



Fields of Opportunities

STATE OF IOWA

TERRY E. BRANSTAD
GOVERNOR
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LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN
EXECUTIVE DIRECTOR

**IOWA BOARD OF MEDICINE
TELECONFERENCE MEETING
7:30 a.m. Thursday, February 7, 2013**

OPEN MINUTES

MEMBERS PRESENT:

Colleen Stockdale, M.D., Chair
Jeffrey Snyder, M.D., Vice Chair
Hamed Tewfik, M.D., Secretary
Frank Bognanno
Diane Clark
Ann Gales
Greg Hoversten, D.O.
Julie Perkins, M.D.
Michael Thompson, D.O.
Joyce Vista-Wayne, M.D.

STAFF PRESENT:

Mark Bowden, Executive Director
Kent Nebel, Director of Legal Affairs
John Olds, M.D., Medical Advisor
Russell Bardin, Chief Investigator
Julie Bussanmas, Assistant Iowa Attorney General

PUBLIC PRESENT:

Ashley Engelbrecht, Iowa Medical Society
Kathy Weinberg, Iowa Board of Nursing

This meeting is being held by teleconference because an in-person meeting is impractical due to the timely nature of the agenda items and the anticipated brevity of this meeting.

Colleen Stockdale, M.D., called the meeting to order at 7:30 a.m. A roll-call was taken to establish the presence of a quorum of the Board.

Executive Director Mark Bowden briefed the Board on two bills the Board introduced in the 2013 General Assembly:

- a) **SSB1015** – Mandatory use of the PMP if the prescriber suspects drug abuse or diversion. Mr. Bowden said this legislation is stuck in a Senate Human Resources subcommittee because the subcommittee chair is concerned about requiring pharmacists to use the PMP before dispensing a prescription. He said additional

- formation has been offered to subcommittee chair and committee members and he will continue to work with legislators to get a public hearing on the measure.
- b) **SSB1085** – More aggressive use of alternate members, raising the cap and defining the application for civil penalties, and allowing ALJs to hear non-medical cases. Mr. Bowden said a Senate State Government subcommittee will hold a hearing on the bill later today (February 7) and he will send a follow-up e-mail memo to Board members.

On separate motions offered by Colleen Stockdale, M.D., and seconded by Jeffrey Snyder, M.D., the Board voted to direct Mr. Bowden to file declarations on the following legislation:

- a) **Support HSB3, SSB1055**, which establish requirements for a person who practices certain chronic interventional pain procedures, requires the Board of Medicine to adopt rules to implement the bill, and makes it a serious misdemeanor to violate any provisions of the bill. Historically, the Board has taken the position that these high-risk procedures should be performed by physicians for the sake of patient safety. It was noted that the Board's administrative rule, IAC 653-Chapter 13.9, adopted in 2010, includes the Board's declaration that interventional chronic pain management is the practice of medicine. In addition, the Board recently took a position opposing a CMS rule that would allow nurse anesthetists to bill under Medicaid for interventional chronic pain manage, expressing concern for public safety if these procedures were not performed by qualified physicians. Also, it was noted that the issue of interventional pain management is at the center of an Iowa court case involving administrative rules that allow nurse anesthetists to supervise fluoroscopy for the purposes of placement of injections associated with interventional pain management. The Iowa Supreme Court is expected to issue a ruling on this case in the next month or so. Mr. Bowden noted that depending on the outcome of the court case, there may be additional legislation relating to the issue of fluoroscopy supervision. The Board voted 6 to declare "for" HSB3 and SSB1055, 3 to declare "against" the legislation (Greg Hoversten, D.O., Julie Perkins, M.D., and Michael Thompson, D.O.), and 1 vote to declare "undecided" (Ann Gales). Board members wanting to declare against the legislation expressed concern that as written, the bills do not recognize some interventional procedures that nurse anesthetists are performing successfully in rural communities. In addition to declaring "for" the legislation, the Board directed Mr. Bowden to offer an amendment to the legislation addressing the concerns expressed by the Board members opposing the legislation, further defining what epidural procedures would be appropriate for nurse anesthetists. Dr. Thompson offered to write the proposed amendment, as discussed, for Mr. Bowden to forward to the Iowa Society of Anesthesiologists, which is seeking the legislation, and the appropriate legislative committees. A hearing on the legislation is expected in late February.
- b) **Support HSB70**, which creates identification and license disclosure requirements for providers seeing patients and in health care advertisements. The Board voted 10-0 to declare "for" this legislation, citing the importance of patients/consumers to know the credentials of their hearing care providers.
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- c) **Oppose SSB1082**, which allows licensed pharmacists to administer specific vaccines for certain age groups and requires the Board of Pharmacy to adopt rules requiring training, establishing protocols, and reporting vaccine administration to a patient's primary health care provider or statewide immunization registry. It was noted that in 2010-2011, a Board ad hoc committee consisting of John Olds, M.D., medical advisor, Carole Frier, D.O., former Board member, and staff members Kent Nebel and Mr. Bowden were appointed to participate in meetings that were already being held between pharmacy and medical groups regarding a proposal to expand the immunization authorization for pharmacists. Those discussions ended with the proposal being modified slightly to keep the patient's primary care physician directly involved in the immunization process. The revised proposal was then withdrawn at the request of the pharmacists' association. The concern was, and still is, that a carte blanche endorsement of pharmacists administering immunizations does pose a risk to the public due to the training/experience issue, but in the case of influenza vaccine (and possibly a few others) the population protection benefit outweighs the population risk for vaccine problems. Thus flu immunizations by pharmacists are encouraged. The issue resurfaced this winter with the introduction of SSB1082. The Board voted 10-0 to declare "against" this legislation, citing patient safety concerns. Specifically, there is concern about pharmacists not having the education and training needed for administering the vaccines. It was noted that a physician's medical judgment is needed to determine patient suitability, review and maintain timely records, provide appropriate counseling for certain vaccines, and make appropriate medical determinations if there are complications resulting from the vaccine.

Pain medicine prescribing poster

The Board voted 10-0 to endorse an initiative developed by the Iowa Academy of Emergency Physicians to provide posters on pain medicine prescribing for patient waiting areas and treatment rooms in the emergency departments of participating Iowa hospitals.

Board's schedule for meetings and hearings

Mr. Bowden reviewed the Board's schedule, February through June, noting some changes in lineups for hearings:

February 15, 8:30 a.m. – Hearing for Wendy Smoker, M.D.
March 7-8 – Board meeting in Des Moines
March 21, 8:30 a.m. – Hearing for Frank Lamp, M.D.
March 22, 8:30 a.m. – Hearing for Ruben Altman, M.D.
April 4, 7:30 .m. – Board teleconference
April 11-12 – NO HEARINGS (Piccirillo hearing continued)
Week of April 14 – Federation of State Medical Boards' annual meeting
April 25-26 – Board's annual organizational meeting in Des Moines
May 16-17 – Hearing(s) (to be announced)
May 23, 7:30 a.m. – Board teleconference
June 13-14 – Hearing(s) (to be announced)
June 27-28 – Board meeting in Des Moines

The meeting was adjourned at 8:28 a.m.

Executive Director Mark Bowden respectfully submits these minutes.
