

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

---

IN THE MATTER OF THE	)	FILE NOS. 02-02-207, 02-03-645
STATEMENT OF CHARGES AGAINST	)	02-04-141 & 02-04-229
	)	DIA NO. 06DPHMB001
JAMES A. YELTATZIE, M.D.	)	
Respondent	)	FINDINGS OF FACT,
	)	CONCLUSIONS OF LAW,
	)	DECISION AND ORDER

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TO: JAMES A. YELTATZIE, M.D.

DATE: September 14, 2006

On December 20, 2005, the Iowa Board of Medical Examiners (Board) filed a Statement of Charges against James A. Yeltatzie, M.D. (Respondent), charging him with:

**Count I:** Professional incompetency, in violation of Iowa Code sections 147.55(2), 148.6(2)(g) and (i), 272C.10(2)(2005) and 653 IAC 12.4(2)"a"- "d", when on numerous occasions he engaged in inappropriate practices in the treatment of chronic pain and mental conditions.

**Count II:** Practice harmful or detrimental to the public, in violation of Iowa Code section 147.55(3)(2005) and 653 IAC 12.4(3), when he engaged in inappropriate practices in the treatment of chronic pain and mental health conditions.

(State Exhibit 8) Also on December 20, 2005, the Board issued an Emergency Adjudicative Order, immediately suspending Respondent's medical license, based on a finding that his continued practice of medicine constituted an immediate danger to the public health, safety, and welfare. (State Exhibit 9)

The hearing was held on August 16, 2006 at 1:20 p.m. before a quorum of the Board, which included: Yasyn Lee, M.D., Chairperson; Carole Frier, D.O.; Blaine Houmes, M.D.; Susan Johnson, M.D.; Dana Shaffer, D.O.; Siroos Shirazi, M.D.; Russell Lee, M.D.; Paul Thurlow and Janece Valentine, public members. Respondent appeared and was represented by attorney John Wunder. Assistant Attorney General Theresa O'Connell Weeg represented the state. The hearing was closed to the public, pursuant to Iowa Code section 272C.6(1) and 653 IAC 12.26(12), and was recorded by a certified court reporter. Administrative Law Judge Margaret LaMarche assisted the Board in conducting the

hearing and was instructed to prepare a written decision, in accordance with their deliberations.

### **THE RECORD**

The record includes the above-described pleadings, the hearing orders, the testimony of the witnesses, State Exhibits 1-61 (in three volumes, see exhibit index for complete description) and Respondent Exhibit A (written review of cases prepared by Alan C. Whitters, M.D. and attachments)

### **FINDINGS OF FACT**

1. On July 28, 1988, Respondent was issued license number 26710 to practice medicine and surgery in the state of Iowa. Respondent practiced psychiatry through Allied Therapies, P.C. in Muscatine, Iowa until the Board issued its Emergency Adjudicative Order suspending his medical license. Respondent has now closed his medical practice. (Testimony of Respondent; State Exhibit 14)

#### **Respondent's Disciplinary History**

2. The Board has taken two prior disciplinary actions against Respondent's medical license.

a. On June 27, 1991, the Board filed a Statement of Charges against Respondent charging him with making improper physical contact with, and improper remarks and advances to three psychiatric patients. Respondent was also charged with suffering from a mental condition affecting his relationship with patients, with unlawful possession of marijuana, and with filing false license applications with the Board.

On September 26, 1991, Respondent and the Board entered into an Informal Settlement Agreement indefinitely suspending his medical license. Respondent filed an Application to reinstate his license on January 30, 1992. Following a hearing, the Board denied the Application for Reinstatement and set conditions for any future application. The Board's decision was affirmed on judicial review. (State Exhibits 3, 4)

On June 23, 1993, Respondent filed a second Application for Reinstatement, which was granted by the Board following a hearing. On January 19, 1994, Respondent's medical license was reinstated and placed on probation for a period of five years, subject to terms and conditions that included restricting his



practice to psychiatric evaluation and treatment and requiring him to have a practice supervisor and to install a one-way viewing window in his examination room. Respondent was also required to abstain from alcohol use and illicit drugs, report all prescription drugs prescribed to him by another duly licensed health care professional, submit witnessed blood or urine samples on demand, and attend at least one weekly meeting of Sexual Addicts Anonymous (SAA) (State Exhibit 5)

b. On March 4, 1999, the Board filed a second Statement of Charges against Respondent charging him with violating the terms of his probation by practicing outside of psychiatry, by improperly using controlled or prescription drugs, and by failing to file monthly reports with the Board. (State Exhibit 6). On February 10, 2000, Respondent entered into a second Settlement Agreement with the Board and was issued a Citation and Warning and was required to pay a \$6,000 civil penalty and to submit to a psychiatric evaluation and treatment by a Board-approved psychiatrist. (State Exhibit 7)

### **The Current Violations**

3. Since 2002, the Board has received numerous complaints concerning Respondent's patient care that included concerns about Respondent's prescribing practices, practicing outside the scope of psychiatry, and his failure to return telephone calls. Multiple investigations were initiated, and the Board's investigators obtained all relevant patient records and pharmacy profiles and interviewed available witnesses. In October 2005, the Board referred its investigative file to a peer review committee consisting of two experienced board-certified psychiatrists: Kevin J. Took, M.D. and Deborah L. Garrelts, M.D. In addition to his private practice, Dr. Took has served as a psychiatric consultant for the Title XIX program for the past 12 years. In this role, Dr. Took reviews 10-15 psychiatric charts each week. (Testimony of Kevin Took, M.D.; State Exhibits 12-13; 14-61)

The peer review committee independently reviewed the records pertaining to each patient and then met by conference call to discuss their respective findings. The Board received the committee's written report on November 28, 2005. The peer review committee concluded that Respondent's practice of medicine, and in particular his prescribing practices, do not conform to the relevant standards of care and are harmful/detrimental to the public. The peer review committee recommended immediate revocation of Respondent's medical license

to prevent further harm to his patients. (State Exhibits 10-11; Testimony of Kevin J. Took, M.D.) Based on this information, the Board issued its Statement of Charges and its Emergency Adjudicative Order immediately suspending Respondent's medical license. (State Exhibit 9)

*Patient AI*

4. Respondent started treating patient AI in December 1998. The patient was diagnosed with Bipolar Disorder, Major Depression, Panic Disorder, Obsessive Compulsive Disorder, and Borderline Personality Disorder. In December 1999, Respondent expressed concerns about somatization in the patient's record. Respondent treated the patient's mental health conditions with a variety of medications. Respondent also began treating the patient for frequent complaints of pain from headaches, back pain, foot pain, shingles, and fibromyalgia with a variety of oral opioids, including oxycodone and Oxycontin. He progressed to a Duragesic (fentanyl) patch, gradually increasing the dose to 175mcg/hour q3days, along with oxycodone 5 mg for "breakthrough pain."

In March 2004, the patient's husband took her to the University of Iowa Hospital, where she was admitted due to her inability to function on her medication regimen. At the time of her admission, the patient's psychotropic and pain medications included: Duragesic patch 175mcg/hour q3days, Zoloft 200 mg bid, Adderall XR, 30 mg bid, carbidopa/levodopa 25mg/100mg qhs, diazepam 10 mg tid, and Geodon 40 mg qpm. During her admission, the patient was given primary diagnoses of Undifferentiated Somatiform Disorder and Opioid Dependence.

The peer review committee found that Respondent was practicing outside the usual scope of practice for a psychiatrist by prescribing ongoing/daily opioids for chronic pain. Psychiatrists have no practice parameters for the ongoing treatment of chronic pain with opioids. The peer review committee also found that Respondent:

- Excessively prescribed pain medications/opioids;
- Inappropriately prescribed pain medications/opioids in a patient with Somatization Disorder;
- Used excessive doses of psychotropic medications, including Ambien 30 mg qhs when the usual dose is 10 mg qhs and Zoloft 200 mg bid, when the usual maximum dose is 200 mg qday and higher doses increase the risk of serotonin syndrome.

The Board agrees with the opinions of the peer review. Respondent's expert witness, Alan C. Whitters, M.D., conceded that he had never prescribed such a high dose of Zoloft to any patient. Respondent's expert noted that the patient did not complain of any significant side effects from the medication that would be attributed to Serotonergic Syndrome and always presented as "alert and oriented in all spheres, fully functional in her mental and physical capacities." However, the patient clearly was not functional when her husband had to hospitalize her in March 2004. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D.; State Exhibits 10, 29-36; Respondent Exhibit A)

*Patient MT*

5. On October 15, 2003, a pharmacist filed a complaint with the Board concerning Respondent's prescribing practices for patient MT. Respondent reportedly told the pharmacist that he was prescribing the medications only until the patient could be seen by a pain clinic. However, the prescribing continued for months and the patient exhibited drug seeking behaviors, such as frequent early refills, lost medications, broken ampules, etc. (State Exhibit 45)

Respondent initially began treating MT in December 2002. The patient was diagnosed with Bipolar II, Post Traumatic Stress Disorder, Major Depression, and Attention Deficit Hyperactivity Disorder. The patient disclosed that she had a past history of Vicodin addiction. Respondent prescribed a number of medications for the patient's mental health conditions. In addition to treating her mental health conditions, Respondent also began treating the patient for chronic pain from migraine headaches.

- In March 2003, Respondent began prescribing Demerol IM injections 100 mg- not to exceed three injections a day- alternating with Nubain 200 mg IM - for the patient's migraine headaches.
- In December 2003, Respondent prescribed Actiq, a potent analgesic used for breakthrough pain in cancer patients who are already opioid tolerant. Respondent discontinued the Actiq after the patient complained that it "wiped her out."
- In June 2004, the patient asked Respondent about non-narcotic medications for her migraines and he prescribed Topamax, 200 mg qday, for migraine prophylaxis. This was

the first time migraine prophylaxis was even mentioned in the patient's medical chart.

- In July 2004, the patient saw a neurologist, who recommended increasing her dose of Lamictal and Topamax and weaning her off Demerol. Respondent noted this in his chart but continued to prescribe Demerol through April 2005.
- The pharmacy records show that the patient filled multiple prescriptions from Respondent each month for Demerol and Nubain injections.

The peer review committee correctly points out that it is outside the usual scope of practice for a psychiatrist to prescribe ongoing/daily opioids for chronic pain; that prescribing benzodiazepines and opioids to a patient with a history of abusing prescription medications is problematic; that Respondent prescribed grossly excessive amounts of injectable pain medications to this patient and his use of Actiq was entirely inappropriate; and that it was inappropriate to continue prescribing large amounts of Demerol after the neurologist recommended weaning the patient off Demerol. In addition, Respondent failed to document the number of drugs that he prescribed for the patient in the patient record as required by the standard of care. That information was only obtained after pharmacy profiles were subpoenaed.

While the patient has written a letter that describes Respondent as a "fabulous" doctor that caused her no harm, the Board gave little or no weight to the patient's opinion. Respondent had given the patient prescriptions for more IM Demerol than should have been reasonably prescribed given her medical history. (Testimony of Kevin Took, M.D.; Alan C. Whitters, MD; Respondent; State Exhibits 10, 43-48; Respondent Exhibit A)

#### *Patient PC*

6. Respondent began treating this patient in May 1995, eventually diagnosing her with Bipolar II, Major Depression, Obsessive Compulsive Disorder, and Polysubstance Dependence. At the intake evaluation by the licensed independent social worker who worked with Respondent, the patient reported that she had been through multiple drug treatment programs and had not used illegal drugs in six months, but was having strong urges to use drugs. The patient also disclosed that she had prostituted herself for drugs in the past. Respondent prescribed various medications for the patient. In July 1995, the patient admitted using cocaine. Respondent prescribed clonazepam but switched

the patient to Xanax 0.5m g qid prn in September 1995. In August 1996, Respondent discontinued the Xanax and started the patient on Valium, but then switched her back to Xanax. In February 1997, the patient admitted to her therapist that she had been relapsing on a regular basis. In June 2001, Respondent started the patient on Adderall 20 mg bid, which was gradually increased over time to a daily dose of 300 mg. In June 2003, the patient called Respondent's office and stated that she was going to shoot her boyfriend and then hung up. Respondent's wife, who is a nurse, took the telephone call, documented it in detail in the patient record, and also documented that she consulted Respondent and he told her to wait for the patient to call back.

