



HPCAI

LEGISLATIVE UPDATE

March 6, 2009

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HPCAI Educates Legislators on Palliative Care

HPCAI brought hospice and palliative care advocates from across the state up to the Capitol to educate legislators on hospice and palliative care.

The HPCAI legislative day began at HPCAI offices with a guest speaker, Senator Tom Courtney (D-Burlington). Attendees had the opportunity to discuss hospice and palliative care with Senator Courtney and learn from an 'insider's perspective' how best to educate legislators.

After meeting with the Senator, HPCAI members traveled to the statehouse to meet with their area legislators. With nearly a quarter of the legislature comprised of new members, attendees had the opportunity to make new contacts and spread the word about the benefits that hospice and palliative care bring to patients and families.

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Palliative Care Conference Scheduled

Leading and Learning: A Palliative Care Collaborative is scheduled to be held May 28 and 29, at Mercy Medical Center in Des Moines. This conference has been planned to increase awareness and understanding of palliative care in the community and healthcare system.

Speakers include Dr. Norma Hirsch, Chief Clinical Officer and Medical Director, Hospice of Central Iowa; Cheryl Vahl, Palliative Care Coordinator, University of Iowa Healthcare; and a panel of speakers from Iowa Health Home Care Palliative Care Interdisciplinary Team.

A pdf version of the conference brochure is attached.

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Still Time to Register for QAPI Compliance Program Introductory Seminar

Hospice and Palliative Care Association of Iowa is sponsoring a free Web seminar this Tuesday, March 10, 2009 at 10:00 a.m. that will help your agency understand the requirements of the QAPI Conditions of Participation (CoPs), what is expected of your agency and how the QAPI Snapshot™ can help your agency be compliant. Topics to be covered in the webinar include CoP Education and a review of the Snapshot program and reports available.

QAPI Snapshot is a statewide quality assurance, data collection, reporting and analysis program available exclusively to HPCAI members. For more than three years, QAPI Snapshot has been the only comprehensive quality reporting and QAPI compliance program in the nation. Having partnered with OCS, Inc., HPCAI is now able to bring this ground-breaking program to members at a reduced price and with state specific quality measures.

For more information and to register online for this program, [click here](#).

If you have any questions or would like additional information, please contact Becky Anthony at anthonyb@ihaonline.org.

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Overcoming Obstacles to Palliative Care

A recent article by John R. Combes, MD, president and chief operating officer of the American Hospital Association's Center for Healthcare Governance discusses the need for hospital-based palliative care programs, and ways that hospitals can overcome barriers for establishing palliative care programs.

According to the article, the basic steps a hospital should take in creating a palliative care program are: (1) form a planning team, (2) conduct a needs assessment, (3) make the case within the organization, (4) develop the palliative care program, (5) monitor and evaluate the program, (6) fund the program, and (7) market the program.

[To read the full article, click here.](#) [Click here to access the Hospital-Based Palliative Care Consortium curriculum and toolkit.](#)

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Bill Enhances Criminal Penalties for Dependent Adult Abuse

Subcommittee members, Senators [Pam Jochum \(D-Dubuque\)](#), [Keith Kreiman \(D-Bloomfield\)](#), and [Nancy Boettger \(R-Harlan\)](#), have met on Senate Study Bill 1206. The legislation amends Iowa's dependent adult abuse statutes and enhances criminal penalties for dependent adult abuse.

[Senate Study Bill 1206](#) and a companion bill [House Study Bill 186](#) were filed by the Iowa Attorney General's office. The bill changes the definition of injury from physical to bodily, which then encompasses any type of physical pain. Furthermore, the legislation creates new gradations in criminal penalties for dependent adult abuse and creates a new criminal penalty of an aggravated misdemeanor for cases of neglect not resulting in bodily or serious injury, which allows a criminal case to be brought against a caretaker without proving any harm.

HPCAI does not condone dependent adult abuse, but opposes the legislation because it is overly aggressive and fails to recognize the balance between the need to protect dependent adults and the need to have caretakers that are willing to care for them. The subcommittee did not make final

decisions on the legislation, but agreed to meet again to further discuss the bill.

