REFERENCE COMMITTEE B July 3, 2018

Members:

The following reports and resolutions have been assigned to Reference Committee B:

REPORTS:

CR 1	Report of the Idaho Medical Political Action Committee

CONSENT CALENDAR:

*CR 2	Report of the Committee on Medical Education Affairs
CR 3	Report of the Physician Recovery Network
CR 4	Report of the Financial Services Program Advisory Board
CR 5	Report of the Idaho Medical Association Foundation
SR 1	Report of the Idaho State Board of Medicine
SR 2	Special Report on Policy Priority Tool

RESOLUTIONS:

RES 201	Bylaws Change to Reflect New Idaho Medical Association Mission Statement
RES 202	Upholding Statutory Licensure Requirements (Attachment)
RES 203	Non-Physician Provider Outcome Reporting
RES 204	Support for the Appropriate Practice of Radiography
RES 205	Opposition to Interventional Pain Practice by Non-Physician Healthcare Providers
RES 206	Network Adequacy and Out of Network Payments
RES 207	Pharmacy Benefit Manager Transparency and Regulation
RES 208	Student Loan Tax Relief Assistance
RES 209	Death Certificates and Coroner Processes

*Indicates material to be posted to the IMA website prior to August 3, 2018

REPORT: CR1

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL POLITICAL ACTION COMMITTEE

Ronald Cornwell, MD, Chair, Caldwell

The Idaho Medical Political Action Committee (IMPAC) was very involved in the 2018 primary election. IMPAC committee members and staff gathered information and supported candidates of both parties in the May 2018 primary election and will do the same in the November 2018 general election. The work of IMPAC is critically important in advancing the IMA legislative agenda on behalf of physicians and their patients. We are gratified by the response of IMA members who see the need to create a legislative environment that is open and fair when considering the interests of Idaho physicians and their patients.

This report summarizes IMPAC activities since the 2017 IMA House of Delegates meeting:

1. Membership and Dues Collection: Participation in IMPAC is 104 dues paying members (compared to 137 members during the same period the prior year for a decrease of 24 percent).

IMPAC has collected $21,515 during this period (compared to $22,157 during the same period the prior year for a decrease of 2.9 percent).

2. State Legislative Candidate Support: The candidates supported by IMPAC are "friends of medicine" and have established voting records or positions that are supportive of IMA legislative issues. Special consideration is also given to friendly incumbents, members of relevant legislative committees, and those in legislative leadership positions.

The IMPAC Board reviewed input from physicians, the IMA lobby team, candidate forums and interviews, and other sources throughout the state on candidates' backgrounds and their positions on healthcare-related issues. In the hotly-contested 2018 Republican gubernatorial primary, the IMA board and lobby team members spent several hours with the top candidates to make their carefully-considered decision on which candidate to support. Ultimately, the IMPAC Board made contributions to 42 candidates and legislative PACs totaling $35,250 in the 2018 primary election. Decisions on 2018 general election contributions will be made in the fall.

3. Federal Candidate Support: The American Medical Association Political Action Committee (AMPAC) makes evaluations and contributions independently from IMPAC for Idaho's federal candidates. Federal law does not allow IMA or IMPAC to make contributions to federal candidates, but we do encourage member physicians to make individual contributions to candidates for federal positions based upon their own political positions and preferences.

We thank those who contributed to IMPAC and thereby help candidates who listen to physicians and vote to support issues important to medicine. Every election cycle is very important. Each time there is an election (every two years for Idaho legislators), there are significant changes in the makeup of the Idaho Legislature that have a real impact on the success or failure of issues of concern to Idaho physicians.

In the 2019 legislative session, IMA will continue to advocate for healthcare coverage for all Idahoans, additional medical education and residency training funding, improvements in reimbursement, scope of practice laws that prioritize patient safety and appropriate provider education, and other vital healthcare issues as directed by the IMA House of Delegates.

With so many critical issues at the forefront of legislative activity, we need additional physician participation and contributions to ensure that IMPAC maintains its strong reputation of support for quality candidates. Joining IMPAC is now more convenient, as contributions can be made online at www.idmed.org.

Respectfully submitted,

Ronald Cornwell, MD, Chair, Caldwell
Erich Garland, MD, Idaho Falls
A.C. Jones, III, MD, Boise
Robert McFarland, MD, Coeur d'Alene
David Peterman, MD, Boise
Wilfred E. Watkins, MD, Nampa
Steve Williams, MD, Boise
William Woodhouse, MD, Pocatello
Ken McClure, JD, Government Relations, Boise
Susie Pouliot, IMA CEO, Boise
Molly Steckel, IMA Policy Director, Boise

August 2018

Idaho Medical Association

REPORT OF THE PHYSICIAN RECOVERY NETWORK

Willis Parmley, MD, Chair, Pocatello

The Physician Recovery Network (PRN) was formed in 1986 with the support of the Idaho Medical Association House of Delegates. The PRN consists of an Idaho Medical Association Committee of 13 volunteer members (11 physicians, one physician assistant, and one lay person) from around the state. Willis Parmley, MD, of Pocatello serves as Chair of the Committee; Mark Broadhead, MD, of Reno, Nevada serves as the Associate Medical Consultant. Benjamin Seymour, CADC, a chemical dependency expert with Southworth Associates, serves as Program Coordinator and is a part-time contractor with the Idaho Medical Association (IMA). IMA acknowledges with great appreciation the work and dedication of the late John Southworth, the founder of Southworth Associates and long-time IMA partner and friend.

The PRN was created to help any Idaho physician or physician assistant who is impaired as a result of a substance use disorder, mental illness, or senility. The program's primary mission is to advocate for and help impaired physicians, thereby protecting the public from unsafe practice by impaired professionals. The PRN provides a network of trained physicians and other healthcare professionals to aid in confidential investigations of alleged physician impairment and, when appropriate, conduct interventions and coordinate placement in a treatment program. The PRN develops and coordinates an individualized long-term monitoring recovery program for each physician/physician assistant in treatment. The PRN seeks to educate Idaho physicians and other involved parties about the nature of the PRN program and about the problems of impaired physicians, and it seeks to establish liaisons with other professional organizations concerned with these issues.

To partially fund an impaired physician program for its physician members (and non-members alike) the IMA has entered into a contract with the Idaho State Board of Medicine. This contract requires the IMA to provide a diversion program for impaired physicians to the Board of Medicine (BOM).

To fulfill the provisions of the BOM contract, the IMA, through the PRN Committee, contracts with Benjamin Seymour and Southworth Associates to provide impaired physician services that the IMA cannot perform in-house. These services include performing interventions, monitoring participants, providing educational outreach, and offering administrative support. The IMA and the PRN Committee have contracted with Southworth Associates since 1994. The terms of the contract with Southworth Associates are controlled and established by the IMA and the PRN Committee, as are the treatment, monitoring, and post-inpatient treatment requirements for the participants. Program participants are required to pay Southworth Associates part of the cost for monitoring services, but the amount a participant may be charged must be approved by the PRN Committee.

Nationally, professional health programs have high success rates ranging from 85 to 90 percent. The PRN's recent experience is consistent with those results. Success is generally defined as a physician/physician assistant achieving a chemically free and professionally productive lifestyle.

The PRN has become an important source of confidential assistance to healthcare professionals who can acquire the help they need without necessarily jeopardizing their medical licenses. Most individuals join the program through some form of "benevolent coercion," seeking assistance because of external pressure that comes primarily from professional colleagues. However, spouses, hospital administrators, lawyers, and others have also contacted the program about possible impairment or other abnormal behavior.

When a call, which may be anonymous, is made the Southworth program staff initiates a discreet inquiry. If substantial evidence of impairment is discovered after a complete, but confidential investigation, an intervention takes place. The program coordinator sets up an appointment with the individual and facilitates a caring confrontation. If the person agrees, he or she is sent to a selected facility for a complete evaluation. If the evaluators indicate that the person is impaired and in need of treatment, the person is then asked to sign a contract with PRN. If the physician/physician assistant is willing to enter the PRN program, the PRN requires the person to abide by the PRN requirements for a period of generally five years. Typically, a physician/physician assistant is required to complete an inpatient program at a facility that meets the criteria of the PRN. These programs include a complete medical and psychiatric work-up as well as counseling. After successful completion of primary treatment, the physician/physician assistant signs a contract committing to total abstinence from addictive chemicals, continuing treatment, behavioral monitoring, random toxicology testing, worksite monitoring, and attendance at 12-Step meetings. Initially, therapy is weekly and urine testing is frequent.

The PRN maintains an arms-length relationship with the BOM while at the same time interacting with the Board in a manner that develops trust and satisfies legal requirements. If the physician/physician assistant is in compliance with the PRN program requirements, he/she will not be reported to licensing or disciplinary agencies. The PRN will contact the Board if a physician/physician assistant refuses to comply with PRN recommendations.

When physicians/physician assistants follow their recovery program, the PRN can be a powerful advocate. In the past, the PRN has advocated on behalf of physicians/physician assistants to the BOM, federal agencies, judges, malpractice insurance carriers, and hospitals.

Number of Participants

Please see the attached statistical report for the number of participants, their specialty, and other pertinent information.

The PRN Contract

The PRN is designed to support the recovery process of physicians/physician assistants and to help ensure the safe practice of medicine. The monitoring contract created for each participant outlines the recovery plan for the individual physician/physician assistant. This contract serves as a powerful tool in documenting the recovery process and helping physicians/physician assistants return to the practice of medicine. The success of the program depends not only on the positive outcome of the physician's/physician assistant's recovery, but also on the support of physician volunteers, hospitals, medical societies, and countless others who are instrumental in creating a supportive peer network and ensuring that appropriate monitoring is followed.

The overall Substance Use Disorder contract is a five-year contract designed to guide and document a physician's/physician assistant's recovery from Substance Use Disorders (mild, moderate, and severe.) Requirements of this contract include, but are not limited to, weekly attendance at 12-Step meetings, weekly attendance at professionally-facilitated support group meetings, regular attendance with a 12-Step sponsor and worksite monitor, and participation in random urine drug screening.

The PRN offers continued monitoring to graduates of the program through Phase III monitoring which includes participation in random drug screenings approximately three times per year. Through extended monitoring, the PRN will continue advocating for the recovering physician/physician assistant even after the initial five-year monitoring contract has been completed.

The PRN currently contracts with First Source Solutions (FSS), a company that was formed for the specific purpose of providing drug testing programs for monitoring healthcare and other professionals who have been identified with substance use disorders. The goal of First Source is to provide a cost-effective, reliable, and professional drug-monitoring program to document recovery while protecting the public.

PRN Outreach

One of the most important activities of the PRN is the education of physicians, healthcare administrators, hospitals, and the public regarding the prevention, early identification, intervention, and treatment of substance use disorders and other illnesses affecting physicians and physician assistants. As more people are educated about substance use disorders and its effect on the health professional, we are seeing earlier identification and intervention taking place, alleviating some of the problems that arise as the disease progresses. It is our desire to reach out to more hospitals and organizations to help educate them on identifying the signs and symptoms of the "troubled colleague" and inform them of the purpose of the PRN program.

PRN Mission Statement

The mission of the Idaho Physician Recovery Network is prevention, identification, intervention, and rehabilitation for Idaho physicians/physician assistants who have, or are at risk for, developing disorders which are associated with functional impairment.

This will be done in a manner consistent with the laws and medical practice acts of the state of Idaho.

PRN Access to Pharmacy Records

In the 2014 legislative session, PRN representatives worked with the Idaho State Board of Pharmacy to pass legislation authorizing the PRN program to access the Idaho State Board of Pharmacy drug usage database for PRN participants. Accessing this information will aid the PRN program in its monitoring of recovering physicians and physician assistants.

Additional information on the PRN, including a question and answer article, are available on the IMA website at http://www.idmed.org/idaho/Idaho_Public/Members_Only/Physician_Recovery_Network/Idaho_Public/Members_Only/PRNetwork.aspx?hkey=d4979726-bfce-4bf8-854e-8f2fed2ed20f.

Respectfully submitted,

Willis Parmley, MD, Chair, Pocatello
David Adams, PA-C, Rexburg
Mark Broadhead, MD, Medical Consultant, Reno
Stephen Bushi, MD, Boise
Jonathan Cree, MD, Pocatello
T. Barry Eschen, MD, Boise
Dan Scott Fairman, MD, Ketchum
Gary Fletcher, Boise
Mary Hafer, MD, Nampa
Michael Minick, MD, Lewiston
Ryan Owsley, MD, Nampa
Christopher Partridge, MD, Nampa
D. Kurt Seppi, MD, Boise

August 2018

Attachment

Doctor Statistic Report as of 6/21/18

Active Clients at Time of Report

Participation Type	Active Clients	%	Referral Type	Active Clients	%
Behavioral	1	4.5%	Board Ordered	11	50.0%
CD	9	40.9%	Self	10	45.5%
Dual	6	27.3%	Phase III	1	4.5%
Mental Health	3	13.6%	TOTAL	**22**	
Sex. Miscon.Addict.	3	13.6%			
TOTAL	**22**		**Total Number of Pending Active Clients**		5

Total Number of Clients by Referral Type	**2018**		**2017**		**2016**		**2015**		**2014**	
Board Ordered	92	*0*	92	*1*	91	*0*	91	*5*	86	*4*
Self	95	*1*	94	*3*	91	*0*	91	*2*	89	*7*
TOTAL	**187**	*1*	**186**	*4*	**182**	*0*	**182**	*7*	**175**	*11*
italisized numbers are # new that year										

Total Number of Clients by Referral Type	**2013**		**2012**		**2011**		**2010**		**2009**	
Board Ordered	82	*2*	80	*7*	73	*5*	68	*7*	61	*2*
Self	82	*2*	80	*8*	72	*11*	61	*4*	57	*8*
TOTAL	**164**	*4*	**160**	*15*	**145**	*16*	**129**	*11*	**118**	*10*
italisized numbers are # new that year										

