

CELEBRATING
125
YEARS



MEMBERS OF THE IOWA BOARD OF MEDICINE ON MAY 1, 2011 – (Front row, from left): Joyce Vista-Wayne, M.D., Ottumwa; Analisa Haberman, D.O., Mason City; Ambreen Mian, Ames. (Back row): Hamed Tewfik, M.D., Iowa City; Jeff Snyder, M.D., Crescent, Board Vice Chair; Tom Drew, Des Moines; Siroos Shirazi, M.D., Iowa City, Board Chair; Greg Hoversten, D.O., Sioux City; Diane Clark, Lake Mills; Colleen Stockdale, M.D., West Burlington, Board Secretary.

ABOUT THE BOARD

The 21st General Assembly created the State Board of Medical Examiners in 1886 to license physicians and regulate the practice of medicine. Initially, the Board issued licenses to several classes of physicians, including medical (M.D.), homeopaths, and eclectics.

The board did not issue licenses for osteopath physicians until 1902. In 1921, the 39th General Assembly created a separate board to license and regulate osteopathic physicians. In 1963, the 60th General Assembly abolished the osteopathic board and redefined the State Board of Medical Examiners, making it a composite board for licensure of medical physicians (M.D.s) and osteopathic physicians (D.O.s).

In 2007 the 81st General Assembly changed the board's name to the Board of Medicine. Since 1994, the board has licensed and regulated acupuncturists.

In 1996, the Legislature authorized the Board to establish the Iowa Physician Health Committee, which administers a program to advocate for and monitor the recovery and/or rehabilitation of impaired physicians.

The Board regulates the practice of medicine and surgery and acupuncture under the authority of Iowa Code chapters 147, 148, 148E and Section 653 in the Iowa Administrative Code. The Board has significant authority over licensees, establishing regulations by proposing legislation or adopting administrative rules.



The Iowa Board of Medicine's office is at 400 SW Eighth Street, Suite C, Des Moines, Iowa.

Correspondingly, the Board is charged with enforcing these rules and laws to protect the public from licensees who do not practice medicine and acupuncture within prevailing and acceptable standards of the practices of medicine and acupuncture. The Board also issues cease and desist notices to persons who practice medicine and/or acupuncture without a Board-issued license.

The Board is an Executive Branch agency within the Iowa Department of Public Health. The Board does not receive a general fund appropriation. It is funded solely with the fees collected from its licensees.

EXECUTIVE DIRECTOR'S REPORT

The members and staff of the Iowa Board of Medicine are steadfast in their commitment to protect the health of Iowans through licensure and regulation of physicians and acupuncturists.

Through effective and efficient licensure, the Board protects the public by ensuring that these practitioners have the education, training and skill to practice safely. By adopting and enforcing regulations, the Board responds to complaints from patients, to issues raised in malpractice lawsuits and claims, and to reports from hospitals and other sources. The Board will impose sanctions against licensees who practice below the standards of care or act unprofessionally.

IN 2011:

- The Board administered active licenses for 10,912, physicians, up 373 from 2010, and 47 licensed acupuncturists, up from 41 in 2010. The number of physicians with an active Iowa license has increased 6.8 percent since 2008.
- A total of 746 complaint files were opened, up from 657 in 2010. The Board places great emphasis on completing timely and fair investigations that result in appropriate action.
- Charges were filed against 34 physicians, up from 27 in 2010.
- There were 195 physicians under disciplinary monitoring, up from 183 in 2010.
- Four administrative rules were amended, strengthening requirements for continuing education and treatment of chronic pain, adding flexibility to how testimony is presented at hearing, and tightening the reporting requirement for physicians who have certain infectious illnesses.
- The Board held six two-day administrative meetings and met for ten teleconference meetings and four contested-case hearings.
- The Board distributed more than 1,200 copies of “Responsible Opioid Prescribing” to Iowa physicians who requested this reference book on managing patients’ chronic pain with controlled substances.

GOAL-ORIENTED WORK

In 2011, the Board worked on goals established in 2010 to promote the professional qualifications of practitioners by setting additional requirements for education,

experience and examination; to protect the public by effectively enforcing laws and standards; to increase the public and licensee awareness of the Board, its mission, activities and services; to continue to support a program that advocates for and monitors physicians with impairments; and to enhance the organizational effectiveness of the regulatory agency.

There was discussion and action on several recurring issues before the Board: prescription drug abuse and diversion, ensuring the continuing competency of licensees, and making state-based medical licensure more portable by using “uniform” or universally accepted applications.

The Board was represented on two important state government advisory committees in 2011: A Governor’s Office of Drug Control Policy task force to recommend state response to the growing problem of prescription drug abuse and diversion and an Iowa Department of Public Health committee to provide advice for the design and implementation of an electronic death registration system.

