

IMS Advocate

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Key legislation

HF 2212 – Establishes the Smokefree Air Act and prohibits smoking in public places and places of employment. IMS supports.

HF 2637 – Relates to communications concerning health care and health care record retrieval fees. IMS opposes.

HF 2555 – Insurance omnibus bill requires retrospective payments for physician during credentialing period. IMS is monitoring.

HF 2539 – Relates to health reform. IMS supports.

HF 2650 – Establishes a state health insurance mandate commission. IMS opposes.

HF 2603 – Allows psychiatric ARNPs to serve as “chief primary health clinicians” and file health care updates on chronic substance abusers and individuals with mental illness. IMS is monitoring.

HF 2590 – Provides for a private cause of action for certain consumer fraud violations. Died in second funnel.

HF 2307 – Appropriates funds for a breast and cervical cancer early detection program. IMS supports.

SF 2319 – Relates to wellness and disease prevention. IMS supports.

SF 2251 – Requires eye examination certification when a child enrolls in kindergarten. IMS opposes.

HF 2145 – Requires insurers offering certain insurance plans to provide coverage for HPV vaccinations. IMS supports.

Many health care bills survive beyond second funnel

The second funnel deadline of the Legislature is today. The funnel is the mechanism used by the General Assembly to reduce the number of bills that remain viable for debate as the session proceeds toward adjournment. After today’s deadline, many bills of interest to IMS remain eligible this session.

One of the most expansive pieces of legislation, **HF 2539**, has yet to be agreed upon by both House and Senate members. This legislation could include provisions that further expand state-sponsored health insurance for children, mandate insurance coverage under parents’ plans for young adults up to age 25, support a patient-centered medical home system and enhance health care quality and transparency initiatives.

HF 2212, the statewide smoking ban, remains in a House and Senate conference committee. IMS supports negotiated legislation between the two chambers that will promote comprehensive smoking bans in public places and places of employment.

IMS remains optimistic that its health insurance reform legislation will continue to be a part of **HF 2555**, the insurance omnibus bill. IMS-supported language would provide the insurance commissioner with the ability to take action after receiving provider complaints regarding insurance companies.

Bills to which IMS are opposed also remain viable. These include **HF 2637**, which would cap medical record copying fees and could tie them to workers’ compensation fee rates. Also alive is **SF 2251**, mandating eye examinations for all children. IMS supports the view of its member ophthalmologists that mandated examinations are unnecessary.

Also of interest, the Department of Human Services budget bill was not released this week as expected. The new anticipated release date is Monday. At that point, IMS will learn of the fate of various proposed expenditures and budget cuts.

AMA offers guide for physicians on HIT donations

Physicians face many decisions in adopting health information technology (HIT). To minimize the substantial cost implications associated with HIT, some physician practices are examining donation options from hospitals or other resources. The AMA recently released a publication, *Health Information Technology Donations: A Guide for Physicians*, which walks through various legal and other considerations, including federal Stark and Self-referral laws and applicable safe harbors and exceptions. Obtain this publication by searching the AMA Web site at www.ama-assn.org.

Participate in WPS Medicare Web site satisfaction survey

Wisconsin Physicians Service Insurance Corporation (WPS), Iowa’s Medicare Part B administrative contractor, wants providers to give valuable insight regarding changes that could be made to its Medicare Web site to increase provider satisfaction. Within the next two weeks, please complete the short Web site satisfaction survey available at www.surveymonkey.com/s.aspx?sm=yda0eVHs74rjbScfq56Lvg_3d_3d.



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Make your voice heard: participate in the MCPSS

CMS began distributing its annual Medicare Contractor Provider Satisfaction Survey (MCPSS) to a new sample of Medicare providers. The survey is designed to garner quantifiable data on provider satisfaction levels with key services provided by the Medicare fee-for-service (FFS) contractors who process and pay more than Medicare claims each year.

Providers selected to participate in the survey are being contacted by the survey contractor, Westat. The survey is designed so that it can be completed in about 15 minutes and providers can submit their responses via a secure Web site, mail, fax, or over the telephone. Data collection ends in April and Westat will contact non-respondents by telephone in the coming weeks to encourage their participation. Additional information about the MCPSS is available at www.cms.hhs.gov/MCPSS/.

IDPH clarifies HIV testing recommendations

In late December and early January, the Iowa Department of Public Health (IDPH) mailed health care providers a brochure entitled "HIV Testing and Iowa Law." It described current Iowa law governing HIV testing and reporting. It also indicated that the Centers for Disease Control and Prevention (CDC) had revised its recommendations for HIV testing.

IDPH received feedback, including questions about required HIV testing. Health care providers in Iowa must offer HIV testing and education to any persons at risk for HIV infection, as outlined in Iowa Code 141A.4. The groups described in the statute: persons who test positive for a sexually transmitted disease; persons with a history of injection drug use; male and female sex workers or those who trade sex for drugs, money or favors; sexual partners of HIV-infected persons; and persons whose partners engage in the behaviors just listed. Routine testing of all persons is not required.

The revised recommendations from the CDC advise routine HIV testing in patients 13 to 64 years of age when the patient population has a prevalence of undiagnosed HIV that has been documented to be at least 1 per 1,000 patients screened. It is believed that the overall Iowa rate is below this. However, those providers whose patient population is known to have high rates of the above risk factors or other known risk factors for HIV may have rates over 1 per 1,000. These providers may want to consider routine testing of patients in this age range.

IDPH is currently conducting a study on the number of undiagnosed HIV-positive people in Iowa. Additional copies of the IDPH brochure are available at www.idph.state.ia.us/adper/hiv_aids_programs.asp#legislation. Questions on this issue may be addressed to Randy Mayer, IDPH HIV/AIDS/Hepatitis Program Manager, at rmayer@idph.state.ia.us.

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