The peer review committee's concerns included Respondent's use of benzodiazepines and stimulant medications in a patient with Polysubstance Dependence; the grossly excessive dose of Adderall (a typical maximum dose is 60 mg/day); and Respondent's failure to warn the patient's boyfriend or police about her threat. Dr. Whitters conceded that he tries to avoid prescribing drugs like Xanax for a patient with polysubstance abuse and further conceded that he had never seen such a high dose of Adderall. Respondent's expert believed that the failure to warn was a moot point because the patient's boyfriend had already filed for civil commitment on her. However, Respondent's patient record does not state that a civil commitment was pending or imminent. Respondent claimed that the patient mentioned the impending commitment in her telephone call to his office but his wife failed to document that information. Given the detailed documentation of the telephone call by Respondent's wife, it is not credible that she would have omitted information about an impending commitment. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D.; State Exhibits 10, 54-55; Respondent Exhibit A)

#### *Patient MR*

7. The peer review committee reviewed Respondent's treatment of patient MR from March 5, 2002 through December 30, 2003. The patient was diagnosed with Major Depression and Attention Deficit Hyperactivity Disorder. Respondent prescribed Paxil, maximum dose 40 mg qday; Adderall, maximum dose 20 mg bid; Ambien 20 mg qhs; Wellbutrin, 150 mg qam; and prn Xanax. Dr. Took indicated at hearing that this patient's care was not a major concern to the peer review committee. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D.; State Exhibits 10, 56-57; Respondent Exhibit A)

*Patient JC*

8. Respondent began treating patient JC in February 2003 and diagnosed him with Attention Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder. Respondent initially prescribed Adderall XR 10 mg qam, but changed it to 15 mg bid in November 2003 and then to 15 mg tid in March 2004. In June 2004, Respondent changed the dosage back to 15 mg bid and eventually changed the prescription to immediate release Adderall 15 mg tid in August 2004. The peer review had two major concerns. First, Respondent's documentation in the patient record was grossly inadequate to support the diagnosis of Attention Deficit Hyperactivity Disorder. Respondent's records reveal little more than a mental status examination and do not include any documentation from the patient's school or any type of ADHD checklist. Second, Respondent's prescription of Adderall XR on a bid and tid schedule was inappropriate because Adderall XR is a sustained release stimulant usually lasting from 10-12 hours. It is not usually given twice a day and giving it three times a day provides 36-hour coverage in a 24-hour day. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D. State Exhibits 10, 52-53; Respondent Exhibit A)

*Patient AJ*

9. Respondent began treating patient AJ in March 2001. The patient's diagnoses included Schizoaffective Disorder, Major Depressive Disorder, Dysthymia, Post Traumatic Stress Disorder, and a diagnosis of "chronic pain." The peer review committee found that Respondent practiced outside the usual scope of practice for a psychiatrist by prescribing ongoing/daily opioids to this patient for chronic pain. The peer review committee further found that Respondent prescribed excessive dosages of pain medications, including combinations of Oxycontin and Methadone and extremely high doses of Oxycontin (320 mg/day documented in the chart and a prescription actually filled for 560 mg/day). For example, in July 2004, the patient was prescribed a combination of Oxycontin 80 mg bid and Methadone 20 mg 3-4 times/day. At the same time, the patient was on codeine 30 mg, 2 qhs or 1 bid. Yet in the same time frame, Respondent documented in the patient's chart that "Patient continues to want off pain meds." Dr. Took had never seen doses this high for chronic pain and had never seen Oxycontin used in combination with Methadone, even for cancer patients. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D. State Exhibits 10, 37-42; Respondent Exhibit A)



*Patient BS*

10. Respondent treated patient BS starting in November 2002 and diagnosed her with Major Depressive Disorder-recurrent and Panic Disorder with Agoraphobia. The peer review committee found that Respondent's intake evaluation was inadequate and was little more than a mental status exam. Dr. Whitters cites to a typed form of Respondent's intake, which he found to contain all the required elements of a comprehensive examination. However, the typed note was not part of the patient's file when the peer review committee reviewed it. Dr. Took subsequently reviewed the typed note and found it to be grossly inadequate to support the diagnosis. The Board agrees. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D. State Exhibits 10, 58-59; Respondent Exhibit A)

*Patient WW*

11. Respondent began treating patient WW in January 1996 and diagnosed him with Panic Disorder with Agoraphobia. Respondent prescribed Zoloft, 100 mg qday and Xanax, 1 mg qid. In August 2002, the Xanax was increased to 2 mg qid. In September 2002, the Xanax was increased to 2 mg/8 times a day. The patient later increased the Xanax dose on his own to 2 mg 4 tabs qid. On June 6, 2003, Respondent told the patient that the Xanax dose was unacceptable and had to be lowered. However, at the same visit, Respondent gave the patient a prescription for Xanax 2 mg 4 tabs qid #480, with one refill. In July 2003, Respondent noted that the patient had been told to taper his Xanax slowly and return in three weeks. The next note in the file is a phone contact from February 2004. Although noting that the patient had not followed up as directed, Respondent told the patient to set up an appointment and gave him a prescription for Xanax 4 mg 4 tabs qid #480 with three refills. There is no further documentation of a contact from the patient after this telephone contact. However, pharmacy records reveal that the patient filled Xanax prescriptions from Respondent on June 10, 2004 (#100); June 17, 2004 (#100); and two prescriptions on June 30, 2004 (#100 each).

The peer review committee found that Respondent excessively prescribed Xanax for this patient, noting that the usual maximum dose is 10 mg/day. Respondent's decision to prescribe huge doses of Xanax, with refills, immediately after he told the patient he needed to taper off the medication, made no sense and put the patient in grave danger. Respondent should have given the patient only enough Xanax to last one week and then required him to come in for a follow-up visit. Dr. Whitters did not



disagree with this and merely noted that Respondent recognized that the patient was on too much Xanax and needed to be tapered off of it. Dr. Whitters also commented that abrupt discontinuation of the Xanax would put the patient at high risk for seizures. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D. State Exhibits 10, 60-61; Respondent Exhibit A)

*Patient JF*

12. JF was an elderly patient with a diagnosis of Delusional Disorder who Respondent began treating in April 2001 on an outpatient mental health commitment. The patient's medications included Haldol Decanoate 25 mg IM qmonth and Depakote 500mg bid. In July 2001, the patient told Respondent that he discontinued the Depakote on his own because he was always feeling tired. The patient continued to get the Haldol injection. In August 2001, Respondent decreased the Haldol injection to 12.5 mg IM qmonth because he had observed the patient was "always moving and pacing," and he thought that it might be a side effect of the medication. In September 2001, Respondent discontinued the Haldol injections after the patient refused to take any more. Respondent told the patient that he needed to continue to follow-up because he was still under outpatient commitment. In December 2001, Respondent noted that the patient was doing well, with the exception of some decreased personal hygiene. Respondent told the patient to follow-up with him on an "as-needed" basis and noted in the patient record that he was going to contact the district court to have the patient's involuntary commitment discontinued. Shortly after that, the patient's condition began to deteriorate. Respondent failed to return concerned phone calls from the patient's niece. The patient was eventually admitted to the University of Iowa hospital for an extensive hospitalization in February and March, 2002.

The peer review committee did not criticize Respondent's decision to discontinue the patient's Haldol, but concluded that the patient should have been followed closely after the medication was discontinued and that it was inappropriate for Respondent not to return any of the numerous telephone calls that were made to him from a family member and others when the patient's condition was deteriorating. Respondent testified that JF was technically no longer his patient after he was released from the commitment, that he did not know who the niece was, and that he did not have a signed release from the patient allowing him to share information about the patient's condition.

There is no evidence in this record that JF was ever actually released from his outpatient commitment. Even if Respondent did not have a signed patient release allowing him to share medical information with the patient's family or others, he should have returned their telephone calls, taken their information concerning the patient's deteriorating condition, and then contacted the patient himself. (Testimony of Kevin Took, M.D.; Respondent; Alan C. Whitters, M.D.; State Exhibits 10, 14-28; Respondent Exhibit A)

13. Board staff wrote to Respondent on multiple occasions during its multiple investigations, asking him for his written response to the allegations regarding his treatment of these patients. Respondent never responded to the Board's inquiries. Respondent's only explanation for his failure to respond is that the Board has always intimidated him and rather than reply to the Board's inquiries he chose to put his head in the sand. (State Exhibits 17-18, 29, 37, 40; 46; Testimony of Respondent)

## **CONCLUSIONS OF LAW**

### **COUNT I**

Iowa Code section 147.55(2) provides that a license to practice a profession shall be revoked or suspended when the licensee is guilty of professional incompetency.

Iowa Code section 272C.10(2) provides that a licensing board shall by rule include provisions for the revocation or suspension of a license for professional incompetency.

Iowa Code section 148.6(2) (2005) provides in relevant part:

#### **148.6 Revocation.**

...

2. Pursuant to this section, the board of medical examiners may discipline a licensee who is guilty of any of the following acts or offenses:

...

g. Being guilty of a willful or repeated departure from, or the failure to conform to, the minimal standard of acceptable and prevailing practice of medicine and surgery, ... in which proceeding actual injury to a patient need not be established;...

...

i. Willful or repeated violation of lawful rule or regulation adopted by the board...

653 IAC 12.4 provides in relevant part:

**653-12.4(272C) Additional grounds for discipline.**

The board has authority to impose discipline for any violation of Iowa Code chapter 147, 148, or 272C, or the rules promulgated thereunder. The board may impose any of the disciplinary sanctions set forth in rule 12.33(272C), including civil penalties in an amount not to exceed \$10,000, when the board determines that the licensee is guilty of any of the following acts or offenses...

...

**12.4(2)** Professional incompetency. Professional incompetency includes but is not limited to:

- a. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the physician's or surgeon's practice;
- b. A substantial deviation by the physician from the standards of learning or skill ordinarily possessed and applied by other physicians or surgeons in the state of Iowa acting in the same or similar circumstances;
- c. A failure by a physician or surgeon to exercise in a substantial respect that degree of care which is ordinarily exercised by the average physician or surgeon in the state of Iowa acting in the same or similar circumstances.
- d. A willful or repeated departure from or the failure to conform to the minimal standard of acceptable and prevailing practice of medicine and surgery... in the State of Iowa.

The preponderance of the evidence established that Respondent violated Iowa Code sections 147.55(2), 148.6(2)(g) and (i), 272C.10(2) and 653 IAC 12.4(2)(a), (b), (c), and (d) when he:

- Inappropriately prescribed excessive pain medications/opioids to several psychiatric patients for complaints of chronic pain;
- Inappropriately prescribed excessive doses of psychotropic and other medications to several patients;
- Inappropriately prescribed benzodiazepines, opioids, and/or stimulants to patients with a history of substance abuse;

- Inappropriately continued to prescribe large amounts of Demerol to a patient even after a neurologist recommended the patient be weaned off Demerol;
- Inappropriately failed to provide appropriate warning after a patient called his office and threatened serious harm to another person;
- Failed to maintain appropriate medical records, including documentation of assessments and complete documentation of prescriptions and refills in the patient record;
- Inappropriately failed to return repeated telephone calls from a patient's family member who was concerned about the patient's deteriorating mental health after Respondent discontinued the patient's medication.

The patient records and the investigative information amply supported the opinions of the peer review committee. Dr. Whitters agreed that Respondent's practice was deficient with respect to his prescribing of narcotic pain medications and high dose psychotropic medications, and with respect to inadequate documentation. Dr. Whitters' testimony revealed that his opinions concerning Respondent's treatment of these patients were generally consistent with the opinions of the peer review committee. However, Dr. Whitters believed that these deficiencies were more the product of Respondent's empathy and caring for patients and did not reflect general incompetency. Dr. Whitters also mentioned the "demographics of rural practice" and opined that Respondent did his best to treat these patients, including addressing some medical concerns that would be treated by specialty physicians in other metropolitan or urban settings.

The standard of care is the same regardless of the location of a particular practice, and the gross deficiencies in Respondent's treatment of these patients cannot be justified because he has a "rural" practice. A rural practice is no excuse for a physician to practice outside of his training and expertise or to embark on overly aggressive and dangerous courses of treatment. Moreover, Muscatine is not far from Iowa City, where Respondent's patients could have readily found appropriate care for their medical conditions. It must also be noted that Respondent's testimony, including his descriptions of Bipolar Types I and II, revealed a significant lack of knowledge about the appropriate standards pertaining to assessment of psychiatric patients, diagnosis, and record keeping.

## **COUNT II**

Iowa Code section 147.55(3)(2005) provides, in relevant part:

**147.55 Grounds.**

A license to practice a profession shall be revoked or suspended when the licensee is guilty of any of the following acts or offenses:

...

3. ...[E]ngaging in ...practice harmful or detrimental to the public. Proof of actual injury need not be established.

653 IAC 12.4(3) provides, in relevant part:

**12.4(3)** ...practice harmful or detrimental to the public. Proof of actual injury need not be established.

...

c. Practice harmful or detrimental to the public includes, but is not limited to the failure of a physician to possess and exercise that degree of skill, learning and care expected of a reasonable prudent physician acting in the same or similar circumstances in this state...

The preponderance of the evidence established that Respondent violated Iowa Code section 147.55(3)(2005) and 653 IAC 12.4(3) by engaging in practices harmful or detrimental to the public when he practiced outside the usual scope of psychiatry by treating patients for chronic pain with narcotic drugs on an ongoing basis; when he inappropriately prescribed medications with a high abuse potential to patients without adequate justification for the prescriptions and without adequate safeguards for the patients; and when he inappropriately prescribed excessively high doses of psychotropic and pain medications; and when he failed to maintain adequate patient records of his prescriptions for controlled substances.

