

MEDICINE BOARD[653]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147.76, the Board of Medicine hereby amends 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 the licensure of administrative medicine physicians, medical physicians and osteopathic physicians. The purpose of Chapter 11 is to establish requirements for continuing education and training for licensees under Iowa Code chapter 148. The amendments implement 2015 Iowa Acts, Senate File 276, which was signed into law on April 17, 2015, and became effective July 1, 2015. The amendments define requirements for an administrative medicine license and the continuing education and training required to maintain that license.

The Board approved the Notice of Intended Action during a regularly scheduled meeting on December 10, 2015. The Notice was published as **ARC 2359C** in the Iowa Administrative Bulletin on January 6, 2016. A public hearing on **ARC 2359C** was held on January 26, 2016. Leah McWilliams, representing the Iowa Osteopathic Medical Association, attended the hearing to seek clarification on requirements for an administrative medicine license.

On April 8, 2016, the Board voted to adopt and file these amendments, which are identical to those published under Notice.

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.

These amendments will become effective on June 15, 2016.

The following amendments are adopted.

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.

[Filed 4/13/16, effective 6/15/16]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/11/16.