



Idaho Medical Association

2018 LEGISLATURE: IMA STATUS REPORT *Week of March 5 – March 9, 2018*

GREAT NEWS! JFAC PASSES GME EXPANSION PLAN

Ten-Year Plan for Residency Expansion ~ *SUPPORT*

This week the Joint Appropriations & Finance Committee (JFAC) approved initial funding of \$2.1 million for the Ten-Year GME Expansion Plan for Idaho. While JFAC was not able to adopt full funding of the Plan, IMA was successful in getting additional money approved over and above the Governor's severely limited recommendation. JFAC added nearly \$1M to the Governor's recommendation, thanks to the efforts of supportive stakeholders. The new funding will:

- Increase the base funding of the per resident support from the state
- Give additional funding to the UW/VA Psychiatry Residency Program to allow for program expansion for much-needed psychiatrist training
- Provide first-time funding to the Bingham Memorial Internal Medicine Residency Program and the new EIRMC Internal Medicine Residency Program

The State Board of Education's new Idaho GME Council was approved in a separate JFAC vote.

In debate during the JFAC hearing, several legislators expressed their desire for continued expansion of Idaho's GME programs. It was stated that this year is the first step in a multi-year process for additional funding for the growth of residency programs in Idaho.

IMA gives special recognition and appreciation to Representative Wendy Horman for the enormous amount of work she put into developing this budget. Many thanks go to Senator Janie Ward-Engelking and Representatives Steven Miller and Phyllis King for their work as well.

***Status:** Appropriation bills will be introduced based upon the JFAC funding vote and will go to the full House and Senate for approval.*

SUCCESS! LEGISLATURE VOTES FOR STATE MATCHING FUND FOR RPIP!

HB 472: State Match for Rural Physician Incentive Program (RPIP) ~ *SUPPORT*

Idaho's RPIP offers debt repayment for rural physicians who practice primary care medicine in an Idaho federally-designated health professional shortage area (HPSA) that demonstrates a need for assistance in physician recruitment. The program includes family medicine, internal medicine and pediatrics and, in high levels of need, OB/GYN, psychiatry, general surgery and emergency medicine. RPIP awards are limited to a maximum of \$100,000 payable over a four-year period. Currently, RPIP is one hundred percent funded by fees from Idaho WWAMI and University of Utah students with no funding from the state or other sources.

Due to the physician workforce shortage Idaho faces, IMA has successfully advocated for legislation sponsored by Rep. John Vander Woude to seek \$2:\$1 state matching funds for the RPIP program to strengthen Idaho's physician recruitment and retention efforts. IMA is grateful to Rep. Vander Woude for his leadership and efforts on this issue.

With the passage of HB 472, JFAC will consider whether or not to provide a funding match for RPIP this year. That decision is likely to come next week.

***Status:** HB 472 passed the House and the Senate and will head to the Governor for signature into law.*

HB 353: IMMUNITY FOR PHYSICIAN VOLUNTEERS SIGNED INTO LAW ~ *SUPPORT*

Another IMA success! IMA sponsored and introduced legislation to provide additional immunity for physicians and other healthcare providers who volunteer at community screening events. Currently, many physicians' professional liability insurance does not cover them for volunteer screening events offsite from their regular practices. IMA believes successful passage of this bill will encourage more volunteerism.

Status: LAW

NO FAMILY PLANNING SERVICES FOR UNINSURED WOMEN

HB 563: Family Planning Services for the Uninsured (Plan First Idaho) ~ SUPPORT

The Plan First Idaho bill sought to provide family planning services and supplies to Idaho women ages 19-44 with a family income at or below 133% of the Federal Poverty Level (FPL) and who are otherwise ineligible for Medicare, Medicaid, or health insurance that covers family planning services. Currently these women are only eligible to enroll in Medicaid if they become pregnant and lose coverage within 60 days of delivery.

This gap in coverage results in high costs to the State due to the short-term coverage for these women and often long-term coverage for their children. The goal of this legislation is to improve access to family planning services to prevent unintended pregnancies and provide preconception planning to improve maternal and birth outcomes.

HB 563 would have provided family planning services to approximately 15,000 Idaho women. Family planning services include coverage for contraceptives, counseling, cancer screenings and depression screenings. It does not cover abortion. Despite the exclusion of abortion services, anti-abortion groups lobbied heavily against the bill because Planned Parenthood clinics would have received reimbursement for providing family planning services. The anti-abortion groups vehemently oppose any funding to Planned Parenthood, regardless of whether it is for abortions or other women's health services.

