



Idaho Medical Association

2016 LEGISLATURE: IMA STATUS UPDATE

FINAL LEGISLATIVE REPORT

THE IDAHO LEGISLATURE ADJOURNED ON MARCH 25

The 2016 Idaho legislative session is complete and the results are mixed. The state budget is an overall 6.6 percent increase over the prior year's budget, with the largest boost (7.4 percent) going to increase public school funding. While the enhanced education budget is a positive outcome, the 2016 Legislature is more likely to be remembered for its inability to Close the Gap and provide health coverage for 78,000 low-income Idahoans.

Here are a few highs and lows of the session:

Successes:

- Funding for another seven medical students (5 spots at WWAMI and 2 at University of Utah), as well as buildup of the final phase of the Kootenai Health Family Medicine Residency.
- Funding for a coordinated and more comprehensive suicide prevention plan.
- Funding for two additional mental health crisis centers in the state.
- Increased the number of delegates a physician may have for the PMP.

Disappointments:

- The Legislature's unwillingness to address health coverage for Idahoans in the Coverage Gap.
- The House Health & Welfare Committee's vote to kill the telehealth reimbursement bill.
- The refusal by House leadership to allow consideration of a bill to prohibit insurance companies from denying claims based solely on the insurer's determination that a claim was the result of a patient engaging in an illegal activity.

Thank you to all IMA members who actively participated in the legislative process this year. That includes physicians who testified in legislative committees, met with legislators and talked them through issues, called or emailed their legislators, or worked with the IMA lobby team to support our efforts and help ensure IMA's success. We appreciate the time you take out of your incredibly busy schedules to make things happen in Idaho that benefit your patients and your practice, as well as the practices of your colleagues.

IMA PRIORITY ISSUES

HB 644: Closing the Coverage Gap ~ SUPPORT

The last days of the Idaho legislative session were filled with a stomach-churning roller coaster ride of ups and downs as legislation to address the Coverage Gap was finally considered, but ultimately did not succeed.

Initially, legislation that would have allowed a waiver to provide coverage for individuals under 100 percent of the federal poverty level (FPL) was blocked from introduction in the House. Instead, the House passed two alternative bills: HCR 63 require further study of the Gap population, and HB 644 to provide \$5 million grants to community health centers to enhance some limited services to the uninsured. Both HCR 63 and HB 644 were found to be wholly inadequate by healthcare advocates.

When the Senate considered these bills later in the week, the Senate Health & Welfare Committee killed HCR 63, and sent HB 644 to be amended by the full Senate. On the Senate floor, the bill was amended significantly and changed to the initial waiver proposal quashed earlier by House leadership and supported by Close the Gap proponents. HB 644a, as amended, passed the Senate 27-8.

HB 644a then had to return to the House for a concurrence vote on the last day of the legislative session. Advocates believed that there were enough votes to pass the amended bill, but unfortunately HB 644a was killed in the House on a straight party-line vote, indicating that political pressure won out over the merits of the bill. In addition, the disheartening result is that 78,000 Idahoans will continue to be without healthcare coverage, unnecessarily costing our state lives and money.

IMA would like to extend our gratitude to all physicians, PAs, NPs, office managers, patients and others who contacted their legislators numerous times, showed up at the Capitol, and otherwise supported efforts to Close the Gap. Your efforts truly made a difference in that the discussion actually advanced further in the Legislature this year than at any point in the past. Thank you!

Status: HB 644a passed the Senate 27-8, but was killed in the House, 55-12 on a party line vote.

SB 1399: Medical Education and Residency Program Funding ~ SUPPORT

The Idaho State Board of Education has a plan to increase Idaho WWAMI participation by five students per year until we reach a total of 40, and to increase funding to Idaho's residency programs to add more training opportunities, many in rural Idaho. IMA strongly supports the Idaho State Board of Education and the Governor's Division of Financial Management recommendations to provide funding for five new WWAMI students, two new University of Utah School of Medicine students, and to increase funding for residency programs.

Status: LAW.

HB 583: Telemedicine Reimbursement ~ SUPPORT

IMA supports telemedicine as a care delivery method which upholds and builds upon the Patient Centered Medical Home model of care. Telemedicine plays a critical role in expanding care options by increasing opportunities for specialists to consult with on-site physicians to evaluate and develop a care plan for a patient residing miles away from the specialist. Unfortunately, reimbursement for telemedicine services has not kept up with technology and the expanding uses for telemedicine. IMA introduced legislation to require reimbursement based on the current list of covered Medicare Telehealth Services, which Idaho Medicaid also follows. HB 583 allows insurers to determine payment levels, and does not require parity. The bill only requires payment for services currently already covered by the insurer when delivered in person.

Status: Did not pass.

HB 591: Insurance Claims Denied for Illegal Activities ~ SUPPORT

IMA is receiving reports from around the state regarding insurance claims that are being denied by private insurers on the grounds that the patient was participating in an illegal activity at the time of the event that led to the care provided. These tend to be very large claims that, when denied, force the physicians and the hospitals involved to absorb the costs. Currently, insurers can determine whether an act was indeed illegal and to deny the claims based upon their own evaluation, without any involvement of law enforcement or court officials. IMA is working to remove this inherent conflict of interest. The entity obligated to pay the claims should not have sole authority to deny the claim based on alleged illegal activity when there has been no citation or criminal conviction.

Status: Did not pass.

