

Bulletin

Oct/Dec 2025

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



The GME Bottleneck Is Worsening—Iowa Must Respond

PCMS Teddy Bear Tea & Santa Brunch

Courage, Community, and Control: My Path to a PLLC

GLP-1s and Alzheimer's: What Physicians Need to Know

PCMS Washington D.C. Fly-in

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Inside This Issue

Feature Articles

PCMS Washington D.C. Fly-in.....	5
The GME Bottleneck Is Worsening— Iowa Must Respond	11
<i>By: David Connett, D.O.</i>	
PCMS Falloween Fest 2025.....	14
PCMS Teddy Bear Tea & Santa Brunch	16
Dollars in Action: The Julie Evans Memorial Children's Healthcare Fund: Year End 2024/25 Impact Report ...	24
Courage, Community, and Control: My Path to a PLLC.....	25
<i>By: Amy Bingaman, M.D.</i>	
GLP-1s and Alzheimer's: What Physicians Need to Know.....	27
<i>By: Yogesh Shah, M.D.</i>	
PCMS Legislative Priorities 2026	31

Monthly Articles

President's Message	4
CEO's Perspective	7

COVER PHOTO: PCMS Gift of the Season.

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Strength, Service, *and the* *Spirit of the Season*

By: Thomas Klein, D.O.

Dear PCMS Members,

As we reach the close of another year, I want to extend my deepest appreciation to every physician across Polk County and Central Iowa. This season gives us a moment to pause, reflect, and honor the extraordinary dedication you bring to your patients, your colleagues, and our community every single day.

The challenges you face—administrative strain, workforce shortages, public health pressures, and the ever-changing landscape of modern medicine—are real and felt deeply. Yet despite it all, you continue to show resilience, compassion, and an unwavering commitment to healing. Your work is not only essential; it is profoundly meaningful.

At the Polk County Medical Society, our purpose is to stand beside you in that work. We advocate so you can practice. We speak so your voices are heard. We work to ensure that the profession of medicine remains strong, respected, and led by those who understand it best—physicians.

This year, we strengthened our advocacy efforts, expanded our support programs, deepened community partnerships, and amplified the physician voice in legislative and regulatory arenas. None of this is possible without your engagement and trust.

As we look forward to the year ahead, please know that PCMS remains committed to being your ally, your advocate, and your community. Together, we will continue the essential work of protecting the future of medicine in Central Iowa.

During this holiday season, I hope you find rest, connection, and moments of joy with those you love. Thank you for the extraordinary work you do, the lives you touch, and the strength you bring to this profession.

With gratitude and warm holiday wishes,

Tom Klein, D.O.

Washington, D.C. Fly-In

On October 21, 2025, leaders from the Polk County Medical Society (PCMS) met with Iowa's U.S. Congressional delegation to address several urgent health policy challenges facing patients and physicians in our state. PCMS highlighted Iowa's serious physician reimbursement disparity—despite leading the nation in quality outcomes, Iowa physicians remain near the bottom in Medicare payment rates, even though practice costs mirror those of neighboring states. This widening gap threatens physician recruitment and retention and further strains an already fragile workforce.

PCMS also raised concerns about the newly announced \$100,000 H-1B visa fee for international medical graduates (IMGs), who are essential in serving rural and underserved communities.

In addition, the delegation was briefed on confusion caused by recent ACIP vaccine recommendations for COVID-19 and MMRV, the looming expiration of Medicare telehealth flexibilities on September 30, 2025, and restrictive Local Coverage Determinations (LCDs) that limit access to non-opioid pain management options—undermining efforts to combat opioid misuse.

In response, Iowa's Congressional delegation agreed to sign a letter to HHS Secretary Robert F. Kennedy, CMS, and Dr. Oz Mehmet in support of some of the concerns and policy changes requested by PCMS. This joint action reflects a shared commitment to addressing physician reimbursement inequities, protecting telehealth access, ensuring clear and evidence-based vaccine policy, supporting IMGs, and improving coverage policies so Iowa patients can continue to receive the high-quality care they deserve.



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DECK THE HALLS WITH HEALING . . . and a Warrior's Resolve



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

As the holiday season nears, a time marked by gratitude, rest, and reflection, I was reminded of a powerful challenge aimed at physicians: to safeguard the future of medicine by embracing not only their role as healers, but also their responsibility to defend the profession when needed. The call was clear: stand strong for patients, support fellow physicians, and uphold the values that define our work.

