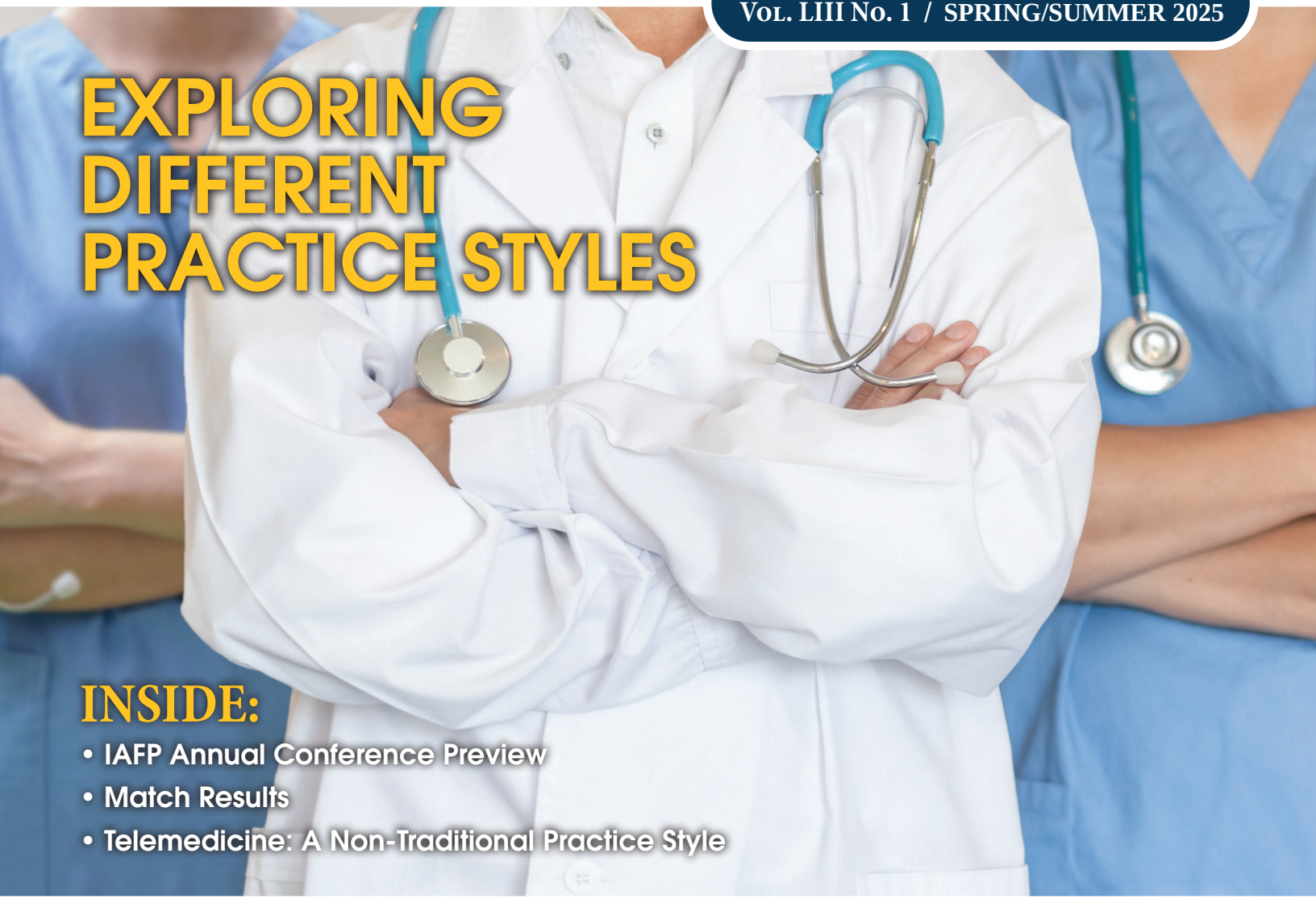
IAFP

IOWA FAMILY PHYSICIAN

Vol. LIII No. 1 / SPRING/SUMMER 2025



EXPLORING DIFFERENT PRACTICE STYLES

INSIDE:

- IAFP Annual Conference Preview
- Match Results
- Telemedicine: A Non-Traditional Practice Style

"Family Medicine is the Foundation for a Healthier Iowa"

Buena Vista
REGIONAL MEDICAL CENTER
STORM LAKE, IOWA

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Your Future in Family Medicine!

Grow with us!

Practice family medicine in a vibrant rural community with a dedicated team passionate about their work and community.

A Supportive, Welcoming Workplace

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Storm Lake is a culturally rich town with over 30 languages spoken, home to Buena Vista University, and an excellent school system.

Annually

350 Births

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8,400 Emergency Room Visits

Learn More

Contact Katie Schwint at schwint.katie@bvrmc.org or 712.213.8601.

Vision Statement for the Iowa Academy of Family Physicians

"Family Medicine is the foundation for a healthier Iowa."

IAFP Office

6500 University Avenue, Ste 100, PMB 123
Windsor Heights, IA 50324
Phone: (515) 244-4182
E-mail: mail@iaafp.org
Website: www.iaafp.org

Iowa Family Physician is addressed and mailed to every family physician, resident, and medical student throughout the state and serves as the Academy's major communication source regarding public relations, legislative and membership information.

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IAFP IOWA FAMILY PHYSICIAN

Official Publication of the Iowa Academy of Family Physicians
Vol. LIII No. 1 / SPRING/SUMMER 2025

In this issue

Family Physicians in the Ring: Demonstrating the Versatility of Family Medicine

By Sarah C Ledger, DO, FAAFP

"You need to get into the ring quickly if the referee calls you in—or the fighter has a TKO (technical knockout)—and again immediately after each fight ends," Dr. D instructed as we prepared for the event. "They may insist they're fine, but your job is to pull them aside and assess them quickly. Once cleared, step back out."

The event was the first UFC (Ultimate Fighting Championship) held in Iowa since 2000, hosted at a sold-out Wells Fargo Arena in Des Moines and broadcast live on ESPN2. I was honored to serve as one of the ringside physicians, working alongside my colleague, Dr. Kent Metcalf. While I've had many exciting opportunities in my career, this was easily one of the most exhilarating and unique.

Dr. Metcalf, who has been involved with MMA medical coverage for several years, was asked to work as medical commission and to bring another physician. Knowing my extensive background in sports medicine and sideline care—particularly for high school athletics in our community—he felt I was a natural choice and signed me up. He knew I wouldn't say no.

