



# Idaho Medical Association

The 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.

Idaho Medical Association represents nearly 3,500 Idaho providers on a variety of complex legislative and regulatory issues that impact Idaho physicians and their patients.

If you have comments or questions on any of these issues, please contact IMA lobby team members:

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## 2019 IMA LEGISLATIVE PRIORITIES

### SUPPORT FOR PASSAGE AND IMPLEMENTATION OF PROPOSITION 2

- IMA is a strong supporter of Proposition 2, which gives Idaho voters a say in determining if our state should expand Medicaid to provide healthcare coverage to 62,000 low-income, uninsured Idahoans, 2/3 of whom are employed full time.
- Proposition 2 will help Idaho citizens who make less than \$17,000 as an individual, or a family of three making less than \$29,000, who work in jobs that don't offer healthcare and earn too much to qualify for Medicaid.
- Our current system drives up taxpayer costs and health insurance premiums across the state, while still causing too many medical bankruptcies for working families and delaying much needed care. We can bring our federal tax dollars back to Idaho and use them more efficiently, increase economic activity and make Idaho a healthier place.
- Please consider IMA as a resource as you consider the full positive impact of Proposition 2 on the state.

### FUNDING FOR YEAR TWO: 10-YEAR RESIDENCY DEVELOPMENT PLAN

IMA strongly supports efforts to grow our physician workforce. Idaho ranks 49<sup>th</sup> in the number of physicians per capita, 27% of whom are over 60 years of age.

- In 2018 the Legislature took an important step to address our physician shortage by increasing state funding for Idaho residency programs. The Idaho State Board of Education, along with program directors and the IMA, adopted a 10-Year Residency Development Plan, and the Legislature funded a large portion of Year One.
- Year Two of the plan will be presented to the 2019 Legislature and seeks an increase of \$2.9 million to train an additional 28 residents and fellows with strong ties to Idaho, bringing the total number of residents in the Idaho training pipeline to 176.
- Residency programs are leading providers of care to Medicaid, Medicare and uninsured patients in the state. Dollars invested in training physicians not only provide care for the state's poorest people, but also are the best means to recruit physicians to practice in Idaho. There is a high correlation between residency location and eventual practice site.
- Each physician in Idaho supports an average of 12.1 jobs, total wages and benefits of over \$900,000, and produces \$1.9 million in economic output. \*
- Overall, Idaho physicians support 33,179 jobs, generate \$2.5 billion in total wages and benefits, add \$168.6 million in state and local taxes and generate \$5.2 billion in total economic activity. \*

\*Source: 2018 AMA Economic Impact Study

## 2019 IMA LEGISLATIVE PRIORITIES (Cont'd)

### BALANCE BILLING AND NETWORK ADEQUACY

- Insurance companies in Idaho and across the country are creating increasingly more narrow networks of physicians and other providers to save money. In Idaho there are no regulatory or statutory requirements on network adequacy standards to ensure appropriate patient access to care in local communities.
- Some physicians may choose not to join networks due to unfavorable contract terms, and some physicians want to join networks and are prevented from doing so because Idaho's Any Willing Provider statute does not apply to networks. Patients often don't receive clear and timely information from health plans about whether a physician or hospital is in or out of network.
- The issue becomes further complicated when networks contract with hospitals, but not the physicians who provide services at those facilities. Patients are caught in the middle when networks don't have processes in place to appropriately reimburse out of network (OON) physicians for the care already provided. When this happens, patients experience a surprise gap in their insurance coverage.
- IMA encourages 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. IMA opposes unethical practices of inappropriately billing patients.
- Health plans should honor their commitments to provide coverage for patients and establish a mechanism for providing reasonable reimbursement to OON physicians so that patients are held harmless for amounts owed over and above copays and deductibles. The OON payment system must be derived from an index of fair market values, and not from government or health plan fee schedules because they do not reflect the cost of providing care.

### MATERNAL MORTALITY REVIEW COMMITTEE

- The US is one of the few countries that is experiencing an increase in maternal deaths associated with pregnancy and childbirth. The nation's maternal death rate increased a whopping 27% between 2000 and 2014. The CDC and several physician organizations are working hard to address this grim statistic. One of the most successful tools has been the creation of Maternal Mortality Review Committees (MMRC) in nearly 30 states. CDC information states that between 20% and 50% of maternal deaths are preventable through the work of MMRCs.
- The review committee would be administered by Idaho Department of Health & Welfare (IDHW) and would consist of experts and a wide representation of stakeholders to review the circumstances surrounding each maternal death. They then determine what can be done differently to support better future outcomes. MMRCs are confidential, educational and are not for punitive purposes. They are strictly for improving public health outcomes for pregnant women in Idaho, a goal we can all support.
- Legislation will not be introduced this year but will likely move forward in 2020. IMA will work with IDHW, legislators and stakeholders in the interim to develop a plan that works for Idaho.

### SCOPE OF PRACTICE LEGISLATION

- Expanding scope of practice for healthcare providers is a critical patient protection issue for Idaho. When faced with scope of practice expansion bills, IMA encourages legislators to consider if those seeking to expand their scope of practice have appropriate levels of education and training. IMA supports the efforts of providers to gain additional education and training to earn the expanded scope of practice they seek.
- It is critical that education and training are obtained before a scope of practice is expanded and IMA urges against simply granting it through legislation to fill a need created by provider shortages. It is important to the health and safety of Idahoans that those providing healthcare services can provide safe, reliable care.