This message feels especially meaningful at this time of year. As we take stock of the contributions physicians make and the sacrifices that often accompany their service, we are also reminded of the shared mission that binds our membership together. These values lie at the center of the Polk County Medical

Society and guide our purpose throughout the year.

Yet this call to action resonates now more than ever. Medicine continues to evolve rapidly, but the systems surrounding care are increasingly strained. Physicians who devote themselves to healing are often asked to do even more—advocate for change, challenge unnecessary obstacles, and speak out when patient care is at risk. Through PCMS, that collective strength becomes a unified voice capable of creating real and lasting impact.

The Healer's Path

The journey into medicine begins with a simple and noble desire: to help those in need. Years of training turns that desire into clinical

continued on page 8

continued from page 7

expertise, thoughtful decision-making, and a deep understanding of the challenges patients face. This healer's identity is both enduring and irreplaceable, but true healing extends far beyond individual encounters. It includes the broader forces that shape health - public policy, community resources, access to treatment, and the conditions in which care is delivered. At times, fulfilling the healer's purpose means stepping forward to influence these forces for the better.

When the Healer Must Become the Warrior

The current healthcare landscape demands more from physicians than clinical excellence alone. It asks them to defend the profession and protect the systems that allow healing to occur. A warrior in medicine is not someone seeking conflict but someone willing to speak up when silence would allow harm.

- **They stand beside colleagues facing overwhelming administrative strain.**
- **They challenge policies that devalue patient-centered care.**
- **They work to ensure that vulnerable populations are not forgotten.**
- **They lend their experience and ethical grounding to discussions that shape health policy.**

The Polk County Medical Society proudly carries this warrior spirit into boardrooms, legislative halls, and community conversations—amplifying the concerns and priorities of physicians across Central Iowa.

Protecting the Future of Medicine

A sustainable future for healthcare requires intentional effort. While hospitals and clinics play indispensable roles, they cannot represent the physician voice when it comes to autonomy, scope of practice, payment structure, or regulation. That responsibility must remain with physicians and the organizations that advocate directly for them.

This is the foundation of the Polk County Medical Society. Through our Executive Council, we represent physicians in settings where decisions affecting the profession are made. Our advocacy work focuses on:

- **Securing appropriate and equitable reimbursement**
- **Reducing administrative and prior authorization obstacles**
- **Ensuring care remains guided by physicians**
- **Supporting the well-being of physicians and their families**

PCMS serves as a steady and consistent voice for those who dedicate their lives to caring for others.



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continued from page 8

The Challenges We Face Together

Physicians are confronting pressures today that differ sharply from the challenges experienced in previous eras:

- **rapid growth in administrative workload,**
- **shortages across the healthcare workforce,**
- **widespread misinformation that complicates patient relationships,**
- **burnout that threatens both health and retention,**
- **and inequities that prevent communities from receiving the care they deserve.**

These issues stretch beyond the clinical setting. Addressing them requires coordinated advocacy and the belief that meaningful change is possible when physicians unite.

Rising to the Moment

The invitation to be both healer and warrior reflects an essential truth about modern medicine: caring for patients also means caring for the

systems that serve them. The two roles are inseparable.

To support patients, we must confront barriers that impede their care.

To support colleagues, we must acknowledge and address the weight they carry.

To support our profession, we must act with unity, strength, and determination.

As we close this year and look ahead to a new one, may the holiday season bring you rest, renewal, and reminders of the extraordinary work that we have accomplished. And may it strengthen our shared commitment to stand together in the challenges that lie ahead.

The healer restores what is broken. The warrior protects what must endure.

In this season of hope, we honor both—knowing the future of medicine depends on each and step confidently into the work ahead.



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The GME Bottleneck Is Worsening — *Iowa Must Respond*



By: David A. Connett, D.O.

As Dean of Des Moines University College of Osteopathic Medicine, I recently attended the annual meeting of the American Association of Medical Colleges. The meeting offered important insights into national trends in medical education, with the most consequential discussion centered on updated physician workforce projections.

The AAMC has extended its projected national physician shortage from 2036 to 2050, now estimating a deficit exceeding 400,000 physicians by mid-century. This anticipated shortfall is evenly split between primary care and specialty medicine, though it is important to note that roughly two-thirds of internal medicine graduates ultimately pursue specialty training.