Inactive Clients by Discharge Reason **Board referred vs. self referred**	**2018**	**2017**	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**	**2008**	**2007**
Discharge-Completed Program-*Board*	1	4	2	4	3	2	1	3	4	3	4	4
Discharge Completed Program-*Self*	2	6	6	2	4	1	1	2	2	5	0	2
D/C Completed Short Term-*Board*	0	0	1	0	0	1	4	1	0	0	0	2
D/C Completed Short Term-*Self*	0	0	0	0	0	2	0	2	1	2	1	0
Discharge-Deceased	0	0	0	0	0	1	0	0	0	0	0	0
Discharge-Terminated-*Board*	0	0	2	0	2	1	3	1	1	0	2	0
Discharge-Terminated-*Self*	0	0	1	0	0	1	0	0	0	0	1	0
Discharge-withdrew from program-*Board*	0	0	0	1	1	0	0	0	1	0	1	2
Discharge-withdrew from program-*Self*	0	0	0	0	2	0	0	1	1	0	0	0
Total by Year	**3**	**10**	**12**	**7**	**12**	**9**	**9**	**10**	**10**	**10**	**9**	**10**

Total # of Graduates from 2007-Present	**85**
# Graduates who re-entered after 2007	6
% of Graduates who re-entered after 2007	7.1%
# of Graduates who are currently pending	1

	2018	**2017**	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**	**2008**	**2007**
Number of Pending-Inactives	0	1	14	7	9	14	17	5	2	4	6	2
Number of Pending-Inactives who were sent for an Evaluation but did not enter	0	1	3	1	1	1	2	2	2	2	2	0

Doctor Statistic Report as of 6/21/18

Relapses/Slips	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
	0	2	1	3	1	3	5	1	1	2	1	0

TOTAL # Relapse from 2007-Present	20

This includes REP docs, who relapse due to non-substance use

Relapse Year	Year 1	Year 2	Year 3	Year 4	Year 5
	11	5	4	0	0
Percentage	55.0%	25.0%	20.0%	0.0%	0.0%

PRN Recommendations/Action Following Relapse			
Antabuse	1	(Re) Evaluation	7
Attend PRN mtg	0	Report to BOM	5
Contract Extension	0	Treatment	2
Increased Requirements	2	Other	3

Method of Detection for Relapse			
Employer	1	Self	6
Family Member	0	Treatment Center	0
Monitor	1	UA	7
Other	5		

% 1st Drug of Choice	All Cts.
Alcohol	91
Alprazolam (Xanax)	2
Ambien (Zolpidem)	3
Benzodiazepines	1
Butorphanol (Stadol)	2
Cannabinoids (Marijuana)	3
Clonazepam (Klonopin)	1
Cocaine	2
Codeine (Tylenol with codeine)	3
Fentanyl(Sublimaze)	2
Heroin	1
Hydrocodone (Lortab, Vicodin)	16
Hydromorphone (Dilaudid)	1
Meperidine (Demerol)	7
Meprobamate /Carisoprodol(Soma, Miltown)	1
Methamphetamine (Desoxyn)	1
Methylphenidate(Ritalin)	1
Morphine	1
N/A	31
Nalbuphine (Nubain)	1
Opiates	8
Oxycodone (Percodan, Oxycontin)	2
Propoxyphene (Darvocet,Darvon)	1
Tramadol (Ultram)	4
Unknown	1

Specialty	All Cts.
Anesthesiology (AN)	8
Cardiology (CD)	5
Dermatology (D)	2
Emergency Medicine (EM)	15
Endocrinology (ENDO)	1
Family Practice (FP)	43
Gastroenterology	1
General Practice (GP)	9
Internal Medicine (IM)	17
Nephrology	1
Neurology (N)	3
OB/GYN (OBG)	7
Oncology (ON)	5
Ophthalmology	3
Otolaryngology-ENT (OTO)	4
Pathology	2
Pediatrics (PD)	4
Phys. Med. And Rehab. (PM&R)	1
Physician Assistant (PA)	18
Preventative Medicine	1
Psychiatry (P)	13
Radiology	2
Surgery-General/Specific (S)	15
Unknown	4
Urology (U)	3

Participation Type	All Clients
Behavioral	7
CD	106
Dual	49
Mental Health	16
Sexual Misconduct/Addiction	9

Region	All Cts.	Region	All Cts.
I	12	*V*	28
II	15	*VI*	20
III	16	*VII*	12
IV	54	*Out of St.*	30

Doctor Statistic Report as of 6/21/18

Referral Source	All Clients
Board of Medicine	65
Board of Pharmacy	1
Colleague	35
Counselor	1
Employer	25
Family/Friend	6
Hospital	17
Interventionist	4
Other	1
Peer Assistance Program	14
Self	16
Treatment Center	2

Number of clients UA testing only (2002 - Present)	13

Method of Entry Into the Program 2002 - Present			
Board Investigation	12	Other	29
Diversion	4	Positive Drug Screen	1
DUI	14	Suspicion of Use	7
Noted Impairmen	20	Transfer from other PHP	29

Reported Alcohol Levels of Physicians charged with DUI

0.12	0.13	1.5
.173/.176	0.15	0.14
0.2	0.22	.223/.222
.212/.222	.206/.196	

Noted Impairment Levels

0.18
0.26
0.23

REPORT: CR4

Idaho Medical Association

FINANCIAL SERVICES PROGRAM ADVISORY BOARD

Richard Lee, MD, Chair, Boise

Idaho Medical Association Financial Services (IMAFS), under the management of Martin "Marty" A. Watkins, CFP, has been in operation since late 2007. IMAFS provides investment management, retirement planning, tax reduction strategies, and other services to Idaho physicians who are members of the IMA. IMAFS provides discounted service fees to IMA physician clients as a membership benefit.

Jared Empey, MSFS started as a financial planner for IMAFS in August 2016 and is based in the Boise IMA office. Marty has been meeting alongside Jared with IMAFS clients over the past two years to complete the transition. Marty will continue to maintain current clientele while Jared primarily works with new clients throughout Idaho.

The IMAFS Program Advisory Board is comprised of Idaho physicians, and provides an oversight and advisory function to IMAFS activities. The Advisory Board currently meets two or three times per year.

Since the IMA Annual Meeting in July 2017, the IMAFS Advisory Board met on October 19, 2017, and April 19, 2018, for consideration of the following:

1. Regular review of program activities and IMA member client demographics.
2. Review and approval of programs, such as retirement plan options for physician practices.
3. Periodic review of current investment climate and global economic updates.
4. Review of new marketing efforts to generate new business among Idaho physicians.
5. Review of terms of service of Board members and plans to recruit new members.

The following is a summary of IMAFS client activity as of April 6, 2018:

Assets under management:	**IMA member response:**
$77.6 million	139 physician clients

Five percent gross revenue paid to IMA in 2017: $23,814

Respectfully submitted,

Richard Lee, MD, Chair, Boise
Steve Bushi, MD, Boise
Ronald Cornwell, MD, Caldwell
Brian Crownover, MD, Meridian
Ann Huntington, MD, Eagle
Randy James, MD, Caldwell
Ron Kristensen, MD, Boise
David Martin, MD, Nampa
James Scheel, MD, Boise
Russel Snow, DO, Caldwell
James Stewart, MD, PhD, Boise
Ralph Sutherlin, DO, Boise
Brett Troyer, MD, Boise

August 2018

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL ASSOCIATION FOUNDATION

Keith Davis, MD, President, Shoshone

Foundation History

On July 8, 2010, the Idaho Medical Association formed the Idaho Medical Association Foundation (IMAF). Since its formation, IMAF has been recognized by the IRS as a private foundation exempt from tax under IRC Section 501(c)(3). IMAF is currently governed by an active board of directors and group of officers comprised of Idaho-based physicians. Keith Davis, MD was appointed President by the IMA Board of Trustees in June 2017.

According to its governing instrument, IMAF shall only engage in activities designed to promote the science and art of medicine and enhance the well-being of the people of the state of Idaho by improving the quality and accessibility of healthcare in the state. Specifically, from 2010 - 2018, IMAF has focused on the following three objectives:

A. Provide medical education financial assistance to full-time medical students and residents who have Idaho ties.

B. Recruit and encourage qualified physicians to practice in Idaho.

C. Assist medical professionals with improving the quality and accessibility of healthcare.

Foundation Financial Report

As of June 5, 2018, IMAF had assets of $561,658. Since the date of the last report (July 2017), IMAF has awarded $25,608 in grants to Idaho medical education and residency training programs. The IMAF Board also created the Future Physicians of Idaho Award to provide individual awards to medical students and residents in Idaho medical education or residency programs who intend to practice in Idaho. IMAF awarded $27,500 in grants to four individual medical students and three residents. In total, during this report period, IMAF distributed $53,108 in awards for the advancement of physician workforce and training in Idaho.

Process for Awarding Program Grants

Program Awards: Staff published a notice of availability of approximately $25,000 in grant funds from IMAF to Idaho medical education and residency programs. The IMAF Board reviewed the grant applications received. Dr. Davis reviewed with the Board the criteria each member was to use for scoring the grant applications, specifically:

Background of applicant	10%

Commitment to Idaho	20%
Commitment to serving the underserved	20%
Budget	20%
Scope of proposal	30%

The Board received scoring sheets in advance of the meeting with directions for scoring the grant applications. Dr. Davis asked staff to go through the list of applications and to record and tally scores for each application. The Board reviewed the final scores and voted to award grants to the applicants as follows:

Ada County Medical Society	$ 1,000
Internal Medicine Residency (Boise VA)	$ 5,000
ISU Family Medicine Residency	$ 5,562
Psychiatry Residency	$ 1,000
Snake River Community Clinic	$ 4,546
University of Utah School of Medicine	$ 5,000
WWAMI Idaho Trust Program	$ 3,500
TOTAL:	$25,608

Staff was directed to prepare letters to all applicants advising them of the Board's decision. For those receiving grant dollars, grantees will be asked to provide a report back to the IMAF Board by October 1, 2018, advising the Board of how the grant funds were spent and the results achieved with the money.

Individual Awards: Staff published a notice of availability of individual awards in the amount of $5,000 each to two medical students and two residents. Medical students were required to be in their 4th year and have proof of matching to an Idaho residency program. Residents were required to be in their last year of residency and provide proof of practice arrangements in Idaho upon graduation from residency to be eligible. Preference was given to applicants who are from Idaho, from underserved areas of the state, in under-represented and needed specialties, are from recognized minority populations, and who intend to practice in rural and/or underserved locations in Idaho.

The Board received scoring sheets in advance of the meeting with directions for scoring the grant applications. Dr. Davis asked staff to go through the list of applications and to review the aggregated scores. The Board reviewed the final scores and selected the applicants below to each receive individual awards.

Luke Sugden, $5,000, Rocky Vista University
Residency Program: FMRI Magic Valley Rural Training Track

Elynn Smith, $5,000, University of Utah School of Medicine
Residency Program: FMRI

Nick Hovda, $2,500, University of Washington/Idaho WWAMI
Residency Program: UW/VA Psychiatry

Daniel Sterner, $2,500, Touro University of Nevada
Residency Program: ISU Family Medicine Residency

Kate Aguirre, $5,000, Kootenai Health Family Medicine Residency
Post-Residency Employment: Marimn Health, Plummer, Idaho

Andrew Schweitzer, $5,000, FMRI Magic Valley Rural Training Track
Post-Residency Employment: St. Mary's Hospital, Cottonwood, Idaho

Robert David Crouch, $2,500, FMRI Magic Valley Rural Training Track
Post-Residency Employment: FMRI OB Fellowship then practice in Eastern Idaho

Staff announced the winners on behalf of the IMAF Board and invited the $5,000 winners to attend the IMA Annual Meeting and President's Dinner to be recognized by the assembled audience.

Next Steps for IMAF

The IMAF Board will have a meeting in fall 2018 to discuss further development of the IMAF and its award programs. Topics will include potential changes to the Board makeup, additional fundraising efforts, and improvements to the program. The Board will also set target dollar amounts for the upcoming year for both program and individual awards.

Respectfully submitted,

Keith Davis, MD, President, Shoshone
Basil Anderson, MD, Jerome
Mary Barinaga, MD, Boise
Brad Beaufort, DO, Meridian
Bruce Belzer, MD, Boise
C. Paul Brooke, MD, Idaho Falls
Darby Justis, MD, Lewiston
Steven Kohtz, MD, Twin Falls
Beth Martin, MD, Coeur d'Alene
Susie Pouliot, IMA CEO
Zachary Warnock, MD, Pocatello
William Woodhouse, MD, Pocatello

August 2018

REPORT: SR1

Idaho Medical Association

REPORT OF THE IDAHO STATE BOARD OF MEDICINE

Kathleen R. Sutherland, MD, Chairman, Boise

Members of the Idaho State Board of Medicine (Board) include: Chairman Kathleen R. Sutherland, MD, Boise; Vice Chairman Steven Malek, MD, Coeur d'Alene; Col. Ked Wills, Director, Idaho State Police; Erwin Sonnenberg, Public Member, Boise; David A. McClusky, III, MD, Ketchum; Mark S. Grajcar, DO, Meridian; John B. Brown, III, MD, Moscow; Erich Garland, MD, Idaho Falls; Michele Chadwick, Public Member, Emmett; and Julia Bouchard, MD, Boise.

Members of the Committee on Professional Discipline are: Chairman William Ganz, MD, Coeur d'Alene; William Cone, MD, Moscow; Robert Yoshida, Public Member, Boise; Laura McGeorge, MD, Boise; and Barry Bennett, MD, Idaho Falls.

Members of the Physician Assistant Advisory Committee include: Mary Eggleston Thompson, PA-C, Coeur d'Alene; Paige Cline, PA-C, Boise; and Heather Frazee Whitson, PA-C, Salmon.

In 2017, the Board issued the following licenses: 432 medical licenses, 94 osteopathic licenses, and 113 physician assistant licenses. There were 56 medical resident registrations and 26 osteopathic resident registrations issued. In addition, there were 182 medical student registrations and 45 osteopathic student registrations issued by the Board.

Currently, the total number of licensees in Idaho includes 5,633 active and 109 inactive medical licensees; 831 active and 8 inactive osteopathic licensees; and 1,094 physician assistant licensees. The year 2017 showed a three percent increase in the number of active allopathic licensees, a ten percent increase in active osteopathic licensees, and a nine percent increase in the number of active physician assistant licensees.

