

CHAPTER 193
MODEL RULES FOR LICENSEE REVIEW COMMITTEE

641—193.1(272C) Definitions. For the purpose of these rules, the following definitions apply:

“*Committee*” means the licensee review committee established by a licensing board pursuant to the authority of Iowa Code section 272C.3(1)“*k*.”

“*Contract*” means the written document establishing the terms for participation in the program.

“*Impairment*” means a condition identified in Iowa Code section 272C.3(1)“*k*” that renders or, if left untreated, is reasonably likely to render a licensee unable to practice the licensee’s profession with reasonable skill and safety.

“*Initial agreement*” means the written document establishing the initial terms for participation in the program.

“*Licensing board*” or “*board*” means the same as defined in Iowa Code section 272C.1(6).

“*Licensee*” means a person licensed by a licensing board.

“*Self-report*” means written notification provided by the licensee to the program that the licensee has had, has, or may have an impairment. A self-report can be made even if the applicable licensing board has received a complaint or a third party has alleged the same.

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641—193.2(272C) Purpose. The committee assists and monitors the recovery or rehabilitation of practitioners who self-report potential impairments or who are referred by the board. The program is both an advocate for participant health and a means to protect the health and safety of the public.

[ARC 7753C, IAB 4/3/24, effective 5/8/24]

641—193.3(272C) Composition of the committee. The division of licensing appoints the members of the committee.

193.3(1) Membership. The committee may be composed of but not limited to members with the following qualifications:

a. A health care professional who has expertise in the area of substance use and addiction treatment.

b. A health care professional who has expertise in the diagnosis and treatment of mental health conditions.

c. A psychiatrist who holds a current, active Iowa license as defined in rule 653—9.1(147,148,150,150A).

d. A licensee who has maintained recovery for a period of no less than two years since successfully completing a recovery program, a board-ordered probation for substance use, or a comparable monitoring program.

e. A licensed physician, physician assistant or advanced registered nurse licensee whose specialty area is family practice, internal medicine, or emergency medicine or who has expertise in substance use disorders, mental health conditions or both.

f. A licensed psychiatric pharmacist.

g. A public member.

h. Non-voting members, which may include the board’s executive director, the bureau chief or designee, the bureau chief of monitoring, and, if requested to join the committee for consultation during a participant review, an executive officer or board member under which a participant is regulated.

193.3(2) Officers. At the last meeting of each calendar year, the committee elects co-chairpersons to serve a one-year term beginning January 1.

193.3(3) Terms. Committee members are appointed for a three-year term, for a maximum of three terms. Each term expires on December 31 of the third year of the term. Initial terms are for a period of one to three years as designated by the division to provide continuity to the committee.

[ARC 7753C, IAB 4/3/24, effective 5/8/24]

641—193.4(272C) Eligibility.

193.4(1) Eligibility. To be eligible for participation in the program, a prospective participant must self-report or be referred by the board for an impairment or potential impairment. The committee will determine for each self-report or referral whether the prospective participant is an appropriate candidate for participation in the program. A prospective participant is ineligible if the committee finds sufficient evidence that the prospective participant:

- a. Diverted medication for distribution to third parties or for personal profit;
- b. Adulterated, misbranded, or otherwise tampered with medication intended for a patient;
- c. Provided inaccurate, misleading, or fraudulent information or failed to fully cooperate with the committee; or
- d. Caused injury or harm to a patient or client.

193.4(2) Board referral. The board may refer a licensee to the program privately, in a public disciplinary order, or other public order if a complaint or investigation reveals an impairment or potential impairment or the board determines that the licensee is an appropriate candidate for review by the committee.

193.4(3) Discretion. Eligibility for participation in the program is at the sole discretion of the committee. No person is entitled to participate in the program.

193.4(4) Limitations. The committee establishes the terms and monitors a participant's compliance with the program specified in the contract. The committee is not responsible for participants who fail to comply with the terms of the program or successfully complete the program. Participation in the program shall not relieve the participant's board of any duties nor divest the board of any authority or jurisdiction otherwise provided. Any violation of the statutes or rules governing the practice of the participant's profession and unrelated to their impairment will be referred to the board for appropriate action.

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641—193.5(272C) Terms of participation in the impaired practitioner recovery program. A participant is responsible for complying with the terms of participation established in the initial agreement and the contract, and for all expenses incurred to comply with the terms imposed by the program. Terms of participation specified in the contract shall include, but not be limited to:

193.5(1) Duration. Length of participation in the program may vary depending upon the review of all relevant information and the nature of the impairment.

193.5(2) Noncompliance. Participants are responsible for notifying the committee of any instance of noncompliance. Notification of noncompliance made to the committee by the participant, a monitoring provider, or another party may result in notice to the board for its consideration of disciplinary action.

a. *First instance.* After a first instance of significant noncompliance, including a relapse, the committee may give notice to the board identifying the participant by number, describing the relevant terms of the participant's contract and the noncompliance, and including the committee's recommendation for continued participation in the program.

b. *Second instance.* After a second instance of significant noncompliance, including a relapse, the committee may refer the case and the participant's identity to the board. In its referral, the committee may make recommendations as to continued participation in the program.

c. *Referral at any time.* The committee may make a referral to the board for noncompliance that identifies the participant by name at any time the circumstances warrant such a referral.

193.5(3) Practice limitations. The committee may impose limitations on a participant's practice as a term of the contract until such time as the committee receives a report from an approved evaluator that the licensee is capable of practicing with reasonable safety and skill. Participation in the program is conditioned upon participants agreeing to limit practice as requested by the committee and established in accordance with the terms specified in the contract. If a participant refuses to agree to or comply with the limitations established in the initial agreement or contract, the committee will refer the licensee to the board for appropriate action.

193.5(4) Staff discretion. Staff, in consultation with legal counsel, may provide guidance and direction to participants between regularly scheduled committee meetings, including program descriptions, interim limitations on practice, and negotiation and execution of initial agreements and

contracts on behalf of the committee. The committee retains authority to review all interim decisions at its discretion. Staff may consult with the committee chairperson or medical director if needed.

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641—193.6(272C) Confidentiality. Information in the possession of the board or the committee is subject to the confidentiality requirements of Iowa Code section 272C.6.

193.6(1) Participants must report their participation to the applicable monitoring program or licensing authority in any state in which the participant is currently licensed or in which the participant seeks licensure.

193.6(2) The committee is authorized to communicate information about a participant to any person assisting in the participant's treatment, recovery, rehabilitation, monitoring, or maintenance for the duration of the initial agreement or contract.

193.6(3) The committee is authorized to communicate information about a participant to the board if a participant does not comply with the terms of the contract as set forth in rule 641—193.5(272C).

193.6(4) The committee is authorized to communicate information about a current or former participant to the board if reliable information held by the committee reasonably indicates that a significant risk to the public exists.

193.6(5) If the board initiates disciplinary or other action against a participant or former participant as a result of communication from the committee, the board may include information from the program file in the public documents.

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