ORGANIZATION

In April, Siroos Shirazi, M.D., Iowa City, was elected Board Chair, Jeffrey Snyder, M.D., Crescent, Vice Chair, and Colleen Stockdale, M.D., West Burlington, Secretary. On May 1, Diane Clark, Lake Mills, Greg Hoversten, D.O., Sioux City, and Hamed Tewfik, M.D., Iowa City, joined the Board. These gubernatorial appointees succeeded Paul Thurlow, Dubuque, Janice Galli, D.O., Sioux City, and Rod Zeitler, M.D., Iowa City, whose terms expired on April 30. Chair Shirazi appointed the following Board members to lead the Board’s standing committees: Dr. Stockdale, Licensure; Joyce Vista-Wayne, M.D., Monitoring; and Ambreen Mian, Ames, Screening.

BUDGET

In June, the Board approved a spending plan of \$3,759,472 for fiscal year 2012 (July 1, 2011 through June 30, 2012), up from \$3,466,797 in FY 2011. The increase included a new position to manage the monitoring of disciplined physicians, pay raises for staff, state-mandated incentives paid over five years for former Board employees who participated in an early retirement program in 2010, office remodeling, additional enhancements to the Board’s database and technology, and additional expenses for state services performed for the Board.

PERSONNEL, PROFESSIONAL GROWTH

A new position to coordinate the Board’s burgeoning case load of physicians under board-ordered monitoring was created, and vacant positions in licensing and

enforcement were authorized for hire, positioning the agency to be full-staffed in 2012 with 25 employees. In addition there was significant investment in staff and Board member training, ranging from participation in regional and national meetings on regulatory issues to specialized in-house training for computer software and investigative techniques, including a workshop on investigating allegations of sexual misconduct by licensees presented by the Iowa Attorney General's Office.

NATIONAL RECOGNITION, LEADERSHIP

The Administrators in Medicine, a national organization of state medical board executives, recognized a program developed by the Board to educate physician licensees and the public about the scope and variety of complaints the Board receives. The Board's PowerPoint, "Top 10 Reasons Physicians Stumble," was one of four initiatives nationally cited by AIM as "best practices" for state medical boards.

Board staff continued to provide information and direction for several regional and national initiatives to address medical licensure and regulation issues in 2011. In March, Kent Nebel, Director of Legal Affairs, participated in a Federation of State Medical Boards' discussion on the development of a national model policy on regulating telemedicine. He had previously contributed to a national review of the standard questions asked on states' applications for medical licensure. Amy Van Maanen, Director of Licensure and Administration, represented the Board in a project that explored medical licensure portability among 10 upper Midwest states, served on an advisory committee for the Federation's uniform medical license application, and was a member of the State Board Advisory Panel to the U.S. Medical Licensure Examination. Mark Bowden, Executive Director, joined the Federation of State Medical Boards' Editorial Committee, contributing to the direction of the Journal of Medical Regulation.

PAST, PRESENT AND FUTURE

The Board's past caught up with its future in 2011 when the agency launched an information page on the social media network, Facebook, and simultaneously celebrated the 125th anniversary of the creation of the Board. A special public meeting and reception was held in the Old Capitol at Iowa City on July 29 to commemorate the 1886 Medical Act that established the licensure and regulation of physicians in Iowa. An open house-reception to celebrate the anniversary was held at the Board's office on September 22. The Board received a proclamation from Governor Branstad recognizing the important work of the agency to protect the health of Iowans. The anniversary events complemented continuing efforts by staff to raise the Board's profile by making more presentations to the public, licensees,

and health care organizations and associations. The Facebook page added another chapter to the Board's use of the Internet to provide information to the public, licensees and stakeholders in the regulation of the practices of medicine and acupuncture.

This is a summary of some of the activities the Board was involved with in 2011. More information about the Board's work is available in the agendas, minutes, reports and press releases on the website, www.medicalboard.iowa.gov, and the Board's page on Facebook. Much has been accomplished in the past year, but much more remains to be done. The Board looks forward to the many challenges that lie ahead and will continue to strengthen and enhance services to the public and licensees. I am very proud of the staff and Board members and their commitment to excellent service to the citizens of Iowa.

