

Executive Director's Report

(Prepared March 5, 2013, for the March 7-8, 2013 Board meeting)

LEGISLATION: The 2013 Legislature's first "funnel" deadline is March 8 -- the date by which most bills must be approved by a committee in order to be considered for further action this session. Legislation offered by the Board and other bills that may involve the Board:

- **HSB186, SSB1015** – Would require physicians and pharmacists to review a patient's controlled substance prescription records in the Iowa Prescription Drug Monitoring Data before a controlled substance prescription is written or filled if the prescriber or pharmacist suspects the patient is at risk of drug abuse or diversion. This legislation was not taken up by subcommittees in the House or Senate. Critics say a law is not needed. The Board offered the legislation as an extension of other measures it has taken to encourage use of the PMP.
- **SSB1017** – Authorizes the Board of Pharmacy to enter into agreements for mutual exchange of information with other states' prescription drug monitoring programs. This legislation has cleared a Senate Human Resources subcommittee.
- **SSB1085** – This legislation improves Iowa Code Chapter 148 to assist the Board in scheduling and conducting contested case hearings by allowing more aggressive use of the "alternate" members for contested case hearings and the assigning of certain non-medical cases to an administrative law judge. In addition, the legislation provides clarity on how the Board metes out civil penalties, allowing assessment of penalties per distinct and separate violations of the laws and rules governing the practice of medicine in Iowa. This bill has cleared the Senate State Government Committee and will advance to the Senate debate calendar.
- **HSB3 and SSB1055** – Would establish requirements for practitioners who perform certain high-risk interventional procedures to manage a patient's chronic pain. The Board offered an amendment to this legislation, further defining what procedures in the epidural space would be appropriate for nurse practitioners to perform. There's been no public hearing on the legislation, and it's not expected to be considered in this session.
- **HSB118, SSB1082** – This bill directs the Board of Pharmacy to adopt rules to allow pharmacists to administer certain vaccinations. The legislation has cleared the House Human Resources Committee. An amendment XXXX
- **HF149, SSB1162** – Would allow licensed psychologists who have received additional training to prescribe certain psychotropic drugs. This legislation establishes a collaborative arrangement with a licensed physician. The legislation cleared a Senate Human Resources subcommittee.

- **HF181** – Would direct the Department of Public Health to adopt administrative rules to regulate the use and prescribing of pain medications in hospital emergency departments. A House Human Resources subcommittee held a hearing on the bill, but has not voted to move it forward.
- **HF345** – Would require continuing education on vital statistic records for physicians, physician assistants and registered nurses and nurse practitioners. This legislation is proposed by the funeral homes in Iowa. They are concerned about chronic delays in completing death certificates. This bill will be considered by the House State Government Committee on March 6 or 7.

INTERSTATE LICENSURE SYSTEM: Executive Director Mark Bowden and Licensure Director Amy Van Maanen participated in a Special Meeting of State Medical Boards on Multi-State Licensure hosted by the Federation of State Medical Boards on January 16-17 in Dallas. The meeting, *State Medical Licensure and Discipline: Advocacy and Opportunities in 2013 and Beyond*, had representatives from 48 state boards. In general, there was consensus among the state boards that there is value in proceeding with the development of an expedited and uniform interstate licensure system that is based upon agreed criteria, preserves the states' autonomy and protects the public, and that the use of an interstate compact to achieve this goal should be explored. There was also agreement that although telemedicine has been cited by some proponents of change as the rationale for a national medical licensure system, any model the state boards ultimately agree upon should address the overall practice of medicine and not just telemedicine.

PERSONNEL: The hiring process will commence after March 13 for the position of secretary 3 (executive director's administrative assistant). Sixty-seven applicants were certified as qualified in the Iowa Department of Administrative Services' initial screening of applications.

FSMB: The Federation of State Medical Boards' annual meeting is April 18-20 in Boston. Board members and staff members scheduled to attend the meeting are Colleen Stockdale, M.D., Greg Hoversten, D.O., Mark Bowden, John Olds, M.D., and Amy Van Maanen. Deb Anglin, coordinator of the Iowa Physician Health Program, and Patti Rix, IPHP case manager, are scheduled to attend annual meeting of the Federation of State Physician Health Programs, which meets concurrently with the FSMB in Boston.

MARCH-APRIL CALENDAR

March 7-8 – Board meeting

March 21 – Contested case hearing

March 22 – Contested case hearing

April 4 – Board teleconference meeting

April 5 – Iowa Physician Health Committee meeting

April 11 – Contested case hearing

April 12 – Contested case hearing

April 25-26 – Board meeting