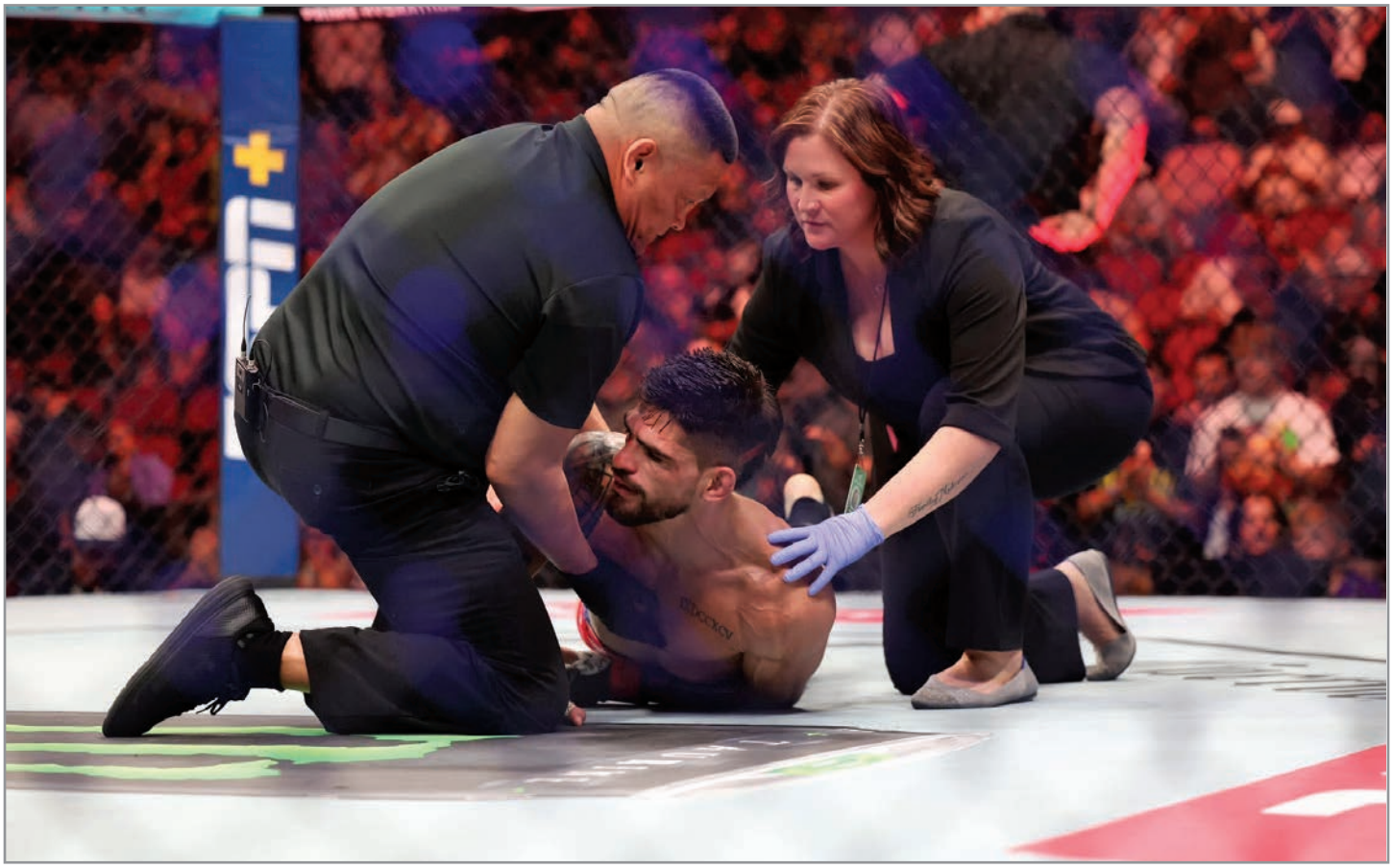
The night ran smoothly, despite multiple TKOs. At one point, I even appeared on national television as I had to explain to a fighter from Argentina that he had been knocked out and needed to stop fighting. His concussion had him confused. He didn't speak English well but, thankfully, a translator was present. After I finished treating him and the adrenaline wore off, I realized he could have easily pushed me aside to keep fighting. But the cut team and the referee were right there, keeping me safe. And all of the fighters were very respectful.

The medical team included five Iowa-based physicians, all of whom are Family Medicine trained. We were supported by the official UFC physician, Dr. Davidson, and a UFC physician-in-training. Two of us were assigned to the red corner, two to the blue, and one was stationed in the back to manage laceration repair. We were not allowed to treat any lacerations in the middle of a fight unless it was too severe, or they were too injured to continue. That was the job of the cut team. While not physicians, the cut-men provide advanced first aid to fighters during their fight. In addition to real-time ring assessments, we conducted thorough post-fight evaluations and documented each athlete's condition. We determined the need for further care, including suturing, imaging, or referral. We had to assist Dr D in determining when they could return to fighting. After a TKO it was an automatic 30 days "no contact," and 45 days "no fighting." EMS teams were on-site, with three ambulances and Mercy Hospital on standby for any emergent interventions.

As required by the IAFP Bylaws this is the official notice of the Annual Business Meeting to be held on Thursday, November 6th at 11:00 am at Prairie Meadows Event Center in Altoona.

IAFP Secretary –Treasurer, Patrick Courtney, M.D.


UFC FIGHT NIGHT
SANDHAGEN vs FIGUEIREDO
105
206
312
311
BUD LIGHT



Meet New Assistant Editor Dr. Sarah Costello!

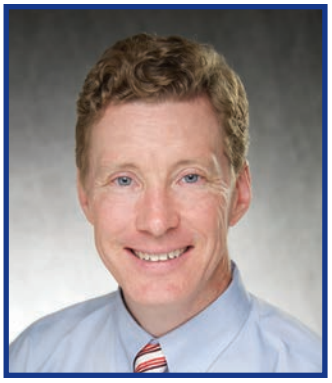
Jason Wilbur, M.D., Editor
Sarah Costello, M.D., Assistant Editor

After over 12 years editing this magazine, I finally decided that I need some help! To be fair, I must acknowledge that Katie Cox actually does all the work. Katie generates ideas, wrangles column writers, sends me articles, chases down advertisers, and does the layouts. "So, Wilbur," you ask with squinting eyes and a tone of annoyance, "Why do you need help if she does everything?"

Great question! But I don't like that one, so I'll answer a different question. I prefer to answer, "What does the future of IAFP look like?" I don't know for sure, but it doesn't look like me. I am a member of the "old guard" now. I'm not ready for retirement, but I have been a doctor for 26 years, and I am certain that some of my ideas are getting stale. When we look around at IAFP meetings, we all seem to notice that we are missing a critical mass of young doctors in the room. We also know that the US, and Iowa in specific, is experiencing a shortage of primary care doctors that is only predicted to worsen in the next decade. We talk about this issue frequently at Board meetings and with the Executive and Membership Committees. We constantly think about our young doctors and how IAFP can help meet their needs and engage them. One way to do that is to reach out to our young family physicians and ask them to get involved in the IAFP. So, that's why I need help, and that's why I have enlisted an assistant editor. Drum roll, please…

Allow me to introduce Sarah Costello, MD. Dr. Costello is originally from Australia, attended high school and college in the UK, and moved to the US for a job in a microbiology lab in 2011. Dr. Costello met her husband while working in the lab, and they decided to settle in Iowa (lucky for us, I might add!). She attended UI Carver College of Medicine, graduating in 2024 with research and humanities distinctions, juggling the rigors of med school and the demands of a family with three young children. Dr. Costello is currently finishing her first year of residency at the UI Family Medicine Residency Program in Iowa City. Regarding her advocacy and leadership experience, Dr. Costello served on the Iowa Medical Society Board of Directors as a med student. She currently serves on both IMS and IAFP advocacy committees and has been very involved with AMA, currently serving as Resident AAFP delegate to the AMA. Dr. Costello is the president-elect of Iowa Family Medicine Resident Council (2025-26) and is looking forward to attending the National FM Advocacy Conference in 2026. Upon graduating from residency, she hopes to practice family medicine with an emphasis on OB and breastfeeding medicine. Finally, Dr. Costello has been a contributor for the Iowa Family Physician twice before, and we look forward to reading more of her thoughts in future editions. Please join me in welcoming our new assistant editor, Dr. Sarah Costello!