Status: HB 563 will not proceed in 2018.

HHS SHUTS DOWN OTTER'S EXECUTIVE ORDER

As previously reported (see [ACTIONS MODIFYING ACA PLANS IN IDAHO](#) below), Governor Otter and Lt. Governor Little issued an Executive Order to allow Idaho insurers to offer state-based, non-ACA compliant health plans that do not include all of the ACA-mandated coverage requirements. The Executive Order was the first of its kind in the country and it gained national attention for its defiance of the ACA, which is still the law of the land.

In a March 8 letter to Governor Otter and Department of Insurance Director Dean Cameron, HHS Administrator Seema Verma declared that HHS and CMS have a duty to enforce and uphold the requirements of the ACA. The letter applauds Idaho for its efforts to offer more affordable plans in Idaho and pledges to work with the state to find options for alternative coverage for Idahoans.

Click here to read the full letter:

<https://www.cms.gov/CCIIO/Resources/Letters/Downloads/letter-to-Otter.pdf>

UPDATED STATUS OF LEGISLATION AND ISSUES

HB 657: Felony Battery on Healthcare Providers

This legislation retains the ability to charge a felony for those who deliberately assault medical personnel, while creating a safety valve for a mentally ill patient from being charged with a felony if the commission of the battery is the direct result of mental illness. A misdemeanor charge of battery is still available in that instance.

Status: HB 657 replaces HB 570; the Chair of the House Judiciary & Rules Committee recently stated the bill will not be given a hearing this year, effectively killing the legislation for 2018.

HB 649: Limited Immunity When Seeking Emergency Medical Assistance ~ SUPPORT

This legislation provides limited immunity for those who seek emergency medical assistance when in the presence of illegal substance use.

Status: HB 649 replaces HB 576, passed the House and is awaiting a vote in the Senate Health & Welfare Committee.

HB 638: Abortion Complications Reporting Act

This bill provides for significant increases in reporting requirements for abortion complications.

Status: This bill replaces HB 571, passed the House on a 56-13 vote and is awaiting a hearing in the Senate State Affairs Committee.

HB 634: Suicide Prevention Programs in Schools

This legislation directs the Idaho State Board of Education and Department of Education to develop suicide awareness and prevention training materials to be used in Idaho schools. The bill also requires that each public school district adopt a policy on student suicide prevention.

Status: HB 634 passed the House and is awaiting a hearing in the Senate Education Committee.

HB 625: Tax on Opioids

This legislation would create a tax on the sale of opioids to provide funding for treatment programs.

Status: HB 625 was defeated in the House Revenue & Taxation Committee and will not proceed in 2018.

HB 577: Cannabidiol Oil (CBD)

This legislation would allow for the use and possession of cannabidiol oil. (Replaces HB 410)

Status: HB 577 passed the House on a 59-11 vote; the Chair of the Senate Health & Welfare Committee recently stated the bill will not be given a hearing this year, effectively killing the legislation for 2018.

HB 505: Physical Therapist Dry Needling

This bill allows physical therapists to use a technique called "dry needling" that is similar to acupuncture in that it uses a thin filiform needle to stimulate neural, muscular and connective tissues under the skin. It is used to treat pain and movement impairments.

Status: HB 505 passed the House and is awaiting a vote of the full Senate.

HB 495: Balance Billing ~ OPPOSED

The balance billing legislation contains provisions that result in government price controls on physician reimbursement for out of network (OON) services and disclosure requirements that will be extremely difficult to comply with. This approach to dealing with surprise gaps in insurance coverage for patients is totally unacceptable and will drive physicians out of independent practice.

On February 16, legislators voted to hold this bill in committee killing it for the year. However, IMA has been directed by the Legislature to work with stakeholders to find a workable solution. If you would like to be involved in that workgroup, please contact susie@idmed.org.

Status: HB 495 was defeated in the House Health & Welfare Committee & will not proceed in 2018.

HB 494: Immunization Notices – Signatures Required ~ OPPOSED

This bill requires that, for every immunization given, the provider and the patient or guardian must sign an acknowledgment of receipt of the required immunization notices. This bill would place additional administrative burdens on already overburdened physician offices.

Status: HB 494 passed the House, however, due to the efforts of the IMA lobby team and the numerous emails from IMA members to legislators, the bill is unlikely to proceed in 2018.

