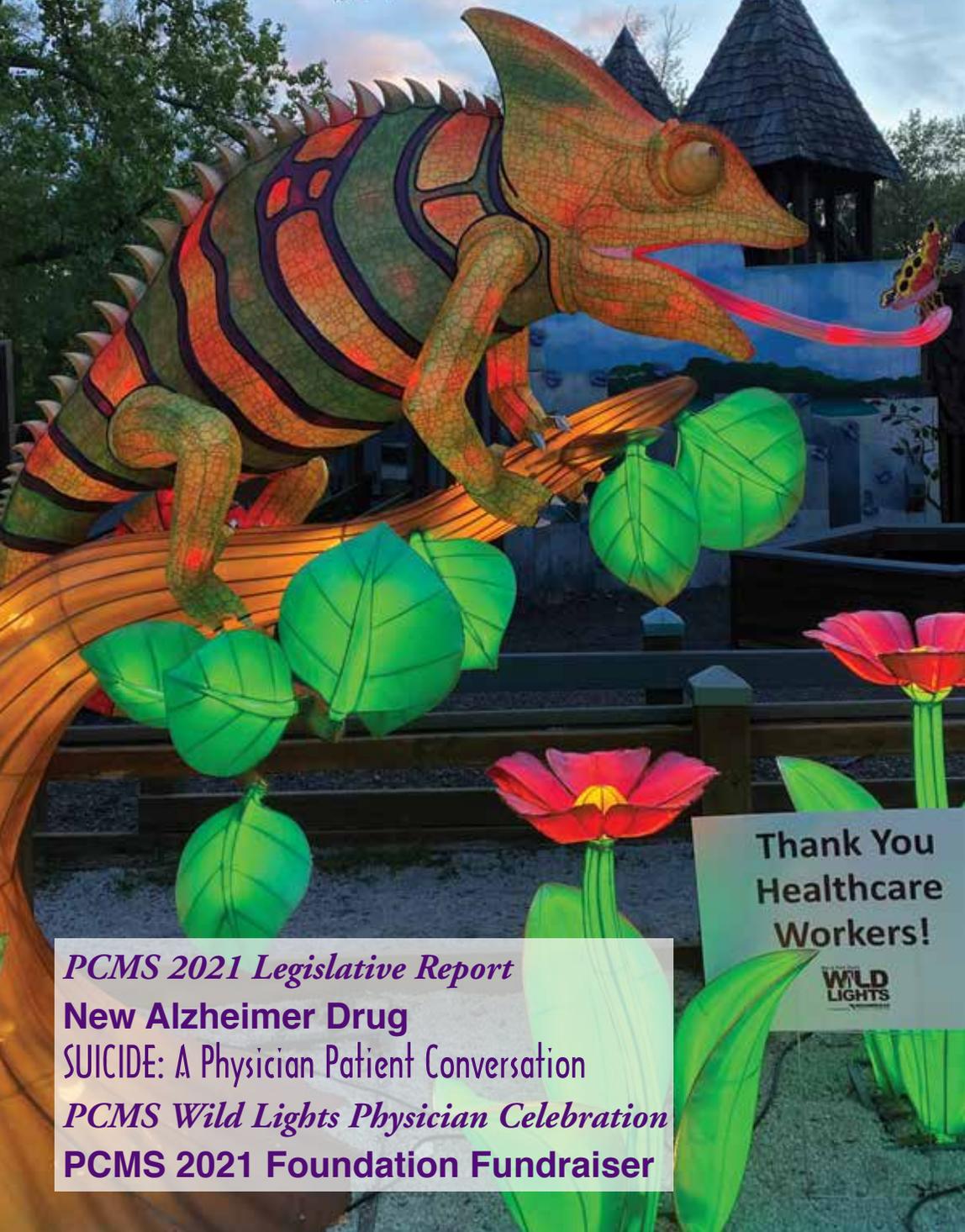


Bulletin

MAY/AUG 2021

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



PCMS 2021 Legislative Report

New Alzheimer Drug

SUICIDE: A Physician Patient Conversation

PCMS Wild Lights Physician Celebration

PCMS 2021 Foundation Fundraiser

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LIGHTS**

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What's new: _____

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*Official Publication
of the Polk County
Medical Society*

VOLUME 93 No. 2

Des Moines, Iowa
May/August 2021

2021

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MAY/AUG 2021
Bulletin
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: Iguana Wild Light thanking health care workers at the Blank Park Zoo.

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REVIEW *and* REFOCUS

By: William Wortman, M.D.

Dear PCMS Membership,

Good Summer and Early Fall to you all. I hope this issue of the *Bulletin* finds you well and having had a somewhat 'new normal' summer.

I am delighted to report that greater than 70 percent of all lowans over 60 years old are now fully vaccinated and the entire population is nearing 50 percent vaccinated.