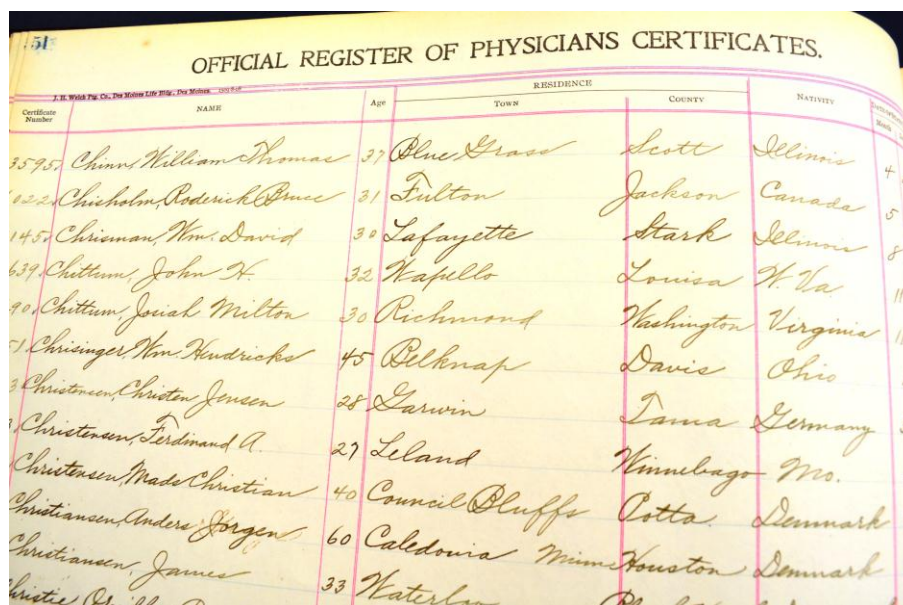


MARK BOWDEN

EXECUTIVE DIRECTOR | IOWA BOARD OF MEDICINE

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| Certificate Number | NAME | Age | RESIDENCE | | NATIVITY |
|--------------------|------------------------------|-----|----------------|---------------|----------|
| | | | TOWN | COUNTY | |
| 3595 | Chenoweth, William Thomas | 37 | Blue Grass | Scott | Illinois |
| 622 | Chisholm, Rodrick Bruce | 31 | Dulton | Jackson | Canada |
| 145 | Chisman, Wm. David | 30 | Lafayette | Stark | Illinois |
| 639 | Chittum, John H. | 32 | Kapelle | Louisa | N. Va. |
| 90 | Chittum, Josiah Milton | 30 | Richmond | Washington | Virginia |
| 1 | Chisinger, Wm. Hendricks | 45 | Belknap | Davis | Ohio |
| 3 | Christensen, Christen Jensen | 28 | Garwin | Dama | Germany |
| 7 | Christensen, Ferdinand A. | 27 | Leland | Winneshago | Mo. |
| | Christensen, Made Christian | 40 | Council Bluffs | Cotta | Denmark |
| | Christiansen, Anders Jorgen | 60 | Caledonia | Minn. Houston | Denmark |
| | Christiansen, James | 33 | Waterloo | | |

A page from the 1886 record book of the State Board of Medical Examiners.

BOARD MEMBERS

The Iowa Board of Medicine is an executive branch agency charged with the licensing and regulation of physicians (practitioners with a doctor of medicine degree or a doctor of osteopathic medicine degree) and acupuncturists. The ten-member Board is composed of seven physicians (five M.D.s and two D.O.s) and three non-physicians who represent the public. Members are appointed by the Governor and confirmed by a two-thirds' majority vote in the Iowa Senate for a full three-year term or to complete the unexpired term of a member who resigned. Members can serve up to nine years.

| <u>BOARD MEMBER</u> | <u>APPOINTED</u> | <u>TERM EXPIRES</u> |
|---|------------------|---------------------|
| Siroos Shirazi, M.D., Chair Iowa City | 2006, 2009 | April 30, 2012 |
| Jeff Snyder, M.D., Vice Chair Crescent | 2008, 2010 | April 30, 2013 |
| Colleen Stockdale, M.D., Secretary West Burlington | 2007, 2010 | April 30, 2013 |
| Diane Clark Lake Mills | 2011 | April 30, 2014 |
| Tom Drew Des Moines | 2007, 2010 | April 30, 2013 |
| Analisa Haberman, D.O. Mason City | 2009 | April 30, 2012 |
| Greg Hoversten, D.O. Sioux City | 2011 | April 30, 2014 |
| Ambreen Mian Ames | 2009 | April 30, 2012 |
| Hamed Tewfik, M.D. Iowa City | 2011 | April 30, 2014 |
| Joyce Vista-Wayne, M.D. Ottumwa | 2010 | April 30, 2013 |

ALTERNATE MEMBERS

Alternate members of the Iowa Board of Medicine play an important role in contested case hearings before the Board. Up to two Alternates can serve on a six-member panel for a hearing when a quorum (majority) of the 10-member Board is not available. Since it was authorized by law in 2008 and implemented in 2009, the Alternate pool is routinely tapped for hearings. Alternates are selected by the Board, but must be approved by the Governor. Alternates can serve for nine years. Although not required by law, Alternate members appointed to the pool since it was established have been former members of the Board, experienced in handling contested cases.

