

IMS Advocate

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Key legislation

SSB 3085/HF 2136 – Define the practice of chronic interventional pain medicine 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.

HJR 2006/SJR 2003 – Nullify an Iowa Board of Nursing administrative rule allowing ARNP supervision of fluoroscopy. IMS supports.

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.

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

SSB 3071 – Amends regulations around minors' driver's licenses. IMS supports.

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

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

Iowa Senate considers new health reform legislation

The state Senate is examining health reform proposals in **SF 2092**, which was introduced this week. Key elements of the bill involve the IowaCare program. Under the legislation, IowaCare would be expanded to cover more adults. Additionally, treatment locations would be expanded beyond Des Moines and Iowa City to include a regional provider network. Negotiations are ongoing regarding a provision of the bill that would allow payments to physicians at the University of Iowa Hospitals and Clinics.

A more contentious provision of the legislation involves the establishment of the "Iowa Choice Exchange." Administered as a nonprofit organization with state oversight, the Exchange would develop a portal where uninsured Iowans can receive assistance in obtaining health care coverage. For Iowans who did not meet public insurance coverage criteria, available private coverage would be offered. These private plans would be held to "quality and affordability" standards.

Another feature of the Exchange would be a clearinghouse that would provide information about all public and private health care coverage that is available, including comparisons of benefits, premiums, and out-of-pocket costs. Finally, the Exchange would establish standards for coverage quality and information offered by public and private insurers. Stay tuned for more developments on this bill. To find the full text of the legislation, click the "Track Legislation" tab at www.legis.state.ia.us.

Discussions on chronic interventional pain medicine continue

On January 28, an Iowa Senate Subcommittee met to discuss **SSB 3085**, which defines the practice of chronic interventional pain medicine (CIPM) and who may practice it. IMS is a strong supporter of this legislation, as it prevents nurse anesthetists from performing medical subspecialty procedures for which they have no education or training. IMS believes this is an obvious patient safety risk.

The Subcommittee members listened to arguments from both sides of the debate. Anesthesiologists Frank Cassady, MD, Sherif Tewfik, MD, and Patrick Allaire, MD, explained the perspective of organized medicine. They were assisted by representatives of IMS and the Iowa Society of Anesthesiologists. Together, they provided testimony that disputed assertions made by nurse anesthetists regarding their ability to perform these complex procedures involving comprehensive diagnosis and treatment plans. Additionally, members of organized medicine refuted false statements that claimed health care access would be hindered by this legislation. Ultimately, the Subcommittee decided to hold off a decision on the bill until after next week's Iowa Board of Medicine (IBM) meeting. It is expected that the IBM will address the CIPM issue to some extent.

It is crucial that Iowa physicians and friends of medicine contact their senators to educate them on this issue. It is quick and easy to use the IMS VoterVoice system to send an e-mail. Visit www.iowamedical.org to send your message today!



Iowa Medical Society legislative staff

Michael Abrams

Executive Vice President
mabrams@iowamedical.org

Jeanine Freeman, JD

Senior Vice President of Legal Affairs
jfreeman@iowamedical.org

Karla Fultz McHenry

Vice President of Public Policy & Advocacy
kmchenry@iowamedical.org

Eric Nemmers, JD, MHA

Legislative Counsel
enemmers@iowamedical.org

Heidi Goodman, BSN, JD

Policy Counsel
hgoodman@iowamedical.org

Sandy Nelson

Manager of Health Care Economics
snelson@iowamedical.org

Cheryl Peers

Legislative Coordinator
cpeers@iowamedical.org

IMS Headquarters

1001 Grand Avenue
West Des Moines, Iowa 50265
(800) 747-3070 or (515) 223-1401
Fax (515) 223-0590
www.iowamedical.org

Gov. Culver releases budget; no change in Medicaid payments

This week, Governor Chet Culver released his annual budget proposal. This proposal acts as a blueprint that legislators can consider as they develop the state's actual budget over the next two months. The Governor's budget attempts to tackle the shortfall in state revenue by incorporating consultants' recommendations on potential savings. Additionally, the budget keeps in place the 10 percent across-the-board budget cuts enacted in 2009. This had resulted in a five percent cut to Medicaid provider payments.

IMS opposes these cuts to providers, as Medicaid payments are already below insufficient Medicare payments. Combined with rising practice costs and increased administrative burdens, these cuts significantly impact an already fragile health care system. This could have a serious impact on access to physician services for Medicaid members. Look for more updates on state budget issues as the legislative session progresses.

Federal health reform efforts remain stalled

As federal health reform talks have slowed, the pressure has intensified for Congress to fix the flawed Medicare payment system. The temporary congressional fix to prevent a 21 percent cut in Medicare reimbursement to physicians expires on March 1. Some discussions have mentioned a fix for the system being included in a debt limitation bill. Others believe that meaningful payment reform will be pushed back yet again through another temporary fix.

IMS, the AMA, and other provider organizations remain committed to Medicare payment reform instead of the annual battles that have only resulted in potentially larger cuts the following year. IMS encourages Congress to enact sensible, stable annual Medicare physician payment updates. IMS encourages its members to contact their representatives and senators to further discuss this issue. Find their contact information at www.iowamedical.org under the "Legislative Advocacy" tab.

Help IDPH complete statewide health IT assessment

The Iowa e-Health Project is working through the Iowa Department of Public Health (IDPH) to advance health information technology (health IT) in Iowa. In order to help meet physicians' needs, they are conducting a provider health IT assessment to obtain information about health IT involvement. IMS encourages its members to help with this important statewide project. Visit https://www.surveymonkey.com/ia_practicepoc to provide your office's contact information. Later, you will receive a brief assessment that will collect information about your practice's health IT use, capabilities, and needs.

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Iowa Medical Society
1001 Grand Avenue
West Des Moines, IA 50265