The analysis also recognized the essential contributions of physician assistants/associates and nurse practitioners. However, their entry into

primary care versus specialty-aligned practice mirrors the distribution seen among physicians—meaning their growth alone will not rebalance national shortages.

Workforce modeling further incorporated the expansion of both MD and DO medical schools as well as the ongoing contributions of international medical graduates. Even with this expanded pipeline, a declining pool of qualified applicants is projected over the next decade, with stabilization expected around 2036. This temporary contraction in applicant numbers represents an additional barrier to meeting national workforce needs.

A major conclusion echoed by many leaders at the meeting is that the bottleneck is no longer medical school capacity—it is **graduate medical education (GME)**. Residency growth has not kept pace with the increasing

continued on page 12

Continued from page 11

demand for physicians, and this mismatch will worsen the national deficit unless addressed urgently.

For Iowa, the implications are clear. Without deliberate and sustained expansion of GME programs across the state, we risk deepening projected physician shortages in both rural and urban communities over the coming decades. Strengthening Iowa's training infrastructure is not only a statewide priority—it is essential to securing the future healthcare workforce our communities will rely upon leadership skills and help forge professional relationships that endure throughout one's career.

Ultimately, organized medicine offers more than networking or résumé building - it is a forum to influence meaningful change. Medical students who engage early will find themselves better equipped, more informed, and more connected as they advance into residency and practice. As physician-leaders, we have a responsibility to extend the ladder downward - and students must be encouraged to climb it.

Let us model the engagement we wish to see and ensure that our next generation of physicians is prepared to lead.





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PCMS FALLOVEEN FEST 2025

AT

Howell's Greenhouse & Pumpkin Patch

The Polk County Medical Society (PCMS) members, along with their families and friends, once again welcomed the season with sunshine and smiles at the **fourth annual PCMS Falloween Fest**. Held on **Saturday, October 4, 2025**, at **Howell's Greenhouse & Pumpkin Patch** in Cumming, Iowa, the day offered the perfect backdrop for enjoying the crisp autumn air and the beauty of the outdoors together.

From the moment guests arrived, the energy was high and the laughter steady. Families spent the day taking part in classic fall farm favorites—**hayrack rides, pumpkin picking, pony rides**, wandering through the **corn maze**, exploring the play area, and even climbing aboard the always-popular **bubble bathtub-in-tow tractor ride – even the adults took a spin!** With so much to do, many attendees didn't even pause long enough to redeem their lunch vouchers!

Whether shopping for seasonal décor in the big barn, savoring caramel apples, or going all-in at the corn pool, everyone found a way to make the day memorable. The event once again showcased the strong sense of community within PCMS and the joy that comes from gathering outside the clinic walls. We look forward to hosting many more fun, family-friendly events throughout the coming year, continuing to bring together our PCMS physician members, their families, and friends in celebration, connection, and community.





Season's Greetings to Our Physicians

To our dedicated physician members of
the Polk County Medical Society,

As this holiday season arrives, we extend our deepest gratitude for all you do to protect the safety and integrity of medicine in our community. Your leadership, expertise, and unwavering advocacy for the practice and scope of medicine touch every life in Polk County **in ways deeply felt.**

Thank you for your tireless care, your courage in times of challenge, and your commitment to healing and hope. Because of you, our community is healthier, safer, and stronger.

PCMS Spreads Holiday Cheer at the 2025 Teddy Bear Tea & Santa Brunch

The Polk County Medical Society (PCMS) welcomed the season of giving with its beloved **annual Teddy Bear Tea & Santa Brunch Holiday Event** on **Sunday, December 7, 2025**, hosted in partnership with the **Wakonda Club**. This cherished gathering once again served as both a festive celebration and a charitable drive supporting **Toys for Tots**.

Guests arrived with toy donations in hand and were treated to a joyful array of holiday entertainment. **Santa Claus** made his traditional appearance, greeting families, hearing wish lists, and sharing plenty of smiles. **Maharry Photography** provided professional holiday portraits, giving families a perfect memento of the day. Adding to the magic, the **Des Moines Choral Society** filled the club with carols as

wandering minstrels, creating a warm and spirited backdrop as attendees enjoyed a delicious holiday brunch. The event concluded with a whimsical visit to *Candy Land*, where desserts and sweet treats delighted guests of all ages.

Thanks to the generosity of attendees, this year's event resulted in an impressive collection of toys for children in need—truly capturing the spirit of the season. We extend heartfelt appreciation to everyone who made this tradition part of their family's holiday celebrations.

