BEFORE THE BOARD OF MEDICINE

****

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

JOEL M. KOSINSKI, M.D., RESPONDENT

File No. 02-04-429

****

REINSTATEMENT ORDER

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COMES NOW the Iowa Board of Medicine, (the Board), and Joel M. Kosinski, M.D., (Respondent), on August 6, 2008, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) (2005), enter into this Reinstatement Order in the above matter.

1. Respondent was issued Iowa medical license no. 19784 on July 9, 1975.

2. Respondent's Iowa medical license expired due to non-renewal.

3. The Board has jurisdiction of the parties and the subject matter.

CIRCUMSTANCES

4. On December 12, 1996, Respondent was placed on probation for a period of five (5) years due to alcohol abuse.

5. On March 4, 1999, the Board charged Respondent with consuming alcohol in violation of the terms of probation.

6. On July 15, 1999, Respondent's Iowa medical license was suspended for thirty (30) days and he was placed on probation for a new period of five (5) years under certain terms and conditions due to alcohol abuse.

7. On May 13, 2004, the Board charged Respondent with violating his Board Order and the inability to practice medicine and surgery with reasonable skill and safety due to the excessive use of alcohol. Respondent's Iowa medical license was suspended for ninety (90) days and he was placed on a new probation for a period of five (5) years due to alcohol abuse.

8. On September 2, 2004, the Board indefinitely suspended Respondent's Iowa medical license due to repeated alcohol abuse.

9. Respondent has fully complied with the substance abuse treatment and monitoring requirements established by the Board and he has successfully maintained his sobriety since the September 2, 2004, suspension of his Iowa medical license.

10. At the direction of the Board, Respondent completed a comprehensive competency evaluation at the Center for Personalized Education for Physicians (CPEP), a Board-approved, nationally-recognized, professional competency assessment program. CPEP recommended that Respondent complete a supervised professional competency remediation program which includes an educational preceptor and Respondent has agreed to fully comply with CPEP's recommendations.

11. **CIVIL PENALTIES:** Prior to the Board's approval this Order, Respondent shall make full payment of his prior civil penalty in the amount of **$1,000**.

REINSTATEMENT

12. **INDEFINITE PROBATION:** Respondent shall be placed on **indefinite probation** subject to the following terms and conditions:

A. **Monitoring Program**: Respondent shall fully comply with all requirements established in his Board monitoring program.

B. **Alcohol Prohibition**: Respondent shall not consume alcohol.

C. **Controlled or Prescription Drug Restriction**: Respondent shall not use any controlled or prescription drug in any form unless the controlled or prescription drug has been prescribed for Respondent's use by another duly licensed treating physician or other qualified treating health care provider. Respondent shall provide the Board written notice within 72 hours of the use of any controlled or prescription drug. Respondent shall inform any treating physician or other treating health care provider of his history of substance abuse prior to receiving any prescription drug.

D. **Drug Screening Program**: Respondent shall fully comply with the Board's drug screening program. Respondent shall provide random blood or urine specimens when required. Respondent agrees to comply with all requirements of the drug-screening program. The specimens shall be used for drug and alcohol screening, all costs of which shall be paid by Respondent.

E. **Alcoholics Anonymous Meetings**: Respondent shall attend at least four (4) meetings of Alcoholics Anonymous (AA) or a similar substance abuse program weekly. Respondent shall obtain documentation of attendance and include copies of this documentation with his quarterly reports. Respondent shall have at least weekly contact with his AA sponsor.

F. **Substance Abuse Treatment:** Respondent shall continue to fully comply with Board-approved substance abuse treatment.

(1) The substance abuse physician or counselor shall submit written quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation.

(2) Respondent shall continue with counseling until discharged by the Board-approved physician or counselor and until Respondent's discharge from counseling is approved by the Board.

(3) Respondent shall meet with his Board-approved physician or counselor as frequently as recommended by the physician or counselor and approved by the Board. All costs associated with the counseling shall be the responsibility of Respondent.