ALTERNATE MEMBER

APPOINTED

Carole Frier, D.O.
Des Moines

March 25, 2011

Bruce Hughes, M.D.
Des Moines

March 25, 2011

Blaine Houmes, M.D.
Cedar Rapids

March 19, 2009

Dana Shaffer, D.O.
Exira

March 19, 2009

Paul Thurlow
Dubuque

November 14, 2011

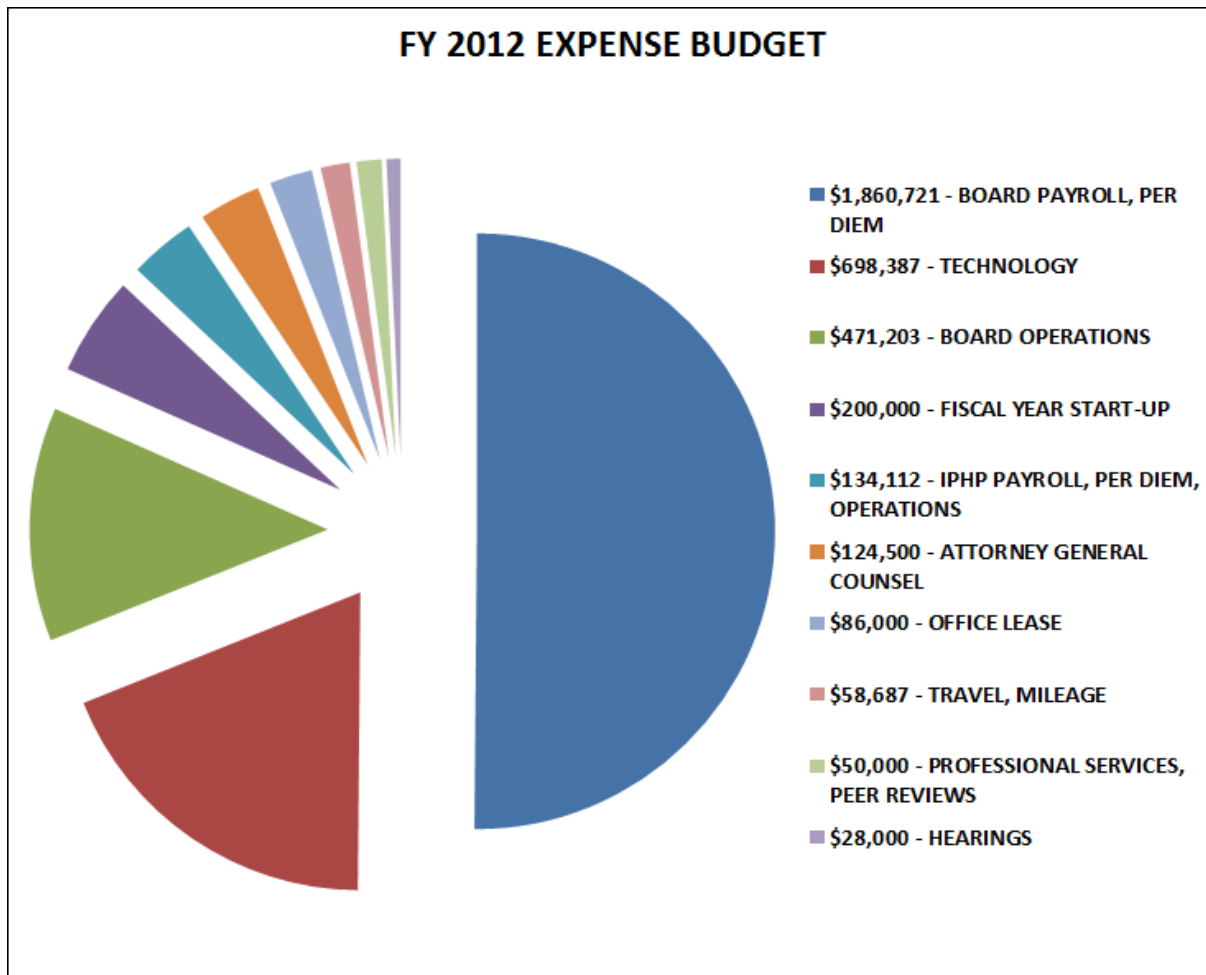
Janece Valentine
Fort Dodge

July 8, 2010

Allen Zagoren, D.O.
Des Moines

March 19, 2009

FY 2012 BUDGET



The Iowa Board of Medicine's expense budget for fiscal year 2012 (July 1, 2011, through June 30, 2012) is \$3,759,472, up from \$3,466,797 in FY 2011. The FY 2012 budget included roll-over funds accrued to cover one-time expenses to fund the Board's new database, technology upgrades and office remodeling, and to fund licensure and enforcement positions that were vacant at the start of the calendar year 2011. The Board's anticipated revenue from licensure fees in FY2012 is \$2,832,350. At its meeting on September 23, 2011, the Board voted to maintain the current schedule of license fees, which have not been increased since 2007.