If you were unable to join us this year, we hope to welcome you in 2026—and invite you to make this joyful event one of your family's favorite seasonal traditions.



Continued from page 16



continued on page 18

Continued from page 17



Continued from page 18



continued on page 20

Continued from page 19



Continued from page 20



continued on page 22

Continued from page 21





Through their dedication and passion to serve our communities, our Volunteer Physician Specialists and their staff give the greatest gift of all...

THE GIFT OF HEALTH

Because of you, almost 5,000 Iowans in need each year—those 200% below the federal poverty guidelines—have access to specialty care. Your impact on their quality of life is immeasurable.

THANK YOU for all you do, today and throughout the year.

Dollars in Action:

The Julie Evans Memorial Children's Healthcare Fund

FY 2024/25 IMPACT REPORT

Honoring the Legacy of Compassion: The Julie Evans Memorial Children's Healthcare Fund

In 2024/25, the Polk County Medical Society's Volunteer Physician Network (VPN), supported by the Julie Evans Memorial Children's Healthcare Fund and the Evans Family Charitable Foundation, served as a critical safety net for Iowa's most vulnerable children and families.

The program coordinated specialty care for 3,663 at-risk patients living 200% below of the federal poverty level who had no other coverage or assistance options. Through more than 64 medical specialty areas, VPN organized consultations, diagnostic testing, surgeries, follow-up care, and education—an estimated \$8.5 million in donated care that restored health, kept children in school, and allowed parents to return to work and community life.

The Fund's impact extends well beyond clinical care. Recognizing the growing diversity of Iowa's communities, VPN expanded

language access by adding another interpretation provider, delivering nearly 300 hours of interpretation in 26 languages. This made safe, accurate communication possible between non-English-speaking patients and volunteer specialists, ensuring families could understand diagnoses, treatment options, and long-term care plans. Individual patient stories—a 6-year-old girl who received life-saving cardiac surgery and a 15-year-old boy navigating complex rheumatologic and gastrointestinal illness—illustrate the depth and complexity of the care made possible only through this fund.

At the same time, demand for specialty care has climbed since the program's inception, while funding pressures and rising healthcare costs threaten VPN's ability to keep pace. The Evans Family Charitable Foundation donation investment in the VPN will help maintain and expand services and ensure ongoing coordination of specialty care for children and families in need and at risk—continuing Julie Evans' legacy of compassion and access to care for all.

Courage, Community, and Control:



My Path to a PLLC

By: Amy Bingaman, M.D.

We are not taught the business aspect of practicing medicine in our education. After graduating residency, I was on active duty in the Navy where decisions were made for me, and the pay was standardized. Certain aspects of military medicine were amazing - no prior authorizations, the ability for patients to receive the imaging, labs, workup and medications or surgery without the worry of bills.

Certain aspects were frustrating but overall, I am supremely grateful for the training I received, and the lifelong friendships formed! I also had my last three children there, an emergency surgery, my oldest had several surgeries there and my husband had surgery there. I felt

like we were in the most capable and caring hands!

I returned to Iowa 15 years ago. I had the privilege of working with a fabulous group of physicians, midwives, and nurses at Unity Point for ten years. I worked too much (often my own doing!). When COVID occurred, I was not able to see my family during the long call shifts, and I got burnt out.

I changed gears and went to Broadlawns – a community based, teaching hospital. Somehow, I was nearly as busy there, as I was at Unity Point. Then I realized that my last two children would soon be out of the house like my oldest two, and my time was limited with them.

continued on page 26

Continued from page 25

I think it is extremely challenging to find the right balance between medicine and family. I'm still figuring it out, but this is the best it's been so far! My kids have noticed that I'm happier than they've ever seen me!

With the help and guidance from stellar colleagues, I decided to become a PLLC (can you believe that Dr. Amy was not taken?).

Was I scared? YES.

Was I intimidated? YES.

Am I happy? YES!

I felt fortunate that we had already put our farm into an LLC so I could use the same lawyer. I was petrified to set up my own business and be responsible for my finances. Thankfully, we have a fabulous CPA who helped with all the paperwork. Figuring out health insurance, malpractice, banking,

and retirement funds has been a learning process. It is a family affair. My oldest is designing my webpage, my middle will help with my finances and the younger two think I should embrace social media, and they'll be my agents (tempting as I'm tired of all the medical misinformation on TikTok!)

