

IMS Advocate

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H1N1 Flu resources

A variety of resources are available for health care providers as the H1N1 Flu ("Swine Flu") pandemic grows.

The Iowa Department of Public Health (IDPH) has developed an informational Web page that includes daily updates, fact sheets, and educational materials. It is available at www.idph.state.ia.us/adper/swine_flu.asp. This page also includes a tab for health care providers that offers general guidance, testing guidelines, and information on the appropriate use of antiviral medications for chemoprophylaxis and treatment. You also may reach the IDPH health care provider information line at (866) 282-5815.

Additional information on the H1N1 flu is available at the AMA Web site, www.ama-assn.org, and the Centers for Disease Control and Prevention site, www.cdc.gov.

Krogmeier tapped for DHS

Governor Chet Culver named his Chief of Staff, Charles Krogmeier, to be director of the Department of Human Services (DHS). His appointment comes after the Senate refused to confirm Culver's original nominee, Gene Gessow, during the legislative session.

Krogmeier, an attorney by training, most recently served as the state's budget director. He previously worked in state government for the offices of the Secretary of State and the Attorney General.

2009 Iowa legislative summary

The Iowa General Assembly adjourned at 5:55 a.m. on Sunday after a marathon week punctuated by heated negotiations and many starts and stops in the process. Major pieces of legislation were passed in the waning days of the session including appropriations bills, health care reform, and bonding proposals. The session was generally positive for IMS, and many contentious bills were not passed.

Positive for IMS

The health care reform package, **SF 389**, underwent numerous changes throughout the session. In the end, many of the provisions that were of concern to IMS were removed from the bill. Among other things, the bill: 1) sets up a legislative health care coverage commission to develop a health care reform strategic plan; 2) expands the volunteer health care provider program so that a specialty physician providing in-office free care receives immunity protections; 3) creates a health care workforce support initiative; 4) asks the Department of Human Services to apply for grants to promote outreach and quality under the Medicaid and *hawk-i* programs; 5) creates a dental-only *hawk-i* option; and 6) authorizes DHS to cover legal immigrant children under Medicaid and *hawk-i*.

Also positive for IMS was the failure of two scope of practice bills to pass. Legislation failed that would have allowed PAs to form professional corporations and direct-entry lay midwives to be licensed. Conversations on these issues will continue this year and resurface in the 2010 session. Another bill opposed by IMS that did not pass would have modified damage awards recoverable under negligent or wrongful death claims.

IMS also was pleased that the Legislature passed a bill creating a shaken baby prevention program for the state.

Negative for IMS

Unfortunately, **HF 234**, which would require insurance parity for mental health and substance abuse coverage, did not get acted on this session. IMS will continue pushing this issue in the next session.

Also of interest

Many physicians followed **HF 795**, which would have allowed workers injured on the job to choose their own physicians. The bill, closely monitored by IMS, did not pass.

FTC delays Red Flags Rule enforcement until August 1

The Federal Trade Commission (FTC) has announced that it will delay enforcement of the new Red Flags Rule until August 1, 2009. The Rule was originally intended to be effective May 1. The delay will give entities more time to develop identity theft prevention programs. This is the second time this rule has been delayed. The AMA and other medical organizations will continue advocacy efforts with the FTC to ensure physicians are not considered as "creditors" and, therefore, not subject to the Rule. For more information, visit www.iowamedical.org or www.ftc.gov/opa/2009/04/redflagsrule.shtm.



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Board of Nursing proposes fluoroscopy rules

The Iowa Board of Nursing has proposed rules on ARNP supervision of fluoroscopy. The proposed amendments to Iowa Administrative Code specifically allow ARNPs to provide direct supervision in the use of fluoroscopic X-ray equipment. The proposed rules are available in the April 22 Iowa Administrative Bulletin available at www.legis.state.ia.us/asp/BulletinSupplement/bulletinListing.aspx. All public comments or suggestions must be provided to the Board of Nursing by June 3, 2009. For more information, please contact Heidi Goodman at hgoodman@iowamedical.org.

Congress discusses physician payment, health care reform

The U.S. House and Senate passed a budget plan for Fiscal Year 2010 that provides for a two-year pay increase for physicians under Medicare, which would cancel a 21 percent cut scheduled for 2010. It remains unclear what policy Congress specifically will adopt to increase Medicare physician reimbursement. While organizations such as IMS and the AMA continue to push for an overhaul to permanently fix the system, the \$300 billion 10-year cost estimates could make it unlikely in the immediate future.

Additionally, the budget plan allows budget reconciliation to be used in the Senate after October 15 if health care reform legislation has stalled. Under reconciliation, health care reform legislation could be approved with as few as 51 votes, rather than the 60 votes typically required. This would allow Senate Democrats to effectively push through legislation. The Democrats maintain, however, that they will continue to work toward development of a bipartisan bill and note that their first choice is not to use the reconciliation procedure. Congress is expected to begin health care reform discussions in the near future. Stay tuned!

AMA/MGMA resource can help with Medicare enrollment

An online toolkit developed by the American Medical Association (AMA) and the Medical Group Management Association (MGMA) can assist physician practices in navigating the new requirements of the Medicare enrollment process and help doctors successfully enroll as quickly as possible without interrupting patient care or Medicare reimbursements. This resource, which is free to members of the AMA and MGMA, aims to make the enrollment process easier by outlining the new Medicare enrollment policies, most of which took effect April 1, 2009, in an easy-to-understand format. The toolkit is available to AMA members at www.ama-assn.org/go/medicare-enrollment-kit and to MGMA members at www.mgma.com/enrollmenttoolkit.

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