



Fields of Opportunities

STATE OF IOWA

TERRY BRANSTAD, GOVERNOR
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IOWA BOARD OF MEDICINE
MARK BOWDEN, EXECUTIVE DIRECTOR

FOR IMMEDIATE RELEASE: January 22, 2016
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Public hearings on January 26 for amendments to licensure rules

DES MOINES, IA – The Iowa Board of Medicine will hold back-to-back public hearings on Tuesday, January 26, 2016, on proposed amendments to the Board's administrative rules for medical licensure. The hearings begin at 1 p.m. at the Board's office and concern two notices of intended action published in the Iowa Administrative Bulletin on January 6:

- **ARC2359C** is a proposal to amend 653 Iowa Administrative Code Chapters 9 and 11 to establish requirements for licensure and continuing education requirements for physicians who seek an administrative medicine license. This new non-clinical medical license was authorized in the 2015 Iowa Acts, Senate File 276. The license is for physicians who are not involved in patient care, but serve as administrators in health care systems.
- **ARC2360C** is a proposal to amend 653 IAC Chapter 9 to reflect changes in laws and in the processes used in licensure application and licensure renewal.

Any interested person may present written comments on the notices of intended action not later than 4:30 p.m. January 26. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 SW Eighth Street, Suite C, Des Moines, Iowa 50309-4686 or sent by e-mail to mark.bowden@iowa.gov

The following are the notices of intended action:

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 section 147.76, the Board of Medicine hereby proposes to amend Chapter 9, “Permanent Physician Licensure,” and Chapter 11, “Continuing Education and Training Requirements,” Iowa Administrative Code.

The purpose of Chapter 9 is to establish requirements for licensure of medical physicians and surgeons and osteopathic physicians and surgeons. The purpose of Chapter 11 is to establish requirements for continuing education and training to maintain a permanent license issued by the Board. The proposed amendments would implement 2015 Iowa Acts, Senate File 276, which establishes a nonclinical administrative medicine license. These proposed amendments define administrative medicine, requirements for licensure, and continuing education requirements.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on December 10, 2015.

Any interested person may present written comments on the proposed amendments not later than 4:30 p.m. on January 26, 2016. 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 January 26, 2016, at 1 p.m. at the Board’s office, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa, at which time persons may present their views either orally or in writing.

After analysis and review of this rule making, it has been determined that these amendments may help create jobs in Iowa. The administrative medicine license is for physicians who are being hired for nonclinical administrative jobs within the health care system.

These amendments are intended to implement 2015 Iowa Acts, Senate File 276, and Iowa Code chapters 147, 148 and 272C.

The following amendments are proposed.

ITEM 1. Adopt the following **new** rule 653—9.20(147,148):

653—9.20(147,148) Administrative medicine licensure.

9.20(1) Definitions.

“*Administrative medicine*” means administration or management utilizing the medical and clinical knowledge, skill, and judgment of a licensed physician and capable of affecting the health and safety of the public or any person. A physician with an administrative medicine license may advise organizations, both public and private, on health care matters; authorize and deny financial payments for care; organize and direct research programs; review care provided for quality; and other similar duties that do not require direct patient care. Administrative medicine does not include the authority to practice clinical medicine, examine, care for or treat patients, prescribe medications including controlled substances, or delegate medical acts or prescriptive authority to others.

“*Administrative medicine license*” means a license issued by the board pursuant to this rule.

9.20(2) Application. An application for an administrative medicine license shall be made to the board of medicine pursuant to the requirements established in Iowa Code section 148.3 and this chapter. An applicant for an administrative medicine license shall be subject to all of the permanent licensure requirements established in Iowa Code section 148.3 and this chapter, except that the applicant shall not

be required to demonstrate that the applicant has engaged in active clinical practice in the past three years as outlined in paragraphs 9.8(7) “c” and 9.15(2) “d.”