There are 893 physicians registered as supervising physicians for physician assistants, medical students, interns and residents; 34 physicians are registered as supervising physicians for cosmetic and laser medical personnel; and 66 physicians are registered as directing physicians for athletic trainers. There are currently four volunteer physicians licensed in Idaho.

There were 120 pre-litigation screening requests involving 216 Respondents. There were 90 pre-litigation panel hearings conducted in 2017. Of these hearings, 13 were found to have merit, 70 were found to have no merit, and two were found to have possible merit. The remaining hearings were either dismissed or withdrawn. The Board pays travel, lodging, and other panel expenses for each pre-litigation hearing. The Board continues to pay panel chairpersons $1,000 for each hearing. The Board remains grateful to the physicians and hospital administrators who continue to contribute their time and expertise to the pre-litigation process.

The Committee on Professional Discipline and the Board considered 245 complaints in 2017 and opened 159 investigations. The Board took 26 formal disciplinary actions and 22 informal actions (19 Letters of Concern and 3 Corrective Action Plans) in 2017. There were three stipulations and orders issued for rehabilitation for drugs or alcohol (one was for a PA and two were for RTs). There are currently 65 licensees being monitored for compliance with Board orders.

The Interstate Medical Licensure Compact ("Compact") continues to grow with 26 member states, territories, and/or districts. The Compact has continued issuing licenses with 18 states, including Idaho, acting as States of Principal License, and 20 states acting as Member States. As State of Principal License, Idaho has issued 21 Letters of Qualification to Idaho Licensees who seek licenses in other states and issued 88 expedited licenses to applicants from other states.

The Idaho commissioners to the Compact are currently Erich Garland, MD, Idaho Falls, Idaho State Board of Medicine Member, and Anne Lawler, Executive Director, Idaho State Board of Medicine.

During the 2018 Legislative Session, the Board supported House Bill 352 to amend the Medical Practice Act, the Athletic Trainer Practice Act, and the Dietitian Practice Act to add language related to sports teams traveling into Idaho. This bill allows physicians, physician assistants, athletic trainers, and dietitians to care for their team members while traveling in Idaho with their sports team. This bill was approved by the Legislature and signed into law on March 1, 2018.

The Board brought updated Rules to the Dietetic Practice Act, which was updated during the 2017 session. The new Rules are more consistent with the physician Rules and brings the scope of practice of the dietitians up to present day reality of their education and training. The Rules passed the Legislature and became effective on March 28, 2018.

Respectfully submitted,

Anne Lawler, Executive Director, Idaho State Board of Medicine

August 2018

REPORT: SR 2

Idaho Medical Association

SPECIAL REPORT ON POLICY PRIORITY TOOL

William Woodhouse, MD, President-Elect, Pocatello

The Idaho Medical Association, through various policies, supports the concept of transparency in a variety of ways. As first reported in 2011, in an effort to provide greater transparency and more detailed updates to the House of Delegates (HOD) on the progress of its adopted actions and policies, the IMA Board of Trustees authorized a process that will allow IMA members to review and track actions taken by the IMA Board, staff, and lobby team on adopted HOD resolutions.

The Policy Priority Tool (attached) gives the IMA Board of Trustees a dynamic process to manage and prioritize the ever-growing body of HOD policies and directives, and ensures that the IMA has the appropriate resources to be accountable in carrying through adopted HOD resolutions. This is especially relevant for legislative action directives, for which the timing may not be right the year the resolution is adopted, but the feasibility of pursuing legislative actions may improve in the future.

The Policy Priority Tool (PPT) also provides the HOD an ongoing feedback loop to keep members apprised of IMA's progress on completion of HOD directives, and the results of successful implementation of IMA policies. The PPT will also serve as the conduit to report on new developments in state and federal legislative and regulatory arenas that impact the ability of the IMA to carry through the original adopted HOD resolutions. And, importantly, the PPT gives the HOD the ability to challenge the IMA Board of Trustees' prioritization of certain issues if there is disagreement.

The attached Policy Priority Tool is a compilation of resolutions from 2008-2017 whose directives are ongoing or yet to be achieved. The IMA Board of Trustees reviewed all the resolutions and grouped them into broad categories such as Medical Education & Residency Training, Physician Practice Issues, Public Health, and others. Within those categories, the resolutions are labeled as either Legislative or Regulatory/Policy/Other. The Board then assigned each resolution a priority status of High, Moderate, Low or Sunset. The resolutions given the Sunset designation are removed from the IMA list of directives for action, although any policy positions established remain as adopted policy and continue to be recognized in the IMA Policy Compendium.

