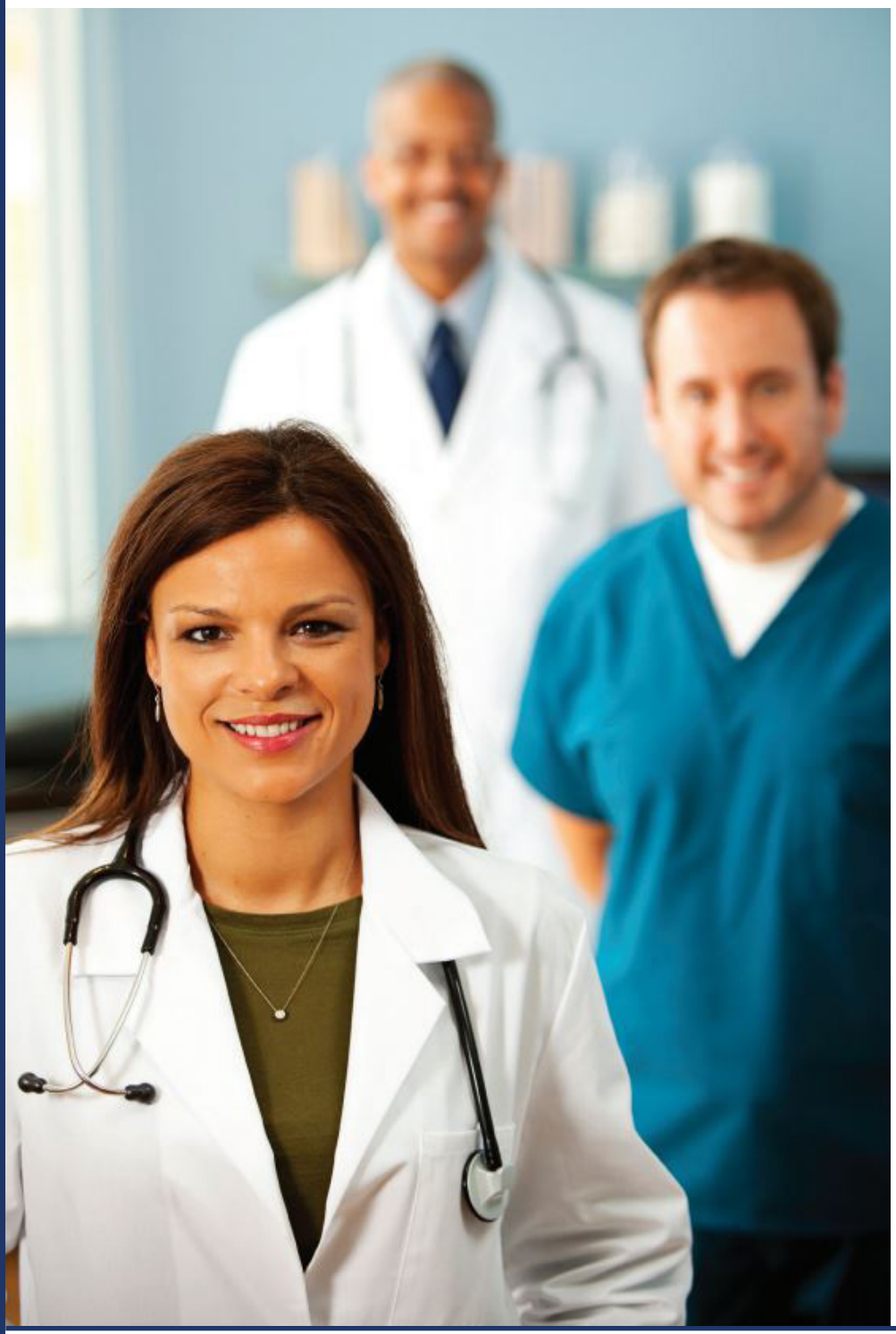
# IMS POLICY COMPENDIUM 2020

## 24TH EDITION



IOWA MEDICAL SOCIETY

# FOREWORD

This is the 21st edition of the Iowa Medical Society (IMS) Policy Compendium. The compendium incorporates policies adopted pursuant to resolutions by the IMS House of Delegates (HoD) and Executive Council through 1998 and, following IMS reorganization, by the House of Delegates and the Board of Directors from 1999 to 2014. Going forward from the 2014 HoD, it incorporates Policy Request Statements adopted by the Policy Forum.

The 1998 reorganization of the Iowa Medical Society dissolved the Executive Council as of the 1999 HoD and established the Board of Directors, which was vested with the full authority and power of the House of Delegates to determine and announce policies of the Society in the interim between meetings of the House of Delegates. The 2014 HoD took action to permanently close the HoD as of adjournment of the 2014 HoD and replace it with a Policy Forum. Going forward, policies will be adopted pursuant to action by the Policy Forum in response to Policy Request Statements submitted by IMS members. There will be at least two Policy Forums per year. Wherever possible, the verbatim language of resolutions, reports, and Policy Request Statements has been retained with technical edits where appropriate. In some instances, there may appear to be inconsistencies between two or more policies on the same topic. In this case, the most recent policy supersedes any contradictory earlier policy.

In 2011, IMS established a Sunset Mechanism for IMS Policy. Under this mechanism, a policy established by the Executive Council, House of Delegates, Board of Directors, or Policy Forum ceases to be viable after 10 years unless action was taken by the HoD or the Policy Forum to reestablish it. Any action of the HoD or Policy Forum that reaffirmed or amended an existing policy position resets the sunset "clock," making the policy viable for 10 years from the date of its reaffirmation or amendment.

This publication is a useful resource on medical and ethical issues which have been addressed by IMS policy. The American Medical Association (AMA) also publishes a policy compendium, and the policy categories used herein are those of the AMA. As a general rule, AMA policy guides the IMS where IMS has not taken a specific position.

This compendium is arranged by major policy categories. Within each category, policies have been given a number and title for easy reference. The designation **B-**, **E-**, **H-**, or **PF-** at the beginning of a policy number denotes the original policy-making body for that policy: **B** – Board of Directors; **E** – Executive Council; **H** – House of Delegates; or **PF** – Policy Forum. See below for examples.

**Board Example:**

**B-30.017: Alcohol and Alcoholism, Binge and Underage Drinking**
IMS supports state- and community-wide efforts to curb binge and underage alcohol consumption. *B-2010*

*The policy number begins with **B-**, meaning the Board of Directors originated the policy; **B-2010** at the end of the policy means the Board originally adopted it in 2010.*

**Executive Council Example:**

**E-5.002: Abortion, Counseling for Minors**
IMS supports encouraging minors who are receiving or who have received an abortion to seek counseling and support from a parent or another responsible adult; physicians are encouraged to assist the minor patient in this process. *E-1991; Reaffirmed H-2012 Sunset Report*

*The policy number begins with **E-**, meaning the Executive Council originated the policy; **E-1991** at the end of the policy means the Executive Council originally adopted it in 1991; **Reaffirmed H-2012 Sunset Report** at the very end means the 2012 House of Delegates reaffirmed it as part of the 2012 Sunset Report.*

**House of Delegates Example:**

**H-495.003: Tobacco Products, Increase Tax**
IMS supports legislation increasing the tax on tobacco products. *H-1989; H-2012 Sunset Report Referral – Reaffirmed B-2012*

*The policy number begins with **H-**, meaning the House of Delegates originated the policy; **H-1989** at the end of the policy means the House of Delegates originally adopted it in 1989; **H-2012 Sunset Report Referral – Reaffirmed B-2012** means that as part of the 2012 Sunset Report, the House of Delegates referred the policy to the Board for further study and the Board reaffirmed the policy in 2012.*

**Policy Forum Example:**

**PF-275.020: Licensure and Discipline, Oppose Maintenance of Certification and Support Lifelong Learning**
IMS opposes mandatory Maintenance of Certification (MOC) for licensure, hospital privileges, and reimbursement from third party payers. IMS supports continuing medical education and the principle of lifelong learning by physicians.
*PF-9/25/2014*

*The policy number begins with **PF-**, meaning the Policy Forum originated the policy; **PF14-1:9/25/2014** at the end of the policy means the Policy Forum (14-1) that met on 9/25/2014 originally adopted it on that date.*

# IOWA MEDICAL SOCIETY

# POLICY COMPENDIUM

**(Updated 8/25/2020)**

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## 5.000 – Abortion

**E-5.002: Abortion, Counseling for Minors**
IMS supports encouraging minors who are receiving or who have received an abortion to seek counseling and support from a parent or another responsible adult; physicians are encouraged to assist the minor patient in this process. *E-1991; Reaffirmed H-2012 Sunset Report*

**E-5.003: Abortion, Reporting**
IMS rescinds its position in support of reporting abortions due to the difficulty collecting reliable data on the number of spontaneous or induced abortions and because of the risk that reporting may pose to the personal safety of both the physician and patient. *E-1995; Reaffirmed H-2012 Sunset Report*

## 10.000 – Accident Prevention/Unintentional Injuries

**H-10.001: Accident Prevention/Unintentional Injuries, Helmets for Motorcycle Operators**
IMS reaffirms its position that operators of motorcycles or other motorized 2-wheel vehicles wear safety helmets. *H-1981; Amended H-2012 Sunset Report*

**H-10.005: Accident Prevention/Unintentional Injuries, Helmet Use in Off-Road Vehicles**
IMS supports education concerning the use of helmets when riding open 2- and 3-wheel off-road vehicles. *H-1992; Reaffirmed H-2012 Sunset Report*

**H-10.007: Accident Prevention/Unintentional Injuries, Water Craft Safety**
IMS adopts policy and supports legislation which would reduce the risk of injury and death from drowning and near-drowning for children and adolescents by requiring use of personal flotation devices while boating. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-10.008: Accident Prevention/Unintentional Injuries, Education re: Bicycle Helmet Use**
IMS supports educational campaigns to encourage the use of bicycle helmets. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-10.009: Accident Prevention/Unintentional Injuries, Legislation re: Bicycle Helmet Use**
IMS supports the adoption of mandatory bicycle helmet legislation for all bicyclists ages 14 and under in accordance with the national SAFE KIDS campaign. *H-2000; Reaffirmed H-2012 Sunset Report*

## 15.000 – Accident Prevention: Motor Vehicles

**H-15.005: Accident Prevention: Motor Vehicles, Minimum Age for Moped Operators**
IMS supports safety regulations governing the operation of motorized bicycles, electric personal transporters, snowmobiles and all-terrain vehicles by minors on roadways, highways and public lands, permitting such operation only by minors 16 years of age or older with consideration of operation by minors under the age of 16 only under defined limited conditions and subject to demonstrated education, adequate supervision, and use of safety gear and precautions. *H-1985; H-2012 Sunset Report Referral – Amended B-2012*

**H-15.008: Accident Prevention: Motor Vehicles, Graduated Licensing**
IMS supports traffic safety legislation such as graduated licensing. H-1996; Reaffirmed H-2012 Sunset Report

**H-15.010: Accident Prevention: Motor Vehicles, Media Reporting of Accidents**
IMS urges the news media to include in accident reports – where there has been death or major disability – if alcohol or drugs were involved, if seat belts were not used, and if a helmet was not worn by a motorcyclist. *H-2007, Reaffirmed PF 17-1 Sunset Report*

## 20.000 – Acquired Immunodeficiency Syndrome

**H-20.002: AIDS, HIV Testing Without Restrictions**
IMS supports physicians being permitted to test patients for the presence of the HIV infection in the same manner as they currently test for other infections and conditions (i.e., when such a test is warranted in the physician's exercise of his or her medical judgment) and that the state of Iowa pose no restrictions or obstacles on this ability. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-20.003: AIDS, HIV Testing Using Universal Precautions**
IMS supports reducing barriers to HIV testing and encourages the use of universal precautions. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-20.005: AIDS, HIV Testing Laws**
IMS supports reviewing Iowa's laws relative to HIV and AIDS and making recommendations for legislative changes to make these laws more consistent with current public health practices for control of other communicable diseases. *H-1993; Reaffirmed H-2012 Sunset Report*

**H-20.010: AIDS, HIV Testing**
IMS supports and gives priority to legislative measures that would uncomplicate the use of HIV tests by Iowa physicians and allow HIV testing to be ordered and performed for clinical indications on the same basis as other diagnostic and screening tests while at the same time assuring that the subjects of HIV testing are appropriately informed of the meaning of their HIV test results and that information on risk-based behavior is made available to them. *H-1998; Reaffirmed H-2012 Sunset Report*

**B-20.012: AIDS, Assess Patients' HIV Risk**
IMS encourages all Iowa physicians to assess their patients' HIV risk, through history taking and laboratory determinations, when appropriate. *B-2004; Reaffirmed H-2014 Sunset Report*

## 25.000 – Aging

**H-25.002: Aging, Assisted Living**
IMS supports becoming informed about assisted living and advocating for state regulatory mechanisms that best assure a level and quality of care and support in these facilities appropriate to the health needs of the residents. *H-2000; Reaffirmed H-2012 Sunset Report*

## 30.000 – Alcohol and Alcoholism

**H-30.001: Alcohol and Alcoholism, Hazards of Abuse and DWI**
IMS supports educational efforts to inform the public of the hazards of alcohol and substance abuse. IMS supports promotion of legislation with more severe penalties for individuals convicted of operating a motor vehicle while under the influence of alcohol or other drugs. *H-1981; Reaffirmed H-2012 Sunset Report*

**H-30.002: Alcohol and Alcoholism, Safety/Warning Messages in Ads**
IMS supports the requirement that alcohol advertisements contain safety and warning messages. *H-1982; Reaffirmed H-2012 Sunset Report*

**H-30.003: Alcohol and Alcoholism, Oppose Advertising**
IMS opposes the advertising of alcohol and tobacco products and supports appropriate legislation in this regard. *H-1982; Reaffirmed H-2012 Sunset Report*

**H-30.009: Alcohol and Alcoholism, .05% Blood Alcohol Content**
IMS reaffirms its support that a .05 percent blood alcohol content should be the *per se* legal impairment level for driving and supports such legislation in the Iowa General Assembly. *H-1986; Reaffirmed H-1989; Reaffirmed H-1994; Reaffirmed H-2012 Sunset Report*

**H-30.011: Alcohol and Alcoholism, Taxes**
IMS supports increases in taxes on alcoholic beverages. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-30.015: Alcohol and Alcoholism, Under Age 21 DWI**
IMS adopts AMA policy supporting legislation that provides for persons under age 21 who are convicted of operating a motor vehicle while under the influence of alcohol or drugs have their drivers' licenses suspended or revoked. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-30.016: Alcohol and Alcoholism, Under Age 21 .02% Blood Alcohol Content**
IMS supports a policy where .02 percent blood alcohol content is considered the legal level of intoxication for drivers under age 21. *H-1994; Reaffirmed H-2012 Sunset Report*

**B-30.017: Alcohol and Alcoholism, Binge and Underage Drinking**
IMS supports state- and community-wide efforts to curb binge and underage alcohol consumption. *B-2010*

## 35.000 – Allied Health Professions

**H-35.002: Allied Health Professions, Appropriate Supervision of PAs**
IMS encourages appropriate supervision of the PA by his/her employer if high quality medical care is to be assured. *H-1981; Reaffirmed H-2012 Sunset Report*

**H-35.008: Allied Health Professions, Physician Responsibility of PA's Work**
IMS reaffirms that a PA is responsible fully to the supervising physician and, as such, that the supervising physician accepts full responsibility for the work performed by the PA. *H-1986; Reaffirmed H-2012 Sunset Report*

**H-35.010: Allied Health Professions, Maintain Supervision of PAs**
IMS affirms that in order to preserve quality of care, the concept of the PA as an extension of the primary care giver, not as an independent or partially supervised health care giver, should be maintained and not subverted. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-35.011: Allied Health Professions, Iowa Board of Medicine Oversight of PA Supervising Physicians**
IMS supports the Iowa Board of Medicine in its efforts to govern the role of the supervising physician to a PA, assuring that the physician retains the ultimate responsibility for the care of the patient. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-35.012: Allied Health Professions, PAs Impact on Access to Care**
IMS supports giving continuing attention to medicine's concerns about whether or not the use of PAs is increasing access to medical care, especially in the rural areas, as originally anticipated. Consideration should be given to encouraging the utilization of PAs primarily in health manpower shortage areas. *H-1989; Reaffirmed H-2012 Sunset Report*

**E-35.013: Allied Health Professions, Independent Prescribing Authority**
IMS continues to oppose efforts to establish or expand independent prescribing authority of limited health care practitioners. *E-1989; Reaffirmed H-2012 Sunset Report*

**E-35.015: Allied Health Professions, Pharmacist Prescribing**
IMS opposes any legislation which would permit a pharmacist to dispense legend drugs without a prescription from an authorized prescriber or to define a pharmacist as an authorized prescriber. *E-1990; Reaffirmed H-2012 Sunset Report*

**E-35.016: Allied Health Professions, Pharmacist Initiating Drug Therapy**
IMS opposes any legislation which would provide the Board of Pharmacy authority to permit pharmacists to initiate drug therapy either independently or pursuant to protocol. *E-1990; Reaffirmed H-2012 Sunset Report*

**E-35.017: Allied Health Professions, Consulting Pharmacists re: Drug Therapies**
IMS supports the concept of physician reliance on consulting pharmacists for the determination of appropriate drug therapies. *E-1990; Reaffirmed H-2012 Sunset Report*

**E-35.019: Allied Health Professions, Midwifery**
IMS believes high quality health care should be available to all women. Great strides have been made in recent decades to reduce maternal and perinatal mortality. Only through quality education and supervised training enabling care givers to recognize high risk problems and provide appropriate care or referral will Iowa women and their children continue to receive high quality health care.