**Sanction**

In determining the nature and severity of a disciplinary sanction, the Board is authorized to consider the following factors:

- The relative seriousness of the violation as it relates to assuring citizens of this state a high standard of professional care
- The facts of the particular violation

- Any extenuating circumstances or other countervailing considerations
- Number of prior violations or complaints
- Seriousness of prior violations or complaints
- Whether remedial action has been taken
- Such other factors as may reflect upon the competency, ethical standards and professional competency of the licensee

653 IAC 12.33(2). The current violations are extremely serious as they relate to assuring citizens of Iowa a high standard of professional care. These violations relate directly to public health and safety. Moreover, this is the third Statement of Charges filed against Respondent. The previous charges against Respondent involved all aspects of ethical and competent medical practice, including allegations of improper physical contact and remarks to psychiatric patients, unlawful possession of drugs, filing false applications with the Board, practice outside the scope of psychiatry, improper use of controlled/prescription drugs, and failure to comply with a Board order. The Board has previously disciplined Respondent by imposing an indefinite suspension lasting nearly three years, a citation and warning, and a substantial civil penalty. Respondent has previously been required to submit to psychiatric evaluation and treatment and to restrict his practice.

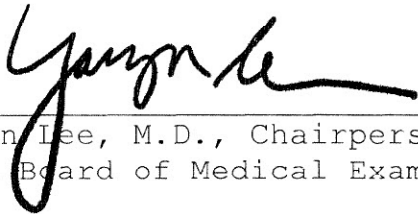
Despite this extensive disciplinary history, Respondent explained his decision to treat psychiatric patients for chronic pain conditions as a result of his own arrogance and belief that he could help the patients when other physicians had been unable to help them. Respondent demonstrated no insight into his own personal limitations or struggles with appropriate patient boundaries. Rather, Respondent simply claims to have found a new spirituality that will enable him to abide by whatever practice guidelines are established by the Board and to be more responsive to Board inquiries. Based on this entire record, the Board was unconvinced that Respondent is currently capable of practicing psychiatry in a competent and responsible manner and is at a loss to recommend any additional training or treatment that could effectively correct the gross deficiencies in his medical practice, ethics, and decision making.

**DECISION AND ORDER**

**IT IS THEREFORE ORDERED** that the license to practice medicine and surgery issued to James A. Yeltatzie, M.D., license number 26710, is hereby **REVOKED**.

**IT IS FURTHER ORDERED**, in accordance with 653 IAC 12.43, that Respondent shall pay a disciplinary hearing fee of \$75.00. In addition, the Respondent shall pay any costs certified by the executive director and reimbursable pursuant to subrule 12.43(3). All fees and costs shall be paid in the form of a check or money order payable to the state of Iowa and delivered to the department of public health, within thirty days of the issuance of a final decision.

Dated this 14<sup>th</sup> day of September, 2006.



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Yasyn Lee, M.D., Chairperson  
Iowa Board of Medical Examiners

cc: Theresa O'Connell Weeg  
Office of the Attorney General  
Hoover Building  
Des Moines, Iowa 50319

John Wunder  
Attorney at Law  
610 Cedar Street  
Muscatine, IA 52761 (CERTIFIED)

Judicial review of the board's action may be sought in accordance with the terms of the Iowa administrative procedures Act, from and after the date of this order. 653 IAC 12.38.



**BEFORE THE BOARD OF MEDICAL EXAMINERS  
STATE OF IOWA**

\*\*\*\*\*  
**IN THE MATTER OF THE COMPLAINT AND STATEMENT OF CHARGES  
AGAINST**

**JAMES A. YELTATZIE, M.D., RESPONDENT**

**PO-90-202**


\*\*\*\*\*  
**AMENDED ORDER**

\*\*\*\*\*  
NOW ON 13 August, 19 96 BE IT REMEMBERED:

I. That on June 25, 1996 an application was filed with the Iowa State Board of Medical Examiners (hereafter the Board), seeking certain amendments to a medical board disciplinary Order issued to James A. Yeltatzie, M.D. (hereafter the Respondent) on January 19, 1994.

II. That on August 8, 1996, the Board considered the Respondent's application and voted to authorize amendments to the above referenced medical board Order.

THEREFORE IT IS ORDERED that paragraph A(a) and A(b) of the above referenced medical board disciplinary Order, attached Exhibit A, be deleted.

  
\_\_\_\_\_  
James D. Collins, Jr., M.D., Chairperson  
IOWA STATE BOARD OF MEDICAL EXAMINERS  
1209 East Court Avenue  
Des Moines, Iowa 50319-0180

**BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA**

\*\*\*\*\*  
**IN THE MATTER OF THE COMPLAINT** \*  
\*  
**AND STATEMENT OF CHARGES AGAINST** \* **ORDER**  
\*  
**JAMES A. YELTATZIE, M.D.,** \* **02-90-202**  
\*  
**RESPONDENT** \*  
\*\*\*\*\*

NOW ON 19 January 1994, BE IT REMEMBERED:

1. That James A. Yeltatzie, M.D. (hereafter the Respondent), was issued a license to practice medicine and surgery in the state of Iowa, on July 28, 1988, as evidenced by certificate number 26710 which is recorded in the permanent records in the office of the Iowa State Board of Medical Examiners (hereafter the Board).
2. That a Complaint and Statement of Charges was filed against the Respondent, on June 27, 1991.
3. That the Respondent and the Board entered into an Informal Settlement as a settlement to the said Complaint and Statement of Charges. On September 30, 1991 an Order was issued pursuant to the Informal Settlement indefinitely suspending the Respondent's Iowa medical license.
4. That on January 30, 1992, the Respondent filed an Application for Reinstatement and Request for Hearing. On October 8, 1992, following a hearing, the Board issued its Findings of Fact, Conclusions of Law, Decision and Order. The Board's decision denied the Respondent's Application for Reinstatement.

5. That on June 23, 1993, the Respondent filed a Second Application for Reinstatement and Request for Hearing. On November 17, 1993 a hearing was held on the said Second Application before a three (3) member panel of the Board. On December 14, 1993 the Panel issued its Proposed Decision.

6. That on December 16 and December 17, 1993 service of the said Proposed Decision of the Panel was made on the Respondent through his counsel of record via U.S. First Class Certified Mail.

7. That on or about December 16, 1993 a copy of the Proposed Decision of the Panel was delivered to the office of the Iowa Attorney General via LOCAL mail.

8. That on December 20, 1993 the Proposed Decision of the Panel was accepted by the Board without appeal.

9. That pursuant to 653 I.A.C. 12.50(29), thirty (30) days having passed and no appeal of the said Proposed Decision of the Panel, having been filed by the Respondent or any other party to the proceeding the said Proposed Decision of the Panel became a final order of the Board.

10. That pursuant to 653 I.A.C. 12.50(36)(d) the undersigned is authorized to enter an Order herein.

**THEREFORE IT IS ORDERED** that Iowa medical license number 26710 issued to the Respondent is REINSTATED. The said license is placed on probation for a period of five (5) years subject to the following terms and conditions:

A) That the Respondent shall restrict his practice to psychiatric evaluation and treatment, with the following conditions:

- a) The Respondent's practice shall be supervised by J.C.N. Brown, M.D. The Respondent shall cooperate fully with Dr. Brown in the supervisory program which he establishes.
  - b) J.C.N. Brown, M.D., shall submit quarterly written reports to the Board concerning the Respondent's practice.
  - c) The Respondent shall maintain a one-way viewing window in his examining room.
- B) The Respondent shall abstain from the use of alcohol and illicit drugs.
- C) The Respondent shall not use any controlled or prescription drug in any form unless prescribed for him by another duly licensed, treating health care professional. The Respondent shall inform any treating physician of the terms of this Order prior to accepting any medication.
- D) The Respondent shall submit witnessed blood or urine samples on demand by a designee of the Board. The blood or urine samples shall be used for drug and alcohol screening, all costs of which shall be paid by the Respondent.
- E) The Respondent shall attend and participate in at least one meeting of Sexual Addicts Anonymous (SAA) a week. The Respondent shall include in monthly reports submitted to the Board a statement that he has attended such meetings. The Respondent shall append to each report a signed or initialed statement by another member which attests to the Respondent's attendance and which includes the date and place of each meeting attended.
- F) The Respondent shall submit monthly reports under penalty of perjury stating that there has been compliance with all the conditions of this Order.
- G) The Respondent shall immediately notify the Board if he has a change of employment or change of address.

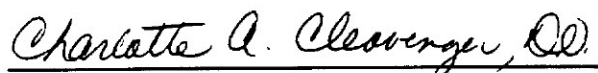
H) The Respondent shall make appearances annually and upon request before the Board or a committee. The Respondent shall be given reasonable notice of the date, time and place for the appearances.

I) The Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Iowa.

11. In the event the Respondent leaves Iowa to reside or to practice outside the state, the Respondent shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside Iowa will not apply to the duration of this Order. However evidence that the Respondent has consumed alcohol or drugs in violation with the terms of this Order while outside the state shall constitute a violation of Respondent's terms of probation.

12. In the event the Respondent violates or fails to comply with any of the terms or provisions of this Order, the Board may initiate appropriate action to revoke or suspend the Respondent's license or to impose other licensee discipline as authorized in Iowa Code sections 272C.3(2) and 148.6(1) and 653 I.A.C. 12.2.

13. Upon full compliance with the terms and conditions set forth in this Order and upon expiration of the period of probation, Respondent's license shall be restored to its full privileges free and clear of the terms of probation.



Charlotte A. Cleavenger, D.O., Chair  
IOWA STATE BOARD OF MEDICAL EXAMINERS  
1209 East Court Avenue  
Des Moines, IA 50319-0180

BEFORE THE IOWA BOARD OF MEDICAL EXAMINERS

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IN THE MATTER OF THE	)	DIA NO. 93DPHMB-30
COMPLAINT AND STATEMENT	)	CASE NO. 02-90-202
OF CHARGES AGAINST	)	
	)	PROPOSED DECISION
JAMES A. YELTATZIE, M.D.	)	OF THE PANEL

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TO: JAMES A. YELTATZIE, M.D.

On June 23, 1993, James A. Yeltatzie, M.D. (hereinafter, the Respondent), filed a Second Application For Reinstatement and Request For Hearing. An Order For Hearing was issued on July 2, 1993, setting the hearing for August 4, 1993. The hearing was later continued until further order of the Board.

The hearing was held on November 17, 1993, at 1:30 p.m., in the second floor conference room, 1223 East Court Avenue, Des Moines, Iowa. The hearing was closed to the public at the written request of the Respondent, pursuant to Iowa Code section 272C.6(1) (1993). The members of the Board panel were Edra Broich, James Collins, M.D., and George Spellman, M.D. Joe Condo, Assistant Attorney General, appeared for the State. The Respondent appeared and was represented by his counsel, Martin Diaz and John Wunder. Present also were the witnesses, Theresa Spangler, and a court reporter. Margaret LaMarche, Administrative Law Judge from the Iowa Department of Inspections and Appeals, presided and was instructed to prepare this proposed decision.

THE RECORD

The record includes the Second Application for Reinstatement, Orders for Hearing, Appearance, the testimony of the witnesses, and the following exhibits:

Respondent's Exhibit A: Clinical Notes of Remi Cadoret, M.D., from May 1992 to present and letter to Board (May 10, 1993)

Respondent's Exhibit B: Clinical notes of Paul H. Frahm, Ph.D from October 17, 1991 to present; letters to Board dated January 27, 1992 and March 3, 1992; August 27, 1992 letter to Cadoret, M.D., and Therapy Summary dated April 12, 1993; Psychological Evaluation

Respondent's Exhibit C: Urinalysis results for samples taken May 1, 1992 to November 3, 1993 and Affidavit of Diana Tank dated July 2, 1993.