As always, please feel free to reach out to me directly with any thoughts you have regarding this magazine…it is your magazine, after all! You can find me at jason-wilbur@uiowa.edu.



Jason Wilbur, M.D.
Editor

Sarah Costello, M.D.
Assistant Editor

"Allow me to introduce Sarah Costello, MD. Dr. Costello is originally from Australia, attended high school and college in the UK, and moved to the US for a job in a microbiology lab in 2011."

LEAN BEEF IN A HEART HEALTHY DIET

Why Beef?

Science supports it.

Over 30 scientific studies support lean beef as part of a heart-healthy diet. The Beef in an Optimal Lean Diet study showed that eating 4-5.4 ounces of lean beef with a DASH-style diet helps maintain normal cholesterol levels. Another clinical trial found that a Mediterranean-style diet with lean beef can reduce heart disease risk factors like total and LDL cholesterol, and blood pressure.

Nutrients you need.

Besides being known as a protein powerhouse, lean beef provides 9 other essential nutrients, including iron, zinc, and B vitamins, 5 which support good health in many ways, from brain function and immune system support to energy metabolism and bone health.

FUN FACT

Both beef and chicken have a similar amount of protein per serving. However, you'd have to eat 8 oz of chicken to get the same amount of iron you'd get in 3 oz of beef! You'd need to eat nearly 7 times more chicken (20 oz) to meet the amount of zinc that 3 oz of beef provides!

To view the full fact sheet and sources, scan the QR code.

2025 Outstanding Student Winner: Andrea Fjelstul-Bonert

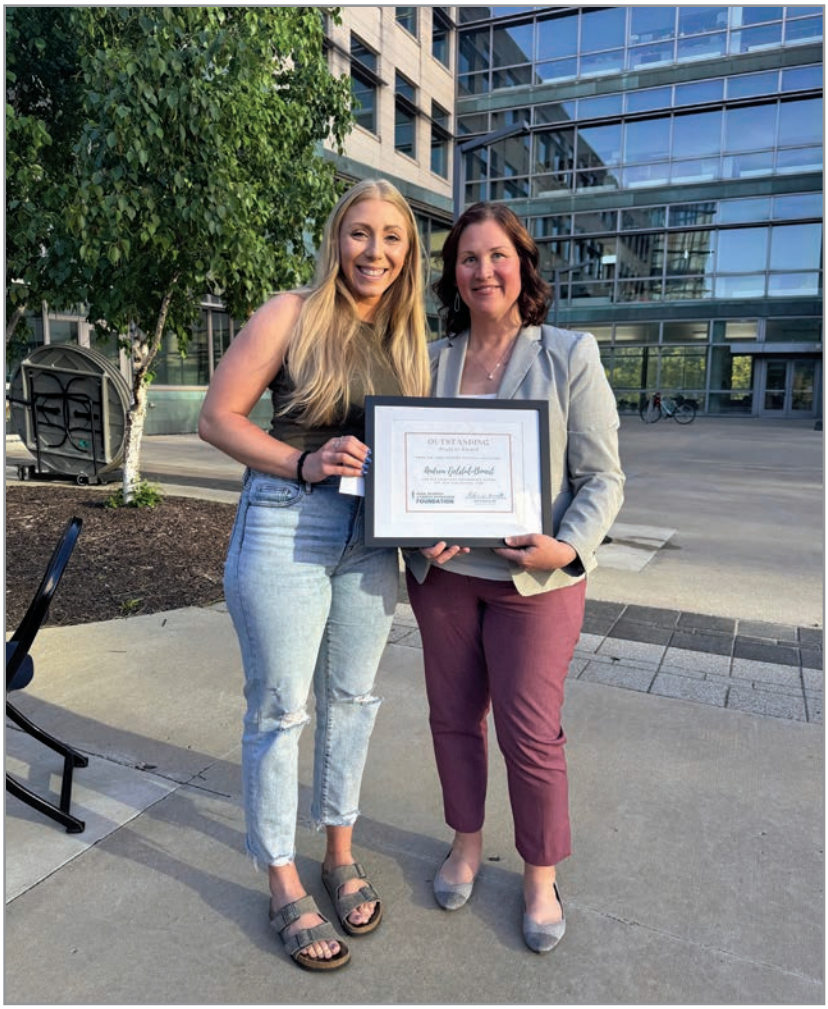
Andrea Fjelstul-Bonert, a medical student at the University of Iowa Carver College of Medicine, has been named the 2025 Outstanding Student Winner for her exceptional dedication to family medicine and rural health.

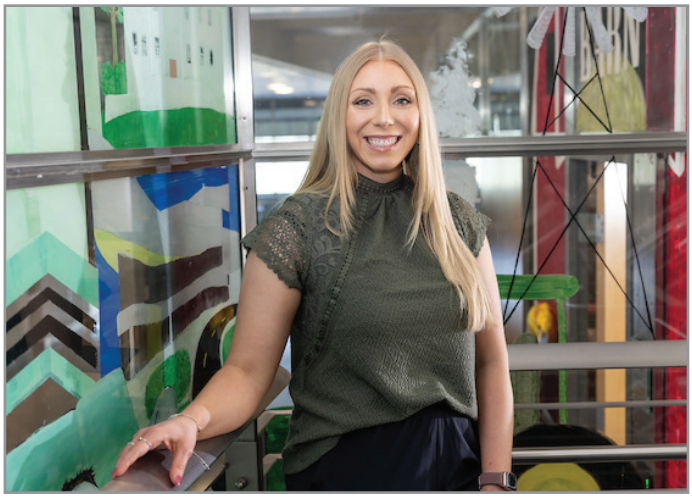
Growing up in Hopkinton, Iowa, Andrea developed a passion for full-spectrum family care—caring for patients from birth through end-of-life. "It's a privilege to care for entire families throughout their lives," she says. "I feel lucky to do that every day as a family physician."

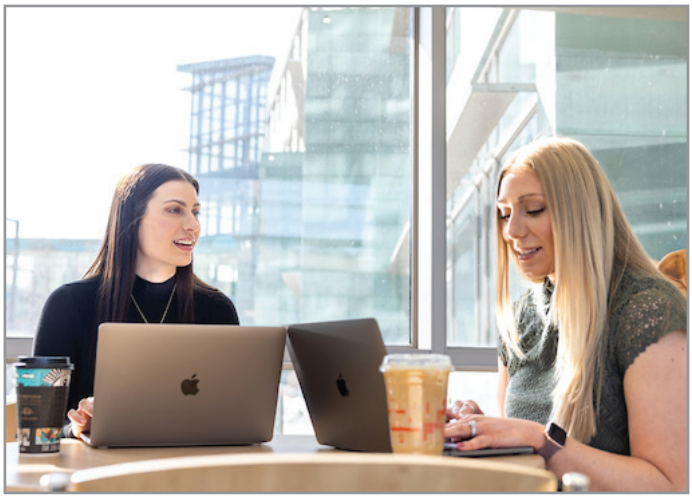
During medical school, Andrea participated in the CRISP program, MECO, and gained exposure to rural primary care. She held leadership roles in the Family Medicine Interest Group and the AAFP's Primary Care Leadership Collaborative, where she helped create a program introducing first-year students to primary care. She also attended national advocacy and educational conferences and was active in caring for underserved populations through electives and volunteer clinics.