IMS does not condone the practice of midwifery by those who are not licensed physicians or certified nurse midwives. However, we believe that when women voluntarily choose to receive care from a direct entry midwife, the following minimum conditions should be met:

- The midwife should at a minimum meet the training standards for midwives set by the World Health Organization.
- The midwife should be required to pass the certification examination of the American College of Nurse Midwives.
- The appropriate licensing board should establish a quality assurance mechanism.
- Continuing education should be required at a level similar to the requirements for certified nurse midwives.

IMS further recommends that to ensure optimal maternal and perinatal care, women should be encouraged to choose delivery in a hospital or licensed birth center with hospital backup and that the midwife should work as part of a team with physicians. *E-1995; Reaffirmed H-2012 Sunset Report*

**H-35.020: Allied Health Professions, Policy Statement re: PAs and ARNPs**
IMS adopts the following policy statements, recommended by IMS Physician Assistant/Nurse Practitioner Task Force, regarding PAs and nurse practitioners:

*Introduction*
IMS endorses a team concept in which the physician maintains the ultimate responsibility for patient care in all practice settings. The team may include PAs, nurse practitioners, and other health care practitioners caring for patients within their scope of practice. The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the PA or nurse practitioner, ensuring the quality of health care provided to patients.

*Scope of Practice: Physicians – Physician Assistants*
The supervising physician shall have sufficient knowledge, training and experience to supervise the PA in the area of medical practice in which the PA is to be utilized. The practice of a PA shall include medical services within the education, training and experience of the PA that are delegated by the supervising physician.

*Scope of Practice: Physicians – Nurse Practitioners*
The collaborating physician of a nurse practitioner shall have sufficient knowledge, training, and experience to collaborate with the nurse practitioner in the area of medical practice in which the nurse practitioner is practicing. The practice of a nurse practitioner shall include medical services within the education, training and experience of the nurse practitioner.

*Supervision of PAs*
Patient care provided by the PA shall be reviewed with a supervising physician on an ongoing basis as indicated by the clinical condition of the patient, to ensure the provision of quality patient care which meets accepted medical standards. The physician is not required to be physically present but must be continuously available for verbal consultation and appropriately available for direct physical evaluation or referral of the patient.

*Collaboration with ARNPs*
ARNPs are authorized to practice advanced nursing, but are required to have a collaborative agreement with a physician when performing medically-delegated functions. While the term “collaboration” is widely used to describe the relationship within a physician-nurse practitioner team, the definition of collaboration is sufficiently vague as to require further functional definition to be of value in the context of the team concept of patient care. IMS should work with the appropriate entities, such as the Board of Nursing, to further define the nature of a collaborative relationship. IMS recognizes that ARNPs are engaged in advanced nursing practice which, over time and with education, training and certification recognition, may encompass new skills and functions appropriate to advanced nursing practice. IMS, however, cautions that advanced nursing practice does not permit ARNP practice of medicine.

*Reimbursement*
Reimbursement should be based on service provided, regardless of service provider. Services provided with the supervision/collaboration of a physician should be reimbursed. IMS does not endorse the legislative mandate of payment but encourages adherence to these principles by third party payers and health benefit plans.

*Role of Licensing Boards*
IMS recognizes the independence of the Board of Physician Assistant Examiners, the Board of Nursing and the Board of Medical Examiners and believes the quality of patient care is best served by their cooperation. IMS believes the purpose of the licensing board is to ensure quality patient care by maintaining the integrity of the profession. *H-1996; H-2012 Sunset Report Referral – Amended B-2012*

**H-35.022: Allied Health Professions, Scope of Practice Expansions**
IMS supports educating the public and legislators regarding patient safety and quality of care concerns related to allied health professionals’ scope of practice expansions, especially related to their practice independent of physicians and taking into account disparities in education, training, and certification standards. *H-2010*

**PF-35.023: Allied Health Professions, “Incident to” Billing and NPI Numbers on Claims**
IMS supports requesting the American Medical Association work to eliminate “incident to” billing so that all charges to patients accurately reflect the non-physician practitioner who rendered care to avoid misrepresentation on a medical claim. All rendering providers should obtain a National Provider Identifier (NPI) and all NPIs on a claim should accurately reflect who truly gave the care rather than reporting under the physician’s NPI. *PF15-2 Sunset Report*

**60.000 – Children and Youth**

**H-60.007: Children and Youth, State Funding to Reduce Adolescent Pregnancy**
IMS supports and shall advocate for state funding for proven and effective programs to reduce adolescent pregnancy in Iowa with emphasis in those areas of the state experiencing particularly high rates of adolescent pregnancy. *H-2000; Reaffirmed H-2012 Sunset Report*

## 65.000 – Gender Equity

**PF-65.001: Advancing Gender Equity in Medicine**
The Iowa Medical Society will:

a) advocate for institutional, departmental, and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation;
b) advocate for pay structures based on objective, gender-neutral objective criteria;
c) encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and
d) advocate for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement.

The Iowa Medical Society recommends as immediate actions to reduce gender bias:

a) eliminate the question of prior salary information from job applications for physician recruitment in academic and private practice;
b) inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act;
c) establish educational programs to help empower all genders to negotiate equitable compensation;
d) work with relevant stakeholders to host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings; and
e) create guidance for medical schools and health care facilities for institutional transparency of compensation, and regular gender-based pay audits. *PF19-2*

## 70.000 – Coding and Nomenclature

**H-70.002: Coding and Nomenclature, Reimbursement for E/M Visit Performed Same Day as Preventive Visit**
IMS, along with the Iowa Academy of Family Physicians and other health care organizations, recognizes appropriate coding for concurrent evaluation and management and preventive medicine services and encourages appropriate reimbursement by third party payers as allowed per contractual benefit packages. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-70.003: Coding and Nomenclature, Bundling**
IMS supports pursuing appropriate legislative and/or regulatory remedies to prevent insurers from engaging in the practices of inappropriate bundling of medical services to settle insurance claims. *H-2002; Reaffirmed H-2012 Sunset Report*

**PF-70.004: Coding and Nomenclature, ICD-10 Transition**
IMS supports the following during transition to ICD-10:

1. General Equivalence Mapping (GEM) will be acceptable (even if not accurate) for at least three years after the ICD-10 implementation date.

2. Medical necessity policies should include the GEM for all current ICD-9 codes in their ICD-10 policies for at least three years after the transition. *PF15-2*

## 80.000 – Crime

**H-80.001: Crime, Forensic Medicine**
IMS supports providing information and assistance to the legislature regarding the provision of adequate forensic medical services in the state. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-80.002: Crime, Sufficient Funding for Office of the State Medical Examiner**
IMS recommends that the Office of the State Medical Examiner be sufficiently funded to support the statutory responsibilities of consultation, teaching, rulemaking and record keeping. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-80.003: Crime, Sufficient Funding for Office of the State Medical Examiner**
IMS supports sufficient state funding of the state medical examiner system to provide adequate compensation of the state medical examiner and deputy medical examiner, a system of assistance and support for county medical examiners, and training for county medical examiners. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-80.004: Crime, NAME Certification of State Medical Examiner System**
IMS encourages accreditation of the state medical examiner system by the National Association of Medical Examiners. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-80.005: Crime, Adequate Funds and Physical/Human Resources for Office of the State Medical Examiner**
IMS calls upon the governor, the legislature, and the Department of Public Safety to prioritize and allocate funds and physical and human resources in order to strengthen the Office of the State Medical Examiner in providing forensic services in Iowa, suitable facilities for conducting autopsies and subsequent studies, mechanisms to transport dead bodies to this facility for examination, and criminalistic staff and clerical resources in order to aid those who serve in the capacity of working in the criminal and civil justice system. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-80.006: Crime, NAME Recommendations for Office of the State Medical Examiner**
IMS urges the governor and the state legislature to recognize and follow the highest aspirations of the report issued by the National Association of Medical Examiner's review team in order to attract forensic pathologists and associated professional staff and to provide facilities, infrastructure, and necessary funds to assure quality forensic services in this state. IMS gives the highest priority to implementation of the NAME recommendations. *H-1999; Reaffirmed H-2012 Sunset Report*

## 85.000 – Death and Vital Records

**H-85.001: Death and Vital Records, Death Certificate**
IMS supports working with the state Board of Health to simplify the death certificate. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-85.002: Death and Vital Records, Revisions to Vital Statistics Certificates**
IMS supports activities by the Iowa Bureau of Vital Statistics in the timely implementation of revisions to the U.S. Standard Certificate of Live Birth, the U.S. Standard Certificate of Death, and the U.S. Standard Report of Fetal Death, as developed by the National Center for Health Statistics. *H-2010*

## 95.000 – Drug Abuse

**H-95.006: Drug Abuse, Medical Students and Residents involved in Detection/Treatment**
IMS encourages the University of Iowa Carver College of Medicine and Des Moines University to involve students and residents in the detection and treatment of addictive and dangerous drug abuse. *H-1990; Amended H-2012 Sunset Report*

**H-95.009: Drug Abuse, Methamphetamine**
IMS supports efforts in fighting the war against the manufacture, distribution, and use of methamphetamine drugs in Iowa, particularly public health efforts in the areas of education and treatment. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-95.010: Drug Abuse, Marijuana**
IMS supports the Iowa Board of Pharmacy's reclassification of marijuana as a Schedule II controlled substance with the goal of facilitating further study into potential medical uses. *H-2010; Reaffirmed PF14-1; Reaffirmed PF15-3*

## 100.000 – Drugs

**H-100.002: Drugs, Use of DEA Number**
IMS opposes the use of the Drug Enforcement Administration (DEA) registration number for any purpose other than for verification to the dispenser that the prescriber is authorized by federal law to prescribe controlled substances. *H-1995; Reaffirmed H-2012 Sunset Report*

**H-100.003: Drugs, Report Inappropriate Requests for DEA Number**
IMS encourages physicians to report any inappropriate requests for Drug Enforcement Administration (DEA) numbers to the Iowa Board of Pharmacy Examiners and educate physicians on the reporting process. *H-1995; Reaffirmed H-2012 Sunset Report*

**H-100.004: Drugs, Vaccine Shortages in Iowa**
IMS supports collaborating with the Iowa Department of Public Health and other stakeholders to suggest measures to respond to vaccine shortages in Iowa. *H-2002; Reaffirmed H-2012 Sunset Report*

**H-100.005: Drugs, Vaccine Shortages**
IMS supports the CDC seek funding to build at least a 6-month stockpile of all childhood vaccines through the Vaccines for Children program to respond to current and future vaccine shortages; IMS further supports the AMA Board of Trustees recommendation that:

> The AMA ask the Secretary of Health and Human Services to establish a departmental task force to explore the causes of drug and vaccine shortage and to identify appropriate solutions to this problem, and that this task force seek the input of stakeholders, including physician organizations, in addressing this problem. As part of this initiative, the Secretary should commission one or more studies by an appropriate body of experts to identify and recommend evidence-based solutions for the underlying breakdowns in

both the drug and vaccine distribution systems that lead to shortages. The Board also recommends: adequate funding for the FDA to address drug and vaccine shortages; education of physicians on how to report drug and vaccine shortages; and that the AMA collaborate with other stakeholders to determine the feasibility, including costs, of establishing an effective means to communicate timely information about drug and vaccine shortages, including information about alternative therapies, to physicians. *H-2002; Amended H-2012 Sunset Report*

**H-100.007: Drugs, Prescription Drug Importation**
IMS requests the AMA to advocate for reasonable federal policies on drug importation, reducing patient cost and assuring patient safety. *H-2003; Reaffirmed H-2013 Sunset Report*

**105.000 – Drugs: Advertising**

**B-105.001: Drugs: Advertising, Direct-to-Consumer Advertising**
IMS supports AMA policy regarding direct-to-consumer advertising of pharmaceuticals and Food and Drug Administration approved medical devices. *B-2005; Reaffirmed PF15-3 Sunset Report*

**120.000 – Drugs: Prescribing and Dispensing**

**H-120.001: Drugs, Prescribing and Dispensing, Restrictions on Physicians**
IMS continues to oppose legislation restricting the dispensing of or delegation of non-judgmental functions relating to prescription drugs by a licensed physician. *H-1981; Reaffirmed H-2012 Sunset Report*

**PF-120.003: Drugs, Prescribing and Dispensing, Prescription Drug Refills**
IMS supports insurance companies granting increased flexibility in the timing of prescription drug refills. *PF16-1*

**125.000 – Drugs: Substitution**

**E-125.001: Drugs: Substitution, Consult Physician First**
IMS believes pharmaceutical and therapeutic substitution by pharmacists is appropriate only after consultation with and approval by the prescribing physician. IMS encourages physicians to maintain and improve the existing good level of communication with pharmacists. *E-1984; Reaffirmed H-2012 Sunset Report*

**E-125.002: Drugs: Substitution, Hospital Formularies**
IMS supports the concept that pharmacists employed by and dispensing in a hospital may exercise professional judgment by selecting drugs from a formulary in a hospital, providing that such selection applies only to hospital inpatients and the formulary is determined by a pharmacy and therapeutics committee consisting of physicians and pharmacists. *E-1986; Reaffirmed H-2012 Sunset Report*

**E-125.003: Drugs: Substitution, Formularies Agreed To**
IMS opposes legislation authorizing substitution by pharmacists of therapeutic alternates. In taking this action, however, it noted that it does not include formularies jointly agreed upon in advance by a committee of both pharmacists and physicians in an organized health care delivery system such as a hospital. *E-1986; Reaffirmed H-2012 Sunset Report*