Respectfully submitted,

William Woodhouse, MD, President-Elect, Pocatello

August 2018

Attachment

IMA Resolution and Policy Priority Tool
~ 2017 Annual Update ~

RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
MEDICAL EDUCATION AND RESIDENCY TRAINING					
201(17)	Support for New Eastern Idaho Psychiatry Residency	Legislative	RESOLVED, The Idaho Medical Association adopt a policy in support of the development of the Eastern Idaho Psychiatry Residency in Pocatello; and be it further RESOLVED, The Idaho Medical Association actively lobby the Idaho Legislature to support funding requests made by or on behalf of the Eastern Idaho Psychiatry Residency.	ISU has put their E. Idaho Psychiatry Residency funding in their State of Idaho budget request. This program is included in the 10 year GME expansion plan presented to Gov. Otter.	**High**
208(15)	Updated Policy on Medical Education and Residency Training in Idaho	Legislative	RESOLVED That the Idaho Medical Association update its existing policy on medical education and residency training in Idaho in a manner that is program agnostic but that maintains focus on quality and minimum criteria that must be met to gain Idaho Medical Association support; and be it further RESOLVED That there are important minimum criteria that must be met in order for the Idaho Medical Association to consider supporting a specific proposal from any source. The minimum criteria, as defined by the Idaho Medical Association Medical Education Affairs Committee and approved by the Idaho Medical Association Board of Trustees, are: 1. Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation 2. Provides affordable access to medical education for qualified Idaho students 3. Focus on the goal of continued expansion of Idaho medical school graduates 4. Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs 5. Education and training of specialties based on physician workforce numbers and needs in Idaho 6. Focus on recruitment and retention of program graduates	Fall 2015: Working on strategy with Idaho State Board of Education; mtg w/ legislators. Feb & April 2016: used criteria to evaluate proposed ICOM med school. Aug 2016: IMA rep on SBOE med ed committee looking at next steps for Idaho. Fall 2017: IMA continues to have a very active Medical Education Affairs Committee that is focused on the improvement of medical education and residency training options in Idaho for programs that meet our policy standards. Ongoing.	**High**
208(16)	Idaho Preceptor Tax Incentive Program	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy in support of the creation of a tax incentive program for physician preceptors of students and residents of Idaho Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) medical education and Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs; and be it further RESOLVED, That the Idaho Medical Association sponsor legislation to support the creation of a tax incentive program for physician preceptors of students and residents of Idaho Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) medical education and Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs.	Fall 2016: Working with Ken McClure and med ed committee leaders to develop appropriate program guidelines and to draft proposed legislation. Fall 2017: After meeting with the tax committee chairs & encountering strong opposition, the issue is not feasible. Will continue to look for openings in the future.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
201(16)	ICOM Policy-Idaho Medical Association	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt a neutral position toward the Idaho College of Osteopathic Medicine until such time as the Idaho Medical Association House of Delegates votes to approve a change in position; and be it further RESOLVED, That the Idaho Medical Association adopt a position of support for deliberate and collaborative efforts to promote a quality physician training pipeline, and support for increasing opportunities for Idaho students and increasing the Idaho physician workforce. Idaho Medical Association looks forward to seeing additional information from the Idaho College of Osteopathic Medicine as to how their particular approach could contribute to meeting these goals; and be it further RESOLVED, That the Idaho Medical Association recognize that the Idaho College of Osteopathic Medicine proposal has increased attention to the discussion of expanding medical education in Idaho, and Idaho Medical Association sees this as an opportunity to advance the growth of residency training in Idaho; and be it further RESOLVED, That the Idaho Medical Association adopt policy to continue to positively promote legislative support for funding of Idaho medical student seats at the University of Utah and the University of Washington.	Summer/Fall 2016: IMA is a member of the ICOM advisory committee and also has a seat on the Idaho SBOE subcommittee on medical education.	**Accomplished**
205(16)	Medicaid Graduate Medical Education Funding	Legislative	RESOLVED, That the Idaho Medical Association adopt a position in support of Medicaid Graduate Medical Education funding for all Idaho Graduate Medical Education programs that receive funding from the state of Idaho; and be it further RESOLVED, That the Idaho Medical Association advocate on a legislative and administrative level for the development of Medicaid Graduate Medical Education funding for all Idaho Graduate Medical Education programs that receive funding from the state of Idaho.	Fall 2016: Dr. Epperly has requested an audit from Idaho Health & Welfare to verify current receipt of Medicaid GME funding in Idaho; once that audit is complete, work will begin to develop Medicaid GME for all Idaho GME programs that receive state funding. Fall 2017: Idaho Medicaid has begun receiving GME funding from federal sources. Additional sources of funding are being investigated and it is expected that more Medicaid GME funding will be established.	**Accomplished**
13(08)	Increase Funding for Medical Student Seats through the University of Washington and the University of Utah Schools of Medicine	Legislative	RESOLVED, That the Idaho Medical Association work with the Idaho Academy of Family Physicians and other partners to encourage legislators and the Governor to increase funding for medical student seats available to Idaho students; and be it further RESOLVED, That the Idaho Medical Association place as a priority, efforts to educate, lobby, assist, and work collaboratively with partners to increase awareness of the primary care shortage in Idaho; and be it futher RESOLVED, That the Idaho Medical Association work with the Idaho Academy of Family Physicians and other partners to identity alternatives to increase access to medical schools for Idaho students.	Oct-Dec 08 Presented @ phys-legis mtgs; economic crisis renders issue not feasible. Consideration to be carried forward. No increase in 2009 and 2010. Success in 2013 Legislature in securing funding for five new WWAMI TRUST seats. As of March 2015 legislature has approved 35 WWAMI seats. Fall 2017: Idaho now has 40 WWAMI seats and 10 U of U seats (up from 8).	**Accomplished**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
207(15)	Statewide Coordination for Clinical Rotations	Legislative	RESOLVED That the Idaho Medical Association adopt policy supporting the creation of a statewide voluntary coordination system for clinical rotations by residents, medical students, osteopathic students, physician assistant students and nurse practitioner students; and be it further RESOLVED That the Idaho Medical Association advocate for a Concurrent Resolution directing the Idaho Legislature to authorize and support a broad workgroup of stakeholders to explore the creation of a statewide voluntary coordination system for clinical rotations by residents, medical students, osteopathic students, physician assistant students and nurse practitioner students that seeks to: A. Be free of program biases. B. Be respectful and fair to all types of students. C. Protect existing program/preceptor relationships. D. Accommodate stakeholder requirements and concerns.	Fall 2015: Working on strategy with Idaho State Board of Education. Jan 2016: lower priority due to limited staff resources. Feb 2016: set aside efforts with announcement of proposed ICOM med school. Defer to SBOE as to how to proceed. March 2017: SBOE received funding ifor a staff member to oversee GME and other medical education issues. Fall 2017: SBOE hired Ted Epperly as GME coordinator for Idaho.	**Sunset**
PHYSICIAN PRACTICE ISSUES					
206(17)	Lessening the Stigma and Potential for Negative Professional Consequences to Physicians Seeking Mental Health Care Services	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association adopt a policy in support of fair and transparent processes for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further RESOLVED, The Idaho Medical Association will work with stakeholders to improve established policies, rules and procedures and the communication about them for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further RESOLVED, That Idaho Medical Association work with stakeholders to promote the proactive use of mental health services by physicians as part of a normative lifestyle of self-care in consideration of the unique stressors they face; and be it further RESOLVED, That Idaho Medical Association work with stakeholders to promote the Quadruple Aim, adding the goal of "improving the work life of health care providers, including clinicians and staff" as a key plank in healthcare delivery systems which have adopted the Triple Aim.	Referred to IMA BOT for consideration at October 6, 2017 meeting	**High**
207(17)	Community Health Screening Volunteer Provider Immunity	Legislative	RESOLVED, The Idaho Medical Association support the removal or reduction of barriers and liability risks to health care providers who want to volunteer their participation in community health screenings; and be it further RESOLVED, The Idaho Medical Association 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.	Fall 2017: Lobby team has discussed structure of potential legislation, and identified key legislators and stakeholders.	**High**
209(17)	Support for Visiting Sports Team Act	Legislative	RESOLVED, The Idaho Medical Association adopt a policy in support of visiting sports team medical professionals engaging in the treatment of their team's injured athletes or traveling staff members, provided they are fully and appropriately licensed in their own state, have an agreement in place with their sports team to provide care while traveling, do not seek to practice in Idaho healthcare facilities, and do not seek prescriptive authority in Idaho; and be it further RESOLVED, The Idaho Medical Association support legislation sponsored by the Idaho Orthopaedic Society for an Idaho law allowing visiting sports team medical professionals to engage in the treatment of their team's injured athletes or traveling staff members, provided they are fully and appropriately licensed in their own state, have an agreement in place with their sports team to provide care while traveling, do not seek to practice in Idaho healthcare facilities, and do not seek prescriptive authority in Idaho.	Fall 2017: ID Ortho Society drafted legislation; BOM has no objections; IMA Board will review at Oct 6, 2017 meeting.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
104(15)	Insurance Denials of Claims for Illegal Activity	Regulatory, Policy, or Other	RESOLVED That the Idaho Medical Association investigate all avenues to limit or prohibit the denial of coverage for a claim under an insurance policy on the basis that the claim is associated with an illegal act; and be it further RESOLVED That the Idaho Medical Association 1) work with the Idaho Department of Insurance to adopt a rule limiting or prohibiting the denial of a claim on the basis that it is associated with an illegal act; or 2) sponsor legislation to prevent the denial of coverage for a claim on this basis unless a court of law has determined that the claim is the result of an illegal act committed by the patient.	Sept 2015 Mtg w/ Ins Commissioner, request complaint for DOI action to close loophole. Jan 2016 DOI will convene IMA & ins to determine definition of "illegal act". Mar 2016 Legislation printed but no hearing. Summer 2016: continued advocacy with DOI and media. Sept 2016 Court case found in patient's favor; BCI required to pay medical expenses. 2017 BCI appealed. Ongoing.	**High**
13(13)	Prescription Drug Abuse Policies	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association encourage the ability of 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; and be it further RESOLVED, That the Idaho Medical Association support physician registration and regular usage of the Idaho State Board of Pharmacy Prescription Drug Monitoring Program (PDMP); promote the PDMP through outreach through the Idaho Medical Association newsletter and website; and provide physician feedback to the Board of Pharmacy for improvements to the PDMP; and be it further RESOLVED, That the Idaho Medical Association 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; and be it further RESOLVED, That the Idaho Medical Association oppose legislative mandates or other provisions that require physicians to engage in a burdensome process before writing controlled substance prescriptions; or mandate a physician's participation in continuing medical education (CME) courses specifically focused on pain management; or any mandates that compromise a physician's medical judgment or interfere with physician-patient relationship.	10/17/13 - have sent out different newsletter blurbs to members about awareness and promotion of PMP - continue to attend Gov's Rx Abuse Workgroup Meetings; IMA supported legislation requiring doc registration for PMP is now law. 2016: continued work with Rx Abuse Workgroup and Board of Pharmacy. 2017: Participation with ODP strategic plan. Ongoing.	**High**
19(08)	Patient Centered Medical Home	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association actively advocate the principles of the Patient Centered Medical Home as outlined in the attached document.	Nov 08 IMA delegation advocates @ AMA mtg, Jan 09 IMA stakeholder for PCMH grant; 6/29/09 IMA to sponsor & participate in PCMH summit. Ongoing.	**High**
11(09)	Increased Payment for Primary Care Services	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt a policy that supports actions that increases payment for primary care services.	Met w/ IAFP to discuss; Feb 2010 mtg on PCMH to address reimbursement; Ongoing discussions with Medicaid and other third party payors. Ongoing.	**High**
03(10)	Reaffirmation of Support for Any Willing Provider Law	Legislative	RESOLVED, That the Idaho Medical Association House of Delegates hereby reaffirms its strong support of the original Any Willing Provider law and directs the Idaho Medical Association Board of Trustees to give top priority to protecting the Any Willing Provider law from repeal; and be it futher RESOLVED, That the Idaho Medical Association support legislation, if politically feasible, clarifying the Any Willing Provider law similar to the 2010 legislation SB 528 that would allow non-network physicians or physicians in a small or solo practice to invoke the Any Willing Provider law to obtain a contract from an insurance company even though that insurance company is only contracting with networks or with large physician groups.	Present at Phys-Legis mtgs Oct-Dec 2010; Attend stakeholder mtg Dec 2010; No legislation ever introduced.	**Medium**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
206(15)	Student Loan Rate Opportunity	Legislative	RESOLVED That the Idaho Medical Association work with the Idaho Academy of Family Physicians, Idaho Department of Health and Welfare, Idaho Bankers Association and other applicable organizations to develop a program for physicians to provide reduced interest rates on outstanding student loan debt as a recruitment and retention tool for Idaho; and be it further RESOLVED That the Idaho Medical Association support legislation to implement a recruitment and retention program for physicians to reduce interest rates on outstanding student loan debt.	IMA will advocate in support if legislation is proposed. Jan 2016, IAFP agreed to work on plan after Legislature for 2017 proposal. Apr 2016 Mtg set w/ Sen. Hagedorn. July 2016 mtg w/ DHW ORH; Ongoing.	**Low**
23(12)	Dangers of Generic to Generic Substitution	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association request that the Idaho State Board of Pharmacy educate pharmacists and pharmacy technicians that generic to generic substitutions can have unintended, negative consequences for patients; and be it further RESOLVED, That the Idaho Medical Association provide educational materials and links on the Idaho Medical Association website for Idaho healthcare consumers about the potential risks associated with switching between generic brands, and how to identify their medications by generic name; and be it further RESOLVED, That the Idaho Medical Association advocate that the Idaho State Board of Pharmacy adopt rules that require pharmacists to notify patients when the generic brand has been changed in their prescription, and to prohibit pharmacists from mixing more than one generic medication in the same medication container, and to provide a separate medication container for each generic medication, even if it is for the same prescription.	2012: Staff to meet with Bd of Pharmacy to assess problem. Will request BOP rule change and will educate physicians.	**Low**
108(14)	Exchange Health Plan Grace Period	Legislative	RESOLVED That the Idaho Medical Association sponsor and advocate for passage of legislation to create guidelines and time limits for health insurers to report extensive information as part of the notification to physicians and other providers that a patient has entered the second and third month of the grace period upon an eligibility check, to require insurers to disclose their policies and procedures for handling claims for patients in various stages of the grace period, and to establish that failure to provide notification or providing inaccurate information to physicians as required would result in a binding eligibility determination upon the insurer.	Oct-Nov 2014: Issue included on Legislative Talking Points & discussed at Phys-Legis mtgs across the state. Feb 2015 - shopping legislation for introduction; Chairman Wood refused to hear bill in 2015. Currently not feasible.	**Low**
101(17)	Maintenance of Certification	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association adopt American Medical Association policy supporting a recertification process based on high quality, appropriate continuing medical education material directed by the American Medical Association recognized specialty societies covering the physician's practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning; and be it further RESOLVED, The Idaho Medical Association partner with the American Medical Association and call for the immediate end of any mandatory, closed recertifying examination by the American Board of Medical Specialties or other certifying organizations as part of the recertification process.	Fall 2017: Will draft a letter to AMA stating our support of their position, and request to be included in activities to voice concerns about the MOC process.	**Accomplished**
106(16)	Regulation of Sterile Compounding	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt policy supporting physician access to drugs compounded by compounding pharmacies; and be it further RESOLVED, That the Idaho Medical Association adopt policy supporting the U.S. Department of Health and Human Services Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act; and be it further RESOLVED, That the Idaho Medical Association communicate these positions to the Federation of State Medical Boards, the Idaho Board of Pharmacy and Idaho Board of Medicine and seek their opposition to any bans on sterile compounding that is done in physician offices or compounding pharmacies.	Fall 2016: IMA staff will develop correspondence to the entities identified in the resolution.	**Accomplished**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
206(14)	Emergency Access to Patient POST Forms	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association supports a Health Insurance Portability and Accountability (HIPAA) compliant electronic access to patients' Physician Orders for Scope of Treatment (POST) forms for all medical physicians and other healthcare professionals; and be it further RESOLVED, That the Idaho Medical Association seek administrative or legislative changes to improve physicians and other healthcare professionals' access to Physician Orders for Scope of Treatment (POST) forms.	Sept 2014: Discussed with Idaho Quality of Life Coalition; will include both POST issues in stakeholder meeting to form strategy; Feb 2015: stakeholder meeting was a success and IHDE has agreed to put POST forms on their platform for quick access. IDHE will start work Sept 2015. 2016 - work is ongoing - IHDE working to resolve difficult software implementation issues. Fall 2017: work continues. The Director of the National POLST Paradigm has recognized the excellent work Idaho has done to improve its program.	**Accomplished**
202(15)	Recognition of Comprehensive Advanced Life Support (CALS) Certification	Regulatory, Policy, or Other	RESOLVED That the Idaho Medical Association conduct outreach and education to its members, the Idaho Hospital Association, hospital medical staffs, and other relevant organizations about the Comprehensive Advanced Life Support (CALS) certification and its potential to meet requirements to obtain separate certification in Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), Advanced Life Support in Obstetrics (ALSO), or Neonatal Resuscitation Program (NRP), or any combination thereof.	Outreach with IHA and individual hospitals after 2016 legislative session.	**Accomplished**
203(15)	Recognition of the National Board of Physicians and Surgeons	Regulatory, Policy, or Other	RESOLVED That the Idaho Medical Association conduct outreach and education to its physician members, the Idaho Hospital Association, insurance companies and other relevant organizations about the existence and requirements of the National Board of Physicians and Surgeons as a viable alternative to the present board certification and maintenance of certification programs controlled by the American Board of Medical Specialties.	Outreach with IHA and individual hospitals after 2016 legislative session.	**Accomplished**
