

IMS ADVOCATE

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Bills to watch

HF 490 – Creates a Certificate of Merit requirement in medical malpractice cases. IMS supports.

HSB 507; SSB 3022 – License the practice of naturopathy and require the Iowa Board of Medicine to oversee licensure. IMS opposes.

HSB 521; SSB 3021 – Establish licensure requirements for ambulatory surgical centers. IMS is monitoring.

HSB 542; SF 2120 – Codify the current scope of practice for optometrists. IMS is monitoring.

HSB 549 – Relates to patient and provider participation in electronic health record systems. IMS is monitoring.

HSB 561; SSB 3056 – Establish the Iowa Health Information Network (IHIN), a statewide health information network. IMS is monitoring.

HSB 583 – Establishes an allopathic physician recruitment program and revolving fund. IMS supports.

HSB 595; SSB 3107 – Establishes a rural Iowa primary care provider grant and forgivable loan program. IMS supports.

HF 2064 – Establishes training and certification requirements for interventional pain management supervision. IMS supports.

HF 2096; SSB 3053 – Change limits on supervision of physician assistants to allow up to 5 PAs to be supervised by a single physician. IMS opposes.

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Physician Day on the Hill a huge success

On Wednesday, February 1, over 90 physicians and medical students from across the state converged on the Iowa Capitol for “Physician Day on the Hill.” Following a short legislative briefing, attendees traveled up to the Capitol. Throughout the afternoon, participants met with their legislators, as well as other key legislative officials, to share their thoughts on several proposals moving through the statehouse. Among the issues physicians highlighted were Certificate of Merit legislation, licensure proposals for naturopaths and direct-entry lay midwives, Board of Nursing legislation to eliminate collaboration between medicine and nursing, and the need for improving physician Medicaid reimbursements.

Kate Walton, IMS Director of Government Affairs, reports that the advocacy efforts of those in attendance on Wednesday did not go unnoticed. “Several legislators, as well as other members of the lobby, have commented to me how great it was that so many physicians took time out of their busy schedules to travel to the Capitol and share their concerns with members of the General Assembly,” she stated. We’d like to thank all of you who took the time to join us on Wednesday. Your first-hand knowledge of how legislative policies affect the practice of Iowa physicians is invaluable in educating legislators. Be sure to visit the [IMS website](#) for photos from throughout the day.

If you were unable to join us at “Physician Day on the Hill,” there are still opportunities to make your voice heard on the health care issues being considered by the legislature. Contact [IMS staff](#) to learn more.

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Legislative Update - Week 4

In addition to “Physician Day on the Hill,” this week saw significant discussion of many issues of interest to IMS. Among bills discussed this week were **HSB 542 & SF**

HF 2088; HF 2099; SSB 3040 – Allow physician assistants and nurse practitioners to prescribe respiratory care. IMS is monitoring.

SF 2107 – Requires acceptance of a universal health care practitioner credentialing application. IMS supports.

HF 2148 – Mental health, mental retardation, and developmental disabilities system reform proposal. IMS is monitoring.

HF 2165; SF 2125 – Create a statewide process for the use of physician orders for scope of treatment and advanced directives (IPOST). IMS supports.

SSB 3042 – Allows the Board of Pharmacy to enter into agreements with other states for the exchange of information among prescription monitoring program databases. IMS is monitoring.

SSB 3044 – Removes requirements for Board of Nursing collaboration with medicine when determining appropriate scope of practice for nurse practitioners. IMS opposes.

2120. In response to reimbursement issues from WPS, these bills seek to write current optometry practice into *Iowa Code*. Initial versions of this legislation greatly expanded the scope of practice for optometry, to include over two dozen procedures not currently performed by optometrists but which would now be authorized. Working closely with legislators, IMS and the Iowa Academy of Ophthalmology were able to craft amendment language which clarifies the bills, to allow for the incorporation of current optometric practice into *Code* without expansions. These bills were discussed in the State Government Committees in their respective chambers this week, and full chamber debate is expected soon.

Another issue discussed this week, was that of physician assistant supervision, specifically **HF 2096 & SSB 3053**. As we told you in last week's *Advocate*, these bills seek to raise the limits on the number of physician assistants who may practice under the supervision of a single physician from the current level of 2 PAs to 5 PAs. A House subcommittee met to discuss the bill this week. IMS committed to work with stakeholders on this issue to try to reach agreement on appropriate physician-PA supervision but at this time, does not feel comfortable supporting the legislation absent those discussions. A Senate subcommittee for this proposal has been scheduled for Monday.

