



IOWA FAMILY PHYSICIAN

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MEET NEW 2026 IAFP PRESIDENT

JASON WILBUR, MD



INSIDE:

- Advocacy Issue
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MEET 2025-2026 IAFP PRESIDENT JASON WILBUR, MD

Jason Wilbur, MD, President

I want to start my term by thanking my fellow academy members who have placed your confidence in me. It will be my honor to serve as your president for the next year. What follows is my address to our gathering at our annual meeting in November, lightly edited for print.

I am neither an extrovert nor a natural speaker, so for the past year, I have alternately given this moment a lot of thought and have then ignored it entirely for long stretches. I must admit: I have been a little worried. What could I possibly say that could inspire and unite my colleagues with a visionary purpose – or at least not put them to sleep?

You might be pleased to know that my mild anxiety over this moment led me to do a little homework. I have in my possession many, but not all, of the IAFP magazines dating back to 1984. So, I read the winter president's columns, which were either their edited speeches from the annual meeting or their first written address to the IAFP members. I learned a few things. First, family medicine has been in some sort of crisis mode since at least 1984. Many of the concerns we face today have been on the minds of past presidents: patient access to family doctors, health care coverage gaps, payment reform, the cost of care, and administrative burden. Despite these challenges, every single column held words of hope and gratitude. As I finished my homework with a re-read of Dr. Ledger's column, in which her passion for family medicine and independent practice is on full display, I thought, "I probably won't be more inspiring than my predecessors!"

While I have been a member of the Iowa Academy since 1999, I trace my deeper dive into IAFP to when I began routinely presenting Journal Club Live with Mark Graber in 2011. Ironically, Mark was not – and as far as I know has never been – an IAFP member. But that was the personal

connection that introduced me to the wonderful people who made IAFP run (special props to Pam Williams, our EVP at that time). In 2012 while at the annual meeting, John Carroll and I had a seemingly spontaneous conversation in which he convinced me to serve as editor of the *Iowa Family Physician* magazine, a role I have thoroughly enjoyed ever since. In 2014 I was elected as the Director of a district that no longer exists (RIP District 6), in 2019 I began to serve as the Secretary-Treasurer, and in 2023 I became the Vice President. Pro tip: VP is the best job you'll ever have in the academy; you're in "the room where it happens" but you have no actual responsibility. Awesome!

What can you expect from me in 2026? At the risk of seeming immodest, I am going to refer to Abraham Lincoln (as far as US Presidents go, we could certainly do worse). I promised my wife I would not wholesale borrow from his second inaugural address. Instead, there is a quote from the movie *Lincoln* in which Lincoln and Thaddeus Stevens are debating how best to achieve passage of the 13th Amendment. At this point I feel compelled to attribute these words to Stephen Spielberg, but our 16th President is known to have said and written similar things. Lincoln relates this story: "A compass I learnt when I was surveying, it'll point you true north from where your standing, but it's got no advice about the swamps, deserts and chasms that you'll encounter along the way. If in pursuit of your destination, you plunge ahead heedless of obstacles, and achieve nothing more than to sink in a swamp, what's the use of knowing true north?" I aspire to be that type of pragmatic leader who knows our true north and understands how to move in the direction to get us there – careful to not become ensnared along the way. I hope to be a servant leader, one who listens, hears your concerns, and magnifies your voice. My goal for this year is simple: get to know you, understand your passions



*Jason Wilbur, MD
President*

and your pains, and make *some* progress in strengthening family medicine in Iowa. To achieve anything for our organization, I expect to ask more than tell and listen more than speak.

I will close with a few words of gratitude. I am thankful for the patients and trainees who give our work purpose. I am thankful for my wonderful colleagues at the University of Iowa who have supported me throughout my 26 years there. I am grateful for the mentors who have advised me and opened my mind to opportunities I had not even considered, including Mark Graber, Jerry Jogerst, Barcey Levy, Paul James, Jeff Quinlan, and too many more to name them all. Our IAFP staff runs a tight ship and constantly look for ways to improve our processes and our members' experiences, and I am immensely grateful to Sonia Bell, Kelly Scallon, and Katie Cox for the many hours that they devote to the Academy. Finally, none of my work with IAFP or the University of Iowa would seem possible if it weren't for my amazing wife, Dr. Deb Wilbur.

Now, you know a little about me. Please help me learn about you. Thank you! Feel free to email me at iowaafpwilbur@gmail.com.

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ADVOCACY: THE HEART OF FAMILY MEDICINE

Sarah Costello, MD, Assistant Editor

Firstly, let me take a moment to celebrate our Editor, a dedicated advocate and mentor to many including myself, as he assumes the role of President of the Iowa Academy of Family Physicians (IAFP)!

For family physicians, advocacy is not only something that happens in meeting rooms, hearing chambers, or hotel ballrooms far from the exam room. Advocacy is simply continuity of care carried beyond clinic walls.

This winter issue highlights how Iowa family physicians, residents, and students are advocating at local, state, and national levels to translate the needs they see every day into action by engaging beyond the exam room to shape policies that affect our patients, our practices, and our profession. From trainees finding their advocacy voice to seasoned physicians lending their expertise, these contributions underscore the collective strength of organized medicine.

As I step into the role of Assistant Editor, I am grateful for the opportunity to help elevate these voices and stories which remind us advocacy is not an “extra,” but a responsibility deeply rooted in family medicine.

I was drawn to family medicine because advocacy sits at its very heart. From the beginning of my training, I saw that caring for patients also meant speaking

up for the systems and policies that shape their lives. That understanding has guided my own advocacy journey both at the state level through the IAFP Legislative Breakfasts and service on the IAFP Advocacy Committee, and nationally through involvement in the AAFP and the American Medical Association. Along the way, I have been continually inspired by leaders within family medicine who model how advocacy can be thoughtful, collaborative, and firmly rooted in our commitment to patients and communities.