107(15)	Early Prescription Refill for Topical Ophthalmic Products	Legislative	RESOLVED That the Idaho Medical Association adopt policy and seek legislation to require insurers that cover prescription topical medication for chronic eye conditions to pay prescription claims when the following criteria are met; 1. An early refill is requested by a covered patient a. not earlier than 21 days after a prescription for a 30-day supply is despensed; b. not earlier than 42 days after a prescription for a 60-day supply is dispensed; c. not earlier than 63 days after a prescription for a 90-day supply is dispensed 2. The prescriber indicates on the original prescription tHat a specific number of refills are permitted and that early refills requested by the patient do not exceed the total number of refills prescribed.	10/2/15 Lobby team mtg w/ ins co to propose legislative solution. Jan 2016 DOI working w/ ins co to agree to Medicare guidelines. Apr 2016 Ongoing efforts with DOI. May 2016 DOI indicates insurer agreement; now seeking documentation. 2017: ISO request for notification of problems yielded no responses.	**Accomplished**
103(16)	Limiting the Use of Maintenance of Certification	Legislative	RESOLVED, That the Idaho Medical Association adopt policy in opposition to requirements for physicians to achieve Maintenance of Certification (MOC) as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, or employment; and be it further RESOLVED, That the Idaho Medical Association sponsor legislation to eliminate Maintenance of Certification (MOC) as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, or employment.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: significant pushback on legislating hospital or insurer credentialing processes.	**Sunset**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
209(16)	Gestational Surrogacy Agreements	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy in support of: 1. Recognition of gestational carrier agreements in the state of Idaho; 2. A uniform system for courts and the Idaho Bureau of Vital Records and Health Statistics to follow when recording a live birth under a gestational carrier agreement; 3. Establishment of effective standards to protect the interests of all parties subject to such an agreement; and be it further RESOLVED, That the Idaho Medical Association work with stakeholders in the field of Assisted Reproductive Technology and others, if politically feasible, to sponsor legislation that recognizes gestational carrier agreements in the state of Idaho, provides a uniform system for courts and the Idaho Bureau of Vital Records and Health Statistics to follow when recording a live birth under a gestational carrier agreement, and establishes effective standards to protect the interests of all parties subject to such an agreement; and be it further RESOLVED, That the Idaho Medical Association work with stakeholders in the field of Assisted Reproductive Technology and others to oppose any legislation that restricts the physician/patient relationship in decisions regarding the appropriate use of Assisted Reproductive Technology methodologies, including the use of a gestational carrier, or in any manner restricts a patient's access to Assisted Reproductive Technology in Idaho.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: concern that any bill would potentially cause a worse situation for physicians who provide these services. Decision to hold off on legislative action with the current legislative environment.	**Sunset**
16(10)	Addressing Idaho's Primary Care Physician Shortage Through an Idaho Primary Care Scholars Program	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association facilitate the development of an Idaho Primary Care Scholars Program, to include, but not be limited to the following elements: 1. That the program involve a scholarship fund, similar to a National Health Service Corps model, which ensures that students provide medical care in Idaho as their service obligation. 2. That the program promote mentoring and exposure to primary care physicians in Idaho, particularly in rural areas. 3. That the program maintains an individual's choice to practice what and where they choose, but that a subgroup is identified by a Primary Care Scholars Program which provides a direct incentive to keep dedicated future primary care providers in the state of Idaho; That the Idaho Medical Association Board of Trustees submit a report to the 2011 Idaho Medical Association House of Delegates containing the status of an Idaho Primary Care Scholars Program as outlined in this resolution.	Assigned to the newly formed IMA Foundation; however Foundation is still under development and will address program when up & running; on agenda for 1st Qtr 2017 IMAF board meeting. Fall 2017: due to the expansion of med ed and residency positions in Idaho, this program may not be as relevant as significant plans for improvements to primary care training in Idaho are underway.	**Sunset**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
PUBLIC HEALTH					
102(17)	Treatment Options for Pregnant Patients on Idaho Medicaid with Substance Use Disorders	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt a policy in support of treat-ment of substance use disorders during pregnancy that acknowledges the need for a variety of treatment options and settings including both outpa-tient and inpatient treatment, and with a variety of approaches including abstinence, withdrawal support and agonist therapy; and be it further RESOLVED, That the Idaho Medical Association partner with other appropriate organizations to advocate for expanded access to a range of treatment options for pregnant patients on Idaho Medicaid with substance use disorders including both outpatient and inpatient treatment, and with a variety of approaches including abstinence, withdrawal support and agonist therapy.	Fall 2017 - Met with Medicaid Policy & Division of Behavioral Health (DBH). Informed even though block grant is going away, treatment for pregnant women is still a priority and funding is complicated between behavioral health and Medicaid, but pregnant women will always have treatment available. Will work w/ DBH to make sure physicians are aware of how to access the proper care so no one is turned away.	**High**
202(17)	Idaho Maternal Death Review	Legislative	RESOLVED, The Idaho Medical Association adopt a policy in support of development of a maternal death review process in Idaho; and be it further RESOLVED, The Idaho Medical Association will work with stakeholders to establish a maternal death review process in Idaho.	Fall 2017: Initial discussions with DHW have taken place; they are supportive & need to find a way to fund. Ongoing.	**High**
102(16)	Full Coverage for Gap Population	Legislative	RESOLVED, That the Idaho Medical Association reaffirm its strong support for full healthcare coverage for the 78,000 Idahoans in the gap without health insurance by continuing to urge the Legislature to develop a complete gap solution that brings our federal tax dollars back to Idaho, replaces the costly and inefficient indigent/catastrophic system, and ensures that the gap population has full health coverage; and be it further RESOLVED, That the Idaho Medical Association, in the event of continued inaction by the Idaho Legislature, respectfully requests Governor Otter to issue an immediate Executive Order to provide full health care coverage for the 78,000 Idahoans in the gap without health insurance.	Current: IMA is a leader on this issue and is heavily involved at the strategy, grassroots, and legislative levels.	**High**
206(16)	Medically Necessary Treatment for Children	Legislative	RESOLVED, That the Idaho Medical Association adopt policy in support of the treating physician's determination that the life and long-term health of the child demands access to medical care over the right of the parents or guardians to exercise their right to deny treatment for religious or spiritual reasons; and be it further RESOLVED, That the Idaho Medical Association support legislation or other efforts in support of the treating physician's determination that the life and long-term health of the child demands access to medical care over the right of the parents or guardians to exercise their right to deny treatment for religious or spiritual reasons.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Lobby team is attending legislative interim committee meetings and is working with committee chairs to develop appropriate policy. Fall 2017: lobby team members will continue to monitor and work on issues as they arise in the 2018 Legislature.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
103(17)	Physician Dispensed Controlled Medications to Reduce Opioid Epidemic	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association work with stakeholders to find avenues for distributing detoxification medication to patients receiving a monitored prescription from a physician, physician assistant or nurse practitioner (such as buprenorphine or naloxone), to access the medication through various Drug Enforcement Agency (DEA) approved locations (such as probation and parole offices, assertive community treatment (ACT) teams, drug treatment facilities, and pharmacies); and be it further RESOLVED, The Idaho Medical Association partner with the American Medical Association to develop and distribute a statewide educational toolkit designed to help reverse the state's opioid epidemic and encourage physicians to remain committed to reducing prescription drug abuse.	Fall 2017: no action has taken place pending prioritization by BOT.	**Medium**
204(17)	Medication Management in Idaho Schools	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association shall adopt policy in support of Idaho school district policies on medication management for students that are based on best clinical practices for the condition being treated; and be it further RESOLVED, The Idaho Medical Association will work with stakeholders to improve Idaho school district policies on medication management for students based on best clinical practices for the condition being treated.	Fall 2017: no action has taken place pending prioritization by BOT.	**Medium**
13(10)	Recommendation for Increased Involvement of Psychiatrists in Idaho's Public Mental Health System	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association work in partnership with and support of the Idaho Psychiatric Association in strongly urging the Idaho Department of Behavioral Health, Governor's Task Force on Mental Health, the legislative Health Care Task Force Subcommittee on Mental Health, and other appropriate entities to adopt and implement the following recommendations: 1. Prioritize involvement of qualified psychiatrists who are active in the treatment of severely mentally ill adults and seriously emotionally disturbed children as it moves to transform the public mental health and substance abuse treatment systems; 2. Recruit and retain a state-contracted or employed psychiatrist as medical director to help lead the transformation of the public mental health and substance abuse treatment systems; 3. Place a minimum of at least one regional mental health director in each of the defined regions in the state of Idaho who is a qualified psychiatrist experienced in the care of severely mentally ill adults and seriously emotionally disturbed children.	Ongoing. Coordination of various groups needed. The Behavioral Health Integration workgroup of SHIP includes three psychiatrists, one is a co-chair. The Behavioral Health Integration (BHI) workgroup was formed to advise and address the behavioral health needs of the Statewide Healthcare Innovation Plan.	**Medium**
205(17)	Syringe Service Programs	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association shall adopt policy in support of a governmental entity's right to implement syringe service programs in Idaho; and be it further RESOLVED, That the Idaho Medical Association will work to remove barriers in Idaho law to a governmental entity's right to implement syringe service programs in the case of locally-determined community needs or a designated public health crisis caused by shared needles between injection drug users.	Fall 2017: no action has taken place pending prioritization by BOT.	**Low**
208(17)	Alcohol Poisoning and Overdose Good Samaritan Law	Legislative	RESOLVED, The Idaho Medical Association shall adopt policy to support creation of an Alcohol Poisoning and Overdose Good Samaritan Law to encourage early notification to rescue personnel, law enforcement, and/or initiating a 911 call by providing limited legal protections for witnesses who encounter an individual appearing to experience alcohol poisoning or overdose; and be it further RESOLVED, The Idaho Medical Association work with stakeholders, including Idaho law enforcement, prosecuting attorneys, the Idaho Office of Drug Policy and others to support creation of an Alcohol Poisoning and Overdose Good Samaritan Law, or a similar process, to encourage early notification to rescue personnel, law enforcement, and/or initiating a 911 call by providing limited legal protections for witnesses who encounter an individual appearing to experience alcohol poisoning or overdose.	Fall 2017: no action has taken place pending prioritization by BOT.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
101(16)	STD and STI Testing and Treatment in minors	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy in support of the confidential consent to sexually transmitted disease and sexually transmitted infections testing and treatment for all minors regardless of age in an effort to decrease the prevalence and spread of sexually transmitted disease and sexually transmitted infections throughout the state of Idaho and provide a safe and confidential environment for minors seeking healthcare; and be it further RESOLVED That the Idaho Medical Association, if politically feasible, sponsor legislation to support the confidential consent to sexually transmitted disease and sexually transmitted infections testing and treatment for all minors.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: met with DHW; no ability to address issue through child endangerment program. Currently not feasible.	**Low**
104(16)	All Vaccine Providers Required to Report in IRIS	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy in support of requiring all providers of vaccines, including physicians, pharmacists and other non-physician providers, to report all vaccines administered, with the exception of adult influenza vaccines, into Idaho's Immunization Reminder Information System (IRIS) unless the patient or the patient's parent, guardian or medical decision maker opt out of sharing their information; and be it further RESOLVED, That the Idaho Medical Association sponsor legislation requiring all providers of vaccines, including physicians, pharmacists and other non-physician providers, to report all vaccines administered, with the exception of adult influenza vaccines, into Idaho's Immunization Reminder Information System (IRIS) unless the patient or the patient's parent, guardian or medical decision maker opt out of sharing their information.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: bill failed on the floor of the House due to anti vaccine sentiment; no path forward.	**Low**
207(16)	Severe Mental Illness Exclusion of Death Penalty Sentencing	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy to oppose the imposition of a death sentence upon individuals determined by a court following a court-ordered psychiatric assessment to have suffered from severe and persistent mental illness at the time of their criminal acts; and be it further RESOLVED, That the Idaho Medical Association support legislation to prevent the imposition of a death sentence upon individuals determined by a court following a court-ordered psychiatric assessment to have suffered from severe and persistent mental illness at the time of their criminal acts.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. IMA is part of a coalition, including the ACLU and the Idaho Prosecuting Attorneys Association to work on this issue. Fall 2017: the coalition continues to look for openings to move this issue forward. They are hoping to make presentations to the germaine legislative committees in 2018.	**Low**
210(16)	Forensic Interviews of Adults with Cognitive Impairment and Minors Allowed as Testimony in Court	Legislative	RESOLVED, The Idaho Medical Association adopt policy in support of allowing recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court; and be it further RESOLVED, The Idaho Medical Association work with interested stakeholders, including advocates for adults with cognitive impairment and minors, prosecutors, courts and other parties, to investigate the possibility of developing a consensus plan to allow recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court; and be it further RESOLVED, That the Idaho Medical Association support, and if necessary and politically feasible, sponsor legislation or advocate for the adoption of court rules of evidence to allow recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Fall 2017: continuing to look for openings to move this issue forward.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
108(16)	Newborn Screening for Critical Congenital Heart Disease	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy recognizing that newborn screening of critical congenital heart disease in Idaho is a public health issue; and be it further RESOLVED, That the Idaho Medical Association partner with the Idaho State Department of Health and Welfare and other stakeholders to establish regulations and hospital guidelines for newborn screening of critical congenital heart disease; and be it further RESOLVED, That the Idaho Medical Association support, and if necessary and politically feasible, sponsor legislation for newborn screening and reporting for critical congenital heart disease in the state of Idaho.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. IMA is part of a coalition of pediatricians, hospitals, Idaho Perinatal Project, March of Dimes, Idaho Dept. Health & Welfare to develop a process for screening and reporting. CCHD rules are being published for inclusion in the Idaho Administrative Code. IMA helped to develop the language in these new rules.	**Accomplished**
110(15)	Medicare Supplement Policy for End Stage Renal Disease Patients Under Age Sixty Five	Legislative	RESOLVED That the Idaho Medical Association adopt policy and support legislation to require Idaho insurers offering Medicare supplement policies to persons sixty-five (65) years of age or older also offer Medicare supplement policies to persons in Idaho who are under sixty-five (65) years of age and eligible for and enrolled in Medicare by reason of End-stage renal disease.	10/2/15 Lobby team mtg w/ ins co to propose legislative solution. Jan 2016 2017: DOI adopted rule to allow patients to access MA plans.	**Accomplished**
104(14)	Medicaid Expansion Options	Legislative	RESOLVED, That the Idaho Medical Association reaffirm its support and advocacy for expanding Medicaid eligibility for adults up to 133 percent of the Federal Poverty Level; and that the Idaho Medical Association support and advocate for the Medicaid Private Option, the Medicaid Managed Care Option, or other acceptable options to the IMA Board of Trustees as a means of covering low-income Idahoans.	Aug 2014 - Gov's Medicaid Redesign Workgroup mtg; Nov 2014 Workgroup met & voted in favor of hybrid Healthy Idaho Plan; Feb 2015 Present to H&W Committees, legislation forthcoming; April 2015 Legislature adjourned with no hearing on issue. See 102(16) above.	**Sunset**
204(14)	Electronic Cigarettes	Legislative	RESOLVED, That the Idaho Medical Association partner with existing coalitions that are aimed at promoting a tobacco-free lifestyle to develop and implement an education campaign directed at school age children and the community at large regarding the dangers and health consequences of electronic cigarette use; and be it further RESOLVED, That the Idaho Medical Association encourage the inclusion of electronic cigarettes as part of existing smoke-free policies in Idaho communities.	Sept/Nov 2014: Monitoring federal activity, working with Idaho advocacy groups to include e-cigs in smoke-free policies; Feb 2015: Senator Werk is bringing legislation that IMA will review to determine if we can support; Werk resigned; no legislation.	**Sunset**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
REIMBURSEMENT					
105(17)	Prior Authorization Reform	Legislative	RESOLVED, The Idaho Medical Association adopt policy in support of the American Medical Association's Prior Authorization and Utilization Management Reform Principles, in which Health plans will be required to use secure electronic transmissions using the standard electronic transactions for pharmacy and medical services benefits; and be it further RESOLVED, The Idaho Medical Association organize a coalition of physician, hospital and patient advocates and associations to work with the Idaho Department of Insurance toward a solution or, if necessary, to sponsor and advocate for the passage of legislation to add the following elements of the American Medical Association's Prior Authorization and Utilization Management Reform Principles to Idaho Code: (1) Health plans will prospectively provide criteria, on the application form, used to evaluate and approve prior authorization requests; (2) If a prior authorization denial is issued, health plans will provide a list of covered alternative treatment options; (3) If a prior authorization denial is issued, health plans will provide the specific clinical rationale used to make that determination; (4) If a prior authorization denial is issued, health plans will list the prescriber's appeal rights and the health plan's appeal processes, including links to website forms for the immediate filing of appeals along with telephone numbers and email addresses of health plan employees directly involved in the appeal process; (5) For non-urgent care, health plans will provide prior authorization determination and notification to prescriber within 48 hours of obtaining all necessary information. For urgent care, the determination will be made and communicated within 24 hours of obtaining all necessary information; (6) A prior authorization approval will be valid for the full duration of the prescribed/ordered course of treatment and will not expire or require repetitive reauthorizations.	2017: IMA met with DOI director and he has agreed to convene meeting with providers and insurers to discuss ways to lessen the burden.	**High**