**H-125.004: Drugs: Substitution, Formularies**
IMS supports physicians being particularly vigilant in ensuring that formulary decisions of health plans adequately reflect the needs of individual patients; that mechanisms to appeal formulary exclusions be established and that pharmacy cost-containment mechanisms should not unduly burden physicians or patients in accessing optimal drug therapy. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-125.005: Drugs: Substitution, Health Plan Disclosure of Formularies/Effect on Drug Benefit**
IMS believes that patients must be fully educated to understand methods used by their health plans to limit prescription drug costs. As such, during patient enrollment in the health plan, IMS maintains the health plan must disclose the existence of formularies and their effect on the prescription benefit. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-125.006: Drugs: Substitution, Third Party Payer Drug Policies**
IMS encourages physicians who participate in health plans to maintain awareness of plan decisions regarding drug selection by pharmacy and therapeutics (P&T) committees. IMS affirms that P&T committees should include independent physician representatives. *H-1999; Reaffirmed H-2012 Sunset Report*

**PF-125.007: Drugs, Substitution, Advance Notice of Changes to Drug Formularies**
IMS adopts AMA policy H-125.979: Private Health Insurance Formulary Transparency. *PF16-1*

## 130.000 – Emergency Medical Services

**H-130.007: Emergency Medical Services, Physician Oversight**
IMS affirms that the delivery of emergency medical care is an interdisciplinary system designed to provide the most appropriate emergency medical care in as short amount of time as possible. However, emergency medical care is the practice of medicine and must always remain under the careful direction of a licensed physician. Physicians should have primary responsibility in the development and oversight of EMS plans. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-130.015: Emergency Medical Services, EMTALA**
IMS supports the policy of the AMA to: (1) seek legal or legislative opportunities to clarify that Section 1867 of the Social Security Act applies only to inappropriate transfers from hospital emergency departments and not to issues of professional medical liability; and (2) continue to seek appropriate modifications of section 1867 of the Social Security Act to preclude liability for discharges from the hospital, including emergency department and outpatient facility. *H-1993; Reaffirmed H-2012 Sunset Report*

**H-130.016: Emergency Medical Services, Definition**
IMS adopts the following definition of "emergency services," which is the AMA definition:

> Emergency services means those health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part. *H-1995; Reaffirmed H-2012 Sunset Report*

**H-130.017: Emergency Medical Services, Prudent Layperson Standard**
IMS wholeheartedly supports the prudent layperson standard for determining payment for emergency care, will assure full implementation of this standard in Iowa regulation, but will not seek legislation in light of the fact that the insurance commissioner has implemented this standard by rule. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-130.020: Emergency Medical Services, Involvement of Medical Community**
IMS believes that the goal of local and state emergency medical service systems should be to ensure that quality services at an appropriate level are available to all Iowans. Medical control over this system is essential in meeting these goals. For the state overall, the most urgent need is the greater involvement of the medical community in developing medical solutions to issues relating to emergency care. *H-1991; Reaffirmed H-2010*

**H-130.021: Emergency Medical Services, Compensation for EMTALA-Mandated Services**
IMS believes that physicians staffing emergency departments and on-call emergency services be appropriately compensated and that all insurers, both public and private, be required to pay promptly and fairly all claims for services mandated under the Emergency Medical Treatment and Active Labor Act (EMTALA). *H-2006; Reaffirmed PF16-1 Sunset Report*

**B-130.022: Emergency Medical Services, Standard of Medical Negligence in EMTALA-Related Care Delivery**
IMS supports helping to alleviate physicians' EMTALA liability burdens by working to advance state legislation that adopts a heightened standard of medical negligence and/or heightened standard of evidentiary proof in medical negligence actions arising out of EMTALA-related care delivery. *B-2010*

**B-130.023: Emergency Medical Services, Immunity Protections for EMTALA-Related Care**
IMS supports vigilance in monitoring national initiatives to expand the immunity protections for EMTALA-related care under the Federal Tort Claims Act and that IMS consider supporting congressional efforts stemming from such initiatives. *B-2010*

**PF-130.024: Emergency Medical Services, Permanent Funding for Iowa Trauma System**
IMS supports collaborating with the Iowa Hospital Association to secure permanent state funding for the Iowa Trauma System. *PF15-2*

## 135.000 – Environmental Health

**H-135.002: Environmental Health, Protect Groundwater**
IMS supports legislation which would protect Iowa's groundwater. *H-1987; Reaffirmed H-2012 Sunset Report*

**H-135.003: Environmental Health, Contaminated Groundwater**
IMS supports appropriate actions to determine and mitigate the deleterious effects of contaminated groundwater. *H-1988; Reaffirmed H-2012 Sunset Report*

**H-135.006: Environmental Health, Proper Handling/Disposal of Medical Waste**
IMS supports appropriate handling and disposal of medical waste in order to protect the public and waste disposal workers from possible infection. *H-1992; Reaffirmed H-2012 Sunset Report*

**H-135.009: Environmental Health, Reduce Pollutants**
IMS supports state and national legislation to reduce pollutants in the environment that are known to pose a significant public health threat. *H-1998; Reaffirmed H-2012 Sunset Report*

**B-135.011: Environmental Health, Coal-Fired Power Plants**
IMS supports a moratorium on new coal-fired power plants. *B-2008; Reaffirmed PF 18-1 Sunset Report*

**H-135.012: Environmental Health, Clean and Safe Energy**
IMS supports policies that encourage and require investment in energy efficiency, conservation, and renewable energy. IMS supports clean and safe energy with the least detrimental impact upon the public's health. *H-2008; Reaffirmed PF 18-1 Sunset Report*

## 140.000 – Ethics

**H-140.003: Ethics, Free Choice and Competition, Acknowledge Opinions 9.06 and 6.10**
IMS acknowledges opinions E-9.06 (Free Choice) and E-6.10 (Competition) of the *Current Opinions of the Judicial Council of the AMA*. *H-1984; Reaffirmed H-2012 Sunset Report*

**E-140.004: Ethics, Referrals**
IMS supports that a physician may refer a patient for diagnostic or therapeutic services to another physician, limited practitioner, or any other provider of health care services permitted by law to furnish such services, whenever he/she believes that this may benefit the patient. As in the case of referrals to physician specialists, referrals to limited practitioners should be based on their individual competence and ability to perform the services needed by the patient. A physician should not refer a patient unless he/she is confident that the services provided on referral will be performed competently, and in accordance with accepted scientific standards and legal requirements. *E-1986; Reaffirmed H-2012 Sunset Report*

**H-140.005: Ethics, Advertising, Certifying Organization**
IMS endorses the concept that physicians who advertise specialty services and who claim certification should include the certifying organization in the advertisement. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-140.008: Ethics, Restrictions on Disclosure (Gag Clauses)**
IMS opposes all impediments to quality care and intrusions into the physician-patient relationship, including financial incentives for not providing referral services and needed care and "gag rules" (impediments to the patient's right to know) in physician contracts with managed care plans. *H-1996; Reaffirmed H-2012 Sunset Report*

**H-140.009: Ethics, Managed Care, Support Opinion 8.13**
IMS supports ethical opinions of the AMA regarding managed care, particularly ethical opinion E-8.13. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-140.010: Ethics, Medicine's Social Contract with Humanity**
IMS endorses the AMA's Declaration of Professional Responsibility: Medicine's Social Contract with Humanity. *H-2002; Reaffirmed H-2012 Sunset Report*

**H-140.011: Ethics, Truth in Advertising**
IMS supports seeking legislation to implement applicable provisions of the American Medical Association's "Truth in Advertising" model legislation with the intent of requiring the open presentation to patients of individual provider credentials. *H-2012; Reaffirmed B-2012*

**B-140.012: Ethics, Medical Guardian**
IMS supports pursuing coordinated strategies, including legislation if necessary, to best assure timely, effective, and compassionate processes for end-of-life medical care decision making, including the withholding or withdrawal of life sustaining procedures, on behalf of Iowans unable to speak for themselves and lacking family or friends to speak on their behalf. *B-2013*

## 150.000 – Foods and Nutrition

**H-150.001: Foods and Nutrition, Milk Pasteurization**
IMS affirms its support of the Iowa Department of Public Health on the importance and value of pasteurization of milk. *H-1981; Reaffirmed H-82; Reaffirmed H-2012 Sunset Report*

## 155.000 – Health Care Costs

**H-155.001: Health Care Costs, No Ordering of Unnecessary Tests**
IMS supports having the quality of care and cost containment be the goals of every physician and having every effort be made to ensure all unnecessary tests are not ordered. *H-1981; Reaffirmed H-2012 Sunset Report*

**H-155.003: Health Care Costs, National Health Care Plan**
IMS, and its delegates to the AMA, opposes any attempts at creating a national health care plan, which establishes any single program responsible for health care delivery in the United States. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-155.005: Health Care Costs, Impact of Cost-Containment Strategies on Quality of Patient Care**
IMS supports continued monitoring of the policies and activities of insurance carriers that directly impact the quality of patient care. *H-2003; Reaffirmed H-2013 Sunset Report*

**H-155.006: Health Care Costs, Politicians Detail Potential Impact of Proposals**
IMS supports requesting the American Medical Association to ask politicians who make proposals to reduce health care costs to answer more specific questions to detail the potential impact on all Americans. *H-2012*

## 160.000 – Health Care Delivery

**H-160.005: Health Care Delivery, Good Medical Practice**
IMS reminds physicians they are to be guided by standards of good medical practice and not financial interests and if conflicts arise, they must be resolved to the benefit of the patient. *H-1992; Reaffirmed H-2012 Sunset Report*

**H-160.006: Health Care Delivery, Caring for Indigent Patients**
IMS commends the many physicians who have and continue to provide care to indigent patients. *H-1993; Reaffirmed H-2012 Sunset Report*

**H-160.008: Health Care Delivery, Anesthesiology Is the Practice of Medicine**
IMS affirms that anesthesiology is the practice of medicine. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-160.009: Health Care Delivery, Anesthesia Care Requires MD or DO Performance and/or Supervision**
IMS supports seeking legislation to establish the principle in state law and regulation that anesthesia care requires personal performance or supervision by an appropriately licensed and credentialed doctor of medicine, osteopathy or dentistry. *H-2000;* H-*2012 Sunset Report Referral – Reaffirmed B-2012*

**H-160.010: Health Care Delivery, Low Income Health Care Programs**
IMS supports having its Board of Directors determine the most effective ways for IMS to collaborate with groups developing support systems for Iowa's low income health care programs and to promote the involvement of Iowa physicians. *H-2002; Reaffirmed H-2012 Sunset Report*

**H-160.011: Health Care Delivery, Monitored Anesthesia Care Coverage**
IMS opposes the exclusion of anesthesia for lens surgery (CPT code 00142) from monitored anesthesia care coverage. *H-2003; Reaffirmed H-2013 Sunset Report*

**H-160.012: Health Care Delivery, Health Literacy**
IMS supports efforts to improve health literacy through education and training. *H-2005; Amended PF15-3 Sunset Report*

**H-160.013: Health Care Delivery, Interventional Pain Medicine Procedures, Practice of Medicine**
IMS believes that interventional pain medicine procedures, including those performed with fluoroscopically guided needle placement (to the spine, paraspinal tissue, and other vital structures of the body), constitute the practice of medicine and should only be performed by qualified allopathic or osteopathic physicians licensed in the state of Iowa. *H-2007; Reaffirmed PF15-2:5/1/2015, Amended and Reaffirmed PF17-1 Sunset Report*

## 165.000 – Health Care/System Reform

**H-165.001: Health Care/System Reform, Medical Care for Children**
IMS supports the concept of having adequate programs in Iowa which make medical care available to all children. *H-1989; Reaffirmed H-2012 Sunset Report*

**E-165.003: Health Care/System Reform, Barriers**

IMS supports identifying what barriers exist for patients of all ages who are unable or unwilling to seek medical care because of financial needs. *E-1989; Reaffirmed H-2012 Sunset Report*

**E-165.004: Health Care/System Reform, Identify Patients in Need**
IMS supports identifying mechanisms which can be utilized by physicians to identify patients in financial need and break down barriers which may cause such patients to be reluctant to seek medical care. *E-1989; Reaffirmed H-2012 Sunset Report*

**H-165.008: Health Care/System Reform, Access for Uninsured/Underinsured**
IMS reaffirms that access to medical care for the population that is uninsured and underinsured is an issue that physicians should help to resolve and supports continuing to search for ways to provide health coverage for them. *H-1990; Amended H-2012 Sunset Report*

**H-165.009: Health Care/System Reform, Uninsured/Underinsured Recommendations**
IMS reaffirms its support of the recommendations of the IMS Committee on Access to Medical Care for the Uninsured and Underinsured which include the following:

*I. GENERAL PRINCIPLES*

1. All Iowans are entitled to access to basic health care services.

2. Government, employers, providers of health care and individuals share the responsibility to ensure access to care.

*II. ELEMENTS OF A PROGRAM*

1. Any program to ensure access to care should address both inpatient and outpatient care.

2. For an income-based program, the state should bear the main responsibility for determining eligibility.

3. Employers should bear responsibility for providing health insurance through the workplace as part of the wage and benefit package.

4. Providing insurance to employees can place a large burden on many small businesses for many reasons. In order to minimize the burden on small businesses, a program should contain an insurance pool-mechanism to allow small employers to participate in large group coverage, tax credits or other incentives to assist small businesses in providing coverage, and an appropriate phase-in to allow small businesses trying to adjust to providing coverage to employees.

5. For individuals who do not have access to health insurance coverage through the workplace for reasons of unemployment or part-time work status, a state funded health insurance program should be provided which could incorporate a contribution by the individual calculated according to a sliding scale based on income.

6. Self-employed individuals should be encouraged to purchase health insurance. Individually purchased health insurance should be accorded the same tax status of group coverage provided by a corporate employer.

7. Private insurers should be encouraged to develop a health insurance policy which provides a basic level of coverage at an affordable price.

8. Legislative mandates to cover specific services and providers can increase insurance premiums. A basic health insurance policy should be exempt from these legislative mandates in order to be as affordable as possible for individuals and employers. IMS stands ready to assist in the development of a basic health insurance policy.

9. If financial constraints require the phasing-in of a program, priorities should be given to ensuring care for pregnant women and children.

10. IMS member physicians expect to continue to participate in care of the indigent by providing care to uninsured patients without fear at a reduced fee as practice circumstances allow and by helping patients locate public and private assistance programs for which they may be eligible. *H-1990; Reaffirmed H-2012 Sunset Report*

**E-165.010: Health Care/System Reform, Principles**
IMS supports the following principles for health system reform in Iowa:

PRINCIPLE 1
All Iowans should have financial access to affordable, high quality health care.

*Objectives:*

A. Medicaid should be expanded to cover all under the poverty level and categorical eligibility should be eliminated.

B. A mechanism should be developed to assist the near poor to purchase health and accident insurance.

C. Employers should have economic incentives to provide health and accident insurance to their employees and their dependents.

PRINCIPLE 2
A minimum benefits package for health and accident insurance should be defined which would not be subject to any other mandates for specified coverages and benefits.

*Objective:*

A. A minimum benefits package should be supported.

PRINCIPLE 3
Cost containment should be based on refinement of the private marketplace, not increased government regulation.

*Objectives:*

A. Cost shifting by government should be eliminated.

B. Administrative and expensive regulatory requirement costs should be reduced.

C. Patients should have economic incentives and necessary information to make cost-effective choices when selecting a physician or other provider of health care services.

D. Information on charges, utilization and quality should be available to purchasers of health care services.

E. Antitrust laws should be changed to allow physicians to become involved in evaluating fees, utilization practices and service delivery structures.

F. Physicians should have an appropriate role in assisting in the development of cost containment strategies.

PRINCIPLE 4
Data collection systems and data collected relating to the quality and utilization of health care should be subject to evaluation and interpretation by physicians.

*Objectives:*

A. Quality and utilization measurement systems should be designed with physician participation.

B. Analysis of quality and utilization data by laypersons should be subject to review by physicians to ensure conclusions are medically supportable.

PRINCIPLE 5
Iowans should be encouraged to practice healthy lifestyles.

