



IOWA ACADEMY OF FAMILY PHYSICIANS

2018 Legislative Priorities 2018 Legislative Action in “Red”

1. **Workforce initiatives.**

- a. The Academy will continue to explore ways to increase quality physician access to patients in Iowa through workforce programs like the Primary Care Rural Loan Repayment Program drafted by the IAFP in 2014. Fully funded these programs is critical to maintain a physician centered primary care workforce in Iowa.

- \$2 million to the Medical Residency Program
- \$250k for psychiatric training for physicians through Des Moines University.
- \$1.25 million for the Primary Care Loan Repayment Program

2. **Scope of practice protection.**

- a. IAFP is opposed to legislation that would erode physician’s ability to practice within their full scope and put Iowa patients in harms way. To this end, IAFP is aware of the following perennial legislative initiatives:

- i. Pharmacy Statewide protocols. IAFP will monitor the legislation put forth to ensure patients care and the physician-patient relationship is not compromised.

- For patients 18 years and older, pharmacists are able to administer naloxone, nicotine replacement tobacco cessation products, immunizations recommended by the US CDC advisory committee for adults, Tdap in booster application, and other emergency immunizations or vaccinations in response to public health crisis.
- The bill also allows pharmacists to administer the last two doses of HPV vaccination in patients 11 and over; for patients 6 months and older, influenza and other emergency vaccinations for public health emergencies.
- The bill requires pharmacists to notify the patient’s primary health care provider of any prescription drugs, products, tests, and treatments administered to the patient, if the patient has a primary care provider.

- ii. Direct entry midwives. The IAFP opposes direct entry midwives due to their lack of educational and medical training, and the impact this gap in education has on caring for their patients. **No legislation passed during the 2018 Legislative Session**

- iii. Naturopathic physicians. The IAFP opposes the licensure and recognition of naturopathic physicians because of the manner in which this group practices (i.e. do not follow evidence based practices). **No legislation passed during the 2018 Legislative Session**

- iv. Psychologist prescribing. The IAFP will closely monitor Rules being developed jointly by the Board of Medicine and the Board of Psychology allowing certain psychologist the ability to proscribe psychotropic drugs

- v. Optometry procedures. The IAFP will work with the Ophthalmologists at the Capitol to push back on any efforts to allow an optometrist to perform surgical procedures as part of the professions practice. **No legislation passed during the 2018 Legislative Session**



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3. Telehealth.

- a. In 2015 the IAFP was instrumental in creating payment parity for Medicaid patients being treated in person or through telehealth technology. The IAFP will advocate for private pay parity.
 - Requires commercial payors to provide parity for coverage, meaning the use of telehealth care is covered by healthcare insurance.

4. Behavioral Health.

- a. IAFP is aware and recognizes the mental health crisis that exists in Iowa. As providers, we see every day the need for more behavioral health providers and more points of access for inpatient and outpatient behavioral health care. IAFP supports any piece of legislation that helps increase the number of behavioral health providers, as well as increases access for behavioral health services across the state.
 - New Services.
 - Mental Health and Substance Abuse Commitments.
 - Subacute Bed Cap. Removes the 75 bed subacute cap and the requirement for geographic distribution.
 - Mental Health Information Sharing. Adds to Iowa Code a current mental health information sharing exception that is currently allowed under HIPAA.

5. Medicaid Managed Care.

- a. IAFP members continue to believe that *value* over *volume* is the answer to truly keeping patients well and bettering their health. With this in mind, IAFP supports Medicaid payment reform that pays physicians based on value rather than traditional fee-for-service payment methodology. IAFP will work to ensure there is proper oversight on the managed care companies overseeing the Medicaid program.
 - Health Homes. Payment of Medicaid Claims.
 - MCO System Reconfiguration for Claims.
 - Notice by MCOs.
 - Resolution of Billing Conflicts.
 - Medical Necessity for Mental Health Patients.
 - Medicaid Eligibility.
 - Level of Care Determination Reviews.
 - Review of Member Appeals.
 - Standardized Credentialing Forms.
 - Small Dollar Claims Audit.
 - Medical Assistance Advisory Council receives MCO data for analysis.
 - Targeted Case Management changes.
 - PMIC reimbursement changes.

6. Opioids.

- a. The IAFP recognizes the Opioid epidemic sweeping the country and infiltrating Iowa. The IAFP will support efforts to expedite the PMP dispensed medication reporting, register all



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prescribers with the PMP and expand Good Samaritan protections in overdose situations. Moreover, the IAFP is open to giving the tools needed to first responders when reacting to overdose situations.

- Increases functionality for Prescription Monitoring Program (PMP) authorizes fees
- Expands Good Samaritan protections in overdose situations.
- All controlled substances must be electronic prescribed by 2020 and the PMP use mandate that only applies when prescribing opioids.
- Requires pharmacies to report to the PMP by the next business day

7. **Prior Authorization.**

- a. The expansion of prior authorization greatly interferes with, prohibits, and delays patient access to medically indicated and necessary services. The IAFP supports any prior authorization reformation to remedy these areas so it is not detrimental to patient health and well-being.
 - Requires the DHS, in collaboration with Medicaid providers and MCOs, to initiate a review process to determine the effectiveness of prior authorizations used by the MCOs, with the goal of making adjustments based on relevant service costs and member outcomes data.

8. **Medical Cannabis.**

- a. The IAFP will work in collaboration with the Iowa Legislature to draft a workable cannabis program in Iowa. **No legislation passed during the 2018 Legislative Session**

Legislation passed in 2018 of interest to IAFP

Direct Primary Care Agreements

- Allows direct primary care agreements to be entered into by health care providers and patients to provide preventative and curative health care for the patient and family
- These arrangements do not qualify as insurance and therefore are not regulated by the Insurance Commissioner.
- This legislation was modeled after a bill that recently passed in Nebraska.

Insurance Access Bill

- Gives greater flexibility to multiple employer welfare associations (MEWAs).
- This provision broadens the criteria under Title 1 of ERISA to allow more employers to form association health plans to offer group health plans to employees.