

# IAP UPDATE

Iowa Association of Pathologists

August, 2010

## Some Provisions Effective This Fall

# Health Care Reform Timeline

**T**he first provisions of the health care reform law go into effect this fall, while repeal of the law will be a focus of Republican campaigns in the mid-term elections November 2. (As this newsletter went to press, Missouri voters rejected the federal mandate to

purchase health insurance. A grassroots campaign placed Proposition C on the ballot; it passed by a ratio of 3 to 1.)

The following provisions in the health care reform bill go into effect by late September:

- Young adults may stay on their

parents' health plans until age 26, even if they are married.

- Insurers are prohibited from excluding coverage for pre-existing conditions for children.
- Insurers are prohibited from rescinding coverage once someone is enrolled in a plan.
- Insurers are prohibited from setting "unreasonable" annual limits on the dollar value of benefits. (Annual limits are banned completely in 2014.)
- Small businesses are eligible for new tax credits to offset premium costs.
- The HHS secretary and states

### **The Medicare 'Fix' is in — Until November**

*A bill delaying the 21 percent cut in Medicare payments to doctors passed both Houses and was signed by President Obama in late June. Under the measure, doctors will receive a 2.2 percent raise and the 21 percent cut is delayed until late November — after the mid-term elections.*

*The draconian Medicare cut was originally enacted into the law in the late 1990s but has been delayed by Congress 10 times in the past 8 years. USA Today and the Wall Street Journal report that some doctors have already stopped accepting new Medicare patients due to political uncertainty and low reimbursement rates.*

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## IAP Instrumental in Bloodbank Legislative Victory

**T**hanks to the efforts of groups including the Iowa Association of Pathologists, Iowa may no longer be one of just seven states that tax non-profit blood banks.

If Iowa is selected as the site of a new regional blood bank, the tax will be eliminated. The blood bank would add 30-40 high-paying jobs and have an annual wage budget of \$4 million. If the Legislature had not acted, the blood bank would have gone to

Minnesota, Illinois or Missouri, which do not tax non-profit blood banks. Currently, Iowa's three community blood centers — Blood Center of Iowa, Mississippi Valley Regional Blood Center and Siouxland Community Blood Center — pay approximately \$480,000 in annual state taxes.

IAP President Dr. Renee Ellerbroek spearheaded IAP's efforts for repeal of the tax. Numerous IAP members

responded to her call for action.

"It was a tough budget year and we got a late start, but against great odds we succeeded in getting the issue onto the floor and voted on," she says. "I thank all of the IAP members who wrote and called legislators." \*

### **In This Issue**

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## Health Care Bill *from p-1*

will establish a process for annual review of "unreasonable" premium increases.

- States have the option to expand Medicaid eligibility up to 133 percent of poverty and receive matching federal dollars.

**Repeal is unlikely as President Obama would certainly veto any repeal legislation.**

- New limits will be set for the percent of premiums insurers can spend on non-medical costs.

- People with preexisting conditions will be eligible for subsidized coverage through a national high-risk pool.

- Medicare beneficiaries who reach the coverage gap in prescription drug coverage ("doughnut hole") will receive a \$250 rebate. The coverage gap is phased out completely by 2020.

- Cost-sharing for proven preventive care services will be eliminated in both Medicare and private plans. Beginning in 2011,

Medicare beneficiaries will receive an annual wellness visit with no copayment.

A recent Gallup poll found that 50 percent of respondents favor repeal of all or part of the health care reform law; 45 percent oppose any repeal. Republicans will campaign on the issue, but repeal is highly unlikely as President Obama would certainly veto any repeal legislation. A two-thirds vote of Congress would be required to override a presidential veto.

Meanwhile, 20 states have joined a lawsuit challenging the constitutionality of the bill's requirement that all US residents obtain health insurance by 2014 or face a penalty.

The National Federation of Independent Business and other groups have joined the legal challenge. Some legal scholars believe the Supreme Court will not strike down the health care reform law, but no one knows for sure.

