

# IMS Advocate

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## **No Advocate next week**

Because of next week's Annual Meeting, IMS will not produce an *Advocate* newsletter until April 24. To stay current with IMS activity, visit [www.iowamedical.org](http://www.iowamedical.org).

## **Key legislation**

**HF 781** – Establishes a direct-entry lay midwife scope of practice review committee. IMS opposes.

**HF 234** – Requires insurance coverage for mental health conditions. IMS supports.

**HF 795** – Relates to the choice of doctor in Workers' Compensation cases. IMS is monitoring.

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

**SF 153** – Allows physician assistants to form PCs. IMS opposes.

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

**HF 758** – Modifies damages recoverable for negligent or wrongful injury/death. IMS opposes.

**SF 394** – Requires a circulating nurse in operating rooms during surgical procedures. IMS opposes.

## **IMS meeting next weekend**

You can still register for the IMS Annual Meeting April 18 & 19 in Iowa City! Saturday will include speaker Don Gurnett, Ph.D., who will share his experience of working with the Cassini spacecraft. Then, Kurt Mosley will discuss health reform and physician supply. Attendees will also discuss new policy for IMS. To register and learn more, visit [www.iowamedical.org](http://www.iowamedical.org).

## **Legislature tackles budget, looks to adjourn soon**

As the Legislature creeps closer to adjournment, the overall outlook is becoming clearer. One of the top challenges facing legislators is the budget; however, the federal stimulus bill has provided enough funds to keep Medicaid provider rates intact for the time being. Legislation strongly opposed by IMS related to PA incorporation and the ability of pharmacists to engage in "medication therapy management" appears to have died this session, but the language could still be added to other pieces of legislation.

One priority of Iowa physicians – insurance parity for mental health and substance abuse – could still be debated in the near future in the Iowa House. You can still contact your Representative and show your support of **HF 234!** Visit [www.iowamedical.org](http://www.iowamedical.org) to learn more and to use the IMS VoterVoice system to send your message.

## **New AMA resource available re: Red Flags Rule**

In November 2007, the Federal Trade Commission (FTC) issued a set of regulations, known as the "Red Flags Rule," requiring that certain entities develop and implement written identity theft prevention and detection programs to protect consumers from identity theft. In response to FTC staff indications that the rule will apply to physician practices, the AMA expressed its concerns and successfully delayed implementation of the rule until May 1, 2009.

The AMA and other medical organizations are continuing their efforts to persuade the FTC that physicians are not "creditors" and, therefore, should not be subject to the Red Flags Rule. In the interim, the AMA has prepared a guidance document, along with sample policies, so that members can incorporate a simple identity theft prevention and detection program into their existing compliance and HIPAA security and privacy policies. Visit [www.ama-assn.org/go/pmc](http://www.ama-assn.org/go/pmc) and select "Red Flags Rule resources" to access the new AMA resource, "**Protect your patients, protect your practice: What you need to know about the Red Flags Rule.**" and a sample practice policy.

IMS also plans to offer a webinar on this topic in the near future – stay tuned!

## **Iowa AG supports proposed CMS rule re: prescriptions**

Iowa's Attorney General, Tom Miller, joined 15 other state AGs on a letter to CMS regarding its Part D Prescription Drug Utilization Management Guidelines. CMS is proposing a revision to those guidelines that would prohibit insurers from first requiring a Medicare beneficiary to use an off-label drug to determine its efficacy in treating the patient's medical condition before the carrier would pay for an FDA-approved prescription drug. The attorneys general support that change and in their letter state, "The practice of requiring treatment with an off-label drug before reimbursing a patient for using a drug approved by the FDA for that specific condition...undermines the doctor-patient relationship by empowering health insurance companies to make broadly applicable medical decisions best left to a physician considering the needs of a specific patient."



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## CMS opens Internet-based PECOS to third parties

During an April 7, 2009, CMS teleconference, officials stated that office staff and other third parties will now be permitted by CMS to file enrollment applications online on behalf of Medicare providers. The agency removed restrictions prohibiting physicians and non-physician practitioners (NPPs) from sharing their National Plan and Provider Enumeration System (NPES) login information used for the Internet-based Provider Enrollment, Chain and Ownership System (PECOS). However, online enrollment applications will not be processed until a two-page certification statement is received by the Medicare contractor.

PECOS users must print, sign, and mail this certification statement, along with any other supporting documentation, within seven days. Note: CMS will hold providers responsible for any changes made to their enrollment status. For more information, go to [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

## Insurance industry weighs in on health reform

AHIP (America's Health Insurance Plans) and BCBSA (BlueCross BlueShield Association) recently told congressional leaders they supported comprehensive health care reform. The groups noted that the first step is reducing the rate of growth of medical costs, which can be done by focusing on prevention, early intervention, care coordination, and insurance market reforms. These groups cautioned that creating a new government-run program would "thwart the ability of the health care sector to implement meaningful delivery system reforms." However, they stated that if reform was built upon the existing systems, insurers could guarantee coverage with no pre-existing condition exclusions and phase out the practice of varying premiums based on health status in the individual market. The groups emphasized that before the industry could move this direction, they needed: 1) a statutory mandate that all persons carry insurance; and 2) individual health insurance market reforms. Regardless, the industry would continue to rate based on age, geography, family size, and benefit design.

## HHS charts economic stimulus money for health care

The federal Department of Health and Human Services highlights these allocations for health care from the "American Recovery and Reinvestment Act of 2009" (ARRA), the economic stimulus bill: 1) improving and preserving health care – \$90.1B; 2) health IT – \$20.6B; 3) scientific research and facilities – \$10.0 billion; 4) children and community services – \$2.8B; 5) comparative effectiveness research – \$1.1B; 6) prevention and wellness – \$1.0B; and 7) accountability and IT security – \$0.1B. Go to [www.hhs.gov/recovery](http://www.hhs.gov/recovery) to learn more.

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