Looking ahead, Andrea aspires to become a full-spectrum rural family physician with special interests in women's health, obstetrics, and pediatrics. Her vision is clear: to care for entire families and make a lasting impact on the health of rural communities.

Andrea Fjelstul-Bonert's leadership, compassion, and tireless advocacy for family medicine make her a truly deserving recipient of the 2025 Outstanding Student Award.



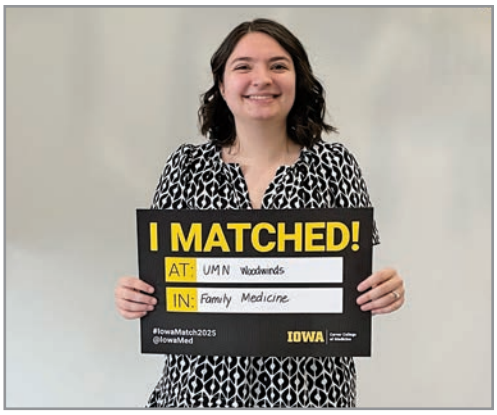




IAFP President Dr. Sarah Ledger presenting outstanding student award

Family Medicine Match Rate: Who Matched?

Grace Recker, MD



Anna DiSpirito, MD

Breanna Cutrer, MD

Family medicine categorical and combined programs offered a record 5,379 positions, up 148 compared to a year ago. A record 817 family medicine programs offered positions this year, with a fill rate of 85%. Family medicine accounted for 86% of the primary care positions offered and 84% of primary care positions filled. The United States is projected to need up to 48,000 more primary care physicians by 2034.

Of the students and graduates who filled family medicine slots in the main Match reported by the NRMP today:

- U.S. seniors from allopathic medical schools accounted for 1,519 positions, down from 1,535 in 2024.
- Seniors from osteopathic medical schools accounted for 1,486 positions, down from 1,493.
- International medical students and graduates (including 626 U.S. citizens) accounted for 1,427 positions, down from 1,455.
- Previous graduates of U.S. allopathic schools and osteopathic schools accounted for a total of 142 positions, up from 112.

Overall Outcomes for Family Medicine

In the 2025 NRMP Match:

- 4,574 medical students and graduates matched to family medicine residency programs. Here's the breakdown:
- 1,519 U.S. allopathic medical school (MD) seniors
- 1,486 osteopathic medical school (DO) seniors
- 626 U.S. international medical graduates (IMGs)
- 801 non-U.S. IMGs
- 90 previous graduates of U.S. MD-granting schools
- 52 previous graduates of DO-granting schools
- Family medicine offered 5,379 positions, which is 148 more than in 2024 and 13.4% of positions offered in all specialties.
- The number of U.S. MD seniors matching decreased by 16 compared with the year prior. It remains significantly below (by 821 matches) the historical peak of 2,340 matches in 1997. Only 7.9% of matched U.S. MD seniors matched in family medicine.
- The number of U.S. DO seniors matching to family medicine decreased by seven year-over-year. The percentage of U.S. DO students matching to family medicine declined by a percentage point to 19.1%, which is a steeper decline than the historical trend.
- The number of non-U.S. IMGs who matched in family medicine rose significantly for the second year in a row (801 in 2025 from 562 in 2023) and accounted for 12% of all non-U.S. IMG matches. This was the only applicant category with a year-over-year increase in family medicine.
- U.S. IMGs matched to family medicine at a higher rate than any other applicant type (20%). However, the number of U.S. IMGs who matched in family medicine in 2025 (749) declined by 123 compared to 2024.
- A total of 3,147 U.S. MD and DO seniors and graduates matched in family medicine.
- Family medicine represents 11.2% of all U.S. students or graduates matched in 2025.

Iowa Specific Stats

This year, 163 students will graduate from the UI Carver College of Medicine, after which one-quarter will continue their training in Iowa. The Class of 2025 matched into 22 specialties across 32 states. 25% matched into a program in the state of Iowa.

63 graduates entered into primary care- with 17 choosing family medicine.

Telemedicine: A Non-Traditional Practice Style

University of Iowa Family Medicine Residency – Sioux City / Lazarus Zamora, MD, R2 / Adam Poole, DO, R1

We, as family medicine residents, live in a time where the climate of medicine is rapidly evolving. Our ability to access what seems like an unending number of resources in a technologically advanced age can be overwhelming, but what we choose to utilize in our practice can has a significant impact on our workflow and patient care. Nowadays, learning how to use the various tools embedded in the EMR, such as note templates, dot phrases, and speech recognition software, is increasingly emphasized. These assists, in theory, are meant to reduce our documentation burden and save time. The tradition of paper charting and the days of indecipherable handwriting are disappearing. Another recent development in modern medicine, accelerated by the 2020 COVID-19 pandemic, is the integration of telemedicine. Providers can connect with patients through digital platforms now with encrypted video capability. What was initially thought to be an impractical style of practicing medicine is now relatively commonplace in medical offices across the country.

According to the Doximity 2024 State of Telemedicine Report, more than three-fourths of physician telemedicine users surveyed reported using it at least weekly and more than one-third reported using it daily.[1] In this same report, among 2,400 adult patients surveyed across the U.S., half identified as having a chronic illness and 41% reported receiving medical care virtually from October 2023 to October 2024. With the evolution of digital video-call platforms, physicians and the broader health care systems now can provide high-quality, flexible options that meet the evolving needs of patients.

As someone who grew up in the late 90's, video calling with a friend on a small handheld device was something we could only imagine as we played futuristic video games like Spy Fox and Star Fox 64. Now, technology like this is something that we as physicians should understand if our goal is to provide more accessible and convenient care for patients. As we confront an aging and growing population along with an intensifying physician shortage, the adaptability and flexibility telemedicine can provide may prove more critical than ever.

Both benefits and challenges come with this contemporary style of medicine. Telemedicine enables the physician to deliver care that is patient-centered and holistic. One of the greatest benefits of telemedicine is the convenience and accessibility it can provide for patients, especially in rural or underserved areas. For these patients, barriers such as distance and lack of reliable transportation can reduce their ability to make it to their in-person appointments. Often patients have difficulty scheduling appointments because they must call off a full or half day from work, but telemedicine can be a beneficial tool for patients that will reduce the burden of having to travel long distances, saving time and money; it enables the patient to receive care from the comfort of their own home. Twenty-four percent of survey respondents in the Doximity Telemedicine Report said they used virtual care because they faced some sort of difficulty getting to their doctor's office in person.[1]

Another benefit of telemedicine is that it may lower healthcare costs by reducing the need for in-person visits. For example, "little Timmy" might be saved from a trip to the emergency room, especially if his needs are non-urgent and can be managed with a conservative approach. One can also use telemedicine to provide effective follow-up appointments, especially for patients managing chronic illnesses such as diabetes, hypertension, or asthma. Patients who are diligent and reliable in checking their blood pressures or blood glucose can provide physicians with real-time data in a telemedicine visit, enabling us to adjust their medications and treatment sooner. In addition. we can also use telemedicine to offer preventative care guidance and health literacy to our patients, giving them advice in adopting healthier lifestyles.