- Respondent's Exhibit D: Record of attendance at AA, NA, SSA from August 1992 through November 10, 1993
- Respondent's Exhibit E: Certificate of Completion of Psychiatry Residency at University of Iowa Hospitals and Clinics, dated July 1, 1991
- Respondent's Exhibit F: Curriculum Vitae of Remi J. Cadoret, M.D.
- Respondent's Exhibit G: Curriculum Vitae of Paul Hans Frahm, Ph.D
- Respondent's Exhibit H: Ruling on Motions to Suppress, Johnson County District Court
- Respondent's Exhibit I: Letter dated November 15, 1993 (Brown, M.D., to Respondent) and Curriculum Vitae of James C. N. Brown, M.D.
- State's Exhibit 1: Complaint and Statement of Charges (June 27, 1991)
- State's Exhibit 2: Order of the Director of the Department of Public Health (September 30, 1991) and Informal Settlement
- State's Exhibit 3: Findings of Fact, Conclusions of Law, Decision and Order of the Board issued October 8, 1992
- State's Exhibit 4: Report of Golden Valley Health Center (June 3, 1991)
- State's Exhibit 5: Report of Milwaukee Psychiatric Hospital (May 13, 1991)
- State's Exhibit 6: Milwaukee Psychiatric Hospital Discharge Summary
- State's Exhibit 7: Letter dated March 9, 1992 (Wieland, R.N., to Board) and attachments



FINDINGS OF FACT

1. The Respondent is a resident of Johnson County, Iowa, and was issued license number 26710 to practice medicine and surgery in the state of Iowa on July 28, 1988. (State's Exhibit 1)
2. On June 27, 1991, the Iowa Board of Medical Examiners (hereinafter Board) filed a Complaint and Statement of Charges against the Respondent alleging various violations of statutes and regulations relating to the practice of medicine. The complaint included allegations that the Respondent had made improper physical contact and improper remarks to three patients and had illegally possessed marijuana. (State's Exhibit 1)
3. On September 19, 1991, the Respondent and the Board entered into an informal settlement. On September 30, 1991, an Order was issued indefinitely suspending Respondent's license, pursuant to the terms of the informal settlement. The Respondent was prohibited from applying for reinstatement for a period of 120 days. (State's Exhibit 2)
4. On January 30, 1992, the Respondent filed an Application for Reinstatement and Request for Hearing. Following a hearing, the Board issued its Findings of Fact, Conclusions of Law, Decision and Order on October 8, 1992, which denied the Respondent's Application for Reinstatement. (State's Exhibit 3)
5. In its Decision and Order, the Board prohibited the Respondent from making a second Application for Reinstatement for a period of 120 days. It further ordered that the Respondent must demonstrate the following before reinstatement would occur:
  - a) that he has found and utilized a psychiatrist at the University of Iowa hospitals and Clinics;
  - b) that he is undergoing drug screening as recommended by the Golden Valley Health Center, not less than three times per month;
  - c) that he is making maximum use of support groups to include AA and SSA, as well as NA;
  - d) that he recognizes his need for supervision and his need to complete a supervised residency program;
  - e) that he practice in a physician supervised clinical program in an institutional setting for a period of not less than five years before applying for an unrestricted license.(State's Exhibit 3)

6. The Respondent has been a continuous patient of Dr Paul Frahm, Ph.D, a clinical psychologist, since October 17, 1991. There have been a total of 53 patient visits. Dr. Frahm's diagnostic impression of Respondent was an Adjustment Disorder with Mixed Emotional Features (anxiety and depression), some sexual problems which did not rise to the level of addiction, and a history of cannabis abuse. The Respondent was not diagnosed as a sexual addict or predator. Individual psychotherapy sessions were conducted as well as counseling for Respondent and his wife. In the opinion of Dr. Frahm, Respondent began doing psychotherapy with his patients, which he was not trained to do. Respondent was oblivious to transference and counter transference issues and committed boundary violations when he tried to be friends with his patients. Dr. Frahm testified that the Respondent was always cooperative and compliant with his recommendations. It is Dr. Frahm's opinion that the Respondent is ready to resume the practice of psychiatry, subject to certain restrictions. Dr. Frahm recommends that the Respondent's practice be limited to medical diagnosis and prescribing medications, which is what the Respondent was trained to do at the University of Iowa. Dr. Frahm also recommends that the Respondent meet with a psychiatrist-supervisor at least one hour each week for a year to review and discuss his cases. In addition, Dr. Frahm recommends random drug screens. Dr. Frahm does not believe that the Respondent requires additional psychotherapy or support groups. (testimony of Dr. Paul Frahm, Ph.D; Exhibits B, G)

7. In conformance with the Board's Order, the Respondent became a regular patient of Dr. Remi Cadoret, M.D., a psychiatrist at the University of Iowa Hospitals and Clinics, on May 7, 1992. Respondent continued to see Dr. Frahm for psychotherapy at the recommendation of Dr. Cadoret. Dr. Cadoret testified that the Respondent was very cooperative and is sincere in his willingness to accept supervision. It is Dr. Cadoret's opinion that the Respondent has adequately worked through his boundary problems with patients. Dr. Cadoret feels that with Respondent's degree of illness, the relapse rate should be quite low. Dr. Cadoret agrees that the Respondent is not a sexual predator and believes he could practice medicine, subject to some restrictions. Dr. Cadoret believes that a weekly meeting with a psychiatrist-supervisor to discuss his cases would be a reasonable safeguard. Dr. Cadoret also believes that attendance at AA or NA and random urine tests are advisable. In addition, Dr. Cadoret believes the Respondent should confine his practice to "medical psychiatry," excluding psychotherapy. In his opinion, the Respondent has good medical training and has a lot to offer his patients as a psychiatrist. (testimony of Remi Cadoret, M.D.; Exhibits A, F)

8. The Respondent has submitted documentation of sixty-five drug screens which were performed on randomly collected urine specimens from May 1, 1992, until November 3, 1993. In addition, the

Respondent submitted documentation of his regular attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Sexual Addicts Anonymous (SAA) support groups. (testimony of Respondent; Exhibits C, D)

9. The Respondent completed his residency in psychiatry at the University of Iowa Hospitals and Clinics. (testimony of Respondent; Exhibit E)

10. J.C.N. Brown, M.D., a practicing psychiatrist in Iowa City, is willing to supervise the Respondent if he is reinstated. The Respondent has provided Dr. Brown with significant background information and has met with him twice. Dr. Cadoret is personally acquainted with Dr. Brown and feels it is significant that Dr. Brown is willing to assume this considerable responsibility. (testimony of Respondent, Dr. Cadoret; Exhibit I)

11. The Respondent is willing to accept supervision and comply with restrictions on his license. He is not interested in doing psychotherapy and plans to return to the evaluative/diagnostic side of psychiatry. The Respondent has maintained an ownership interest in Allied Therapies in Muscatine, Iowa. Allied Therapies employs two licensed social workers, a licensed marriage and family therapist and a rehabilitation counselor. The psychiatric services have been provided by a part-time psychiatrist. Respondent would like to practice at Allied Therapies, and travel to Iowa City at least once a week to discuss his case logs and treatment plans with Dr. Brown. (testimony of Respondent)

#### CONCLUSIONS OF LAW

1. 653 Iowa Administrative Code section 12.50(36) provides:

12.50(36) Reinstatement.

Any person whose license to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy, has been revoked, or suspended by the board, may apply to the board for reinstatement in accordance with the terms and conditions of the order of revocation or suspension.

a. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the director's order or the date of voluntary surrender.

b. All proceedings for reinstatement shall be initiated by the respondent, who shall file with the board an application for the reinstatement of their license. Such application shall be docketed in the original case in which the license was revoked, or suspended, or relinquished. All proceedings upon the petition for rein-

statement, including all matters preliminary and ancillary thereto, shall be subject to the same rules of procedure as other cases before the board.

c. An application for reinstatement shall allege facts which, if established, will be sufficient to enable the Board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish such facts shall be on the respondent.

d. An order of reinstatement shall be based upon a decision which incorporates findings of fact and conclusions of law and must be based upon the affirmative vote of not fewer than five members of the board. This order will be published as provided for in subrule 12.50(35).

2. The Respondent has complied with the stipulations contained in the Board's previous Order issued October 8, 1992. He has had more than 17 months of treatment by a psychiatrist at the University of Iowa Hospital and Clinics, as well as continuing his ongoing individual psychotherapy and marriage counseling with his clinical psychologist. Both doctors strongly support the Respondent in his request for reinstatement.

The Respondent has abstained from all controlled substances and has submitted proof of his regular attendance at support groups, as well as negative laboratory results from his random urinalysis.

The Respondent has established that the basis for his indefinite suspension has been sufficiently addressed through treatment, so that the basis for his indefinite suspension no longer exists, and it is in the public interest for his license to be reinstated, subject to certain restrictions.

#### DECISION AND ORDER

It is hereby ORDERED, that if this proposed decision becomes a final order, the Respondent's license number 26710 shall be reinstated and shall be immediately placed on probation for a period of five (5) years, subject to the following terms and conditions:

1) That the Respondent shall restrict his practice to psychiatric evaluation and treatment, with the following conditions:

a) The Respondent's practice shall be supervised by J.C.N. Brown, M.D. The respondent shall cooperate fully with Dr. Brown in the supervisory program which he establishes.

- b) J.C.N. Brown, M.D., shall submit quarterly written reports to the Board concerning the Respondent's practice.
  - c) The Respondent shall maintain a one-way viewing window in his examining room.
- 2) The Respondent shall abstain from the use of alcohol and illicit drugs.
  - 3) The Respondent shall not use any controlled or prescription drug in any form unless prescribed for him by another duly licensed, treating health care professional. The Respondent shall inform any treating physician of the terms of this Order prior to accepting any medication.
  - 4) The Respondent shall submit witnessed blood or urine samples on demand by a designee of the Board. The blood or urine samples shall be used for drug and alcohol screening, all costs of which shall be paid by the Respondent.
  - 5) The Respondent shall attend and participate in at least one meeting of Sexual Addicts Anonymous (SAA) a week. The Respondent shall include in monthly reports submitted to the Board a statement that he has attended such meetings. The Respondent shall append to each report a signed or initialed statement by another member which attests to the Respondent's attendance and which includes the date and place of each meeting attended.
  - 6) The Respondent shall submit monthly reports under penalty of perjury stating that there has been compliance with all the conditions of this Order.
  - 7) The Respondent shall immediately notify the Board if he has a change of employment or change of address.
  - 8) The Respondent shall make appearances annually and upon request before the Board or a committee. The Respondent shall be given reasonable notice of the date, time and place for the appearances.
  - 9) The Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Iowa.
  - 10) In the event the Respondent leaves Iowa to reside or to practice outside the state, the Respondent shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside Iowa will not apply to the duration of this Order. However evidence that the Respondent has consumed alcohol or drugs in violation with the terms of this Order while outside the state shall constitute a violation of Respondent's terms of probation.

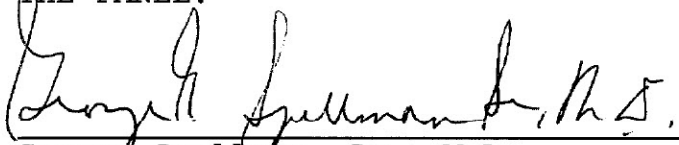
11) In the event the Respondent violates or fails to comply with any of the terms or provisions of this Order, the Board may initiate appropriate action to revoke or suspend the Respondent's license or to impose other licensee discipline as authorized in Iowa Code section 272C.3(2) and 148.6(1) and rule 653-12.2 of the Iowa Administrative Code.

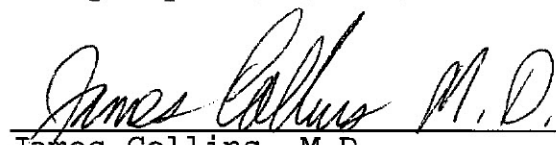
12. Upon full compliance with the terms and conditions set forth in this Order and upon expiration of the period of probation, Respondent's license shall be restored to its full privileges free and clear of the terms of probation.

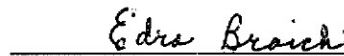
In accordance with 653 Iowa Administrative Code 12.50(29), a proposed decision becomes a final decision unless appealed to the Board by a party adversely affected by serving notice of appeal on the executive director within thirty (30) days after service of the proposed decision. The Board may also review a proposed decision on its own motion. A quorum of the Board must approve an Order granting reinstatement. 653 IAC 12.50(36)(d).

Dated this 14TH day of December, 1993.

THE PANEL:

  
George Spellman, Sr., M.D.

  
James Collins, M.D.

  
Edra Broich

ML/jmm

cc: Joe Condo  
Martin Diaz



BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA

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IN THE MATTER OF THE	)	DIA NO: 91DPHMB-41
COMPLAINT AND STATEMENT	)	
OF CHARGES AGAINST	)	
	)	FINDINGS OF FACT,
JAMES A. YELTATZIE, M.D.,	)	CONCLUSIONS OF LAW,
	)	DECISION AND ORDER
Respondent	)	OF THE BOARD

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TO: James A. Yeltatzie, M.D.

On June 27, 1991, the Executive Director of the Iowa Board of Medical Examiners filed a Complaint and Statement of Charges against James A. Yeltatzie, M.D. (Respondent) alleging that:

1. On several occasions between September 1989 and February 1990 the Respondent made improper physical contact with and improper remarks and advances to patient #1.
2. On several occasions between August 1988 and February 1990 the Respondent made improper physical contact with and improper remarks and advances toward patient #2.
3. On several occasions between February 1989 and February 1990 the Respondent made improper physical contact and improper advances to patient #3.
4. The Respondent suffers from a mental condition which affects his relationship with patients.
5. On or about February 12, 1991, the Respondent was unlawfully found to be in the possession of marijuana, a schedule I controlled substance. The Respondent holds a Drug Enforcement Administration Registration and an Iowa Controlled Substance Registration, however neither authorizes his possession of schedule I controlled substances.
6. On or about June 11, 1986, the Respondent filed a signed application with the Board seeking licensure as a resident physician in the state of Iowa. The Respondent failed to fully complete application section 8, entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.
7. On or about July 12, 1988, the Respondent filed a signed application with the Board seeking licensure to practice medicine and surgery in the state of Iowa. The Respondent failed to fully complete application section 8 entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.



The Complaint further alleged that the Board was authorized to take disciplinary action against the Respondent pursuant to the provisions of Iowa Code section 148.6(1), and 653 Iowa Administrative Code section 12.4.

On September 26, 1991, the Respondent and the Iowa Board of Medical Examiners entered into an informal settlement which provides: The Director of Public Health shall take appropriate action to suspend the Respondent's license indefinitely commencing on October 1, 1991. The Respondent shall not make an application for reinstatement for a period of at least 120 days from the issuance of the Director's Order.

