

ANNUAL REPORT



2022

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 (MD), homeopaths, and eclectics.

The Board began issuing licenses for osteopathic physicians in 1902. In 1921, the Legislature created a separate Board to license and regulate osteopaths. In 1963, the Legislature abolished the Osteopathic Board and redefined the State Board of Medical Examiners, making it a composite Board to license allopathic physicians (MDs) and osteopathic physicians (DOs). In 2007, the Board was renamed the Board of Medicine.

Non-physician public members have been on the 10-member Board since 1975.

Since 1994, the Board has regulated acupuncturists, first registering, then licensing the profession. Since 2020, the Board has also licensed and regulated genetic counselors.

Over the past 130 years, the Board has directly or indirectly been responsible for licensure or regulation of other health care providers, including nurses, advanced emergency medical technicians, paramedics, and physician assistants. All of these professions are now licensed and regulated by their own Boards.

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

In 2015, the Legislature authorized the Board to join the Interstate Medical



IOWA BOARD OF MEDICINE
400 SW Eighth Street, Suite C
Des Moines, Iowa 50309-4686

HOURS: 8:00 a.m. to 4:30 p.m., Monday through Friday

PHONE: (515) 281-5171

FAX: (515) 242-5908

GENERAL EMAIL: ibm@iowa.gov

LICENSURE EMAIL: licensure@iowa.gov

COMPLAINTS: ibmcomplaints@iowa.gov

WEB: <https://medicalBoard.iowa.gov/>

Licensure Compact, which establishes an expedited process for medical licensure in participating states.

The Board regulates the practice of medicine and surgery, acupuncture, and genetic counseling under the authority of Iowa Code chapters 17A, 147, 147B, 148, 148E, 272C and Section 653 in the Iowa Administrative Code.

The Board is charged with enforcing these laws and rules to protect the public from licensees who do not practice within prevailing and acceptable standards of care.

The Board is an Executive Branch agency within the Iowa Department of Health and Human Services. The Board is funded entirely with licensure fees.

BOARD MEMBERS

The 10-member Board of Medicine is composed of seven physicians (five MDs and two DOs) and three non-physicians who represent the public. Members are appointed by the Governor and confirmed by the Iowa Senate for a full three-year term or to complete the unexpired term of a member who resigned. Members receive a per diem and expenses, and can serve up to nine years.

The Board annually elects a chairperson, vice chairperson, and secretary, and is organized into four standing committees: Executive, Licensure, Monitoring, and Screening. The Board must be gender balanced and no more than five members can be from the same political party. Physician members must be actively engaged in the practice or the instruction of medicine for a period of five years just preceding the member's appointment, the last two of which must be in Iowa.

The Board safeguards the public health, safety and welfare by:

- Licensing qualified physicians, acupuncturists, and genetic counselors;
- Investigating complaints against physicians, acupuncturists, and genetic counselors, establishing peer review committees, taking corrective action, and monitoring those under Board Order;
- Operating a program for physicians, acupuncturists, and genetic counselors with an impairment;
- Defining the scope of medical, acupuncture, and genetic counseling practices;
- 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, and the waiver and variance law).

2022 MEMBERS & OFFICERS

Warren Gall, MD, Chair	Dubuque
Joyce Vista-Wayne, MD, Vice Chair	Clive
Patricia Fasbender, DO, Secretary	West Des Moines
Eugene Cherney, MD	Des Moines
Jason Meyers, MD	Clive
Rose Mitchell	Clive
Vickie Pyevich, MD	Bettendorf
Chad Stads vold, DO	Sioux City

Ana Dixit, JD; Laura Steffensmeier, JD; and Katie Carl, JD, from the Iowa Attorney General's Office provided legal counsel to the Board in 2022.

Physicians and non-physicians interested in serving on the Board can complete an online application at <https://talentbank.iowa.gov> or contact the governor's staff member in charge of appointments at (515) 281-0215.

EXECUTIVE DIRECTOR'S REPORT

The Iowa Board of Medicine takes seriously its fundamental responsibility to serve the citizens of Iowa by ensuring that physicians, acupuncturists and genetic counselors are qualified to practice and that they are adhering to the laws, rules and standards that regulate their practices.