Despite its myriad benefits, telemedicine has its limitations, such as limited physical examinations, technological barriers, and data breach concerns. As one might suspect, via telemedicine, it is nearly impossible to conduct a proper physical exam. We cannot (yet) listen to the heart and lungs by placing a stethoscope on the screen nor can we elicit reflexes by tapping joints with our thumbs on the tablet. As a result, it may be extremely difficult to get a truly accurate diagnosis which can limit or even delay optimal and proper treatment for the patient.

Even with a limited physical exam, some patients may have more barriers, especially with technology. Some may not have access to or the desire to use a smartphone or a computer. Patients in rural areas may have a poor internet infrastructure or an unreliable internet connection. This, in addition to patients' lack of technical support, can result in substandard care and may affect the quality of the patient/ physician relationship. Other concerns include the risk of cybersecurity threats such as data breaches, hacking, and unauthorized access which can result in issues with patient trust and confidentiality.

While in-person care remains a cornerstone of health care, Doximity's

report demonstrates that telemedicine has established itself as a vital extension of medical care we can provide as family medicine physicians. Of all patients surveyed, 60% responded they prefer in-person care when possible, and yet, 24% responded they prefer virtual care when possible, and 15% responded they had no preference when comparing the two. Telemedicine seems to offer significant advantages, particularly in terms of convenience, accessibility, and cost reduction. It enables patients to access healthcare from almost anywhere, provides convenient non-urgent visits, and facilitates continued monitoring of chronic conditions. However, it is not without its downfalls, and we must address these issues through improved technology, robust security measures, and careful regulation to ensure that it can be an effective and secure mode of healthcare delivery.

As telemedicine continues to evolve, it will be important that we as family medicine residents are familiar with this non-traditional practice style; we need to learn the pros and cons and decide whether it will be worth implementing into our future practices. Meanwhile, we must keep in mind our role as family physicians in building and nurturing longitudinal relationships with our patients. Part of our role as physicians is to recognize the true value of personal, human connections that can foster mutual learning and empathy. For this reason, we must ask ourselves what would happen if telemedicine became more of a "traditional" practice style in this technology-forward world.

[1] Doximity 2024 State of Telemedicine Report. (2024). *Doximity.com*. *https://www.doximity.com/reports/state-of-telemedicine-report/2024?_remember_me_attempted=yes*

Leadership Conference

Every year, the Iowa Academy of Family Physicians selects one resident to attend the AAFP Leadership Conference, a unique opportunity to grow as a leader and connect with family medicine advocates from across the country. This year, we were proud to take Dr. Maria "Mappy" Castro Reales from the UnityPoint Health Central Iowa Family Medicine Residency Program. Here's what she had to say about her experience.

"The National Conference of Constituency Leaders (NCCL) is an experience I think most residents should have. Residency can at times resemble a horse race. Recent med-school graduates complete schooling in the basics and are given blinders to help them focus and get through training. The medical field, outside the bubble of lectures, is astronomically vast, making the blinders occasionally necessary to focus on the immediate and valuable experience of residency. However, there is an entire side of medicine that collaborates to recommend and implement guidelines, policies and change the future of medicine. This side of medicine, just outside the blinders, is why NCCL was such a valuable experience. A conference that, like no other, requires you to be an active participant instead of a mere attendee. Residents join delegates from every state to discuss important issues affecting many areas of medicine. Together, working across state and discipline lines, they draft resolutions.

The NCCL is a window into the impact a physician can truly have. It is a reminder that physicians are healers and pillars of the community; ambassadors of change, voices of advocacy and most importantly that we as physicians can sculpt the future of medicine. It was fascinating to see so many physicians work together to be vocal about issues in their communities, discuss ways to make change and take action. This conference opened my eyes to the real potential a physician can have in a community, particularly one who listens, pays attention to details and is willing to take a stand. After graduation residents can chose to continue with blinders on, working exclusively on the work before them or they can choose to be a part of the change. NCCL opened my eyes to the impact a collective of physicians can have in making a difference for their patients, colleagues and future physicians. "

From left: Sabrina Martinez, MD; Maria "Mappy" Castro Reales, MD; Ursula Livermore, MD; Anna Mark, MD; Patrick Courtney, MD; Sarah Ledger, DO; Sonia Bell, MBA; Sarah Terronez, DO; and Katie Cox.

Updates from the Iowa Newborn Screening Program

Jaclyn Zamzow, MS LGC

The Iowa Newborn Screening Program (INSP) would like to bring to your attention the addition of two conditions recently added to the newborn screening panel, X-linked adrenoleukodystrophy (X-ALD) and mucopolysaccharidosis type II (MPSII).

Screening for X-ALD started in Iowa on November 1, 2024 after a yearlong pilot. X-ALD is a condition that primarily impacts the nervous system and adrenal cortex. There are three presentations of X-ALD: cerebral adrenoleukodystrophy (CALD), adrenomyeloneuropathy (AMN), and primary adrenocortical insufficiency. These vary in severity and age of onset. Individuals can also remain asymptomatic. CALD is a progressive neurological disease with symptom onset ranging from childhood to adulthood. Males at risk to develop childhood CALD can benefit from prompt treatment prior to onset of symptoms which requires routine surveillance by serial MRI. Treatment options include hematopoietic stem cell transplant, gene therapy and monitoring for adrenocortical insufficiency. Females do not develop CALD but are at risk for AMN and primary adrenocortical insufficiency later in life. A diagnosis of X-ALD likely has implications for other family members as this is typically inherited. More information on X-ALD can be found through the ALD Alliance (www.aldalliance.org).

Mucopolysaccharidosis type II (MPSII), also known as Hunter syndrome, is the newest addition to the Iowa newborn screening panel. Screening for MPSII is currently in pilot as of February 3, 2025. During the pilot phase, out-of-range screens for MPSII will be in a supplemental report provided by INSP. Similar to mucopolysaccharidosis type I, MPSII is a lysosomal storage disorder characterized by glycosaminoglycan (GAG) accumulation in multiple body systems. MPSII occurs almost exclusively in males. MPSII is typically classified into severe and attenuated forms. Individuals with severe MPS II have progressive cognitive decline and shortened lifespan. Individuals with attenuated MPS II typically live into adulthood and intelligence is not affected. Heart disease and airway obstruction are major causes of death with both types of MPS II. Treatment options include enzyme replacement therapy and hematopoietic stem cell transplant. More information on MPSII can be found through the National MPS Society (*www.mpssociety.org*).

If you have any questions, please feel free to contact the Iowa Newborn Screening Program at 319-384-5097 or by emailing *iowanewbornscreening@uiowa.edu*.

Iowa Family Physicians are Committed to Their Communities

By Sonia Bell, MBA, Executive Vice President

Hot on the heels of Dr. Ledger's fascinating article about her evening of practicing an alternative style of family medicine, I was thinking about my own article for this issue and how I could use this space to expand on the conversation. Although I am not a physician, I have worked with physicians for decades and have encountered a wide range of practice styles from various specialties across the U.S. However, one practice style that family medicine physicians share, which differs from all those I've worked with before, is their commitment to investing their time and talent in improving the health and well-being of the entire person, their family, and the local community.

The broad training and patient-centered approach of family medicine physicians uniquely positions them to understand and address the diverse health needs of individuals across all ages and backgrounds. By participating in local events, health fairs, school initiatives, public health efforts, and yes, even the occasional UFC Fight, family physicians help bridge the gap between the healthcare system and the community. And as many of you are already aware, our state and chapter provide numerous opportunities for you to volunteer your time and talents in the community. However, if you don't know where to start with volunteering your time or need a refresher on the various options, I've compiled a handy list below for your consideration.