Advocacy does not look the same for everyone, nor does it require a single pathway or level of involvement. Whether through organized medicine, legislative engagement, mentorship, or simply lending your voice when it matters, there is a role for each of us.

As we navigate a period of significant policy change, I hope you will feel encouraged to find a way to get involved in advocacy that aligns with your values and capacity. At the same time, I urge you to care for yourself with the same intention you bring to caring for others. Sustained advocacy requires rest, reflection, and connection, and prioritizing our own well-being is not a retreat from the work; it is what allows us to continue it. Together, our voices and our resilience will shape what comes next for family medicine in Iowa.



*Sarah Costello, MD
Assistant Editor*

“Advocacy does not look the same for everyone, nor does it require a single pathway or level of involvement. Whether through organized medicine, legislative engagement, mentorship, or simply lending your voice when it matters, there is a role for each of us.”



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1 Wolfe RR, Church DD, Ferrando AA, Moughan PJ. Consideration of the role of protein quality in determining dietary protein recommendations. *Front Nutr.* 2024;11:1389664. Published 2024 Nov 13.

2 Leidy HJ, Clifton PM, Astrup A, et al. The role of protein in weight loss and maintenance. *Am J Clin Nutr.* 2015;101(6):1320S-1329S.

3 Layman DK, Anthony TG, Rasmussen BB, Adams SH, Lynch CJ, Brinkworth GD, Davis TA. Defining meal requirements for protein to optimize metabolic roles of amino acids. *Am J Clin Nutr.* 2015 Jun;101(6):1330S-1338S.

4 U.S. Department of Agriculture, Agricultural Research Service. FoodData Central. Internet: fdc.nal.usda.gov (NDB #13364).



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AAFP MEDICAL STUDENT DELEGATES Q&A

Last November, two Iowa medical students were selected to serve on the American Academy of Family Physicians (AAFP) delegation to the American Medical Association (AMA) advocacy-focused Interim meeting to provide trainee perspective on health topics debated in the House of Delegates while also ensuring that Family Medicine has a voice in policy debate within the AMA Medical Student Section. Adrienne Nguyen is a DO candidate pursuing her Master of Public Health at Des Moines University and Emma Phelps is a MD candidate at Carver College of Medicine currently pursuing her Master of Public Health at Johns Hopkins School of Public Health. In this Q&A they reflect on what drew them to advocacy, how the experience is shaping their path as future family physicians and physician-advocates.

1. What motivated you to become involved in organized medicine through the AAFP and AMA?

Emma Phelps: Before medical school, I worked for a family doc in a clinic that almost exclusively served patients on Medicaid. This physician inspired me to go into family medicine, but despite her best efforts, many of the factors affecting her patients' health were outside her control. These patients were on my mind the first time I encountered organized medicine at the AAFP FUTURE Congress, which I attended as an M3 after encouragement from older students in the Carver Family Medicine Interest Group. At FUTURE, I found a welcoming environment full of other students and residents working to address some of those more structural aspects of health and to improve our own training. During that first conference, I was mentored by an Iowa Family Medicine resident through the process of writing a successful resolution about ensuring access to reproductive health training in states with restrictive legal climates. I have been involved in the AAFP ever since.

2. What moments or policy discussions stood out to you as highlights of the meeting?

Adrienne Nguyen: At the AMA Interim 2025 meeting, I noticed a rare alignment across delegations, from states to specialty societies, around protecting patient access to care amid ongoing policy rollbacks. There was one discussion that stands out on renaming emergency departments without 24/7 emergency medicine physician coverage. Debate on this issue revealed how well-intended policies can disproportionately harm rural hospitals. During the AAFP delegation discussion about



Adrienne Nguyen and Emma Phelps

this resolution, we were all in unanimous agreement on how critical broad family medicine training is in sustaining access for underserved communities. The conversation highlighted the essential role of family medicine and family physician perspectives in organized medicine to bridge access gaps and protect underserved populations.

3. What advice would you offer to Iowa family physicians and trainees who are considering getting involved in advocacy through organized medicine?

Emma Phelps: At its best, organized medicine is a way of amplifying our voices, to make it possible to practice medicine in the way that is best for patients. Even without any previous experience, it is easy to find mentors within organized family medicine who will support you in advocating for the issues that matter to you.

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THE QUIET WORK OF ADVOCACY

Spenser Larson

As I reflect on 2025, I find myself returning not to a single defining moment, but to a collection of encounters - clinical, personal, and communal - that quietly shaped my understanding of advocacy. Over the past year, advocacy has come to mean far more than speaking on behalf of oneself or others; it has become an ethic of presence, responsibility, and intentional voice- especially in spaces where voices are most easily lost.

This realization solidified during the summer when I had the opportunity to attend the American Academy of Family Physicians National Advocacy Summit in Washington, D.C. Alongside hundreds of family medicine residents, attending physicians, and medical students, I walked the halls of Capitol Hill advocating for patient access, physician well-being, and the future of medical education. It was there - moving between congressional offices of senators and congressional leaders in

the blistering July heat - that the abstract notion of advocacy became tangible. Advocacy, I learned, is not always loud or comfortable. Often, it requires showing up anyway.

Until that point, I had understood advocacy in fragments: advocating various learning opportunities during clinical rotations such as suturing an open wound or helping with a labor and delivery; or even for something as simple as choosing a shared family tradition like a movie to watch during the holiday season. But in Washington, advocacy revealed itself as something more expansive. To me, advocacy is the act of sharing ideas, beliefs, and lived experiences in service of belonging and community. It is the insistence that voices matter - even when the environment is crowded or hurried. Whether on Capitol Hill or around a holiday table, advocacy often speaks loudest precisely when it must compete to be heard.