G. **Written Practice Plan:** Prior to practicing medicine under his Iowa medical license, Respondent shall submit a written practice plan for Board approval. The practice plan shall describe Respondent's future medical practice setting(s) and what Respondent will do to update his knowledge, skills and abilities so that he is capable of practicing medicine in a safe and competent manner in the setting(s). At least 30 days prior to any change in his medical practice, Respondent shall submit a revised written practice plan for Board approval.

H. **Board-Approved Practice Setting:** Respondent shall only practice medicine under his Iowa medical license in a Board-approved group practice setting in which Respondent's daily practice will be closely monitored by other physicians and healthcare providers under the terms and conditions established in this Order. Respondent shall not engage in any aspect of the practice medicine under his Iowa medical license in any other practice setting.

I. **Worksite Monitor:** Respondent shall submit for Board approval the name of a physician who regularly observes and/or supervises Respondent at all practice locations where Respondent practices medicine to serve as a worksite monitor. The Board shall share a copy of all Board orders relating to this matter with the worksite monitor. The worksite monitor shall provide a written statement indicating that they have read and understand the materials relating to this disciplinary action and agrees to act as the worksite monitor under the terms of this agreement. The worksite monitor shall agree to inform the Board immediately if there is evidence of substance abuse, professional misconduct, or a violation of the terms of this Order. The monitor shall agree to submit quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.

J. **Quarterly Reports:** Respondent shall file sworn quarterly reports with the Board attesting to his compliance with the terms and conditions of this Order not later than 1/10, 4/10, 7/10 and 10/10 of each year of this Order.

K. **Board Appearances:** Respondent shall make appearances before the Board or a Board committee annually or upon request. Respondent shall be given reasonable notice of the date, time and location for the appearances. Said appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(d).

L. **Monitoring Fee:** Respondent shall make a payment of $100 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with each quarterly report submitted to the Board. The monitoring fee shall be sent to: Monitoring Programs, Iowa Board of Medical Examiners, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medical Examiners. The Monitoring Fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

13. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

14. Periods of practice under another medical license shall not apply to this Order.

15. In the event Respondent violates or fails to comply with any of the terms or conditions of this Order, the Board may initiate action to suspend or revoke Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 25.

16. This Order constitutes the resolution of a contested case proceeding.

17. By entering into this Order Respondent voluntarily waives any rights to a contested case hearing in this matter and he waives any objections to the terms of this Order.

18. Respondent voluntarily submits this Order to the Board for consideration.

19. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

20. The Board's approval of this Final Order shall constitute a **Final Order** of the Board.

Joel M Kosinski MD

Joel Kosinski, M.D., Respondent

Subscribed and sworn to before me on July 24, 2008.

Notary Public, State of Iowa.

NOTARIAL SEAL IOWA

Susan R. Clark
Iowa Notarial Seal
Commission Number 753314
My Commission Expires 6-17-2011

This Order is approved by the Board on August 6, 2008.

Yasyn Lee, M.D., Chairperson
Iowa Board of Medical Examiners
400 S.W. 8th Street, Suite C
Des Moines, IA 50309-4686

BEFORE THE BOARD OF MEDICAL EXAMINERS STATE OF IOWA

****

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

JOEL M. KOSINSKI, M.D., RESPONDENT

File No. 02-04-429

****

STATEMENT OF CHARGES,

SETTLEMENT AGREEMENT and FINAL ORDER
(combined)

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COMES NOW the Iowa Board of Medical Examiners (the Board), and Joel M. Kosinski, M.D. (Respondent), on Sept. 2, 2004, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into the following combined Statement of Charges, Settlement Agreement and Final Order.

STATEMENT OF CHARGES

1. Respondent was issued license number 19784 to practice medicine and surgery in Iowa on July 9, 1975.

2. Respondent's Iowa medical license is active and will next expire on February 1, 2005.

3. The Board has jurisdiction of the parties and the subject matter.

COUNT I

4. Respondent is charged under Iowa Code section 148.6(2)(i) (2003) and 653 IAC 12.4(16) with violating a lawful order of the Board.

COUNT II

5. Respondent is charged under Iowa Code sections 147.55(4) (2003) and 653 IAC sections 12.4(4) with habitual intoxication or addiction to the use of drugs.