The board may, in its discretion, issue an administrative medicine license authorizing the licensee to practice administrative medicine only, as defined by this rule. The license shall be designated “administrative medicine license.”

9.20(3) Fees. All license and renewal fees shall be paid to the board in accordance with 653—Chapters 8 and 9.

9.20(4) Demonstration of competence.

a. If an applicant for initial licensure or reinstatement of an administrative medicine license has not actively practiced administrative or clinical medicine in a jurisdiction of the United States or Canada in the past three years, the board may require the applicant to demonstrate competence in a method prescribed by the board in accordance with paragraphs 9.8(7) “c” and 9.15(2) “d.”

b. A physician who holds an administrative medicine license and has not engaged in active clinical practice in a jurisdiction of the United States or Canada for more than three years may be required to demonstrate competence to practice clinical medicine in a method prescribed by the board in accordance with paragraphs 9.8(7) “c” and 9.15(2) “d” prior to obtaining a permanent Iowa medical license.

9.20(5) No exemptions to laws and rules. A physician with an administrative medicine license shall be subject to the same laws and rules governing the practice of medicine as a person holding a permanent Iowa medical license.

9.20(6) Only one active license at a time. When applicable, a person’s active Iowa permanent or Iowa resident license shall immediately become inactive upon issuance of an administrative license.

9.20(7) Interstate medical licensure compact. A physician who holds only an administrative medicine license may not be eligible for licensure under the interstate medical licensure compact.

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

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

11.4(1) Continuing education and training requirements.

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

(1) and (2) No change.

b. to e. No change.

11.4(2) Exemptions from renewal requirements.

a. A licensee shall be exempt from the continuing education requirements in subrule 11.4(1) when, upon license renewal, the licensee provides evidence for:

(1) Periods that the licensee served honorably on active duty in the U.S. armed forces, reserves or national guard;

(2) Periods that the licensee ~~resided~~ practiced in another state or district having and did not provide medical care, including telemedicine services, to patients located in Iowa, if the other state or district had continuing education requirements for the profession and the licensee met all requirements of that state or district for practice therein;

(3) and (4) No change.

b. No change.

11.4(3) No change.

11.4(4) Reinstatement requirement. An applicant for license reinstatement whose license has been inactive for one year or more shall provide proof of successful completion of ~~80~~ 40 hours of category 1 credit completed within 24 months prior to submission of the application for reinstatement or proof of

successful completion of SPEX or COMVEX-USA within one year immediately prior to the submission of the application for reinstatement.

11.4(5) to 11.4(8) No change.

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 section 147.76, the Board of Medicine hereby proposes to amend Chapter 9, “Permanent Physician Licensure,” Iowa Administrative Code.

The purpose of Chapter 9 is to establish requirements for licensure for administrative medicine physicians, medical physicians and surgeons, and osteopathic physicians and surgeons. The proposed amendments update language throughout the chapter. The need for these amendments was determined during the Board’s continuing review of its administrative rules.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on December 10, 2015.

Any interested person may present written comments on the proposed amendments not later than 4:30 p.m. on January 26, 2016. 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 January 26, 2016, at 1:30 p.m. at the Board’s office, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa, at which time persons may present their views either orally or in writing.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code chapters 147, 148 and 272C.

The following amendments are proposed.

ITEM 1. Amend the following definitions in rule **653—9.1(147,148)**:

“*Current, active status*” means a license that is in effect and grants the privilege of practicing administrative medicine, medicine and surgery or osteopathic medicine and surgery, as applicable.

“*Inactive license*” means any license that is not in current, active status. ~~Inactive license may include licenses formerly known as delinquent, lapsed, or retired.~~ A physician whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice ~~medicine~~ under an inactive Iowa license until the inactive license is reinstated to ~~current~~, active status.

ITEM 2. Adopt the following new paragraph **9.3(1)“e”**:

e. A military service applicant or a veteran may apply for credit for verified military education, training, or service toward any experience or educational requirement for permanent licensure under this subrule or may be eligible for permanent licensure through reciprocity as specified in 653—Chapter 18.