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The experience in Washington was also deeply formative in my growth as a leader. Representing medical students within the broader conversation of family medicine and primary care was both an honor and a responsibility I did not take lightly. Advocacy demanded preparation, humility, and a willingness to listen as much as speak. It reinforced the importance of education, shared values, and empathy when engaging in difficult or nuanced conversations. I learned that effective advocacy is not about persuasion alone, but about connection - meeting people where they are while remaining grounded in why you showed up in the first place.

Medical training can, at times, condition students toward quiet endurance. It can be easy to become complacent, to believe that one's voice will matter more "later." Yet standing alongside others who were equally passionate about policy, equity, and systemic change reminded me that advocacy is not reserved for a future title or role. It is a responsibility of the present. Change does not wait for perfect timing; it responds to engaged voices.

Advocacy does not always announce itself in grand gestures. Sometimes it looks like speaking up about a neglected pothole, correcting a quiet misconception, or asking an uncomfortable but necessary question. These moments may seem small, but they ripple outward, shaping communities, influencing systems, and potentially redefining what is possible at the state or federal level.

As I move into 2026, I am both motivated and humbled by the work ahead. I remain committed to strengthening my ability to advocate - for myself, for my future patients, and for those whose stories I may never hear but whose lives are nonetheless affected by the systems we navigate. Advocacy, I have learned, is less about being the loudest voice in the room and more about refusing to let important voices disappear altogether. My hope is that we continue to recognize our own capacity to speak, to listen, and to act - especially when it matters most.

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CURRENT STATE OF MEDICAL SCHOOL LOAN REPAYMENT: ADVOCACY NEEDED!

Max Voss, DO, R2, and Grant Schutte, MD, R1

It is well known that attending medical school is an expensive endeavor. When applying to medical school, numerous students face the daunting choice between taking out thousands in loans or abandoning their aspirations and goal of becoming a physician. Luckily, many choose to undertake the pursuit of medical education and become an educated, compassionate physician. Today, the average debt after graduation is around \$200,000—a considerable increase from 1978, when the average medical school debt for tuition was \$13,500. Translated into current dollars, the \$13,500 would be equivalent to \$66,246 in 2025, when adjusted for inflation¹. Concurrently, debt costs have increased leading to the current average debt of \$216,659¹ in 2025. This article will examine some current endeavors to help alleviate this financial burden as well as why more should be done to address the current debt levels.

While current financial assistance programs are helpful in reducing the burden student loans have on physicians, much work remains to be done—especially in light of current proposals making it actively more difficult for students to pursue medicine. For example, a proposed \$200,000 cap on educational loans for professional programs would cause many students to seek outside funding in order to attend.²⁻⁴ If instituted, this new loan cap would result in numerous students needing to borrow privately, incurring higher interest rates and experiencing a

general lack of good repayment options like income-based repayment plans.³ These advantageous income-based plans permit residents and fellows to repay their loans based on a proportionate amount of their income, allowing them to be more financially stable through training.

The currently available public student loan forgiveness has provided much needed relief for physicians who practice in qualified areas, easing the financial burden of enormous loans and encouraging practice in underserved areas. However, a proposed requirement of 120 payments and the shifting government perspectives on loan forgiveness, create concerns that this program could face a similar end to the SAVE plan, leaving potential qualified candidates with higher sums of loans due with the additional accrued interest. In addition, critics of this proposal feel that this change would exacerbate the shortage of primary care physicians further, driving more students to pursue specialties based on higher compensation needed to pay back loans.⁵ The proposed plans can also be complex and strict, requiring physicians and administrators to be on top of the repayment plan. With the current political climate of the Department of Education, it seems reasonable to be skeptical that loan repayment plans will continue to be available in the near or long term.

Opposite the shrinking options on a federal level for repayment are additional relief

efforts at state levels in Family Medicine and other primary care specialties; these programs provide repayment in exchange for years of service. While helpful, many of these programs only apply to graduates of in-state medical schools, and many require an agreement signed prior to matriculation from medical school. An interesting proposal could be to apply these types of forgiveness programs to graduates of residency programs in the state, rather than only medical students, thereby encouraging more physicians to stay to practice in underserved areas in-state where they did residency training. An additional hurdle is that, while beneficial, repayment options do not address the root cause of medical school debt, which simply is that medical schools are becoming increasingly expensive. However, while costing more, the related services provided or quality of education are not improving. The median 4-year cost of attendance in 2024 was \$286,454 for public medical schools and \$390,848 for private, according to the American Association of Medical Colleges (cost excludes out of state tuition at certain institutions)¹.

Meanwhile, stipends paid to physician residents in training have not kept up with inflation or the rising cost of training.⁶ The increase in medical school costs has risen close to double the rate of inflation while resident pay has had only marginal increases that do not keep up with inflation and certainly do not rival the increasing

“It is true that after residency, practicing physicians do make a much better salary than residents. However, in 2024, only 31% of practicing physicians had completely paid off their medical education debt.”

debt from a medical education. With resident salaries not being sufficient to cover costs of living, let alone a standard repayment, interest accruing on loans while in residency is inevitable for many borrowers. Choosing between paying for rent and food versus paying back loans is not much of a choice.

It is true that after residency, practicing physicians do make a much better salary than residents. However, in 2024, only 31% of practicing physicians had completely paid off their medical education debt.¹ Despite the government recommendation to repay loans within 10 years, many find this difficult due to high interest rates and capitalization of deferred interest payments. For the 2025-26 academic year, the Federal Grad PLUS loans have an interest rate of 8.94%; this translates into the cost for \$200,000 in loans with a standard repayment plan (\$2526.20 monthly) over 10 years to become around \$303,000, with interest being 34% of the total that must be paid.