In 2022, the Board:

- Administered active licenses for 14,884 physicians, 74 acupuncturists, and 113 genetic counselors.
- Received 660 complaints and mandatory reports, and completed reviews or investigations of 719 case files.
- Took 44 public disciplinary actions and voted to issue 60 confidential letters of concerns about licensees' conduct or practice.
- Filed charges against 22 physicians and issued three public consent agreements as a condition for medical licensure.
- Assessed civil penalties totaling \$39,500 involving 13 physicians.
- Initiated action to amend four administrative rules.
- Held six Board meetings, six teleconferences and one disciplinary hearing.
- Issued 653 medical licenses to physicians who were qualified to use the expedited licensure process established by the Interstate Medical Licensure Compact.
- Continued a robust educational outreach program to the public and licensees, health care stakeholders, and state and federal government officials.
- Participated in training activities and regulatory discussions offered by the Federation of State Medical Boards and the Administrators in Medicine.

The Board places great emphasis on completing timely, fair and complete investigations that result in appropriate action. Concurrently, the Board provides assistance and guidance to licensees through the adoption of rules and regular communications on disciplinary actions and a variety of issues relating to their practices.

In addition, the Board remains a strong supporter of the Iowa Physician Health Program, which facilitates the intervention and recovery of licensees who have mental, physical, or chemical use issues that, if left untreated or not monitored, could impair their ability to practice safely.

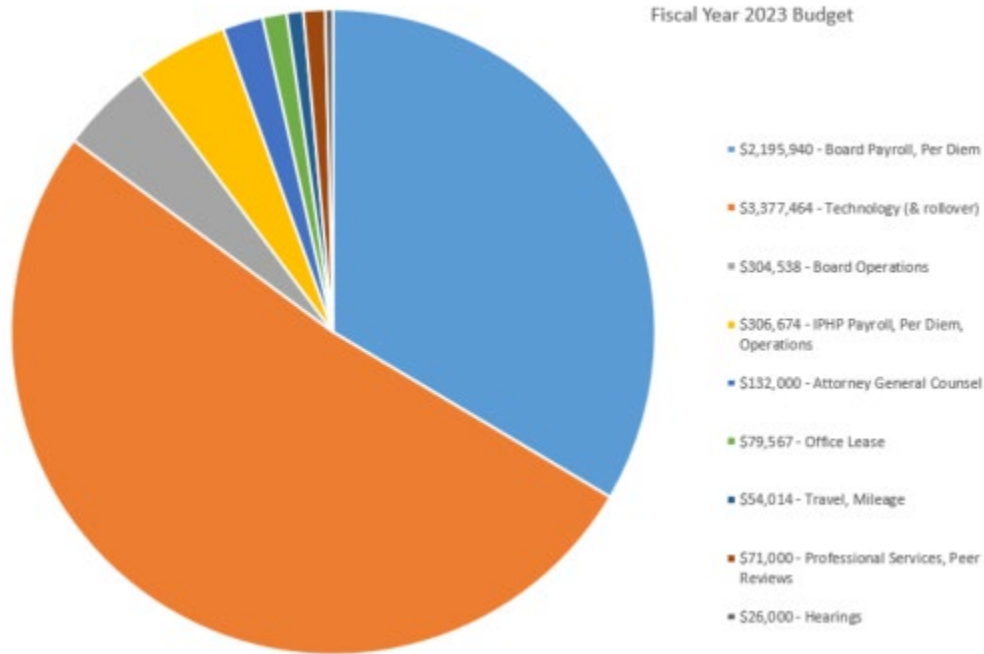
This brief report is a statistical tabulation of the Board's work during 2022. Behind these numbers are the hard work of a devoted and professional staff, and the exceptional public service of dedicated Board members.

The Board has a long history of transparency regarding its licensure, disciplinary, and regulatory work, making public documents easily available on the Board's website. In addition, the agency has provided annual reports such as this one for several decades. Do you want to know more about the Board? Please visit us online at www.medicalboard.iowa.gov or contact me.