I feel fulfilled going to small communities in Iowa who do not have gynecologic services currently. Patients are so thankful to receive their care locally and the hospital is equally appreciative. I feel empowered, and it is best to have control over my schedule. I will likely work more in the winter and less in the summer and during the kids' breaks. I'm excited to have my holidays off (unless I choose to work!) And these last few Spring Breaks with my high schoolers! Life is short, change can be amazing if you embrace it!



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By: Yogesh Shah, M.D.

GLP-1s and Alzheimer's:

What Physicians Need to Know

Over the past few years, GLP-1 receptor agonists have become a household name, thanks to their transformative effects on diabetes and obesity management. Medications such as **semaglutide (Ozempic, Wegovy, Rybelsus)** and **Liraglutide (Victoza, Saxenda)** have shown not only metabolic benefits but also potential cardiovascular and neuroprotective effects. Now, the scientific community is asking an even bigger question: **Could these same medications help prevent or slow Alzheimer's disease?**

The Link Between GLP-1s and Brain Health

Originally developed for type 2 diabetes, **GLP-1 (glucagon-like peptide-1)** agonists mimic a natural hormone that regulates blood sugar, insulin secretion, and appetite. But research has increasingly shown that their effects extend well beyond metabolism.

Animal studies and small human trials suggest GLP-1s may **reduce brain inflammation, improve vascular**

health, and even **protect neurons** from injury. These properties align closely with several mechanisms implicated in Alzheimer's pathology, such as insulin resistance in the brain, neuroinflammation, and cerebrovascular dysfunction.

This emerging evidence has fueled an entirely new area of research — the possible repurposing of GLP-1 agonists as treatments for neurodegenerative disease.

The EVOKE and EVOKE+ Trials: Why They Matter

Two global **Phase 3 clinical trials** are now underway to test whether **semaglutide** can actually slow Alzheimer's progression.

- **EVOKE** is evaluating semaglutide in people with *early-stage Alzheimer's disease*, including those with mild cognitive impairment due to Alzheimer's.
- **EVOKE+** expands the study to a broader group, including participants with comorbidities such as diabetes and cardiovascular disease.

continued on page 28

Continued from page 27

The results are expected later this year. If successful, semaglutide would become the **first FDA-approved medication originally developed for another indication to be repurposed for Alzheimer's disease.**

Because semaglutide is already widely available and FDA-approved for diabetes and obesity, the **path to access** could be faster than with a brand-new drug. Positive results could reshape how clinicians think about metabolic health and brain health as intertwined systems rather than separate domains.

Beyond Semaglutide: A Growing Pipeline

While semaglutide leads the way, it's not the only GLP-1–based therapy being studied for potential neuroprotective effects.

- **Liraglutide**, one of the earlier GLP-1 drugs, has shown preliminary promise in small Alzheimer's studies, including data presented at the Alzheimer's Association International Conference (AAIC) suggesting improved cerebral blood flow and reduced neuroinflammation.
- **Tirzepatide (Mounjaro, Zepbound)**, a newer **dual GLP-1 and GIP agonist**, is under early investigation for possible cognitive and vascular benefits beyond its metabolic effects.
- **Next-generation GLP-1 analogs and triple agonists**, such as **retatrutide**, are being developed with potentially stronger and

longer-lasting activity on both metabolic and neuroprotective pathways.

- **Combination trials** are also on the horizon, pairing GLP-1 drugs with anti-amyloid monoclonal antibodies such as **lecanemab** or **donanemab**. This dual approach may target both **protein aggregation (amyloid and tau)** and **metabolic inflammation**, creating the possibility of additive or synergistic benefits.

This evolving pipeline gives clinicians new hope that **multi-targeted Alzheimer's therapies**—addressing inflammation, vascular health, and metabolism—may soon complement existing disease-modifying treatments.

Implications for Patients and Families

For now, GLP-1 medications are **not approved for Alzheimer's prevention or treatment**, and clinicians should caution patients against off-label use until full safety and efficacy data are available. However, there are practical takeaways for physicians counseling families who are following these developments closely:

1. **Discourage self-directed use.** While GLP-1s like Ozempic and Wegovy are FDA-approved for other conditions, the trial formulations, doses, and treatment goals differ from those for Alzheimer's. Patients should

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Continued from page 28

not start or stop these medications without medical guidance.