The lack of reasonable loan repayment options is a problem that extends beyond the burden it places on medical students, residents, fellows and practicing physicians as it is likely to exacerbate the physician shortage, hinder qualified applicants who do not have family financial support, and curtail the efforts of numerous hard-working individuals striving to become physicians. Political advocacy efforts for improved repayment options and reduced cost of medical education are needed to ensure public access to healthcare provided by a diverse and qualified physician workforce. If the appropriate legislation were enacted, it could increase access and feasibility of a medical education. In so doing, the most qualified and motivated individuals who endeavor to become physicians may be able to do so regardless of their financial background.

Citations

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MEET YOUR IAFP 2026 EXECUTIVE COMMITTEE!

By Sonia Bell, MBA, Executive Vice President

If you read my 2025 Annual Report, you likely remember the images I shared of our outgoing Executive Committee members. However, I realize that most of you likely didn't have time or interest in searching for that article in our Business Meeting materials (understandable). Luckily, that provides me the opportunity to break these out one more time as I introduce you to your 2025-2026 IAFP Executive Committee!



Board Chair-Sarah Ledger, DO, FAAFP

Dr. Ledger is so incredibly passionate about private practice and sharing what she's learned as a partner in her own practice. Not only does she "do it all", she is perpetually upbeat, loves to network with Family Physician colleagues, and is full of great ideas for growing and advancing our chapter. I've had the best of times working beside and traveling with her these past two years, and am grateful to have another year of monthly meetings with her as she serves as our Board Chair.



*Sonia Bell, MBA
Executive Vice President*



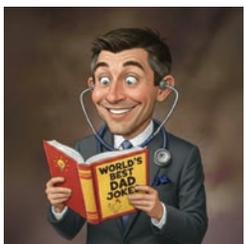
President-Jason Wilbur, MD, FAAFP

Dr. Wilbur was my first Secretary/Treasurer when I started in 2023, and helped me usher in new policies to better support the financial health and stability of our organization. We can always count on him to be the voice of calm reason in our discussions, with a welcome side of dry humor. And, while I also enjoy running, I haven't quite worked up the courage to join this marathoner on a 3+ mile jaunt during any of our work trips. But we have another year of meetings ahead during his Presidential term, including trips to Kansas City for ACLF and Nashville for Congress of Delegates, so anything is possible I suppose!



President-elect-Spencer Carlstone, MD, FAAFP

Dr. Carlstone generously volunteered to step in as Vice President in 2024 after our previous VP moved for a well-deserved career promotion, and continues his IAFP leadership journey as he assumes the President-elect position for 2025-2026. Like Dr. Ledger, he is juggling a lot between opening up his own practice and serving on Pella's City Council. We can always count on him to quietly consider the topics up for discussion at our meetings, then suddenly chime in with an idea (Board meeting in August during the Iowa State Fair...) and witty comment (...in one of the large animal stalls...) that has everyone laughing.



Vice President-Patrick Courtney, MD

"We're going to Make Bylaws Great Again"

"Paleontologists just unearthed the largest tibia ever. It was quite the shindig."

These are just a few gems we've enjoyed from Dr. Courtney over the past year. (It's like he was born to be the residency Program Director that he is!) We can always count on him to research whatever topic we need more information on, then close the discussion with one of his amazing "dad jokes". I am thrilled to have him as our Vice President and very happy to have a couple more years of his dry "dad joke" commentary on the EC!



Secretary/Treasurer-Ursula Livermore, MD

Dr. Livermore graciously volunteered to serve as IAFP's Secretary/Treasurer after Dr. Courtney was confirmed and moved from this role to Vice President. In one of her online bios, she shared how much she loves family medicine and caring for her patients...and that she studied Zoology at Iowa State University. And if you've ever had the pleasure of working, or just chatting, with Dr. Livermore, nothing in that bio is a surprise! She is incredibly kind and caring, yet ferocious in standing up for the rights and needs of the patients she serves at her Dubuque health center. I am so happy she volunteered to step into her IAFP leadership journey and I look forward to working more closely with her in the coming years!

I don't know about you, but I am genuinely excited to work alongside this incredible group of physician leaders for another year! Each one brings their own unique strengths, perspectives, and yes, even dad jokes, to our monthly meetings. Together, they represent the best of what family medicine has to offer; dedication to their patients, commitment to their communities, and a willingness to step up and lead our chapter forward. I hope you'll take the time to connect with them at our upcoming events and see for yourselves why I feel so fortunate to serve alongside them!

GET TO KNOW KATIE COX

CELEBRATING 20 YEARS WITH IAFP!



▷ WHAT FIRST BROUGHT YOU TO OUR ORGANIZATION 20 YEARS AGO, AND WHAT MADE YOU DECIDE TO STAY?

I was an intern for the IAFP my senior year of college. I loved the work and the organization from day one. After graduating, I worked as an admissions counselor at my alma mater, Simpson College, for six months before the IAFP reached out and offered me a position—and I've been here ever since!

My dad, Dr. Don Skinner, is a family physician, and I grew up looking up to him. While I knew I didn't want to become a physician myself, I love that I can still make a meaningful difference in a specialty that means so much to me and my family. I can't imagine working any other place!



▷ HOW HAS YOUR ROLE—OR THE ORGANIZATION AS A WHOLE—CHANGED THE MOST SINCE YOU STARTED?

It has changed so much. When I first started, we had file cabinets packed with paper documents, the fax machine was always running, and our mailbox was constantly overflowing. That's definitely not the case anymore! Today, there is more competing for our members attention than ever before—and it's always changing. We're constantly looking for the best ways to connect with and serve our members in ways that meet their needs and fit into their busy schedules. I'm proud that through all these changes, the mission and priority of serving Iowa family physicians has remained strong, clear, and focused.



▷ WHAT ACCOMPLISHMENT OR MOMENT HERE ARE YOU MOST PROUD OF?

