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IOWA MEDICAL SOCIETY

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THE ROLE OF IMS IN HEALTH REFORM

After the passage of state and federal health reform legislation, discussion and debate continues in Iowa and in Washington, D.C. As a participant in these discussions, IMS bases its advocacy efforts on policies developed by members. IMS believes that all Iowans are entitled access to affordable, high quality health care services. IMS also believes that the government, employers, providers of health care, payers, and individuals share the responsibility to ensure access to care.

IMS supports Iowa's notable health care achievements, including the expansion and streamlining of access for children eligible for *hawk-i* and Medicaid. As such, IMS members continue to serve on a variety of legislative advisory councils that are examining ways to further improve Iowa's health system. IMS will also be active in new work groups the state convenes as it tackles evolving regulations that cover health information technology, expanded access to care, and an insurance exchange.

The AMA has created seven principles to guide physician analysis and support of health reform efforts. They include: **1)** cover all Americans; **2)** expand insurance choice and eliminate denials; **3)** protect the patient-physician relationship; **4)** repeal the Medicare SGR formula; **5)** reduce defensive medicine; **6)** streamline administration; and **7)** promote quality, prevention, and wellness. These are solid principles and can serve as guideposts for IMS activity as well.

As we continue to examine our health system, IMS will advocate the needs of Iowa's physicians and their patients. Together, we will analyze options, offer recommendations, and collectively work toward sensible improvement.

To learn more about IMS advocacy efforts, visit www.iowamedical.org.

IOWA MEDICAL SOCIETY WHAT WE BELIEVE 2012



IOWA MEDICAL SOCIETY

WE ASK: IS THIS PROPOSAL GOOD MEDICINE?

The Iowa Medical Society (IMS) is a nonprofit membership association of nearly 5,300 Iowa MDs and DOs representing a full range of medical specialties. The core purpose of IMS is *to assure the highest quality health care in Iowa through our role as physician and patient advocate.*

Both the IMS House of Delegates and the Board of Directors set IMS policy, which serves as the framework for IMS activity. Members of the IMS House of Delegates meet annually and are drawn from physician representative groups such as county medical societies, medical specialty societies, and medical clinic systems. The Board of Directors, comprised of physicians from across the state, is the governing body of IMS and sets policy throughout the year.

Advocacy at the state and federal levels is central to the IMS core purpose. That advocacy – whether an issue of patient care, public health, medical liability reform, access for the uninsured, health insurance contracting fairness, medical practice regulation, fair physician reimbursement, or scope of practice – is governed by the simple philosophy of providing fellow Iowans with access to the highest quality health care.

The IMS policymaking bodies and this advocacy agenda ensure that IMS promotes and supports policies that are “good medicine” for Iowans.

For more details on 2012 IMS priorities and other health care issues, log on to:
www.iowamedical.org.

ENSURE ACCESS TO CARE

Medicare – IMS supports federal legislation to create and stabilize equity in Medicare reimbursement for physicians. Iowa ranks among the top states in health care quality, yet Iowa’s physicians receive among the lowest reimbursement in the nation. With little distinction in physician practice costs nationwide, disparities in the existing Medicare payment formula – under which Iowa physicians are particularly harmed – cannot be justified.

Medicaid – IMS supports equitable payment for physicians providing care to Iowa’s Medicaid patients. Iowa’s Medicaid providers are reimbursed below already insufficient Medicare payment levels and face rising costs and increasing administrative burdens. In 2009 physician’s Medicaid reimbursement was cut by 5%. At the time the reduction was made for six months, but has since been extended to the end of state fiscal year 2012. IMS supports increasing Medicaid provider rates to insure access to physician services for Medicaid recipients.

hawk-i – IMS supports public policies and funding that promote quality, continuous health care coverage for all children.

REFORM MEDICAL LIABILITY SYSTEM

Sensible reform – IMS supports proposals to improve Iowa’s tort liability climate and will vigorously oppose any changes that work to undermine it. A sensible aspect of reform is a certificate of merit (COM) requirement for medical malpractice claims in Iowa. A COM law would require an impartial medical expert to certify – at the time of or prior to filing a lawsuit – that a plaintiff’s injuries could have resulted from substandard care. A COM law would prevent wasteful litigation by filtering lawsuits that are unnecessary or without merit.

PROMOTE PUBLIC HEALTH AND SAFETY

Mental health – IMS supports the efforts of policy makers to redesign and improve the state’s mental health and developmental disability services delivery system. IMS supports full parity between mental health/substance abuse and physical health benefits. Equitable access to care is critical for persons affected by mental health and substance abuse diagnosis, just as it is for those with physical health conditions.

Health information technology (IT) – IMS supports initiatives that fund, support, and promote adoption and expansion of health IT in Iowa. IMS seeks to ensure that physicians have access to electronic health record systems to further improve health care quality and safety. IMS believes that all regulations affecting health IT must be reasonable.

Graduated Driver’s License Improvements – IMS supports improvements to Iowa’s Graduated Driver’s License Laws. The Centers for Disease Control and Prevention report that automobile accidents are the leading cause of death and injury for young people between the ages of 15- 24. The Iowa Medical Society supports the passage of enhanced GDL in Iowa due to the compelling data that indicates the opportunity for a 40% reduction of automobile accidents resulting in death or injury for young people when comprehensive GDL restrictions are in place.

STRENGTHEN INSURANCE OVERSIGHT

Uniformity, transparency, and fairness – IMS supports legislation and regulations that promote uniformity, transparency, and fairness in health plan practices that impact physicians and hospitals. These efforts maximize time and resources for the direct delivery of medical care.

PROVIDE QUALITY CARE

Scope of practice – IMS supports the important role allied health practitioners (AHPs) play in the health care delivery system but opposes efforts to expand scope of practice in ways inconsistent with Iowa’s long-standing commitment to safe, quality medical care.

Iowa law is clear that only licensed physician MDs and DOs are comprehensively trained health care practitioners who can practice medicine. With patient safety in mind, IMS carefully scrutinizes efforts by AHPs to expand their scope of practice beyond their education and training or federal standards. All Iowans, rural and urban, deserve the protections that licensure laws and medical standards provide.

- *Chronic Interventional Pain Management (CIPM)/ Supervision of Fluoroscopy* – IMS opposes any efforts to inappropriately expand the scope of practice of advanced registered nurse practitioners (ARNPs) into the medical subspecialty of CIPM, including the supervision of fluoroscopy. ARNPs lack the education and training necessary to safely and effectively practice in these areas of medicine.
- *Immunization Safety* – IMS respects pharmacists as a trusted member of the health care team. However, IMS opposes pharmacist administration of the full range of immunizations to either adults or children, except by an authorized pharmacist as provided by a specific physician order. Allowing pharmacists to independently administer all vaccines will fragment care delivery.
- *Professional Licensure* – IMS opposes professional licensure of individuals lacking the necessary education and training to ensure patient safety and the delivery of quality care.
- *Prescriptive Authority* – IMS opposes efforts to expand prescriptive authority to professions lacking the extensive clinical and educational background needed to safely prescribe potentially harmful medications and/or controlled substances.