*Objectives:*

A. Economic incentives and disincentives should be used to encourage behavior which leads to better health status.

B. Resulting health benefit programs should contain economic disincentives for unhealthy behavior.

C. Education should be available to assist Iowans to understand the benefits of healthier life-style choices.

PRINCIPLE 6
Medical malpractice liability reform should be enacted.

*Objectives:*

A. Reforms should reduce the need to practice defensive medicine.

B. Reforms should provide protection to physicians who adhere to physician-developed practice parameters.

PRINCIPLE 7
Corporate entities should not be allowed to interfere with the physician/patient relationship.

*Objectives:*

A. The employment of physicians by corporations to provide medical services to third persons should not be allowed.

B. Contractual arrangements for the provision of medical services which permit interference with medical judgments should not be allowed.

PRINCIPLE 8
Confidentiality of patient information should never be compromised.

*Objectives:*

A. Information systems should not allow inappropriate access to patient information.

B. Physicians and other health care providers should continue to maintain control over access to and responsibility for patient records in their possession. *E-1992; Reaffirmed H-2012 Sunset Report*

**E-165.011: Health Care/System Reform, Specific Positions**
IMS supports the following specific positions regarding health system reform in Iowa:

*I. FINANCIAL ACCESS*

A. The following three changes are necessary at the federal level to ensure financial access:

1. National employer mandate to provide health and accident insurance for employees and their families.
   a. Support tax incentives and tax credits to employers to ease the financial impact of the mandate.

   b. Support appropriate adjustments for marginally profitable employers to ease the financial impact of the mandate.

   c. Support a well-defined minimum benefits package.

2. Repeal or modify Employee Retirement Income Security Act (ERISA) provisions exempting health and accident benefits provided by self-insured employers or through multiple employer welfare arrangements from regulation by states.

3. Expansion of Medicaid.
   a. Eliminate categorical eligibility requirements.

   b. Provide Medicaid to all persons at or below the federal poverty level.

B. IMS believes a number of state initiatives in Iowa could be enacted to address financial access problems including the following:

1. Extend small group insurance reforms, already in place for employers with 2-25 employees, to employers with 2-50 employees and persons purchasing individual coverage.
   a. Limit rate increases from year to year and restrictions on rate variations between groups and classes.

   b. Renewability of an insurance plan is guaranteed except for specified reasons such as nonpayment of premium.

   c. Insurance is “portable” providing that if an employee was previously covered by insurance, the waiting time for preexisting conditions is waived.

   d. Availability of insurance is guaranteed.

   e. Small employer insurance carriers must offer both a basic health benefit plan and a standard health benefit plan which meet criteria set by the insurance commissioner.

2. Obtain relief from ERISA restrictions.
   a. Enact a state resolution urging Congress to repeal or revise ERISA provisions exempting health and accident benefits provided by self-insured employers or through multiple employers’ welfare arrangements from regulation by states.

   b. Enact a state resolution urging Congress to provide for state waivers from ERISA provisions.

3. Seek a state waiver from the Centers for Medicare & Medicaid Services (formerly HCFA) to:
   a. Eliminate categorical eligibility requirements.

   b. Provide Medicaid to all persons at or below the federal poverty level.

c. Allow states to provide fewer services than currently mandated.

d. Initiate a process of rationally determining which services are most beneficial.

4. Provide a mechanism to assist persons between 100-250% of poverty level to purchase health and accident insurance.

5. Funding for expansion of Medicaid should be broad based.

*II. COST CONTAINMENT*

A. Tort reform

1. Cap non-economic damages at $250,000.

2. Shorten additional time in the statute of limitations for minors.

3. Provide an affirmative defense for adherence to practice parameters developed by physicians as acceptable in Iowa.

4. Support an alternate dispute resolution demonstration project.
   a. Mediation

   b. Arbitration

   c. AMA fault-based alternative dispute resolution project.

B. Encourage development and use of practice parameters.

1. Provide for the development of practice parameters by physicians as acceptable in Iowa.

2. Provide an affirmative defense for adherence to parameters developed by physicians as acceptable in Iowa.

C. Provide antitrust exemptions.

1. Allow medical societies to arbitrate fee disputes between physicians and patients.

2. Allow medical societies to discipline members for excessive fees or utilization.

D. Seek federal support for incentives to increase the number of primary care physicians.

1. Equal Medicare payment of physicians nationally.

2. Creation of a single Medicare payment locality in Iowa.

3. Repeal of reduced Medicare payments to new physicians.

E. Provide incentives to bill electronically by guaranteeing faster payment for electronic claims.

F. Mandate a uniform claim form or format.

G. Support the collection, analysis and dissemination of data on charges, utilization and quality.

1. Quality and utilization measurement systems must be accepted by physicians as appropriate and accurate.

2. Physicians should review and interpret quality and utilization data before it is used by laypersons.

*III. QUALITY*

A. Support adequate funding of activities to encourage health promotion and disease prevention to improve the quality of patient health.

B. Encourage development and use of practice parameters plus other methods to examine quality and appropriateness of care in Iowa.

C. Support adequate funding for the Board of Medicine to assure appropriate disciplinary actions are taken in a timely and accurate manner.

D. Support adequate funding for the University of Iowa Carver College of Medicine.

1. Continue training of high quality physicians.
2. Continue to advance medical research.
3. Continue to provide high quality referral care.

E. Health care reform should not adversely affect physician manpower in any specialty.

F. Encourage and support high quality continuing medical education.

G. Support the collection, analysis and dissemination of data on charges, utilization and quality.
   1. Quality and utilization measurement systems must be accepted by physicians as appropriate and accurate.

   2. Physicians should review and interpret quality and utilization data before it is used by laypersons. *E-1992; Reaffirmed H-2012 Sunset Report*

**H-165.013: Health Care/System Reform, Discriminatory Practices**
IMS opposes discriminatory benefit limitations, copayments or deductibles for the treatment of psychiatric illness under existing health care plans, and opposes discrimination in any proposed plans for national health care coverage or universal access for the people who are uninsured. *H-1993; Reaffirmed H-2012 Sunset Report*

**E-165.014: Health Care/System Reform, Universal Coverage**
IMS reaffirms its support for universal health insurance coverage and access to health care services. *E-1994; Reaffirmed H-2012 Sunset Report*

## 170.000 – Health Education

**H-170.003: Health Education, In State Schools**
IMS supports promotion of health education in all state schools, from primary through the university level. *H-1992; Reaffirmed H-2012 Sunset Report*

**H-170.006: Health Education, Combat Obesity**
IMS supports public health programs designed to combat obesity, encouraging Iowans of every age to maintain or strive to attain healthy weight and become more physically active. *H-2002; Amended H-2012 Sunset Report*

**H-170.007: Health Education, Obesity and Sedentary Lifestyle**
IMS urges physicians and other members of the medical community to provide anticipatory guidance on the adverse effects of obesity and a sedentary lifestyle. *H-2002; Reaffirmed H-2012 Sunset Report*

## 180.000 – Health Insurance

**H-180.001: Health Insurance, Equitable Reimbursement for Cognitive Services**
IMS supports the concept that third party payers should provide more equitable reimbursement for physicians' services which are solely cognitive in comparison with their procedural services, and that IMS take appropriate action with third party payers, business groups and other professional associations to promote more equitable reimbursement for solely cognitive services. *H-1985; Reaffirmed H-2012 Sunset Report*

**H-180.003: Health Insurance, Pluralistic System vs. Single-Source**
IMS acknowledges that most physicians believe that a pluralistic system of health care is preferable to a single-source system of health care. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-180.005: Health Insurance, Patient Care vs. Administrative Costs**
IMS supports the position that federal and state health care dollars should go toward patient care, not unreasonable administrative costs. *H-1991; Reaffirmed H-2012 Sunset Report*

## 185.000 – Health Insurance: Benefits and Coverage

**H-185.003: Health Insurance: Benefits and Coverage, Diabetic Education and Supplies**
IMS supports legislation similar to legislation passed by Congress to require health insurers to reimburse patients with diabetes for outpatient education on management and treatment of their disease as well as for certain supplies and equipment used by diabetics for their care and treatment. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-185.004: Health Insurance: Benefits and Coverage, Contraceptive Prescriptions**
IMS supports legislation which would require health insurance plans that currently provide a prescription benefit to cover prescriptions for contraceptives. *H-2000; Reaffirmed H-2012 Sunset Report*

## 190.000 – Health Insurance: Claim Forms and Claims Processing

**H-190.006: Health Insurance: Claim Forms and Claims Processing, Interest on "Clean Claims" Paid Late**
IMS supports advocating that interest will be paid to the party to whom the benefit check is assigned if a "clean claim" is not paid within 45 days. *H-1998; Reaffirmed H-2000; Reaffirmed H-2012 Sunset Report*

**H-190.007: Health Insurance: Claim Forms and Claims Processing, Definition of "Clean Claim"**
IMS defines a claim as "clean" unless the claimant is notified in writing of the additional information necessary to adjudicate the claim with reasonable specificity within ten days after initial receipt of the claim. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-190.009: Health Insurance: Claim Forms and Claims Processing, Third Party Payer Prompt Pay Penalty**
IMS supports insurance companies being held accountable for following "clean claim" standards or being subject to penalty. *H-2001; Reaffirmed H-2012 Sunset Report*

## 200.000 – Health Workforce

**H-200.006: Health Workforce, Communication with Iowa Medical Schools**
IMS supports continued communication with the University of Iowa Carver College of Medicine and Des Moines University in order to adequately address the needs and concerns of IMS, the University of Iowa Carver College of Medicine, Des Moines University and the public. *H-1987; Amended H-2012 Sunset Report*

**H-200.008: Health Workforce, Study Medical Manpower**
IMS acknowledges the need to study matters of medical manpower in a thoughtful, deliberative and extended matter, and that it continue to pursue this activity. *H-1987; Reaffirmed H-2012 Sunset Report*

**H-200.009: Health Workforce, Financial Resources for Medical Students**
IMS supports continuing to seek financial resources and investigate promising programs in the private sector that might assist medical students in financial need. *H-1987; Reaffirmed H-2012 Sunset Report*

**H-200.010: Health Workforce, Promote Medical Profession to Encourage Youth to Study Medicine**
IMS affirms the position of the medical profession as a leader in our society in providing quality health care and that this position of leadership be promoted to our youth in order to encourage them to pursue the study of medicine as a noble profession. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-200.011: Health Workforce, Factors Influencing Specialty and Practice Location**
IMS supports developing a mechanism whereby graduating medical students are contacted to determine: (1) the factors influencing their decision to enter primary care or other specialty areas; (2) where they plan to practice after residency and why; and (3) what factors will assist Iowa physicians in recruitment efforts. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-200.012: Health Workforce, Promote Medical Practice in Iowa**
IMS supports working with the physician training programs in the state to provide exposure of medical students to the advantages of medical practice in Iowa via the curriculum, clinical rotations and other methods which stress the importance of primary care medicine. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-200.014: Health Workforce, State Assistance for Communities Wanting to Attract New Physicians**
IMS supports meaningful legislative initiatives to obtain funding from state grants and low interest loans for communities wanting to attract and establish new physicians in the private practice of medicine in Iowa. *H-1991; Reaffirmed H-2012 Sunset Report*

**E-200.015: Health Workforce, Recruitment/Retention Recommendations**
IMS supports the following recommendations for recruiting and retaining physicians to serve in rural Iowa:

1. Continue efforts to equalize reimbursement differentials under Medicare/Medicaid for physicians in primary care and those in other medical specialties.

2. Promote tax credits for repayment of medical education loans for those physicians who locate in underserved areas.

3. Promote income tax credit to communities or private groups who pay off medical student loans.

4. Encourage the University of Iowa Carver College of Medicine and Des Moines University to consider a personal interview and "selective admission" process in an effort to increase the number of students who would enter the primary care specialties.

5. Reaffirm IMS position that the University of Iowa Carver College of Medicine and Des Moines University be encouraged to investigate and develop additional methods and programs to encourage more medical students to enter the primary care specialties, e.g., expanding the length of the family practice preceptorship in the third year and setting up a "rural track" program whereby clinical rotations are taken in a rural setting.

6. Encourage networking between rural-based physicians to enhance call-sharing, professional interaction, availability of free time, etc., e.g., the Mercy Family Care Network in North Central Iowa.

7. Make clear to the Iowa Legislature that without tort reform, obstetrical care in rural Iowa is in peril in the immediate future.

8. Declare to the Iowa Legislature and to the public that an overall crisis in access to health care is coming for rural Iowa and that federal and state governments bear fault in that crisis. *E-1992;* Item 1 Reaffirmed H-2008; *Amended H-2012 Sunset Report*

**H-200.016: Health Workforce, Survey to Ascertain Specialty and Practice Location Choices**
IMS supports, in conjunction with the University of Iowa Carver College of Medicine, Des Moines University, the Iowa Academy of Family Physicians and others, surveying medical students, residents, and practicing physicians leaving the state to determine factors which influence specialty choice, practice location, and what would be done to increase the number of primary care physicians in Iowa. *H-1992; Amended H-2012 Sunset Report*

**H-200.017: Health Workforce, Encourage Entry into Primary Care Specialties**
IMS supports working actively with the University of Iowa Carver College of Medicine, Des Moines University and, if appropriate, the Iowa Legislature, to investigate and develop additional methods and programs to encourage more medical students to enter the primary care specialties, e.g., expanding the length of the family practice preceptorship in the third year and setting up a "rural track" program whereby clinical rotations are taken in a more rural setting. *H-1992; Amended H-2012 Sunset Report*

**H-200.018: Health Workforce, Develop Incentives to Attract Primary Care Physicians to Rural Iowa**
IMS supports working with the specialty societies and other appropriate organizations to develop incentives to make practice in rural areas more attractive to primary care physicians in order to provide access to necessary medical services in rural Iowa. *H-1992; Reaffirmed H-2012 Sunset Report*

**H-200.019: Health Workforce, Lack of Physical Medicine and Rehabilitation Physicians**
IMS recognizes the lack of physical medicine and rehabilitation physicians currently practicing in Iowa. *H-2006; Reaffirmed PF16-1 Sunset Report*

**H-200.020: Health Workforce, Improve Patient Access to Physical Medicine and Rehabilitation Physicians**
IMS supports efforts to improve patient access to physical medicine and rehabilitation physicians in the state of Iowa. *H-2006; Reaffirmed PF16-1 Sunset Report*

## 205.000 – Health Planning

**H-205.001: Health Planning, Hospice Licensure**
IMS supports mandatory licensure of hospice programs in the state of Iowa. *H-1988; Reaffirmed H-2012 Sunset Report*

## 215.000 – Hospitals

**E-215.001: Hospitals, Amend CON Law so Physicians Serve on State Health Facilities Council**
IMS supports amendment of Iowa's certificate of need law to provide for physicians serving on the State Health Facilities Council. *E-1982; Reaffirmed H-2012 Sunset Report*

**H-215.005: Hospitals, CON Law re: Markets That Cross State Lines**
IMS supports its study of revisions to Iowa's certificate of need process to reflect current trends in the market as well as geographic and economic realities faced by medical markets that cross state lines. *H-1996; Reaffirmed H-2012 Sunset Report*

**H-215.006: Hospitals, Repeal CON Law**
IMS supports repeal of Iowa's current certificate of need law as written (Iowa Code section 135.61-.73). IMS calls for improvements to Iowa's CON law. *H-1998; Reaffirmed H-2012 Sunset Report; Amended B-2012*

## 225.000 – Hospitals: Medical Staff

**H-225.001: Hospitals: Medical Staff, Credentialing and Quality of Care**
IMS supports proper utilization of in-hospital service and encourages hospital medical staffs to conduct active peer review programs which assure quality at appropriate cost. IMS does not feel that mandatory pre-admission certification for hospital admission is the best method assuring quality care. *H-1983; Reaffirmed H-2012 Sunset Report*