On September 30, 1991, the Director of Public Health issued an Order stating:

NOW on September 30, 1992, the above entitled matter having been filed with the Director of Public Health of the State of Iowa, and the said Director of Public Health having reviewed the file, and being fully advised in the premises FINDS:

1. That James A. Yeltatzie, M.D. (hereafter the Respondent), was issued an Iowa license to practice medicine and surgery on July 28, 1988, as evidenced by certificate number 26710, which is recorded in the permanent records in the office of the Iowa State Board of Medical Examiners (hereafter the Board).

2. That a Complaint and Statement of Charges was filed against the Respondent on June 27, 1991, and was scheduled to be heard before the Board.

3. That the Board has jurisdiction of the parties and the subject matter herein.

4. That the Director of Public Health is authorized to enter an Order herein under the provisions of sections 148.6(1) and 148.7(7) of the 1991 Code of Iowa and 653 IAC 12.50.

5. That pursuant to the provisions of sections 17A.10 and 258A.3(4) of the 1991 Code of Iowa, the Respondent and the Board have entered into an Informal Settlement providing that the undersigned should enter an Order imposing license discipline against the Respondent.

THEREFORE IT IS HEREBY ORDERED:

A. That license number 26710 issued to the Respondent on July 28, 1988, to practice medicine and

surgery in the State of Iowa be indefinitely suspended effective October 1, 1991.

B. That the Respondent shall not make application for reinstatement for a period of one hundred twenty (120) days from the effective date of the suspension. Any application for reinstatement shall be subject to 653 IAC sections 12.50(36)(b)-(d). The Respondent shall allege in any application facts which, if established, will be sufficient to enable the Board to determine that the basis for the suspension no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish such facts shall be on the Respondent.

C. That any application for reinstatement shall be subject to compliance with 653 IAC section 11.32.

[Signed] Christopher G. Atchison, Director, Iowa Department of Public Health.

On January 30, 1992, the Respondent filed an Application for Reinstatement and Request for Hearing. An Order for Hearing on Petition for Reinstatement of Licensure was issued on February 11, 1992 setting the hearing for March 18, 1992. The Respondent filed a written request for the hearing to be closed.

The hearing for the Petition and Application for Reinstatement was held on March 18, 1992 in the second floor conference room, Executive Hills West, Des Moines, Iowa at 1:30 p.m. The Respondent appeared and was represented by his counsel, Martin A. Diaz. The State was represented by Julie Pottorff, Assistant Attorney General. The panel of the Board included Laura Stensrud, James Collins, M.D., George Spellman, M.D., and C. L. Peterson, D.O. The hearing was closed to the public at the request of the licensee pursuant to Iowa Code section 258A.6(1) (1991). Kim A. Fields, Administrative Law Judge from the Iowa Department of Inspections and Appeals presided and was instructed to prepare the Board's Order.

On September 3, 1992, the Respondent's appeal was heard before the full Board, absent Dr. Johanna B. Whalen, M.D. After hearing oral argument and reviewing the record, the Board deliberated in closed executive session and instructed Kim A. Fields, Administrative Law Judge from the Department of Inspections and Appeals, to prepare the Board's Order.

#### THE RECORD

State's Exhibit 1: Complaint and Statement of Charges, June 27, 1991.

State's Exhibit 2: Informal Settlement, September 26, 1991.

State's Exhibit 3: Director's Order, September 30, 1991.

State's Exhibit 4: Milwaukee Psychiatric Hospital Discharge Summary, May 3, 1991.

State's Exhibit 5: Milwaukee Psychiatric Hospital Diagnosis Formulation, May 13, 1991.

State's Exhibit 6: Golden Valley Health Center Discharge Summary, May 31, 1991.

State's Exhibit 7: Golden Valley Health Center Diagnosis and Recommendation, June 3, 1991.

State's Exhibit 8: Paul Frahm, Psychologist, Treatment Report, January 27, 1992.

State's Exhibit 9: Paul Frahm, Psychologist, Treatment Report, March 3, 1992.

State's Exhibit 10: Paul Frahm, Psychologist, Patient Notes, October 17, 1991 to February 27, 1992.

State's Exhibit 11: Letter and materials from psychiatric nurse Ronnye Weland dated March 9, 1992.

State's Exhibit 12: Letter from K. Hartman, Secretary, dated March 10, 1992.

Respondent's Exhibit A: Urinalysis Exam reported January 2, 1992.

Respondent's Exhibit B: Urinalysis Exam reported January 20, 1992.

Respondent's Exhibit C: Drug Screen supervised by Dr. Forrest Dean taken February 26, 1992.

Respondent's Exhibit D: Report of Dr. Paul H. Frahm dated January 27, 1992.

Respondent's Exhibit E: Report of Dr. Paul H. Frahm dated March 3, 1992.

Respondent's Exhibit F: Letters of support numbered 1 through 13 from professionals.

Respondent's Exhibit G: Letters of support numbered 1 through 22 from patients.

Respondent's Exhibit H: Affidavit from Dr. Forrest Dean dated March 13, 1992.

Respondent's Exhibit J: Continuing Medical Education Certificate from American Medical Association for 1991 through 1994.

Respondent's Exhibit K: Map of relevant service areas.

#### FINDINGS OF FACT

1. The Complaint and Statement of Charges was filed against the Respondent, License Number 26710, James A. Yeltatzie, on June 27, 1991.

2. The Complaint and Statement of Charges indicated that:

On several occasions between September 1989 and February 1990, the Respondent made improper physical contact with and improper remarks and advances to patient #1.

On several occasions between August 1988 and February 1990 the Respondent made improper physical contact with and improper remarks and advances to patient #2.

On several occasions between February 1989 and February 1990 the Respondent made improper physical contact with and improper remarks and advances to patient #3.

The Respondent suffers from a mental condition which affects his relationship with his patients.

On or about February 12, 1991, the Respondent was unlawfully found to be in the possession of marijuana, a schedule I controlled substance. The Respondent holds a Drug Enforcement Administration Registration and an Iowa Controlled Substance Registration, however neither authorizes his possession of schedule I controlled substances.

On or about June 11, 1986, the Respondent filed a signed application with the Board seeking licensure as a resident physician in the state of Iowa. The Respondent failed to fully complete application section 8, entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.

On or about July 12, 1988, the Respondent filed a signed application with the Board seeking licensure to practice medicine and surgery in the state of Iowa. The Respondent failed to fully complete application section 8 entitled

Preliminary Education, by failing to document all institutions attended prior to entering medical school.

3. On September 26, 1991, Respondent and the Board of Medical Examiners entered into an Informal Settlement providing that the Director of Public Health enter an Order imposing license discipline.

4. The Director of Public Health, on September 30, 1991, entered an Order stating:

The Director of Public Health shall take appropriate action to suspend the Respondent's license indefinitely commencing on October 1, 1991. The Respondent shall not make an application for reinstatement for a period of at least one hundred and twenty (120) days from the issuance of the Director's Order in this case. Any application for reinstatement shall be subject to 653 Iowa Admin. Code §§ 12.50(36)(b)-(d). The Respondent shall allege in any application facts which, if established, will be sufficient to enable the Board to determine that the basis for the suspension no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish these facts shall be on the Respondent.

5. On January 30, 1992, the Respondent filed an Application for Reinstatement and Request for Hearing.

6. The Respondent's petition alleges the following facts which, if established, will be sufficient to enable the Board to determine that the basis of the suspension no longer exists and that it will be in the public interest for the license to be reinstated:

A. Respondent shall not perform individual psychotherapy and shall solely practice medical psychiatry.

B. Respondent shall practice in a clinical setting with the following five mandatory reporters/professional therapists:

- (1) Fred Franck, ACSW
- (2) Becky Ertle, MS
- (3) Patricio Carrasco, MA
- (4) Janet Brookhart, MA
- (5) Lisa Paterno-Martin, MA

C. Respondent's professional corporation shall be supervised by Fred Franck, ACSW, mandatory reporter/professional therapist and vice president/secretary of the professional corporation.

D. Respondent shall make all treatment rooms observable and staff will be encouraged to randomly observe on-going medication followups.

E. Respondent shall undergo peer review of charts and case handling by other health care professionals who are members of the Psychiatric Committee at Muscatine General Hospital.

G. Respondent shall strictly adhere to all APA and AMA ethical guidelines.

H. Respondent has been, and shall remain, under the care and treatment of Paul Frahm, Ph.D., at Psychology Associates, Ltd., 4645 Brady Street, Davenport, Iowa, for individual psychoanalysis including, but not limited to, issues of transference and counter-transference.

I. Respondent has undergone the following urine drug testing:

- (1) Bernard Jennisch, Board Investigator, March 5, 1991.
- (2) Wauwatosa, Wisconsin, April 29, 1991.
- (3) Golden Valley, Minnesota, May 30, 1991.
- (4) Dr. Forrest Dean, December 30, 1991 (attached as Exhibit "A").
- (5) Dr. Forrest Dan, January 17, 1992 (attached as Exhibit "B").

All urine drug screens have been negative.

J. Respondent shall not use controlled substances of any nature and shall undergo random drug screening, as dictated by the Board, as a condition of reinstatement.

K. Respondent shall not possess either Schedule I controlled substances of any nature, or other controlled substances not lawfully necessary in the practice of medical psychiatry.

L. Respondent hereby submits to the Board his statement that he attended Louisiana State University School of Nursing in New Orleans, Louisiana from August 1981 to June 1982 prior to entering medical school at the University of Washington in Seattle, Washington in September of 1982.

Respondent requests that the Board amend and insert the above information under Section 8, entitled "Preliminary Education," in his June 11, 1986 signed application with the Board seeking licensure as a resident physician in the State of Iowa.

Also, Respondent requests the Board amend and insert the above information under Section 8, entitled "Preliminary Education," in his July 12, 1988, signed application with the Board seeking licensure to practice medicine and surgery in the State of Iowa.

7. The Milwaukee Psychiatric Hospital, McBride Unit, in the discharge summary dated May 3, 1991, recommended:

1. Patient should engage in twelve-step programs addressing both his cannabis use and sexual issues. He was advised to complete an alcohol and drug addiction outpatient program followed by a minimum of two years of monitoring.

2. Patient was advised to undergo weekly random urine drug screening for a minimum of two years.

3. Patient was advised to continue in individual supportive psychotherapy with a psychiatrist or psychotherapist who is familiar with the treatment of physicians.

4. Patient was advised to have an evaluation for his sexual compulsivity and paraphilia at Golden Valley Center in Minnesota. He was given the name of Dr. Richard Irons, who is the co-director of that program.

5. Patient was advised to remain free of all mood-altering chemicals.

6. The patient was advised to discontinue all self-prescribing and prescribing for his wife.

8. Pursuant to the referral from Milwaukee Psychiatric Hospital, McBride Unit for professionals, Respondent became a patient at Golden Valley Health Center Professional Assessment Program.

9. Golden Valley Health Center, in a letter dated June 3, 1991 to the University of Iowa Hospitals and Clinics, made the following recommendations:

1. We believe that Dr. Yeltatzie does have rehabilitation potential and should be permitted to continue training to become a psychiatrist. We recognize that the criteria to sit for psychiatric boards is already established and that your program will need to determine when and if Dr. Yeltatzie can successfully sit for part II of his examination.

2. We believe that Dr. Yeltatzie should only practice in a supervised setting. Despite being in a psychiatric program his level of supervision appears to be less than sufficient for his particular needs. We would recommend continuation in



a residency program for a minimum of one year with careful review of his work with an experienced psychiatrist on a continuing basis.

3. We believe that Dr. Yeltatzie would benefit from particular work improving his psychotherapeutic techniques. He also needs training in proper and therapeutic boundaries. We do not believe that Dr. Yeltatzie is a sexual predator or offender. We believe he was meeting his social needs in a professional context which is inappropriate and unethical.

4. We believe that he would benefit from individual therapy with particular attention to family issues, transference and countertransference. We believe that he should continue this intense therapy during this year of supervised practice.

5. We believe that he and his wife would benefit from marriage counseling and therapy.

6. We believe that as a condition of re-entry he should be subject to random urine testing for mood altering substances at a rate of at least three times per month.

9. Golden Valley Health Center, in its discharge plan, made the following recommendations to the Board of Medical Examiners:

(A) He needs supervision and psychotherapy. He needs to practice at a minimum in a supervised residency program.

(B) He cannot practice in an unrestricted private setting. He should not practice psychiatry without supervision.

(C) Because of the chronicity and recurrent nature of the problem, he should be reviewing his cases with a psychiatrist experienced at looking at countertransference.

(D) Need for therapy for wife regarding her dysfunctional relationship.

(E) Of note, Dr. Yeltatzie had no training in psychotherapy as part of his education. This, again, is where he would have learned about boundaries. Also, there was no psychotherapy supervision which he needs.

10. The discharge plan further indicated that the patient would see therapist Susan Engle in Cedar Rapids, Iowa and reported he will set up his own appointment, that the patient utilize support groups such as AA and possibly NA and SAA. The patient further indicated that he would find a psychiatrist at the University of Iowa.