LICENSURE

| JANUARY 1 TO DECEMBER 31 | 2008 | 2009 | 2010 | 2011 |
|---|---------------|---------------|---------------|---------------|
| Active MD licenses on 12/31 | 8,777 | 8,884 | 9,039 | 9,310 |
| Active DO licenses on 12/31 | 1,452 | 1,491 | 1,554 | 1,602 |
| Total Active Physicians on 12/31 | 10,229 | 10,375 | 10,593 | 10,912 |
| MD's residing in Iowa with active licenses on 12/31 | 5,197 | 5,233 | 5,302 | 5,431 |
| DO's residing in Iowa with active licenses on 12/31 | 1,082 | 1,107 | 1,173 | 1,183 |
| Total in Iowa with an Active License on 12/31 | 6,279 | 6,340 | 6,475 | 6,614 |
| Physician licenses issued by endorsement in the year | 395 | 404 | 457 | 505 |
| Physician licenses issued by examination in the year | 277 | 226 | 252 | 271 |
| Total Physician Licenses Issued in the Year | 672 | 630 | 709 | 776 |
| Physician licenses that were denied in the year | 0 | 0 | 0 | 1 |
| Physician licenses renewed (paper & online) in the year | 4,881 | 4,888 | 5,055 | 4,987 |
| Physician licenses renewed online in the year | 4,552 | 4,628 | 4,744 | 4,771 |
| Physician licenses that went inactive in the year | 545 | 531 | 511 | 533 |
| Physician licenses that were reinstated in the year | 89 | 89 | 90 | 73 |
| Resident licenses issued in the year | 256 | 269 | 268 | 277 |
| Resident licenses renewed in the year | 14 | 7 | 13 | 5 |
| Resident licenses that went inactive in the year | 274 | 260 | 298 | 285 |
| Active Resident Licenses on 12/31 | 624 | 651 | 651 | 674 |
| Special licenses issued in the year | 7 | 5 | 3 | 9 |
| Special licenses renewed in the year | 28 | 31 | 27 | 24 |
| Special licenses that went inactive in the year | 6 | 4 | 6 | 7 |
| Total Active Special Licenses on 12/31 | 36 | 36 | 31 | 31 |
| Temporary licenses issued in the year | 15 | 10 | 11 | 5 |
| Temporary licenses renewed in the year | 0 | 1 | 0 | 0 |
| Temporary licenses that went inactive in the year | 10 | 14 | 12 | 8 |
| Total Active Temporary Licenses on 12/31 | 12 | 10 | 9 | 5 |
| LICENSED ACUPUNCTURISTS | | | | |
| Acupuncture licenses issued in the year | 4 | 2 | 3 | 6 |
| Acupuncture licenses renewed in the year | 37 | 1 | 40 | 0 |
| Acupuncture licenses that went inactive in the year | 3 | 4 | 1 | 2 |
| Total Active Acupuncture Licenses on 12/31 | 39 | 41 | 41 | 47 |

ENFORCEMENT

| JANUARY 1 TO DECEMBER 31 | 2008 | 2009 | 2010 | 2011 |
|--|-------------|-------------|-------------|-------------|
| Files Opened | | | | |
| New Complaints | 579 | 563 | 540 | 636 |
| Liability Cases | 88 | 118 | 117 | 110 |
| Total Files Opened | 667 | 681 | 657 | 746 |
| Informal Actions | | | | |
| Letters of Warning | 83 | 91 | 67 | 80 |
| Letters of Education | 5 | 13 | 12 | 13 |
| Total Informal Actions | 88 | 104 | 79 | 93 |
| Cases Closed No Action | 384 | 313 | 210 | 210 |
| Cases Closed Administratively | 74 | 154 | 161 | 166 |
| Total Cases Closed Without Action | 458 | 467 | 371 | 376 |
| Files Closed | | | | |
| Complaint Files | 639 | 610 | 651 | 670 |
| Liability Files | 88 | 148 | 117 | 108 |
| Total Files Closed | 727 | 758 | 768 | 778 |
| Statement of Charges Filed | 35 | 45 | 27 | 34 |
| Hearings Held | 7 | 6 | 3 | 4 |
| Cases Settled | 56 | 57 | 50 | 38 |
| Evaluations Ordered | 10 | 12 | 8 | 18 |
| Formal Disciplinary Action | | | | |
| License Revocations | 0 | 0 | 0 | 0 |
| License Suspensions | 7 | 2 | 3 | 6 |
| License Surrenders | 3 | 3 | 5 | 6 |
| License Probations | 13 | 15 | 8 | 10 |
| Civil Penalties | 5 | 6 | 6 | 11 |
| Citations and Warnings | 0 | 1 | 2 | 2 |
| License Practice Restrictions | 2 | 6 | 9 | 4 |
| Total Formal Disciplinary Actions | 30 | 33 | 33 | 39 |
| Physicians Under Sanctions | | | | |
| New Restrictions | 6 | 8 | 10 | 5 |
| Restrictions Terminated | 1 | 4 | 2 | 5 |
| Under Restriction on 12/31 | 46 | 47 | 52 | 61 |
| New Probations | 18 | 17 | 9 | 12 |
| Probations Terminated | 10 | 11 | 16 | 8 |
| Under Probation on 12/31 | 56 | 63 | 65 | 65 |
| New Suspensions | 8 | 4 | 4 | 6 |
| Suspensions Terminated | 5 | 5 | 5 | 0 |
| Under Suspension on 12/31 | 42 | 44 | 43 | 46 |
| Physicians Under Disciplinary Monitoring on 12/31 | 176 | 183 | 183 | 195 |
| Total Liability Files Open on 12/31 | 0 | 0 | 1 | 2 |
| Total Complaint Files Open on 12/31 | 528 | 458 | 479 | 562 |
| Total Investigative Files Open on 12/31 | 528 | 458 | 479 | 564 |
| Average Case Load (Excluding Liability Cases) | 88 | 76 | 80 | 94 |

PEER REVIEW

In addition to three public members, the Iowa Board of Medicine includes only seven physicians, representing at most seven specialties. Complaints about Iowa physicians, however, cross the spectrum of specialties, from anesthesiology to urology. Therefore, in competency issues expertise in a given case may not be available on the Board when the case is discussed. If, after a case has been investigated and discussed at the Board level, specialty expert opinion is needed to fairly determine if the standard of care has or has not been met, a formal peer review may be requested.