Discover Family Medicine in Iowa

The Iowa Academy of Family Physicians believes young students need to meet, not just hear about, real-life physicians from their communities who can share stories about their own experiences and perhaps inspire these students to follow the same path. Our staff has curriculum outlines, free supplies like disposable stethoscopes, dissection kits, and example x-rays, and more to support you when you visit your local school classroom to present. Some example topics are:

- **"What's in a Doctor's Bag?"**, exposing elementary students to the tools of family physicians and providing them the opportunity to use their own (disposable) stethoscope.
- **"How Does a Heart Work?"**, teaching middle school students how the heart works through the dissection of a mammal heart specimen.
- **"Inside Out! Discovering the Human Body with X-Rays,"** teaching students about basic human anatomy using life-size X-ray images in an engaging and interactive way.

And it's so easy to get started! Simply email our Director of Operations Kelly Scallon (*kscallon@iaafp.org*) or me (*sbell@iaafp.org*) to talk through the details and request support to start presenting at your local school!

Iowa Academy of Family Physicians Committees

Our committees are the foundation of all the work we do as a chapter, and there is always room for members to get involved! The staff and I work hard to make this experience as easy, efficient, and fun for our members as possible, and it's a great way to join a network of like-minded colleagues in your area. More information about our various committees and the easy form to submit your interest in serving can be found at this website: *https://iaafp.org/get-involved/*.

Other Upcoming Local Events Looking for Volunteers:

Iowa State Fair (Des Moines), August 7–17, 2025

The Iowa State Fair typically works with EMS and sometimes physician volunteers through the Iowa Department of Public Health or local hospital systems. Visit *https://www.iowastatefair.org/volunteer* or email *iowafairvolunteer@gmail.com* for more information.

Iowa City Summer of the Arts Events

The Iowa City Summer of the Arts events include a Friday night concert series, the Iowa Arts Festival, and the Iowa City Jazz Festival, to name just a few! Crowds at these events, combined with the Iowa summer sun and heat, create a potential need for medical assistance and a requirement for volunteers. More information is available at this website *https://summerofthearts.org/volunteers/*.

RAGBRAI (Register's Annual Great Bicycle Ride Across Iowa), July 19-26, 2025

Iowa's famous Cross-state cycling event relies heavily on physician and EMS support, and RAGBRAI actively recruits physicians and athletic trainers. The organization is taking in names for those who are interested in volunteering, but much of the coordination happens at the local host-city level and is published on their own city-specific RAGBRAI websites. If you would like to submit your name to keep informed on volunteer opportunities, visit this website *https://ragbrai.com/route/*.

County Fairs

Nearly every Iowa county hosts a summer fair, typically in June or July, and collaborates with local public health, hospitals, and/or EMS services to coordinate volunteer efforts. With 99 counties across the state, there are multiple avenues to getting involved, and your local city chamber of commerce or county public health department can connect you with the right group for more information.

Building and maintaining a strong presence in your community fosters trust, promotes preventive care, and strengthens public awareness, ultimately contributing to a healthier, more connected society. We appreciate all the hard work and commitment you each dedicate to your patients and our communities, and would love to share even more stories about your experiences.

VOLUNTEER OPPORTUNITY

If you find time to volunteer at an event over the summer, present in a classroom at the beginning of the school year, or anything else, please email Katie Cox (*kcox@iaafp.org*) your stories, we would love to share them here and on our website!

2025 End of Session Report
Iowa Academy of Family Physicians

Brought to you by: Cornerstone Government Affairs

INTRODUCTION

Thursday, May 15, marked the final day of the first session of the 91st Iowa General Assembly. This year, legislators worked thirteen calendar days past the 110th day of session, when per diem pay ended. Final adjournment was delayed due to several issues that proved difficult to resolve, including eminent domain legislation, property tax reform, and state spending priorities. In mid-May, legislative leadership and the Governor came to an agreement on many of the remaining issues, paving the way for Adjournment Sine Die.

The Cornerstone team would like to thank you, our clients, for the opportunity to advocate for your interests at the statehouse this year. We consider it a privilege and look forward to continuing our partnership. The following report provides details on highlights from the legislative session, including legislative priorities, the FY 2026 budget, and bills we tracked on your behalf. Please reach out to any member of the team if you have questions on the information provided below.

BACKGROUND

This session, Republicans continued to hold a majority in both the House and the Senate. This was the ninth consecutive year of a Republican trifecta, with GOP control of both chambers and the governorship. There were three special elections held this year, two in the House and one in the Senate, meaning the partisan breakdown within each chamber varied slightly throughout session. As of the final special election, the Senate consisted of 34 Republicans and 16 Democrats, and the House consisted of 67 Republicans and 33 Democrats. Between the general election in November and the three special elections, we saw 18 new Representatives and 7 new Senators join the Legislature this session.

Pat Grassley (R-New Hartford) continued to lead the House Republicans as Speaker, with Matt Windschitl (R-Missouri Valley) as Majority Leader. In the Senate, Jack Whitver (R-Ankeny) continued to serve as Majority Leader with Amy Sinclair (R-Allerton) as Senate President. In the Senate, Janice Wiener (D-Iowa City) took over as Minority Leader after the retirement of former Senator Pam Jochum, and in the House, Representative Jennifer Konfrst (D-Windsor Heights) remained as House Minority Leader. However, Rep. Konfrst resigned her leadership role upon the final adjournment of the Legislature to pursue a U.S. House seat in the 2026 elections. Rep. Brian Meyer (D-Des Moines) was elected by his caucus to replace Konfrst as House Minority Leader.

MAJOR INITIATIVES

On the first day of session, House and Senate leadership gave opening remarks and set forth their priorities for the year. Republican leadership discussed priorities related to education, lowering taxes, property tax reform, childcare costs, energy, affordable housing, and increasing employment opportunities. Democratic leadership in the House and Senate announced priorities related to addressing rising costs for families, raising wages, funding public education, addressing food insecurity, and making the state budget process more transparent. Later that week, on the first Tuesday of the legislative session, Governor Reynolds gave the annual Condition of the State speech outlining her policy priorities for this session, which included education, health care, unemployment insurance, disaster assistance, energy, childcare, and government efficiency.

OVERVIEW OF SESSION

Much of the work this session was devoted to these priority areas. Below is more information on major bills legislators prioritized this session and where they stand after Sine Die. The Governor has until June 14 to decide whether to sign or veto a bill sent to her by the Legislature in the final days of the legislative session.

- Cell Phones in Schools
- Electronic Devices While Driving
- Property Taxes
- Rural Health Care
- Medicaid Work Requirements
- Unemployment Insurance
- Opioid Settlement Fund
- High-Acuity Youth

The Cornerstone team would like to thank all our clients for the opportunity to serve and represent you at the Capitol this session. We look forward to the continued partnership.

STATEMENTS ON END OF SESSION

OVERVIEW

The Legislature is required by law to approve a budget for the upcoming fiscal year before final adjournment. In general, the Governor releases a budget target at the beginning of session, and majority party leadership in the House and Senate release their own budget targets later in session. The budget targets represent money to be spent from the General Fund. The targets usually vary not only in the total amount of money to be spent, but also in the ways that money would be distributed among various state agencies and programs. After all targets are released, the Governor, House, and Senate must then have conversations to reach a compromise on a final target and the distribution of funding.