I am so proud of our annual conference and what it has grown into over the years. Every year, I can't help but smile as I see our members come together to learn, network, and reconnect with old friends and colleagues. I love that we're able to provide a space where they can gather each year.

I'm especially proud of how we've continued to adapt the conference to better meet our member's needs. It's an event I truly look forward to, and I'm already counting down the days until we're all together again at the 2026 conference.

I can't talk about the annual conference without mentioning our membership awards. Reading the nomination letters each year is, hands down, my favorite part of my job. We are so lucky to have the best family physicians who care so deeply about their patients and communities in our state.



▷ WHAT HAS BEEN THE MOST REWARDING PART OF WORKING HERE OVER THE YEARS?

The relationships I've built mean so much to me. I've known many of our members for years, and so many of them have become true friends. I also feel like when you really zoom out, we have accomplished so much as an organization in the last 20 years that has and will continue to positively impact family medicine in Iowa. It feels good to know I was a small part of that.



▷ IF YOU HAD TO DESCRIBE YOUR 20-YEAR JOURNEY HERE IN THREE WORDS, WHAT WOULD THEY BE?

Fulfilling, Rewarding, Fun

▷ FUNNIEST MEMORY

Oh my goodness, I've had some of the funniest moments working here over the years, and almost all of them happened while traveling for the IAFP. The Dallas Multistate trip, in particular, has turned into a story that's been told (and retold) so many times it's become a bit of a legend. Ask me about it the next time you see me. 😊



2026 LEGISLATIVE PRIORITIES

1. Health of the Public

- IAFP is opposed to legislation that would erode physicians’ ability to practice within their full scope and that puts Iowa patients in harm’s way. Specifically, the IAFP is committed to monitoring the scope of practice protection, supporting vaccination as a tool for healthy communities, and promoting policies that protect and preserve patient-physician relationships.
- IAFP will continue to support recommendations for immunizations and therapeutics that are rooted in science and are in the best interest of the health of our patients and communities.

2. Increased Medicaid Reimbursement Rates

- IAFP supports increased Medicaid reimbursement rates for primary care services and for physicians in rural communities. Increased reimbursement allows for better patient access, improved outcomes, and healthier communities.

3. Workforce Initiatives

- The Academy will continue to explore ways to increase quality physician access to patients in Iowa through workforce programs like the Primary Care Rural Loan Repayment Program drafted by the IAFP in 2014. Fully funding these programs is critical to maintain a physician centered primary care workforce in Iowa. As such, IAFP supports:
 - i. Increased funding for the Rural Primary Care Loan Repayment Program,
 - ii. Increased state funding for the Medical Residency Programs

Rural Iowa Primary Care Loan Repayment Program (numbers represent new agreements signed)

Academic Year	Total	Family Medicine	Pediatrics	General Surgery	Psychiatry	Internal Medicine
2013-2014	8	5	2	1	0	0
2014-2015	12	10	0	0	1	1
2015-2016	9	7	1	0	0	1
2016-2017	10	7	1	0	2	0
2017-2018	12	9	1	0	2	0
2018-2019	11	6	2	1	1	1
2019-2020	9	9	0	0	0	0
2020-2021	13	8	1	1	2	0
2021-2022	17	12	1	1	0	3
2022-2023	18	13	3	0	1	1
2023-2024	17	13	2	2	0	0
Total Agreements	136	99	14	6	9	8

4. Maternal Care and Insurance Coverage

- In the current ACA marketplace, qualifying life events triggering a special enrollment period include the birth of a child but do not include pregnancy. Health and Human Services has declined previous requests to establish pregnancy as a qualifying life event triggering a Special Enrollment Period.
- This causes a gap in insurance coverage for pregnant women because they earn too much to qualify for Medicaid, are not enrolled or eligible for employer-sponsored plans, and become pregnant outside of the ACA Marketplace Insurance enrollment period.
- Women who do not receive prenatal care are three to four times more likely to die from pregnancy-related complications, and their infants are three times more likely to have a low birth rate and five times more likely to die in infancy.
- IAFP endorses and publicly advocates the U.S. Department of Health and Human Services and Congress for establishing pregnancy as a triggering life event for a Special Enrollment Period in the Affordable Care Act Marketplace.

5. Iowa Healthcare Asset Protection

- Protecting and retaining physicians: Work on legislation to reduce the stress and financial burden on healthcare providers from increasing malpractice lawsuits and insurance costs.
- Controlling healthcare costs: This legislation will mitigate malpractice costs will help lower healthcare costs for everyone.
- Structured, fair process: Support legislation designed to create a more structured and fair process for addressing malpractice claims.
- Protecting doctors' personal assets: With some exceptions for willful misconduct or insufficient insurance, the legislation protects a health care provider's personal assets from being pursued in a lawsuit.

WHAT IS THE IAFP PRIMCARE PAC?

IAFP PrimCare PAC is the state political action committee of the Iowa Academy of Family Physicians. The PAC is a special organization set up to collect contributions from a large number of people, pool those funds and make contributions to state election campaigns.

WHERE DOES MY DONATION GO?

IAFP PrimCare PAC contributions directly support legislators who are informed and committed to family medicine's business and practice management issues. Family medicine interests are much more likely to receive greater attention among the many competing interests and constant stream of proposals put forward for consideration.



IAFP members at the Iowa State Capitol for the Governor's bill signing for postpartum Medicaid coverage (SF2251) and nonmedical switching (HF626), May 2024.

DONATE TODAY.
JOIN THE FIGHT FOR A HEALTHIER IOWA.

IAFP meeting with Senator Chuck Grassley in Washington, D.C.



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Contributions to PrimCare PAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals or an LLC to PrimCare PAC should be written on a PERSONAL CHECK OR PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The Iowa Academy of Family Physicians will not favor nor disfavor anyone based upon the amount of or failure to make a PAC contribution. Voluntary political contributions are subject to limitations of FEC regulations.