The peer review is a defined process, in which one or more physicians practicing in the same specialty as the respondent physician are asked to review the case file, which includes the investigative report, interviews with the complainant, witnesses and the physician involved, and pertinent medical records. The peer reviewers then discuss their findings and determinations amongst themselves and submit a formal report to the Board for consideration. This report may state there has been no breach of the standard of care, variances from usual practice that do not violate the standard of care, or one or more practices that are below standard of care.

The Board in considering the peer review report generally accepts the findings of the peer review committee and either closes the case with no action, or pursues it with a non-public letter of warning, a formal general competency evaluation of the physician, or a statement of charges for incompetent practice. In rare cases where the public appears to be in danger if the physician continues to practice, his or her license to practice may be suspended until a hearing can be scheduled.

In recent years there has been a trend by the Board to order more comprehensive formal clinical practice evaluations and fewer peer reviews. The former provides a more in depth and broader picture of the practice and the physician and can usually be completed in a shorter time frame than peer review. The latter focuses on a specific complaint and selected patients and is dependent on the timely availability of peer review physicians. In 2011, the Board had 65 Iowa-licensed physicians under contract to perform peer review.

| PEER REVIEWS | <u>2008</u> | <u>2009</u> | <u>2010</u> | <u>2011</u> |
|--------------|-------------|-------------|-------------|-------------|
| ORDERED | 10 | 8 | 6 | 7 |
| COMPLETED | 9 | 9 | 6 | 8 |

CIVIL PENALTIES

Iowa Code 148.6(1) provides that the Iowa Board of Medicine, after due notice and hearing, may issue an order to discipline a licensee, including imposing a civil penalty not to exceed \$10,000. All penalties are deposited in the general fund of the State of Iowa. The Board does not financially benefit from the penalties it imposes. The Board operates exclusively with funds received through licensing fees.

| | <u>2007</u> | <u>2008</u> | <u>2009</u> | <u>2010</u> | <u>2011</u> |
|------------------|-----------------|-----------------|-----------------|------------------|------------------|
| LICENSEES | 22 | 23 | 19 | 24 | 23 |
| \$1,000 | 13 | 3 | 4 | 1 | 2 |
| 2,000 | | 1 | | | |
| 2,500 | 2 | 9 | 7 | 5 | 7 |
| 4,000 | | | | 1 | |
| 5,000 | 5 | 7 | 4 | 13 | 9 |
| 7,500 | 1 | 1 | | 1 | |
| 10,000 | 1 | 3 | 3 | 4 | 4 |
| TOTAL | \$60,500 | \$92,500 | \$78,500 | \$122,500 | \$112,000 |

Since 2007, the Board has deposited \$446,000 in the general fund of the State of Iowa.

THE DAILY HAWK-EYE
BURLINGTON, IOWA,
SATURDAY MORNING, APRIL 10, 1886.

Licensing the Doctors.

The bill to compel practicing physicians to take out a license has passed both houses of the legislature, and is awaiting the legislature of the governor to become a law. Under this act there are three ways in which a doctor may secure a certificate from the state board of examiners—a diploma from any reputable medical college, a practice of five years in the state, or an examination by the board. There are about eleven thousand physicians in the state, of which number it is estimated that one third will have to submit to an examination, not having the necessary diploma from a medical institution nor the five years' practice. This will have considerable effect on the practice of medicine in Iowa, and the graduate practitioners with few patients look forward to a glorious future in this state.

PHYSICIAN HEALTH PROGRAM

The Iowa Physician Health Program (IPHP) was established in 1996 to support physicians who self-report mental health issues, physical disabilities or substance use disorders. The advocacy and confidential monitoring program is administered by the Iowa Physician Health Committee, which is appointed by the Board of Medicine. The committee met seven times in 2011.

The IPHP's budget of \$134,112 in FY 2012 is funded entirely with licensure fees. Licensees do not pay additionally to participate in the program, but they are responsible for all costs associated with drug screening, therapy, treatment and so forth.

Staff members of the Board manage the program.

Members of the committee in 2011:

- Michael Flaum, M.D., Iowa City, co-chair
- Lester Yen, M.D., West Des Moines, co-chair
- Raymond Harre, M.D., Davenport
- Sasha Khosravi, D.O., Grimes
- Lynn Martin, Ph.D., licensed marriage and family therapist, Des Moines
- Diane O'Connor, Fort Dodge
- Julie Scheib, Spirit Lake, alcohol and drug counselor
- Mark Bowden, Executive Director, Iowa Board of Medicine

The Board staff members assigned to the IPHP are program coordinator Deb Anglin, L.M.S.W., and Patti Rix, L.M.S.W., case manager. Sara Scott, Iowa Assistant Attorney General, provides legal counsel for the program.