That being said, we are yet again in the midst of another wave with the largest percentage of such cases noted in those from 18-39 years old. This group, unfortunately, also has some of the lowest vaccination rates in the state at this time.

Furthermore, over 90 percent of the severe and deadly cases are occurring in unvaccinated individuals. While one might be quick to attribute this situation to personal choices and

misinformation, we must remain diligent with public education regarding prevention measures. I would recommend that we redouble our efforts to motivate these demographics to get vaccinated and 'mask up' to help put the lid back on the pandemic.

Since Covid-19 case rates are up, we have decided it's prudent to postpone our annual meeting, which was to be held at the Des Moines Art Center this year. We look forward to the time when it is more suitable and safer to congregate again as soon as possible.

I would like to invite you in welcoming new board members and thanking outgoing physician members of the Board who have worked so diligently on behalf of all physicians and patients in Central Iowa while serving their terms.

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To recap our focus this year to push through much needed Tort Reform in Iowa, PCMS has remained engaged in discussion and formulation of legislation to fix a Hard Cap on Non-Economic damages.

Such legislation was fairly finalized, yet not brought for formal voting during this Legislative Session. The legislature remains on the list of business to debate for the next Legislative Session however, so the issue is not buried, per se, at this time.

While I anticipate that Tort Reform will eventually come to fruition with our continued advocacy efforts with

Congress, the executive council will be brainstorming fresh approaches to this issue in the coming months.

I would also ask our membership to contact the executive council or Paula Noonan, the Chief Executive Officer for PCMS, with any innovative ideas which may augment our existing efforts to exact meaningful Tort Reform.

I wish you all a safe and productive Fall,

William Wortman, M.D.

PCMS FOUNDATION

Did you know?

PCMS Collaborates to Benefit Public Health!

The Polk County Medical Society continually strives toward its mission of improving the general health of the community by collaborating with many local health-care related organizations.

These organizations include, but are not Limited to:

- The Volunteer Physician Network Program
- Polk County Health Department Lead Poisoning Prevention Coalition
- IHCC Domestic Abuse Guide
- PCHD lead Coalition Free Clinic
- Polk County Health Department
- Multi-Disciplinary Emergency Planning Group
- Iowa Collaborative Safety Net Provider Network
- PCHD Jump Start Back-to-School Fair
- PCHD Immunization
- Kathie J Lyman Scholarships for future physicians
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VACCINE MESSAGING:

Is It Lost on an Individualistic Society?

By: Paula A. Noonan, C.E.O.

For most of us, this global pandemic has been nothing like any of us have ever experienced. The messaging has been confusing for many, if not exhausting. How do we change the course of this pandemic?

It has been interesting, to say the least, watching and listening to both sides of the pro vs con conversations on getting vaccinated for Covid-19. It has been hard to comprehend and understand the resistance by some to protecting themselves with the vaccine to help curb this pandemic overall.

Polk County Medical Society, and its executive council, members and staff, have advanced the message for the greater good and individual methods we can take to “stop the spread.” But maybe the message needs altered for better efficacy and compliance by our audience. According to a Washington State University study reported in the *Journal of Health and Communication*, a change in messaging may help advance progress in overall acceptance by the masses of

the Covid-19 vaccination. Emphasis of the importance to individuals regarding how it will help them individually seems to be a step in the right direction to compliance of vaccine receipt.

America is a very individualistic society, unlike many of our European allies’ societies. In a Washington State University study, researcher Porismita Borah, found evidence that “loss” framing, highlighting the potential health problems from not getting vaccinated, was more effective than “gain” framing that stressed benefits for the herd or many.

Nearly 400 messages on vaccinating were tested on participants across the United States. This took place during the original wave of the pandemic, prior to Covid-19 vaccine availability, and before the vaccine misinformation could occur.

“It was really interesting to see that individual frames were more persuasive,” said Borah, associate professor at Washington State University’s Murrow

Continued from page 6

College of Communications. “It’s hard to say exactly why, but it’s possible that it is because culturally, the United States is more individualistic in nature. It’s also possible that because this pandemic situation is unprecedented, people were more concerned about individual consequences.”

The Polk County Medical Society partnered with CMS Region 7 offices, The Polk County Health Department, and Iowa Department of Public Health, to get the message of vaccination out. Most messaging has been based on the greater good, the community and on individual practices of masking up, washing hands and social distancing, but always followed by “Do it for the protection of your family, neighbors, friends, community.”

We have messages tailored for different minorities to help encourage people to vaccinate in general. Personalization of this messaging could get us to the next level.

Although vaccinating does help stop the spread and helps protect

others by protecting you first, maybe communication on the individual impact from Covid-19 may be the “shot in the arm” the vaccination campaign needs. The potential long-term health impacts each individual might endure when exposed, such as long-haulers syndrome, months after your Covid diagnosis, lung function loss, or battling the onset of Covid-19 induced cardiovascular or neurological issues. Maybe the fear of that fallout will be as potent as the fear of the vaccine.

