



Idaho Medical Association

2019 LEGISLATURE: IMA STATUS REPORT *Week of January 21 – 25, 2019*

TOP PRIORITY ISSUES

Graduate Medical Education ~ *SUPPORT*

IMA strongly supports full implementation of the State Board of Education's 10-Year Strategic Plan for GME Expansion, which will create 19 new slots for residents and fellows in the next year. It also increases the per-resident funding amount that the state provides to our existing GME programs, which is critical to their sustainability. This year is the second year of funding for the ten-year plan and we anticipate programs will receive an additional amount of \$1,657,500 over and above existing funding for residency programs in Idaho.

This week residency program leaders had the opportunity to appear before the Joint Finance and Appropriations Committee (JFAC) to outline the positive impact of their programs on Idaho's health system as well as its physician workforce. They answered questions from legislators about how the increase in state funding support would allow stabilization and growth of residency training in Idaho.

Status: Presentations to JFAC are complete; budget setting will begin in February.

Proposition 2 (Medicaid Expansion) ~ *SUPPORT*

IMA is fully committed to implementation of Medicaid expansion with the passage of Proposition 2 in November. Some legislators who still oppose expanding Medicaid are discussing work requirements and other possible barriers to coverage for the gap population. IMA opposes unnecessary and costly barriers to coverage in Idaho. Experience in other states shows that restrictions are very expensive for the state and do not prove to be effective at doing anything other than endangering the very coverage Idahoans voted to provide.

This week the Close the Gap Coalition – of which IMA is a member – presented information to legislators about an optional work promotion program used by Montana Medicaid for their expansion population that has seen positive results at a lower cost than mandatory programs. Legislators are also discussing statutory changes to the county indigent and state catastrophic programs that could have fiscal impacts on hospitals and some physicians.

Status: Discussions are ongoing; legislation could be introduced in the next few weeks.

WE NEED YOUR HELP ON ORAL CHEMO INSURANCE COVERAGE

The American Cancer Society-Cancer Action Network (ACS-CAN) is interested in improving insurance coverage for oral chemotherapy. IMA has long-standing policy in support of this goal. Unfortunately, the Department of Insurance does not accept claims that a lack of coverage exists, or that if it does, it doesn't cause any problem for patients. We have heard over many years from insurers that there is not a problem with patients getting medication due to drug manufacturer programs to provide oral chemotherapy medications to patients. Regardless of

what the insurance industry is saying, we have also heard from physicians and physician offices around the state that insufficient coverage for oral chemo treatment is indeed a problem.

ACS-CAN is looking for both patients and providers who have experiences with patients prescribed an oral chemotherapy treatment who could not afford it due to out-of-pocket costs. If you have experienced this in your practice, we encourage you to share your story. Further, if you have staff members and/or patients who have experienced this, please consider sharing this information with them so they can share their stories using this link:

<http://www.idahocancercareaccess.org>. Personal stories are the key to making the case for improved insurance coverage on oral chemotherapy to legislators.

ONGOING PRIORITY ISSUES

Maternal Mortality Review Committee ~ *SUPPORT*

IMA is in the final stages of preparing legislation to create a Maternal Mortality Review Committee (MMRC) within the Idaho Department of Health and Welfare. The US has experienced an increase in maternal deaths in recent decades that far exceeds the rates in other comparable countries. For example, the US has a maternal death rate of 26.4 per 100,000 live births compared to other countries such as UK (9.2), Germany (9), France (7.8), Canada (7.3), Spain (5.6), Italy (4.2) and Finland (3.8). (*Source: The Lancet*). Idaho had six maternal deaths in 2017 (27.1 deaths per 100,000 live births) and has had an average of just over five maternal deaths per year from 2008 to 2017 for a total of 49 maternal deaths among Idaho women in that nine-year period. (*Source: IDHW 2017 Mortality Report by Idaho Vital Statistics*).

The majority of maternal deaths are preventable and the MMRC would be created to study why maternal deaths are happening in Idaho and what can be done to improve outcomes. The MMRC would cover all deaths, regardless of provider type or birth setting. The purpose is education, not punishment, and all MMRC work would be under the protection of state peer review statutes.

Status: Language is being finalized and this legislation will be introduced in the next few weeks.

Rules Docket 18-0130-1801: Insurance Coverage for Hearing Aids and Speech Therapy for Idaho Children ~ *SUPPORT*

Rep. Ilana Rubel (D-Boise) is leading the charge to require insurers to cover medically necessary hearing aids and speech therapy sessions for approximately 1,000 Idaho children who are deaf or hard of hearing. Under the new rules, insurers must cover new hearing devices once every three years, as well as 45 hours of speech therapy during the first year after receiving the hearing aid.

Status: The rules passed the House Business Committee on January 17 and will go to the Senate Commerce Committee for a vote next week.