**H-225.002: Hospitals: Medical Staff, Service on All Iowa Boards of Directors**
IMS supports initiating legislation which would allow service by medical staff members on all hospital boards of directors in Iowa. *H-1986; Reaffirmed H-2012 Sunset Report*

**PF-225.003: Hospitals: Medical Staff, Treatment and Referral Decisions**
IMS adopts point 1(d) of AMA policy H-225.950: AMA Principles for Physician Employment. Point 1 addresses conflicts of interest and (d) states: Physicians should always make treatment and referral decisions based on the best interests of their patients. Employers and the physicians they employ must assure that agreements or understandings (explicit or implicit) restricting, discouraging, or encouraging particular treatment or referral options are disclosed to patients. *PF16-1*

**PF-225.004: Hospitals: Medical Staff, Self-Governance and Autonomy**
The Iowa Medical Society supports the principle that the organized medical staff of a hospital is an autonomous, self-governing legal entity with the authority to sue on its behalf and on behalf of its individual members in order to enforce medical staff bylaws. And reaffirm support for AMA policy H-235-974. *PF17-1*

## 230.000 – Hospitals: Medical Staff, Credentialing & Privileges

**PF-230.001: Hospitals: Medical Staff, Credentialing & Privileges, Uniform Federal Credentialing & Privileging Standards**
IMS supports requesting the American Medical Association, by way of the AMA Organized Medical Staff Section, to seek uniform privileging and credentialing standards for all hospitals, regardless of size, and including all practitioner classes by revising 42CFR 485 to be consistent with 42CFR 482. *PF15-2*

## 245.000 – Infant Health

**H-245.007: Infant Health, Neonatal Resuscitation**
IMS supports: 1) collaborating with the American Academy of Pediatrics (AAP), the American Congress of Obstetricians and Gynecologists (ACOG), and the AMA to discourage rigid guidelines for neonatal resuscitation based solely upon gestational age and birth weight requirements and 2) collaborative decision making amongst caregivers and the parents of premature infants. *H-2012*

## 265.000 – Legal Medicine

**H-265.001: Legal Medicine, Expert Witness**
IMS affirms its support for the AMA policy that reads as follows:

1. That the witness be required to have comparable education, training and occupational experience in the same field as the defendant;

2. That the occupational experience include active medical practice or teaching experience in the same field as the defendant;

3. That the active medical practice or teaching experience must be within five years of the date of the occurrence giving rise to the claim. *H-1994; Reaffirmed H-2012 Sunset Report; Reaffirmed PF15-2*

## 270.000 – Legislation and Regulation

**H-270.001: Legislation and Regulation, Out-of-Hospital DNR**
IMS supports legislative efforts toward recognition of a standard physician-directed, out-of-hospital Do Not Resuscitate (DNR) process, including appropriate methods for identification of patients who do not wish to receive end-of-life resuscitation. *H-2001; Reaffirmed H-2012 Sunset Report*

## 275.000 – Licensure and Discipline

**H-275.004: Licensure and Discipline, IBM Physician Members Maintain Active Practice**
IMS supports introducing legislation to enforce a requirement that to be a member of the Iowa Board of Medicine, a physician must maintain a current, active clinical practice with direct ongoing responsibilities for patient care. *H-1992; Reaffirmed H-2012 Sunset Report*

**H-275.006: Licensure and Discipline, Telemedicine**
IMS supports full and unrestricted Iowa licensure, with no differentiation by specialty, for physicians who wish to regularly practice telemedicine in Iowa. Licensure should adhere to the following principles:

1. Licensure in situations where there is a telemedical transmission of individual patient data from the patient's state that results in either (1) provision of written or otherwise documented medical opinion used for diagnosis or treatment or (2) rendering of treatment to a patient within Iowa.

2. Exemption from the licensure requirement for traditional informal physician-to-physician consultations (curbside consultation) that are provided without expectation of compensation.

3. Exemption from this licensure requirement for telemedicine practices across state lines in the event of an emergency or urgent circumstance, the definition of which for the purposes of telemedicine should show substantial deference to the judgment of the attending and consulting physicians as well as to the views of the patient.

4. Additional exemptions should be made at the discretion of the Board of Medicine in specific circumstances. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-275.009: Licensure and Discipline, IBM Website Must Contain Accurate and Founded Information**
IMS emphasizes that information regarding physicians on the website of the Iowa Board of Medicine must be accurate, up to date, and reflective, either directly or indirectly, of only founded cases of discipline. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-275.011: Licensure and Discipline, Improve IBM Licensing and Renewal Process**
IMS continues to support the Iowa Board of Medicine (IBM) in their efforts to improve the licensing and renewal process and encourages the IBM to strive for shorter license processing times. *H-2001; Reaffirmed H-2012 Sunset Report*

**H-275.013: Licensure and Discipline, ABMS Board Certification and CME**
IMS supports requesting the Iowa Board of Medicine to recognize activity associated with American Board of Medical Specialties (ABMS) board certification and recertification as equivalent to continuing medical education (CME) credit hours during the biennial licensure period in which ABMS certification or recertification is granted. *H-2002; Reaffirmed H-2012 Sunset Report*

**H-275.014: Licensure and Discipline, Unlicensed Practice of Medicine**
IMS reminds Iowa physicians that Iowa law and regulation, as well as principles of medical ethics, currently provide direction regarding the unlicensed practice of medicine; that these legal, regulatory, and ethical provisions are enforceable by the Iowa Board of Medicine (IBM); and that physicians who know of or suspect the practice of medicine without an Iowa license be encouraged to report by complaint to the IBM or other professional licensing board as may be appropriate. *H-2004; Amended H-2014 Sunset Report*

**B-275.015: Licensure and Discipline, IBM Inform Physician Prior to Filing Charges**
IMS supports the Iowa Board of Medicine assuring that prior to the filing of formal public charges against a physician, excluding emergency adjudicative proceedings, the physician is informed that charges are pending and likely will be filed. *B-2006; Reaffirmed PF16-1 Sunset Report*

**B-275.016: Licensure and Discipline, IBM Grant Physician Opportunity to Respond to Allegations**
IMS supports the Iowa Board of Medicine granting a physician licensee the opportunity to respond to allegations made in the complaint against the physician, to also give the physician an opportunity to respond to those investigative findings that are in addition to or different from the allegations in the original complaint and that are likely to result in charges prior to the completion of the investigative report. The physician's response to the additional findings would then be incorporated into the final investigative report. *B-2006; Reaffirmed PF16-1 Sunset Report*

**H-275.017: Licensure and Discipline, IBM Reduce Licensing Fee for Retired Physicians**
IMS supports recommending the Iowa Board of Medicine reduce by 50 percent the licensing fee for retired physicians practicing medicine on a voluntary basis. *H-2008; Reaffirmed H-2018 Sunset Report*

**H-275.018: Licensure and Discipline, IBM Limit Time for Maintaining Complaints**
IMS supports working with the Iowa Board of Medicine to establish limitations in time for maintaining complaints filed against Iowa physicians. *H-2011*

**H-275.019: Licensure and Discipline, Maintenance of Licensure**
IMS supports the continued lifelong learning by physicians and the improvement to quality of practice; opposes the institution of Maintenance of Licensure for those physicians who are board certified and/or maintaining relevant CME and peer-reviewed quality of practice and/or participating in Maintenance of Certification; and opposes further Maintenance of Licensure implementation for all other physicians without sufficient supportive data demonstrating that the Maintenance of Licensure program supports patient outcomes and improves quality of care. *H-2013*

**PF-275.020: Licensure and Discipline, Oppose Maintenance of Certification and Support Lifelong Learning**
IMS opposes mandatory Maintenance of Certification (MOC) for licensure, hospital privileges, and reimbursement from third party payers. IMS supports continuing medical education and the principle of lifelong learning by physicians. *PF14-1*

**PF-275.021: Licensure and Discipline, IBM Board Member Specialties Reflect Majority of Specialty Issues**
IMS supports that the medical specialties of the board members of the Iowa Board of Medicine (IBM) should more accurately reflect the majority of specialty issues it addresses. *PF16-1*

## 280.000 – Long-Term Care

**H-280.001: Long-Term Care, Medicare Direct Access to Skilled Nursing Facilities**
IMS reaffirms its support for changes in Medicare policies to permit direct access to skilled nursing facilities for appropriate Medicare patients. *H-1986; Reaffirmed H-2012 Sunset Report*

## 285.000 – Managed Care

**H-285.002: Managed Care, Growth of HMOs**
IMS approves the concept of neutral public policy and fair market competition among licensed physicians. The potential growth of HMOs is not to be determined by federal subsidy, preferential federal regulations, and federal advertising promotion, but by the number of people who prefer this mode of delivery. *H-1981; Reaffirmed H-2012 Sunset Report*

**H-285.007: Managed Care, Admission Criteria for Panels**
IMS asserts that all physicians should have the right to apply to any managed care entity and be judged for admission based on physician-developed objective criteria, based primarily on professional competence and quality of care. *H-1994; Reaffirmed H-2012 Sunset Report*

**H-285.008: Managed Care, Selection Criteria for Panels**
IMS supports requiring managed care organizations to disclose to physicians that criteria used to select, retain, or exclude a physician, including the criteria used to determine geographic distribution and number of specialty physicians needed. *H-1994; Reaffirmed H-2012 Sunset Report*

**H-285.009: Managed Care, Admit Provider Solely on Willingness to Abide by Requirements of Entity**
IMS opposes any legislation which would require a managed care entity such as an independent physician association (IPA), health maintenance organization (HMO), organized delivery system (ODS) or physician organization (PO) to admit any physician or limited health care practitioner solely on the basis that the practitioner is willing to abide by the requirements of the entity. *H-1994; Reaffirmed H-2012 Sunset Report*

**H-285.011: Managed Care, Point of Service**
IMS supports requiring all health plans or sponsors of such health plans that restrict a patient's choice of physicians or hospitals to offer, at the time of enrollment and at least for a continuous one month period annually thereafter, an optional "point of service" type feature so that patients who choose such plans may elect to self-refer to physicians outside the plan at additional costs to themselves. *H-1996; Reaffirmed H-2012 Sunset Report*

**H-285.014: Managed Care, Care of Patients Is Paramount**
IMS reaffirms that care of our patients is of paramount concern. *H-1996; Reaffirmed H-2012 Sunset Report*

**H-285.015: Managed Care, Medical Benefit Expense Ratio**
IMS supports having the insurance commissioner require all health benefit plans to provide to each enrollee or prospective enrollee, written information containing the plan's annual medical benefit expense ratio for each of the previous five years in a form proscribed by the insurance commissioner. Plans that have been in existence for less than five years should disclose an estimated annual medical benefit expense ratio for the future year. This information should be in a format

understandable to a layperson and should be provided on all printed informational materials and contracts. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-285.016: Managed Care, Grievance Procedures**
IMS supports requiring all health benefit plans to establish grievance procedures for use by enrollees and physicians to resolve health benefit issues. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-285.017: Managed Care, Insurance Commissioner Oversight of Grievance Processes**
IMS supports requiring all health benefit plans to disclose to patients and providers the process for receiving complaints and for timely responses to the enrollees' and physicians' complaints; the grievance process shall be subject to oversight and approval by the insurance commissioner. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-285.018: Managed Care, Utilization Review and Grievance Processes**
IMS believes patients and their authorized representatives should have the right to participate in all levels of the utilization review and grievance processes. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-285.019: Managed Care, Physician Penalty for Following Grievance Procedures**
IMS believes a health plan should be prohibited from penalizing a physician solely because the physician has followed the grievance procedure on behalf of a patient or on the physician's own behalf. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-285.020: Managed Care, Proximate Geographic Access**
IMS supports requiring all health benefit plans to demonstrate that they assure proximate geographic access to physicians in appropriate specialties and to other health care services in all areas of this state, including rural areas. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-285.021: Managed Care, Hold Harmless Clauses**
IMS supports legislation to prohibit "hold harmless" clauses in contracts between health plans and providers. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-285.023: Managed Care, Streamline Credentialing**
IMS supports pursuing voluntary processes to streamline the credentialing and re-credentialing of physicians by hospital medical staffs and insurance companies. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-285.024: Managed Care, Work with Stakeholders to Streamline Credentialing**
IMS supports working with organizations throughout the state of Iowa that credential physicians and/or pursuing legislative remedies to streamline the credentialing and re-credentialing process. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-285.025: Managed Care, Universal Credentialing Form**
IMS supports actively promoting the adoption of a standardized universally acceptable short form for renewal or re-certification purposes that requests only changes from the original application as the first step to improving the credentialing and re-credentialing process. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-285.026: Managed Care, Retroactive Billing for Services Provided during Credentials Process**
IMS supports working with the Iowa Insurance Commissioner or, if necessary, the Iowa General Assembly, to require that all insurers providing health insurance in the State of Iowa have reasonable mechanisms that allow delayed or retroactive billing for services provided by physicians during their period of credentials processing, provided that such physicians have an existing Iowa license and are ultimately credentialed. *H-2007, Reaffirmed PF17-1 Sunset Report*

**H-285.027: Managed Care, Filing Unfounded Complaints with State Licensing Board**
IMS supports seeking legislative relief to preclude credentialing entities from requiring physician applicants to identify whether unfounded complaints against them had been filed with their state licensing board. *H-2011*

**H-285.028: Managed Care, Accept ICC Universal Application Forms**
IMS supports advocating all credentialing entities to accept the universal application forms adopted by the Iowa Credentialing Coalition. *H-2011*

**PF-285.029: Managed Care, Medicaid Participation**
IMS supports seeking legislation that states the free choice of a physician or physician group to limit their participation in the Medicaid program shall not be used by a managed care organization (MCO) as a reason to limit that physician's or physician group's participation in other commercial insurance products. *PF15-2*

## 290.000 – Medicaid and State Children's Health Insurance Programs

**E-290.002: Medicaid and State CHIPs, DHS Agreements**
IMS affirms that the signing of the Department of Human Services' agreements, which outline in detail: (1) the responsibilities of providers; (2) the responsibilities of the Department of Human Services; (3) the procedures for

termination from the program; and (4) the prohibitions against discrimination, does not obligate providers to care for Medicaid patients. *E-1983; Reaffirmed H-2012 Sunset Report*

**H-290.009: Medicaid and State CHIPs, Medicaid Participation**
IMS encourages all physicians to participate in the Medicaid program to the extent possible given their individual practice circumstances. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-290.010: Medicaid and State CHIPs, Improve Medicaid Reimbursement for Physicians**
IMS encourages the state to continue to improve Medicaid reimbursement for physicians and to consider additional incentives to encourage physician participation. *H-1990; Reaffirmed H-2012 Sunset Report*

**E-290.011: Medicaid and State CHIPs, Provider Tax**
IMS opposes the imposition of a tax on physicians to draw in federal revenues through the Medicaid program. *E-1991; Reaffirmed H-2012 Sunset Report*

**H-290.012: Medicaid and State CHIPs, Accept Claims Up to One Year after Date of Service**
IMS supports advocating with the Department of Human Services that insurers administering Medicaid claims in Iowa be required to accept claims up to one year after the date of services. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-290.013: Medicaid and State CHIPs, Base Medicaid Reimbursement on RBRVS**
IMS supports working with specialty societies to continue to collaborate to move Medicaid to an RBRVS payment system, excluding anesthesia services; to increase payments to Medicare levels; and to keep this issue as a top legislative priority. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-290.014: Medicaid and State CHIPs, Mechanisms to Delay Admission to Long-Term Care Centers**
IMS supports requesting the American Medical Association to advocate for study and implementation of mechanisms that will appropriately delay admissions to long-term care centers. *H-2011*