DENNIS TIBBEN, MPA
EXECUTIVE DIRECTOR, IOWA BOARD OF MEDICINE
DENNIS.TIBBEN@IOWA.GOV | PHONE: (515) 281-7088

FY2022 EXPENSE BUDGET



BOARD OF MEDICINE’S EXPENSE BUDGET FOR FISCAL YEAR 2023 (JULY 1, 2022, THROUGH JUNE 30, 2023): \$6,547,197. The FY2023 expense budget includes roll-over funds for operations, to cover ongoing expenses for programming the Board’s database, and to fund technology upgrades. The Board’s anticipated revenue from licensure fees in FY2023 is \$ 3,377,464. The Board is funded entirely with licensure fees, which have not been increased since FY2007. In FY2014, the Board reduced fees.

2023 Meetings

January 26-27

March 23-24

July 13-14

September 14-15

November 16-17

2023 Teleconferences

April 20

June 15

August 17

October 19

December 14

To receive press releases, agendas and other Board news, sign up at:

<https://public.govdelivery.com/accounts/IACIO/subscriber/new?preferences=true>

ADMINISTRATIVE RULES

The Board of Medicine’s administrative rules, which have the weight of law, are found in Section 653 of the Iowa Administrative Code. Before the Board can adopt a new rule or amend an existing rule, the intended action item must be published in the Iowa Administrative Bulletin and reviewed at a public hearing. The proposed change can also be subject to review by the Governor’s Office and by the Administrative Rules Review Committee. In addition, the public can petition the Board to adopt, amend, or repeal an administrative rule.

Subject of Rule Making (For full description, click on ARC number.)	Notice of Intended Action (NOIA)	Adopted Rule Making
Abortion prerequisites, 13.16	ARC 6461C , IAB 08/10/2022	Adopted and Filed ARC 6684C , IAB 11/30/2022
Licensure—nonaccredited resident training, 9.3(1)“c”	ARC 6378C , IAB 06/29/2022	Adopted and Filed ARC 6682C , IAB 11/30/2022
Retention of medical records—sudden death or abscondence of physician, 13.7(8)	ARC 6381C , IAB 06/29/2022	Adopted and Filed ARC 6683C , IAB 11/30/2022
Collaborative pharmacy practice, 13.4	ARC 6284C , IAB 04/06/2022	Adopted and Filed ARC 6442C , IAB 08/10/2022

IOWA PHYSICIAN HEALTH PROGRAM

The Iowa Physician Health Program (IPHP) is a confidential monitoring program created by the Iowa Board of Medicine in 1996. The IPHP was designed to protect the public by supporting and monitoring services for physicians whose health conditions may impact their ability to practice medicine safely. The IPHP promotes early intervention, diagnosis, treatment, and monitoring for physicians with potential impairments caused by a mental health condition, substance use disorder, or physical condition. Participants in the program receive confidential help, without board involvement as long as they comply with program expectations. The IPHP monitors treatment progress and work quality. Specific requirements are based on the individual’s health condition and risk to patient safety. The program is administered by the Iowa Physician Health Committee, which is appointed by the Board of Medicine. The committee and program are defined in Iowa Administrative Code 653 Chapter 14. Committee members receive a per diem and expenses.



The committee held four meetings in 2022 and met with 19 program participants. Staff members conducted individual visits with 8 participants. The program’s budget of \$256,711 in FY2022 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 their drug screening, therapy, and treatment.

Staff members of the Board manage the program. The committee’s co-chairs and legal counsel provide guidance on case issues. **Members of the committee in 2022:**

- Thad Abrams, MD, Iowa City, co-chair
- Martin Carpenter, MD, Cedar Rapids
- Allison Gillies, LISW, IAADC, Ottumwa
- Jeanine Freeman, JD, Des Moines
- Jeanice McCarville Kerber, PhD, LISW, MPA, Ankeny
- Lori Beireis, DO, Iowa City
- Timothy Schurman, MD, West Des Moines, co-chair
- Alfred Fleming, MD, Sioux City
- Don Woodhouse, MD, Medical Director, Board of Medicine
- Dennis Tibben, MPA, Executive Director, Board of Medicine

Emily Zalasky, LBSW, is the program's coordinator and Natalie Lyons, BS, IADC, is the program's case manager. Jordan Esbrook, JD, and Kristi Traynor, JD, from the Iowa Attorney General's Office provided legal counsel for the program and the committee in 2022.

