

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 10, “Resident, Special and Temporary Physician Licensure,” Iowa Administrative Code.

The purpose of Chapter 10 is to establish provisions for resident, special and temporary physician licensure. The proposed amendments update language throughout the chapter, apply the existing mandatory CME requirements for renewal of a special license, and raise the age of eligibility for a special license from 21 to 30.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on March 1, 2012.

Any interested person may present written comments on the proposed amendments not later than 4:30 p.m. on May 8, 2012. 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 May 8, 2012, 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.

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

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

The following amendments are proposed.

ITEM 1. Adopt the following **new** definitions of “Training for chronic pain management,” “Training for end-of-life care” and “Uniform application for physician state licensure” in rule **653—10.1(147,148)**:

“*Training for chronic pain management*” means required training on chronic pain management identified in 653—Chapter 11.

“*Training for end-of-life care*” means required training on end-of-life care identified in 653—Chapter 11.

“*Uniform application for physician state licensure*” means a Web-based application that is intended to standardize and simplify the licensure application process for state medical licensure. The Federation of State Medical Boards created and maintains the application. This application is used for all license types issued by the Iowa board of medicine.

ITEM 2. Amend rule **653—10.1(147,148)**, definitions of “Category 1 activity,” “Committee” and “Mandatory training for identifying and reporting abuse,” as follows:

“*Category 1 activity credit*” means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. ~~Activities Credits~~ designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed ~~credit credits~~ by the American Academy of Family Physicians are accepted as equivalent to category 1 activities credits.

“Committee” means the licensure and examination committee of the board.

~~“Mandatory training~~ *Training for identifying and reporting abuse*” means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69; the full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

ITEM 3. Amend subparagraph **10.3(3)“a”(2)** as follows:

(2) Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for licensure and fingerprinting was done prior to the issuance of that license.~~

ITEM 4. Amend subparagraph **10.3(3)“b”(1)** as follows:

(1) ~~Name~~ Full legal name, date and place of birth, home address, and mailing address;

ITEM 5. Amend subrule 10.3(5) as follows:

10.3(5) Resident license application cycle. If the applicant does not submit all materials within 90 days of the ~~board office’s last documented~~ board’s initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status. An applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

ITEM 6. Amend subrule 10.3(6) as follows:

10.3(6) Extension of a resident physician license.

~~a. On or after February 14, 2003, the board shall issue a resident license for the full period of the resident training program. The board shall offer to all who hold a current, active resident license on February 13, 2003, an extension of the license to the expected completion date of the resident training program. A licensee who wishes to extend the license shall submit the extension application materials within two months of the offer.~~

~~b. a.~~ If the licensee fails to complete the program by the expiration date on the license, the licensee has a one-month grace period in which to complete the program or secure an extension from the board.

~~e. b.~~ The resident physician licensee is responsible for applying for an extension if the licensee has not been granted permanent physician licensure and the licensee will not complete the program within the grace period. The following extension application materials are due in the board office prior to the expiration of the license;

- (1) A letter requesting an extension and providing an explanation of the need for an extension;
- (2) The extension fee of \$25; and
- (3) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual’s progress in the program and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

~~No documentation of continuing medical education or mandatory training on identifying and reporting abuse is required since a resident is in training.~~

~~d. c.~~ Failure of the licensee to extend a license within one month following the expiration date shall cause the license to become inactive and invalid. For example, a license that expires on June 26 becomes inactive and invalid on July 26. A licensee whose license is inactive is prohibited from practice until the license is extended or replaced by a permanent physician or new resident physician license.

~~e. d.~~ To extend an inactive resident license within one year of becoming inactive, an applicant shall submit the following:

- (1) A letter requesting an extension and providing an explanation of the need for an extension;
- (2) The extension fee of \$25;

- (3) A \$50 late fee; and
- (4) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual's progress in the program and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

~~No documentation of continuing medical education or mandatory training on identifying and reporting abuse is required since a resident is in training.~~

f. e. If more than one year has passed since the resident license became inactive, the applicant shall apply for a new resident license as described in subrule 10.3(3).

ITEM 7. Renumber subrules **10.3(7)** to **10.3(10)** as **10.3(8)** to **10.3(11)**.

ITEM 8. Adopt the following **new** subrule 10.3(7):

10.3(7) Continuing education and training. Applicants seeking an extension of a resident physician license or an extension of an inactive resident physician license are not required to complete continuing medical education or training requirements as identified in 653—Chapter 11.

ITEM 9. Amend renumbered paragraph **10.3(8)“b”** as follows:

b. After reviewing each request for extension, staff shall notify the licensee or designee about how to resolve any problems identified by the reviewer. The applicant for license extension shall provide additional information when requested by staff or the board.

ITEM 10. Rescind renumbered paragraph **10.3(9)“d.”**

ITEM 11. Amend paragraph **10.4(1)“d”** as follows:

d. A special license shall automatically ~~expire~~ be placed on inactive status when the licensee discontinues service on the academic medical staff for which the special license was granted.

ITEM 12. Amend paragraph **10.4(4)“b”** as follows:

b. After reviewing each application, staff shall notify the applicant or the applicant's academic institution about how to resolve any problems identified by the reviewer. The applicant shall provide additional information when requested by staff or the board.

ITEM 13. Amend subrule 10.4(5) as follows:

10.4(5) Special license application cycle. If the applicant does not submit all materials within 90 days of the ~~board office's last documented~~ board's initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status. An applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

ITEM 14. Amend subparagraph **10.4(6)“b”(3)** as follows:

(3) Evidence of continuing education and ~~mandatory~~ training on pain management, end-of-life care, and identifying and reporting abuse.

1. The requirement for continuing education is 20 hours of category 1 activity credit as specified in 653—Chapter 11.

2. The requirement for ~~mandatory~~ training on chronic pain management, end-of-life care, and identifying and reporting abuse is specified in 653—Chapter 11.

The dean of the medical college shall submit a letter that addresses the individual's unique contribution to the practice of medicine in Iowa, how the anticipated contribution will serve the public interest of Iowans, and the need for renewal of this license. For a licensee who received the initial special license prior to July 1, 2001, the only statement needed from the dean is verification of the academic appointment the licensee continues to hold.

ITEM 15. Amend paragraph **10.5(3)“b”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet and a sworn statement by the applicant attesting to the truth of all information provided by the applicant.

ITEM 16. Amend paragraph **10.5(4)“a”** as follows:

a. The applicant’s full legal name, date and place of birth, home address, mailing address and principal business address;

ITEM 17. Adopt the following **new** paragraph **10.5(4)“n”**:

n. A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

ITEM 18. Amend subparagraph **10.5(5)“h”(4)** as follows:

(4) Deny a temporary license. The board may deny a temporary license for any grounds on which the board may discipline a license or for lack of need for a physician’s services by the organization or individual. The procedure for appealing a license denial is set forth in ~~653—9.15(147,148)~~ 653—9.17(147,148).

ITEM 19. Amend subparagraph **10.5(6)“d”(4)** as follows:

(4) Deny a temporary license. The board may deny a temporary license for any grounds on which the board may discipline a license or for lack of need for a physician’s services by the organization or individual. The procedure for appealing a license denial is set forth in ~~653—9.15(147,148)~~ 653—9.17(147,148).

ITEM 20. Amend subrule 10.5(7) as follows:

10.5(7) Temporary license application cycle. If the applicant does not submit all materials within 90 days of the ~~board office’s last documented~~ board’s initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status. An applicant whose application is inactive must reapply and submit new nonrefundable fees and a new application, documents and credentials if the applicant wishes to pursue temporary licensure.