**H-290.015: Medicaid and State CHIPs, Conflicts between MediPASS Policies and EMTALA Obligations**
IMS supports working with the Iowa Department of Human Services to resolve the conflicts that exist between MediPASS policies around prior authorization and physician obligations under EMTALA. *H-2011*

## 295.000 – Medical Education

**H-295.003: Medical Education, Management of Chronic Disabling Conditions**
IMS encourages Iowa medical schools to provide training in management of chronic disabling conditions, including clinical rotations in physical medicine and rehabilitation. *H-2006; Reaffirmed PF16-1 Sunset Report*

## 300.000 – Medical Education: Continuing

**H-300.002: Medical Education: Continuing, Effect of Spirituality on Outcome of Medical Care**
IMS encourages discourse on the definition of spirituality and research on the effect of spirituality on the health of individuals and the outcome of their medical care. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-300.003: Medical Education: Continuing, Education about Spirituality**
IMS encourages education about spirituality, including a format for education in spirituality and spiritual history taking, within medical curriculums and residency training programs. *H-1998; Reaffirmed H-2012 Sunset Report*

## 315.000 – Medical Records and Patient Privacy

**E-315.001: Medical Records and Patient Privacy, Central Repository**
IMS opposes the creation of a central repository to collect, analyze and disseminate information from patients' medical records. *E-1993; Reaffirmed H-2012 Sunset Report*

**H-315.003: Medical Records and Patient Privacy, Physician Prescribing Data**
IMS believes physician prescribing data should not be released to pharmaceutical companies. *H-2007, Reaffirmed PF17-1 Sunset Report*

**H-315.004: Medical Records and Patient Privacy, AMA Physician Data Restriction Program "Opt-Out" Policy**
IMS supports educating physicians about the current practice of physician prescribing data being released to pharmaceutical companies, pharmaceutical manufacturers or pharmaceutical distributors for sales and/or marketing

purposes and informing physicians of their ability to opt out of such release via the AMA Physician Data Restriction Program. *H-2007, Reaffirmed PF17-1 Sunset Report*

## 320.000 – Medical Review

**H-320.001: Medical Review, Professionally Directed**
IMS supports professionally directed efforts to ensure that care provided to patients is of high quality, appropriate duration and is rendered in an appropriate setting at a reasonable cost. *H-1981; Reaffirmed H-2012 Sunset Report*

**E-320.002: Medical Review, Hospital Preadmission Review/Certification**
IMS encourages hospital medical staffs to support implementation of pre-admission certification programs which may be appropriate in instances where problems of utilization have been identified by local utilization review committees. Such programs may include pre-admission screening by diagnosis, by procedure, or by individual physician based on identified circumstances and need. *E-193; Reaffirmed H-2012 Sunset Report*

**H-320.003: Medical Review, Second Opinions**
IMS reaffirms, while recognizing that the advisability of surgery or other specific therapy can be a matter of opinion, the right of a patient or a physician to freely seek a second opinion from a physician of his/her choice. IMS opposes the concept of mandatory second opinions or the imposition of financial penalties by a third party payer for not obtaining a second opinion and supports the concept that when a second opinion is required by a third party, the second opinion should be at no cost to the patient. *H-1984; Reaffirmed H-2012 Sunset Report*

**H-320.004: Medical Review, Only a Physician Should Deny Hospital Admissions**
IMS reaffirms its policy that only a physician should be permitted to deny admissions to the hospital. *H-1986; Reaffirmed H-2012 Sunset Report*

**H-320.007: Medical Review, Protect Physician-Patient Relationships**
IMS supports continuing to protect physician-patient relationships and the quality of care from undue influence by third party payers and utilization review organizations. *H-1990; Reaffirmed H-1991; Reaffirmed H-2012 Sunset Report*

**E-320.008: Medical Review, Insurance Division Develop Rules**
IMS supports continued work with the Insurance Division on the development of rules to alleviate the problems of utilization review, specifically rules that will require the release of medical review criteria, and continued monitoring of the utilization review situation. *E-1990; Reaffirmed H-1991; Reaffirmed H-2012 Sunset Report*

**H-320.009: Medical Review, Criteria Based on Sound Medical Judgments**
IMS supports having itself and its delegates to the AMA work to ensure that third party payer review criteria be based on sound medical judgments developed by practicing physicians. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-320.011: Medical Review, Use of Medical Director Licensed in Iowa**
IMS supports requiring each health benefit plan to establish a utilization review process that includes a medical director licensed in Iowa who is responsible for all clinical decisions of the plan and the plan's contractors. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-320.012: Medical Review, Criteria Based on Physician-Developed, Scientifically Valid Research**
IMS affirms that grading criteria, weighting elements, and computer algorithms, including but not limited to pre-admission procedures, medical necessity criteria, limits on length of hospital stay, discharge planning, follow-up care and medically acceptable treatment alternatives, must be based on physician-developed, scientifically valid research and, further, such criteria shall be shared with participating physicians. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-320.013: Medical Review, Compliance with Ethical Standards**
IMS supports all utilization review policies and procedures being carried out in compliance with recognized ethical standards, including the patient's right to privacy. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-320.014: Medical Review, Third Party Payer Requirements**
IMS recommends that a third party payer which provides health benefits to enrollees residing in the state of Iowa, and conducts utilization review either directly or indirectly by contract with a third party, shall meet the following requirements:

1. Such utilization review shall meet the requirements established for accreditation by the Utilization Review Accreditation Commission (URAC) or another national accreditation entity recognized and approved by the insurance commissioner.

2. Clinical peers conducting utilization reviews shall hold a full and unrestricted Iowa license to practice medicine.

3. IMS shall advise and consult with the Board of Medicine on issues pertaining to managed care and, further, shall seek an opinion from the Board of Medicine as to whether managed care organizations are in violation of the Iowa

Medical Practice Act in rendering decisions about the care and treatment of patients through utilization review. *H-1997; Reaffirmed H-2012 Sunset Report*

**H-320.015: Medical Review, Denial of Care**
IMS supports legislation to assure that utilization review of denial of care is performed by a medical doctor or osteopathic doctor licensed in the state of Iowa; that said physician's medical necessity decisions shall be subject to the disciplinary authority of the Board of Medicine as the practice of medicine; and that a review of specialty services shall be conducted by a physician with expertise in the care being provided. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-320.016: Medical Review, Medical Necessity Appeals and Processes**
IMS supports legislation to establish a maximum length of time for medical necessity appeals and processes, which relate to the severity of an illness or condition, and to require health plans to educate their insureds of their appeal rights. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-320.018: Medical Review, Burden of Proof on Health Plans**
IMS supports legislation to establish a presumption in law in favor of medical advisability or necessity determinations made by treating physicians in consultation with their patients, thereby creating a burden of proof on health plans that assert that such care is not medically advisable. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-320.020: Medical Review, External Review Process**
IMS supports establishing a mechanism to assist physicians and their patients in utilizing the external review and other patient rights provisions of Iowa law and monitoring the implementation of Iowa's patient rights legislation. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-320.021: Medical Review, Health Plan Accountability for Negligent Medical Necessity Decisions**
IMS supports continuing to assure that health plans are legally accountable for negligent medical necessity decisions made by them that cause harm to patients. IMS supports continuing to study legislation, regulation, and case law to assess and select the most effective strategies for assuring that patients are legally able to hold health plans accountable for their negligent decisions. *H-1999; Reaffirmed H-2012 Sunset Report*

**B-320.022: Medical Review, Preauthorization**
IMS believes that as third party payers develop preauthorization processes, those plans should assure adherence to identified medical practice standards. *B-2006; Reaffirmed PF16-1 Sunset Report*

**H-320.023: Medical Review, Precertification Binding for Payment of Services**
IMS supports advocating that precertification would be binding on insurance companies comparable to a contractual agreement necessitating payment to patients, physicians, and hospitals as a consideration for the rendered services. *H-2012*

**PF-320.024: Medical Review, Prescription Drug Prior Authorizations**
IMS supports insurance companies giving prompt responses to prescription drug prior authorization requests with annual public reporting when requests are denied. *PF16-1*

## 340.000 – Medicare: PRO

**H-340.037: Medicare: PRO, Telligen Annual Report to IMS House of Delegates**
IMS affirms that Telligen should provide to the IMS House of Delegates an annual report in order to allow the opportunity for increased communication between the two organizations. *H-1995; Reaffirmed H-2012 Sunset Report*

**H-340.039: Medicare: PRO, Telligen**
IMS encourages all physicians in Iowa to become members of Telligen and to be active in the recruitment and election of the Telligen Board of Directors. *H-2003; Amended H-2013 Sunset Report*

## 345.000 – Mental Health

**H-345.002: Mental Health, Adequate Funding**
IMS reaffirms support for adequate funding of Iowa's mental health institutions and community-based programs. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-345.003: Mental Health, Mandatory Provisions of Federal Mental Health Parity Act of 1996**
IMS supports full implementation in Iowa of the mandatory provisions of the federal Mental Health Parity Act of 1996. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-345.004: Mental Health, Parity**

IMS supports giving priority consideration to legislation addressing mental health parity. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-345.005: Mental Health, Disseminate Information on Long-Term Care Housing/Service Needs of Mentally Ill**
IMS encourages dissemination of information on the housing and service needs of persons with severe mental illness who require long-term care. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-345.006: Mental Health, Community-Based Congregate Housing**
IMS supports promoting the importance of community-based congregate housing with on-site professional services for those who are severely mentally ill. *H-2000; Reaffirmed H-2012 Sunset Report*

**B-345.008: Mental Health, Sub-Acute Psychiatric Treatment Capacity**
IMS supports efforts to ensure sufficient sub-acute psychiatric treatment capacity within the Mental Health and Disability Services Regional system without the further reduction of acute beds. *B-2010; Amended PF 20-1 Sunset Report*

**PF-345.009: Mental Health, Reimbursement Parity for Psychiatric Services**
IMS supports reform of psychiatric health services within the state including, but not limited to, seeking appropriate legislation that mandates parity for reimbursement from all payers for psychiatric services. *PF16-1*

## 355.000 – National Practitioner Data Bank

**H-355.001: National Practitioner Data Bank, Maintain Confidentiality**
IMS supports working in conjunction with the AMA to pursue all avenues to maintain confidentiality of the information collected within the National Practitioner Data Bank and to assure that this is a cost-effective method for collecting data. *H-1994; Reaffirmed H-2012 Sunset Report*

## 360.000 – Nurses and Nursing

**H-360.001: Nurses and Nursing, Monitor for Proposed Practice Expansion**
IMS supports continuing to closely monitor any proposed changes in the practice of nursing via the administrative rules process and, when necessary, taking proper steps to restrain inappropriate expansion. *H-1981; Reaffirmed H-2012 Sunset Report*

**H-360.002: Nurses and Nursing, Oppose Independent Practice by ARNPs**
IMS opposes legislation mandating that nurse practitioners in Iowa have authority to function as independent providers of health care. Independent nurse practitioners functioning in Iowa are to be guided by the same laws that pertain to physician assistants relating to credentials, registration and physician supervision. *H-1981; Reaffirmed H-2012 Sunset Report*

**E-360.003: Nurses and Nursing, Gastrostomy Tubes**
IMS recognizes that the practice of nursing and the practice of medicine occupy interrelated functions and that while many acts ordinarily performed by an RN constitute the practice of medicine in the abstract sense, these same acts become proper functions of an RN when performed under the supervision and direction of the physician.

In view of these facts, IMS recommends that removal of or reinsertion of gastrostomy tubes by an RN be done only if a well-established tract exists.

IMS also recommends that the removal or reinsertion of gastrostomy tubes take place using the following guidelines:

1. The nurse must have instruction to include theory and supervised clinical practice regarding gastrostomy tube insertion.

    A. Prior to performing this procedure, documentation of competency shall be verified by a designated individual who will meet the criteria established by the medical and nursing staffs of the health care facility.

    B. Proof of continued competency must be documented on a yearly basis.

2. The nurse performs this procedure only upon the written order of a licensed physician.

3. The individual RN must exercise professional judgment in determining his/her qualification and competency (as here intended, this implies a knowledge of assessment of problems that can be developed in this area) and may properly refuse to reinsert the gastrostomy tube. *E-1983; Reaffirmed H-2012 Sunset Report*

**E-360.004: Nurses and Nursing, Intravenous Therapy**
IMS recognizes that the practice of nursing and the practice of medicine occupy interrelated functions and that while many acts ordinarily performed by a nurse constitute the practice of medicine in the abstract sense, these same acts become the proper functions of a nurse when performed under the supervision and direction of the physician.

In view of these facts and because intravenous therapy has become increasingly valuable in the treatment of patients and thus more common in its use, IMS recommends that hospitals and individual agencies which permit their professional RNs to administer intravenous therapy use the following as a guide in developing their policies:

1. The nurse must have instruction to include theory and supervised clinical practice. Prior to the nurse performing this procedure, documentation of competency shall be verified by a designated individual who will meet the criteria established by the medical and nursing staffs of the health care facility.

2. The nurse performs this procedure only upon the written order of a licensed physician.

3. The physician's order must be for a specific patient.

4. The individual nurse must exercise his/her professional judgment in determining his/her qualification and competency (as here intended this implies knowledge of cause and effect of both the drug and the procedure) and may properly refuse to administer intravenous therapy.

5. The hospital or agency should establish policies only after receiving recommendations from the medical and nursing staffs and also, where feasible, from a committee with representation from the medical and nursing staffs, administration and pharmacy.

6. Such policies must be written and made available to the total medical and nursing staffs, and might well take into account the following:

    a. To what extent the administration of intravenous fluids and medications is to be expected as a nursing function in the hospital or agency.

    b. The types of fluids and medications which nurses shall be authorized to perform.

    c. A method for determining which nurses shall be authorized to perform.

    d. The procedural guideline for the administration of intravenous medication and fluids.

    e. The method of instruction and type of in-service training program for teaching such procedures. *E-1983; Reaffirmed H-2012 Sunset Report*

**E-360.005: Nurses and Nursing, Guideline for First Assistants**
IMS, upon recommendation of the MD/RN Liaison Committee, approves, along with the Iowa Nurses' Association (INA), the Iowa Chapters of the Association of Operating Room Nurses, Inc. (AORN) and the Iowa Board of Nursing (IBN), the following statement that was designed as a guideline for registered nurses (RNs) who choose to act as first assistants in the operating room in health facilities in Iowa.

> The patient's care and safety is the primary consideration of the registered nurse. We agree with the position of the American College of Surgeons (ACS) and AORN that, ideally, the first assistant at the operating table should be a qualified surgeon or a resident in an approved surgical training program. However, in the absence of a qualified physician, the registered nurse who possesses appropriate knowledge and technical skills is a qualified non-physician to serve as the first assistant.

*Definition*
The RN first assistant to the surgeon during a surgical procedure carries out functions that will assist the surgeon in performing a safe operation with optimal results for the patient. The RN first assistant practices preoperative nursing and has acquired the knowledge, skills, and judgment necessary to assist the surgeon through organized instruction and supervised practice. The RN first assistant practices under the direct supervision of the surgeon.

*Scope of Practice*
The scope of practice of the RN functioning as first assistant is a part of the perioperative nursing practice. Chapter 152, Code of Iowa, the Nurse Practice Act, states that registered nurse practice includes executing the medical regimen prescribed by a physician. The act of first assisting is interpreted as following the medical regimen. The scope of practice is delineated by various professional organizations, regulatory bodies, and employing institutions.

Each RN first assistant should be cognizant of chapter 6, 590 Iowa Administrative Code (now 655 of the Iowa Administrative Code), often referred to as "minimum standards of practice":

6.2(2). The registered nurse shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice.