11. The Respondent had undergone urine testing with Bernard Jennisch, Board Investigator on March 5, 1991 at Wauwatosa, Wisconsin on April 29, 1991, Golden Valley, Minnesota on April 30, 1991, Dr. Forrest Dean on December 30, 1991, and Dr. Forrest Dean on January 17, 1992.

12. The Respondent has not sought the psychiatrist as recommended as he indicated to the staff at Golden Valley Health Center.

13. The Respondent has not undergone the drug screening as recommended by both the McBride Center, Milwaukee Psychiatric Hospital, and Golden Valley Health Center.

14. The Respondent did find a therapist, however did not use the therapist referred to him by Golden Valley Health Center.

15. The Respondent has not attended SAA or AA functions.

16. The Respondent has attended NA activities.

17. The Respondent has been performing self-diagnosis and treatment.

#### CONCLUSIONS OF LAW

1. 653 Iowa Administrative Code section 12.50(36) provides:

**12.50(36) Reinstatement.** Any person whose license to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy, has been revoked, or suspended by the board, may apply to the board for reinstatement in accordance with the terms and conditions of the order or revocation or suspension.

a. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has lapsed from the date of the director's order or the date of voluntary surrender.

b. All proceedings for the reinstatement shall be initiated by the respondent, who shall file with the board an application for the reinstatement of their license. Such application shall be docketed in the original case in which the license was revoked, suspended, or relinquished. All proceedings upon the petition for reinstatement, including all matters preliminary and ancillary thereto, shall be subject to the same rules of procedure as other cases before the board.

c. An application for reinstatement shall allege facts which if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it would be in the public interest for the license to be reinstated. The burden of proof to establish such fact shall be on the respondent.

d. An order of reinstatement shall be based upon a decision which incorporates findings of fact and conclusions of law and must be based upon the affirmative vote of not fewer than five members of the board. This order will be published as provided in subrule 12.50(35).

2. The evidence presented by the Respondent at the hearing was insufficient to establish that the basis for the indefinite suspension of his license no longer existed. The Respondent's amendment to his applications of 1986 and 1988 did show that the Respondent had corrected the charges under section 8 of his preliminary education for those years.

3. The Respondent's drug screening, though showing negative results, was not in the number recommended by both Golden Valley Health Center and the McBride Center. It is the opinion of the Board that at this point the Respondent determined for himself what was sufficient in order to meet the drug screening requirements. The Respondent did not seek psychiatric assistance at the University of Iowa Hospitals and Clinics as indicated to the staff at Golden Valley Health Center. Again, it is the opinion of the Board that the Respondent determined for himself that psychiatric assistance was not required and that a psychologist would suffice. Golden Valley referred the Respondent to a psychotherapist which the Respondent again decided to look for another therapist. It is the opinion of the Board that the recommendations of Golden Valley Health Center specifically indicated to the Respondent that he needs supervision and psychotherapy and that he needs to practice at a minimum in a supervised residency program. The activity of the Respondent in this matter not only indicates that he does not intend to practice in a supervised program, but that he does intend to set up a private practice which was also not recommended by Golden Valley Health Center. The Respondent has not demonstrated that he has had training in psychotherapy which was also recommended by Golden Valley Health Center.

#### DECISION AND ORDER

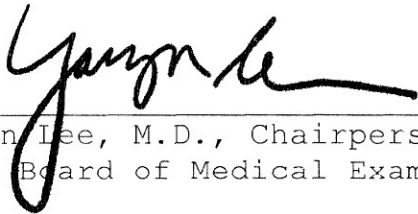
It is hereby ORDERED that the Respondent's suspension remain indefinite and the Respondent only make application for reinstatement for a restricted license after a period of one hundred twenty (120) days from the effective date of this decision.

**DECISION AND ORDER**

**IT IS THEREFORE ORDERED** that the license to practice medicine and surgery issued to James A. Yeltatzie, M.D., license number 26710, is hereby **REVOKED**.

**IT IS FURTHER ORDERED**, in accordance with 653 IAC 12.43, that Respondent shall pay a disciplinary hearing fee of \$75.00. In addition, the Respondent shall pay any costs certified by the executive director and reimbursable pursuant to subrule 12.43(3). All fees and costs shall be paid in the form of a check or money order payable to the state of Iowa and delivered to the department of public health, within thirty days of the issuance of a final decision.

Dated this 14<sup>th</sup> day of September, 2006.



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Yasyn Lee, M.D., Chairperson  
Iowa Board of Medical Examiners

cc: Theresa O'Connell Weeg  
Office of the Attorney General  
Hoover Building  
Des Moines, Iowa 50319

John Wunder  
Attorney at Law  
610 Cedar Street  
Muscatine, IA 52761 (CERTIFIED)

Judicial review of the board's action may be sought in accordance with the terms of the Iowa administrative procedures Act, from and after the date of this order. 653 IAC 12.38.

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA

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IN THE MATTER OF THE	)	DIA NO: 91DPHMB-41
COMPLAINT AND STATEMENT	)	
OF CHARGES AGAINST	)	
	)	FINDINGS OF FACT,
JAMES A. YELTATZIE, M.D.,	)	CONCLUSIONS OF LAW,
	)	DECISION AND ORDER
Respondent	)	OF THE PANEL

---

TO: James A. Yeltatzie, M.D.

On June 27, 1991, the Executive Director of the Iowa Board of Medical Examiners filed a Complaint and Statement of Charges against James A. Yeltatzie, M.D. (Respondent) alleging that:

1. On several occasions between September 1989 and February 1990 the Respondent made improper physical contact with and improper remarks and advances to patient #1.
2. On several occasions between August 1988 and February 1990 the Respondent made improper physical contact with and improper remarks and advances toward patient #2.
3. On several occasions between February 1989 and February 1990 the Respondent made improper physical contact and improper advances to patient #3.
4. The Respondent suffers from a mental condition which affects his relationship with patients.
5. On or about February 12, 1991, the Respondent was unlawfully found to be in the possession of marijuana, a schedule I controlled substance. The Respondent holds a Drug Enforcement Administration Registration and an Iowa Controlled Substance Registration, however neither authorizes his possession of schedule I controlled substances.
6. On or about June 11, 1986, the Respondent filed a signed application with the Board seeking licensure as a resident physician in the state of Iowa. The Respondent failed to fully complete application section 8, entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.
7. On or about July 12, 1988, the Respondent filed a signed application with the Board seeking licensure to practice medicine and surgery in the state of Iowa. The Respondent failed to fully complete application section 8 entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.

The Complaint further alleged that the Board was authorized to take disciplinary action against the Respondent pursuant to the provisions of Iowa Code section 148.6(1), and 653 Iowa Administrative Code section 12.4.

On September 26, 1991, the Respondent and the Iowa Board of Medical Examiners entered into an informal settlement which provides: The Director of Public Health shall take appropriate action to suspend the Respondent's license indefinitely commencing on October 1, 1991. The Respondent shall not make an application for reinstatement for a period of at least 120 days from the issuance of the Director's Order.

On September 30, 1991, the Director of Public Health issued an Order stating:

NOW on September 30, 1992, the above entitled matter having been filed with the Director of Public Health of the State of Iowa, and the said Director of Public Health having reviewed the file, and being fully advised in the premises FINDS:

1. That James A. Yeltatzie, M.D. (hereafter the Respondent), was issued an Iowa license to practice medicine and surgery on July 28, 1988, as evidenced by certificate number 26710, which is recorded in the permanent records in the office of the Iowa State Board of Medical Examiners (hereafter the Board).

2. That a Complaint and Statement of Charges was filed against the Respondent on June 27, 1991, and was scheduled to be heard before the Board.

3. That the Board has jurisdiction of the parties and the subject matter herein.

4. That the Director of Public Health is authorized to enter an Order herein under the provisions of sections 148.6(1) and 148.7(7) of the 1991 Code of Iowa and 653 IAC 12.50.

5. That pursuant to the provisions of sections 17A.10 and 258A.3(4) of the 1991 Code of Iowa, the Respondent and the Board have entered into an Informal Settlement providing that the undersigned should enter an Order imposing license discipline against the Respondent.

THEREFORE IT IS HEREBY ORDERED:

- A. That license number 26710 issued to the Respondent on July 28, 1988, to practice medicine and

surgery in the State of Iowa be indefinitely suspended effective October 1, 1991.

B. That the Respondent shall not make application for reinstatement for a period of one hundred twenty (120) days from the effective date of the suspension. Any application for reinstatement shall be subject to 653 IAC sections 12.50(36)(b)-(d). The Respondent shall allege in any application facts which, if established, will be sufficient to enable the Board to determine that the basis for the suspension no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish such facts shall be on the Respondent.

C. That any application for reinstatement shall be subject to compliance with 653 IAC section 11.32.

[Signed] Christopher G. Atchison, Director, Iowa Department of Public Health.

On January 30, 1992, the Respondent filed an Application for Reinstatement and Request for Hearing. An Order for Hearing on Petition for Reinstatement of Licensure was issued on February 11, 1992 setting the hearing for March 18, 1992. The Respondent filed a written request for the hearing to be closed.

The hearing for the Petition and Application for Reinstatement was held on March 18, 1992 in the second floor conference room, Executive Hills West, Des Moines, Iowa at 1:30 p.m. The Respondent appeared and was represented by his counsel, Martin A. Diaz. The State was represented by Julie Pottorff, Assistant Attorney General. The panel of the Board included Laura Stensrud, James Collins, M.D., George Spellman, M.D., and C. L. Peterson, D.O. The hearing was closed to the public at the request of the licensee pursuant to Iowa Code section 258A.6(1) (1991). Kim A. Fields, Administrative Law Judge from the Iowa Department of Inspections and Appeals presided and was instructed to prepare the Board's Order.

#### THE RECORD

State's Exhibit 1: Complaint and Statement of Charges, June 27, 1991.

State's Exhibit 2: Informal Settlement, September 26, 1991.

State's Exhibit 3: Director's Order, September 30, 1991.



- State's Exhibit 4: Milwaukee Psychiatric Hospital Discharge Summary, May 3, 1991.
- State's Exhibit 5: Milwaukee Psychiatric Hospital Diagnosis Formulation, May 13, 1991.
- State's Exhibit 6: Golden Valley Health Center Discharge Summary, May 31, 1991.
- State's Exhibit 7: Golden Valley Health Center Diagnosis and Recommendation, June 3, 1991.
- State's Exhibit 8: Paul Frahm, Psychologist, Treatment Report, January 27, 1992.
- State's Exhibit 9: Paul Frahm, Psychologist, Treatment Report, March 3, 1992.
- State's Exhibit 10: Paul Frahm, Psychologist, Patient Notes, October 17, 1991 to February 27, 1992.
- State's Exhibit 11: Letter and materials from psychiatric nurse Ronnye Weland dated March 9, 1992.
- State's Exhibit 12: Letter from K. Hartman, Secretary, dated March 10, 1992.
- Respondent's Exhibit A: Urinalysis Exam reported January 2, 1992.
- Respondent's Exhibit B: Urinalysis Exam reported January 20, 1992.
- Respondent's Exhibit C: Drug Screen supervised by Dr. Forrest Dean taken February 26, 1992.
- Respondent's Exhibit D: Report of Dr. Paul H. Frahm dated January 27, 1992.
- Respondent's Exhibit E: Report of Dr. Paul H. Frahm dated March 3, 1992.
- Respondent's Exhibit F: Letters of support numbered 1 through 13 from professionals.
- Respondent's Exhibit G: Letters of support numbered 1 through 22 from patients.
- Respondent's Exhibit H: Affidavit from Dr. Forrest Dean dated March 13, 1992.

Respondent's Exhibit J: Continuing Medical Education Certificate from American Medical Association for 1991 through 1994.

Respondent's Exhibit K: Map of relevant service areas.

#### FINDINGS OF FACT

1. The Complaint and Statement of Charges was filed against the Respondent, License Number 26710, James A. Yeltatzie, on June 27, 1991.

2. The Complaint and Statement of Charges indicated that:

On several occasions between September 1989 and February 1990, the Respondent made improper physical contact with and improper remarks and advances to patient #1.

On several occasions between August 1988 and February 1990 the Respondent made improper physical contact with and improper remarks and advances to patient #2.

On several occasions between February 1989 and February 1990 the Respondent made improper physical contact with and improper remarks and advances to patient #3.

The Respondent suffers from a mental condition which affects his relationship with his patients.

On or about February 12, 1991, the Respondent was unlawfully found to be in the possession of marijuana, a schedule I controlled substance. The Respondent holds a Drug Enforcement Administration Registration and an Iowa Controlled Substance Registration, however neither authorizes his possession of schedule I controlled substances.

On or about June 11, 1986, the Respondent filed a signed application with the Board seeking licensure as a resident physician in the state of Iowa. The Respondent failed to fully complete application section 8, entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.

On or about July 12, 1988, the Respondent filed a signed application with the Board seeking licensure to practice medicine and surgery in the state of Iowa. The Respondent failed to fully complete application section 8 entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.

3. On September 26, 1991, Respondent and the Board of Medical Examiners entered into an Informal Settlement providing that the Director of Public Health enter an Order imposing license discipline.

