



March 24, 2011

FOR IMMEDIATE RELEASE

Public hearing March 29 for proposed rules on CMEs, pain management, reporting HIV

DES MOINES, IA - The Iowa Board of Medicine will hold a public hearing at 2 p.m. Tuesday, March 29, on proposed amendments to three administrative rules:

- **ARC 9413B**, amendments to Iowa Administrative Code 653 Chapter 11, require physicians to complete continuing medical education on chronic pain medication management and end-of-life care.
- **ARC 9414B**, amendments to IAC 653 Chapter 13, require physicians to use patient-physician agreements when a patient's chronic pain is treated with controlled substances or opiates and encourage physicians to use the Iowa Prescription Monitoring Program database and to conduct drug testing on patients when treating chronic pain with controlled substances.
- **ARC 9415B**, amendments to IAC 653 Chapter 23, establish as grounds for discipline a physician's failure to report the physician's HIV (human immunodeficiency virus) or HBV (hepatitis B virus) status to any hospital where the physician has privileges and to the Iowa Department of Public Health.

The public hearing will be at the Board's office, 400 SW Eighth Street, Suite C, Des Moines, IA 50309. Written comments must be received by 4:30 p.m. March 29 and should be mailed to Mark Bowden, executive director, at the Board's office or e-mailed to mark.bowden@iowa.gov

Notices of intended action to amend these chapters were approved by the Board February 11. They will be considered for adoption at the Board's teleconference meeting May 5, and if adopted at that time, they will become effective July 6.

Here are the proposed amendments as published March 9 in the Iowa Administrative Bulletin:

MEDICINE BOARD[653]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby proposes to amend Chapter 11, “Continuing Education and Mandatory Training for Identifying and Reporting Abuse,” Iowa Administrative Code.

The purpose of Chapter 11 is to provide guidance to physicians on continuing medical education requirements for licensure. The proposed amendments update language in Chapter 11 and establish mandatory continuing education for chronic pain management and end-of-life care.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on February 11, 2011.

Any interested person may present written comments on the proposed amendments not later than 4:30 p.m. on March 29, 2011. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by E-mail to mark.bowden@iowa.gov.

There will be a public hearing on March 29, 2011, at 2 p.m. in the Board office, at which time persons may present their views either orally or in writing. The Board office is located at 400 S.W. Eighth Street, Suite C, Des Moines, Iowa.

These amendments are intended to implement Iowa Code chapter 272C.

The following amendments are proposed.

ITEM 1. Amend **653—Chapter 11**, title, as follows:

**CONTINUING EDUCATION AND MANDATORY TRAINING
FOR IDENTIFYING AND REPORTING ABUSE REQUIREMENTS**

ITEM 2. Amend rule 653—11.4(272C) as follows:

653—11.4(272C) Continuing education and mandatory training requirements for renewal or reinstatement. A licensee shall meet the requirements in this rule to qualify for renewal of a permanent or special license or reinstatement of a permanent license.

11.4(1) Continuing education and mandatory training for identifying and reporting abuse requirements for renewal or reinstatement.

a. Continuing education for permanent license renewal. Except as provided in these rules, a total of 40 hours of category 1 activity or board-approved equivalent shall be required for biennial renewal of a permanent license. This may include up to 20 hours of credit carried over from the previous license period and category 1 activity acquired within the current license period.

(1) and (2) No change.

~~(3) A licensee shall maintain a file containing records documenting continuing education activities, including dates, subjects, duration of programs, registration receipts where appropriate and any other relevant material, for four years after the date of the activity. The board may audit this information at any time within the four years. If the board conducts an audit of continuing education activities, a licensee shall respond to the board and provide all materials requested, within 30 days of a request by board staff or within the extension of time if one had been granted. Failure to comply with this provision is grounds for discipline.~~

(3) Category 1 CME activity. A licensee shall complete the mandatory training as part of a category 1 CME activity or an approved training program. A licensee may apply the category 1 CME activity credit received for the training during the license period in which the training occurred toward the 40 hours of continuing education required for biennial renewal.