(TOTALS ON DECEMBER 31)	2021	2022	(PARTICIPANTS' DIAGNOSES)	2021	2022
Active Participants	34	37	Substance use	11	12
In review for eligibility	8	7	Mental health	3	5
Physicians	43	44	Physical condition	1	1
Resident physicians	0	0	Dual diagnoses	19	19
Discharged	22	29			
Noticed for violations	3	3			

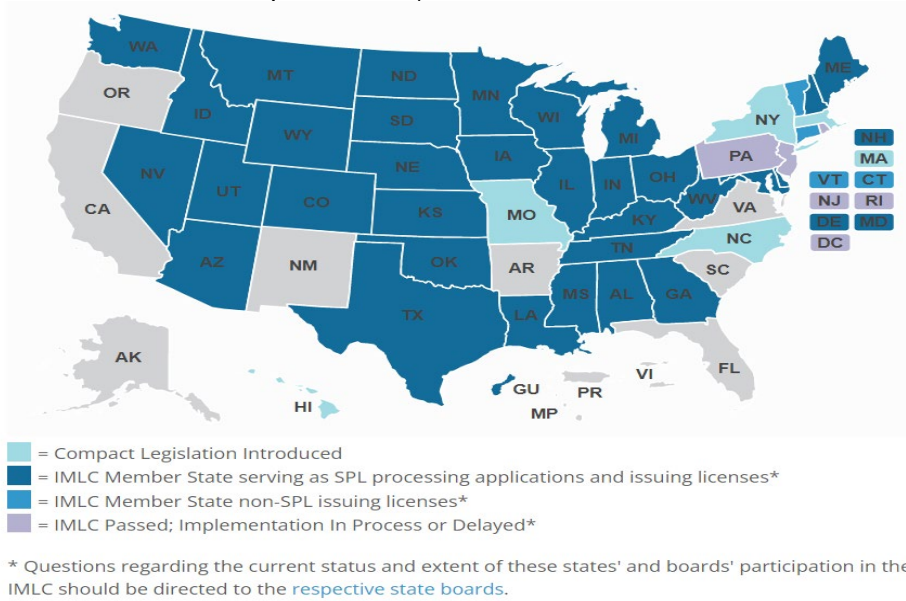
LICENSURE

JANUARY 1-DECEMBER 31	2020	2021	2022
Active M.D. licenses	11910	11690	12292
Active D.O. licenses	2366	2405	2592
TOTAL	14,276	14,095	14,884
Active M.D.s with Iowa work address	5246	5011	4873
Active D.O.s with Iowa work address	1454	1448	1469
TOTAL	6,700	6,459	6,342
PERMANENT PHYSICIAN LICENSE			
Issued by endorsement	836	790	745
Issued by expedited endorsement	0	0	0
Issued by examination	241	280	322
Licensed through Interstate Compact	336	444	653
TOTAL	1,413	1,514	1,720
Renewed	5956	6271	6449
Went inactive	268	1516	1006
Reinstated	59	49	80
ADMINISTRATIVE MEDICINE LICENSE			
Issued	10	14	4
Renewed	13	9	17
ACTIVE	26	23	21
RESIDENT PHYSICIAN LICENSE			
Issued	300	317	345
Renewed	0	1	0
ACTIVE	996	878	905
SPECIAL PHYSICIAN LICENSE			
Issued	4	9	4
Renewed	32	31	33
Went inactive	0	5	6
ACTIVE	36	42	36
TEMPORARY PHYSICIAN LICENSE			
Issued	3	4	2
Renewed	1	1	2
Went inactive	0	3	2
ACTIVE	4	5	5
ACUPUNCTURIST LICENSE			
Issued	0	2	3
Renewed	4	3	61
Went inactive	0	7	0
ACTIVE	71	71	74
GENETIC COUNSELOR LICENSE			
Issued	141	107	113
PHYSICIAN LICENSURE REQUIREMENTS			
Waivers granted	0	2	2
Waivers denied	0	3	3

IOWA MEDICAL LICENSES
PERMANENT – A license to practice in any setting in Iowa. It's a two-year license that can be renewed.
RESIDENT – A license to practice in a Board-approved resident training program in Iowa. The license is issued for the duration of the training program.
SPECIAL – A license to practice by a highly specialized physician who is a medical college faculty member at the University of Iowa or Des Moines University who does not meet qualifications for permanent licensure.
TEMPORARY – A license authorizing a physician to practice in a short-term Board-approved practice setting such as medical director of a camp.
ADMINISTRATIVE – A license for a non-clinical, administrative position in medicine not involving patient care.