ADVOCACY EVENTS

In early February, we hosted two successful legislative events that energized our advocacy efforts for the year ahead. We kicked things off with our first-ever Advocacy on Tap, where our lobbyists from Cornerstone Government Affairs delivered an unvarnished look at the upcoming 2026 legislative session, along with key insights into the 2026 election landscape. The following morning, we held our annual Legislative Breakfast at the Iowa State Capitol, giving IAFP members the opportunity to connect face to face with lawmakers and discuss the Academy's legislative priorities. Together, these events strengthened relationships and reinforced the vital role family physicians play in shaping health policy in Iowa.





2025 IAFP Trivia

In 2025, we launched our first-ever IAFP Trivia Night—and it was a hit. Teams battled through medical brain-teasers, pop culture throwbacks, and music moments, bringing fierce competition and nonstop fun.

FMCSA Medical Examiner Certification Training Course

Are you planning on performing commercial driver physicals?

HAVE YOU TAKEN A TRAINING COURSE?

IAAFP has an On-Demand course! Watch this course at your leisure from the comfort of your home or office.

**NEW & UPDATED
IN 2024**

Register Online
www.iaafp.org

The Federal Motor Carrier Safety Administration has established a National Registry of Certified Medical Examiners with requirements that all medical examiners who conduct physical examinations for interstate commercial motor vehicle drivers must complete a training course and pass a certification examination. Please contact the IAAFP at 515-244-4182 with questions.

If you are a certified medical examiner through the FMCSA/NRCME, your certification is valid for 10 years, are required to recertify every 10 years. For those of you certified in 2013, you are eligible to recertify any time before your certificate expires. In order to maintain your ability to continue to perform DOT exams, you are required to complete an accredited training course and pass the NRCME certification exam before your certification expires. You can complete the recertification starting at 9 years following your initial certification. Examiners who were certified in 2013 can now pursue recertification through the IAAFP.

This session is 5 hours long and offers AAFP CME credit.

For more information about the program go to

www.iaafp.org

THANK YOU TO 2025 ANNUAL MEETING EXHIBITORS AND SUPPORTERS

We want to extend a big thank you to our 2025 IAFP Annual Conference exhibitors and supporters. We appreciate your support of family medicine in Iowa!

2025 IAFP Exhibitors

- Abiomed
- Aledade Inc.
- Amgen
- Amgen Bonehealth
- Athletico Physical Therapy
- Avera
- Axsome Therapeutics
- Bayer
- Boehringer-Ingelheim
- Copic Insurance
- Diabetic Equipment & Supplies
- Docs Who Care
- Downing Construction
- Dynavax
- Gilead Sciences
- Guardant Health
- Intra-Cellular Therapies
- Iowa Beef Industry Council
- Iowa Cancer Consortium
- Iowa Newborn Screening
- Iowa Perinatal Quality Care Collaborative
- Iowa Research Network
- Kowa Pharmaceuticals America
- MagMutual
- Novartis
- NuCara Capacity Extension Program/
Bureau of HIV STI and Hepatitis
- Otsuka Pharmaceuticals
- Pfizer
- Pfizer Vaccines
- Phathom Pharmaceuticals
- Sanford Health Equipment
- Sanofi
- Story County Medical Center
- The Iowa Clinic
- UCS Healthcare
- UnityPoint Clinic
- University of Iowa Medical Student Education Team

2025 IAFP Supporters

- Buena Vista Regional Medical Center
- Iowa Beef Industry Council



The banner features a dark blue background with a pattern of white and orange hexagons and lines. In the top right corner, the Iowa Academy of Family Physicians logo is displayed, consisting of a white caduceus with a flame above it, followed by the text "IOWA ACADEMY of FAMILY PHYSICIANS". The main text is centered in a large, bold, white font, reading "2026 IAFP Annual Conference". Below this, in a smaller white font, are the dates "November 12-13, 2026" and the location "Prairie Meadows Conference Center".

JASON WILBUR, MD, FAAFP, INSTALLED AS PRESIDENT OF THE IOWA ACADEMY OF FAMILY PHYSICIAN



Dr. Jason Wilbur

Jason Wilbur, MD, FAAFP, of Iowa City was officially installed as President of the IAFP during the Academy's Annual Installation and Awards Ceremony.

A respected physician leader and educator, Dr. Wilbur brings extensive experience in family medicine, medical education, and leadership to his role as IAFP President. He earned his undergraduate degree from the University of Missouri–Columbia before completing medical school at Saint Louis University. Dr. Wilbur went on to complete his family medicine residency at the University of Iowa, followed by a geriatric medicine fellowship at the University of Iowa. He currently serves as Vice Chair for Education and Clinical Professor of Family Medicine at the University of Iowa.

Throughout his career, Dr. Wilbur has been a strong advocate for comprehensive, patient-centered care and the training of future family physicians. The Iowa Academy of Family Physicians congratulates Dr. Wilbur on his installation and looks forward to his leadership as the organization continues its mission to support family physicians and advance high-quality, accessible health care for all Iowans.



