

IMS Advocate

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Key legislation

HSB 229 – Creates Iowa licensure for lay midwives. IMS opposes.

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.

SF 101 – Creates a shaken baby syndrome prevention program in the Iowa Department of Public Health. IMS supports.

HF 234; SF 16 – Requires insurance coverage for mental health conditions, including substance abuse treatment. IMS supports.

SF 3 – Sets a .08 blood alcohol limit for boat operating. IMS supports.

SF 153 – Allows physician assistants to form a professional corporation. IMS opposes.

HF 478 – Requires coverage for diabetes education. IMS supports.

SSB 1082 – Allow 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.

HSB 230/SSB 1094 – Relates to use of medical records as evidence in civil trials. IMS opposes.

HF 247 – Creates health insurance mandate commission. IMS opposes.

Contact your legislator regarding direct-entry lay midwives

Watch your e-mail for an Advocacy Alert from IMS asking you to take action on **HSB 229**. This bill would license direct-entry lay midwives in Iowa who have no formal medical education. This is in stark contrast to the level of training required for obstetric physicians and advanced registered nurse practitioners who specialize in midwifery. This bill also would allow a licensed midwife to carry and administer certain medications “appropriate for the scope of practice for licensed midwives.” IMS opposes this bill because of the increased maternal and child mortality risks that exist when non-medically trained individuals practice medicine. IMS makes advocacy simple by providing a message you can adapt and send to your legislator. Thank you for your advocacy efforts!

IBM issues advisory on licensure process

The Iowa Board of Medicine (IBM), like other state agencies, is experiencing staffing shortages associated with state government cut-backs. To help avoid licensing backlogs, on February 19, 2008, the IBM issued a “Help Expedite Licensure Process” advisory. The advisory notes that what ordinarily has been a 60-day process for issuing a new license now may take up to 90 days. Further, licensing staff will be more limited in their ability to return phone calls within a 24-hour period.

The IBM recommends better use of its Web site as the first source of information about: the application process; reviewing applications for completeness before submission; assuring the correct fee accompanies the application; and the availability of verification documents. Go to the IBM’s Web site, www.medicalboard.iowa.gov, (under “Licensure”) to read the advisory.

Assessing children’s oral health needs

Iowa law requires parents or guardians to provide proof of dental screenings for children between the ages of three and six. Proof of screening is required before school enrollment. This dental screening can be performed by a dentist, dental hygienist, physician, nurse, or physician’s assistant. Unfortunately, an estimated 25 percent of Iowa children do not have a payment source for dental treatment. Proper oral preventive health can reduce many significant adverse health outcomes in the future. Understanding the important role that physicians can play in assessing a child’s oral health, the American Academy of Pediatrics – Iowa Chapter has produced a free online learning resource for physicians. To learn more and access this, visit www.iowapeds.org.

AMA releases “Achieving Medical Home Recognition”

In light of reform efforts focused on the medical home model, the AMA has developed an educational document on understanding the concept of a patient-centered medical home and obtaining medical home certification. Physicians may access that document at www.ama-assn.org/go/pmc.



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BCBS *Love* settlement checks still pending

Physicians who timely filed claims forms in the multidistrict litigation (MDL) class action settlement with most of the nation's Blue Cross/Blue Shield (BCBS) plans, including Wellmark, have not yet seen settlement checks because there is an appeal pending on the case. Updates are available at www.hmsettlements.com. IMS will inform its members as soon as new information is available regarding payment distribution.

Economic stimulus bill creates changes for HIPAA

The federal economic stimulus bill recently signed into law requires changes in HIPAA designed to protect against privacy and security breaches in an electronic medical record (EMR) environment. This portion of the stimulus bill is called the "Health Information Technology for Economic and Clinical Health Act," or HITECH. The effective date of most of the HITECH provisions addressing privacy and security is February 2010, with exceptions.

One major shift under HITECH relates to direct regulation of business associates (BAs), as opposed to BAs' compliance through agreements with covered entities. BAs not in compliance with HIPAA privacy and security provisions as set forth by HITECH are subject to civil and criminal penalties.

HITECH also addresses security breaches of "unsecured" (not encrypted) PHI and processes required for follow-up notification. Federal regulations on the notification process and standards for securing PHI will be developed in upcoming months. HITECH also introduces a new term, "personal health record" or PHR, which is an electronic record of identifiable health information on an individual from multiple sources that is managed and controlled by the individual. The law regulates vendors that hold the PHR.

More directly related to HIPAA as we know it today, HITECH: 1) allows patients to restrict release of their personal health information (PHI) for payment or health care operation purposes if they are fully responsible for their bills; 2) requires covered entities using EHR to account for disclosures made for treatment, payment, or health care operations (this provision is not binding until January 2011 or later); 3) places restrictions on what now is permissible use of PHI for marketing purposes; and 4) imposes a minimum necessary standard on releases of PHI for purposes other than treatment. Each CMS regional office is to name a "regional privacy advisor" to assist covered entities with HITECH's requirements. State attorneys general are given enforcement authority over HIPAA violations. IMS will relay more information on these regulations as they develop. Stay tuned!

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