INTERSTATE MEDICAL LICENSURE COMPACT

Source: Interstate Medical Licensure Compact Commission)



The Interstate Medical Licensure Compact is an agreement among participating U.S. states and territories to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify.

The mission of the Compact is to increase access to health care – particularly for patients in underserved or rural areas. The Compact makes it possible to extend the reach of physicians, improve access to medical specialists, and leverage the use of medical technologies, such as telemedicine. While making it easier for physicians to obtain licenses to practice in multiple states, the Compact also strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

The Compact [currently includes 37 states](#), the District of Columbia and the Territory of Guam. In these jurisdictions, physicians are licensed by 50 different medical and osteopathic boards. Other states are currently in the process of introducing legislation to adopt the Compact. For additional information and a short video, follow this link: [Overview of the IMLCC](#).

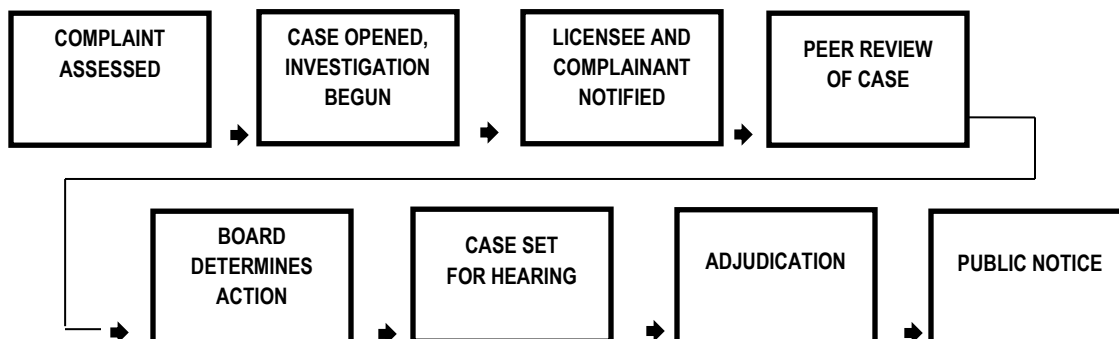
To be eligible for expedited licensure, physicians must possess a full and unrestricted license to practice medicine in a Compact state; possess specialty certification or be in possession of a time unlimited specialty certificate; have no discipline on any state medical license; have no discipline related to controlled substances; not be under investigation by any licensing or law enforcement agency; have passed each component/step of the USMLE or COMLEX (or equivalent) within three attempts; and have successfully completed a graduate medical education program. Approximately 80 percent of physicians licensed in the U.S. meet the criteria for licensure through the Compact.

A commission oversees the administration of the Compact. Iowa's commissioners are Patricia Fasbender, DO, a physician member of the Board, and Warren Gall, MD a physician member of the Board. In 2022, 653 new licenses were issued and all Compact renewals were processed by Licensure Specialist, Kristin Waltermire, who works closely with the Compact and the Board's Commissioners. More information about the Interstate Medical Licensure Compact is available at www.imalcc.org.

ENFORCEMENT

JANUARY 1 TO DECEMBER 31	2019	2020	2021	2022
COMPLAINTS, MANDATORY REPORTS				
Complaints	540	416	483	451
Reports	120	120	55	209
TOTAL	660	536	538	660
Complaint files closed	478	465	537	512
Report files closed	136	134	63	207
TOTAL	614	599	600	719
Complaint investigations open on 12/31	455	179	352	295
Report investigations open on 12/31	65	43	55	59
TOTAL	520	222	407	354
PUBLIC CHARGES & CONSENT AGREEMENTS	19	19	19	22
DISCIPLINARY ACTIONS				
License revocation/surrender	1	6	3	3
License suspension	0	1	1	5
License probation	5	3	7	7
Civil penalty	11	11	11	13
Public citation and warning	14	19	13	20
Practice restriction	5	6	7	5
TOTAL FORMAL (PUBLIC) ACTIONS	36	46	42	44
Confidential letter about practice or conduct	91	65	56	60
Licensees monitored by the Board on 12/31	59	50	47	52
LETTER FOR PRACTICING WITHOUT A LICENSE (REFERRAL NOTICE)	0	0	2	0