2024-2025 President Sarah Ledger, 2023-2024 President Kate Hanrahan, and 2025-2026 President Jason Wilbur

IAFP PAST PRESIDENTS

Ernest Shaw, MD 1948-1949	Robert Q. Christensen, MD 1987-1988
C.D. Gibson, MD 1949-1950	Larry H. Boeke, MD 1988-1989
C.V. Hamilton, MD 1950-1952	James D. Kimball, MD 1989-1990
Joseph G. Fellows, MD 1952-1953	Donald A. Soll, MD 1990-1991
Paul F. Chesnut, MD 1953-1954	M. Gene Parks, MD 1991-1992
Frank D. McCarthy, MD 1954-1955	Harold E. Eklund, MD 1992-1993
William D. Sproul, MD 1955-1956	Laine D. Dvorak, MD 1993-1994
Charles A. Nicoll, MD 1956-1957	A. Clinton MacKinney, MD 1994-1995
Donald H. Kast, MD 1957-1958	David A. Carlyle, MD 1995-1996
Robert L. Knipfer, MD 1958-1959	Thomas C. Evans, MD 1996-1997
Lewis J. Jacques, MD 1959-1960	John R. Carroll, MD 1997-1998
Henning W. Mathiason, MD 1960-1961	George T. Kappos, MD 1998-1999
Verne L. Schlaser, MD 1961-1962	Steven L. Wolfe, MD 1990-2000
Eugene L. Smith, MD 1962-1963	Robert A. Lee, MD 2000-2001
William A. Castles, MD 1963-1964	Stephen D. Richards, DO 2001-2002
C.H. Stark, MD 1964-1965	Gerard J. Stanley, MD 2002-2003
Arnold T. Nielsen, MD 1965-1966	Larry D. Beaty, MD 2003-2004
Raymond F. Frech, MD 1966-1967	David K. Larson, MD 2004-2005
Lee E. Rosebrook, MD 1967-1968	Susan E. Langbehn, MD 2005-2006
Howard E. Rudersdorf, MD 1968-1969	Brian C. Mehlhaus, MD 2006-2007
William A. Seidler, Jr., MD 1969-1970	Douglas W. Martin, MD 2007-2008
Harold Moessner, MD 1970-1971	Don Klitgaard, MD 2008-2009
Charles W. Beckman, MD 1971-1972	Amr S. Kamhawy, MD 2009-2010
Dennis J. Walter, MD 1972-1973	Donald L. Skinner, MD 2010-2011
Charles R. Hawkins, MD 1973-1974	Jeffrey J. Hoffmann, DO 2011-2012
Frederic M. Ashler, MD 1974-1975	Robin Barnett, DO 2012-2013
James H. Coddington, MD 1975-1976	Thomas B. Hoehns, MD 2013-2014
Keith A. Garber, MD 1976-1977	Dawn Schissel, MD 2014-2015
Roger W. Boulden, MD 1977-1978	Noreen O'Shea, DO 2015-2016
Leslie E. Weber, Jr., MD 1978-1979	Jenny Butler, MD 2016-2017
Gene E. Michel, MD 1979-1980	Scott Bohner, DO 2017-2018
Marvin R. Moles, MD 1980-1981	James Bell, MD 2018-2019
Robert A. Weyhrauch, MD 1981-1982	Sherry Bulten, MD 2019-2020
Mary Ann Arends, MD 1982-1983	Lonny Miller, MD 2020-2021
Merlin U. Broers, MD 1983-1984	Laura Bowshier, MD 2021-2022
Wayne E. Rouse, MD 1984-1985	Corrine Ganske, MD 2022-2023
Milton J. VanGundy, MD 1985-1986	Kate Hanrahan, MD 2023-2024
Charles E. Driscoll, MD 1986-1987	Sarah Ledger, DO, 2024-2025

DAVID JANSSEN, MD, NAMED IOWA FAMILY PHYSICIAN OF THE YEAR



Dr. David Janssen pictured with 2025–2026 IAFP Board Chair Dr. Kate Hanrahan and 2024–2025 IAFP President Dr. Sarah Ledger.



Dr. David Janssen

Dr. David Janssen, a trusted and deeply respected family physician from Sioux Center, has been named the 2025–2026 Iowa Family Physician of the Year by the IAFP.

The Iowa Family Physician of the Year Award honors one physician each year who exemplifies the enduring tradition of family medicine and demonstrates exceptional commitment to patients, professionalism, and community service. Dr. Janssen’s career reflects these ideals through his comprehensive approach to care and his unwavering dedication to the people he serves. Dr. Janssen earned his medical degree from the University of Iowa Carver College of Medicine and completed his family medicine residency at Quad Cities Genesis in Davenport. He currently practices in Sioux Center, where he provides full-spectrum care for patients of all ages at a small-town critical access hospital. In addition to his family medicine practice, he serves as an obstetrics provider and contributes his expertise to the Siouxland Memory Center.

In a nomination letter, one patient described Dr. Janssen as having “infectious energy and a ready sense of humor,” qualities that have made him a favorite among both patients and staff. His approachability and compassion help foster strong relationships and trust—hallmarks of outstanding family medicine.

Dr. Janssen’s commitment to his community extends well beyond the clinic walls. An enthusiastic supporter of the arts, he directs musical productions, performs in improv shows, and sings at community events. Whether caring for patients or engaging the community through the arts, he brings the same passion, energy, and generosity to everything he does.

The Iowa Academy of Family Physicians congratulates Dr. Janssen on this well-deserved honor and thanks him for his exemplary service. His career embodies the very best of family medicine and the vital role family physicians play in the health and vitality of Iowa communities.

DAWN SCHISSEL, MD, AND EMILY WELDER, MD, HONORED AS IAFP MEDICAL EDUCATORS OF THE YEAR



Dawn Schissel, MD



Emily Welder, MD

Two outstanding physician educators were recognized for their exceptional contributions to family medicine education during the IAFP 2025 Annual Awards and Installation Ceremony.

Dr. Dawn Schissel of West Des Moines and Dr. Emily Welder of Solon were each named IAFP Medical Educator of the Year, an award presented annually to physicians who demonstrate excellence, dedication, and lasting impact in the education and mentorship of future family physicians. Recipients are nominated by medical students, practicing physicians, and fellow educators, underscoring the meaningful influence these educators have across all levels of training.

Dr. Schissel earned her medical degree from the University of Minnesota Medical School and completed her residency at the Broadlawns Family Medicine Residency Program. She currently practices at Jordan Creek Family Medicine in West Des Moines, where she is widely recognized for her supportive teaching style and commitment to learner development.