Our messaging was geared towards, “protect those around us, help stop the spread, and do the right thing.” Maybe it should be reshaped towards the individual instead and what will happen to them if they get the virus.

While our PCMS physician members continue to battle Covid-19 and our hospitals fill, how can we bridge the gap of vaccinated versus unvaccinated? Will this be the answer we have been looking for, to encourage and really motivate people towards vaccination? Only time will tell, but it is worth a try to turn the tide on this pandemic.

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I WANT TO BE LIKE THEM

ALEX BATTANI, MBA, *Marketing Strategist*

The other weekend, my wife and I got a much-needed date night away from our kids. It was impromptu. We didn't have reservations and ended up sitting at the bar. A couple sat down next to us. We introduced ourselves and asked if they had any recommendations.

We ended up talking with them throughout the evening. We talked about everything under the sun: family, life, work, kids, music (I play bass and the husband of the other couple plays drums). At some point, we mentioned it was our date night.

When I tried to pay for our meal, the server informed us it had been taken care of already. The wife then turned to us and said "It's our treat tonight. Make sure to do this for others when you are able to."

We were both blown away by the random generosity and how special it made us feel. Something so simple lit us up. We talked about it the whole weekend, telling friends and family our story. Stories like this spread and inspire others to be generous.

At Foster Group, our vision includes encouraging the pursuit of meaningful living and generous giving. That night at the restaurant, I felt how powerful giving can be. Consider paying for someone's meal, gas, or coffee. Tip extra to your waitress. Offer to watch your friends' kids while they go out. Think through where you can give a little extra to make a big impact with someone else.



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New ALZHEIMER DRUG

By: Kiel Morris, M.D.

As I'm sure you are aware, Aducanumab (branded "Aduhelm") recently received accelerated approval from the FDA for use in mild Alzheimer's disease, which has undoubtedly created a lot of excitement particularly among the geriatric population.

Many of you may be receiving questions from your patients and/or family members about the drug and whether it is an option for them; our phones have been ringing endlessly with questions.

I know there is a lot of controversy surrounding its approval, however, I would like to focus on the indications and logistics of administering it to strictly appropriate candidates, in hopes it might answer some less-addressed questions you or your patients may have.

Alzheimer's disease to date is treated holistically encompassing lifestyle interventions such as those found on the IDPH "[Save Your Brain](#)" site, caregiver education, support systems, and medications including cholinesterase inhibitors, memantine, and psychotropics for behavioral symptoms.

Aducanumab, as its name suggests, is a monoclonal antibody designed to target & reduce β -amyloid plaque burden; the hope is to see improvement in cognition, to slow progression, and to preserve long-term function. Time will certainly tell how much of an impact the drug will have on a personal level, but I've framed discussions with patients objectively to avoid potentially misleading expectations.

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Suicide:

A PHYSICIAN AND PATIENT CONVERSATION

By: Maham Bangash, D.O.

Most people reading this article have likely known a person or a family affected by suicide. According to the CDC, 47,500 lives were lost to suicide in 2019. In Iowa that number was 514 with 94 of those deaths being in Polk County.

These numbers are the highest in the state and county in the last 19 years. Despite the strides made in reducing stigma, suicide is still a very uncomfortable topic to discuss. For healthcare professionals, it is crucial to identify risk factors for suicide and be prepared to address them.

Although suicide can affect anyone, middle-aged Caucasian men are at higher risk of completing suicide.

Life events that could increase the risk include recent termination from employment, financial constraints, legal issues, and/or loss of relationships. Patients with substance abuse issues, impulsive or aggressive tendencies, or in social isolation are also high risk for suicidal tendencies.

When evaluating patients for possible mental illness, obtaining family history of suicidality is imperative. It is also important to assess the patients for personal history of suicide attempts and access to lethal means.

Building trust between healthcare providers and patients is crucial towards obtaining complete and reliable

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Continued from page 9

Who qualifies for this treatment?

Generally speaking, patients with subjective and objective cognitive decline from baseline-rated in the severity zone of Mild-Cognitive Impairment (MCI) and Mild Alzheimer's. A distinguishing feature between the two is whether there is significant impairment to instrumental function, e.g., ability to independently manage bills, medications, navigating around town, etc.

Some ways to stratify severity include scores on 30-point screening tools such as MMSE or SLUMS, the limitation of which is that these tools do not equally apply to all patients with varying baseline cognition.

Other tools include the FAST scale which directly stages Alzheimer's patients based on expected disease milestones, and there is also the Clinical Dementia Rating scale (CDR). It may, in some cases, be prudent to send patients for more extensive cognitive testing with a neuropsychologist.