CIRCUMSTANCES

6. On August 8, 1996, Respondent was charged by the Board with engaging in the practice of medicine while impaired due to the excessive use of alcohol.

7. On December 12, 1996, the Board and Respondent entered into an Informal Settlement which placed Respondent's Iowa medical license on probation for a period of five (5) years under certain terms and conditions due to alcohol abuse.

8. On March 4, 1999, Respondent was charged by the Board with consuming alcohol in violation of the terms of probation placed upon his Iowa medical license in the Informal Settlement entered into with the Board on December 12, 1996.

9. On July 15, 1999, the Board and Respondent entered into a Settlement Agreement to resolve the pending disciplinary charges. Respondent's Iowa medical license was suspended for thirty (30) days and placed on probation for a new period of five (5) years under certain terms and conditions due to alcohol abuse.

10. The Board received information indicating that Respondent consumed alcohol on at least one occasion in violation of the July 15, 1999, Settlement Agreement entered into with the Board.

11. On January 13, 2004, Respondent successfully completed substance abuse treatment under the direction of Professional Recovery Network, Addictive Disease Medical Consultants, (PRN), Waukesha, Wisconsin.

12. On May 13, 2004, Respondent entered into a combined Statement of Charges, Settlement Agreement and Final Order with the Board. Respondent was charged with violating a Board Order, habitual intoxication or addiction to the use of drugs and the inability to practice medicine and surgery with reasonable skill and safety due to the excessive use of drugs or alcohol. Under the terms of the Settlement Agreement, Respondent's Iowa medical license was suspended for ninety (90) days and placed on a new probation for a period of five (5) years subject to certain terms and conditions due to substance abuse.

13. Respondent recently admitted consuming alcohol in violation of the terms and conditions of the May 13, 2004, Order.

SETTLEMENT AGREEMENT

14. **CITATION AND WARNING:** Respondent is hereby **CITED** for violating a Board Order. Respondent is hereby **WARNED** that future violations may result in further disciplinary action, including revocation of his Iowa medical license.

15. **CIVIL PENALTY:** Upon the Board's approval of this Settlement Agreement and Final Order, Respondent shall be assessed a civil penalty in the amount of **$1,000**. The civil penalty shall be paid prior to reinstatement of Respondent's Iowa medical license by delivery of a check or money order, payable to the Treasurer of Iowa, to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.

16. **INDEFINITE SUSPENSION:** Respondent's Iowa medical license shall be **indefinitely suspended** upon the date of this Order. During the period of suspension, Respondent shall not engage in the practice medicine under his Iowa medical license.

The Board will not consider reinstatement of Respondent's Iowa medical license until Respondent demonstrates at least one year of monitored sobriety under the terms and conditions established in **Paragraph 15 (A) – (F) and (H) - (J) below**.

17. **INDEFINITE PROBATION**: Should the Board choose to reinstate Respondent's Iowa medical license, Respondent's license shall be subject to certain terms and conditions of **indefinite probation,** including but not limited to the following terms and conditions:

A. **Monitoring Program**: Respondent shall fully comply with all requirements established in his Board monitoring program.

B. **Alcohol Prohibition**: Respondent shall not consume alcohol.

C. **Controlled or Prescription Drug Restriction**: Respondent shall not use any controlled or prescription drug in any form unless the controlled or prescription drug has been prescribed for Respondent's use by another duly licensed treating physician or other qualified treating health care provider. Respondent shall provide the Board written notice within 72 hours of the use of any controlled or prescription drug. Respondent shall inform any treating physician or other treating health care provider of his history of substance abuse prior to receiving any prescription drug.

D. **Drug Screening Program**: Respondent shall continue to submit to the Board's drug screening program. Respondent shall provide random blood or urine specimens when required. Respondent agrees to comply with all requirements of the drug-screening program. Respondent shall also provide random blood or urine specimens on demand by an agent of the Board. The

specimens shall be used for drug and alcohol screening, all costs of which shall be paid by Respondent.

