



# Idaho Medical Association

The Idaho Medical Association is the voice of medicine in Idaho. IMA represents over 3,000 Idaho physicians on a variety of complex issues including legislative, regulatory, legal, reimbursement and others that impact Idaho physicians and their patients.

IMA legislative priorities include expansion of medical education and residency training opportunities, health coverage for all Idahoans, scope of practice laws that protect patients, public health initiatives to benefit Idahoans, fair insurance contract provisions for physicians, and other issues that affect physicians and their patients in Idaho.

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

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## 2018 IMA LEGISLATIVE PRIORITIES

### PRIOR AUTHORIZATION REFORM

- Idaho physicians say prior authorization requirements by insurers are one of the biggest barriers to patient care and that legislators have in their power to fix. Requiring pre-approval by insurers before patients can get certain drugs or treatments can delay or interrupt medical services, divert significant resources from patient care and complicate medical decisions.
- IMA physicians have identified specific steps that insurers can take to ease the burdens of current prior authorization requirements.
- IMA asks legislators to assist with convening workgroups of insurers, physicians, legislators and insurance regulators to reform current prior authorization processes and allow patients to access the care they need.

### 10 YEAR RESIDENCY DEVELOPMENT PLAN

- IMA has led an effort to convene meetings throughout the year among the Idaho undergraduate medical education institutions (WWAMI, Univ. of Utah, ICOM) and residency programs (FMRI, ISU FMR, Kootenai FMR, VA IM, VA Psych, Bingham, EIRMC).
- Directors of these programs, along with the IMA and State Board of Education, have worked together to develop a significant ten-year residency program expansion plan for Idaho.
- Residency programs are the leading providers of care to Medicaid patients in the state. Dollars invested in training physicians not only means those same dollars are invested in caring for the state's poorest people, but also is the best means to recruit physicians to practice in Idaho where our number of physicians per capita is among the lowest in the nation.
- This expansion has a \$2.185M budget for the upcoming session. In total, the expansion plan will cost \$15.3M over 10 years. This expansion will increase the number of residents from 141 currently to a total of nearly 350 per year.
- Each physician in Idaho supports an average of 10 jobs, produces \$1.3M in economic output, and generates nearly \$50K in state and local taxes.

### LIABILITY FOR COMMUNITY VOLUNTEERS

- Idaho has community-based health screenings, including school physicals for sports participation and faith-based health screenings for the public.
- Physicians, PAs, nurse practitioners, athletic trainers, and others volunteer their time and skills to help our youth, seniors, low income or uninsured Idahoans get basic health screenings and referrals to long-term services.
- The lack of liability coverage for these community events is driving health providers away from volunteering their skills because of the risks involved.
- IMA supports removing or reducing barriers to volunteer health service so that communities don't lose these important public health screenings.

## 2018 IMA LEGISLATIVE PRIORITIES (Cont'd)

### SUPPORT FOR EASTERN IDAHO PSYCHIATRY RESIDENCY PROGRAM

- Idaho is tied for the lowest number of psychiatrists per capita in the United States, and Eastern Idaho has an even more critical shortage of psychiatrists than other similarly populated parts of Idaho.
- Work is underway between Idaho State University, University of Utah, VA Salt Lake City Health Care System, and Pocatello VA Outpatient Clinic to develop an Idaho Track of the U of U Psychiatry Residency, informally called the Eastern Idaho Psychiatry Residency (EIPR).
- EIPR will begin with three residents per class for four years. Residents will spend their first year in Salt Lake City, the second year in and around Pocatello, and spend their third and fourth years of training in various parts of Idaho, including rural areas. Because data clearly shows that residents are more likely to practice in communities where they have completed residency training, we expect this to help alleviate mental health care shortages in Idaho.
- The IMA strongly supports the development of the Eastern Idaho Psychiatry Residency Program in Pocatello and will advocate in support of the \$400,000 initial investment from the state.

### MATERNAL DEATH REVIEW PROCESS

- Despite improvement of global maternal mortality rates, the United States is an outlier with an increase of 26.6 percent between 2000 and 2014.
- Idaho is one of the only states without a maternal death review process. Even though Idaho has collected maternal death data on death certificates since 2003, nothing is currently being done to analyze that data or attempt to use the data for prevention of maternal deaths.
- IMA will work with the Idaho Department of Health & Welfare toward establishment of a maternal death review process, similar to the Idaho Child Fatality Review Team.

### OPIOID ADDICTION TREATMENT FOR PREGNANT WOMEN

- The opioid crisis is a huge issue across the country, including Idaho.
- At no time in a person's life is it more critical to get treatment for an opioid addiction than during pregnancy. Idaho physicians report seeing increased numbers of newborns born with opioid dependence due to their mother's drug use.
- Idaho Medicaid is not providing adequate coverage for treatment of pregnant drug users.
- IMA wants to partner with Idaho Medicaid and other organizations to increase the options for care of pregnant moms to reduce the number of infants born with drug dependency.

### SCOPE OF PRACTICE LEGISLATION

- IMA does not expect scope of practice legislation this year but encourages legislators, when faced with scope of practice expansion legislation by healthcare providers, to research the training received by those providers to ensure that the practice they are seeking is practice for which they are properly trained.
- IMA supports the efforts of providers to gain additional education and training in order to gain the associated scope of practice expansion they are seeking.
- It is critical that education and training is obtained before license expansion and that expansion is not simply done through legislation to fill a need created by provider shortages. It can be very tempting to use existing providers to fill provider gaps but that should only be allowed when appropriate training and education is in place.