Bill provisions that go into effect in 2011 include discounts to Medicare Part D enrollees in the doughnut hole and new restrictions

## A Glance at IAP History

### Iowa Association of Pathologists is 60 years old

*The Iowa Association of Pathologists was founded May 1, 1960 in Davenport by seven physicians who called it "the foundation for decades of social and scientific endeavors."*

*Founding members were: Dr. Frederick Lamb, Davenport (president); Dr. Frank McNamara, Dubuque (vice president); Dr. Harold Morgan, Mason City, (secretary-treasurer); Dr. Friedrich Hecker, Ottumwa; Dr. Julius Weingart, Des Moines; Dr. James Kahler, Des Moines; and Dr. Allen Starry, Sioux City.*

*At the first meeting, Dr. Lamb reported on centralization of laboratories being carried out by the Iowa State Board of Health.*

on payment for over-the-counter drugs not prescribed by a physician.

Check the College of American Pathologists web site ([www.cap.org](http://www.cap.org)) for a 2010 - 2018 timeline of health care reform implementation. \*

## Q & A

### What are the new ER/PgR Clinical Practice Guidelines?

**F**or the second time, the College of American Pathologists (CAP) and the American Society of Clinical Oncology (ASCO) have collaborated on behalf of breast cancer patients, creating new joint clinical practice guidelines that will help identify breast cancer patients who may benefit from endocrine therapy.

The goal is to improve the accuracy of immunohistochemistry (IHC)

testing for the expression status of estrogen (ER) and progesterone receptors (PgR) in treating breast cancer. CAP and ASCO recommend:

- ER and PgR status should be determined for each patient with invasive breast cancer and breast cancer recurrences.

- A tumor is ER and/or PgR positive if at least one percent of the cells examined have estrogen and/or progesterone receptors. Doctors

should consider hormone therapy for these patients.

- In 2011, CAP will begin monitoring participation in an approved PT program. In 2012, PT performance for ER/PgR will be monitored similar to HER2.

- Laboratories testing for ER and PgR should be accredited by CAP or meet the new accreditation requirements in the guidelines.

More information on the new guidelines, including a list of frequently asked questions, can be found on [www.cap.org/center](http://www.cap.org/center). \*

*Is there a question you would like answered in a future IAP Update? Email your question to: [meservices@q.com](mailto:meservices@q.com).*

**CAP Pathologists Meeting  
September 26-29, 2010, Hyatt Regency, Chicago**

## A Message from Your President

### The Critical Role of Pathologists

As the days of summer wind down, many of us are returning from vacations. Despite brief holidays from the worries and cares of everyday practice, it is unlikely that the effects of health care reform on our patients and practices are very far from mind. Many may hope for repeal, others for a seat at the table. Of one thing we can be certain: change is inevitable.

If we are to be a part of that change, I must reiterate my appeal to stay involved. Our recent successful efforts with the state legislature on the blood bank taxation issue serve as just a small illustration of our power when we wage a unified campaign. Become

*Renee R. Ellerbroek, MD is president of the Iowa Association of Pathologists and practices at Iowa Pathology Associates in Des Moines.*

or remain involved in hospital planning activities as coordinated care systems evolve. Support political action committees such as PathPAC that advocate for doctors and patients.



**Dr. Ellerbroek**

Pundits predict that the 2010 midterm elections will result in congressional turnover, and this means that new relationships will have to be established. Access to members of Congress who are involved in health care legislation can continue

only with our support. Communications from home state area and zip codes *do* matter to our elected officials. Please write or call your congressmen to share your concerns. (Contact information for Iowa's congressional delegation appears in each issue of the IAP Update.)

Bringing pathology's issues out of the basement means educating others as to our role in the health care wheel. Local, state and federal policymakers should be made aware that, through laboratory testing and consultation, pathologists can help clinicians detect, manage or even prevent chronic diseases that strain the health care budget. Pick up the phone and discuss your cases, invite clinicians to microscope sessions and make yourself indispensable to other members of the medical team. \*

*We welcome suggestions and feedback from pathologists on the content of this newsletter or other issues. Please forward your comments to: meservices@q.com.*

#### Iowa's Congressional Delegation

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#### Planning Underway for Fall IAP Meeting