In the Governor's budget, she proposed spending $9.434 billion from the General Fund for FY 2026, which is $486 million more than was appropriated for FY 2025. Much of the Governor's proposed increase was for health care and education, including an additional $223

million for Medicaid, $102 million for state foundation school aid, and $96.6 million for education savings accounts.

The Revenue Estimating Conference (REC) met in March to update revenue estimates for FY 2025 and FY 2026. At the March meeting, the REC established a FY 2026 revenue estimate of $8.508 billion, which was a decrease of $218 million from the REC's estimate made in December and $627 million less than the REC's estimate for FY 2025. The General Assembly is required to use the estimate that was made at the December meeting when creating the budget for the following fiscal year, unless a later meeting establishes a lower estimate. Since the March meeting established a lower estimate, legislators were required to use the $8.508 billion estimate in the budget process this session. The decrease in revenue from FY 2025 to FY 2026 was not unexpected, as it resulted from recent tax cuts enacted by the Legislature. However, this decrease did mean legislators had less money to work with during this year's budget process, and deciding which line-items to prioritize increases for became more difficult.

This year in particular, it is important to note that the revenue estimate is not the exact amount the Legislature is allowed to spend. Instead, it is the primary determinant in the calculation of the expenditure limitation, which includes other factors. Because Iowa has over $2 billion in surplus carryforward funding from last year, the expenditure limitation for FY 2026 was $10.483 billion. This gave the Governor and legislators more room in the FY 2026 budget than just the expected revenue for the year. For more information on how the expenditure limitation is calculated, see the Legislative Services Agency's resource on this topic.

In early April, Senate Republicans announced their budget target, which totaled $9.411 billion, $23 million less than the Governor's recommendation. Later that month, the Governor and Senate Republicans revised their targets by releasing a joint target of $9.417 billion, and House Republicans released their own target of $9.453 billion. Soon, both chambers introduced separate budget bills and started moving them through the Appropriations process, while leadership began working on a compromise.

Ultimately, in the week prior to final adjournment, the House and Senate announced an agreement on a General Fund budget target, and budget subcommittee chairs worked to finalize the budget bills used to fund state government. In the last few days of session, floor managers moved these bills through both.

To view the full 2025 end of session report, visit:*https://iaafp.org/endofsession-reports/*

2025 IAFP ANNUAL CONFERENCE

NOVEMBER 6-7, 2025 | PRAIRIE MEADOWS CONFERENCE CENTER

SCHEDULE OF EVENTS

THURSDAY, NOVEMBER 6

8:00 am	Board Meeting
9:00 am	Preconference- Injection Clinic
ANNUAL CLINICAL EDUCATION CONFERENCE OPENS	
10:30 am	Registration
11:00 am	Annual Business Meeting
11:30 pm	Welcome/ Introductions & Overview
11:40 pm	Atopic Dermatitis
12:15 pm	Concussions Update
12:50 pm	Buffet Lunch
1:20 pm	AAFP Update & How to Network
1:50 pm	Journal Club Live
3:10 pm	Break
3:15 pm	Office Trauma Management
3:50 pm	End Stage Liver Disease
4:25 pm	AI In Medicine: past, present, future, perspectives, pitfalls
5:00 pm	Fluoride and IQ
6:00 pm	Presentations Conclude
6:30 pm	Trivia & Reception

FRIDAY, NOVEMBER 7

7:00 am	Registration
7:00 am	President's Breakfast
7:00 am	Breakfast in Exhibit Hall
7:55 am	Introductions and Announcements
8:05 am	Cardiovascular-renal-metabolic (CKM) syndrome
8:40 am	Medicare Talk
9:15 am	Psychotropic Drug Use in Older Adults
10:05 am	Break- Exhibit Hall
10:25 am	Shedding Light on Type 2 Diabetes: Weight Management & Future Breakthroughs
11:35 am	Buffet Lunch
12:00 pm	Awards Ceremony & Installation of Officers
1:00 pm	Visit Exhibits
1:20 pm	PCOS
2:00 pm	Parkinson's Disease
2:35 pm	Maternal morbidity and Mortality in Iowa
3:10 pm	Visit Exhibits
3:30 pm	Resident Case Presentation
3:50 pm	Lung Cancer Screening Update
4:25 pm	Osteoporosis Screening & MGMT
5:00 pm	Recess for the Day

IOWA ACADEMY *of* FAMILY PHYSICIANS

CONFERENCE INFORMATION

Registration Type	Early Bird
Active Member	$345
New Physician Member	$275
Life/Inactive Member	$240
Resident/Student Member	N/C
PA/NP who works with an AAFP Member	$345
Non-Member (includes PA/NP)	$445
Add On: Injection Clinic (Pre Conference)	$100

Cannot attend the whole conference? No problem!
You now can choose to register by the day!
Pay a $200 fee to just attend one day!

SCAN ME

www.iaafp.org/2025-conference
to register or use the QR code above!
Early Bird Rates end on 10/6/2025

CONFERENCE LOCATION/HOTEL INFO.

Prairie Meadows Conference Center
1 Prairie Meadows Drive
Altoona, IA 50009 | 515-957-3000

Special Conference room rates are $149 single/double + tax per night. Please identify yourself as part of the Iowa Academy of Family Physicians when booking a room to receive special room rates. Reserve your room before October 22, 2025 to receive this rate.

CERTIFICATE OF ATTENDANCE

Upon completion of the conference please complete the CME card in your packet and return it to staff at the registration desk. IAFP staff will report your CME to the AAFP and e-mail your certificate the following week.

EDUCATIONAL OBJECTIVES

At the conclusion of this conference the participant should be able to:

- Review practical clinical information helpful in diagnosis
- Apply current clinical concepts in family medicine
- Integrate advanced knowledge and skills with professional performance, thereby furthering excellence in health care

Specific objectives for each topic will be included on the syllabus.

ATTENDEES WITH SPECIAL NEEDS

The Iowa Academy of Family Physicians will make every effort to accommodate registrants with special needs. Please let us know if you have an ADA disability that we should be aware of when you attend our conference.

TARGET AUDIENCE

This program is intended for family physicians, residents, students, physician assistants and nurse practitioners. Faculty will use lectures, augmented by audio-visual aids as well as interactive discussions.

EXHIBITORS

Thank you to our current exhibitors. Due to their support, the IAFP can offer quality CME while keeping registration fees affordable.

[AS OF MAY 29, 2025]
- Iowa Beef Industry Council
- Boehringer-Ingelheim
- CARR, Inc
- COPIC
- Diabetic Equipment and Supplies
- Docs Who Care
- Iowa Family Support Network/EveryStep
- Iowa Newborn Screening Program/

Join us for our first Trivia Night! Test your knowledge of both medical facts and pop culture while enjoying a fun and lively evening reception. It's the perfect chance to socialize, compete, and have a blast! Don't miss out!

