



July 26, 2024

Kamerron Slay  
Commission Secretary  
Idaho Industrial Commission  
11321 W. Chinden Blvd.  
Building #2  
Boise, ID 83714

Dear Ms. Slay,

Idaho Medical Association (IMA) is the leading organization representing physicians in all specialties, practice settings and geographic locations in Idaho, and is recognized as the voice of medicine in Idaho. Serving over 4,000 members, 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.

IMA would like to thank the Idaho Industrial Commission staff for their thorough work and desire to seek engagement from all stakeholders. While we remain comfortable with the thoroughness of the Commission, including the use of the Milliman Benchmarking Report, we are writing to voice concern over some of the comments and suggested direction for the Commission's rules made during the July 11 meeting.

### **Medicine Dispensed by a Physician**

First, when discussing "Medicine Dispensed by a Physician"<sup>1</sup>, prior authorization was a suggested solution for medicine dispensed at an "unacceptable" rate. An individual needs only involve themselves briefly in our healthcare system to quickly determine that prior authorization is overused, inefficient, and responsible for delays in patient care.

We can all agree that the number one priority for all stakeholders should be the timely treatment of injured workers to ensure they return healthy and safely to work. In fact, Idaho Code 72-201 states definitively that the purpose of Idaho's worker's compensation law is to provide for the "sure and certain relief for injured workmen and their families and dependents." A physician's judgment and expertise are the front line to achieve these goals. Introducing prior authorization into the equation is the antithesis of timely treatment and injects uncertainty into an already fraught time in an injured worker's life. If allowed, we fear this tool could be overused, delaying

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<sup>1</sup> IDAPA 17.01.01.803.02.f.

care and positive outcomes in direct contradiction to the express purpose of Idaho's worker's compensation law.

Finally, it was suggested that prior authorization could be used as a tool to challenge or control medication dispensed by a physician that the payer believes is "too expensive" or is "more than the normal cost." It is important to note that the rule already includes language limiting the acceptable charge calculated for medicine dispensed by physicians to "not exceed the acceptable charge calculated for that medicine as if provided by a Pharmacy under Subsection 04, minus any dispensing or compounding fee." It also provides a pathway to reimbursement for repackaged medication using the National Drug Code and the average wholesale price.

### **Definition of Customary Charge**

We were also quite concerned to hear suggestions regarding the definition of "customary charge" and potential modification to the upper limit from the 90<sup>th</sup> percentile to the 70-80<sup>th</sup> percentile. Lowering reimbursement rates to levels that might be below the cost of providing care will not incentivize provider participation into the program.

By decreasing the upper limit to even the 80<sup>th</sup> percentile, the Commission would be reimbursing at a rate lower than Medicare. This drastic shift is quite alarming and could result in unintended consequences.

Again, IMA would like to thank the Idaho Industrial Commission staff for engaging with all stakeholders during this extensive process. We appreciate your consideration of our comments. We look forward to continuing our involvement through the proposed rulemaking process.

Sincerely,

Mary Barinaga, MD

President

Idaho Medical Association