

IMS Advocate

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Key legislation

HF 35 – Requires certain new school buses to be equipped with seat belts. IMS supports.

HF 56 – Prohibits the use of thimerosal in pediatric influenza vaccinations. IMS opposes.

HF 65 – Creates a shaken baby syndrome prevention program in the Iowa Department of Public Health. IMS supports.

HF 139/SSB 1002 – Requires insurance coverage for mental health conditions, including substance abuse treatment. IMS supports.

SF 3 – Provides a .08 blood alcohol limit for motorboat or sailboat operating. IMS supports.

SSB 1001 – Allows physician assistants to form a professional corporation. IMS opposes.

HSB 92/SSB 1061 – Creates a state False Claims Act. IMS opposes.

SSB 1082 – Provides for a private cause of action for certain consumer fraud violations. IMS opposes.

HF 38 – Requires schools to develop policies regarding emergency epinephrine use. IMS supports.

HF 6/SF 57 – Prohibits smoking on gaming floors. IMS supports.

HF 84 – Prohibits cell phone use while operating a motor vehicle. IMS is monitoring.

HF 114 – Modifies and expands restrictions on tattooing and body piercing. IMS is monitoring.

SF 56 – Appropriates funds for expansion of the elder abuse prevention program. IMS is monitoring.

Mental health parity legislation moving forward

This week, **HF 139** passed out of House committee and advanced to the full House for debate. The bill states that beginning in January 2010, health insurance plans in Iowa must provide coverage benefits for mental health conditions equal to that of physical conditions. It defines “mental health condition” to include any condition or disorder involving mental illness or alcohol or substance abuse as defined by the diagnostic and statistical manual of mental disorders. IMS is a strong supporter of the bill. The legislation follows a federal mental health parity law passed last fall. The federal law provides some exemptions; the Iowa legislation applies to all plans.

New health reform legislation introduced in Iowa Senate

The Senate is continuing to look at health reform in new legislation introduced this week in **SF 48**. The lengthy bill contains numerous items of interest to Iowa physicians. IMS supports some elements of the bill and opposes others. Among other things, the bill: 1) allows some public enrollment in the state health insurance plan; 2) further expands health care coverage to children; 3) expands volunteer health care provider immunity to free care offered in a provider’s office; 4) creates a health care workforce shortage fund and advisory council to support training and professional forgivable loan programs; 5) establishes a medication therapy management advisory committee in the Iowa Department of Public Health; 6) allows pharmacist interpretation of some lab tests; 7) prohibits gifts to practitioners from pharmaceutical and medical device companies; 8) regulates pharmaceutical companies’ monitoring of prescribing practices; and 9) requires the Iowa Healthcare Collaborative to develop plans for collecting and distributing physician clinical data. Stay tuned for more information and advocacy opportunities on this legislation.

SCHIP reauthorization advances in Congress

Congress continues to move forward with reauthorization of the state children’s health insurance program (SCHIP). The Senate passed legislation on January 29 that authorized an additional \$32.8 billion over the next 4.5 years. The House will discuss the measure next week. The expanded funding would be paid by an additional federal tax on cigarettes. The bill also removes the five-year waiting period currently in place for legal immigrants. While the legislation has some bi-partisan support, it was vetoed twice by President Bush in 2007. President Obama supports the reauthorization and expansion. Iowa’s SCHIP program, *hawk-i*, provides health care to over 33,000 Iowa children.

ICD-10/HIPAA 5010 rule subject to delay

Consistent with past shifts in administrations, President Obama’s staff has advised that all regulations that have either not been published or have not yet taken legal effect will be put on hold to allow for review. While CMS’ final rule, slating transition to the HIPAA 5010 by January 1, 2012 and ICD-10 by October 1, 2013, has been published, its effective date is March 17, thereby subjecting the rule to the White House’s delay.



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IMS continues to fight proposed rules by PT/OT Board

In December, the Iowa Board of Physical and Occupational Therapy (PT/OT Board) provided notice of proposed changes in Iowa's administrative law that effectively ban physical and occupational therapists (PTs/OTs) from employment by a physician beginning in January 2011. The PT/OT Board has stated that its motivation is to prevent referrals from physicians to the PTs/OTs they employ. They believe this to be an improper "kickback," despite clear allowance of the practice under federal regulations and professional ethics.

The proposed rules noticeably follow a coordinated campaign of similar efforts by physical therapy associations throughout the country. Many groups are voicing considerable opposition to these proposed rules. They will be discussed at the PT/OT Board's meeting on February 20. IMS is working with orthopaedic and sports medicine physicians acutely affected by these proposed rules. For more information, e-mail enemmers@iowamedical.org.

UHC extends deadline for reconsideration of PDP status

More than 3,000 Iowa physicians should have received a letter from UnitedHealthcare (UHC) dated December 23, 2008, informing them of their designation status under UHC's Premium Designation Program (PDP). Physicians are advised in that letter to review their specific data through the UHC Web site and, if they disagree, to seek reconsideration by following the processes set forth in the letter.

Properly supported reconsideration requests received by UHC by the extended deadline of **February 11** will be adjudicated prior to UHC's public release of the physician's new PDP rating. Reconsideration also may be sought after February 11, and rating changes will be posted on the organization's Web sites. Physicians who did not receive a designation letter can check UHC's instructions available on the IMS Web site at www.iowamedical.org. Additional information regarding the reconsideration process is available on the IMS Web site.

Dollars for adopting HIT included in federal stimulus bill

HR 1, the House version of the \$819 billion federal stimulus bill, includes \$20 billion for health information technology (HIT) and incentives to encourage electronic exchange of patient records. Incentives would be delivered through Medicare and Medicaid programs. Like electronic prescribing incentives, the bill phases out payments over time and penalizes those who fail to adopt HIT by reducing payments. The legislation provides money for states to offer low-interest loans and grants to providers, non-physician practitioners, and hospitals to create HIT networks. A Senate version calls for \$23 billion in HIT spending.

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