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Health Care Whistleblower Legislation Introduced

[House File 307](#), a bill mandating health care worker non-retaliation policies and setting forth a cause of action against health care employers, has been introduced and assigned to the House Labor Committee for consideration.

HPCAI maintains that federal and state laws already exist to protect health care workers in this regard and the language contained in HF 307 goes well beyond those parameters and potentially would make it extremely difficult for any health care employer to appropriately discipline any employee. This bill is identical to legislation introduced in 2008.

Among other provisions, the bill would allow health care workers to make personal judgments based on patient safety concerns and to bring those concerns forward to a wide variety of state regulatory, licensing and law enforcement agencies. The bill provides no penalties for employees who make false accusations or nuisance complaints.

HPCAI opposes this legislation because the bill is duplicative of existing hospital non-retaliation policies and contains language that vastly over-reaches the intent. The bill has been assigned a subcommittee of Representatives [Mary Mascher \(D-Iowa City\)](#), [Todd Taylor \(D-Cedar Rapids\)](#) and [Jodi Tymeson \(R-Winterset\)](#). In order to remain viable past the first funnel deadline, the House Labor committee must approve HF 307 before March 13.

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MedPAC Issues 2010 Hospital Payment Recommendations

In its report this month, the Medicare Payment Advisory Commission (MedPAC) made its recommendations for FY 2010 payment adjustments.

For Medicare hospice payments, commissioners voted to recommend sweeping changes to the hospice benefit. These recommendations ask Congress to adopt payment system reforms, actions that can be taken to improve accountability in the hospice benefit and additional data needs. The commissioners recommended these changes be implemented in a budget-neutral manner. The recommended changes regarding hospice include:

- Relatively higher payments per day at the beginning of the episode, and relatively lower payments per day as the length of stay increases.
- Include a relatively higher payment for the costs associated with patient death at the end of the episode.
- Provide greater physician engagement in the process of certifying and recertifying patient eligibility for the hospice benefit and more oversight of the hospices' compliance with Medicare eligibility criteria.
- Implement the payment system changes in 2013, with a brief transition period. These payment system changes should be implemented in a budget neutral manner in the first year.

[To view the MedPAC report to Congress, click here.](#)

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Employee Choice of Physician Bill Passes Committee

The Senate Labor and Business Relations Committee passed Senate File 155 (formerly [Senate Study Bill 1119](#)). This bill, known as the “Employee Choice of Physician” bill, would give employees seeking treatment for a work injury the ability to choose their own physician to provide treatment for their workers’ compensation claims. Currently, employers facilitate this aspect of workers’ compensation claims.

HPCAI, along with all other employer-groups, opposes this legislation, which will increase workers’ compensation insurance costs and potentially delay employees’ receipt of appropriate occupational health care.

Two meetings on the issue were held, one in a hearing format, before the full committee where representatives from both sides were given an opportunity to speak out for or against the legislation. [Senator Tom Courtney](#) (D-Burlington) is the floor manager of this legislation and has vowed to continue working on the legislation prior to floor debate.

Identical legislation, House File 530, was also introduced in the House this week. In order for HF 530 to remain viable, the House Labor committee must approve the legislation next week.

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BILL SUMMARIES

- **Medicaid Reimbursement for Interpreters** – ([Senate File 132](#)). Directs the Department of Human Services to submit a Medicaid program state plan amendment to the federal government for approval to allow interpreter services to be a covered service under the Medicaid program. (*Sponsored by Hatch*) **HPCAI Position: Support**
- **Exemptions to Smoke Free Air Act** – ([Senate Study Bill 1189](#)). Amends the Smoke Free Air Act to exclude bars from places where smoking is prohibited. (*Sponsored by Kettering*) **HPCAI Position: Oppose**
- **Smoking Ban Repeal** – ([House File 362](#)). Repeals the “Smoke Free Air Act” and provides for prohibition of smoking in designated areas. Requires posting of signs to mark smoking and no-smoking areas, provides civil penalties, and requires enforcement of the provisions to be implemented in an equitable manner throughout the state. (*Sponsored by Sands, Windschitl, et al*) **HPCAI Position: Oppose**

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