

IMS Advocate

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Key legislation

SSB 3085 – Defines the practice of chronic interventional pain management and who may practice it. IMS supports.

HF 2075 – Requires health benefit coverage for certain cancer treatments pursuant to approved cancer clinical trials. IMS supports.

SF 2070 – Licenses direct entry lay midwives. IMS opposes.

HSB 590 – Requires insurance coverage for mental health conditions, including substance abuse treatment. IMS supports.

HSB 511 – Provides payment for medication therapy management activities. IMS is monitoring.

SF 2072 – Establishes involuntary hospitalization protocol. IMS opposes.

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

HF 2097 – Requires safety helmets on motorized bicycles for children under 17. IMS supports.

SF 2005 – Creates a cap on noneconomic damages in medical malpractice actions. IMS supports.

SSB 3071 – Amends regulations around minors' driver's licenses under the graduated licensing program. IMS supports.

SSB 3103 – Alters rules around hospital inspectors and findings of dependant adult abuse. IMS supports.

HSB 529/SF 2053 – Restrict generic antiepileptic drug substitution by pharmacists. IMS is monitoring.

National health reform stalls; contact Senators re: Medicare

This week's Republican win in the Massachusetts special election to fill the seat of the late Senator Edward Kennedy has put a major hurdle in front of Democrats hoping to adopt national health system reform legislation. The Democratic caucus in the Senate now drops to 59, which is one vote shy of the 60 needed to stop a filibuster. Democrats in the House and Senate are now working to find legislation that could pass both houses and possibly achieve some degree of bipartisan support. This could mean that health reform efforts will be pared back to achieve consensus.

"The Massachusetts Senate election has complicated the prospects for comprehensive health reform, but the crisis of the uninsured remains very real to millions of Americans who have reduced access to health care because they don't have coverage," said AMA President J. James Rohack, MD. "Our nation still needs reform of the health care system, and AMA will stay engaged in the process to get the best outcome for patients and physicians."

Dr. Rohack also noted that regardless of what happens on the broader reform issue, Congress still must tackle the urgent Medicare physician payment problem. This week, the AMA, AARP, and the Military Officers Association of America increased a push to reform the Medicare payment formula. The temporary congressional fix to prevent a 21 percent cut in Medicare reimbursement to physicians expires on March 1.

Within the House of Representatives, Iowa Representative Bruce Braley has become a champion for Iowa's physicians on this issue. At this time, it is crucial for Iowa physicians to share your opinions with the Senate. Visit www.iowamedical.org to get telephone and e-mail contact information for Senators Grassley and Harkin. By devoting just a couple of minutes, you can ensure that your voice is heard. Learn more about the impact of the potential cut by visiting www.ama-assn.org/go/medicarepaymentkit.

State health reform efforts continue

While national health reform efforts have slowed, Iowa legislators continue to look at ways to improve Iowa's health system. Legislation is soon expected that will incorporate key provisions of the state's Legislative Health Care Coverage Commission.

The recommendations include: 1) expand the IowaCare program to create a regional delivery model that will provide access to primary and hospital care; 2) fund increases in technology capabilities for the Iowa Department of Human Services; 3) adopt a statewide diabetic registry to improve care delivery; 4) improve the system for Iowans moving from public to private health care coverage; and 5) increase the information readily available to Iowans regarding the services provided by safety net providers. Other recommendations involve possible development of an Iowa insurance exchange.

Read the entire Commission report, which includes recommendations and background material, at www.legis.state.ia.us/Isadocs/IntReport/2010/IPAMV000.PDF.



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Wellmark PAC welcomes physician comments for next meeting

Wellmark's Physician Advisory Committee (PAC) will meet on Tuesday, March 9, and will again discuss physician concerns with Wellmark's cardiology and oncology prior notification requirements and the feasibility of a specific payment code administration of anesthesia for endoscopy procedures.

The federal national class action settlement required each Blues plan, including Wellmark, to form a physician advisory committee. The PAC is to operate as a constructive and collaborative body in representing the interests of participating and nonparticipating physicians. Twelve (12) physicians who are IMS members and Wellmark participants serve on the PAC. The PAC's chair is Terry Flander, DO, MPH, Wellmark's medical director for provider relations. The physician members of the PAC are responsible for the agenda and invite your comments and concerns for PAC discussion, review, and recommendations.

For contact information on each PAC member, go to the PAC Web page at www.wellmark.com/Provider/CommunicationAndResources/PACs.aspx. Visit www.iowamedical.org to read an IMS-prepared summary of PAC processes and functions that was reviewed and acknowledged by the PAC at its December meeting.

Board of Health delays adoption of fluoroscopy rule

Over the past few years, IMS has actively opposed the Iowa Board of Nursing (IBN) in their creation of arbitrary training standards and rules allowing ARNP supervision of fluoroscopy. After the IBN was successful in passing their rule, the Bureau of Radiological Health (Bureau) had to determine whether the IBN's standards were appropriate and whether it should allow ARNPs to supervise radiologic technologists and radiologic technologist students in the performance of fluoroscopy.

The Bureau has ultimate authority over the operation of radiation emitting machines in Iowa and chose to amend its rules to reflect the changes put forth by the IBN. Last week, the Iowa Board of Health, which has authority over the Bureau, delayed adoption of the amendment. This was a solid win for patient safety and further demonstrated that the IBN's attempt to advance ARNP practice into the specialty of radiology is unreasonable and arbitrary.

IMS is also working with Iowa legislators to ensure that the physician voice is heard loud and clear when fluoroscopy comes up this year. We have many legislators who agree that the Board of Nursing's rules did not follow Iowa law or national standards. For additional information, please contact Heidi Goodman at hgoodman@iowamedical.org.

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