(4) CME documentation. A licensee shall maintain documentation of the mandatory training including dates, subjects, duration of programs, and proof of participation, for five years after the date of the training.

(5) CME audits. The board may audit CME documentation at any time within the five-year period. If the board conducts an audit of mandatory training, a licensee shall respond to the board and provide all materials requested, within 30 days of a request made by board staff or within the extension of time if one has been granted.

(6) Grounds for discipline. A licensee may be subject to disciplinary action for failure to comply with subrule 11.4(1).

c. Mandatory training for identifying and reporting child and dependent adult abuse for permanent or special license renewal. The licensee shall complete the training as part of a category 1 activity or an approved training program. The licensee may utilize category 1 activity credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) Training to identify child abuse. A licensee who regularly provides primary health care to children shall indicate on the renewal application the completion of must complete at least two hours of training in child abuse identification and reporting in the previous every five years. “A licensee who regularly provides primary health care to children” means all emergency physicians, family practitioners physicians, general practice physicians, pediatricians, and psychiatrists, and any other physician who regularly provides primary health care to children.

(2) Training to identify dependent adult abuse. A licensee who regularly provides primary health care to adults shall indicate on the renewal application the completion of must complete at least two hours of training in dependent adult abuse identification and reporting in the previous every five years. “A licensee who regularly provides primary health care to adults” means all emergency physicians, family practitioners physicians, general practice physicians, internists, obstetricians, gynecologists, and psychiatrists, and any other physician who regularly provides primary health care to adults.

(3) Combined training to identify child and dependent adult abuse. A licensee who regularly provides primary health care to adults and children shall indicate on the renewal application the completion of must complete at least two hours of training on in the identification and reporting of abuse in dependent adults and children every five years. ~~This~~ The training may be completed through separate courses as identified in subparagraphs (1) and (2) above or in one combined two-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse. “A licensee who regularly provides primary health care to children and adults” means all emergency physicians, family practitioners physicians, general practice physicians, internists, and psychiatrists, and any other physician who regularly provides primary health care to children and adults.

(4) A licensee shall maintain a file containing records documenting mandatory training for identifying and reporting abuse, including dates, subjects, duration of programs, and proof of participation, for five years after the date of the training. The board may audit this information at any time within the five year period. If the board conducts an audit of mandatory training for identifying and reporting abuse, a licensee shall respond to the board and provide all materials requested, within 30 days of a request made by board staff or within the extension of time if one had been granted. Failure to comply with this provision is grounds for discipline.

d. Mandatory training for chronic pain management for permanent or special license renewal. A licensee who regularly provides primary health care to patients must complete at least two hours of training for chronic pain management every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

e. Mandatory training for end-of-life care for permanent or special license renewal. A licensee who regularly provides primary health care to patients must complete at least two hours of training for end-of-life care every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

11.4(2) to 11.4(4) No change.

11.4(5) Cost of continuing education and mandatory training for identifying and reporting abuse for renewal or reinstatement. ~~It is the responsibility of each~~ Each licensee to finance the ~~is~~ is responsible for all costs of continuing education and training.

ARC 9414B

MEDICINE BOARD[653]

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Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 147.76 and 272C.3, the Board of Medicine hereby proposes to amend Chapter 13, "Standards of Practice and Principles of Medical Ethics," Iowa Administrative Code.

The purpose of rule 653—13.2(148,272C) is to set standards of practice for physicians who diagnose and treat patients suffering with acute or chronic pain. The proposed amendments require physicians to use patient-physician agreements when a patient's chronic pain is treated with controlled substances or opiates and encourage physicians to use the Iowa Prescription Monitoring Program database and to conduct drug testing on patients when treating chronic pain with controlled substances or opiates.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on February 11, 2011.

Any interested person may present written comments on these proposed amendments not later than 4:30 p.m. on March 29, 2011. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by E-mail to mark.bowden@iowa.gov.