If a patient rates in the MCI-Mild Dementia severity zone and the pattern is clinically consistent with Alzheimer's, we may test biomarkers. At Broadlawns, we are sending carefully selected patients to radiology for guided lumbar puncture so we can test CSF Tau: β -Amyloid ratio (p-Tau: AB42). If the ratio is consistent with Alzheimer's pathology (≥ 0.023),

they are considered candidates for Aduhelm.

What does treatment & monitoring entail?

I haven't started treating any of my dementia patients with Aduhelm as of writing this article, but the standard will be to first obtain a baseline MRI for comparison when we later monitor for "Amyloid-Related Imaging Abnormalities" (ARIA), a potential side effect seen on MRI as T2-FLAIR hyper-intensities. Monitoring MRIs are recommended before the 7th & 12th infusions. I will plan to see my patients before each of the 14 monthly infusions to screen for adverse effects including headaches, confusion, delirium, and diarrhea. Infusions take about an hour once an IV is placed, but patients should expect treatment days to last around two hours.

In summary, there is much to be discussed, yet to be seen, and questions remaining, regarding Aducanumab/Aduhelm. I hope this provides some background on indications, candidacy, and logistics of administering the medication.

Furthermore, I hope it helps you answer questions you may be getting from your patients or family members. In any case, we are more than happy to meet any interested patients to discuss their questions further.

POLK COUNTY MEDICAL SOCIETY

2021 Legislative Report

PCMS Lobbyists:



John Cacciatore



Lon Anderson

One of the primary benefits of membership in your local medical society is the power that the collective membership brings when advocating in the state legislature. This year many PCMS members stepped forward to testify, support and work hand in hand with the PCMS staff Legislative lobby team to review bill language and analyze bills that could affect medicine and impact your practice of medicine.

The Polk County Medical Society (PCMS) staff, lobbyist team and executive council board members

focused our priorities mainly on Tort Reform (HF 592 and SF557). We continue to harness support and movement on this legislation to further protection against a litigious claim environment in Iowa for physicians.

The following is a summary of noteworthy bills of interest to the Polk County Medical Society during the 2021 Legislative Session. Please note that this is the first year of the General Assembly. Legislation not enacted in 2021 will be eligible during the 2022 session.

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BILLS SIGNED BY GOVERNOR REYNOLDS:

SF 524 A bill for an act establishing an inpatient psychiatric bed tracking system study committee. **(Formerly SSB 1227.) (6/8 Signed by Gov. 3/10 Passed Senate 48-0; 5/18 Passed House 90-0; Support) Telehealth was added to SF 524.** **WIN**

SF 619 A bill for an act relating to state and local revenue and finance by modifying future tax contingencies, the state inheritance tax, mental health and disability services funding, school district funding, commercial and industrial property tax replacement payments, providing for housing incentives, providing for other properly related matters, making appropriations, and including effective date, applicability, and retroactive applicability provisions. **(Formerly SSB 1276.) This bill included Telehealth payment parity for mental health and behavioral health services. (6/16 Signed by Gov. 5/17 Passed Senate 29-15; 5/18 Passed House 64-28; Monitor; but support Telehealth)** **WIN**

HF 891 A bill for an act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, **WIN**

providing penalties, and including effective date and retroactive and other applicability date provisions. Below is the link to the Governor's item-veto of HF 891. **This bill had a provision for Volunteer Physician Network Funding which comes under community capacity within this legislation. (6/16 Signed by Gov.; 5/17 Passed Senate 43-1; 5/17 Passed House 54-35; Support Division III; Monitor remainder).**

SF 296 A bill for an act relating to the practice of pharmacy, including the prescription and administration of vaccines and collaborative pharmacy practice. **(Formerly SSB 1095.) (5/19 Signed by Gov. 4/28 Passed Senate 48-0; 4/7 Passed House 89-2; Oppose) Passed mainly because of pandemic environment - the ability to vaccinate needed expanded in the state of Iowa.**

HF 514 A bill for an act relating to the practice of pharmacy and providing for a repeal. **(Formerly HSB 73.) (4/30 Signed by Gov. 4/7 Passed Senate 44-0; 2/23 Passed House 93-0; Monitor)**

Monitored to ensure no impact to scope and practice of medicine:

SF 487 A bill for an act relating to the operation of state government, including the review of state boards

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CELEBRATING PHYSICIANS *at Wild Lights*

The Polk County Medical Society (PCMS) members and guests came out for a celebration of physicians and all their support and care of the community throughout Covid-19. Their truly altruistic care at risk to self still rages on

in this war on the Covid-19 pandemic. Polk County Medical Society provided a respite in this battle with colleagues and family on Wednesday, May 13th, 2021, to thank them and their families for their selfless service.



