# IHA Legislative Position 2012
## Hospital Operations

### Medicaid Payments

Iowa hospitals and physicians have traditionally received some of the lowest Medicare and Medicaid reimbursement rates in the nation. Because of the high dependency health care providers have on government payers, this makes it a challenge to recruit and retain the professionals needed to maintain a quality health care system. The Iowa General Assembly took proactive action in 2010 to pass a hospital provider assessment plan that will at least bring hospital Medicaid payments to Medicare levels. However, other cost savings initiated by the Iowa Medicaid Enterprise (IME) reduced hospital payments in some areas (non-emergency room care, Medicaid co-pays, etc.) did reduce hospital payments. Because of the federal/state partnership in funding Medicaid, each time Iowa makes payment reductions the impact is actually tripled for hospitals (one dollar in state savings, plus the loss of nearly two dollars in federal matching funds).

### ★ Iowa Hospital Association Position

The Iowa Hospital Association believes the General Assembly must:

- Reverse some of the cost-savings initiatives imposed on hospitals by the Iowa Medicaid Enterprise in 2011. These include $3.5 million in reduced payments to hospitals in non-emergent Medicaid cases. Hospitals should not be punished when Medicaid patients inappropriately misuse the hospital emergency room; that responsibility should rest with the patient. Minimally, Iowa Medicaid shall recognize a variety of referral sources for Medicaid patients such as Nurse Call lines and provide for flexibility in documentation such as accepting patient attestation through the medical record.

- Continue to provide funds to reimburse hospitals that provide charity care to IowaCare patients. For the last two years, the General Assembly has appropriated $2 million for hospital payment when IowaCare patients cannot be transferred to the University of Iowa Hospital and Clinics for treatment. The General Assembly took action in 2012 to allow better access to those funds, but it does not completely cover the costs associated with patients who cannot be transferred. This pool should be increased to $4 million in 2013, with the knowledge that the IowaCare program (and this fund) will disappear with Medicaid expansion in 2014. State revenue from the hospital provider assessment would be the appropriate funding source for this initiative.

### IPERS Retirement Waiting Period

Legislation passed in 2006 shortened the normal four-month return to work after retirement policy for licensed health care workers covered under the Iowa Public Employee Retirement System (IPERS) to a one-month waiting period. This has had a positive benefit for public hospitals which compete for qualified employees with hospitals in the private sector for health care professions that are in short supply. Over the six years the legislation has been in effect, 125 public hospital employees have utilized this option to return to (part-time) employment in public hospitals. The policy has had a demonstrated benefit to public hospitals and employees with no negative consequences to IPERS.

### ★ Iowa Hospital Association Position

This legislation originally had a sunset date (that has been extended twice) to insure that there were no

demonstrable negative consequences to the overall IPERS program. This provision is set to expire July 1, 2012. Lacking any substantial evidence to the contrary, IHA maintains the option should be made permanently extended by striking language creating any sunset provisions.

### The Role of the Advanced Practice Nurse in Rural Iowa

The future of health care is closely tied to the future of nursing. Advanced Practice Nurses represent a valuable resource in the national effort to provide timely, affordable health care and the demand for their services is expected to escalate due to the critical shortage of primary care physicians, an aging baby boomer population, continued efforts to improve quality and the introduction of medical homes.

Iowa hospitals employ advanced practice nurses in a variety of roles including: certified clinical nurse specialists, certified nurse practitioners, certified nurse mid-wives and certified registered nurse anesthetists. Recently, specialty physician groups have attempted to restrict current nursing practice by declaring chronic interventional pain management the practice of medicine and not within the scope of practice of other health care professionals. These same groups have also attempted to block the supervision of fluoroscopic radiography by advanced practice nurses. Further complicating the issue are judicial branch interpretations that have only served to bring more uncertainty to this practice.

#### ★ Iowa Hospital Association Position

The Iowa General Assembly must understand that advanced nursing practice enhances patient access to effective, integrated and coordinated health care and provides a much needed link to the most vulnerable of our population such as the elderly and those living in rural and underserved areas. IHA supports the protection of long standing scope of practice patterns for advanced practice nurses. Specifically, IHA supports the current practice of chronic pain management by Certified Registered Nurse Anesthetists and the supervision of fluoroscopic radiography by Advanced Practice Nurses…individuals who are operating under the scope of their professional licenses.

IHA believes that the Board of Nursing is the organization with the knowledge, expertise and legal authority for regulating and enforcing rules of nursing practice and opposes any attempt by medical specialties to regulate nursing practice in order to advance their own proprietary interests.

### Health Care Quality Mandates

National activities over the past decade have scrutinized the quality of care being provided to patients by hospitals. Iowa is blessed to have one of the highest rated overall health care systems in the country, a fact highlighted in recent *Commonwealth Fund* and *Dartmouth Atlas* studies. Vast amounts of publicly available quality data exist for hospitals today and recent federal health reform legislation will directly tie hospital Medicare payments to a variety of new outcomes-oriented quality indicators in the future. In fact, Iowa hospitals currently report on 45 specific quality measures (increasing to 63 metrics in FY2014) to the federal Centers for Medicare and Medicaid Services (CMS) which are available for public viewing at hospitalcompare.gov.

#### ★ Iowa Hospital Association Position

The Iowa Hospital Association ***opposes*** any new mandatory quality data requirements on hospitals and other health care providers. Reasons for this include:

- Data mandates add costs to the overall health care system. Hospitals and health systems are already among the most regulated organizations in the nation. Any new administrative mandates require hospitals to employ the necessary staff to comply with the requirement. Often it takes clinical expertise to facilitate such reporting, meaning they take nurses away from patient care.
- Data mandates add costs to state government. Whatever agency is directed to implement such requirements must add the staff and other resources necessary to collect, store, and potentially

report information.  At a time when Iowa is experiencing an extreme budget challenge, any new costs must be scrutinized for the real return value.

- Data mandates should have a specific public purpose.  Often data is collected from hospitals with no specific overall goal in mind and the data is never used.  Additionally, reporting data just for the sake of reporting doesn't necessarily result in improved quality outcomes. This is unlike the work of the Iowa Healthcare Collaborative which has actually collected data and worked with the hospital community to improve quality outcomes (see more information below).

## The Iowa Healthcare Collaborative (IHC)

The Iowa Healthcare Collaborative was formed in 2005.  This hospital and physician-led statewide collaborative, the first of its kind in the nation, has a mission to facilitate exceptional health care quality and safety for all Iowans.  IHC collects and publicly reports an extensive list of hospital quality indicators, including the addition of health care acquired infections in the fall of 2010.  This voluntary effort has been embraced by hospitals and physicians because the data sets are uniform and have common definitions.  This voluntary process, which includes input from business, payer, and consumer groups, has resulted in a robust data set that has helped improve quality outcomes in Iowa hospitals.