

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. Died in funnel.

HF 56 – Prohibits thimerosal in pediatric influenza vaccinations. IMS opposes. Died in funnel.

HSB 231 – Creates clinical laboratory science practitioner licensing board. IMS opposes. Died in funnel.

HF 234; SF 16 – Require 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.

SF 261 – Establishes a pilot physician assistant mental health fellowship program and appropriates funding. IMS is monitoring.

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. Died in funnel.

HF 6; SF 57 – Prohibit smoking on gaming floors. IMS supports. Died in funnel.

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

IMS remains busy during funnel week

The Capitol was busy this week with the legislative session's first funnel deadline. By today, bills needed to be reported out of their respective chamber's committees to remain viable this session. Many pieces of legislation supported by IMS survived the funnel and continue to be considered. This includes legislation that would require full mental health parity in insurance plans, which is an issue IMS has been advocating for many years. Other legislation, including **SF 3**, which establishes a lower blood alcohol limit for boat operating, is also viable. None of the bills that would have altered Iowa's current smoke-free law survived the funnel.

IMS continues to advocate our position on this year's health reform legislation. **SF 389** will expand health insurance to all children in Iowa and offer provider immunity for volunteer health services offered in physician offices. Both of these elements are strongly supported by IMS. However, the bill still contains other provisions of great concern to our physician practices, including the definition of "medication therapy management" that would go into the Iowa Code and additional requirements that would affect the Iowa Healthcare Collaborative and data reporting.

IMS also continues to oppose some bills that survived the funnel, including **HSB 229**, which would license direct-entry lay midwives, and **SF 153**, which would allow PAs to form professional corporations. While these bills have passed their respective committees, they are still under consideration and have more hurdles to cross before becoming law. Stay tuned for more information on legislative activity!

MedPAC calls for doctor pay raise in 2010

The Medicare Payment Advisory Commission (MedPAC) is an independent congressional agency that advises Congress on payments to private health plans participating in Medicare and providers in Medicare's FFS program. MedPAC analyzes access to care, quality of care, and other issues affecting Medicare.

In its annual payment report to Congress, MedPAC called for a 1.1 percent physician payment update. This recommendation serves as a reference as Congress once again tackles Medicare reimbursement issues and a potential 21 percent reimbursement cut. MedPAC reiterated that the system currently used to determine physician payments is fundamentally flawed and inequitable. Additionally, MedPAC has a growing concern that primary care services are undervalued and may be underprovided. As a result, MedPAC renewed a previous recommendation to shift more Medicare money into higher reimbursement for primary care services.

While Congress is not obligated to follow MedPAC's recommendations, the input is valuable to Congress as it continues discussion on issues affecting Medicare. To access MedPAC's full report, visit www.medpac.gov.



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CMS tackles issues with online Medicare enrollment

For months, CMS stated that its new Provider Enrollment, Chain and Ownership System (PECOS) would speed up the application process, reduce paperwork, and provide more accuracy and security in the Medicare enrollment process. In January, CMS clarified that physicians who wanted to enroll in Medicare online could not share their username and password for the National Plan and Provider Enumeration System (NPPES) with their own staff. CMS stated that the rule was for anti-fraud and security purposes.

Many providers found this enrollment rule overly burdensome. As a result, CMS will change its policy to allow physicians' credentialing staff access to PECOS. Many professionals in providers' offices will be relieved that they can now use PECOS on behalf of physicians for Medicare billing and enrollment. However, CMS reminds physicians that they run the risk of security breaches if they allow third party access to information.

The PECOS access changes are an attempt to further promote the system. For the one-month period ending January 8, 2009, only 124 physicians logged onto PECOS. Practices cited the access restrictions as one of the main reasons for avoiding PECOS. CMS continues to promote PECOS as a better method of enrolling in Medicare, as well as updating and tracking changes in enrollment data.

Iowa REC to meet next week

Iowa's Revenue Estimating Conference (REC) will meet next Friday. This three-member group provides estimates for state general fund revenues. It is currently made up of representatives from the Iowa Department of Management, the Legislative Fiscal Bureau, and a retired private-sector CFO. All eyes will be on the REC, as their estimates will be the basis for continued legislative work on the budget. IMS will be closely monitoring how the REC's estimate may affect state agencies who work with and reimburse Iowa's physicians.

IDPH recruiting Epidemiology Response Team

The Iowa Department of Public Health (IDPH) is recruiting additional members for its Epidemiology Response Team. The group assists local health departments during outbreaks and emergency situations. IDPH seeks individuals who are not presently working or those who are retired but would like to remain involved in public health response issues. For more information, contact the IDPH's Center for Acute Disease Epidemiology at (515) 242-5935.

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