107(17)	Chronic Care Management Payment for Patients Also on Home Health	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association communicate support of Chronic Care Management reimbursement for rural health clinics, federally qualified health centers, and all other physician clinics managing chronic conditions for patients enrolled in a home health episode, to the Centers for Medicare and Medicaid Services to meet the needs of integrated healthcare in a Patient-Centered Medical Home; and be it further RESOLVED, That the Idaho Medical Association delegation present this resolution at the November 2017 American Medical Association interim meeting for action, and request that the American Medical Association advocate for the authorization of chronic care management during a home health episode to the Centers for Medicare and Medicaid Services for all physicians and, if federal law must be amended, to Congress.	Fall 2017: IMA submitted resolution the AMA Interim House of Delegates meeting.	**High**
109(17)	Medicaid's Use of Probability Sampling and Extrapolation	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association adopt policy in support of fair and reasonable auditing practices on the part of third party payers that: 1) provide clear definitions of, and distinction between, coding errors, misconduct, fraud and abuse; 2) limit the use of probability sampling and extrapolation when overall compliance rates are high; and 3) follow due process guidelines that allow a physician to appeal and provide additional information; and be it further RESOLVED, The Idaho Medical Association partner with other appropriate organizations to advocate for language to be added to Idaho Administrative Procedures Act (IDAPA) that further defines the Idaho Department of Health and Welfare's authority to use probability sampling and extrapolation, and that such language should be consistent with language from federal Medicare guidelines (Federal Code 42 U.S.C. § 1395ddd(f)(3) (Section 1893(f)(3)).	Fall 2017: no action has taken place pending prioritization by BOT.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
109(16)	Prior Authorization Standardization	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association reaffirm its policy to work with payers and physicians to utilize the American Medical Association's automated, streamlined, standard Prior Authorization (PA) process; and be it further RESOLVED, That the Idaho Medical Association work with payers to: 1) Find ways to reduce the number of prior authorizations for medications; 2) Include same class formulary alternatives that do not require prior authorization; 3) Provide the specific medical, scientific, clinical or financial basis for prior authorization denial, and avoid statements such as "do not adhere to generally accepted guidelines."	Fall 2016: Publish in IMA newsletter, AMA links to prior authorization resources. IMA staff participating in AMA workgroup for national standardization.'February 2017: AMA published 21 points to work with commercial payers on prior authorization regulations and limiting the burden on physicians.	**High**
101(15)	Standardized Prior Authorization Process	Regulatory, Policy, or Other	RESOLVED That the Idaho Medical Association establish policy to work with payers and physicians to utilize American Medical Association's automated, streamlined, standard Prior Authorization (PA) process; and be it further RESOLVED That Idaho Medical Association provide resources to physicians on using the American Medical Association standardized electronic prior authorization tool.	AMA Prior Authorization toolkit available to start electronic authorizations with payers. IMA newsletter article - 12-15-15. Ongoing.	**High**
110(14)	Prior Authorizations for Medications - Notification	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt a policy that any notices of prior authorization denial of medications by insurers include an alternative medication or medications acceptable to the insurer in order for the prior authorization process to work in favor of continuity of care; and be it further RESOLVED, That the Idaho Medical Association seek administrative or legislative changes to require that any notices of prior authorization denial of medications by insurers shall include an alternative medication or medications acceptable to the insurer.	Sept/Oct 2014: IMA workgroup being developed; IMAges article urging submission of PA issues; joined national workgroup. Ongoing.	**High**
17(13)	Disparity in Worker's Compensation Physician Reimbursement	Regulatory, Policy, or Other	RESOLVED, That the policy of the Idaho Medical Association is to support the reduction of the disparities in payment that currently exist within the Idaho Industrial Commission physician fee schedule; and be it further RESOLVED, That the Idaho Medical Association support an increase in the Idaho Industrial Commission physician fee schedule for Medicine Group One and Two code ranges (90000–99607) but not at the expense of other areas of the IIC physician fee schedule.	Oct 2013 - Data review reveiled primary care codes increased 30% between 2008-2013. Increasing the fees will not be requested for 2014. Will review conversion factor in 2014 for possible updates in 2015. 6/23 - IIC proposed another physician payment freeze. Public negotiated rulemaking with IIC to address 2015 fees. Discussions continuing. 2015 and 2016 physician conversion factor remain frozen. Claim data continues to show 70% of claims billed below current fee schedule. Education ongoing to encourage practices to review billed amounts for injured worker treatment. IIC proposed to keep conversion factor frozen in 2017.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
106(17)	Accurate Provider Directories for Meaningful Access to Physicians and Other Health Care Providers	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association adopt policy in support of requirements for health plans to provide accurate provider directories to patients for every plan and network; and that health plans with incorrect directories that result in patients using out-of-network providers be subject to requirements to pay the non-contracted provider's usual, customary, and reasonable charges; and be it further RESOLVED, The Idaho Medical Association organize a coalition of physician, hospital and patient advocates and associations to sponsor and advocate for the passage of legislation to require health plans to provide accurate provider directories to patients for every plan and network; and that health plans with incorrect directories that result in patients using out-of-network providers be required to pay the non-contracted provider's usual, customary, and reasonable charges.	Fall 2017: no action has taken place pending prioritization by BOT.	**Medium**
109(15)	Industrial Accident Compensation	Regulatory, Policy, or Other	RESOLVED That the Idaho Medical Association work with the Idaho Industrial Commission to modify its rules regarding payment for medical services, or support legislation if necessary, to require that the portion of workers compensation payments that represent reimbursements for medical services provided to a worker injured in an industrial accident, whether adjudicated or not, to be made directly to the physician or facility and not to the patient.	Jan 2016 Ken received proposed legislative language from a surety that may allow IMA language to be added to allow physicians to receive direct payment when settlement reached. IMA language was not added to proposed legislation. April 2017: IIC acknowledges problem but not ready to implement solution. Ongoing.	**Medium**
209(15)	Support for Equitable Reimbursement for Telehealth Services	Legislative	RESOLVED That the Idaho Medical Association adopt policy supporting reimbursement by all private and governmental third party payers for telehealth services for consultation or referral arrangements equitable to their reimbursement for comparable non-telehealth services that meet the applicable Idaho community standard of care; and be it further RESOLVED That the Idaho Medical Association work with stakeholders, including the Idaho Telehealth Council, the Idaho Hospital Association, and others to seek reimbursement by all private and governmental third party payers for telehealth services for consultation or referral arrangements equitable to their reimbursement for comparable non-telehealth services that meet the applicable Idaho community standard of care.	Fall 2015 Meeting with IHA; advocating to Idaho Telehealth Council; mtg w/ carriers. Jan 2016 IMA will introduce legislation. Mar2016 HB 583 killed by House H&W Comm. 2017: Legislation introduced by Sen. Keough was killed; IMA lobby team continues to look for potential successes.	**Medium**
108(17)	Supporting the Prudent Person Standard for Insurance Coverage of Emergency Care	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association adopt a policy in support of maintaining the prudent person standard currently in Idaho Code 41-3903(7); and be it further RESOLVED, The Idaho Medical Association will actively and vigorously work to defeat any challenges to the prudent person standard currently in Idaho Code 41-3903(7).	Fall 2017: IMA staff participated on AMA national call on the issue. Monitoring.	**Low**
107(16)	Commercial Insurance Recoupment Limits	Legislative	RESOLVED, That the Idaho Medical Association adopt policy in support of limiting commercial insurers' recoupment of overpayments to one year from the date of payment in all cases other than when fraudulent activity is identified; and be it further RESOLVED, That Idaho Medical Association support legislation to add regulation to the Idaho Insurance Code limiting commercial insurers from recouping reimbursement beyond one year from date of payment.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Currently not feasible.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
106(14)	Medicaid Payment of Anesthesia Services for Dentistry	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association support Medicaid reimbursement for general anesthesia services provided by board certified anesthesiologists or Certified Registered Nurse Anesthetists administered in dental offices with a flat fee for the first hour with a per minute charge after the first hour at a rate that encourages practitioners to provide these services; and be it further RESOLVED, That to maximize patient safety participating anesthesiologist or certified registered nurse anesthetist must have active privileges to perform the same services at a hospital or Ambulatory Surgery Center within Idaho or a bordering state; and be it further RESOLVED, That the Idaho Medical Association communicate this policy to the Idaho Department of Health and Welfare and request revision of Medicaid guidelines to allow reimbursement on a flat fee structure for anesthesia services performed on pre-approved dental procedures in the dentist office.	Oct 2014 -Met with Medicaid. Idaho dentistry srvs paid on managed care model. Washington is fee for service. Need to check with other states offering this type of payment that are managed care to see how it will work. Willing to work with IMA, Dental Association and others to implement. May 2016-Idaho reimburses dentists for anesthesia. Some urban area dentists have own ASC to perform procedure that bundles anesthesia into ASC payment. Fall 2016: DentaQuest identified Arizona and Texas with similar models for physicians to provide anesthesia in dentist office. Fall 2017: Unable to locate model that shows hard data similar to model proposed.	**Low**
105(14)	Medicaid Reimbursement to FQHC and RHC for Expenses Not Included in Encounter Rate	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association support the vital services provided by Federally Qualified Health Centers and Rural Health Clinics to Medicaid patients in under-served and rural areas of the state, and support additional Medicaid reimbursement to align with Medicare payment methodology for identified supplies and the technical component for radiology and laboratory services; and be it further RESOLVED, That the Idaho Medical Association communicate this policy to the Idaho Department of Health and Welfare and request revision of Medicaid guidelines to align with Medicare payment methodology and allow reimbursement of the encounter rate in addition to reimbursement for 1) identified supplies, and 2) the technical component of radiology and laboratory services; and be it further RESOLVED, That the Idaho Medical Association work with the Idaho Academy of Family Physicians and the Idaho Primary Care Association to advocate for the requested changes in Medicaid reimbursement for Federally Qualified Health Centers and Rural Health Clinics.	10/1/14- Met with Medicaid to discuss differences. Sending details on Medicare addiitonal reimbursed services outside of encounter rate 3/3/15 - F/U with Sheila and Matt at IDHW re: status of email sent in October. 3/18-Met with IDHW. Medicaid encounter rates higher than Medicare. Would need to review cost analysis of how much addtl money necessary to cover supplies and lower encounter rate. Changes would require state plan amendment as Idaho payment methodology follows SSA, not CMS. IDHW surveying FQHC regarding payment adjustments and making appropriate changes. Last survey was 1999/2000. 8/12/16-Medicaid approved contraceptive devices to be separately billed from encounter rates. Modifier FP and NDC# required.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
17(12)	Medicaid Reimburse Multiple Procedures on the Same Day	Legislative	RESOLVED, That the Idaho Medical Association introduce and support legislation to require Medicaid multiple procedure reimbursement guidelines be consistent with CMS Medicare guidelines.	Staff met with Medicaid to address issue for 2014 DHW agency budget request.	**Low**
110(16)	Parity of Payer Coverage for Opioids	Legislative	RESOLVED, That the Idaho Medical Association adopt policy and seek legislation in support of restricting the ability of payers to impose dollar limits, copayments, deductibles or coinsurance requirements on coverage for an abuse-deterrent opioid analgesic drug product that are less favorable to a patient than the dollar limits and cost share requirements that apply to coverage for any other opioid analgesic drug product; and be it further RESOLVED, That the Idaho Medical Association adopt policy and seek legislation in support of restricting the ability of payers to require a patient to first use an opioid analgesic drug product without abuse- deterrent labeling before providing coverage for an abuse-deterrent opioid analgesic drug product; and be it further RESOLVED, That the Idaho Medical Association adopt policy and seek legislation in support of restricting the ability of payers to create disparities in utilization review, including pre-authorization, for an abuse-deterrent opioid analgesic drug product, if the same utilization review requirements are not applied to non-abuse-deterrent opioid analgesic drug products.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. IMA is working with the Idaho Office of Drug Policy to search for solutions for the opioid crisis in Idaho. This particular solution (Res 110(16)) does not appear to be feasible.	**Sunset**
109(14)	Partial Hospitalization Program Benefit for Youth	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt a policy in support of third party payers providing partial hospitalization benefits for youth in need of mental health services; and be it further RESOLVED, That the Idaho Medical Association, upon review and approval by the Board of Trustees, advocate for the passage of legislation to develop and implement a third party payers partial hospitalization program benefit option for youth needing mental health care.	10/1/14-Met with Medicaid. This change will require a state plan amendment. Need to quantify inpatient srv that could go down if program available. May only be handful. Optum implementation has reduced the need for inpatient services. Suggest discussing with Ross Edmunds and Optum. Dec. 2014 - St. Luke's has agreed to do a pilot project for IDHW to see if they have a potential statewide solution. Fall 2017: State of Idaho working on Parity Laws with movement to allign mental health services with general medical care expected summer- fall 2018.	**Sunset**
SCOPE OF PRACTICE					
203(17)	IMA Policy on Removing Physician Supervision of Physician Assistant Practice in Idaho	Legislative	RESOLVED, The Idaho Medical Association shall adopt policy in opposition to any legislative proposal to remove the supervisory relationship between a Physician Assistant and the physician with whom he or she practices, as is currently required by Idaho law, and be it further RESOLVED, That Idaho Medical Association and the Idaho Academy of Physician Assistants, ideally with involvement of members of the Board of Medicine, will form a workgroup to make recommendations for improvements to the regulatory environment for PAs and the physicians who employ them, while keeping a firm commitment to physician assistants practicing exclusively in collaboration with physicians. Physicians will remain in their current role as the center of the medical team.	Fall 2017: IMA conducted physician survey to determine level of problems with BOM PA supervision paperwork, etc. IMA to convene workgroup with IAPA and BOM.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
205(15)	Opposition to Prescribing Rights for Psychologists	Legislative	RESOLVED That the Idaho Medical Association adopt policy opposing prescriptive authority for Idaho psychologists; and be it further RESOLVED That the Idaho Medical Association support efforts by the Idaho Psychiatric Association, American Psychiatric Association, and American Medical Association to inform, educate and lobby against the granting of prescriptive authority for Idaho psychologists.	8/26/15 IPA working on APA grant and hiring lobbyist: Nov 2015 IPA received APA grant and hired lobbyist. Jan-Mar 2016 Ongoing support & coordination. 2017: Bill passed to allow prescribing with NP equivalent education, fellowship w/ physician who determines if psychologist can prescribe upon completion of full training.	**Sunset**
24(12)	Chiropractor Scope of Practice / Truth in Advertising	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association reaffirm its support for and seek introduction and passage of truth in advertising legislation that would require any practitioner who uses the term “doctor” in any form of advertising to include a descriptive word or phrase that clearly explains what kind of “doctor” the practitioner is; and be it further RESOLVED, That the Idaho Medical Association provide education for the public and policy makers which outlines the differences in education and training between physicians (MD/DO) and the chiropractic profession and other limited license practitioners, through use of educational materials such as the “Know Your Physician” wheel from the American Medical Association, and through advertising that encourages patients to ask key questions of health providers before seeking services, such as professional education background and appropriate scope of practice training; and be it further RESOLVED, That the Idaho Medical Association meet with the Idaho Board of Chiropractic Physicians in order to express physicians’ concerns regarding inappropriate practices by some chiropractors and the patient safety concerns these practices raise, and request that the Idaho Board of Chiropractic Physicians strictly enforce the chiropractor scope of practice to remain within statutory limitations; and be it further RESOLVED, That the Idaho Medical Association urge physicians to submit complaints to the appropriate licensing board and the Idaho State Board of Medicine on behalf of patients if the physician believes a limited license practitioner has engaged in providing services that are outside the practitioner’s scope of practice (such as injection therapy) or has engaged in activities that endanger the health or safety of a patient, and be it further RESOLVED, That the Idaho Medical Association ask health insurance companies in Idaho for their policies for reimbursement of lab tests ordered by limited license practitioners, compile this data and make it available to physicians.	Oct-Dec 2012: Present at Phys-Legis mtgs. Jan 2013: TIA bill drafted and shared with stakeholders; req mtg w/ Bd of Chiropractors. Legislation failed. Complaints filed with both chiro board and BOM; 10/18/13 Grant app being developed for counter-advertising; grant awarded January 2014; implementation of advertising campaign in progress. 2016 - turnover on chiropractic board has improved policing of chiropractors. Will continue to monitor. 2017: the chiropractors succeeded in getting legislation authorizing them to have limited prescriptive authority and they are drafting administrative rules that will be up for legislative review in 2018.	**Sunset**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Prioritization
MISCELLANEOUS					
104(17)	Physician-Assisted Suicide	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association adopt a policy in opposition to physician-assisted suicide and declare that physician-assisted suicide is inconsistent with the physician's role as healer and healthcare provider.	Fall 2017: IMA will update policy manual.	**Accomplished**
105(16)	Opportunities for the IMA to Partner with the Idaho Food Bank	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association establish policy in recognition of food insecurity as one of the most important social determinants that impacts the health status of Idahoans; and be it further RESOLVED, That the Idaho Medical Association partner and explore opportunities to be educated about, and work with, the Idaho Foodbank and its 230 non-profit partners to help decrease food insecurity in our communities.	Fall 2016: IMA CEO met w/ Foodbank CEO to plan for joint activities throughout 2016-17. Oct 2016: IMA newsletter article; plan for Feb 2017 news conf.	**Accomplished**
102(15)	Support for Outpatient Reimbursement for Nutrition Education	Legislative	RESOLVED That the Idaho Medical Association establish policy to collaborate with and support Idaho Academy of Nutrition and Dietetics in efforts to obtain reimbursement from payers for outpatient nutrition education.	IMA will advocate in support if legislation is proposed by the Idaho Academy of Nutrition and Dietetics.	**Sunset**
108(15)	Support for the Right of Contact Lens Manufacturers to Institute Unilateral Pricing Policies	Legislative	RESOLVED That the Idaho Medical Association support the Idaho Society of Ophthalmology and the Idaho Optometric Physicians Association in their efforts to defeat legislation that would make unilateral pricing policies by contact lens manufacturers illegal in Idaho because it leads to decreased physician oversight and increased incidence of documented harm to patients.	IMA will advocate in support if legislation is proposed by others.	**Sunset**