L-R: Christopher Kruse, Jason Kruse, D.O., Kristina Kruse and daughters Lydia and Amelia get schooled by some fish at PCMS Wilds Lights celebrating physicians and all their continued selfless work throughout Covid-19.



L-R: Gary Bremen, M.D., Linda Bremen escort Simon and Henry Roberts through the wild animals in lights.

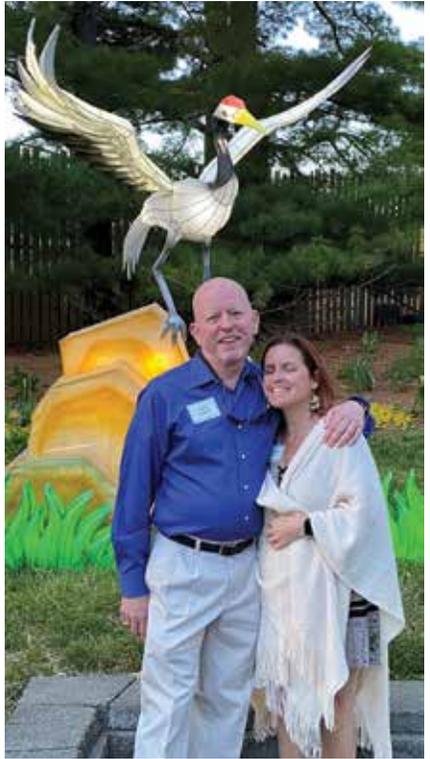


L- R: Caroline Boehnke, M.D. Samantha Becker and Thomas Becker, M.D. enjoy celebrating physicians with their colleagues and families.

Continued from page 16



L-R: Julie and Mike Agey, M.D. hang out with the Orangutans.



L-R: Gregory Schmunk, M.D. and Stephanie McGaffin bring in the evening with the Cranes.



L-R: Jason Kessler, M.D. and MaryAnne Kessler are being watched by the Meerkats.



Beth Davidson, M.D., Natalie, Liam, and Michael Davidson celebrate a big birthday with family and colleagues at the event, who sang to Natalie to ring in her big day.

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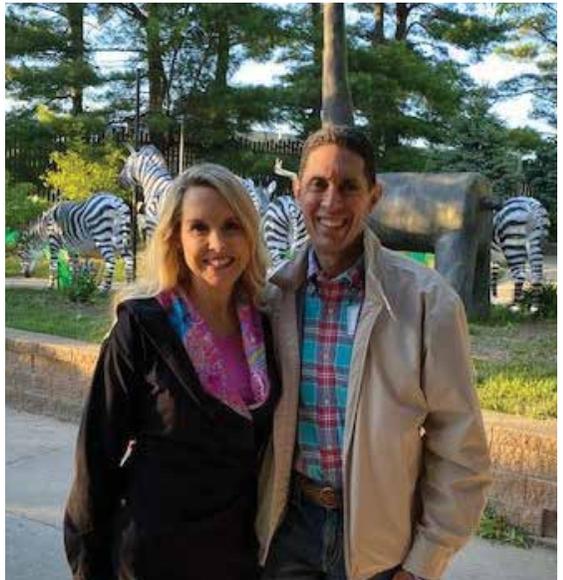
L-R: It's a family affair for Seema Harichand-Herd, M.D. and family who stroll the PCMS Wild Lights celebrating physicians together.



L-R: Jim Kimball, M.D. and Mary Ellen Kimball light up the night with the Peacocks.



Michael Jackson, M.D. gets chased by some lighted Cheetahs.



Karol and Amr Kamhawy, M.D. enjoy the lighted Zebras and the event.

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It was a family affair for Kathie Lyman, past PCMS Executive Director for over 30 years who came back to celebrate with all the PCMS physicians who remain so dedicated to our communities. L-R: Ron Eisbrenner, Anthony Lyman, Dermot Noonan, Elle Lyman, Arden Lyman, Kathie Lyman, Kris McVicker and friend.



L-R: Ethel Condon, M.D., Janie Hendricks, D.O. and Marty Crowder plan their Wild Lights safari.



Jane and James Patten, M.D. arrive ready for adventure during the PCMS celebration of physicians.



Debra Sixta, M.D., Sam Sixta and Jim Sixta all toast the beautiful evening and hard work by physicians.

Continued from page 11

information from the patients. Patients should be made to feel comfortable and given enough time to talk about personal and sensitive issues. Providers should also be upfront with their queries. Contrary to common belief, asking about suicide does not lead to someone considering it.

Acute suicidal tendencies should be treated as a medical emergency and the patient should be sent to an available emergency department. Patients should also be educated that if they are actively at risk for self-harm, they should call 911 or go to the nearest emergency facility.

Another valuable resource we have in Polk County is the psychiatric urgent care clinics. These include facilities at Broadlawns and UP Lutheran Hospital, respectively. There, patients can go for medication management, mental health assessments, or mental health crises that are non-emergent.