ITEM 3. Amend paragraph **9.4(2)“a”** as follows:

a. Pay a nonrefundable initial application fee of \$450 ~~plus the \$45 fee identified in 653—subrule 8.4(6) and~~ fee for the evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) as specified in 653—paragraph 8.4(1)“a”; and

ITEM 4. Amend paragraph **9.4(3)“a”** as follows:

a. Full legal name, date and place of birth, home address, mailing address, and principal business address, and personal e-mail address regularly used by the applicant or licensee for correspondence with the board.

ITEM 5. Amend paragraph **9.5(2)“a”** as follows:

a. Pay a nonrefundable initial application fee of \$450 plus the \$45 fee identified in 653—subrule 8.4(6) and fee for the evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) as specified in 653—paragraph 8.4(1)“a”; and

ITEM 6. Amend paragraph **9.5(3)“a”** as follows:

a. Full legal name, date and place of birth, home address, mailing address, and principal business address, and personal e-mail address regularly used by the applicant or licensee for correspondence with the board.

ITEM 7. Amend paragraph **9.6(2)“a”** as follows:

a. Pay a nonrefundable initial application fee of \$450 plus the \$45 fee identified in 653—subrule 8.4(6) and fee for the evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) as specified in 653—paragraph 8.4(1)“a”; and

ITEM 8. Amend paragraph **9.6(3)“a”** as follows:

a. Full legal name, date and place of birth, home address, mailing address, and principal business address, and personal e-mail address regularly used by the applicant or licensee for correspondence with the board.

ITEM 9. Amend paragraph **9.7(1)“d”** as follows:

d. Candidates who meet the following requirements are eligible to take USMLE Step 3:
(1) Submit a completed application form and pay the required examination fee as specified in rule 653—subrule 8.3(1) 8.3(147,148,272C).
(2) No change.
(3) Document holding a medical degree from a board-approved educational institution. If a candidate holds a medical degree from an educational institution not approved by the board at the time the applicant graduated and was awarded the degree, the candidate shall meet the requirements specified in 9.3(1)“e”(3) subparagraph 9.3(1)“b”(3).
(4) No change.

ITEM 10. Amend subrule 9.8(4) as follows:

9.8(4) If the final review indicates questions or concerns that cannot be remedied by continued communication with the physician, the executive director, director of licensure and administration and director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant’s current qualifications for licensure.

a. and b. No change.

ITEM 11. Amend paragraph **9.8(7)“c”** as follows:

c. If the physician has not engaged in active clinical practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

(1) to (4) No change.

ITEM 12. Amend paragraph **9.8(8)“c”** as follows:

c. If the physician has not engaged in active clinical practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

(1) to (4) No change.

ITEM 13. Amend subrule 9.9(2) as follows:

9.9(2) *Reactivation of the application.* To reactivate the application, an applicant shall submit a nonrefundable fee for reactivation of the application fee of \$150 as specified in 653—paragraph 8.4(1)“b” and shall update credentials.

a. and b. No change.

c. Once the reactivation period expires, ~~an~~ the application for licensure is withdrawn and the applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

ITEM 14. Adopt the following **new** paragraph **9.11(1)“e”**:

e. When a physician with a permanent Iowa license receives an Iowa administrative medicine license, the permanent Iowa license shall immediately become inactive.

ITEM 15. Amend rule 653—9.12(147,148) as follows:

653—9.12(147,148) Notification required to change the board’s data system.

9.12(1) Change of address contact information. A licensee shall notify the board of any change in the home address, ~~or~~ the address of the place of practice, home or practice telephone number, or personal e-mail address regularly used by the applicant or licensee for correspondence with the board within one month of ~~making an address~~ the change.

9.12(2) No change.

9.12(3) Deceased. A licensee file shall be closed and labeled “deceased” when the board receives a copy of the physician’s death certificate or other reliable information of the licensee’s death.