Those behaviors demonstrated by the RN first assistant within the scope of practice may include, but are not limited to:

- Tissue handling
- Providing exposure
- Using instruments
- Suturing
- Providing homeostasis

*Establishment of Practice*
Preparation should be acquired through education with didactic and supervised clinical learning. Nursing practice privileges of RNs acting as first assistants should be reviewed periodically for verification of meeting guidelines approved by the health facility in which she/he practices. *E-1985; Reaffirmed H-2012 Sunset Report*

**H-360.008: Nurses and Nursing, Education Subsidies as Retention Incentives**
IMS actively supports proposals which would increase nursing education subsidies that create incentives for nursing graduates to remain in active practice in the state of Iowa. *H-1989; Reaffirmed H-2012 Sunset Report*

## 365.000 – Occupational Health

**E-365.001: Occupational Health, Peer Review/Outcomes Assessment**
IMS believes that the quality of care provided to injured workers must be insured by periodic peer review and assessment of outcomes performed by physicians. *E-1993; Reaffirmed H-2012 Sunset Report*

**E-365.002: Occupational Health, Regulations**
IMS believes the system needs regulations governing what is covered by the workers' compensation system relating to:

1. Claims related to previous compensable injuries;
2. The number of physicians' opinions that can be requested;
3. When second opinions may be requested/required;
4. Which health care providers can determine impairment ratings;
5. Compensable injuries/illnesses and the extent of compensability; such as stress-related conditions, aggravation of preexisting condition, aging, etc.;
6. Every injury needs settlement guidelines, not just structured injuries (i.e., arm, leg, hand) but the body-as-a-whole injuries (head, back, neck) need definition;
7. Detection methods for fraudulent claims of provider or worker, so that they can be identified, perused, and appropriately addressed;
8. Establishment of mechanisms for rapid resolution of disputes regarding illness/injury and compensability. *E-1993; Reaffirmed H-2012 Sunset Report*

**E-365.003: Occupational Health, Insurer Incentives for Employers**
IMS believes that insurance companies should establish incentives (i.e., reduced compensation insurance premiums) for those employers who:

1. Promote a safe workplace;
2. Promote worker wellness;
3. Provide light duty assignments when needed;

4. Make accommodations to allow injured workers expedient return to work. *E-1993; Reaffirmed H-2012 Sunset Report*

**E-365.004: Occupational Health, Employer Incentives for Employees**
IMS believes that employers should be responsible for developing worker incentives that encourage safety, wellness, and rapid recovery. *E-1993; Reaffirmed H-2012 Sunset Report*

**E-365.005: Occupational Health, Workers' Compensation Fee Schedule**
Should a separate, uniform workers' compensation fee schedule be established, IMS requires that it include the following features:

1. Negotiated by providers and payers;

2. Periodic review;

3. Reimbursement above standard fees or charges to reflect the increased intensity of service for injured/ill workers. *E-1993; Amended B-2006; Amended PF16-1 Sunset Report*

## 370.000 – Organ Donation and Transplantation

**H-370.002: Organ Donation and Transplantation, Encourage Coordination and Cooperation**
IMS supports encouraging and fostering the elements of coordination and cooperation in the field of organ transplantation to the fullest extent possible. *H-1986; Reaffirmed H-2012 Sunset Report*

**H-370.003: Organ Donation and Transplantation, Pluralistic Care**
IMS supports the concept of pluralistic care delivery in organ transplantation, as with any area of medical care, so long as quality is the fundamental objective. *H-1986; Reaffirmed H-2012 Sunset Report*

**H-370.008: Organ Donation and Transplantation, Clarify Regulations re: Counseling Family Members**
IMS supports seeking clarification of existing regulations on counseling family members about organ donation options at the time of the death of a relative and then taking steps necessary to assure that attending physicians are not penalized for discussing organ donation issues with their patients or the patients' families. *H-2001; Reaffirmed H-2012 Sunset Report*

## 375.000 – Peer Review

**H-375.001: Peer Review, Iowa Physicians Reviewed by Iowa Physicians**
IMS reaffirms its policy that physicians practicing in Iowa should be reviewed by Iowa physicians. *H-1984; H-1986; Reaffirmed H-2012 Sunset Report*

**H-375.002: Peer Review, Performed by Iowa Physicians**
IMS affirms that quality review and peer review in Iowa should be done by Iowa physicians regardless of the method of delivery. *H-1985; Reaffirmed H-2012 Sunset Report*

**H-375.003: Peer Review, Reviews Done by Physician in Same Specialty**
IMS reaffirms that, whenever possible, a review of a physician should be done by a physician in the same specialty. *H-1985; Reaffirmed H-1991; Reaffirmed H-1992; Reaffirmed H-2012 Sunset Report*

**H-375.004: Peer Review, Physician Reviewers**
IMS reaffirms the following policies: (1) physicians practicing in Iowa should be reviewed by Iowa physicians; (2) whenever possible, review of a physician should be done by a physician in the same specialty; and (3) only physician reviewers should be permitted to administer third party payer denials. *H-1987; Reaffirmed H-2012 Sunset Report*

**H-375.005: Peer Review, Encourage Local Review**
IMS encourages local physician peer review. If issues cannot be resolved locally, consultation with a neutral outside physician should be encouraged. *H-1990; Reaffirmed H-2012 Sunset Report*

## 383.000 – Physician Negotiation

**H-383.002: Physician Negotiation, Continue IMS Relations with Wellmark BCBS**
IMS encourages the Board of Directors to continue meeting with Wellmark Blue Cross/Blue Shield officials to further improve and strengthen the present liaison. *H-1982; Reaffirmed H-1984; Reaffirmed H-2012 Sunset Report*

**H-383.003: Physician Negotiation, Individual Physician Choice to Participate in Wellmark**
IMS reaffirms it is still the choice of each individual physician whether or not to participate in Wellmark Blue Cross/Blue Shield. *H-1984; Reaffirmed H-2012 Sunset Report*

**H-383.005: Physician Negotiation, Modify Antitrust Laws**
IMS supports seeking modification of antitrust laws to permit physicians to work together in the best interest of patient care. *H-1993; Reaffirmed H-2012 Sunset Report*

**H-383.006: Physician Negotiation, Relief from Antitrust Laws**
IMS supports working with the AMA in its attempt to seek relief from federal antitrust laws. *H-1993; Reaffirmed H-2012 Sunset Report*

**H-383.008: Physician Negotiation, Actively Practicing Physicians on Wellmark Board**
IMS supports requesting Wellmark Blue Cross/Blue Shield consider having actively practicing physicians serve as representatives on its board. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-383.009: Physician Negotiation, Third Party Payer Universal Contracting Mechanisms**
IMS supports studying the legal and ethical implications of all products clauses in insurance contracts and similar types of universal contracting mechanisms. The study should include the legal and ethical implications of the broad language included in insurance contracts, which allows significant unilateral changes to be made by insurers, e.g., Wellmark Blue Cross/Blue Shield of Iowa's switch to RBRVS payment schedules. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-383.010: Physician Negotiation, Third Party Payer Unfair Contracting Practices**
IMS supports examining regulatory and legislative initiatives against unfair contracting practices of insurance companies with health care providers. This examination should, among other things, prohibit all products clauses and most favored nations clauses, require specification of payment amounts for all covered services, and preclude unilateral modification of contract terms. *H-2001; Reaffirmed H-2012 Sunset Report*

**H-383.011: Physician Negotiation, Third Party Payment Rules**
IMS supports working with the state insurance commissioner to enact rules prohibiting health plans from 1) requiring physicians to hold equity ownership in order to be reimbursed by the same formula as physician equity owners; 2) linking payment of physician withholds to physician equity ownership; and 3) charging large membership, ownership, application or other fees to providers. *H-2001; Reaffirmed H-2012 Sunset Report*

**H-383.012: Physician Negotiation, Legal Non-Union Contract Negotiations with Health Plans**
IMS supports examining and, as appropriate, developing state legislation allowing health care providers who are not eligible to participate in unions to join together to discuss contract terms and conditions with health plans and, to the extent legislative redress may not be effective, exploring other legitimate methods to better position physicians in contract negotiations with health plans. *H-2001; Reaffirmed H-2012 Sunset Report*

**H-383.013: Physician Negotiation, Termination Clauses in Health Plan Contracts**
IMS supports seeking appropriate redress through negotiations with health plans, regulations of the insurance division, or legislative relief from the Iowa General Assembly to assure balanced termination clauses in health plan contracts with physicians, including fair and reasonable termination periods that commit physicians to contract obligations for no more than 180 days after notice of termination is given. *H-2004; Reaffirmed H-2014 Sunset Report*

## 385.000 – Physician Payment

**H-385.002: Physician Payment, Voice of Organized Medicine**
IMS supports working with all the third party payers to ensure that organized medicine's voice is heard. *H-1984; Reaffirmed H-2012 Sunset Report*

**H-385.003: Physician Payment, Medically Appropriate Outpatient Management and/or Education**
IMS supports the concept of third party reimbursement for physicians' outpatient management and/or education of patients when medically appropriate. *H-1984; Reaffirmed H-2012 Sunset Report*

**H-385.005: Physician Payment, Assignment of Benefits**
IMS supports regulation by the insurance commissioner to require third party health plans to direct payment owed to their subscribers to the physician upon submission of the claim by the physician. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-385.007: Physician Payment, Patient's Assignment of Benefits**
IMS reaffirms its support of pursuing, by all appropriate means, the mandating of insurance companies to accept a patient's assignment of benefits. *H-2000; Reaffirmed H-2012 Sunset Report*

**H-385.008: Physician Payment, Interpreters**
IMS supports directing its advocacy efforts toward seeking relief from federal policies that require physicians to provide interpreters for patients who are hearing impaired or have limited English proficiency; to promote the education of physicians on the ethical and legal implications of using interpreters in their practices; and to investigate the implementation of cost-effective, confidential and accurate interpretation services for patients. *H-2001; Reaffirmed H-2012 Sunset Report*

**PF-385.009: Physician Payment, Compensate Time Spent on Prior Authorization**
IMS adopts AMA policy H-385.951: Remuneration for Physician Services. *PF16-1*

## 390.000 – Physician Payment: Medicare

**H-390.001: Physician Payment: Medicare, Monitor Development of RBRVS**
IMS supports closely monitoring the development of a Resource Based Relative Value Scale (RBRVS) for reimbursement of Medicare services and, where appropriate, working with the AMA and other groups to ensure reimbursement for services provided by Iowa physicians are equitable in comparison with services provided by other physicians in the United States. *H-1988; Reaffirmed H-2012 Sunset Report*

**H-390.002: Physician Payment: Medicare, Support Concept of RBRVS**
IMS supports the concept of a Resource Based Relative Value Scale (RBRVS) as an acceptable basis for a Medicare indemnity payment system. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-390.003: Physician Payment: Medicare, Oppose Geographic Adjustment of RBRVS**
IMS opposes the adjustment of a Resource Based Relative Value Scale (RBRVS) to account for differences in geographic practice costs or specialty differentials and will convey this position to the AMA. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-390.004: Physician Payment: Medicare, Seek Elimination of Geographic Inequities**
IMS supports working with other state medical societies and the Iowa congressional delegation to seek elimination of current geographic inequities in Medicare payments for physician services. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-390.005: Physician Payment: Medicare, Equitable Payment for Rural Health Services**
IMS asserts that the urban versus rural inequities in Medicare payment systems for hospitals, physicians and other health care organizations must be addressed and corrected. *H-1990; Amended H-2012 Sunset Report*

**H-390.006: Physician Payment: Medicare, Request CMS Designate Iowa as a Single Payment Locality**
IMS reaffirms support for requesting the Centers for Medicare & Medicaid Services (formerly HCFA) designate the entire state of Iowa as a single Medicare payment locality. *H-1991; Reaffirmed E-1993; Reaffirmed H-2012 Sunset Report*

**H-390.009: Physician Payment: Medicare, Establish Statewide Universal Payment Schedule**
IMS supports doing everything within its power to establish a statewide universal Medicare payment schedule and ensuring that the total budget dollars stay within the state of Iowa if granted the single Medicare payment locality status. *H-1994; Reaffirmed H-2012 Sunset Report*

**H-390.010: Physician Payment: Medicare, Eliminate Geographic Inequities**
IMS supports equity in benefits Iowans receive from federal health care programs such as Medicare and Medicaid. Further, IMS vigorously supports existing IMS policy that calls for IMS to work with other state medical societies to seek elimination of current geographic inequities in Medicare payments for physician services. *H-1997; Amended H-2012 Sunset Report*

**H-390.011: Physician Payment: Medicare, Private Contracts between Medicare Patients and Physicians**
IMS supports federal legislation to clarify that Medicare patients and physicians can pursue private contracts for medical care without isolating physicians from the Medicare program. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-390.013: Physician Payment: Medicare, Leverage Other States' Efforts re: Equitable Reimbursement**
IMS supports effectively communicating with and leveraging other states' efforts in order to present Congress a united voice for making Medicare reimbursement more equitable and, in seeking coalition strength, being vigilant in assessing the risks and benefits of a coalition for Iowa physicians on equitable Medicare reimbursement. *H-2001; Reaffirmed H-2012 Sunset Report*

**H-390.014: Physician Payment: Medicare, Remedy Inequitable Reimbursement**
IMS supports continuing as a high priority to use all appropriate means, including legal, legislative and coalition building, to remedy the unfair discrimination in Medicare reimbursement rates in Iowa and work toward the goal of a single, national payment schedule. *H-2002; Reaffirmed H-2012 Sunset Report*

**H-390.015: Physician Payment: Medicare, Eliminate GPCIs**
IMS supports AMA efforts to eliminate entirely or develop more fairly calculated Geographic Practice Cost Indices. *H-1995; Reaffirmed H-2008; Reaffirmed H-2009; Reaffirmed PF 19-2 Sunset Report*

**H-390.016: Physician Payment: Medicare, 1.0 Floor on Practice Expense GPCI**
IMS supports lobbying Congress to establish a floor of 1.0 for the Practice Expense Geographic Practice Cost Index. *H-2007; Reaffirmed H-2008; Reaffirmed H-2009; Amended & Reaffirmed PF 19-2 Sunset Report*

**H-390.017: Physician Payment: Medicare, Do Not Devalue Quality**
IMS supports working with the American Medical Association and specialty societies to insist that the Centers for Medicare & Medicaid Services (CMS) not devalue quality, i.e., require that pay-for-performance and pay-for-reporting are worth the same dollar value in all regions of the country. *H-2007; Reaffirmed H-2009; Amended & Reaffirmed PF 19-2 Sunset Report*

**H-390.018: Physician Payment: Medicare, Equal Pay for Equal Work and Equal Pay for Equal Quality**
IMS supports the concept of equal pay for equal work and affirm the concept of equal pay for equal quality. *H-2009; Amended & Reaffirmed PF 19-2 Sunset Report*

**B-390.019: Physician Payment: Medicare, Better Pay for Higher Quality and Value**
IMS supports Medicare payment policy that would recognize regional variation in quality and value and provide additional payment to those regions where higher quality and value is provided. *B-2009; Reaffirmed PF 19-2 Sunset Report*

**H-390.021: Physician Payment: Medicare, Value-Based Payment Modifier**
IMS supports requesting the American Medical Association to support accurate quality and cost measurement in further development and improvement of the Value-Based Payment Modifier for physician groups who agree to be collectively accountable, granting individual physicians the ability to opt out of the Value-Based Payment Modifier Program. *H-2012*

**H-390.022: Physician Payment: Medicare, Accurate Methodology for Price Adjustment**
IMS supports requesting the American Medical Association to ask the Council on Medical Service, or other appropriate council, to determine an accurate methodology for price adjustment that would take into account the actual costs of physician practice. *H-2012*

## 405.000 – Physicians

**H-405.005: Physicians, Divisive Issues among Physicians**
IMS supports identifying the issues which cause divisiveness among physicians and work towards resolving those differences whether through communication in IMS publications or through avenues which bring representatives of all specialties together, i.e., an annual meeting for specialty society presidents. *H-1986; Reaffirmed H-2012 Sunset Report*

