

# **SB 1236**

HEALTH SAVINGS ACCOUNTS – Amends existing law to revise provisions regarding the state contribution to state employees' health savings accounts.

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# **SB 1328**

HEALTH – Amends existing law to clarify interactions that qualify as telehealth services sufficient to establish a prescriber-patient relationship. This legislation amends Chapter 57, the Idaho Telehealth Access Act, to expand the use of asynchronous technology in delivering healthcare services through telehealth. Currently, Idaho law permits the use of asynchronous “store-and-forward” technology, but this definition does not accurately reflect advances in technology that allow providers to treat certain lower-acuity conditions without a real-time audio or visual component. This legislation also amends Section 54-1733 to permit asynchronous prescribing of legend drugs.

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# **HB 760**

TELEHEALTH ACCESS ACT – Adds to existing law to provide for mental and behavioral health care.

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# FTC sues to block hospital acquisitions in New Jersey, Utah

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## SB 1300

CONSUMER PROTECTION – Amends existing law to prohibit taking advantage of a disaster or an emergency by charging exorbitant or excessive prices for temporary health care services.

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## Healthcare      Affordability State Policy Scorecard

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## Spotlight on State: Idaho

*This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on The Source as we roll out additional states each week.*

See [Idaho](#) page.

Idaho has stepped up its efforts to promote price transparency and control healthcare costs in recent legislative sessions. Signed into law in 2020, the Idaho Patient Act adds transparency to the medical billing process and protects consumers from unfair medical debt collection practices. The state legislature also made a notable effort but failed to pass the No Surprises Act, which would have implemented surprising billing protections by prohibiting health care providers from charging higher rates for out-of-network services.

The state has also taken affirmative steps to curb anticompetitive practices in the healthcare market. Idaho law prohibits most favored nation clauses, or clauses having a similar effect, against hospital and service corporations, stock or mutual insurance companies, and managed care organizations entering into agreements with participating providers. Additionally, the state regulates non-compete agreements for physicians by requiring that such provisions be limited to protecting legitimate business interests.

Idaho further exercises regulatory oversight over the healthcare provider market by requiring written notice to the attorney general prior to entering into any nonprofit conversion or transaction. In a landmark antitrust enforcement case against St. Luke's Health Systems and Saltzer Medical Group, the Idaho AG and the FTC filed a joint complaint to challenge the merger between the Idaho-based, not-for-profit health system and the state's largest independent, multi-specialty physician group. 16 states filed an amicus brief to the Ninth Circuit, 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. The Ninth Circuit affirmed the federal district court's ruling that the acquisition violated Section 7 of the Clayton Act and the Idaho Competition Act and ordered a full divestiture of Saltzer from St. Luke's Health System, restoring competition

in the local adult primary care services market.

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# New on The Source: Downloadable Chart of Merger Review Legal Authority for All 50 States

Newly available on the Source: our health policy research team compiled a user-friendly, [downloadable Excel spreadsheet](#) of all provider merger review authority for all 50 states, now on the [Market Consolidation](#) interactive key issue page. The detailed chart provides clickable citations of all statutes, regulations, and state authority for mergers, acquisitions, conversions, or changes in ownership of healthcare providers.

The comprehensive spreadsheet allows side-by-side comparisons of the level of legal authority for each state to receive notice of impending transactions, review those transactions, and approve, conditionally approve, or disapprove them. It is conveniently organized by each type of state entity:

- Attorney general notice, approval, and review criteria
- Court approval requirement and criteria
- State health agency notice, approval and review criteria
- Certificate of Need (CON) notice, approval, and review criteria

Click on each citation for a direct link to the statutory text and other detailed information as provided by the [Database of State Laws Impacting Healthcare Cost and Quality](#) (SLIHCQ). All laws and regulations are current as of July 2021.

Click [here](#) to download.

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## **SB 1050**

INSURANCE – Adds to existing law to provide requirements for health benefit plans covering contraception

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## **SB 1098**

INSURANCE – Adds to existing law to provide requirements for health benefit plans and student health benefit plans that cover prescription contraception.