

### State Legislative Update: IMA Advocacy Priorities

Susie Pouliot, IMA CEO January 31, 2018



- 2017 Session: Some good, mostly bad
- State general budget increased 5.4% over the prior year ~ More positive growth
- Boost of 6.3% going to increase public school funding ~ Backfill of cuts made in prior years
- However, Legislature remains unwilling to Close the Gap and provide health coverage for uninsured, low-income Idahoans



- Successes:
  - Boost of 15% for Health Education
    Programs budget
    - WWAMI Medical Education Program, University of Utah School of Medicine
    - Family medicine residency programs: FMRI, ISU, CDA
  - Expansion of J-1 Visa program to include certain specialists in high need areas



- Disappointments:
  - Close the Gap: No action due to belief that ACA would be repealed
  - Broad scope of practice expansions
    - Pharmacist prescribing, Chiropractor injections
    - Psychologist prescribing with NP equivalent education & physician oversight
  - Defeat of bill requiring providers to use IRIS
  - No new regulation on health insurers



#### 2018 IMA Legislative Agenda

- Ten-Year Plan for Residency Expansion
- Bolster Loan Repayment Resources
- Close the Gap: Cover the Uninsured
  - Dual Waiver Proposal
  - Exec Order: Non-ACA Compliant Ins. Plans
- Balance Billing
- Immunity for Physician Volunteers
- Prior Authorization Simplification



- Idaho's Current Status:
- Idaho ranks 49th in the United States for physicians per capita
- Idaho ranks 49th in the US for medical residents per capita
  - Idaho: 6.7 medical residents/100,000 people
  - US: 28.1 medical residents/100,000 people



- Looking to the Future:
- Increase GME programs from 9 to 21 in all geographic regions of Idaho
- Increase Residents/Fellows training in Idaho from 141 to 357
- Raise Idaho's number of residents from 6.7 per 100,000 people to 17.7
- Graduate 2,000 Idaho-trained residents



- Benefits of Expanding GME:
- 50-75% of residents stay within 100 miles of their residency training sites
- Provide care to Medicaid and uninsured patients, meeting medical needs of our rural and underserved communities
- 50-60% of trained residents will practice in Idaho based on current retention rates



- Economic impact of <u>each</u> practicing physician in Idaho:
- Supports an average of 12 jobs
- Produces \$1.9 million in direct and indirect economic output
- Generates over \$61K per physician in state and local taxes



- Rural Physician Incentive Program (RPIP)
- Awards \$100,000 over four years:
  - Primary Care (FP, IM, PD) or
  - High Need (PS, OB, GS, ER)
  - Health Professional Shortage Areas
- Priority given to:
  - WWAMI/U of U students who paid into RPIP
  - Idaho residents who trained elsewhere



- Solely funded by WWAMI/U of U medical student fees ~ \$1600/year
- Legislation for 2:1 state matching funds
- Current influx approx. \$320,000 per year, plus \$640,000 from state would allocate nearly \$1 million per for physician loan repayment
- Significant increase in number of awards



#### Close the Gap: Cover the Uninsured

- Dual Waiver Proposal
- DOI 1332 waiver to allow below 100% FPL subsidies for exchange plans
   – Approx 35,000 individuals
- DHW 1115 waiver to shift seriously ill from private insurance to Medicaid for duration of illness ~ stabilize private ins market

– Approx 3500 individuals



- EO Allows Non-ACA Compliant Insurance Plans
- Less expensive, but does not provide all ACA essential benefits & consumer protections
- Guaranteed issue & renewability
- Cover pre-existing conditions w/prior plan
- Medical underwriting allowed but capped



# **Balance Billing**

- In non-emergency situations:
- Balance billing is prohibited unless
- The OON physician obtains a written agreement from the patient in advance of the service rendered
- Patient acknowledges his/her plan may not cover OON services
- Patient agrees to pay OON provider rates



# **Balance Billing**

- In emergency situations:
- Prohibits out of network (OON) physicians from seeking payment from the patient for services rendered
- Sets an indexed OON rate
- IMA fighting for market-based index rates, not rates set by insurers or government



#### Immunity for Physician Volunteers

- Provide additional liability protection for volunteer health providers who serve at community screening events
  - Screening only, not treatment
- Current immunity for volunteers who provide treatment in free clinics, but not outside of clinic location
- Encourage more volunteerism



#### Prior Authorization Simplification

- Prior Auth = one of the biggest barriers to patient care
- In early January, Dept of Insurance convened insurers and providers to address ways to lessen the burdens of prior auth
- If discussions do not bear fruit, legislation will follow



### **2018 Elections**

- Statewide:
  - New Governor
  - New Lt. Governor
  - At least 1/3 of the Legislature will turn over & potential new leadership
- National:
  - New Congressional District One Representative



### **IMA Benefits**

In addition to legislative and policy advocacy, IMA provides valuable benefits to member physicians

- Reimbursement assistance
- Chart review
- Audit consultation
- MACRA assistance
- Coding seminars
- Legal review of general topics (minor consent laws, for example)
- Physician's Recovery Network

- CME opportunities
- IMA Financial and Asset Management Services
- Insurance programs such as disability, term life and individual special disability income
- Access to special discounts
- Newsletters, directories and reports on timely healthcare issues
- Networking with colleagues



# **IMA Needs Your Help!**

- Please remind & encourage your physician colleagues to join the IMA
- Watch for alerts from the IMA on legislative & other important issues
- Use the IMA Grassroots Advocacy Center on our website to send messages to your legislators: <u>www.idmed.org</u>
- Like Idaho Medical Association on Facebook for postings on Idaho health issues and events



#### State Legislative Update

• Discussion & Questions

• Thank You!!