OVERVIEW OF COMPETENCY COMPLAINT PROCESS



COMPLIANCE SUMMARY - 2022 CHARGES, AGREEMENTS

In 2022, the Board of Medicine filed charges against 20 physicians involving issues related to their practices in Iowa or related to adverse actions taken against them by another state’s medical licensing Board. Total charges listed below exceed 20 because some physicians were charged with more than one count. The total charges include three (3) Consent Agreements as a condition for granting an Iowa medical license, publicly recognizing adverse action taken against applicants by another state’s licensing board.

CHARGES:

- Discipline by Another Licensing Authority* – 7**
- Failure to Comply with a Board Order – 1**
- Failure to Exercise Ordinary Care – 1**
- Felony Criminal Conviction – 2**
- Improper Management of Medical Records – 2**
- Inappropriate Pain Management – 1**
- Maintaining Pre-Signed Prescriptions – 1**
- Physical or Mental Impairment – 1**
- Practice Harmful or Detrimental to the Public – 5**
- Professional Incompetency – 2**
- Professional Incompetency – Pain Management - 1**
- Sexual Misconduct – 1**
- Substance Abuse – 2**
- Unethical or Unprofessional Conduct – 4**
- Unprofessional Conduct – 2**
- Violation of Laws & Rules Governing Practice of Medicine – 1**

CONSENT AGREEMENT FOR LICENSURE:

(Agreement puts public on notice of action against applicant by Iowa’s or another state’s medical licensing Board)

- Discipline by Another Licensing Authority* – 3**

(*Actions were taken against these three physicians in other states for these issues: Criminal Conviction – 1; Discipline by Another Licensing Authority – 3; Engaged in Excessive Prescribing of Controlled Substances – 1; Failure to Maintain Adequate & Accurate Medical Records – 1; Inappropriate Prescribing – 1; Misuse of Prescribing Privileges - 1)

<h2 style="margin: 0;">OUTCOMES:</h2> <h3 style="margin: 0;">Complaints are most often handled in one of three ways</h3>
<p>1. NO ACTION. This is the result when no violation of laws, rules or medical care standards has occurred. The licensee and complainant are notified and the information is kept on file.</p>
<p>2. INFORMAL ACTION. There may be no violation of laws, rules or medical care standards that warrants public action, but the Board is nonetheless concerned about some aspect of the licensee’s conduct or performance. The Board will issue a confidential letter of education or warning cautioning the licensee against repeating similar conduct or practice. Complainant is notified that no formal disciplinary action has been taken.</p>
<p>3. PUBLIC CHARGES FILED. The Board determines there is a violation of laws, rules or medical care standards and files public charges and a disciplinary hearing is scheduled.</p>

COMPLIANCE SUMMARY - 2022 INFORMAL ACTIONS

When the Board of Medicine determines that probable cause does not exist to take formal public disciplinary action the Board may send a confidential non-disciplinary letter to a licensee expressing concerns and requesting that a licensee take corrective action. In 2022, the Board voted to issue 64 confidential letters addressing the following concerns:

JANUARY 27-28 MEETING – 9 LETTERS

1. Concerns about a physician's professional boundaries with patients and pain management prescribing.
2. Concerns that a physician failed to have a chaperone present during physician examinations of female patients.
3. Concerns about a physician's neurological workup for a patient.
4. Concerns that a physician used co-workers to obtain controlled substances.
5. Concerns that a physician discussed a patient's medical care in the presence of another patient.
6. Concerns about a physician's workup of a patient with bleeding in the brain.
7. Concerns that a physician made improper comments to a female patient and failed to appropriately communicate with the patient during a breast exam.
8. Concerns that a physician failed to provide truthful, accurate or complete information on license application.
9. Concerns that a physician failed to provide truthful, accurate or complete information on license application.