IOWA PHYSICIAN HEALTH PROGRAM

| | <u>2010</u> | <u>2011</u> | | <u>2010</u> | <u>2011</u> |
|--------------------------------|-------------|-------------|---------------------|-------------|-------------|
| Participants | 82 | 80 | M.D. | 65 | 61 |
| Participants with contracts | 76 | 70 | D.O. | 17 | 19 |
| New Participants | 32 | 43 | Chemical dependency | 22 | 18 |
| Participants discharged | 21 | 47 | Dual diagnosis | 26 | 20 |
| Noticed for contract violation | 9 | 7 | Mental health | 24 | 24 |
| Male | 67 | 68 | Physical disability | 4 | 6 |
| Female | 15 | 12 | Physical and mental | 0 | 2 |

(Statistics are from December 2010 and December 2011)

REGULATORY PLAN

Executive Order No. 9 requires the Iowa Board of Medicine to annually submit a regulatory plan by August 1 listing each "regulatory action" (each potential rule currently under active consideration or development within the agency excluding those rules that do not have a substantial impact on the legal rights, privileges, or duties of persons) that the agency reasonably expects to issue in proposed or final form in that fiscal year or thereafter.

THE BOARD IS CHARGED WITH PROTECTING THE PUBLIC HEALTH BY:

- licensing qualified physicians and acupuncturists;
- investigating complaints against physicians and acupuncturists and taking corrective action;
- operating a program for physicians and acupuncturists with an impairment;
- defining the scope of medical and acupuncture practice;
- working cooperatively with certain other agencies, e.g., Board of Physician Assistants, Board of Pharmacy; and
- operating within specified limitations, e.g., public meetings law, public records law, waiver and variance law.

THE BOARD'S PRIORITIES FOR RULE WRITING FOR FY 2012 ARE AS FOLLOWS:

- To fulfill any requirements imposed by the legislative session,
- To complete changes resulting from administrative and judicial decisions,
- To address public health issues relating to the practice of medicine and acupuncture.
- To update or rescind rules that are outdated.

POTENTIAL RULES IN FY 2012 (JULY 1, 2011 TO JUNE 30, 2012) INCLUDE:

- 653—Chapters 9, 10, 11 – Updating language; streamlining the application process; revising questions on license application; assessing ongoing clinical competency for medical licensure (maintenance of licensure); granting CMEs to active physicians serving on the Board of Medicine and involved in Board programs and peer review.
- 653—Chapter 13 – Reviewing and revising standards of practice.
- 653—Chapter 21 – Defining a physician's supervision of a physician assistant.
- 653—Chapter 24 – Modifying the definition of what constitutes a Board investigation.
- 653—chapter 25 – Modifying procedures for contested case hearings.

ADMINISTRATIVE RULES

The public has the opportunity to help shape the regulation of physicians and acupuncturists in Iowa through the rule-making process. The Iowa Board of Medicine's administrative rules, which have the weight of law, are found in Section 653 of the Iowa Administrative Code. Before adopting a new rule or amending an existing rule, the Board discusses potential changes at a public meeting. If the Board decides to pursue a new rule or amendments, this information is prepared and published in an Administrative Bulletin. A public hearing is held to receive comments on the proposed changes. Before formally adopted by the Board, the new rule or amendments can be reviewed by the Legislative Administrative Rules Review Committee. These rules and amendments were adopted by the Board in 2011:

- **CHAPTER 11, CONTINUING EDUCATION AND MANDATORY TRAINING – ARC 9601B**
The purpose of Chapter 11 is to define continuing education and training for physicians to qualify for renewal of a permanent or special license or reinstatement of a permanent license. The new amendments update language and eliminate redundancies throughout the chapter and establish continuing education requirements for chronic pain management and end-of-life care. NOTICED: 2/11/2011 | ADOPTED: 6/3/2011 | EFFECTIVE: 8/17/2011
- **CHAPTER 13, STANDARDS OF PRACTICE AND PRINCIPLES OF MEDICAL ETHICS – ARC 9599B.**
The purpose of Chapter 13 is to establish standards of practice for certain medical practices and to set for principles of medical ethics. The new amendments require, in certain circumstances, physicians to use pain management agreements when a patient's chronic pain is treated with controlled substances and encourage physicians to use the Iowa Prescription Monitoring Program database and to conduct drug testing on patients when treating chronic pain with controlled substances. NOTICED: 2/11/2011 | ADOPTED: 6/3/2011 | EFFECTIVE: 8/17/2011
- **CHAPTER 23, GROUNDS FOR DISCIPLINE – ARC 9598B**
The purpose of Chapter 23 is to define the acts or offenses for which the Board may impose discipline. The new amendments establish as grounds for discipline a physician's failure to report the physician's Human immunodeficiency virus (HIV) or hepatitis B virus (HBV) status to an expert review panel established by a hospital and to an expert review panel established by the Iowa Department of Public Health. NOTICED: 2/11/2011 | ADOPTED: 6/3/2011 | EFFECTIVE: 8/17/2011
- **CHAPTER 25, CONTESTED CASE PROCEEDINGS – ARC 9952B**
The purpose of Chapter 25 is to provide rules for the administration of contested case hearings before the Board. The new amendments require that hearing panels have six Board members and allow testimony of witnesses by affidavit, by written or video deposition, in person, by telephone, or by videoconference. NOTICED: 9/23/2011 | ADOPTED: 12/8/2011 | EFFECTIVE: 2/15/2012

STAFF

The Iowa Board of Medicine is fortunate to have dedicated, competent personnel who take their jobs – and the Board’s mission – seriously. Every day, these men and women perform licensure and regulatory enforcement duties that enable the Board to protect the health of Iowans.