**H-405.008: Physicians, Organized Program for Troubled/Impaired Physicians**
IMS reaffirms the importance of the medical professional having an organized program to assist in identifying troubled physicians and to facilitate the rehabilitation of any colleague so impaired. *H-1986; Reaffirmed H-2012 Sunset Report*

**H-405.012: Physicians, Care of Patients Is Paramount Concern**
IMS reaffirms its dedication to the physician-patient relationship and that the care of our patients is our paramount concern. *H-1998; Reaffirmed H-2012 Sunset Report*

**H-405.013: Physicians, Terminology**
IMS encourages, whenever possible and appropriate, insurance companies and other third party payers to refrain from using the words “vendor” or “provider” when referring to a physician or other health care practitioner. *H-1998; Reaffirmed H-2012 Sunset Report*

## 435.000 – Professional Liability

**H-435.007: Professional Liability, Medical Liability Reform**
IMS supports continuing to press for passage of additional medical liability reform legislation, including limits on economic and noneconomic damage awards; passage of medical liability reform legislation continues to be a matter of highest priority. *H-1988; Reaffirmed H-1996; Reaffirmed H-2012 Sunset Report*

**E-435.008: Professional Liability, Elements of Tort Reform**
IMS supports passage of the following medical liability tort reform legislation: (1) a cap of $250,000 on noneconomic damage awards; (2) periodic payments; (3) reduction of the statute of limitations for minors so that the general statute of limitations would apply beginning at age six. *E-1988; Reaffirmed H-1997; Reaffirmed H-2012 Sunset Report*

**E-435.009: Professional Liability, Certificate of Merit**
IMS supports passage of legislation which would require certificate of merit upon filing a medical malpractice claim and further explore and evaluate proposals which would require mediation of claims prior to trial of a medical liability case. *E-1988; Reaffirmed H-2012 Sunset Report*

**E-435.010: Professional Liability, Report Final Disposition of Claims Instead of "Incidents"**
IMS supports investigating and seeking appropriate legislative proposals to require reporting to insurers of final disposition of claims to potentially replace the current confusing requirement of reporting of "incidents." *E-1988; Reaffirmed H-2012 Sunset Report*

**H-435.011: Professional Liability, Monitor Malpractice Liability Climate**
IMS requests its Board of Directors to continually monitor the malpractice liability climate so that additional tort reform legislation may be introduced when appropriate. *H-1989; Reaffirmed H-2012 Sunset Report*

**H-435.012: Professional Liability, Meaningful Tort Reform**
IMS continues to support the need for additional meaningful tort reform, including caps on noneconomic damages. *H-1989; Reaffirmed H-1992; Reaffirmed H-2012 Sunset Report*

**H-435.013: Professional Liability, State Tort Reform to Cover OB Services**
IMS affirms that the state legislature should provide tort reform legislation to cover obstetrical services. *H-1990; Reaffirmed H-2012 Sunset Report*

**H-435.014: Professional Liability, Immunity for Uncompensated Voluntary Care**
IMS supports seeking immunity from malpractice liability for physicians who provide medical services on a voluntary basis without economic compensation. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-435.015: Professional Liability, Tort Reform to Make OB Services Available Locally**
IMS supports legislative efforts for tort reform to make obstetrical services available to all women in communities near their homes. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-435.016: Professional Liability, National Tort Reform**
IMS supports having it and its delegates to the AMA continue to work for legislation which results in tort reform. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-435.017: Professional Liability, Impact of Changes in Iowa's Malpractice Insurance Market**
IMS supports undertaking efforts to ascertain the extent of the impact of changes in the malpractice insurance market upon Iowa physicians. *H-2002; Reaffirmed H-2012 Sunset Report*

## 440.000 – Public Health

**H-440.004: Public Health, Iowans Adequately Vaccinated**
IMS supports working with the Iowa Department of Public Health, the Iowa State Association of Counties and other interested organizations to formulate a policy for recommendation to the state which would assure all Iowa citizens are adequately vaccinated against communicable diseases, that children receive ongoing routine examinations by physicians and that vaccines be made available to physicians at the same price paid by public health clinics. *H-1987; Reaffirmed H-2012 Sunset Report; Reaffirmed PF15.2*

**H-440.006: Public Health, Vaccines at No Cost**
IMS supports encouraging the state of Iowa to provide immunization vaccines to physician offices at no cost and encouraging physicians to administer these immunization vaccines at no cost to the patient. *H-1991; Reaffirmed H-2012 Sunset Report*

**H-440.007: Public Health, IMS Involvement**
IMS supports exploring ways to coordinate IMS involvement and action on public health issues. *H-1997; Amended H-2012 Sunset Report*

**H-440.008: Public Health, Vaccines for Children Program**
IMS supports seeking an appropriate administrative or legislative remedy to reduce the burdens associated with the Vaccines for Children program that discourage physician participation. *H-2001; Reaffirmed H-2012 Sunset Report*

**B-440.009: Public Health, Annual Influenza Immunization of Health Care Workers**
IMS supports and encourages annual influenza immunization of all eligible health care workers, including physicians. *B-2004; Amended H-2014 Sunset Report*

**H-440.010: Public Health, Utilize IRIS**
IMS encourages all physicians who provide immunizations to utilize the Immunization Registry Information System (IRIS) for their patients. *H-2007, Reaffirmed PF17-1 Sunset Report*

**H-440.011: Public Health, IDPH Needs to Provide Interfaces to IRIS**
IMS encourages the Iowa Department of Public Health to provide the necessary interfaces to the IRIS system to allow automated exchange of immunization information between IRIS and physician practice management and electronic medical record systems. *H-2007, Reaffirmed PF17-1 Sunset Report*

**H-440.012: Public Health, Use of Indoor Tanning Equipment by Minors**
IMS supports the state of Iowa banning the usage of a facility's indoor tanning equipment by a minor under the age of 18. *H-2010; Amended PF 20-1 Sunset Report*

**PF-440.013: Public Health, Influenza Vaccine Availability and Distribution**
IMS adopts AMA policy H-440.851: Influenza Vaccine Availability and Distribution. *PF16-1*

## 450.000 – Quality of Care

**H-450.001: Quality of Care, Cost-Effectiveness**
IMS supports the physician community's ongoing leadership role in developing and refining quality metrics with the goal of improving and increasing cost-effectiveness information. *H-2010; Amended PF 20-1 Sunset Report*

## 460.000 – Research

**B-460.002: Research, AMA Recommendations re: Embryonic Stem Cell Research**
IMS endorses the recommendations regarding embryonic stem cell research as stated by the AMA Council on Scientific Affairs in its CSA Report 15-I-99. They are as follows:

- Encourage strong public support of federal funding for research involving human pluripotent stem cells (PSC);
- Support the recommendations of the National Bioethics Advisory Commission report, *Ethical Issues in Human Stem Cell Research, September 1999*; and
- Continue to monitor PSC research and update AMA policies as required with reference to advances in the field. *B-2000; Reaffirmed H-2012 Sunset Report*

## 470.000 – Sports and Physical Fitness

**H-470.001: Sports and Physical Fitness, Annual Physical Exams of Iowa High School Athletes**
IMS reaffirms support of an annual physical examination of Iowa high school athletes and requests the Committee on Sports Medicine continue its efforts to provide an environment for high school sports which is as safe and injury-free as possible. *H-1982; Reaffirmed H-1983; Reaffirmed H-1984; Reaffirmed H-2012 Sunset Report*

**H-470.003: Sports and Physical Fitness, Horseback Riding**
IMS endorses the following guidelines regarding participation in horseback riding activities: (1) education programs should be given to parents, riding instructors, show organizers and managers outlining the risks in horseback riding and methods to minimize them; (2) satisfactory protective headgear should be selected for each type of riding activity and worn when riding or preparing to ride; and (3) individuals riding horses should be encouraged to wear protective headgear. *H-1987; Reaffirmed H-2012 Sunset Report*

**PF-470.004: Sports and Physical Fitness, Tax Credit for AED Purchase**
IMS should formulate and promote legislation to provide businesses and individuals with a one-time tax credit of up to $2,000 toward the purchase of a new Automated External Defibrillator (AED) for a school or sanctioned youth sports league. *PF16-1*

## 475.000 – Surgery

**H-475.001: Surgery, Performed Only by Individuals Licensed to Practice Medicine and Surgery**

IMS adopts the policy that surgery, including laser surgery, should be performed only by individuals licensed to practice medicine and surgery. IMS further refers this policy to the Board of Trustees for its consideration of how best to support intent and also how best to educate the public on the differences in education and training of physicians and nonphysician practitioners. *H-1994; Reaffirmed H-2012 Sunset Report*

## 478.000 – Technology: Computer

**H-478.001: Technology: Computer, Iowa Board of Medicine Website to Reflect Accurate Physician Data**
IMS affirms that information regarding physicians on the web site of the Iowa Board of Medicine must be accurate, up to date, and reflective, either directly or indirectly, of only founded cases of discipline. *H-1998; Reaffirmed H-2012 Sunset Report*

## 480.000 – Technology: Medical

**PF-480.001: Technology: Medical, Telemedicine**
IMS believes that the appropriate use of telemedicine to deliver care to patients could greatly improve access and quality of care while maintaining the highest standards for patient safety. *PF14-1*

**PF-480.002: Technology: Medical, Telemedicine Coverage and Payment**
IMS affirms the guiding principles adopted by the American Medical Association (Policy H-480.946) for ensuring the appropriate coverage of and payment for telemedicine services and will work with the Iowa Board of Medicine to formulate a policy for telemedicine in Iowa. *PF14-1*

**PF-480.003: Technology: Medical, Telemedicine Practice Parameters**
IMS supports American Medical Association policy (H-480.968) that to ensure quality of care, patient safety, and coordination of care in the provision of telemedicine services, it is essential for national medical specialty societies to continue to develop appropriate and comprehensive practice parameters, standards, and guidelines to address the clinical and technological aspects of telemedicine. *PF14-1*

**PF-480.004: Technology: Medical, Telemedicine, Payment Parity**
The Iowa Medical Society believes parity in payment between in-person and telehealth services is vital to helping spur expansion of telehealth services in our state. IMS supports efforts to ensure payment parity among commercial payors, as well as the Medicaid and Medicare programs. The Iowa Medical Society will pursue legislation to enact commercial telehealth payment parity in Iowa. *PF 17-2*

## 490.000 – Tobacco Use, Prevention and Cessation

**H-490.003: Tobacco Use, Prevention and Cessation, Educate Public re: Risks of Tobacco Use**
IMS reaffirms its efforts to educate the public as to the risks associated with tobacco use, particularly among the youth, and that, through its existing member publications, IMS encourage member physicians and their offices and hospitals to expand this important patient education activity. *H-1986; Reaffirmed H-2012 Sunset Report*

**H-490.007: Tobacco Use, Prevention and Cessation, Medical Insurance Coverage**
IMS supports medical insurance coverage of smoking cessation medications and programs. *H-1999; Reaffirmed H-2012 Sunset Report*

**H-490.010: Tobacco Use, Prevention and Cessation, Ban Smoking in All Public Places**
IMS reaffirms its commitment to ban smoking in all public places and places of employment. *H-2007, Reaffirmed PF 17-1*

## 495.000 – Tobacco Products

**H-495.001: Tobacco Products, Sale to Minors**
IMS supports introducing legislation which would prohibit vending machine sales of tobacco products, raise the minimum legal age for purchasing tobacco products to 21 years of age and provide tougher penalties for the sale of tobacco products to minors. *H-1986; H-2012 Sunset Report Referral – Reaffirmed B-2012*

**H-495.002: Tobacco Products, Stricter Enforcement of Laws Prohibiting Sale to Minors**
IMS supports stricter enforcement of laws prohibiting the sale of tobacco products to minors. *H-1986; H-2012 Sunset Report Referral – Reaffirmed B-2012*

**H-495.003: Tobacco Products, Increase Tax**

IMS supports legislation increasing the tax on tobacco products. *H-1989; H-2012 Sunset Report Referral – Reaffirmed B-2012*

**H-495.008: Tobacco Products, Economic Impact**
IMS acknowledges the discrepancy between tobacco's cost to society and the revenue generated from tobacco excise taxes when working to educate legislators, Congress and the public about the true health and economic impact of tobacco products used in Iowa. *H-2003; Reaffirmed H-2013 Sunset Report*

## 515.000 – Violence and Abuse

**H-515.001: Violence and Abuse, Significant Adverse Health Problem**
IMS recognizes interpersonal and family abuse as a significant adverse health problem in the state of Iowa. *H-1987; Reaffirmed H-2012 Sunset Report*

**E-515.002: Violence and Abuse, Child Abuse Laws**
IMS endorses the position of the AMA contained in the report of the Board of Trustees JJ (I-86) which includes the following statements:

- That the AMA continue to support appropriate child abuse laws providing needed medical care for children involved in abuse of neglect situations;
- That the AMA support the repeal of religious exemption provisions from child abuse laws;
- That laws enacted to protect and provide for the medical needs of children should be fashioned so as to protect the constitutional rights of both parents and children; and
- That the AMA encourage compliance by health care personnel and others with the reporting provisions of state child abuse and neglect laws. *E-1989; Reaffirmed H-2012 Sunset Report*

**H-515.003: Violence and Abuse, Suspected Child Abuse**
IMS supports examination by a physician in cases of suspected child abuse. *H-1992; Reaffirmed H-2012 Sunset Report*

**PF-515.004: Violence Against Healthcare Workers**
The Iowa Medical Society has a zero-tolerance policy toward violence against health care workers.

The Iowa Medical Society will:
- Inform all member physicians of the meaning of Iowa Code 708.3A
- Work with Iowa Hospital Association to ensure that IHA informs its members of IMS policy and have awareness of the law and its implication. *PF 19-2*

## 525.000 – Women

**PF-525.001: Women, Breast Density**
IMS supports working with other stakeholders, including patient advocacy groups, to promote evidence-based information for patients regarding breast density and cancer risk and the limitations of mammography. *PF15-2*

## 600.000 – Governance

**B-600.001: Governance, Sunset Mechanism for IMS Policy**
(1) A sunset mechanism with a 10-year time horizon shall exist for all IMS policy positions established by our IMS Executive Council, House of Delegates, Board of Directors, or Policy Forum. Under this sunset mechanism, a policy will cease to be viable after 10 years unless action is taken by the Policy Forum to reestablish it. Any action of our IMS Policy Forum that reaffirms an existing policy position shall reset the sunset "clock," making the reaffirmed policy viable for 10 years from the date of its reaffirmation. Further, any action of the Policy Forum that modifies existing policies shall reset the sunset "clock," making the modified policy viable for 10 years from the date of its modification.

(2) In the implementation and ongoing operation of our IMS policy sunset mechanism, the following procedures shall be followed:

a) Each year, IMS staff shall provide a list of policies that are subject to review under the policy sunset mechanism, including recommendations;

b) Such policies shall be assigned to a Policy Committee comprised of the Policy Forum Speaker, American Medical Association Delegation Chair, and the Secretary-Treasurer of the IMS Board of Directors;

c) The Policy Committee shall develop and submit a report to the Policy Forum that presents recommendations on how the policies assigned to it should be handled.

d) For each policy under review, the Policy Committee shall recommend one of the following alternatives: (i) retain; (ii) rescind; (iii) retain in part; or (iv) amend the policy.

e) For each recommendation that it makes, the Policy Committee shall provide a succinct, but cogent justification for the recommendation. For recommendations to retain a policy in part or to amend it, the Policy Committee should indicate changes by using strike-through marks for deletions and underscore to indicate new text.

f) The Policy Committee's report to the Policy Forum shall be submitted as a Policy Request Statement prior to the Annual Meeting, thus allowing Members time to review policy recommendations. *B-2011; Amended H-2014*