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 201 (18)

SUBJECT: BYLAWS CHANGE TO REFLECT NEW IDAHO MEDICAL ASSOCIATION MISSION STATEMENT

AUTHOR: IMA BOARD OF TRUSTEES

SPONSORED BY: IMA BOARD OF TRUSTEES

WHEREAS, The IMA mission statement resides in the organization's bylaws, and has not been updated in decades; and

WHEREAS, In April 2018, the IMA Board of Trustees engaged in a strategic planning process to set organizational goals and strategies for the future, and to assess whether these goals and strategies align with the mission of the IMA. Upon completion of this process, the Board determined the IMA mission statement should be updated to more accurately reflect the overarching aims of the organization; and

WHEREAS, The IMA Board of Trustees believes the mission statement should emphasize the IMA's role as an advocate and voice for physicians, to uphold the art and science of medicine, and serve the patients of Idaho; therefore be it

RESOLVED, Idaho Medical Association bylaws be amended as indicated to read as follows (strikethrough text indicates language being

removed, and underlined text indicates new language being added):

CHAPTER I -- NAME, ~~PURPOSES~~ MISSION, AND ORGANIZATION

Section 2. ~~Purposes~~ Mission

~~The purposes of this Association are to promote the science and art of medicine, the protection of the public health, and the enhancement of the medical profession of the State of Idaho; and to unite with similar organizations in other states and territories of the United States to form the American Medical Association.~~

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; and be it further

RESOLVED, Idaho Medical Association staff is hereby authorized to make any technical corrections to these bylaws to ensure accurate numbering of sections, cross references and elimination of typographical errors.

EXISTING IMA POLICY: As stated in current bylaws language.

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: Low

DEGREE OF DIFFICULTY: Low

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 202 (18)

SUBJECT: UPHOLDING STATUTORY LICENSURE REQUIREMENTS

AUTHOR: IMA BOARD OF TRUSTEES

SPONSORED BY: IMA BOARD OF TRUSTEES

WHEREAS, Executive Order 2017-06 was signed May 19, 2017 by then Acting Governor Brad Little, ordering a sweeping review of Idaho's occupational licensing requirements to determine if there are overly burdensome regulations that act as barriers to licensed professions. Examples of licensed professions in Idaho include architects, attorneys, plumbers and engineers, as well as the various healthcare professions such as physicians, nurses, optometrists, pharmacists and chiropractors; and

WHEREAS, In order to protect the public, the legislature has enacted laws in Idaho establishing licensure requirements and regulatory board oversight for individuals who seek to be employed or engaged in various professional, technical or other occupations within the state; and

WHEREAS, The goal of Executive Order 2017-06 was to identify and repeal or replace archaic, unnecessary or onerous regulations, but not to

reduce appropriate requirements or restrictions on licensure or certification that protect the public; and

WHEREAS, The Idaho Board of Medicine (“Board”) was created by the legislature and its members are appointed by the governor to assure the public health, safety and welfare in the state through the licensure and regulation of physicians, and to exclude unlicensed persons from the practice of medicine; and

WHEREAS, According to Idaho Code 54-1803(1), the "practice of medicine" means:

(a) To investigate, diagnose, treat, correct or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality;

(b) To apply principles or techniques of medical science in the prevention of any of the conditions listed in paragraph (a) of this subsection; or

(c) To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in paragraphs (a) and (b) of this subsection; and

WHEREAS, Licensure boards are responsible for interpreting the laws, rules, and regulations for their licensees to determine the appropriate standards

of practice in an effort to ensure clinical proficiency and the highest degree of professional conduct; and

WHEREAS, Idaho Medical Association is very selective in its policy deliberations and positions adopted that determine whether IMA will support, remain neutral or actively oppose other healthcare providers' licensure or scope of practice issues; and

WHEREAS, The criteria for IMA to oppose efforts for expansion of the scope of practice or licensure by non-physician healthcare providers is based on the potential for significant harm to patients and/or deterioration of public health policy; and

WHEREAS, IMA policy states that other healthcare practitioners should be held to the same standard of care as a physician when they are providing similar services; and

WHEREAS, Because physicians (MDs/DOs) have the highest level of education and training of all healthcare providers, it is important that the IMA maintain its policy of involvement in the scope of practice and licensing issues proposed by non-physician healthcare providers and their licensure and regulatory boards; therefore be it

RESOLVED, Idaho Medical Association adopts policy in support of its ongoing involvement in the changes to scope of practice and licensure laws, rules and regulations proposed by non-physician healthcare providers and their licensure and regulatory boards for the purpose of protecting the health and safety of Idaho patients; and be it further

RESOLVED, Idaho Medical Association will work with stakeholders, including health profession advocacy groups, licensure and regulatory boards, legislators, individual providers and patients to uphold the highest education and quality standards for all healthcare providers to ensure the health and safety of Idaho patients.

EXISTING IMA POLICY: IMA has existing policies on 22 different types of non-physician health care providers, as well as additional policies on various general scope of practice-related issues.

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: High

DEGREE OF DIFFICULTY: High

Attachment: Idaho Executive Order 2017-06

Executive Department
State of Idaho

State Capitol
Boise

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2017-06

ON REVIEWING THE NECESSITY FOR AND THE APPLICABILITY AND PROCESSING OF LICENSURE REQUIREMENTS FOR INDIVIDUALS ENGAGED OR DESIRING TO BE ENGAGED OR EMPLOYED IN TECHNICAL, PROFESSIONAL OR OTHER OCCUPATIONS WITHIN THE STATE OF IDAHO, EMPHASIZING THE EFFECT OF LICENSURE REQUIREMENTS ON IDAHO EMPLOYMENT OPPORTUNITIES

WHEREAS, in order to protect the public, the Legislature has enacted laws in Idaho establishing licensure requirements for persons desiring to be employed or engaged in various professional, technical or other occupations within the state; and

WHEREAS, administration of such laws are vested in agencies or bureaus within state executive departments or in various self-governing agencies; and

WHEREAS, the extent of state occupational licensure is partially reflected in Title 54, Idaho Code, with 57 chapters devoted to licensure of persons to engage in certain professional, technical, and occupational endeavors, and the responsibility for licensure of persons to engage in those occupations is delegated by law to independent self-governing agencies, and substantial occupational licensing authority also has been granted to the 19 state executive departments; and

WHEREAS, while it is important to ensure public protection, it also is imperative that we ensure that the laws and rules do not create unnecessary barriers to commerce and employment, and although new and occasionally existing regulatory rules are reviewed by the Legislature, there has not been a comprehensive internal review of licensing requirements within the executive branch of Idaho's government since the reorganization of the state executive departments in the mid-1970s, more than 42 years ago; and

WHEREAS, there has been no comprehensive critical analysis of the effect of existing licensing requirements on employment opportunities within the state, nor has there been any re-examination of such requirements to determine the necessity for such licensure, or whether the public interest could not be equally or better served by less restrictive or less intrusive mechanisms than those now in place; and

WHEREAS, analysis of the laws and rules may well result in removing unnecessary barriers to desirable employment for qualified individuals and increasing the availability of a skilled and valuable workforce necessary to grow Idaho's economy; and

WHEREAS, Article IV, Section 5, of the Constitution of the State of Idaho vests the supreme executive power of the state in the governor and imposes upon the governor the responsibility to see that the laws of the state are faithfully executed; and

WHEREAS, Article IV, Section 5, of the Constitution of the State of Idaho provides that in the event of certain events, including the absence of the Governor from the state, the powers, duties and emoluments of the office of governor shall devolve upon the lieutenant governor until the governor shall not be absent from the state; and

WHEREAS, at the time of executing this Executive Order, the Governor is absent from the state and during such absence, the powers and duties of the office of governor have devolved upon the Lieutenant Governor;

NOW THEREFORE, I, BRAD LITTLE, Acting Governor, by virtue of the authority vested in me by the Constitution and laws of the State of Idaho, hereby declare the following:

1. *Each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency with statutory or regulatory authority to issue a license to an individual, authorizing such person to engage in a profession, vocation or occupation, shall review and report:*
    a. *the timeframe for final action either approving or denying a complete application for issuance of a professional, occupational, or vocational license; and*
    b. *review of requirements that are prerequisites for the issuance of each type of license and suggestions on requirements that can be eliminated; and*
    c. *review of renewal requirements and suggestions on requirements that can be eliminated ; and*
    d. *statutory or regulatory prohibitions that require the department to deny either the acceptance of an application for a license or the denial of the issuance or renewal of a license, together with a report of the number of applicants denied licensure, or whose applications were not accepted for consideration by the department or agency, or who were refused renewal of a license for the one-year period immediately following or preceding the date of this executive order, and the factual or statutory basis for each such denial; and*
    e. *statutory or regulatory authority for the suspension, revocation or other disciplinary action relating to professional, technical, or occupational licenses issued by such agency, together with a report of the number of such disciplinary actions and the factual or statutory basis for such action; and*
    f. *the cost of administering the licensing process on a per applicant basis, and the fee charged to each applicant for issuance or renewal of a license.*
    g. *in recognition of the work by board members to address these issues, list the laws and rule changes enacted in the past five years to eliminate barriers.*

2. *Each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency with statutory or regulatory authority to issue a license to an individual, authorizing such person to engage in a professional, technical or occupation, shall:*
    a. *provide an assessment or statement as to whether the licensure, or requirements relating thereto, are in the public interest, together with the reasons for such assessment or opinion; and*
    b. *provide recommendations for improvement, modification or elimination of licensure requirements within the department's or the self-governing agency's jurisdiction; and*
    c. *within thirty (30) days following the effective date of this Executive Order, adopt a process or procedure affording interested persons reasonable opportunity to submit to the department, bureau or self-governing agency, or to the Governor's office or the office of the Lieutenant Governor if the person chooses, data, views, opinions or arguments concerning any matter which is the subject of this Executive Order. Such information may be submitted either in writing or*

electronically. The process or procedure may provide a closing date for the submission of such information, which for the purposes of this Executive Order shall not be earlier than May 1, 2018; and

d. *upon adopting such process or procedure, provide notice to the Governor's office and to all interested persons of its intent to comply with the requirements of this Executive Order and the manner in which such interested persons may provide data, views, opinions or arguments either to the department, bureau, self-governing agency or to the Governor's office or the office of the Lieutenant Governor.*

3. *The term "interested persons," as used in paragraphs 2c and 2d of this Executive Order shall include but not be limited to all persons currently licensed by the affected department or agency on the effective date of this Executive Order.*

4. *Each executive department of the state of Idaho as set forth in section 67-2402, Idaho Code, including each division, bureau or self-governing agency, shall submit the report including the information required in this Executive Order to the Governor's office no later than July 1, 2018. Reports may be submitted electronically.*

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 19th day of May, in the year of our Lord two thousand and seventeen and of the Independence of the United States of America the two hundred forty-first and of the Statehood of Idaho the one hundred twenty-seventh.

BRAD LITTLE
ACTING GOVERNOR

LAWERENCE DENNEY
SECRETARY OF STATE

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 203 (18)

SUBJECT: NON-PHYSICIAN PROVIDER OUTCOME REPORTING

AUTHOR: JOSEPH WILLIAMS, MD

SPONSORED BY: ADA COUNTY MEDICAL SOCIETY

WHEREAS, Physicians (MD/DO) have seen a dissolution and redistribution of their scope of practice over the past 15 or more years, as well as the dilution of their clinical authority; and

WHEREAS, Broad categories of non-physician healthcare service provisions have developed or been expanded, including but not limited to:

- Nurse practitioner care in either a medically supervised environment or a non-medically supervised environment
- Physician assistant services
- Pharmacist direct prescribing
- Chiropractic care
- Naturopathic care
- Massage therapy
- Services by classically regarded ancillary service lines, for example:
    - respiratory therapy
    - athletic trainers
    - physical trainers
    - occupational therapy; and

WHEREAS, There are well-developed systems for MD/DO adverse care outcome review, peer review, involvement of the medical liability industry and malpractice adjudication industry; and

WHEREAS, There are nascent to limited systems for the vetting of adverse outcomes or complications for non-physician provider incidents with patients, clients or customers; and

WHEREAS, Idaho's occupational licensing laws and associated administrative rules on healthcare providers create a system whereby each occupation is governed by a regulatory board that is charged with policing their licensees; and

WHEREAS, Nearly all of Idaho's licensed non-physician providers are governed by regulatory boards that are made up primarily of members of the profession they regulate; and

WHEREAS, Under Idaho's occupational licensing and regulatory system it is difficult, if not impossible, for the Idaho State Board of Medicine to pursue cases of the unlicensed practice of medicine against non-physician providers licensed under another regulatory board; and

WHEREAS, There is no centralized system of gathering information on adverse outcomes derived from care by non-physician providers in Idaho; and

WHEREAS, Idaho Medical Association is frequently asked by legislators and others for information on or examples of adverse outcomes or complications from care by non-physician providers and there is currently no process for gathering that information; therefore be it

RESOLVED, Idaho Medical Association will adopt policy and create an internal process to gather information voluntarily shared by its members on adverse outcomes derived from care by non-physician providers in Idaho. The information gathered in this process would be for internal Idaho Medical Association use. If it is determined the use or release of this information outside of the Idaho Medical Association would be advantageous for a specific purpose, the Idaho Medical Association Board of Trustees would have authority to approve the use or dissemination of the information and set guidelines for its use.