ADMINISTRATION

Mark Bowden

Executive Director

Shantel Billington

Office Manager

Kent Nebel

Director of Legal Affairs

John Olds, M.D.

Medical Advisor

Teena Turnbaugh

Secretary to the Executive Director

LICENSURE

Amy Van Maanen

*Director of Licensure
& Administration*

Rachel Davis

Licensing Assistant

Sylvia Crook

Licensing Specialist

Judy Hojati

Renewal Coordinator

Amanda Moore

Licensing Specialist

Steve Ervin

Technology Specialist & Webmaster

IOWA PHYSICIAN HEALTH PROGRAM

Deb Anglin

Coordinator

Patti Rix

Case Manager

ENFORCEMENT

Russell Bardin

Chief Investigator

Brandi Allen

Investigator

Luann Brickei

Support Coordinator

Aaron Kephart

Investigator

Ed Knapp

Investigator

Mary Knapp

Monitoring Coordinator

James Machamer

Investigator

Cathy McCullough

Investigator

David McGlaughlin

Investigator

Kari Rolls

Administrative Assistant

David Schultz

Investigator

Crystal Tice

Support Coordinator

IOWA ATTORNEY GENERAL’S OFFICE

Julie Bussanmas

Sara Scott

Theresa Weeg

Assistant Attorneys General

125TH ANNIVERSARY MEETING



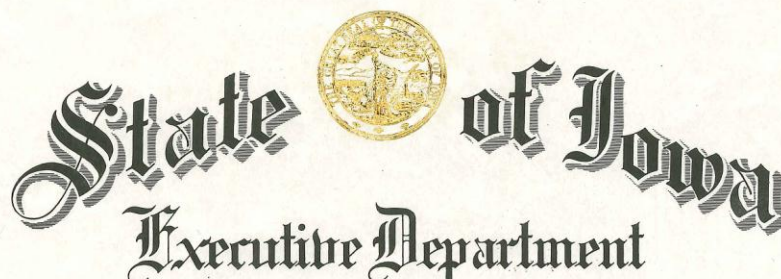
The Iowa Board of Medicine met at the University of Iowa Hospitals and Clinics' administration conference room July 28-29, 2011, to conduct business before holding a public meeting and reception in the Old Capitol.



Board Chair Siroos Shirazi, M.D., holds a proclamation from the Federation of State Medical Boards. Tammy McGee (left), presented the proclamation at the Board's 125th anniversary reception in the Old Capitol on July 29, 2011. The Board's medical advisor, John Olds, M.D., (right), presented a paper on changes he's observed in Board over the past 30 years.



GOVERNOR'S PROCLAMATION FOR BOARD'S 125TH ANNIVERSARY



IN THE NAME AND BY THE AUTHORITY OF THE STATE OF IOWA

PROCLAMATION

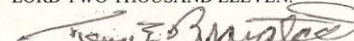
- WHEREAS,** The Twenty-First General Assembly in 1886 created the Medical Practice Act to regulate the practice of medicine and surgery with a State Board of Medical Examiners; and
- WHEREAS,** The law became effective on April 9, 1886, and the State Board of Medical Examiners issued its first medical license on July 9, 1886; and
- WHEREAS,** The State Board of Osteopathic Examiners was created in 1921 by an act of the Thirty-Ninth General Assembly; and
- WHEREAS,** The boards of Medical Examiners and Osteopathic Examiners become a composite State Board of Medical Examiners in 1963 by an act of the Sixtieth General Assembly; and
- WHEREAS,** The State Board of Medical Examiners was renamed the Iowa Board of Medicine in 2007 by an act of the Eighty-Second General Assembly; and
- WHEREAS,** Over the past one hundred and twenty five years and continuing through today and into the future, the Iowa Board of Medicine safeguards the health and welfare of the citizens of Iowa by the licensure and regulation of physicians and surgeons, osteopathic physicians and surgeons and acupuncturists:

NOW, THEREFORE, I, Terry E. Branstad, Governor of the State of Iowa, do proclaim and celebrate July 29, 2011 as the

125th Anniversary of the Iowa Board of Medicine



**IN TESTIMONY WHEREOF, I HAVE HERE-
UNTO SUBSCRIBED MY NAME AND CAUSED
THE GREAT SEAL OF THE STATE OF IOWA TO
BE AFFIXED. DONE AT DES MOINES THIS
24TH DAY OF JULY IN THE YEAR OF OUR
LORD TWO THOUSAND ELEVEN.**


TERRY E. BRANSTAD
GOVERNOR OF IOWA

ATTEST:


MATT SCHULTZ
SECRETARY OF STATE