HB 464: Closing the Coverage Gap ~ SUPPORT

The Idaho Department of Insurance and the Idaho Department of Health and Welfare have introduced a dual waiver proposal to provide coverage options for people in the gap, and to lower rates for individual insurance plans. The 1332 waiver sponsored by DOI will allow approximately 35,000 uninsured Idahoans under 100% FPL to receive subsidies to purchase health plans on the state health insurance exchange. The 1115 waiver sponsored by DWH will allow approximately 3,000 patients with certain high-risk, high-cost conditions to move from private insurance to Medicaid for the duration of their diseases. By moving these individuals away from the private market, it is estimated to lower insurance rates by 25 percent.

Medicaid recipient work requirements were added to the legislation similar to existing requirements in other state assistance programs. While the addition of work requirements will make the bill's passage more likely in the Legislature, the move has caused concern among patient advocacy groups.

Status: *HB 464 was returned to the House Health & Welfare Committee by a vote of the full House and will not proceed in 2018. There will be an event to urge action to Close the Gap on March 15: <https://www.facebook.com/events/135530370602594/>*

HB 448: Provides Exemption from Obscenity Laws for Breastfeeding ~ **SUPPORT**

This legislation would exempt public breastfeeding from indecent exposure and obscenity laws.

Status: *HB 448 passed the House and is awaiting a vote of the full Senate.*

HB 431: Payment of Medical Directors at State Facilities

This legislation removes medical directors at state hospitals from Idaho's classified employee system. Because of the difficulties of recruiting physicians to state hospitals, this designation change will allow the state to offer more competitive compensation packages.

Status: *HB 431 passed the House and Senate and will go to the Governor for signature into law.*

HB 393: Immunization Assessment Board ~ **SUPPORT**

This bill adds a new member representing a self-funded insurance plan to the Idaho Immunization Assessment Board and extends the sunset date for the Board five years. Passage of this bill ensures Idaho remains a VFC state and lessens the possibility that status will change before 2024.

Status: *LAW*

SB 1311: Direct Primary Care Pilot Program

This bill creates a pilot program of three health districts where individuals may receive primary care for up to 10 months if they attend a financial literacy course or use a health coach.

Status: *This bill passed the Senate on a 34-0 vote and is awaiting a hearing in the House Health & Welfare Committee.*

SB 1296: Definition of Persons with Disabilities for Use of Service Dogs

This bill adds mental disabilities to the definition of disabled persons for protection of use of service dogs.

Status: *SB 1296 passed the Senate and the House and will now go to the Governor for signature into law.*

SB 1281: Insurance Coverage of Contraceptives

This bill would provide for availability of a 12-month supply of contraceptives under certain health benefit plans.

Status: *SB 1281 was defeated in committee and will not proceed in 2018.*

SB 1273: Oral Chemotherapy Reimbursement Disparity ~ **SUPPORT**

This legislation amends Idaho Code so that a health benefit plan's copayment, deductible, or coinsurance amount for orally administered chemotherapy is similar to those required of injected or intravenously administered chemotherapy.

Status: *SB 1273 is awaiting a hearing in the Senate Commerce & Human Resources Committee.*

SB 1262: AARP Patient Caregiver Support Act

This bill would require hospitals to ask if a patient wants to designate an unpaid caregiver, to notify the designated caregiver when the patient will be discharged or transferred, and to provide the designated caregiver with instructions for medical/nursing tasks that the caregiver will need to perform at home.

Status: *SB 1262 is awaiting a hearing in the Senate Health & Welfare Committee.*

SB 1255: Increases Legal Tobacco Possession to Age 21 ~ **SUPPORT**

This bill amends existing law to change the legal age of tobacco possession from 18 to 21.

Status: *SB 1255 failed in the Senate State Affairs Committee and will not proceed in 2018.*

SB 1246: Reimbursement for Incarcerated Patients

This bill sets reimbursement rates for incarcerated patients at Medicaid rates. Although this bill has passed the Senate, concerns have been raised and the Idaho Department of Corrections has agreed to hold the bill for a period of time to allow issues to be addressed.

Status: *SB 1246 passed the Senate on a 34-0 vote. Awaiting a hearing in the House Judiciary Committee.*

SB 1243: Information Posted on Abortion Reversal

This legislation would require the Idaho Department of Health & Welfare to post information on their website directing a patient where to obtain further information and assistance in locating a provider for consultation about chemical abortion. The bill's sponsors assert that some patients have a change of heart after taking the first medication in the two-step medication process required for a chemical abortion. The sponsors further assert that there have been instances where administration of progesterone may "reverse" the chemical abortion and allow for safe continuation of the pregnancy. This legislation would require IDHW to post information about this process on their website. It does not require anything of physicians.

