

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

HF 227/SF 3 – Provides a .08 blood alcohol limit for motorboat or sailboat operating. IMS supports.

SF 153 – 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.

SSB 1189/HSB 172 – Modifies damages recoverable for negligent or wrongful injury/death. 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.

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

IMS tackles “medication therapy management” at Capitol

At a hearing at the Capitol this week, IMS Board member Don Skinner, MD, and IMS member David Carlyle, MD, provided testimony on the issue of medication therapy management. **SF 48** deals with this and many other items related to health reform. This portion of the bill allows pharmacists to engage in a review of medication therapy, which involves interpreting, monitoring, and assessing patients’ laboratory results. IMS understands the importance of pharmacists in health care delivery but does not believe that they possess the education and training to engage in these activities. It would usurp the role of the physician, especially family practitioners and pathologists, and it would severely undermine patient safety. Stay tuned for more information on this issue.

PT/OT Board terminates controversial rule

In December of 2008, the Iowa Board of Physical and Occupational Therapy (Board) provided notice of proposed changes in Iowa’s administrative law that would ban physical and occupational therapists (PTs/OTs) from employment by a physician beginning in January 2011, ostensibly to prevent inappropriate referral situations.

Many interested parties attended the Board meeting on February 20, including IMS and Iowa Orthopaedic Society members Tim Gibbons, MD; Allen Lang, MD; and Scott Meyer, MD. The Board received extensive comments from PTs/OTs, physicians, clinic managers, and associations such as IMS articulating the many reasons they opposed the proposed rules. The Board ultimately decided to terminate the proposed rules. IMS is extremely pleased with the outcome but expects this issue to resurface soon.

IMS comments on retrospective payment rule

Legislation passed by the 2008 General Assembly requires health plans to retroactively pay for covered medical services provided by a physician during the credentialing period once that physician becomes credentialed. The law became effective July 1, 2008. The law also calls for rulemaking by the Insurance Commissioner. Some insurers claimed that until the rules were promulgated, they were not bound to abide by the retrospective payment rules. Proposed rules were filed by the Iowa Insurance Division (IID) in January 2009. The IID takes the position that the rules will not be effective until July 1, 2009. IMS continues to argue that retroactive payment should be required for covered medical services provided by physicians during the credentialing period effective July 1, 2008, and thereafter. View IMS comments at our Web site, www.iowamedical.org.

Implementation of new form I-9 has been delayed

Use of the new Form I-9 developed by the U.S. Citizenship and Immigration Service (USCIS) has been delayed from February 2, 2009, to April 3, 2009. Employers are instructed to continue using the current Form I-9 (dated 6/05/07) until the new deadline. Go to www.uscis.gov/i-9 for instructions and to download forms.



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IMS joins AMA letter to FTC on Red Flags Rule

The AMA continues its advocacy challenges to the Federal Trade Commission's (FTC) claim that its Red Flags identity theft rule applies to physicians as creditors. In early February, the FTC officially advised the AMA that health care professionals are covered when they "regularly defer payment for goods or services," but that the burden of compliance with the rule need not be substantial, particularly for those medical practices at low risk for medical identity theft.

This week, the AMA responded to the FTC, stating: 1) the final rule (effective May 1, 2009) do not include physicians in the definitions of "creditors"; 2) the physician claims payment process is not a credit deferral system; 3) if the FTC intends to include physicians in this rule, it must go through the federal rulemaking process and allow physician comment; and 4) forcing physician compliance creates administrative burdens and potentially places the medical practice at odds with other medical care and privacy requirements.

IMS and other state and national medical societies joined the AMA's letter. IMS is developing a Red Flags educational opportunity for our members in the event the rule goes into effect for physicians. The AMA is also developing materials to assist medical practices.

AMA provides clarity on economic stimulus law

This week, the AMA released a statement to dispel misunderstandings regarding provisions of the American Recovery and Reinvestment Act of 2009, the recent economic stimulus bill signed into law.

The economic stimulus package sets aside approximately \$19 billion (\$17 billion through Medicare and Medicaid, \$2 billion in grants) to support HIT adoption by health care providers. Medicare penalties for not adopting HIT do not begin until 2015. While the AMA supports this dollar investment, its advocacy has been clear that neither Congress nor the President can ignore reform of the Medicare physician payment system.

The economic stimulus law also includes \$1.1 billion for comparative effectiveness research (CER), to be distributed among the Agency for Health Research & Quality (AHRQ), the National Institutes of Health (NIH), and the Department of Health and Human Services (HHS), agencies responsible for conducting this research. A CER advisory council would set research priorities; the council would not establish national practice guidelines or medical payment policies. AMA's advocacy will remain vigilant about potential CER abuses.

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