

CHAPTER 22  
MANDATORY REPORTING  
[Prior to 7/19/06, see 653—Chapter 12]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

**653—22.1(272C) Mandatory reporting—judgments or settlements.** Each licensee, including a licensee holding an inactive license, shall report to the board every adverse judgment and every settlement of a claim against the licensee in a malpractice action to which the licensee is a party. The report, together with a copy of the judgment or settlement, must be filed with the board within 30 days from the date of said judgment or settlement. Failure to report judgments or settlements in accordance with this rule within the required 30-day period shall constitute a basis for disciplinary action against the licensee who failed to report.

**653—22.2(272C) Mandatory reporting—wrongful acts or omissions.**

**22.2(1) Definitions.** For the purposes of this rule, the following definitions apply:

*“Knowledge”* means any information or evidence of reportable conduct acquired by personal observation, from a reliable or authoritative source, or under circumstances causing the licensee to believe that wrongful acts or omissions may have occurred.

*“Reportable conduct”* means wrongful acts or omissions that are grounds for license revocation or suspension under these rules or that otherwise constitute negligence, careless acts or omissions that demonstrate a licensee’s inability to practice medicine competently, safely, or within the bounds of medical ethics, pursuant to Iowa Code sections 272C.3(2) and 272C.4(6) and 653—Chapter 23.

**22.2(2) Reporting requirement.** A report shall be filed with the board when a licensee has knowledge as defined in this rule that another person licensed by the board may have engaged in reportable conduct.

a. The report shall be filed with the board no later than 30 days from the date the licensee acquires knowledge of the reportable conduct.

b. The report shall contain the name and address of the licensee who may have engaged in the reportable conduct; the date, time, place and circumstances in which the conduct occurred; and a statement explaining how knowledge of the reportable conduct was acquired.

c. The final determination of whether or not wrongful acts or omissions have occurred is the responsibility of the board.

d. A physician is not required to report confidential communication obtained from a physician in the course and as a result of a physician-patient relationship or when a state or federal statute prohibits such disclosure.

e. Failure to report a wrongful act or omission in accordance with this rule within the required 30-day period shall constitute a basis for disciplinary action against the licensee who failed to report.

f. A licensee shall not be civilly liable as a result of filing a report with the board so long as such report is not made with malice.

**653—22.3(272C) Mandatory reporting—disciplinary action in another jurisdiction.** Each licensee, including a licensee holding an inactive license, shall report to the board every license revocation, suspension or other disciplinary action taken against the licensee by a professional licensing authority of another state, an agency of the United States government, or any country, territory or other jurisdiction. The report must be filed with the board within 30 days from the date of the action against the physician’s license. Failure to report such disciplinary action in accordance with this rule within the required 30-day period shall constitute a basis for disciplinary action against the licensee.

**653—22.4(272C) Mandatory reporting—child abuse and dependent adult abuse.** Each licensee shall report child abuse and dependent adult abuse as required by state and federal law. Knowingly and willfully failing to report child abuse and dependent adult abuse as required by state and federal law in accordance with this rule may be grounds for disciplinary action against the licensee.

**653—22.5(272C) Mandatory reporting—hospital disciplinary action.** Each licensee, including a licensee holding an inactive license, shall file with the board a written report describing any disciplinary action taken by a hospital for reasons relating to the physician's professional competence or conduct which results in a limitation, restriction, suspension, revocation, relinquishment or nonrenewal of the licensee's hospital privileges or any voluntary limitation, restriction, suspension, revocation, relinquishment or nonrenewal of the licensee's hospital privileges to avoid an investigation or other hospital disciplinary action. A licensee is not required to report a limitation, restriction, suspension, revocation, relinquishment or nonrenewal of the licensee's privileges of fewer than 10 days. A licensee is not required to report a voluntary, nondisciplinary limitation or relinquishment of hospital privileges upon the election of the licensee to narrow or change the nature of the licensee's medical practice for reasons not related to competency or conduct. The written report and a copy of the hospital disciplinary action or the licensee's voluntary action must be filed with the board within 30 days of the date of the action. Failure to file the written report and a copy of the action in accordance with the requirements of this rule may constitute a basis for action against the licensee. Reports shall be maintained by the board in accordance with Iowa Code section 272C.6, subsection 4.

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These rules are intended to implement Iowa Code chapters 17A, 147, 148, and 272C.

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- <sup>1</sup> Effective date of subrule 135.204(10) [renumbered 12/4(10), IAC 5/4/88] delayed by the Administrative Rules Review Committee 70 days from November 2, 1983.
- <sup>2</sup> Effective date of rules 135.206, 135.207 and 135.208 [renumbered 12.6, 12.7 and 12.8, IAC 5/4/88] delayed by the Administrative Rules Review Committee 70 days from December 12, 1984. Delay lifted by committee on January 9, 1985.