Members Up for Re-Election in 2025

Linda A Jager, MD
Jennifer Aanestad, MD
Candyce Ackland, MD
David Adams, MD, MS
Theran Adamson, MD
Mahtab Ahmed, MD
Nader Ailabouni, DO
John Amspaugh, MD
Brian Anderson, DO
Connie Arispe, MD
Chandramohan Batra, MD
Edna Becht, DO
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Mitchell Blom, DO
Austin Boeckman, DO
Nancy Boelter, MD
Rebecca Bollin,DO
Timothy Brelje, MD
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Jenny Butler, MD, FAAFP
Scot Christiansen, MD
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Mara Groom, DO
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Kevin Hanigan, DO
J Hay, MD
Hannah Heckart, MD
Anna Holzer, MD
Katherine Hopper, MD
Timothy Horrigan, MD, FAAFP
Frederick Isaak, MD
Christine Jensen, MD
Amanda Johnson, MD
Lisa Johnson, MD
Duane Jolivette, MD
Michael Jung, MD, FAAFP
Mirnes Kadic, DO
David Keith, DO, FAAFP
Jenna Kemp, MD
Ola Khraiwesh, MD
Lori Krome, MD
Heather Kruse, MD
Robert Kruse, MD, MPH, FAAFP
Aaron Kunz, DO
Shauna LaFleur, MD, FAAFP
John Lancaster, Jr, MD
April Lanning, DO
Jason Lau, MD
Erika Lauer, MD
Eleanor Lavadie-Gomez, MD, FAAFP
Sarah Ledger, DO, FAAFP
Scott Lichty, MD
Patrick Luft, MD
Cheryl Madson, MD
Scott Markham, DO
Andrew McMurray, DO
Monica Meeker, MD
Laura Merron, MD, FAAFP
Amy Mitchell, DO
Tricia Mittra, DO
Mary Moats-Biechler, DO
Bryant Mutchler, DO
Chadwick Nachtman, MD
Erez Naggar, DO
Michael Nguyen, MD
David Nystrom, DO, FAAFP
Jack O'Brien, MD
Monique Ochoa, MD
Maria Olberding, MD
Wesley Parker, MD
Aaron Peimann, MD
Todd Pentico, MD
Anita Peters, MD
Joseph Petersen, DO
Eric Peterson, MD
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Joel Wells, DO
Kent Willadsen, MD
Christopher Wolf, DO
Mackenzie Worthington, DO
Jeffrey Zoelle, MD
Geralyn Zuercher, MD

FMCSA Medical Examiner Certification Training Course

Are you planning on performing commercial driver physicals?

HAVE YOU TAKEN A TRAINING COURSE?

IAFP 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.

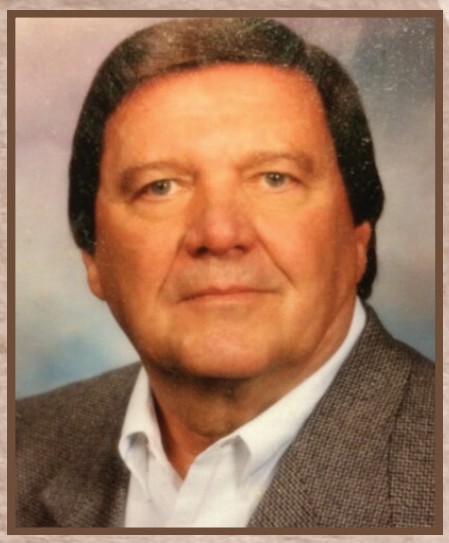
If you are a certified medical examiner through the FMCSA/NRCME, your certification is valid for 10 years, are required to recertify every 10 years. For those of you certified in 2013, you are eligible to recertify any time before your certificate expires. In order to maintain your ability to continue 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

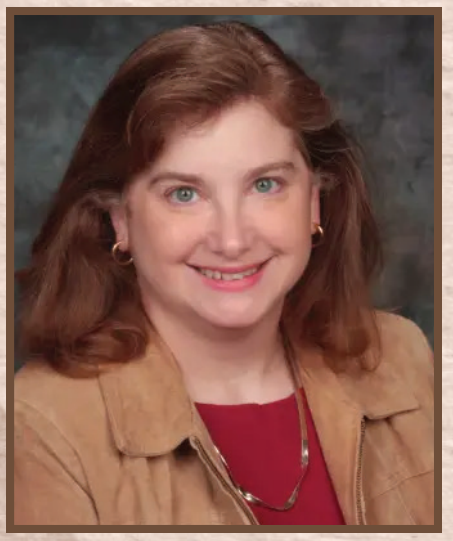
www.iaafp.org

In Memory Of

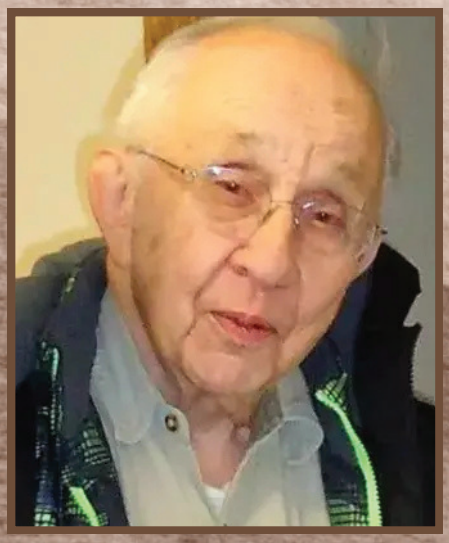
THIS PAGE IS DEDICATED TO THE CHERISHED MEMORY OF OUR MEMBERS WHO HAVE RECENTLY PASSED. MAY THIS PAGE BE A REMINDER OF THE LOVE AND JOY THEY BROUGHT INTO THE WORLD, AND MAY IT OFFER COMFORT AS WE CARRY THEIR MEMORY WITH US ALWAYS.



PAUL FEE, MD



MICHELLE REBELSKY, MD



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THE HEART OF THE FOUNDATION

STUDENTS Your support provides funding for the Annual FMIG dinner, $300 scholarships for students attending the AAFP National Conference, the outstanding student award, and travel expenses to send a student to the Family Medicine Congressional Conference.

RESIDENTS Your support provides funding for residency program visits, the AAFP National Conference – Iowa Residency exhibit hall, Resident Council summer meeting luncheon, Resident Medical Jeopardy Throw Down, and travel expenses to send a resident to the Family Medicine Congressional Conference.

RURAL LOAN REPAYMENT Your support helps to provide funding for students entered into the Rural Iowa Primary Care Loan Repayment Program. This program helps to increase Iowa's primary care physician population and improve access to care for people living in Iowa's rural communities.

UNRESTRICTED Your donation helps to support programs where funding is needed in the areas of resident and student programming.

THANK YOU TO ALL OF OUR 2025 DONORS!

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To keep family medicine in Iowa strong, we are asking **all Iowa family physicians** to donate to the IAFP Foundation. ANY amount is appreciated! We are aiming for **100% participation**! Below are the different levels of donation.

IAFP Foundation Donation:

- ❑ $1000 Grand Patron
- ❑ $750 Patron
- ❑ $500 Benefactor
- ❑ $250 Sponsor
- ❑ $100 Friend
- ❑ Other _____

Your gift is tax deductible as the IAFP Foundation is a 501 (c) 3 chartable organization.

Please use my donation for: (Check all that apply)

- ❑ Students / Family Medicine Interest Groups
- ❑ Residents ❑ Rural Loan Repayment
- ❑ Unrestricted

Make a donation online at *www.iaafp.org* or

- ❑ Pay by check _____

Name: _____

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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

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