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FOR IMMEDIATE RELEASE

Board establishes ad-hoc committee to define chronic interventional pain management

DES MOINES, IA -- The Iowa Board of Medicine Thursday approved the creation of an ad-hoc committee to further facilitate the discussion and collection of information on the application of high-risk interventional techniques in managing subacute, chronic, persistent and intractable pain.

The announcement of the committee by Board Chairman Siroos Shirazi, M.D., came as the Board considered a draft administrative rule that would define chronic interventional pain management and the appropriate medical expertise needed to assess and treat a patient's chronic pain.

The ad-hoc committee is tasked with identifying chronic interventional pain management procedures that are considered to be the practice of medicine and those that could be performed by non-physicians. The Board set a December 16 deadline for a committee report.

The committee will be chaired John Olds, M.D., the Board's medical advisor, and is expected to include representatives from the Board of Medicine, Board of Nursing, Iowa Anesthesiology Society, Iowa Nurses Association, Iowa Association of Nurse Anesthetists, Iowa Medical Society, Iowa Osteopathic Medical Association, Iowa Hospital Association, and Iowa licensed acupuncturists.

For the past several years, the Board has been looking at rules or a policy statement to address concerns it has about the safety of chronic pain patients and to emphasize why education, training and skill of the care provider are paramount in the performance and interpretation of chronic interventional pain management.

In April, Board staff developed a draft policy statement on the topic and the Board sought public comment on it. At its meeting in July, the Board asked the staff to consider either revising the draft statement or preparing proposed rules for the Board to consider at its September.
Here is the draft administrative rule reviewed by the Board:

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653—13.8(148, 150, 272C) Standards of practice-chronic interventional pain management. This rule establishes standards of practice for the practice of chronic interventional pain management.

13.8(1) Definitions. As used in this rule:

"Chronic interventional pain management" means the diagnosis and treatment of pain-related disorders primarily with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain. Interventional pain techniques include percutaneous (through the skin) needle placement. Drugs are then placed in targeted areas, nerves are ablated (excised or amputated), or certain surgical procedures are performed. Procedures often involve injection of steroids, analgesics, and anesthetics and include: lumbar, thoracic, and cervical spine injections, intra-articular injection, intrathecal injections, epidural injections (both regular and transforaminal), facet injections, discography, nerve destruction, occipital nerve blocks, lumbar sympathetic blocks and vertebroplasty, kyphoplasty. Chronic interventional pain management includes the use of fluoroscopy when it is used to assess the cause of a patient's chronic pain or as a therapeutic modality for chronic pain treatment.

"Delegation" means to entrust or transfer the performance of a medical service to another health care provider.

"Referral" means directing or redirecting a patient to a specialist for definitive care.

13.8(2) Physicians who practice interventional pain management shall meet the following requirements:

a. *Advanced specialty training in chronic interventional pain management.* Successful completion of a pain medicine training program which is recognized by the American Medical Association (AMA) or approved by the American Osteopathic Association (AOA), and documentation verifying successful completion; and either

b. *AOA approved specialty training.* Successful completion of an AOA approved residency in anesthesiology and subspecialty training in pain management, and documentation verifying successful completion; or

c. *Board certification.* Board certification from one of the following certifying bodies; the American Board of Anesthesiology, the American Board of Physical Medicine and Rehabilitation, or the American Board of Psychiatry and Neurology, and documentation verifying successful completion; or

13.8(3) *Delegation.* Physicians shall only delegate chronic interventional pain management services to a physician who is eligible to practice chronic interventional pain management pursuant to 13.8(2).

13.8(4) *Referrals.* Physicians shall only refer patients for chronic interventional pain management services to a physician who is eligible to practice chronic interventional pain management pursuant to 13.8(2).