MARCH 24-25 MEETING – 15 LETTERS

1. Concerns about a physician's professional boundaries.
2. Concerns about a physician's professional boundaries.
3. Concerns that a physician misread an MRI.
4. Concerns that a physician failed to provide appropriate follow-up on a patient.
5. Concerns about a physician's surgical care and record keeping for a patient.
6. Concerns that a physician was charged with criminal harassment of their spouse.
7. Concerns that a physician failed to follow federal laws regarding dispensing methadone for substance abuse treatment.
8. Concerns that a physician improperly discharged a mental health patient.
9. Concerns about a physician's surgical treatment of a patient.
10. Concerns about a physician's surgical treatment of a patient.
11. Concerns about a physician's pain management prescribing and communication with a patient.
12. Concerns about a physician's physical examination and communications with a patient.
13. Concerns that a physician was sanctioned by another state licensing Board.
14. Concerns that a physician failed to provide truthful, accurate or complete information on license application.
15. Concerns that a physician failed to provide truthful, accurate or complete information on license application.

MAY 19-20 MEETING – 10 LETTERS

1. Concerns that a failed to maintain appropriate medical records.
2. Concerns about a physician's his pain management.
3. Concerns about a physician's unprofessional conduct towards a pharmacist.
4. Concerns that a physician failed to communicate critical x-ray findings with the ordering physician.
5. Concerns that a physician failed to timely report the suspension of their MercyOne privileges and had engaged in unprofessional conduct.
6. Concerns that a physician was charged with a felony.
7. Concerns that a physician failed to consider differential diagnosis and the lack of adequate exam documentation.
8. Concerns that a physician failed to consider differential diagnosis and the lack of adequate exam documentation.
9. Concerns that a physician failed to timely report restrictions on their hospital privileges.
10. Concerns that a physician failed to provide truthful, accurate or complete information on license application.

JULY 14-15 MEETING – 9 LETTERS

1. Concerns about a physician's illegal purchase of a handgun, drug use, and disingenuous statements made at their appearance.
2. Concerns about a physician's unprofessional behavior and commentary in the operating room.
3. Concerns that a physician confused the that the patient was someone else in the emergency department who had acute appendicitis.
4. Concerns that a physician had inappropriate and unprofessional interactions with a pharmacist and store manager.
5. Concerns that a physician allows their pets to freely enter and exit exam rooms, even during pelvic examinations and fails to hand wash / sanitize prior to the examination of patients.
6. Concerns that a physician is prescribing controlled substance to people with whom there is a potential conflict of interest and demonstrates poor record keeping.
7. Concerns that a physician failed to consider differential diagnosis.
8. Concerns about a physician's patient selection.
9. Concerns that a physician was sanctioned by another state licensing Board and their failure to respond to the Iowa Board's investigation into this matter.

SEPTEMBER 8 MEETING – 5 LETTERS

1. Concerns that a physician allowed their electronic health record access credentials to be used by a staff member, who subsequently used those credentials to divert controlled medications to themselves and family members.
2. Concerns that a physician failed to identify a distal femur fracture and despite conservative treatment failing to improve the patient's pain and function.
3. Concerns that a physician delayed care secondary to late charting of a clinic visit and failed to follow through with an ordered HIDA scan.
4. Concerns that a physician failed to ensure that a MedSpa's website accurately lists them as the Medical Director.
5. Concerns that a physician slapped a combative patient with an open hand.

OCTOBER 27-28 MEETING – 3 LETTERS

1. Concerns that a physician failure to report a malpractice settlement as required.
2. Concerns about the substandard nature of a physician's undocumented, clothed breast exam.
3. Concerns that a physician was sanctioned by another state licensing Board.