Planning for an Iowa Association of Pathologists Fall Meeting is underway. The event, which will be held in Des Moines, will involve a dinner and CME speaker. It will be an excellent education and networking opportunity for Iowa pathologists. Watch your mail and email for details. \*

Update from the UI Department of Pathology

## Focus on B-cell Tumor Research

by Robert Robinson, MD, PhD

**E**xciting work in the area of B-cell tumors is being done by Siegfried Janz, MD, professor with the University of Iowa Department of Immunology. Accurate mouse models of human cancer, including B-lymphocyte and plasma-cell neoplasms such as Waldenström's macroglobulinemia (WM) and multiple myeloma (MM), are needed to study the initiation and progression of these malignancies, identify genes that confer tumor susceptibility and resistance and test more effective intervention strategies.

The cellular oncoprotein MYC, the B-cell and plasma-cell growth, differentiation and survival cytokine IL-6 and death suppressors of the BCL-2 family are key factors in human WM and MM, suggesting that transgenic expression of these factors in the mouse B-lymphocyte lineage may lead to experimental model systems of B-cell and plasma-cell neoplasia of great relevance.

In the past few years, Dr. Janz's laboratory has developed a number of MYC, IL-6 and BCL-2 transgenic mouse strains and used them to elucidate the mechanism by which B-cell and plasma-cell tumors arise in humans. Combining two transgenes in one mouse strain will result in a predictable acceleration of B-cell and plasma-cell neoplasia.

Dr. Janz is taking advantage of these newly developed mice for pre-clinical drug studies aimed at evaluating new cancer therapies such as proteasome inhibitors of IL-6 targeted agents. \*

*Dr. Robinson is on the faculty of the University of Iowa Department of Pathology. He specializes in head and neck pathology.*

### IAP Achievement Award

**Erica Savage, MD and Nathan Schularick, MD** are co-winners of the IAP Special Achievement Award in Pathology. Dr. Savage was honored for an immuno-histochemical study she began as an extern in the Department of Pathology. A 2010 graduate, she will join the Department as a resident in AP/CP.

Dr. Schularick, also a 2010 graduate, was recognized for his work in establishing web-based virtual slides on a variety of organ or specialty systems. One project involved common head and neck lesions. A web site centered in the Department of Otolaryngology features virtual slides of 'classic' histologies that can be accessed by anyone and viewed as an 'unknown' prior to opening a tutorial on the subject. This site will be of great value to pathology and otolaryngology residents.

## UI Pathology Department Supports Strong Externship Program

**T**he UI Department of Pathology supports a strong externship program open to M2 or M3 Iowa medical students who take a year out from medical school to participate in department activities.

Primary rotations are in surgical and autopsy pathology. During the year, their responsibilities begin to match those of the residents. Elective time is available for other subspecialty experience.

Unlike residency positions, externs and fellowship positions (surgical pathology, hematopathology, cytopathology, blood bank, microbiology, molecular pathology)

are funded internally with proceeds generated through the Department's outreach activities.

While the extern experience enhances the training of those who enter the specialty of pathology, the Department believes those who enter other disciplines benefit from "seeing medicine through the eyes of a pathologist." Twelve pathologists currently practicing in Iowa were externs in the department.

Incoming externs are: Lindsey Arnold, M2 (Davenport); Matthew Bream, M3 (Iowa City); Michael Haugsdal, M2 (Lake Mills); Natalya Hutchinson, M3 (Iowa City)

and Katherine Lynch, M2, (Iowa City). Katherine Lynch is the daughter of Dr. Chuck Lynch. A former UI pathology resident, Dr. Lynch is professor of pathology and director of the State Health Registry.

New pathology residents for 2010-11 are: Michelle Kurt, MD; Erica Savage, MD; Johanna Savage, MD; Brittany Pakalniskis, MD and Bryan Steussy, MD.

All the new residents are graduates of the University of Iowa School of Medicine except Dr. Pakalniskis, who is a Dartmouth graduate.

Three of the five 2010-11 residents are former externs (Dr. Erica Savage, Dr. Johanna Savage and Dr. Bryan Steussy.) \*

***Did you know that membership in the Iowa Association of Pathologists is free and automatic for resident physicians?***