

# IMS Advocate

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## Key legislation

**HF 778/SF 236** – Allows local governments to adopt smoking bans. IMS supports.

**SF 49** – Provides a .08 blood alcohol limit for motorboat or sailboat operating. IMS supports.

**SF 203** – Requires minor children to wear personal flotation devices when aboard certain boats operated on state waters. IMS supports.

**SF 382** – Requires insurance coverage benefits for treatment of mental illness. IMS supports.

**SF 326** – Provides appropriation for a public awareness program for HPV vaccinations of low-income uninsured persons. IMS supports.

**SF 478** – Addresses healing arts diagnoses and treatments by unlicensed persons. IMS opposes.

**SF 522** – Relates to access during litigation to communications concerning health care and health care records and provides for fees. IMS opposes.

**HF 744/SF 533** – Provides that debtors' personal injury structured settlements are exempt from creditors in legal actions. IMS opposes.

**SF 538** – Relates to a parent's cause of action for the recovery of expense and loss related to injury or death of a child. IMS opposes.

**SF 520** – Creates private cause of action for certain consumer fraud violations. IMS opposes.

**HF 831/SF 509** – Revises the Uniform Anatomical Gift Act. IMS is monitoring.

## ACTION ALERT: Medicaid physician reimbursement

The Iowa Legislature's Health and Human Services Appropriations Subcommittee has released this year's budget. It fails to include any increase for reimbursement to Iowa physicians providing Medicaid services. Iowa's physicians are already underpaid for providing essential care to Iowa's needy. It will be difficult for providers to continue treating this population as costs increase while reimbursement dwindles. With the tobacco tax increase, Iowa has the funds to improve Medicaid provider reimbursements.

Please contact your legislator and members of the Appropriations Committees in both houses. IMS can help you find these representatives and deliver your message. Visit the IMS Web site, [www.iowamedical.org](http://www.iowamedical.org), and click on "IMS Advocacy ALERT" under the "Legislative Advocacy" menu.

## Iowa Orthopaedic Society visits Legislature

On Wednesday, March 21, members of the Iowa Orthopaedic Society met with Iowa House and Senate leadership. The focus of these meetings was the tobacco tax and its health care-directed revenues as well as medical liability reform and potential changes to health care delivery under workers' compensation law. Orthopaedists making the visit: Allen Lang, MD; Dan McGuire, MD; Brent Overton, MD; and Mark Wheeler, MD. IMS extends its appreciation for the Society's outreach to elected representatives.

## SCHIP program may avoid temporary shortfall

Sen. Tom Harkin, a senior member of the Senate Appropriations Committee, was successful in adding additional funding in the FY 2007 supplemental funding bill to avert a significant shortfall in the State Children's Health Insurance Program (SCHIP). The emergency spending bill, on which the full Senate will vote next week, will prevent a more than \$700 million shortfall in the program. Without passage, Iowa's SCHIP program, *hawk-i*, faces a \$13.5 million funding shortfall.

## CMS to host PQRI national provider call

The Centers for Medicare & Medicaid Services (CMS) will host the first in a series of national provider conference calls on the 2007 Physician Quality Reporting Initiative (PQRI) on Tuesday, March 27, from 3:00-5:00 p.m. EST. To receive call-in information, participants must register via the Internet. More information on the call and registration details are available at [www.cms.hhs.gov/pqri/](http://www.cms.hhs.gov/pqri/).

## Please complete IMS membership survey

This week, IMS sent out the 2007 Iowa Physician Needs Assessment Survey to IMS members and nonmembers. IMS periodically works with the AMA to create and send this survey to Iowa physicians. Most of the questions only require checking a box to answer, and the survey should take about 10 minutes to complete. Please take a few moments to complete the survey and share your thoughts with IMS.



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## CMS announces delay of Phase III Stark regulations

By notice published in the March 23 *Federal Register*, the Centers for Medicare & Medicaid Services (CMS) announced that it is extending for a year its self-imposed time frame for release of Phase III of its Stark physician self-referral regulations. That extension means the agency's March 26, 2004, Phase II interim final Stark rule remains in effect. CMS explained that three years did not provide sufficient time to digest the extensive comments received on the Phase II interim rule and to coordinate final rulemaking with other enforcement agencies, including the Office of Inspector General and the federal Department of Justice.

## HHS still working on NPI implementation

The May 23 deadline for implementation of the federal HIPAA national provider identifier (NPI) standard is less than two months away and there seems to be agreement – the field is not ready. The agency in charge of NPI implementation, the Department of Health and Human Services (HHS), has yet to release its critically needed NPI data dissemination policy.

The National Committee on Vital and Health Statistics, which advises HHS on HIPAA matters, has recommended the following course: 1) HHS should step-up provider outreach education; 2) providers should still be required to obtain their NPIs by the May 23 deadline; 3) HHS should issue its data dissemination policy notice and make NPI data available at the earliest possible date; and 4) HHS should issue a six month contingency delay with guidance, tying the six month period to that date on which HHS issues its data dissemination notice and makes NPI data available. Others, including the AMA and the Workgroup for Electronic Data Interchange (WEDI), have joined in the call for a contingency period.

On a national WEDI telephone conference this week, a Centers for Medicare & Medicaid Services official could only say that a final decision on the contingency request has not been made and that HHS has developed a draft data dissemination policy that remains under agency review. That WEDI conference call also emphasized that the NPI is an *identification* number replacing provider identifiers used in standard transactions and that providers have an obligation to share that NPI with other HIPAA-covered entities in connection with any HIPAA-covered electronic transaction (e.g., claims, eligibility inquiries and responses, claim status inquiries and responses, referrals, remittance advices). The NPI, however, does *not* replace taxpayer identification numbers (EIN, SSN, ITIN) or DEA, CLIA, or mammography certification numbers. For updated information, keep checking the HHS NPI Web site at [www.cms.hhs.gov/NationalProvidIdentStd](http://www.cms.hhs.gov/NationalProvidIdentStd).

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