4. The Director of Public Health, on September 30, 1991, entered an Order stating:

The Director of Public Health shall take appropriate action to suspend the Respondent's license indefinitely commencing on October 1, 1991. The Respondent shall not make an application for reinstatement for a period of at least one hundred and twenty (120) days from the issuance of the Director's Order in this case. Any application for reinstatement shall be subject to 653 Iowa Admin. Code §§ 12.50(36)(b)-(d). The Respondent shall allege in any application facts which, if established, will be sufficient to enable the Board to determine that the basis for the suspension no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish these facts shall be on the Respondent.

5. On January 30, 1992, the Respondent filed an Application for Reinstatement and Request for Hearing.

6. The Respondent's petition alleges the following facts which, if established, will be sufficient to enable the Board to determine that the basis of the suspension no longer exists and that it will be in the public interest for the license to be reinstated:

A. Respondent shall not perform individual psychotherapy and shall solely practice medical psychiatry.

B. Respondent shall practice in a clinical setting with the following five mandatory reporters/professional therapists:

- (1) Fred Franck, ACSW
- (2) Becky Ertle, MS
- (3) Patricio Carrasco, MA
- (4) Janet Brookhart, MA
- (5) Lisa Paterno-Martin, MA

C. Respondent's professional corporation shall be supervised by Fred Franck, ACSW, mandatory reporter/professional therapist and vice president/secretary of the professional corporation.

D. Respondent shall make all treatment rooms observable and staff will be encouraged to randomly observe on-going medication followups.

E. Respondent shall undergo peer review of charts and case handling by other health care professionals who are members of the Psychiatric Committee at Muscatine General Hospital.

G. Respondent shall strictly adhere to all APA and AMA ethical guidelines.

H. Respondent has been, and shall remain, under the care and treatment of Paul Frahm, Ph.D., at Psychology Associates, Ltd., 4645 Brady Street, Davenport, Iowa, for individual psychoanalysis including, but not limited to, issues of transference and counter-transference.

I. Respondent has undergone the following urine drug testing:

- (1) Bernard Jennisch, Board Investigator, March 5, 1991.
- (2) Wauwatosa, Wisconsin, April 29, 1991.
- (3) Golden Valley, Minnesota, May 30, 1991.
- (4) Dr. Forrest Dean, December 30, 1991 (attached as Exhibit "A").
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All urine drug screens have been negative.

J. Respondent shall not use controlled substances of any nature and shall undergo random drug screening, as dictated by the Board, as a condition of reinstatement.

K. Respondent shall not possess either Schedule I controlled substances of any nature, or other controlled substances not lawfully necessary in the practice of medical psychiatry.

L. Respondent hereby submits to the Board his statement that he attended Louisiana State University School of Nursing in New Orleans, Louisiana from August 1981 to June 1982 prior to entering medical school at the University of Washington in Seattle, Washington in September of 1982.

Respondent requests that the Board amend and insert the above information under Section 8, entitled "Preliminary Education," in his June 11, 1986 signed application with the Board seeking licensure as a resident physician in the State of Iowa.

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4. Patient was advised to have an evaluation for his sexual compulsivity and paraphilia at Golden Valley Center in Minnesota. He was given the name of Dr. Richard Irons, who is the co-director of that program.

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8. Pursuant to the referral from Milwaukee Psychiatric Hospital, McBride Unit for professionals, Respondent became a patient at Golden Valley Health Center Professional Assessment Program.

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2. We believe that Dr. Yeltatzie should only practice in a supervised setting. Despite being in a psychiatric program his level of supervision appears to be less than sufficient for his particular needs. We would recommend continuation in a residency program for a minimum of one year with careful review of his work with an experienced psychiatrist on a continuing basis.

3. We believe that Dr. Yeltatzie would benefit from particular work improving his psychotherapeutic techniques. He also needs training in proper and therapeutic boundaries. We do not believe that Dr. Yeltatzie is a sexual predator or offender. We believe he was meeting his social needs in a professional context which is inappropriate and unethical.

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(E) Of note, Dr. Yeltatzie had no training in psychotherapy as part of his education. This, again, is where he would have learned about boundaries. Also, there was no psychotherapy supervision which he needs.

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14. The Respondent did find a therapist, however did not use the therapist referred to him by Golden Valley Health Center.

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16. The Respondent has attended NA activities.

17. The Respondent has been performing self-diagnosis and treatment.

#### CONCLUSIONS OF LAW

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b. All proceedings for the reinstatement shall be initiated by the respondent, who shall file with the board an application for the reinstatement of their license. Such application shall be docketed in the original case in which the license was revoked, suspended, or relinquished. All proceedings upon the petition for reinstatement, including all matters preliminary and ancillary thereto, shall be subject to the same rules of procedure as other cases before the board.

c. An application for reinstatement shall allege facts which if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer



exists and that it would be in the public interest for the license to be reinstated. The burden of proof to establish such fact shall be on the respondent.

d. An order of reinstatement shall be based upon a decision which incorporates findings of fact and conclusions of law and must be based upon the affirmative vote of not fewer than five members of the board. This order will be published as provided in subrule 12.50(35).

2. The evidence presented by the Respondent at the hearing was insufficient to establish that the basis for the indefinite suspension of his license no longer existed. The Respondent's amendment to his applications of 1986 and 1988 did show that the Respondent had corrected the charges under section 8 of his preliminary education for those years.

3. The Respondent's drug screening, though showing negative results, was not in the number recommended by both Golden Valley Health Center and the McBride Center. It is the opinion of the Board that at this point the Respondent determined for himself what was sufficient in order to meet the drug screening requirements. The Respondent did not seek psychiatric assistance at the University of Iowa Hospitals and Clinics as indicated to the staff at Golden Valley Health Center. Again, it is the opinion of the Board that the Respondent determined for himself that psychiatric assistance was not required and that a psychologist would suffice. Golden Valley referred the Respondent to a psychotherapist which the Respondent again decided to look for another therapist. It is the opinion of the Board that the recommendations of Golden Valley Health Center specifically indicated to the Respondent that he needs supervision and psychotherapy and that he needs to practice at a minimum in a supervised residency program. The activity of the Respondent in this matter not only indicates that he does not intend to practice in a supervised program, but that he does intend to set up a private practice which was also not recommended by Golden Valley Health Center. The Respondent has not demonstrated that he has had training in psychotherapy which was also recommended by Golden Valley Health Center.

#### DECISION AND ORDER

It is hereby ORDERED that when this Proposed Decision becomes final, the Respondent's suspension remain indefinite and the Respondent only make application for reinstatement for a restricted license after a period of one hundred twenty (120) days from the effective date of this decision.

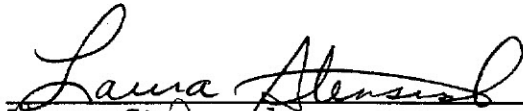
It is further ORDERED that as a provision of the application for reinstatement the Respondent demonstrate that he has found and utilized a psychiatrist(i.e. which can be found at the University of Iowa Hospitals and Clinics); that he is undergoing drug


screening as recommended by the Golden Valley Health Center, that being not less than three times per month; that he is making maximum use of support groups to include AA and SAA, as well as NA; that he recognizes his need for supervision and his need to complete a supervised residency program; that he practice in a physician supervised clinical program in an institutional setting, approved by the AOA and/or the AMA for a period of not less than five (5) years before applying for an unrestricted license.


In accordance with 653 Iowa Administrative Code 12.50(29), a proposed decision becomes final unless appealed to the Board by a party adversely affected by serving a notice of appeal on the executive director within thirty (30) days after service of the proposed decision. The Board may also review a proposed decision on its own motion.


Dated this *15<sup>TH</sup>* day of *April*, 1992.

THE PANEL:

  
\_\_\_\_\_  
Laura Stensrud

  
\_\_\_\_\_  
George Speelman, Sr., M.D.

  
\_\_\_\_\_  
James Collins, M.D.

  
\_\_\_\_\_  
C. L. Peterson, D.O.

KAF/jmm

Copies to:

Julie Pottorff, Assistant Attorney General  
Martin A. Diaz, for the Respondent  
Dennis Carr, Iowa Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA

\* \* \* \* \*

IN THE MATTER OF THE COMPLAINT :

AND STATEMENT OF CHARGES AGAINST : ORDER

JAMES A. YELTATZIE, M.D. : 02-90-202

RESPONDENT :

\* \* \* \* \*

NOW on September 30, 1991, the above  
entitled matter having been filed with the Director of Public  
Health of the State of Iowa, and the said Director of Public  
Health having reviewed the file, and being fully advised in the  
premises FINDS:

1. That James A. Yeltatzie, M.D. (hereafter the  
Respondent), was issued an Iowa license to practice medicine and  
surgery on July 28, 1988, as evidenced by certificate number  
26710, which is recorded in the permanent records in the office  
of the Iowa State Board of Medical Examiners (hereafter the  
Board).

2. That a Complaint and Statement of Charges was filed  
against the Respondent on June 27, 1991, and was scheduled to be  
heard before the Board.

3. That the Board has jurisdiction of the parties and the  
subject matter herein.

4. That the Director of Public Health is authorized to  
enter an Order herein under the provisions of sections 148.6(1)  
and 148.7(7) of the 1991 Code of Iowa and 653 IAC 12.50.

5. That pursuant to the provisions of sections 17A.10 and 258A.3(4) of the 1991 Code of Iowa, the Respondent and the Board have entered into an Informal Settlement providing that the undersigned should enter an Order imposing license discipline against the Respondent.

THEREFORE IT IS HEREBY ORDERED:

A. That license number 26710 issued to the Respondent on July 28, 1988, to practice medicine and surgery in the State of Iowa be indefinitely suspended effective October 1, 1991.

B. That the Respondent shall not make application for reinstatement for a period of one hundred twenty (120) days from the effective date of the suspension. Any application for reinstatement shall be subject to 653 IAC sections 12.50(36)(b)-(d). The Respondent shall allege in any application facts which, if established, will be sufficient to enable the Board to determine that the basis for the suspension no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish such facts shall be on the Respondent.

C. That any application for reinstatement shall be subject to compliance with 653 IAC section 11.32



Christopher G. Atchison, Director  
Iowa Department of Public Health  
Lucas State Office Building  
Des Moines, Iowa 50319

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA

---

IN THE MATTER OF THE	)	
	)	
COMPLAINT AND STATEMENT OF	)	NO. 02-90-202
	)	
CHARGES AGAINST	)	
	)	
JAMES A. YELTATZIE, M.D.,	)	INFORMAL SETTLEMENT
	)	
RESPONDENT.	)	

---

COME NOW the Iowa Board of Medical Examiners [the Board] and James A. Yeltatzie, M.D., [the Respondent] and, pursuant to Iowa Code §§ 17A.10 and 258A.3(4), enter into the following Informal Settlement of the contested case currently on file:

1. The Respondent was issued license no. 26710 to practice medicine and surgery in Iowa on July 28, 1988, as recorded in the permanent records in the office of the Board.

2. A Complaint and Statement of Charges was filed against the Respondent on June 27, 1991.

3. The Board has jurisdiction of the parties and the subject matter.

4. The Director of Public Health shall take appropriate action to suspend the Respondent's license indefinitely commencing on October 1, 1991. The Respondent shall not make an application for reinstatement for a period of at least one hundred and twenty (120) days from the issuance of the Director's

Order in this case. Any application for reinstatement shall be subject to 653 Iowa Admin. Code §§ 12.50(36)(b)-(d). The Respondent shall allege in any application facts which, if established, will be sufficient to enable the Board to determine that the basis for the suspension no longer exists and that it will be in the public interest for the license to be reinstated. The burden of proof to establish these facts shall be on the Respondent.

5. Any application for reinstatement shall be subject to compliance with 653 Iowa Admin. Code § 11.32.


6. Execution of this Informal Settlement does not constitute any admission.

7. This Informal Settlement is subject to approval of the Board. If the Board fails to approve this Informal Settlement, it shall be of no force or effect to either party.

8. This Informal Settlement is voluntarily submitted by the Respondent to the Board for consideration.

  
JAMES A. YELTATZIE, M.D.

Subscribed and sworn to before me on this 19th day of September, 1991.

  
NOTARY PUBLIC IN AND FOR THE  
STATE OF IOWA

This Informal Settlement is accepted by the Iowa Board of  
Medical Examiners on the 26<sup>th</sup> day of Sept., 1991.

C.L. Peterson  
C.L. PETERSON, D.O., Chairman  
Iowa Board of Medical Examiners

Subscribed and sworn to before me on this 26<sup>th</sup> day of  
Sept, 1991.

