

IMS Advocate

published by the Iowa Medical Society

August 14, 2009

IMPAC surpasses goal

The Iowa Medical Political Action Committee (IMPAC) has surpassed its 2009 fundraising goal by raising over \$92,000 to date. IMPAC is the bipartisan political action committee of IMS. IMPAC contributions are used to help elect pro-medicine candidates in Iowa. To learn more about IMPAC, click the "Legislative Advocacy" tab at the IMS Web site, www.iowamedical.org.

DUR seeks physician feedback

The Iowa Medicaid Drug Utilization Review Commission (DUR) seeks physician feedback on a proposed change to prior-authorization criteria for febusostat (Uloric). Read the letter from the DUR on the IMS Web site, www.iowamedical.org, and submit comments by August 27 to enemmers@iowamedical.org.

Iowan has first West Nile case

The Iowa Department of Public Health says the first human case of West Nile virus in Iowa has been confirmed. Statewide surveillance indicates increased numbers of mosquitoes infected with the virus. The West Nile virus season in Iowa typically lasts until the first frost. Approximately 20 percent of people infected with West Nile virus will have mild to moderate symptoms. Last year, five cases and one death were reported in Iowa. For more information about West Nile virus, visit www.idph.state.ia.us/adper/wnv_surveillance.asp.

The voice of IMS in national health reform

As national health reform discussions progress, IMS will e-mail our members more often to ensure they are receiving accurate updates. IMS physician leaders and staff continue to be in regular contact with our elected officials in Washington to guarantee that the voice of Iowa physicians is heard clearly.

Meanwhile, the most recent issue of *Iowa Medicine* contains articles from both Senators Charles Grassley and Tom Harkin. The pieces debate inclusion of a public plan option in health reform legislation. Visit the IMS Web site, www.iowamedical.org, to comment on the articles and learn more about upcoming town hall meetings in your area. At our Web site, you can also read a statement from IMS President Michael Kitchell, MD, detailing IMS activities and perspectives as the reform dialogue continues. If you do not have Internet access, contact IMS staff for more information at (800) 747-3070.

Health reform debate heats up

The debate over meaningful health system reform has picked up as Congress enters its August recess. Interest groups are issuing their respective rallying cries, and town hall discussions around the country have sometimes erupted in fiery exchanges. The first piece of draft legislation to emerge, H.R. 3200, includes a variety of provisions of interest to physicians including greater insurance coverage for the uninsured, more emphasis on preventive care, and fixing Medicare's flawed physician payment system.

It is crucial to note that the elements to be included in the final health reform legislation are uncertain. Three House committees have already adopted amendments, and two Senate committees continue to discuss their proposed changes. Both the House and the Senate will need to come to consensus, so the bill is still a work in progress.

At this point, the AMA has come out as an early supporter of the legislation. This will provide the AMA a better seat at the table as discussions evolve. The AMA plans to have a large presence as the final bill is crafted. The AMA's Web site, www.ama-assn.org, contains more information on its stance and regular updates.

Iowa health reform initiatives continue

Amid national debate on health reform, Iowa leaders continue discussions on improving Iowa's health system. The Legislative Health Care Coverage Commission has been tasked to propose a health insurance plan for uninsured adult Iowans by July 1, 2010. The commission will include representatives from a variety of industries and will be chaired by Ames family physician David Carlyle, MD.

Health advisory councils established by 2008 legislation continue to meet. Councils coordinated by the Iowa Department of Public Health cover a wide variety of areas including medical homes, health and long-term care, electronic health information, and prevention and chronic care management. To stay updated with the councils' activities, visit www.idph.state.ia.us/hcr_committees/default.asp.



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FTC further delays Red Flags Rule implementation

The Federal Trade Commission (FTC) has announced that it will delay enforcement of the new Red Flags Rule until November 1, 2009. This is the third delay the FTC has provided, and it will give entities more time to review guidance from the FTC and develop and implement identity theft prevention programs. The Red Flags Rule is an anti-fraud regulation that requires “creditors” to implement programs to identify, detect, and respond to the warning signs, or “red flags,” of identity theft.

IMS offered a webinar on the Red Flags Rule in July, and the archived version is still available for purchase. The webinar: 1) explains the Red Flags Rule and the current position of the FTC on its applicability to medical practices; 2) discusses the specific requirements of the rule; and 3) explores strategies for compliance. Access the webinar under the “Practice Management” tab of the IMS Web site, www.iowamedical.org.

The FTC also has developed resources to ensure compliance with the Rule. General information is available at its Web site, www.ftc.gov/redflagsrule. Additionally, the FTC recently created an online do-it-yourself template for creating a Red Flags compliance program for creditors that are at low risk for identity theft, such as most medical groups. Access it at www.ftc.gov/bcp/edu/microsites/redflagsrule/get-started.shtm.

HHS Secretary delegates HIPAA Security Rule to OCR

On August 3, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that the authority to administer and enforce the HIPAA Security Rule had been delegated to the HHS Office for Civil Rights (OCR).

HIPAA contains both a Privacy Rule and a Security Rule. Previously, CMS administered and enforced the Security Rule while the OCR handled the Privacy Rule. Delegating both Rules to the OCR was done in an attempt to eliminate duplication and increase efficiencies. CMS continues to have authority for administration and enforcement of the HIPAA administrative simplification regulations other than privacy and security of health information.

The transition is not expected to cause interruption in the processing of any complaints. Consumers may continue to submit HIPAA security complaints through the online resource tool at <https://htct.hhs.gov/aset/>. Security complaints may also be sent to the OCR. For more information and instructions on how to submit a complaint, visit the OCR Web site, www.hhs.gov/ocr/privacy/hipaa/complaints.

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