DECEMBER 15-16 MEETING – 10 LETTERS

1. Concerns that a physician negligently performed a radiofrequency ablation procedure at the C5-6 and C5-7, which resulted in spinal cord injuries to the patient.
2. Concerns about a physician's informed consent obtained in this case.
3. Concerns about a physician's informed consent obtained in this case.
4. Concerns that a physician made statements of an unprofessional nature during an appointment with a patient.
5. Concerns about a physician's comments made while speaking at a public event may have the appearance of the spreading of inaccurate information, even when done unintentionally, which has the potential to cause harm to the public.
6. Concerns that a physician failed to accurately document their absence in their operative report.
7. Concerns about a physician's controlled substances prescribing.
8. Concerns about a physician's two-month delay in notifying the patient of ultrasound results indicating she had a right ovarian teratoma.
9. Concerns that a physician's failed to properly terminate the physician-patient relationship.
10. Concerns about a physician's failure to notify the Board of a malpractice settlement made on their behalf in 2019.

The Board may issue an order to discipline a licensee, including imposing a civil penalty (fine) not to exceed \$10,000. Penalties are deposited in the general fund of the State of Iowa. The Board does not benefit from the fines it imposes. The Board is funded with licensure fees.

ALTERNATE MEMBERS

Alternate members of the Board of Medicine play an important role in contested case hearings. Up to three alternates can serve on a six-member panel for a hearing when a quorum (six members) of the 10 current members of the 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 recommended by the Board, and approved by the Governor. An Alternate’s term is nine years. Alternates receive a per diem and expenses.

Alternates serving in 2022 were:

ALTERNATE MEMBERS

Ronald Cheney, DO, Carroll
 Ronald Kolegraff, MD, Milford
 Charles Wadle, DO, Des Moines
 Rodney Zeitler, MD, Iowa City

APPOINTED

May 17, 2018
 August 3, 2022
 August 3, 2022
 August 3, 2022

CONTESTED CASE HEARINGS					
	2018	2019	2020	2021	2022
HEARING	0	2	1	3	1
HEARING USING ALTERNATES	0	1	0	0	1
SETTLED WITHOUT HEARING	23	15	22	13	22

PEER REVIEWS

In addition to three public members, the Board of Medicine includes 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 Board will recruit physicians to serve on a committee to review a 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. Iowa physicians who are interested in serving as a peer reviewer may email the Board at ibm@iowa.gov. An instruction manual for peer reviewers is available at www.medicalboard.iowa.gov

PEER REVIEWS					
	2018	2019	2020	2021	2022
ORDERED	12	5	10	10	9
COMPLETED	9	16	9	6	9

The 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.

IOWA BOARD OF MEDICINE

400 SW Eighth Street, Suite C
Des Moines, Iowa 50309-4686
HOURS: 8:00 a.m. to 4:30 p.m., Monday-Friday
PHONE: (515) 281-5171
FAX: (515) 242-5908
E-MAIL: ibm@iowa.gov
WEB: www.medicalboard.iowa.gov



ADMINISTRATION

- Dennis Tibben, MPA**
Executive Director
- Shantel Billington**
Office Manager
- Lucas Bee**
Information Technology Specialist
- Joseph Fraioli, JD**
Director of Legal Affairs
- Chrissy Greco**
Assistant to the Executive Director
- Donald Woodhouse, MD**
Medical Advisor

LICENSURE

- Jenny Ware**
Director of Licensure
- Dakota Allison**
AA2-Licensing Specialist
- Desiree Burrows**
Licensing Specialist
- Chloe Carpenter**
Licensing Specialist
- Kelsey Johnson**
Licensing Specialist
- Kristin Waltermire**
AA2 – Compact Licensure Coordinator

ENFORCEMENT

- Anne Schlepfforst, CMBI***
Chief Investigator
- Brandi Allen, CMBI***
Investigator
- Michelle DeLong** Investigator
- Jerome Hill**
Investigator
- Natalie Holcomb** Investigator
- Aaron Kephart**
Investigator
- David McGlaughlin, CMBI***
Investigator
- Laura Wood, CMBI***
Investigator
- Kari Rolls**
Administrative Assistant
- Alesha Fagen**
Support Secretary
- Kaitie Westphal Smith**
Support Coordinator
- Marvin Firch**
Monitoring Coordinator

IOWA PHYSICIAN HEALTH PROGRAM

- Emily Zalasky, LBSW**
Program Coordinator
- Natalie Lyons, BS IADC**
Case Manager

*Certified Medical Board Investigator by Administrators in Medicine and Federation of State Medical Board