There will be a public hearing on March 29, 2011, at 2:30 p.m. in the Board office, at which time persons may present their views either orally or in writing. The Board of Medicine is located at 400 S.W. Eighth Street, Suite C, Des Moines, Iowa.

These amendments are intended to implement Iowa Code chapters 148 and 272C.

The following amendments are proposed.

ITEM 1. Amend paragraph 13.2(5)"g" as follows:

g. Physician-patient agreements. A physician ~~treating who treats~~ treating who treats patients for chronic pain with controlled substances or opiates shall consider establishing ~~establish~~ establish a physician-patient agreements pain management agreement with each patient being treated that specify ~~specifies~~ the rules for medication use and the consequences for misuse. In preparing an agreement, a physician shall evaluate the case of each patient on its own merits, taking into account the nature of the risks to the patient and the potential benefits of treatment. A sample physician-patient pain management agreement may be found at the board's Web site at <http://medicalboard.iowa.gov/>.

ITEM 2. Reletter paragraph 13.2(5)"i" as 13.2(5)"j."

ITEM 3. Adopt the following **new** paragraph 13.2(5)"i":

i. Drug testing. A physician who treats patients for chronic pain shall consider utilizing drug testing to ensure that patients are receiving appropriate therapeutic levels of prescribed medications and are not abusing other drugs.

ITEM 4. Renumber subrule 13.2(7) as 13.2(8).

ITEM 5. Adopt the following **new** subrule 13.2(7):

13.2(7) Prescription monitoring program. The Iowa board of pharmacy has established a prescription monitoring program pursuant to Iowa Code sections 124.551 to 124.558 to assist physicians and pharmacists in monitoring the prescription of controlled substances to patients. The board strongly recommends that physicians utilize the prescription monitoring program when prescribing controlled substances to patients. A link to the prescription monitoring program may be found at the board's Web site at <http://medicalboard.iowa.gov/>.

ARC 9415B

MEDICINE BOARD[653]

Notice of Intended Action

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Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 147.76 and 272C.3(1)"f," the Board of Medicine hereby proposes to amend Chapter 23, "Grounds for Discipline," Iowa Administrative Code.

The purpose of Chapter 23 is to set forth grounds for discipline of physicians licensed by the Board. The proposed amendments establish as grounds for discipline a physician's failure to report the physician's HIV or HBV status to an expert review panel established by a hospital and to an expert review panel established by the Department of Public Health.

The Board approved this Notice of Intended Action to amend Chapter 23 during a regularly scheduled meeting on February 11, 2011.

Any interested person may present written comments on the proposed amendments not later than 4:30 p.m. on March 29, 2011. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by E-mail to mark.bowden@iowa.gov.

There will be a public hearing on March 29, 2011, at 3 p.m. in the Board office, at which time persons may present their views either orally or in writing. The Board of Medicine is located at 400 S.W. Eighth Street, Suite C, Des Moines, Iowa.

These amendments are intended to implement Iowa Code chapter 139A.

The following amendments are proposed.

ITEM 1. Renumber subrules **23.1(31)** to **23.1(44)** as **23.1(34)** to **23.1(47)**.

ITEM 2. Adopt the following new subrules 23.1(31) to 23.1(33):

23.1(31) Failure by a physician with HIV or HBV who practices in a hospital setting, and who performs exposure-prone procedures, to report the physician's HIV or HBV status to an expert review panel established by a hospital under Iowa Code section 139A.22(1) or to an expert review panel established by the department of public health under Iowa Code section 139A.22(3).

23.1(32) Failure by a physician with HIV or HBV who practices outside a hospital setting, and who performs exposure-prone procedures, to report the physician's HIV or HBV status to an expert review panel established by the department of public health under Iowa Code section 139A.22(3).

23.1(33) Failure by a physician subject to the reporting requirements of 23.1(31) and 23.1(32) to comply with the recommendations of an expert review panel established by the department of public health pursuant to Iowa Code section 139A.22(3), with hospital protocols established pursuant to Iowa Code section 139A.22(1), or with health care facility procedures established pursuant to Iowa Code section 139A.22(2).