A source of some division among health care advocates, work continued this week on **HSB 521 & SSB 3021**. These bills create licensure requirements for ambulatory surgical centers in Iowa. IMS, in consultation with key legislators and other health care advocates, has developed proposed amendment language to address some of our concerns with these pieces of legislation. We have been primarily concerned that these bills would add an additional level of duplicative regulation to centers, the vast majority of which are already under the oversight of CMS regulations for Medicare providers. The amendment language IMS developed would eliminate unnecessary duplication of regulation for those Medicare providers and clarify the legislative intent of several provisions of the bill. IMS continues to work with legislators to get this language officially introduced.

Finally, this week IMS staff was pleased to be able to resolve many areas of concern regarding **HF 2165 & SF 2125**. As you may recall from the January 20 *IMS Advocate*, these bills create statewide implementation of a voluntary IPOST process for translating patients' wishes for end-of-life care into written physician orders. Among the concerns IMS was able to resolve were details pertaining to situations when a patient should be transferred due to a provider not wishing to accept an IPOST document as well as clarification of several provisions, including the definition of a patient's legal representative and when a patient is able to revoke their IPOST document. IMS supports the amended legislation.

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Pharmacy Board/Public Health Department release FAQ on electronic prescribing

The Iowa Board of Pharmacy (IBP) and the Iowa Department of Public Health's (IDPH) Office of Health IT recently posted a frequently asked questions (FAQ) document on federal and state regulatory requirements on electronic prescribing for controlled substances. The FAQ addresses DEA and IBP [regulations](#), as well as third party audit or certification for application providers, to assure application or software compliance with DEA requirements. A physician's office can begin to issue electronic controlled substance prescriptions when the electronic prescription or electronic health record application the practice uses complies with DEA requirements as determined through audit or certification; until then, medical practices using electronic prescribing would need to print prescriptions on paper to allow for signature. Click here to access the [FAQ](#).

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IMS legislation introduced to require "acceptance" of Iowa Credentialing Coalition forms

Senate File 2107 was filed this week and a companion bill is being developed in the House. The bill, requested by the Iowa Medical Society, requires health insurers, hospitals, or any other entity that credentials physicians and other health care practitioners to accept the Iowa statewide universal practitioner credentialing application forms developed and maintained by the Iowa Credentialing Coalition (ICC). The bill clarifies that required acceptance of the ICC forms when submitted by a credentialing applicant does not preclude credentialing entities from asking for additional information needed to meet their credentialing processes and procedures. This legislation seeks to lessen the administrative burdens of multiple forms physicians must complete when a credentialing entity does not accept the ICC forms but asks for essentially the same information on their forms.

This legislation was drafted by IMS in response to House of Delegates Resolution 11-09 directing IMS to advocate that all credentialing entities accept the ICC universal application forms. The ICC is a coordinated voluntary effort of the Iowa Medical Society, the Iowa Medical Group Management Association, the Iowa Hospital Association, the Iowa Association of Medical Staff Services, the University of Iowa's Clinical Staff Offices, Mercy Credentialing Services, the Iowa Board of Medicine, Wellmark, Coventry, and the Iowa Federation of Insurers. Representatives of each ICC participant have expertise in credentialing, have been meeting for a decade, and each year review the ICC credentialing forms for accuracy, compliance with accreditation or regulatory standards, and usefulness to credentialing entities. The excellence of the ICC forms has been acknowledged by outside organizations.

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Iowa Medicaid DUR seeks physician feedback

The Iowa Medicaid Drug Utilization Review (DUR) Commission is seeking physician feedback regarding recently proposed changes to prior authorization criteria. At its February 1 meeting, the DUR voted to recommend to DHS changes to clinical prior authorization criteria affecting erythropoiesis stimulating agents and non-preferred benzodiazepines. Details of the proposed changes are available on the [IMS website](#). Physicians wishing to provide comment are asked to contact [IMS staff](#) before March 1, 2012.

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2012 Electronic Prescribing (eRx) payment adjustment

In an update to an issue we first told you about in the January 20 *IMS Advocate*, WPS Medicare plans to publish in its February 13, 2012 Listserv a notice that will indicate that Medicare payment adjustment (penalty) of 1% applies to those offices [National Provider Identifier (NPI) and Tax ID individual combination] that did not meet the claims-based submission requirements from January 1, 2011 through June 30, 2011. Medicare contractors will notify those eligible professionals who are subject to the 2012 eRx payment adjustment. The letters will go directly to physicians before the end of February at the physician's correspondence address. This process may cause confusion as it does not take into account those physicians who may have requested a hardship exemption through the Quality Reporting Communication Support Page on or before November 8, 2011. CMS will notify those providers as they complete the hardship exemption requests. Questions should be directed to the QualityNet Help Desk

at (866) 288-8912.

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