EXISTING IMA POLICY: IMA has existing policies on 22 different types of non-physician health care providers, as well as additional policies on various general scope of practice-related issues.

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: Moderate

DEGREE OF DIFFICULTY: Low

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 204 (18)

SUBJECT: SUPPORT FOR THE APPROPRIATE PRACTICE OF RADIOGRAPHY

AUTHOR: JAMES SCHMUTZ, MD

SPONSORED BY: JAMES SCHMUTZ, MD

WHEREAS, The appropriate practice of radiography requires adequate knowledge of anatomy, patient positioning, examination techniques, equipment, protocols, radiation safety, radiation protection, and basic patient care; and

WHEREAS, Radiologic technologists (also known as x-ray technicians or “rad techs”) with the highest level of training have completed disciplined programs and acquired national certification and registration to practice radiography through the American Registry of Radiologic Technologists (ARRT); therefore be it

RESOLVED, Idaho Medical Association will repeal existing Idaho Medical Association policy opposing legislation to license radiologic technologists (also known as x-ray technicians or “rad techs”) and hereby adopts policy in support of licensing radiologic technologists who have attained national certification and registration to practice radiography through the American Registry of Radiologic Technologists (ARRT) and employing only those

licensed radiologic technicians in the generation of radiography in all settings in so far as it is possible and practical; and be it further

RESOLVED, Idaho Medical Association will sponsor legislation to license radiologic technologists who have attained national certification and registration to practice radiography through the American Registry of Radiologic Technologists (ARRT) and employing only those licensed radiologic technicians in the generation of radiography in all settings in so far as it is possible and practical.

EXISTING IMA POLICY: IMA opposes legislation to license radiology technicians due to concerns the bill would be problematic in rural areas of the state leading to access issues for radiology. (BOT, Feb 2013)

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: Moderate

DEGREE OF DIFFICULTY: Moderate

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 205 (18)

SUBJECT: OPPOSITION TO INTERVENTIONAL PAIN PRACTICE BY NON-PHYSICIAN HEALTHCARE PROVIDERS

AUTHOR: JESSICA JAMESON, MD

SPONSORED BY: KOOTENAI BENEWAH DISTRICT MEDICAL SOCIETY

WHEREAS, The scope of practice for non-physician healthcare providers is becoming wider; and

WHEREAS, The practice of interventional pain medicine is a highly specialized practice; and

WHEREAS, Interventional chronic pain procedures carry with them the risk for severe complications including, but not limited to, stroke, paralysis, and death; and

WHEREAS, The education required for a physician is over twice that required for Certified Registered Nurse Anesthetists and other non-physician healthcare providers; and

WHEREAS, The training hours required for a physician to practice interventional pain is over five times that required for Certified Registered Nurse Anesthetists and non-physician healthcare providers; and

WHEREAS, Access to physician care for residents of Idaho as it relates to interventional pain has never been better; and

WHEREAS, Coordinated, physician-led, patient-centered, team-based patient care is the best approach to improving quality care for all patients, and interventional pain medicine requires active physician involvement and oversight to maintain patient safety; therefore be it

RESOLVED, Idaho Medical Association adopt policy in opposition to non-physician healthcare providers practicing independent interventional pain management; and be it further

RESOLVED, Idaho Medical Association will partner with appropriate organizations including the Idaho Society of Anesthesiologists and the Idaho Society of Interventional Pain Physicians to sponsor legislation to restrict the independent practice of interventional pain management by non-physician healthcare providers.

EXISTING IMA POLICY: IMA opposes HB 659, Independent Practice for Nurse Practitioners. (BOT, Feb. 2004)

IMA opposes U.S. Senate Bill 866 allowing independent practice for CRNA’s. The IMA requests that Senator Craig rescind his

support of this legislation. (BOT, June 1999)

IMA FISCAL NOTE: $$$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: High

DEGREE OF DIFFICULTY: High

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 206 (18)

SUBJECT: NETWORK ADEQUACY AND OUT OF NETWORK PAYMENTS

AUTHOR: IMA BOARD OF TRUSTEES

SPONSORED BY: IMA BOARD OF TRUSTEES

WHEREAS, Idaho's health plans are creating increasingly more narrow networks of physicians and other providers to save money, and there is a lack of regulatory or statutory guidance on network adequacy standards to ensure patient access to necessary care in local communities; and

WHEREAS, Some physicians 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; and

WHEREAS, Patients often do not receive clear and timely information from health plans about whether or not a physician or hospital is in or out of network, nor what allowable benefits, deductibles and copays the patient might expect when receiving care from out of network (OON) physicians; and

WHEREAS, When local hospitals are in networks, but the physicians providing care in those facilities are not, it causes problems for patients, especially in emergency situations when health plans do not adequately cover care provided by OON physicians. In these situations, patients with a surprise lack of coverage are left with the financial responsibility for the OON physicians' services; and

WHEREAS, 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 not be derived from government or health plan fee schedules because they do not reflect the cost of providing care; and

WHEREAS, If health plans fail to provide an adequate OON reimbursement system, physicians should have access to an arbitration process to determine appropriate payment for services rendered; therefore be it

RESOLVED, In order to facilitate more fully informed decisions by patients, the Idaho Medical Association urges its member 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. Idaho Medical Association opposes unethical practices of inappropriately billing patients; and be it further

RESOLVED, Idaho Medical Association adopt policy in support of requirements for health plans: 1) to maintain strong, measurable network adequacy standards that provide patients with timely access to and choice of providers; 2) to the degree possible to standardize the way in which they market and describe their out-of-network coverage to provide transparency for patients; 3) to be responsible for informing patients in a timely manner whether or not a physician or hospital is in network or out of network based on the patient's individual plan, and estimates of the allowable benefit for care, deductible and copay so patients may accurately assess their financial exposure; 4) to provide reasonable reimbursement to out of network physicians using an index of fair market values for services rather than payor fee schedules; and 5) to engage in arbitration with physicians to determine adequate reimbursement for out of network services; and be it further

RESOLVED, Idaho Medical Association participate in a coalition of physician, hospital and patient advocates and associations to work with the Department of Insurance to adopt rules and guidelines, or if

necessary, to sponsor and advocate for the passage of legislation to ensure that health plans: 1) maintain strong, measurable network adequacy standards that provide patients with timely access to and choice of providers; 2) to the degree possible to standardize the way in which they market and describe their out-of-network coverage to provide transparency for patients; 3) to be responsible for informing patients in a timely manner whether or not a physician or hospital is in network or out of network based on the patient's individual plan, and estimates of the allowable benefit for care, deductible and copay so patients may accurately assess their financial exposure; 4) to provide reasonable reimbursement to out of network physicians using an index of fair market values for services rather than payor fee schedules; and 5) to engage in arbitration with physicians to determine adequate reimbursement for out of network services.

EXISTING IMA POLICY: The IMA will oppose HB 495 to prohibit balance billing. (BOT, Feb 2018)

IMA adopted policy in support of health care reform in 2009 and part of that policy outlines support for, "Allowing balance billing and private contracting." (HOD, July 2009)

IMA opposes HB 710, prohibition on balance billing for emergency services, which would prohibit non-participating physicians from balance billing a patient if services were provided in a hospital that participates with the patient's insurer. (BOT, Feb. 2004)

The IMA supports SB1457 which clarifies Idaho law regarding the practice of balance billing to state that physicians may balance bill except for services covered under written contractual acceptance. (BOT, February 1998)

IMA FISCAL NOTE: $$$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: High

DEGREE OF DIFFICULTY: High

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 207 (18)

SUBJECT: PHARMACY BENEFIT MANAGER TRANSPARENCY AND REGULATION

AUTHOR: W. PATRICK KNIBBE, MD

SPONSORED BY: W. PATRICK KNIBBE, MD, PRESIDENT, ASSOCIATION OF IDAHO RHEUMATOLOGISTS

WHEREAS, Pharmacy Benefit Managers (PBMs) are third party administrators of prescription drug programs that negotiate drug prices with manufacturers and process claims on behalf of the health plans they represent; and

WHEREAS, PBMs contract with health plans or self-insured employers to manage their drug benefits and process pharmacy claims in exchange for undisclosed fees and payments to the PBM; and

WHEREAS, PBMs negotiate with drug manufacturers to provide preferred formulary placement for manufacturers' products in exchange for undisclosed rebates and other fees payable to the PBM; and

WHEREAS, PBMs can charge full copays to patients even when a drug costs less than the copay. In addition, PBMs can enact non-disparagement or gag clauses that prevent pharmacists from

disclosing to patients that a drug may be less expensive to purchase at its cash price, rather than with the out of pocket costs of insurance; and

WHEREAS, Patients are negatively impacted by PBMs when certain prescriptions aren't covered because the drug didn't garner enough rebate money for PBMs to place it on a plan's formulary. Patients may also be forced to pay higher copays that are based on list prices instead of discounted drug prices; and

WHEREAS, Current PBM practices lack transparency and drive up prescription drug costs for patients, employers and health plans; therefore be it

RESOLVED, Idaho Medical Association adopt policy in support of regulation of Pharmacy Benefit Managers that will provide increased transparency, set limits on pricing methods, prohibit practices that unnecessarily drive up costs for patients, restrict gag clauses that withhold important information from patients, and prohibit any other deceptive practices that adversely impact patient access, choice and cost; and be it further

RESOLVED, Idaho Medical Association support legislation to require Pharmacy Benefit Managers to register with the Idaho Department of Insurance and be subject to regulation that will provide increased

transparency, set limits on pricing methods, prohibit practices that unnecessarily drive up costs for patients, restrict gag clauses that withhold important information from patients, and prohibit any other deceptive practices that adversely impact patient access, choice and cost.

EXISTING IMA POLICY: IMA supports preferred drug discounts for low income clients, including proposed legislation to authorize Health and Welfare to negotiate with drug companies for discounts for non-Medicaid clients at 200 percent or below poverty. (BOT, Nov. 2004)

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: Low

DEGREE OF DIFFICULTY: Low

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 208 (18)

SUBJECT: STUDENT LOAN TAX RELIEF ASSISTANCE

AUTHORS: JAMES BAILEY, MD

SPONSORED BY: IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, Idaho ranks 49th in the nation for number of physicians per capita; and

WHEREAS, Idaho ranks 46th in the nation for the number of primary care physicians per capita; and

WHEREAS, The data shows that Idaho has difficulty with physician workforce recruitment; and

WHEREAS, There are very few untaxed loan repayment programs available through private, federal or state funding in the state of Idaho (State Loan Repayment Program, Rural Physician Incentive Program, Peace Corps and National Health Service Corps); and

WHEREAS, Idaho is competing with surrounding states that have generously funded loan repayment and recruitment programs; and

WHEREAS, The funding received for loan repayment is viewed as taxable income and Idaho levies a tax on loan repayment funding from private companies or citizens at a rate of 7.4 percent or more; and

WHEREAS, A repayment program providing a student with $10,000 for loan repayment would pay a tax of up to 25 percent in Federal Taxes, 7.5 percent in Social Security Taxes and equal to or more than 7.4 percent of Idaho taxes decreasing the $10,000 award to $7000 or less; and

WHEREAS, This tax amount is not applied directly to the student loan but imposed on the student which may increase their overall tax burden; therefore be it

RESOLVED, Idaho Medical Association work to reduce the state tax rate on physician loan repayment aid to 0 percent; and be it further

RESOLVED, Idaho Medical Association advocate on a legislative level to pass a five to ten year pilot program to remove the tax on physician loan repayment funds provided by a third party; and be it further

RESOLVED, Idaho Medical Association work with applicable parties on legislation to exclude, from the gross income of a physician, the

amounts paid by an employer or private individual under the student loan repayment program.

EXISTING IMA POLICY: IMA will work with the Idaho Academy of Family Physicians, Idaho Department of Health and Welfare, Idaho Bankers Association, and other applicable organizations to develop a program for physicians to provide reduced interest rates on outstanding student loan debt as a recruitment and retention tool for Idaho. IMA will support legislation to implement a recruitment and retention program for physicians to reduce interest rates on outstanding student loan debt. (HOD, July 2015)

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: Unknown. Cannot estimate as there is no data source for medical student loan repayment funds given to individuals by third party donors

IMA RESOURCE ALLOCATION: Moderate

DEGREE OF DIFFICULTY: High

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

AUGUST 3-5, 2018

RESOLUTION 209 (18)

SUBJECT: DEATH CERTIFICATES AND CORONER PROCESSES

AUTHOR: THORNTON BRYAN, III, MD AND KEITH DAVIS, MD

SPONSORED BY: THORNTON BRYAN, III, MD AND KEITH DAVIS, MD

WHEREAS, Idaho is one of a minority of states that has a coroner system for investigation of unusual, suspicious, sudden and unexplained, violent, and non-natural deaths rather than a medical examiner system; and

WHEREAS, Idaho Medical Association has received reports from various members expressing concern or posing questions about appropriate processes to follow when working with a county coroner; and

WHEREAS, Examples of concerns include physicians being asked to sign death certificates for individuals not in their care or to sign death certificates even when they disagree with the coroner about the cause of death; therefore be it

RESOLVED, Idaho Medical Association will review Idaho's statutes regarding death investigation and coroner processes to assess whether amendments are needed and, if so, will pursue those

amendments; and be it further

RESOLVED, Idaho Medical Association will educate members on Idaho statutes regarding death investigation and coroner processes, as well as the rights of physicians and appropriate processes for physicians to follow when working with an Idaho county coroner.

EXISTING IMA POLICY: IMA supports HB128 which provides for the investigation of deaths by coroners if a death is not attributable to a known medical cause. (BOT, February 2005)

IMA supports proposed legislation creating an Idaho office of the medical examiner. (BOT, February 2000)

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: Moderate

DEGREE OF DIFFICULTY: Low