Status: *SB 1243 passed the Senate and is awaiting a vote of the full House.*

Idaho Board of Pharmacy Pharmacist Prescribing Protocols

The legislature approved the rules drafted by the Idaho Board of Pharmacy for pharmacist prescribing. BOP is hosting meetings to develop protocols to guide pharmacist prescribing practices and physicians are invited to participate. Information can be found on the Idaho Board of Pharmacy website.

Prior Authorization Simplification ~ SUPPORT

On January 5, IMA met with the Idaho Department of Insurance and the state's insurers and other stakeholders to start a process to remove at least some of the burdens on physicians and patients from prior authorization processes. A workgroup is being formed to work on consensus changes. If the Department of Insurance discussions do not bear fruit, we will consider legislation.

Status: *A workgroup will begin working on simplification of prior authorization processes upon adjournment of the legislature.*

ACTIONS MODIFYING ACA PLANS IN IDAHO

Executive Order No. 2018-02

Restoring Choice in Health Insurance for Idahoans

Governor C.L. "Butch" Otter and Lt. Governor Brad Little signed an executive order just before the start of this year's legislative session that eliminates some insurance plan mandates under the Affordable Care Act (ACA). The order allows Idahoans the opportunity to buy non-ACA compliant insurance plans that are less expensive but may not include some of the benefits the public has grown to expect under the ACA. The new plans are expected to be available in March of this year.

The Executive Order is an attempt by Otter and Little to mitigate some of the damage caused by not expanding Idaho Medicaid, as was envisioned by the ACA. Because the Idaho Legislature has failed to expand Medicaid, a large group of Idahoans are left in the insurance coverage gap. And those who do have access to purchase coverage are seeing rates steadily increase.

Executive Order: <https://gov.idaho.gov/mediacenter/execorders/eo2018/EO%202018-02.pdf>

Subsequent Guidance from the Idaho Department of Insurance

In response to Otter and Little's Executive Order, Department of Insurance Commissioner Dean Cameron released Bulletin No. 18-01, a guidance document for Idaho health insurance carriers offering provisions for them to follow when submitting state-based health benefit plans.

Important points of the Bulletin are that carriers must provide guaranteed issue and renewability for state-based plans, preexisting conditions are covered if there is continuous prior coverage, minimum health benefits are set forth (see document), and medical underwriting is allowed but resulting premiums must

not be more than 50 percent above the carriers adjusted index rate. Please click on the link below for a detailed description of the guidance:

Dept. of Insurance Bulletin No. 18-01: <https://doi.idaho.gov/DisplayPDF?Id=4712>

***Status:** Neither Executive Orders nor DOI Bulletins require legislation approval, however, as discussed above, HHS has weighed in and has determined they cannot allow Idaho to go against the requirements of the ACA.*

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!

SUPPORT IMPAC, THE IMA'S POLITICAL ACTION COMMITTEE!

Idaho's Primary Election is May 15, 2018. This early-year election is pivotal, as it is likely to determine Idaho's next Governor, Lieutenant Governor, Secretary of State, Attorney General, and a majority of Legislators, as well as Idaho's 1st Congressional District Representative.

This is truly a watershed election that WILL change the face of politics in Idaho – either for the better or the worse. 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.

IMPAC NEEDS YOUR CONTRIBUTIONS NOW TO SUPPORT THE HOUSE OF MEDICINE IN IDAHO!

Go [here](#) to donate.

PHYSICIANS HELP IDAHO IN MORE WAYS THAN CARING FOR PATIENTS

Legislators sometimes think of physicians only in terms of providing health care, but the AMA has just released a new economic impact study that shows the importance of physicians to Idaho's economy. When you talk to your legislators, remind them that physicians are leading economic drivers in their district and that investing in physicians pays off. Here are some Idaho-specific numbers for Idaho's 2,738 active patient care physicians' using four key economic indicators:

- **Jobs:** Physicians support 33,179 jobs in Idaho—12.1 for each physician on average.
- **Economic activity:** Physicians generate \$5.2 billion in economic output, comprising 7.9 percent of the Idaho economy. Each physician generates \$1.9 million for the state economy on average.
- **Wages and benefits:** Physicians contribute \$2.5 billion in total wages and benefits paid to workers across Idaho, empowering a high-quality, sustainable workforce. Each physician contributes \$900,894 to workers' wages and benefits on average.
- **State and local tax revenue:** Physicians' contribution to the Idaho economy generates \$168.6 million in state and local tax revenue for their communities—translating to \$61,584 for each physician on average—enabling community investments to be made.