordable, evidence-based non-opioid medications and

non-pharmacologic treatments for pain and eliminating obstacles to treatment such as fail-first policies

- Recognizing the urgent need to address stigma as a barrier to care; therefore be it

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

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

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

EXISTING IMA POLICY: IMA will encourage 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. Further, IMA supports physician registration and regular usage of the Idaho State Board of Pharmacy Prescription Drug Monitoring Program (PDMP) and IMA will promote the PDMP through newsletter and website outreach. IMA will provide physician feedback to the Board of Pharmacy for improvements to the PDMP. IMA will 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. IMA will oppose legislative mandates or other provisions that: 1) require physicians to engage in a burdensome process before writing controlled substance prescriptions; 2) mandate a physician's participation in continuing medical education (CME) courses specifically focused on pain management; 3) include any mandates that would compromise a physician's medical judgment or interfere with the physician-patient relationship. (HOD 2013)

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 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

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

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

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

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

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

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

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

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

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

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

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

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

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

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

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

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

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

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

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

patients that have an appropriate medical need to use it and can use it with acceptable levels of risk. (HOD 2012)

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 206(19)

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

AUTHORS: MONTE MOORE, MD

SPONSORED BY: MONTE MOORE, MD

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

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

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

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

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

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

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

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

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

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

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

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: MODERATE

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

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

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

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

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

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

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

EXISTING IMA POLICY: IMA supports the removal or reduction of barriers and liability risks to health care providers who want to volunteer their participation in community health screenings. IMA will 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. (HOD 2017)

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

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 PSYCHIATIC ASSOCIATION

WHEREAS, All patients have the right to be treated with equity and respect; and

WHEREAS, A patient's personal life and relationships affect their life in many ways, including their health. A patient should feel safe talking to their physician about all aspects of their life, including their sexual partners, sexual orientation, HIV status and gender identity; and

WHEREAS, Lesbian, gay, bisexual, and/or transgender (LGBT) patients are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the state; and

WHEREAS, According to the Centers for Disease Control and Prevention (CDC), LGBT youth are at greater risk for depression,

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

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

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

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

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

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

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

EXISTING IMA POLICY: NONE

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

RESOLUTION 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

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

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

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

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

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

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

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

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

- further collaboration to establish/improve regionalized maternal care

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

therefore be it

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

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

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: TBD

1 IMA RESOURCE ALLOCATION: LOW

2 DEGREE OF DIFFICULTY: LOW

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

LATE RESOLUTION 210(19)

SUBJECT: ENSURING ACCESS TO COMPREHENSIVE FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

AUTHORS: CAITLIN GUSTAFSON, MD AND STEPHANIE LONG, MD

SPONSORED BY: CAITLIN GUSTAFSON, MD AND STEPHANIE LONG, MD

WHEREAS, The American Medical Association (AMA), in a letter written by Executive Vice President James Madara, MD, has affirmed the position that they oppose legislation that interferes with the patient-provider relationship, restricts access to evidence-based family planning methods or creates undue barriers for patients seeking care which further restricts access to care[1], and

WHEREAS, The American Academy of Family Physicians (AAFP) has stated that they support a woman's access to reproductive health services and oppose non-evidence-based restrictions on medical care and the provision of such services[2] without specific reference to abortion services; and

WHEREAS, Nationally, it has been shown that non-evidence-based laws and regulations on abortion interfere with the quality of care and disproportionately affect underserved women; and

WHEREAS, Roe vs. Wade affirmed that the decision to terminate a pregnancy is covered under a patient's fundamental right to privacy contained in the Constitution[3]. This is the source of the frequently referenced statement that a decision to terminate a pregnancy should be between a woman and her physician; and

WHEREAS, Abortion is common, as 1 in 4 women will have an abortion before the age of 45[4], and whereas abortion is safe, with major complication rates at less than 0.5 percent[5]; and

WHEREAS, Medical associations including the American College of Obstetricians and Gynecologists (ACOG) have issued official statements of policies in support of a woman's right to safe and legal abortion[6]; and

WHEREAS, Abortion access in the U.S. has been declining as state legislative efforts to target regulations of abortion providers[7] have therefore further restricted abortion[8]; and

WHEREAS, At least sixteen states have laws that would negate the legal status of abortion in the absence of Roe v. Wade[9] now; therefore be it

RESOLVED, That Idaho Medical Association join the American College of Obstetricians and Gynecologists and the 11 other obstetrics and gynecology academic leadership organizations (American Journal of Obstetrics and Gynecology, 2018) in affirming support for access to comprehensive reproductive healthcare including abortion care; and be it further

RESOLVED, That Idaho Medical Association take an active role to defend against legislation in the Idaho Legislature that attempts to restrict women's access to comprehensive reproductive care inclusive of, but not limited to contraception, maternity services, and abortion by the provider of her choice without undue barriers; and be it further

RESOLVED, That Idaho Medical Association oppose legislation that criminalizes patients who seek abortion or physicians who provide abortion care by taking a resolution to the American Medical Association to partner with the American College of Obstetricians and Gynecologists in position papers to defend access to safe and legal abortion across the United States; and be it further

RESOLVED, That Idaho Medical Association take a resolution to the American Medical Association supporting the right of

physicians to provide miscarriage management and medication abortions with mifepristone in their general family practices.

EXISTING IMA POLICY: IMA has not taken a position on the subject of abortion out of respect to members of all ideologies.

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

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[1] Madara, J (2018, July 31). Re: Compliance with Statutory Program Integrity Requirements (RIN 0937-ZA00), 83 Fed. Reg. 25502. https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2018-7-31-Letter-to-Azar-re-Title-X-Comments.pdf

[2] Resolution No. 504 (New York C) - Support the Women's Health Protection Act, COD June 2014.

[3] Roe v. Wade, 410 U.S. 113 (1973).

[4] White K, Carroll E and Grossman D, Complications from first-trimester aspiration abortion: a systematic review of the literature, *Contraception*, 2015, 92(5):422–438, doi:10.1016/j.contraception.2015.07.013.

[5] ACOG College Statement of Policy as issued by the College Executive Board, January 1993. https://www.acog.org/-/media/Statements-of-Policy/Public/sop069.pdf?dmc=1&ts=20181127T0502387386

[6] Jones, Rachel K., Jerman, Jenna, "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014" October 19, 2017 doi:https://doi.org/10.2105/AJPH.2017.304042

[7] Gold RB and Nash E, TRAP laws gain political traction while abortion clinics—and the women they serve—pay the price, *Guttmacher Policy Review*, 2013, 16(2):7–12.

[8] Texas Policy Evaluation Project (TxPEP), Rapidly changing access to abortion in Texas, 2013. http://www.utexas.edu/cola/orgs/txpep/_files/pdf/Rapidly-Changing-Access-to-Abortion-in-TX-18Jul2014.jpg

[9] "Abortion Policy in the Absence of Roe." *Guttmacher Institute*, 17 Dec. 2018, www.guttmacher.org/state-policy/explore/abortion-policy-absence-roe.