Patients can also call the Crisis Center at 1-855-581-8111 for issues such as anxiety, depression, substance use, or suicidal thoughts. If needed, an in-person team can then be dispatched to assist the caller.

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Candidates from under-represented groups are encouraged to apply.

Continued from page 15

and the regulation of professions and occupations, and including effective date and applicability provisions. **(Formerly SSB 1046.) (4/8 Unf. Bus. Cal.; Monitor)**

HF 764 A bill for an act relating to disciplinary hearings conducted by professional licensing boards. **(Formerly HSB 75.) (3/10 Referred to Ways & Means.; Monitor)**

SF 118 A bill for an act exempting from the individual income tax the value of charity medical care provided by a physician to certain patients in this state and including applicability provisions. **(1/26 Referred to Ways & Means.; Monitor)**

Latest Action and Died – But Still Alive for Next Year -On Legislative Calendar

HF 592 A bill for an act relating to noneconomic damage awards against health care providers. **(Formerly HF 517.) (5/18 Daily Debate Cal.; Support)**

SF 557 A bill for an act relating to noneconomic damage awards against health care providers. **(Formerly SSB 1225.) (4/1 Unf. Bus. Cal.; Support)** **Progress was made on HF 592 and SF 557, regarding Tort Reform. House leadership is still attempting to get 51 votes in the House. PCMS Physician, staff and legislative team provided vast**

outreach to the House Members on the issue of Tort Reform and continue to work during the legislative recess on grassroots efforts and strategies for the next legislative session.

HF 431 A bill for an act relating to the provision of audio-only telehealth or telemedicine by health care professionals. **(Formerly HF 88.) (4/8 Unf. Bus. Cal.; Support)**

SF 487 A bill for an act relating to the operation of state government, including the review of state boards and the regulation of professions and occupations, and including effective date and applicability provisions. **(Formerly SSB 1046.) (4/8 Unf. Bus. Cal.; Monitor)**

HF 764 A bill for an act relating to disciplinary hearings conducted by professional licensing boards. **(Formerly HSB 75.) (3/10 Referred to Ways & Means; Monitor)**

SF 118 A bill for an act exempting from the individual income tax the value of charity medical care provided by a physician to certain patients in this state and including applicability provisions. **(1/26 Referred to Ways & Means; Monitor)**

Bills of Note that Died in the 2nd Funnel – died in committee and would need committee approval next session to move forward:

continued on page 22

Continued from page 21

HF 196 A bill for an act expanding the health care professional recruitment program. **Was HF 5 (Monitor)**

HF 526 A bill for an act relating to price transparency and cost-sharing for prescription drugs and including applicability provisions. **(Formerly HSB 46.) (Monitor)**

HF 294 A bill for an act relating to reimbursement rates for health care services for mental health conditions, illnesses, injuries, or diseases provided to covered persons by telehealth, and including effective date and retroactive applicability provisions. **(Formerly HF 89.) (Support)**

SF 125 A bill for an act relating to immunization information requested on a medical examiner investigation form. **(Monitor)**

HF 547 A bill for an act relating to the required reporting of the administration of vaccines and immunizations to the statewide immunization registry and providing for licensee discipline. **(Formerly HF 169.) (Monitor)**

HF 731 A bill for an act prohibiting certain health carriers from excluding certain out-of-state health care professionals from participating as providers, via telehealth, under the carriers' policies, plans, and contracts, and including effective date and applicability provisions. **(Formerly HF 269.) (Monitor)**

HF 625 A bill for an act relating to direct health care agreements and including effective date and applicability provisions. **(Formerly HF 289.) (Support)**

HF 487 A bill for an act relating to medical residency positions and audition rotations for medical students and medical residency position applicants meeting certain criteria. **(Formerly HF 270.) (Support)**

HF 686 A bill for an act relating to the administering, prescribing, or ordering of immunizations or vaccines by a licensed podiatric physician, and providing an effective date. **(Formerly HSB 175.) (Oppose)**

HF 656 A bill for an act relating to continuity of care and nonmedical switching by health carriers, health benefit plans, and utilization review organizations, and including applicability provisions. **(Formerly HF 372.) (Support)**

HF 729 A bill for an act relating to pharmacy benefits managers, pharmacies, and prescription drug benefits, and including applicability provisions. **(Formerly HSB 228.) (Monitor)**

HF 803 A bill for an act relating to duties performed by physician assistants. **(Formerly HSB 255.) (Monitor)**

Continued from page 22

SF 528 A bill for an act relating to reports prepared by a chief medical officer, licensed physician, or a mental health professional concerning the hospitalization of a person with a mental illness. **(Formerly SSB 1229.) (Monitor)**

HF 735 A bill for an act relating to emergency care policy and procedure requirements applicable to an ambulatory surgical center. **(Formerly HF 115.) (Monitor)**

HF 783 A bill for an act relating to the elimination of surgical smoke by hospitals, critical access hospitals, and outpatient surgical centers. **(Formerly HSB 59.) (Monitor)**

Bills of Note that Died in the 1st Funnel – Less Likely to be on Legislative agenda next year. Would have to pass committee, chamber and then a committee in the opposite chamber to be eligible.