ITEM 16. Amend subrule 9.13(1) as follows:

9.13(1) Renewal notice. Staff shall send a renewal notice ~~by regular mail~~ to each licensee at the licensee’s last known address at least 60 days prior to the expiration of the license. The renewal notice may be sent by e-mail or by regular mail at the discretion of staff. If e-mail is used for notification of licensure renewal, the notice shall be sent to the personal e-mail address specified in subrule 9.12(1).

ITEM 17. Amend paragraph **9.13(3)“a”** as follows:

a. Renewal fee.

(1) ~~The renewal fee is \$550 if fees for renewal is made via paper application or \$450 if renewal is made via on-line application;~~ are specified in 653—subparagraph 8.4(1)“c”(1) and are assessed per biennial period or a prorated portion thereof if the current license was issued for a period of less than 24 months.

(2) There is no renewal fee due for a physician who was on active duty in the U.S. armed forces, reserves or national guard during the renewal period. “Active duty” means full-time training or active service in the U.S. armed forces, reserves or national guard.

(3) A physician who fails to renew before the expiration of the license shall be charged a penalty fee as set forth in 653—paragraph 8.4(1)“d.”

ITEM 18. Amend subrule 9.13(6) as follows:

9.13(6) Failure to renew. Failure of the licensee to renew a license within two months following its expiration date shall cause the license to become inactive and invalid. A licensee whose license is invalid or inactive is prohibited from practice until the license is reinstated in accordance with rule 653—9.15(147,148).

a. and b. No change.

ITEM 19. Amend subrule 9.15(1) as follows:

9.15(1) Reinstatement within one year of the license’s becoming inactive. An individual whose license is in inactive status for up to one year and who wishes to reinstate the license shall submit a completed renewal application; the reinstatement fee; documentation of continuing education; and, if applicable, documentation on training on chronic pain management, training on end-of-life care, and training on identifying and reporting abuse; ~~and the reinstatement fee.~~ All of the information shall be received in the board office within one year of the license’s becoming inactive for the applicant to reinstate under this subrule. For example, a physician whose license became inactive on March 1 has until the last day of the following February to renew under this subrule.

a. Fees ~~Fee~~ for reinstatement of an unrestricted Iowa license within one year of the license’s becoming inactive. The reinstatement fee is ~~\$550 except~~ specified in 653—paragraph 8.4(1)“g” when the license in the most recent license period had been granted for less than 24 months; in that case, the

reinstatement fee is prorated according to the date of issuance and the physician's month and year of birth.

b. to d. No change.

ITEM 20. Amend subrule 9.15(2) as follows:

9.15(2) *Reinstatement of an unrestricted Iowa license that has been inactive for one year or longer.* An individual whose license is in inactive status and who has not submitted a reinstatement application that was received by the board within one year of the license's becoming inactive shall follow the application cycle specified in this rule and shall satisfy the following requirements for reinstatement:

a. Submit an application for reinstatement to the board upon forms provided by the board. The application shall require the following information:

(1) Full legal name, date and place of birth, license number, home address, mailing address, ~~and principal business address, and personal e-mail address regularly used by the applicant or licensee for correspondence with the board;~~

(2) to (8) No change.

(9) A completed fingerprint packet to facilitate a national criminal history background check. The \$45 fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

b. Pay the reinstatement fee of \$500 plus the \$45 fee identified in 653—subrule 8.4(6) for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks; specified in 653—paragraph 8.4(1) "f." ~~No fee is required for reinstatement for those whose licenses became inactive between December 8, 1999, and July 4, 2001; however, the \$45 fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed.~~

c. Provide documentation of completion of ~~80~~ 40 hours of category 1 credit within the previous two years and documentation of training on chronic pain management, end-of-life care, and identifying and reporting abuse as specified in 653—Chapter 11.

d. If the physician has not engaged in active clinical practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

(1) to (4) No change.

e. No change.