One medical student who completed a rotation with Dr. Schissel shared, “I felt immediately welcomed by Dr. Schissel. She created an environment where I could learn, ask questions, and feel supported.” The student noted that Dr. Schissel’s mentorship extends well beyond clinical instruction, citing her as a role model for professionalism, compassion, and community service. Her guidance has inspired learners to pursue broad-spectrum family medicine, including obstetrics, pediatrics, and geriatrics.

Dr. Welder earned her medical degree from the University of Iowa Carver College of Medicine and completed her residency at the University of Iowa Family Medicine Residency Program. She currently serves as a Clinical Assistant Professor of Family and Community Medicine at the University of Iowa Carver College of Medicine, where she plays a key role in shaping the next generation of family physicians.

A former student described working with Dr. Welder during the Family Medicine Continuity of Care elective as “one of the most formative experiences” of their medical education. The student highlighted Dr. Welder’s consistent demonstration of empathy, respect, and attentiveness in every patient interaction, noting that she exemplifies the principle that exceptional care is grounded as much in listening and understanding as in clinical expertise.

Through their dedication to teaching, mentorship, and patient-centered care, Dr. Schissel and Dr. Welder exemplify the values of family medicine education. The Iowa Academy of Family Physicians proudly congratulates both physicians on this well-deserved recognition and thanks them for their lasting contributions to the future of the profession.

DR. DAVID LARSON AND DR. EDEN MURAD HONORED WITH IAFP LIFETIME ACHIEVEMENT AWARD



David Larson, MD



Eden Murad, MD

Two distinguished leaders in Iowa family medicine were recognized for their decades of service, dedication, and impact at the IAFP 2025 Annual Awards and Installation Ceremony.

David Larson, MD, and Eden Murad, DO, received the prestigious Lifetime Achievement Award on November 7 at the Prairie Meadows Event Center—an honor reserved for physicians whose careers exemplify excellence in patient care, commitment to community, and leadership within the profession.

Dr. Larson began his medical journey at the University of Nebraska Medical Center before completing his family medicine residency at Iowa Lutheran Hospital in Des Moines. He recently retired from his practice in Fairfield, where he was widely respected for his long-standing service to patients and his dedication to the values of family medicine.

Dr. Murad earned his medical degree from Des Moines University and completed his family medicine residency at the Mason City Family Medicine Residency Program. He now practices in Des Moines, where he serves as a faculty physician with the MercyOne Des Moines Family Medicine Residency Program. Throughout his career, Dr. Murad has been recognized for his compassionate patient care, professional leadership, and deep commitment to improving the health of the communities he serves.

The Lifetime Achievement Award holds special significance within the IAFP, as recipients are nominated by fellow members and selected by a committee of physician peers. This distinction reflects not only professional accomplishment, but also the respect and admiration of colleagues across the state.

The Iowa Academy of Family Physicians proudly congratulates Dr. Larson and Dr. Murad and extends its sincere gratitude for their exceptional service to patients, communities, and the field of family medicine. Their careers stand as lasting examples of the impact and importance of family physicians across Iowa.

FARM BUREAU AWARDS RURAL PHYSICIAN SCHOLARSHIPS

Two (\$5,000) Iowa Farm Bureau Rural Family Medicine Scholarships were awarded in 2025.



2025 Student Recipient

IOWA MEDICAL STUDENT ANDREA FJELSTUL-BONERT RETURNS HOME TO BRING HEALTHCARE TO RURAL COMMUNITIES

Hopkinton, IA — **ANDREA FJELSTUL-BONERT**, a medical student from the small farming town of Hopkinton, is turning her personal story into a mission: to bring full-scope family medicine back to rural Iowa.

Inspired by her father's struggle with injury and the healthcare system, and by the resilience of her tight-knit hometown, Andrea is determined to close care gaps in underserved communities. "I want to be the doctor my community needed—someone who listens, cares, and advocates," she says.

After completing her Family Medicine Residency at Genesis in the Quad Cities, she and her husband plan to return home—he to take over the family farm, and she to practice rural medicine in the area that raised her.

Her focus includes women's health, obstetrics, pediatrics, and geriatrics, with a passion for treating the whole patient, not just the symptoms. "Healthcare is a human right," Andrea says. "And rural communities deserve compassionate, comprehensive care."



2025 Resident Recipient

WAVERLY NATIVE DR. SEAN WESTENDORF RETURNS HOME TO DELIVER GENERATIONS OF CARE IN RURAL IOWA

Waverly, IA — **DR. SEAN WESTENDORF'S** journey in medicine is coming full circle. A graduate of the University of Iowa's Rural Iowa Primary Care Scholarship Program and current family medicine resident at Broadlawns Medical Center, Dr. Westendorf is returning to his hometown of Waverly to begin his career in rural family medicine.

Inspired early on by witnessing a rural physician care for a patient he had delivered decades earlier, Dr. Westendorf was drawn to the deep relationships and full-spectrum care unique to small-town medicine. "That moment showed me what it means to truly care for a community across a lifetime," he says.

At Broadlawns, Dr. Westendorf trained in an urban safety-net hospital, gaining experience with underserved populations and sharpening the skills needed to serve rural patients. Now, he joins a Waverly practice that includes obstetrics, allowing him to provide comprehensive care—from newborns to the elderly—for the community that raised him.

"My commitment to rural Iowa has guided me from day one," says Dr. Westendorf. "I'm honored to return home and serve the families I've known all my life."



Iowa Academy of Family Physicians
6500 University Avenue • Ste 100, PMB 123
Windsor Heights, IA 50324

kcox@iaafp.org
kscallon@iaafp.org
sbell@iaafp.org
www.iaafp.org

Phone 515-244-4182
Fax 515-244-4131

Find us on Facebook, Instagram and LinkedIn!