SF 477 A bill for an act relating to information to be provided, recorded, and reported by health care providers relative to certain vaccinations, and providing penalties. **(Monitor)**

SF 276 A bill for an act relating to the information to be provided by a health care provider as part of a referral of a patient to an ambulatory surgical center and providing for licensee discipline. **(Monitor)**

SF 275 A bill for an act relating to the licensure of ambulatory surgical centers, providing for fees to be considered repayment receipts, and providing penalties. **(Monitor)**

SF 274 A bill for an act relating to emergency care policy and procedure requirements applicable to an ambulatory surgical center. **(Monitor)**

HF 404 A bill for an act relating to the practice of alternative and complementary medicine and making penalties applicable. **(Oppose)**

SF 178 A bill for an act relating to continuity of care and nonmedical switching by health carriers, health benefit plans, and utilization review organizations and including applicability provisions. **(Support)**

HF 217 A bill for an act relating to exemptions from required immunizations and vaccinations. **(Oppose)**

SSB 1112 A bill for an act relating to disciplinary hearings conducted by professional licensing boards. **(Monitor)**

HSB 123 A bill for an act relating to midwife licensure, providing for fees, and making penalties applicable. **(Oppose)**

continued on page 24

Continued from page 23

HF 132 A bill for an act relating to online continuing education courses for maintaining a professional license. **(Monitor)**

HF 528 A bill for an act relating to the authority of a dentist relating to the prescribing and administration of certain immunizations and vaccines. **(Formerly HSB 71.) (Monitor)**

SF 92 A bill for an act relating to reimbursement rates for health care services provided to covered persons by telehealth and including effective date and retroactive applicability provisions. **(Support)**

HF 52 A bill for an act relating to the accreditation of the office of the state medical examiner. **(Monitor)**

SF 5 A bill for an act relating to the disclosure of the prices charged for health services rendered by health care providers and hospitals. **(Monitor)**

WANTED

Authors to Write Original Articles

Would you like to write an original article to have published it in the PCMS bi-monthly Bulletin? Topics for articles should be related to the medical field or about one of our members. Please submit articles to the Polk County Medical Society by email at pcms@pcms.org. Listed below are the requirements for publication:

1. Submit original article typed on one side, single-spaced. Length of article preferred one to two pages 8-1/2 x 11" paper or 350 words.
2. Articles should have titles not to exceed five words and may be reconstituted at the discretion of the editor.
3. A recent photo of author and subject is desirable.
4. Byline information should include the highest degree or title, office or pertinent affiliation.
5. Articles may be edited to conform to publication style.
6. All articles written become the permanent property of Polk County Medical Society and may not be published elsewhere without permission from PCMS.
7. Articles not received by issue deadline may be published in further issues.
8. Articles are received with the explicit understanding that they are not simultaneously under consideration by another publication.

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Holly Melahoures, D.O.
- 2
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- 4
Douglas Dorner, M.D.
- 6
Steven Strang, D.O.
- 7
Julie Carmody, M.D.
Susan Jacobi, M.D.
- 8
Carolyn Beverly, M.D.
Matthew Rauhen, M.D.
Phillip Bryant, D.O.
- 11
Maurice Hart, M.D.
- 13
Dale Steinmetz, M.D.
Dev Puri, M.D.
- 14
Steven Rosenberg, M.D.
- 15
Charles Lozier, M.D.
Corey Mineck, M.D.
Craig Shadur, M.D.
Mark Bissing, D.O.
- 17
Dale Andres, D.O.
Dana Danley, M.D.
David Mc Allister, D.O.
Jennifer Lhompson, D.O.
- 18
William Yost, M.D.
- 20
Dawn Schissel, M.D.
Marc Klein, M.D.
Robert McKinney, D.O.
- 21
Thomas McAuliff, D.O.
- 23
John Ghrist, M.D.
- 24
Gregg Polzin, M.D.
- 27
Douglas Massop, M.D.
- 29
Christine Carstensen, M.D.
- 30
Christopher Blodi, M.D.
- 31
Michael Nicholson, D.O.

Is your birthday missing? Let us know!

