

Iowa  
State Board of Medical Examiners

STATE CAPITOL COMPLEX  
Executive Hills West  
DES MOINES, IOWA 50319

RONALD V. LEE  
Executive Director

Phone 515 281-5171

January 29, 1982

Senator John Nystrom, Chairman  
Representative George R. Swearingen, Chairman  
Senate and House Standing Committees  
on State Government  
Iowa State Legislature  
State Capitol Building  
Des Moines, Iowa 50319

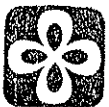
Dear Sirs:

This report is submitted in compliance with Section 285A.4(2) of the Code of Iowa.

- A. The Board of Medical Examiners filed its rules relating to the duties of the Board on November 29, 1978, and these rules became effective March 29, 1979.

Administrative Rules adopted in 1981 relating to the duties of the Board of Medical Examiners.

1. Health 470-132.12(147A) "Advanced Emergency Medical Care" allows a pilot study program pertaining to cardiac defibrillation, to be conducted by the Emergency Medical Services Learning Resources Center, University of Iowa Hospitals and Clinics. Effective date - March 27, 1981.
2. Health 470-135.102, 103, 105, 106, 108 (147,148) "Medical Examiners" sets fees in accordance with anticipated costs of operation. Effective date - April 22, 1981.
3. Health 470-135.1, 251 (17A, 147, 148, 258A) "Medical Examiners" specifies minimum standards regarding packaging, labeling, and record keeping pertaining to prescription drugs dispensed by physicians and surgeons. Effective date - May 6, 1981.
4. Health 470-136.5(4) (148C) "Physicians Assistants" requires national certification and a three month period of direct supervision prior to medical services being performed by a physicians assistant in a remote clinic. Effective date - May 6, 1981.



5. Health 470-132 (147A) "Advanced Emergency Medical Care" changes dates of manuals and materials to reflect those publications presently being utilized. Effective date - July 15, 1981.

B. Disciplinary Caseload

(1) Cases carried forward January 1, 1981	372
(2) Cases opened in 1981	227
(3) Cases closed in 1981	143

C. Total number of cases open as of January 1, 1981 456

D. Categories of complaints received during the calendar year 1981.

Drug related	44
Alcohol related	3
Ethics and conduct	20
Competency	34
Mental Problems	5
Insurance reports	98
Miscellaneous	1
License Discipline from other states	5
Violation of probation	0
Practicing without license	17

TOTAL COMPLAINTS RECEIVED 227

E. Categories of complaints closed during calendar year 1981:

	Total Number Closed	Unfounded	Sanctions	Other
Drug related	25	7	14	6
Alcohol related	3	1	2	0
Ethics and Conduct	12	3	10	0
Competency	39	31	7	1
Mental Problems	3	1	1	1
Insurance reports	41	39	2	0
Miscellaneous	3	3	0	0
License Discipline from other states	7	0	7	0
Violation of prob- ation	0	0	0	0
Practicing without License	6	3	4	0
TOTALS	<u>139</u>	<u>88</u>	<u>47</u>	<u>8</u>

In addition to the above files there were four duplicate files closed which had been opened by mistake, making a total of 143 files closed.

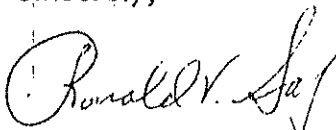
F. Peer Review Committee Disciplinary Actions 0

G. Judgements and Settlements reviewed or investigated by the Board 41

H.	Number of formal disciplinary proceedings commenced before the Board or Court		18
I.	Number and type of Sanctions imposed by the Board:		
1.	License revocation	4	
2.	Licenses suspended indefinitely	4	
3.	Licenses voluntarily surrendered	3	
4.	Licenses placed on 5 year probation	1	
5.	Licenses placed on 1 year probation	2	
6.	\$1,000.00 fines levied	1	
7.	Letters of Warning	29	
8.	Licenses denied	2	
9.	Restrictions on practice (no P.A.'s)	<u>1</u>	
	TOTAL SANCTIONS	47	
J.	Number and status of appeals to Court		1
K.	Number and type of Peer Review Committees registered by the Board		12
L.	Number of physicians who are in a probationary or restricted status who function under the supervision of the Board as of December 31, 1981		22

The total complaints received during 1981 decreased from 293 to 227. Our backlog increased by a total of 84 cases, however, we have now added two additional investigators with the expectation of reducing our backlog during 1982. Unless we experience a rise in complaints received, we expect to see a slight decrease in backlogged cases.

Sincerely,

  
 Ronald V. Saf  
 Executive Director

RVS/ml