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

ADOPTED

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

ADOPTED

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

ADOPTED

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

ADOPTED

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

ADOPTED AS AMENDED

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 licensed physicians and physician assistants and nurse practitioners associated with such licensed physicians; 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.

ADOPTED AS AMENDED

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

ADOPTED AS AMENDED

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

ADOPTED AS AMENDED

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. Streamline education 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 department 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

ADOPTED AS AMENDED

1 IMA RESOURCE ALLOCATION: HIGH

2 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

ADOPTED

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.

NOT ADOPTED

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)

NOT ADOPTED

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: LOW

NOT ADOPTED

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

ADOPTED

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

ADOPTED

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,

ADOPTED AS AMENDED

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 all patients, including 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 any patient, including 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

ADOPTED AS AMENDED

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

ADOPTED

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

ADOPTED

1 IMA RESOURCE ALLOCATION: LOW

2 DEGREE OF DIFFICULTY: LOW

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 19-21, 2019

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

REFERRED TO THE BOARD OF TRUSTEES FOR DECISION AND REPORT BACK TO THE HOUSE OF DELEGATES

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

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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

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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.

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