HB 9: Board of Medicine Statute and Administrative Rules Updates ~ *SUPPORT*

The Idaho Board of Medicine has undertaken a rewrite of their statutes and rules to modernize the language and to ensure that what is in law reflects the processes and procedures BOM currently follows. There are, however, a few new provisions:

New Grounds for Medical Discipline. BOM has added unprofessional or disruptive behavior to the list of acts that are considered grounds for medical discipline. The language in the new law addresses a physician who is: Engaging in a pattern of unprofessional or disruptive behavior or interaction in a healthcare setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; provided that such behavior does not have to have caused actual patient harm to be considered unprofessional or disruptive.

Changes to PA Supervision Ratios. BOM is increasing the number of PAs a supervising physician or alternate supervising physician may supervise from three to four. The provision enabling a physician to petition the board to supervise up to six PAs will remain in place.

New PA Position on Board of Medicine. BOM is adding a PA position to their full board. The board will now consist of eleven members: seven physicians, one PA, two public members, and one representative of law enforcement.

Status: *The rules passed the House and Senate Health & Welfare Committees; the statute change (HB 9) passed House Health & Welfare and is now awaiting a vote of the House.*

Rule Docket 16-0215-1802. Requiring Meningitis Vaccination for High School Seniors ~ SUPPORT

The Idaho Department of Health & Welfare has submitted an administrative rule that adds a new school entry immunization requirement. It requires a second dose of meningococcal (MenACWY) vaccination before a student enters the 12th grade in Idaho, or a first dose if the student was not previously vaccinated, starting with school year 2020-2021. If a student received their first dose of the vaccine at 16 years of age or older, they will not be required to receive the second dose before entry into the 12th grade.

Status: *This rule was heard in the House Health & Welfare Committee and, after lengthy debate, was approved on a 7-6 vote. The rule now goes to the Senate Health & Welfare Committee for a vote.*

NEW ISSUES THIS WEEK

HB 12: Expanded Access to Opioid Antagonists

Current law states only “prescribers or pharmacists” may prescribe an opioid antagonist. HB 12 revises the language to state that any health professional licensed or registered under this title may prescribe and dispense an opioid antagonist. The bill sponsor reports that some public health programs have been hindered by the original language.

Status: *Awaiting a hearing in the House Health & Welfare Committee.*

HB 29: Reporting on Abortion Complications

HB 29 adds to and revises the legislation passed last year that requires reporting on abortion complications. The bill sponsor states that, “It is the intent of the State of Idaho to enact this statute to protect the health of women and advance Idaho’s medical knowledge about the frequency and nature of abortion complications in Idaho. The data collected as a result of this legislation will provide statistical information about actual patients who receive treatment because of an abnormal or a deviant process or event arising from the performance or completion of an abortion.”

Status: *Awaiting a hearing in the House State Affairs Committee.*

HCR 4: Rejecting IDHW Rules Mandating Immunizations for Idaho School Students ~ OPPOSE

HCR 4 would reject (repeal) the entire docket of administrative rules of the Idaho Department of Health and Welfare requiring any immunizations for Idaho school students. The rationale is that these requirements “are not consistent with legislative intent.”

Status: *Awaiting a hearing in the House Health & Welfare Committee.*

Rule Docket 27-0104-1802: Pharmacist Prescriptive Authority

In the 2017 and 2018 legislative sessions, the legislature passed laws to greatly expand pharmacist prescribing in Idaho. This year, pharmacist prescribing for allergic rhinitis, mild acne, and mild cough has been approved. Due to the efforts of the IMA, we were able to get some sideboards put into the rule (see underlined language below):

- Allergic Rhinitis. Prescribing is limited to intranasal drugs only.
- Mild Acne. Prescribing is limited to topical drugs only.
- Mild Cough. Only benzonatate may be prescribed for cough suppression. (We were also able to get them to change from acute cough as originally proposed to mild cough.)

The Idaho Legislature has made it clear that they support expansion of pharmacist prescribing and we expect additional conditions to be added in the coming years.

***Status:** These rules quickly went through the rules review process with unanimous votes in support and will go into effect July 1, 2019.*

WEEKLY REPORTS ON LEGISLATIVE ACTIVITY

As always, the IMA will provide weekly electronic legislative reports during the session. If you have questions or concerns on any of the issues discussed in our reports, please contact us. We are always happy to provide context, additional information, or background on how IMA legislative policies are developed.

If we don't have your current email address you could miss out on important legislative news. If you would like to receive the reports, please send your current email address to membership@idmed.org or call us at (208) 344-7888. For more frequent legislative updates, follow the IMA on Facebook!

ADDITIONAL LEGISLATION

It is not possible for us to report on all legislation that is introduced in a legislative session. Go to this link for a complete list of 2019 legislation:

<https://legislature.idaho.gov/sessioninfo/2019/legislation/minidata/>.

SUPPORT IMPAC, THE IMA'S POLITICAL ACTION COMMITTEE!

The IMA Political Action Committee (IMPAC) Board uses your contributions to support a variety of bi-partisan candidates based on the best interests of Idaho physicians and their patients. Even though there was just an election in late 2018, please consider donating to IMA's political action committee (IMPAC). Campaign contributions are made during election years (every two years in Idaho) and it is important that the PAC coffers get refilled in the non-election years.

IMPAC needs your contributions now to support the house of medicine in Idaho!

Go here to donate: [**IMPAC**](#)