

Idaho Code Ann. § 41-3940. Preexisting conditions: Managed Care Reform Act

Any managed care organization issuing benefits shall be ready and willing to enter into care provider service agreements with all qualified providers of the category which are necessary to provide the health care services covered by an organization.

Idaho Code Ann. § 41-2873. Best price-Most favored nations clause prohibited: Organization and Corporate Procedures of Stock and Mutual Insurers

No stock or mutual insurance company may require a health care provider to agree: to disclose his or hers contractual reimbursement rates from other payors or to a requirement that the provider adjust, or enter into negotiations to adjust, his or her charges to the insurance company if the provider agrees to charge another payor lower rates

SB 1068

Adds to existing law to provide for certain requirements for pharmacy benefit managers: This bill will require PBMs that operate in Idaho to register with the Department of Insurance. It also gives pharmacists more flexibility in informing patients how they can pay less out-of-pocket for prescriptions.

HB 275

Establishes enhanced short-term health insurance plans: This bill amends sections 41-5203, 41-5207, Chapter 52, Title 41 and adds a new section of Idaho code to define and provide for the purchase of enhanced short-term health insurance plans. On August 3, 2018, the U.S. Departments of the Treasury, Labor and Health and Human Services issued new rules to amend the definition of short-term, limited-duration insurance to lengthen the maximum duration of short-term health insurance. This bill defines enhanced short-term health insurance and brings Idaho in compliance with new federal rules that went into effect on October 2, 2018. Enhanced short-term plans will have an initial period of less than twelve (12) months and allows an individual to renew the policy for up to the number of months established by the Idaho Department of Insurance. This bill establishes a new section of code to allow the director of the Idaho Department of Insurance to adopt rules and standards for enhanced short-term health insurance plans.

SB 1034

Adds to existing law to provide that anticancer medications that are self-administered by a patient shall not have a higher copayment, deductible, or coinsurance amount than injected or intravenously administered anticancer medications.

How one state that hates Obamacare still makes it work

Federal Trade Commission and State of Idaho v. St. Luke's Health System, Ltd and Saltzer Medical Group, P.A.

In March 2013, the FTC and the Idaho Attorney General filed a joint complaint challenging the merger between St. Luke's Health System, Idaho's largest health system, and Saltzer Medical Group in Nampa, Idaho's largest independent, multi-specialty physician group. The complaint alleges that the merger is anticompetitive, in that it would create a dominant single provider of adult primary care physicians in the Nampa, Idaho area, with almost 60 percent market share.

On August 20, 2014, 16 states filed an [amicus brief](#) to the 9th Circuit appeal, explaining that the acceleration of health care costs due to the growth of large health care provider systems has become a matter of grave concern for the States. On February 10, 2015, the Ninth Circuit [affirmed](#) the Idaho federal district court's ruling that the merger violated Section 7 of the Clayton Act and the Idaho Competition Act. The appellate court further affirmed the lower court's order of full divestiture. Most recently on May 2, 2017, the federal district court approved the divestiture of Saltzer from St. Luke's Health System, restoring competition in the local adult primary care services market by reestablishing Saltzer as an independent medical practice.

For details, read the Source's [case summary](#) and [Blog post](#).

In re: Suboxone Antitrust Litigation (State of Wisconsin, et al. v. Indivior Inc, et al.)

In September 2016, 35 state attorneys general and the District of Columbia brought a multi-district case against pharmaceutical manufacturer Indivior, MonoSol RX et al., alleging that the drug companies conspired to delay generic competition for the opioid treatment drug Suboxone, including Sherman Act claims for monopolization, attempted monopolization, and conspiracy to monopolize. The federal district court denied MonoSol RX's motion to dismiss, but granted Indivior's and Reckitt Benckiser Healthcare's motion to dismiss claims against them in October 2017. The case is currently in discovery and any motions for class

certification is due September 9, 2018.

In Re: Generic Pharmaceuticals Pricing Antitrust Litigation

Plaintiffs are attorney generals from 48 states, Puerto Rico, and the District of Columbia, as well as classes of private plaintiffs that filed an antitrust enforcement action against nearly 20 generic drug companies. The lawsuit, originally filed in August 2016 and now consolidated into multidistrict litigation (MDL) in the Eastern District of Pennsylvania, alleges that generic manufacturers colluded to fix the prices of more than 300 generic drugs, in violation of the Sherman Antitrust Act and state antitrust laws. Defendants are alleged to have effectuated the alleged conspiracy through direct company-to-company contacts and through joint activities undertaken through trade associations, in particular meetings of the Generic Pharmaceutical Association. The allegations stem from the same government investigation into anticompetitive conduct in the generic pharmaceuticals industry. Read more on [The Source Blog](#).

H 0151

AN ACT MAKING CERTAIN HEALTH INSURANCE EXCHANGE INFORMATION AVAILABLE: would require the health insurers on the Idaho Exchange to make available the following information: (i) prescription drugs covered by the plan, including restrictions on use or quantity; (ii) out-of-pocket expenses; (iii) network providers; (iv) coverage for out-of-network providers; (v) rights of appeal when coverage is denied; and (iv) other information deemed pertinent by the Exchange.