2. **Encourage healthy metabolic control.** What's good for the heart is good for the brain. Managing diabetes, obesity, and vascular risk factors remain a cornerstone of dementia prevention.

A Pivotal Time in Alzheimer's Research

We are living in a historic moment in dementia care. For the first time, multiple **disease-modifying therapies**, including **anti-amyloid antibodies** and **potentially metabolic agents like GLP-1 agonists**—are converging toward clinical relevance.

If the EVOKE and EVOKE+ trials confirm a benefit, semaglutide could represent a new **neuro-metabolic frontier**—a treatment

that addresses Alzheimer's not just through amyloid clearance but by improving overall brain health and resilience.

Until then, clinicians can play a key role by educating patients, setting realistic expectations, and staying engaged with emerging data.

At **Broadlawns Memory Clinic**, we continue to integrate the latest biomarker testing, infusion therapies, and prevention research to provide patients with early detection and comprehensive care. As science evolves, so must our understanding of the **connections between metabolism, vascular health, and neurodegeneration**. The months ahead will be decisive for the field—and for the tens of thousands of Iowans once touched by Alzheimer's disease.

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SUPPORT

1. Volunteer Physician Network (VPN) Funding

- Support increased state funding for the VPN to keep pace with program growth (up to 18% over 23 years) and rising demand among at-risk Iowans.
- Sustain administrative capacity for referral management and care coordination.
- Maintain a strong return on investment, with an estimated **\$9–\$12 million in specialty care provided annually**.

2. HHS Budget – Increase Medicaid Reimbursement Rates

- **Improve access to care** – especially in rural communities and high-Medicaid specialties such as primary care, OB, pediatrics, and behavioral health.
- **Stabilize and grow the workforce** – make Iowa more competitive with neighboring states in recruiting and retaining physicians and other clinicians.
- **Maximize federal funding** – with roughly **73% of Iowa Medicaid spending paid by the federal government**, each new state dollar draws about three federal dollars; underpaying providers harms access and leaves federal money on the table.

3. Truth in Health Care Advertising

- Enact “Truth in Health Care Advertising” provisions clarifying that, **in medical care settings, the titles “doctor” and “physician” refer to licensed MDs, DOs and DPMs leading the patient’s medical care team.**
- **Prohibit non-physician clinicians during medical consultation with patients or in a medical setting (with or without doctoral degrees), including NPs and PAs, from introducing, referring to themselves or advertising themselves as “physicians” or “medical doctors,”** while preserving accurate use of their own professional titles.
- **Require all health care personnel to clearly display their license type and role on ID badges and in patient communications (e.g., “physician,” “nurse practitioner,” “physician assistant”).**
- **Align Iowa with other states that have adopted similar patient-protection laws** to ensure patients clearly understand who is directing their medical care.

OTHER ISSUES OF INTEREST (SUPPORT)

1. Co-Pay Accumulators/PBM Co-Pay/PBM Reform: Here’s how it breaks down in Iowa:

- **Co-pay accumulator policy** - the specific rule about whether third-party co-pay assistance (manufacturer coupons, foundation help, etc.) *must count* toward a patient’s deductible and out-of-pocket maximum.
- **PBM co-pay/PBM regulation legislation** continues to support a **larger pharmacy benefit manager reform bill** that covers pharmacy reimbursement, network rules, transparency, etc., *one part of which* is the co-pay accumulator ban.

2. Expanding Physician Workforce

- Support enhanced flexibility and expansion of the **Rural Physician Loan Repayment Program**.
- Support increased residency slots and program expansions.
- Support implementation of **Iowa’s Statewide Provider Workforce Strategy**.
- **Eliminating Non-Compete Clauses for Employed Health Care Workers** – Support efforts to prohibit or significantly limit non-competes that restrict physician and clinician mobility and patient access.

3. Telehealth Payment Parity – Maintain reimbursement for telehealth at parity with in-person visits and preserve telehealth flexibilities that have proven vital for vulnerable patients.

4. Artificial Intelligence in Health Care – Engage on AI legislation to promote innovation, protect patients, and ensure appropriate physician oversight.

MONITOR / OPPOSE

- **Scope of Practice Legislation** – Monitor all scope of practice proposals and **oppose expansions** that are not aligned with education, training, and experience or that threaten patient safety. PCMS will educate legislators on the implications of scope expansion and advocate for physician-led, team-based care.



Bulletin

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