E. **Alcoholics Anonymous Meetings**: Respondent shall attend at least four (4) meetings of Alcoholics Anonymous (AA) or a similar substance abuse program weekly. Respondent shall obtain documentation of attendance and include copies of this documentation with his quarterly reports. Respondent shall have at least weekly contact with his AA sponsor.

F. **Substance Abuse Treatment**: Respondent shall continue Board-approved substance abuse treatment.

(1) The substance abuse physician or counselor shall continue to submit written quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation.

(2) Respondent shall continue with counseling until discharged by the Board-approved physician or counselor and until Respondent's discharge from counseling is approved by the Board.

(3) Respondent shall meet with his Board-approved physician or counselor as frequently as recommended by the physician or counselor and approved by the Board. All costs associated with the counseling shall be the responsibility of Respondent.

G. **Worksite Monitor**: Respondent shall submit for Board approval the name of a physician who regularly observes and/or supervises Respondent at all practice locations to serve as worksite monitor. Respondent hereby gives

the Board a release to share a copy of all Board orders relating to this matter with the worksite monitor. The worksite monitor shall provide a written statement indicating that they have read and understand all materials relating to this disciplinary action and agrees to act as the worksite monitor under the terms of this agreement. The worksite monitor shall agree to inform the Board immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of the terms of this Settlement Agreement or any violation of the laws and rules governing the practice of medicine. The monitor shall agree to submit quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation.

H. **Quarterly Reports**: Respondent shall file sworn quarterly reports with the Board attesting to his compliance with all the terms and conditions of this Settlement Agreement. The reports shall be filed not later than 1/10, 4/10, 7/10 and 10/10 of each year of the Respondent's probation.

I. **Board Appearances**: Respondent shall make appearances before the Board or a Board committee annually or upon request. Respondent shall be given reasonable notice of the date, time and location for the appearances. Said appearances shall be subject to the waiver provisions of 653 IAC 12.6(6)(d).

J. **Monitoring Fee:** Respondent shall make a payment of $100 to the Board each quarter for the duration of this Order to cover the Board's monitoring

expenses in this matter. The Monitoring Fee shall be received by the Board no later than the 15th of the month three months after the date of this order and every quarter thereafter. The Monitoring Fee shall be sent to: Coordinator of Monitoring Programs, Iowa Board of Medical Examiners, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medical Examiners. The Monitoring Fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

18. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

19. In the event Respondent leaves Iowa to reside or practice outside the state, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside the state of Iowa will not apply to the duration of the Settlement Agreement and Final Order.

20. In the event Respondent violates or fails to comply with any of the terms or conditions of this Settlement Agreement and Final Order, the Board may initiate action to suspend or revoke the Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 12.2.

21. Upon full compliance with the terms of this combined Statement of Charges, Settlement Agreement and Final Order, and upon expiration of the period of probation, Respondent's Iowa medical license shall be restored to its full privileges free and clear of the terms of probation.

22. This combined Statement of Charges, Settlement Agreement and Final Order constitutes the resolution of a contested case proceeding.

23. By entering into this combined Statement of Charges, Settlement Agreement and Final Order, Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to the terms of this Settlement Agreement.

24. This combined Statement of Charges, Settlement Agreement and Final Order, is voluntarily submitted by Respondent to the Board for consideration.

25. This combined Statement of Charges, Settlement Agreement and Final Order, is subject to approval of the Board. If the Board fails to approve this Settlement Agreement and Final Order, it shall be of no force or effect to either party.

26. The Board's approval of this combined Statement of Charges, Settlement Agreement and Final Order shall constitute a **Final Order** of the Board.

Joel Kosinski

Joel Kosinski, M.D., Respondent

Subscribed and sworn to before me on Aug. 10th, 2004.

Notary Public, State of Iowa.

NOTARIAL SEAL IOWA

KATHRYN ANN CLAWSON
COMMISSION # 223029
MY COMMISSION EXPIRES
06-14-05

This combined Statement of Charges, Settlement Agreement and Final Order is approved by the Board on Sept. 2, 2004.

Bruce L. Hughes, M.D., Chairperson
Iowa Board of Medical Examiners
400 S.W. 8th Street, Suite C
Des Moines, IA 50309-4686