Early Refills for Eye Drops ~ SUPPORT

Ophthalmologists report their (usually elderly) patients often experience a common problem: they are prescribed eye drops for glaucoma and other conditions but they have difficulty getting the correct number of eye drops in each eye without spillage. Because the drops are only covered for a 30-day

supply, the patient will run out early and, rather than paying out of pocket for more drops, they will go without their medication for many days at a time, thus exacerbating their condition. Like many other states, IMA is seeking a solution to this problem for Idaho patients.

Status: No legislation was introduced, as IMA is working with the Idaho Department of Insurance to obtain coverage for additional eye drops before the 30-day coverage period expires.

HB 374: Increasing How Many Delegates a Prescriber May Have to Access the PMP ~ SUPPORT

The Idaho Board of Pharmacy is proposing legislation that would allow prescribers to authorize up to four (4) supervised staff members to access the Idaho Prescription Monitoring Program (PMP) on their behalf.

Status: LAW.

OTHER BILLS OF INTEREST

HB 341: IDACARE (Patient Freedom of Information Act) ~ SUPPORT

This bill updates the Patient Freedom of Information Act, also referred to as IDACARE. IDACARE was enacted in 1998 to create a publicly accessible database of information regarding specified licensed or registered health care professionals. At the time IDACARE was created, many regulatory boards did not have comprehensive publicly searchable websites. Since regulatory boards now have information about licensees available on their websites, this bill would eliminate the requirement for a separately maintained website.

Status: LAW.

HB 373: Donation and Dispensing of Legend Drugs

The Department of Health and Welfare is proposing changes to the Legend Drug Act to designate the Department's Regional Behavioral Health Centers and State Charitable Institutions as "qualifying charitable clinic(s) or center(s)" under the Legend Drug Act. This change would then allow the Regional Behavioral Health Centers to accept donated medications including unused Patient Assistance Program Medications. These donated medications may then be dispensed to indigent clients with a valid prescription order.

Status: LAW.

HB 435: Worker's Compensation Fee Schedule

This bill amends existing law to provide that neither an employer nor a surety shall be required to pay medical fees in excess of those provided by the Industrial Commission worker's compensation fee schedule.

Status: Did not pass.

HB 453: Medical Laboratory Science Practice Act ~ OPPOSE

The purpose of this bill is to provide licensure for the practice of Medical Laboratory Science. IMA opposes this bill because it does not exempt lab tests performed in physician offices under the direction of a physician.

Status: Did not pass.

HB 481: Right to Try Act ~ NEUTRAL

The purpose of this legislation is to allow patients with a terminal diagnosis the right to try an investigational drug that has completed basic safety testing through the FDA. This legislation releases liability from physicians, hospitals, insurers, and any other person and clears the way for patients to work with manufacturers under the recommendation of a physician to try an investigational medication. Patients must accept full responsibility, including financial responsibility, for their decision to try investigational drugs.

Status: LAW.

HB 483: Biosimilars – Notification of Substitutions by Pharmacists ~ SUPPORT

The purpose of this legislation is to require communication to a prescriber in the event a pharmacist makes a substitution of a biosimilar medication.

Status: LAW.

HB 516: Ultrasounds Prior to Abortion – Notice to Patient

The purpose of this legislation is to require that a woman obtaining an abortion must be offered a list of providers that perform free ultrasounds. There is no requirement the ultrasound be obtained.

Status: LAW.

SB 1231: Clarifying Restrictions on Chiropractic Practice ~ SUPPORT

The Idaho Board of Chiropractic Physicians is proposing legislation modernizing the language with regard to the statutory prohibition that provides chiropractors are not entitled to administer, dispense, or use legend or prescriptive drugs in their practice.

Status: Did not pass.

SB 1294: Lowers Pediatric Age for Pharmacists Providing Vaccination From 12 to 6 ~ SUPPORT

Pharmacists can currently prescribe and administer immunizations to persons who are age 12 or older. This legislation changes the age to 6 or older.

Status: LAW.

SB 1322: Expands Administration of Epinephrine Auto-Injectors Without Prescription ~ SUPPORT

Idaho currently allows schools to stock and administer epinephrine auto-injectors during suspected anaphylaxis without a prescription. This legislation expands the use to camps, churches, daycare centers, amusement parks, sporting arenas and other locations.

Status: LAW.

SB 1382: Changing the Definition of Nursing ~ NEUTRAL

The Idaho Board of Nursing introduced SB 1382 as a replacement for SB 1252. The revised definition of nursing is language negotiated with the IMA. The new definition reads:

"Practice of nursing" means the performance by licensed practical nurses, registered nurses and advanced practice registered nurses of acts and services that require formal nursing education and specialized knowledge, judgment and skill, which acts and services assist individuals, groups, communities and populations in order to promote, maintain or restore optimal health and well-being throughout the life process. Nursing practice encompasses a broad continuum of services delivered in health care and non-health care environments for remuneration or as volunteer service. Nursing practice may be clinical as well as nonclinical in a variety of areas including, but not limited to, education, administration, research and public service. Nursing practice occurs at the physical location of the recipient.

Status: LAW.

SB 1404: Unborn Infants Dignity Act

This legislation makes it illegal to harvest the organs and tissue of aborted fetuses and makes it clear that mothers have the right to dispose of fetal remains as they wish. SB 1404 was amended in the Senate, and concerns have been raised that the new version of the bill could adversely affect miscarriage management. IMA intends to research this issue with the Idaho Chapter of the American College of Obstetrics and Gynecology to determine if further action is needed.

Status: LAW.