

# IMS Advocate

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## Key legislation

**HF 2075** – Requires health benefit coverage for certain cancer treatments pursuant to approved cancer clinical trials. IMS supports; signed by Governor.

**HF 2494** – Licenses direct-entry lay midwives and establishes state midwifery board. IMS opposes.

**HF 234** – Requires insurance coverage for mental health conditions, including substance abuse treatment. IMS supports.

**HF 2329** – Provides payment for medication therapy management. IMS is monitoring.

**SF 153** – Allows PAs to form limited liability companies and professional corporations. IMS opposes.

**SF 2150** – Establishes teen graduated driver licensing program. IMS supports; passed Senate.

**SF 2333** – Relates to hospital inspectors and dependent adult abuse. IMS is monitoring.

**SF 2312** – Licenses naturopathic physicians. IMS opposes.

**SF 2072** – Establishes involuntary hospitalization protocol. IMS is monitoring.

**HF 2410** – Restricts pharmacist drug product selection relative to anti-epileptic drugs. IMS is monitoring.

**HF 758** – Relates to damages recoverable for wrongful death of a person. IMS opposes.

**SF 2349** – Mandates that certain group health insurance for state employees cover autism disorders. IMS is monitoring; passed Senate.

## Medicare provider cuts set for March 1

On Thursday, February 25, the U.S. House passed a bill that extended current SGR payment levels for an additional 30 days. This would prevent the 21 percent cut in physician Medicare payments from going into effect on Monday, March 1. The Senate attempted on several occasions to pass the same bill by unanimous consent. Sen. Jim Bunning (R-KY) objected due to the lack of cost offsets. The Senate has now adjourned, so the cut will be effective Monday. However, CMS is notifying contractors to hold physician claims for 10 business days. [IMS urges Iowa physicians and friends of medicine to contact Congress and express outrage over its mismanagement of the Medicare and TRICARE programs.](#) Visit [www.iowamedical.org](http://www.iowamedical.org) for contact information and updates.

## ADVOCACY ALERT: Oppose direct-entry lay midwife licensing

The Iowa Legislature is considering **HF 2494**, which would license direct-entry lay midwives. It is crucial that Iowa physicians and friends of medicine stand together to **oppose this bill**. This isn't the typical "scope of practice" debate among physicians and other providers. It is solely a public safety issue.

It is important for Iowa mothers to have pregnancy and delivery health care choices. However, it is the state's responsibility to only license properly trained individuals to offer health care services. IMS supports the current provider options for Iowa mothers: physicians and advanced registered nurse practitioners who specialize in midwifery.

Direct-entry lay midwives receive no medical education, and most of their training is done through an apprenticeship program. Yet under proposed legislation, lay midwives would be able to utilize drugs and procedures "as appropriate for the scope of practice." A recent amendment would allow lay midwives to care for newborns up to six weeks.

Proponents of the bill claim that it enhances the birthing choices for Iowa women. This argument is flawed, as there is no Iowa law that prohibits women from having at-home births. Additionally, Iowa women who want to use midwives for their deliveries can already utilize trained nurse midwives. Pregnancies and deliveries can present sudden, unexpected complications that can result in permanent, negative maternal and child health outcomes. Formally educated practitioners are best able to assess risk and respond in emergency situations.

Help IMS support safe health care choices for women and children. Learn more at [www.iowamedical.org](http://www.iowamedical.org), where you can also urge your legislator to oppose this bill.

## HHS budget does not include provider payment cut

The Iowa Legislature's Health and Human Services (HHS) Budget Subcommittee has released their proposed budget for fiscal year 2011. While Iowa Medicaid is slated to receive a cut of over \$347 million, legislators plan to fill this gap through cash reserves and a hopeful extension in enhanced Medicaid reimbursement from the federal government. The HHS budget does not include any reductions in Medicaid provider payments.



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## CMS delays enforcement of PECOS rule until 2011

CMS has backed off its April 5 deadline to enforce a new mandate that would have denied claims for services where a referring/ordering physician is required and the referring/ordering physician is not properly enrolled with Medicare, i.e., their information is not in the Provider Enrollment Chain and Ownership System (PECOS).

Physicians who order or refer for items (wheelchairs, oxygen, etc.) or services (lab, radiology, physical therapy, etc.) must update their Medicare enrollment information (including their NPI) in PECOS. Practices now have until January 3, 2011, to be in compliance with the regulation. However, as the enrollment process takes about 45 days, providers should not delay in verifying their current PECOS enrollment, which may be done by contacting WPS provider enrollment at (866) 503-7664 or by checking the CMS Web site that contains a file of all currently eligible providers who may order or refer: [www.cms.hhs.gov/MedicareProviderSupEnroll/06\\_MedicareOrderingandReferring.asp#TopOfPage](http://www.cms.hhs.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp#TopOfPage).

## Look out for Aetna/TRICARE faxes

At least one Iowa provider office has been contacted via fax from "Aetna Government Health Plans." The fax stated that Aetna received notification from the U.S. Department of Defense that it had been selected as the managed care support contractor for TRICARE's North Region. Iowa is in TRICARE's West Region. Apparently some areas in Eastern Illinois are part of the TRICARE North Region.

IMS has learned that the Department of Defense has **not** officially awarded this TRICARE contract to Aetna. It was originally awarded, but is being further reviewed until March 2011. Aetna remains confident that it will be awarded the TRICARE North contract and has been sending out contracts in an effort to build a robust network. This is obviously causing much confusion among providers.

IMS contacted the AMA, and the AMA confirmed that Aetna is network building in anticipation of a contract award. The AMA will continue to work with Aetna regarding this matter and the confusion it is creating. IMS will keep you informed.

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