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- 2
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- 3
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Robert Hoyt, M.D.
- 4
Ryan Bakke, M.D.
- 6
David Ball, M.D.
- 8
James Lawler, M.D.
- 9
Jennifer Abler, D.O.
Monmohan Singh, M.D.
- 10
Kevin J. Cunningham, M.D.
- 13
Ravinder Agarwal, M.D.
Stanton Danielson, M.D.
Becky Jo Davis-Kramer, D.O.
Christopher White, M.D.
- 14
Janie Hendricks, D.O.
Robert Thompson, M.D.
- 15
Kelly S. Bast, M.D.
John U. Skoog, M.D.
- 16
Denis Reavis, D.O.
Libby K. Naeve, D.O.
- 18
Mark Purtle, M.D.
Christina Taylor, M.D.
Andrew Zeff, M.D.
- 19
Bic Carfrae, M.D.
James Poole, D.O.
- 21
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Dante Toriello, D.O.
Mark Westberg, M.D.
- 24
Illa Chandani, M.D.
Martin Aronow, D.O.
Praveen Prasad, M.D.
- 25
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Gregory Schmunk, M.D.
- 26
Michael Harvey, D.O.
- 27
Katrina Smith, M.D.
Kevin Percival, M.D.
Thomas Dulaney, M.D.
- 30
Jennifer Groos, M.D.
Randall Hamilton, M.D.

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- 6
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Larry Beaty, M.D.
- 7
Ellie Bishop, D.O.
Kyle Alliman, M.D.
Ravi Vemuri, M.D.
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- 8
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Steven Craig, M.D.
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- 10
Chandramohan Batra, M.D.
- 11
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Denville Myrie, M.D.
Theodore Rooney, D.O.
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John Martens, M.D.
- 14
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- 16
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Lingxiang Zhou, M.D.
- 22
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- 23
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- 29
James Cummings, M.D.
- 30
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Theresa Wahlig, M.D.
- 31
Eric Anderson, M.D.
Nicholas Southard, D.O.

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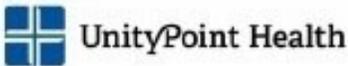
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POLK COUNTY MEDICAL SOCIETY FOUNDATION

Fundraiser Event

The Polk County Medical Society (PCMS) members, guests and sponsors came out in support of PCMS Foundation on Wednesday, June 30th, 2021. The event was a fantastic evening in support and awareness for PCMS Foundation programs such as the Kathie J. Lyman Scholarships for medical students

and medical missions. It was a night of fun, camaraderie, food and live music for a great cause – promoting the future of medicine and community health programs supported through PCMS. Thank you to all who attended and supported this great evening!



L-R: Kate Massop, M.D., Doug Massop, M.D. and Kathie Lyman, past Executive Director of PCMS came out to support the PCMS Foundation and the scholarship program dedicated in her name for future physicians.



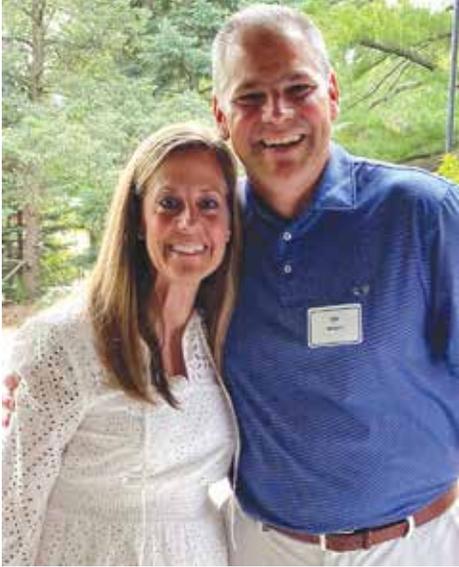
L-R: Shondra and Hijinio Carreon, D.O. mingle and enjoy a summer evening and live music in support of community health programs provided by the PCMS Foundation.



L-R: Elizabeth Matthews, M.D., Reema Patel, M.D. and Kaitlyn Cunningham, M.D. enjoy collegiality in support of the PCMS Foundation.

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Continued from page 29



L-R: Katie and Dan Wengert enjoy the lively music and supporters of the PCMS Foundation.



L-R: Mendy Siembieda and William Napier, M.D. enjoy the festivities.

Jim Choi, M.D. and Paul Jabour, M.D. ready for a relaxing evening with music, food and fun in support of the PCMS Foundation.



L-R: Paula Secker-Johnston, Nia Vassilonikolidakis, Shelly Mitchell and Kaitlin Dallman join the fun in support of scholarships and health care at the PCMS Foundation Fundraiser.

Continued from page 30



Supporters John Schmidt and Craig Schrader enjoy chatting with physicians and new found friends.



L-R: Jason Kessler, M.D. and Mary Anne Kessler come out to support the foundation, colleagues and future physicians.



L-R: Brittany Pederson, D.O. and Josh Maahs are happy to attend and support the PCMS Fundraiser for the Foundation and programs helping people to participate positively in their communities.

A wonderful turnout to support the PCMS Foundation programs in our communities and scholarships for medical students in Iowa.





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