Senius Clark  
NOTARY PUBLIC IN AND FOR THE  
STATE OF IOWA



BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA

\* \* \* \* \*

IN THE MATTER OF THE COMPLAINT :  
AND STATEMENT OF CHARGES AGAINST : COMPLAINT AND STATEMENT  
JAMES A. YELTATZIE, M.D. : OF CHARGES  
RESPONDENT : 02-90-202

\* \* \* \* \*

COMES NOW William S. Vanderpool, Executive Director of the Iowa State Board of Medical Examiners, (hereafter the Board) on June 27, 1991, and at the direction of the Board files this Complaint and Statement of Charges against James A. Yeltatzie, M.D., (hereafter the Respondent), a physician licensed pursuant to Chapter 147 of the Code of Iowa and alleges:

1. That Christopher G. Atchison is the Director of Public Health of the State of Iowa.

2. That C.L. Peterson, D.O., Chairman; John W. Olds, M.D., Vice Chairman; Edra Broich, Secretary; Charlotte Cleavenger, D.O.; Donna Drees, M.D.; Emmett B. Mathiasen, M.D.; Ann O'Neill; George G. Spellman, Sr., M.D.; and Robert B. Stickler, M.D., are the duly appointed and qualified officers and members of the Board.

3. That the Respondent is a resident of Johnson County, Iowa, and was issued license number 26710 to practice medicine and surgery in the state of Iowa on July 28, 1988, as recorded in

the permanent records in the office of the Board.

4. That the Respondent's license is current until August 1, 1991.

5. That on several occasions between September 1989 and February 1990 the Respondent made improper physical contact with, and improper remarks and advances to patient #1.

6. That on several occasions between August 1988 and February 1990 the Respondent made improper physical contact with, and improper remarks and advances to patient #2.

7. That on several occasions between February 1989 and February 1990 the Respondent made improper physical contact with, and improper remarks and advances to patient #3.

8. That the Respondent suffers from a mental condition which affects his relationship with his patients.

9 That on or about February 12, 1991, the Respondent was unlawfully found to be in possession of Marijuana, a schedule I controlled substance. The Respondent holds a Drug Enforcement Administration Registration and an Iowa Controlled Substance Registration however, neither authorize his possession of schedule I controlled substances.

10. That on or about June 11, 1986, the Respondent filed a signed application with the Board seeking licensure as a resident physician in the state of Iowa. That the Respondent failed to fully complete application section 8, entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.

11. That on or about July 12, 1988, the Respondent filed a

signed application with the Board seeking licensure to practice medicine and surgery in the state of Iowa. That the Respondent failed to fully complete application section 8, entitled Preliminary Education, by failing to document all institutions attended prior to entering medical school.

12. That the Board is authorized to take disciplinary action against the Respondent pursuant to the provisions of sections 148.6(1), 148.6(1)(a), 148.6(1)(c), 148.6(1)(g), 148.6(1)(h), and 148.6(1)(i) of the 1991 Code of Iowa, which state in whole or in part:

148.6(1) - "The medical examiners, after due notice and hearing in accordance with chapter 17A, may issue an order to discipline a licensee for any of the grounds set forth in section 147.55, chapter 258A, or this subsection...

"Pursuant to this section, the board of medical examiners may discipline a licensee who is guilty of any of the following acts or offenses:"

148.6(1)(a) - "Knowingly making misleading, deceptive, untrue or fraudulent representation in the practice of the physician's profession."

148.6(1)(c) - "Violating a statute or law of the state,...or the United States, without regard to its designation as either felony or misdemeanor which statute or law relates to the practice or medicine."

148.6(1)(g) - "...[T]he committing by a physician of an act contrary to ... good morals..."

148.6(1)(h) - "Inability to practice medicine and surgery...with reasonable skill and safety ...as a result of a

mental condition.'

148.6(1)(i) - "Willful or repeated violation of lawful rule or regulation adopted by the board..."

13. That the Board is authorized to take disciplinary action against the Respondent pursuant to the provisions of rules 653-12.4, 653-12.4(1), 653-12.4(3), 653-12.4(3)(c), 653-12.4(9), 653-12.4(13), 653-12.4(14), 653-12.4(15), 653-12.4(18) and 653-12.4(28) of the Iowa Administrative Code which state in whole or in part:

653-12.4 - "Grounds for discipline. The Board may impose any of the disciplinary sanctions set forth in rule 12.2, including civil penalties in an amount not to exceed \$10,000, when the board determines that the licensee is guilty of any of the following acts or offenses:"

653-12.4(1) - "Fraud in procuring a license. Fraud in procuring a license includes, but is not limited to an intentional perversion of the truth in making application for a license to practice medicine and surgery...in this state,...or by concealment of that which should have been disclosed when making application for a license in this state..."

653-12.4(3) - "...[E]ngaging in unethical conduct or practice detrimental to the public."

653-12.4(3)(c) - "Practice harmful or detrimental to the public includes, but is not limited to...when a physician is unable to practice medicine with reasonable skill and safety to patients as a result of a mental...impairment..."

653-12.4(9) - "Violating a statute or law of this state,...or the United States, without regard to its designation as either

felony or misdemeanor, which statute or law relates to the practice of medicine."

653-12.4(13) - "...[T]he committing by a physician of an act contrary to...good morals..."

653-12.4(14) - "Inability to practice medicine and surgery... with reasonable skill and safety by reason of a mental...impairment..."

653-12.4(15) - "Willful or repeated violation of lawful rule or regulation adopted by the board."

653-12.4(18) - "Making...improper remarks or advances to a patient."

653-12.4(28) - "Violating any of the grounds for the revocation or suspension of a license listed in Iowa Code sections ... 148.6."

14. That paragraphs 12 and 13 constitute grounds for the Board to revoke, suspend or otherwise discipline the license to practice medicine and surgery issued to the Respondent on July 28, 1988.

WHEREFORE the undersigned charges that the Respondent is subject to disciplinary action pursuant to the provisions of sections 148.6(1), 148.6(1)(a), 148.6(1)(c), 148.6(1)(g), 148.6(1)(h) and 148.6(1)(i) of the 1991 Code of Iowa, and rules 653-12.4, 653-12.4(1), 653-12.4(3), 653-12.4(3)(c), 653-12.4(9), 653-12.4(13), 653-12.4(14), 653-12.4(15), 653-12.4(18) and 653-12.4(28) of the Iowa Administrative Code. The undersigned prays that the Board enter an order fixing a time and place of hearing for the Complaint and Statement of Charges. The undersigned further prays that upon final hearing, the Board enter its find-

ings of fact and decision to revoke, suspend or otherwise discipline the license to practice medicine and surgery issued to the Respondent on July 28, 1988, and for such other relief as the Board deems just in the premises.

Iowa State Board of Medical Examiners



William S. Vanderpool  
Executive Director  
Executive Hills West  
1209 East Court  
Des Moines, Iowa 50319-0180  
(515) 281-5171

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF IOWA

---

IN THE MATTER OF THE	)	
COMPLAINT AND STATEMENT	)	NOS. 02-96-381 and 02-99-002
OF CHARGES AGAINST	)	
	)	
JAMES A. YELTATZIE, M.D.,	)	<b>SETTLEMENT AGREEMENT</b>
	)	<b>AND FINAL ORDER</b>
RESPONDENT.	)	

---

**COMES NOW** the Iowa Board of Medical Examiners (hereafter the Board) and James A. Yeltatzie, M.D. (hereafter Respondent), and pursuant to Iowa Code sections 17A.10 and 272C.3(4) (1999), enter into the following Settlement Agreement and Final Order to resolve the contested case currently on file.

- 1) The Respondent was issued license number 26710 to practice osteopathic medicine and surgery in the State of Iowa on July 28, 1988.
- 2) The Respondent's license is current and will next expire on August 1, 2001 .
- 3) A Statement of Charges was filed against Respondent on March 4, 1999, and is awaiting hearing.
- 4) The Board has jurisdiction over the parties and the subject matter.
- 5) Respondent agrees to pay a \$6,000 civil penalty. Respondent shall pay this civil penalty by delivering a check in the amount of \$1000 to the Executive Director of the Board on the first day of each month for six months, commencing January 1, 2000. Each check shall be made payable to the Treasurer of Iowa, and shall be deposited into the general fund.



6) Respondent agrees to submit to Dr. J. C. Brown of Iowa City, Iowa, within ninety (90) days of the date of this Order for evaluation and determination of need for any future counseling. Respondent shall comply with any recommendations made by Dr. Brown.

7) Respondent is hereby **CITED** for his failure to comply with the Board orders issued on October 8, 1992, and amended on August 13, 1996. Respondent is hereby **WARNED** that future violations of orders of the Board or the laws governing the practice of medicine in the state of Iowa could again result in his medical license being suspended, revoked, or otherwise disciplined.

8) In the event Respondent violates or fails to comply with any of the terms or provisions of this Settlement Agreement and Final Order, the Board may initiate appropriate action to revoke or suspend Respondent's license or to impose other licensee discipline as authorized in Iowa Code Sections 148.6 and 272C.3(2)(a) (1999).

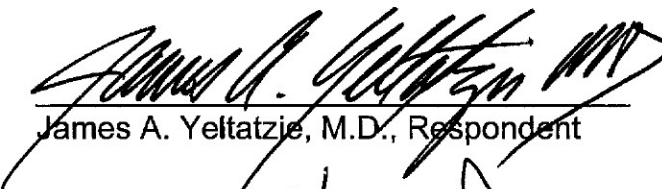
9) This Settlement Agreement and Final Order is the resolution of a contested case. By entering into this Settlement Agreement, Respondent waives all rights to a contested case hearing, and waives any objection to this Settlement Agreement.

10) This Settlement Agreement and Final Order is voluntarily submitted by

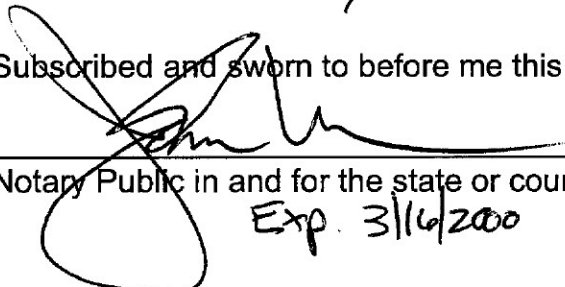
Respondent to the Board for its consideration.

11) This Settlement Agreement and Final Order must be approved by the Board. If the Board fails to approve this Settlement Agreement it shall be of no force or effect to either party.

12) The Board's approval of this Settlement Agreement and Final Order shall constitute a **FINAL ORDER** of the Board.

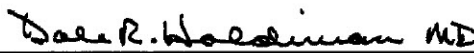
  
James A. Yeltatzie, M.D., Respondent

Subscribed and sworn to before me this 14 day of Dec., 1999.

  
Notary Public in and for the state or county of Muscatine.

Exp. 3/16/2000

This Settlement Agreement and Final Order is approved by the Board on  
February 10, ~~1999~~  
2000

  
Dale R. Holdiman, Chairperson  
Iowa Board of Medical Examiners

Copies to:

John Wunder  
610 Cedar Street  
Muscatine, IA 52761

Settlement Agreement and Final Order  
James A. Yeltatzie  
Page 4

Theresa O'Connell Weeg  
Assistant Attorney General  
2nd Floor, Hoover State Office Building  
Des Moines, Iowa 50319

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

\*\*\*\*\*

**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**JAMES A. YELTATZIE, M.D., RESPONDENT**

**Nos. 02-96-381 & 02-99-002**

\*\*\*\*\*

**COMES NOW** the Iowa State Board of Medical Examiners (the Board), on March 4, 1999, and files this Statement of Charges against James L. Yeltatzie , M.D., (Respondent), a physician licensed pursuant to Chapter 147 of the Code of Iowa and alleges:

1. Respondent was issued license number 26710 to practice medicine and surgery in Iowa on July 28, 1988.
2. Respondent's Iowa medical license is valid and will next expire on August 1, 1999. Respondent's Iowa medical license is currently under probation pursuant to Board orders filed October 8, 1992 and August 13, 1996.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C (1997).

**COUNT I**

4. Respondent is charged under section 148.6(2)(i) of the Code of Iowa (1997) when he violated several requirements of an order of the Board.

**CIRCUMSTANCES**

## **CIRCUMSTANCES**

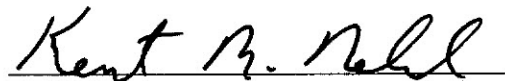
5. On numerous occasions Respondent failed to comply with paragraph (A) of the orders issued by the Board on October 8, 1992 and as amended on August 13, 1996, when he practiced outside of the scope of psychiatry.

6. On at least one occasion Respondent failed to comply with paragraph (C) of the Order issued by the Board on October 8, 1992 and amended on August 13, 1996, which requires that the Respondent not use any controlled or prescription drug in any form unless prescribed for him by another duly licensed, treating health care professional.

7. On numerous occasions Respondent failed to comply with paragraph (F) of the Order issued by the Board on October 8, 1992 and amended on August 13, 1996, which requires that the Respondent submit monthly reports.

**WHEREFORE**, the Complainant prays that a hearing be held in this matter and that the Board take such action as it may deem appropriate under the law.

## **IOWA STATE BOARD OF MEDICAL EXAMINERS**



Kent M. Nebel, J.D.  
Director of Compliance  
Iowa Board of Medical Examiners  
1209 East Court Avenue  
Des Moines, Iowa 50319  
Phone 515-281-5171

cc: Theresa O'Connell Weeg, Esq.  
Assistant Attorney General  
Iowa Department of Justice  
Hoover State Office Building  
Des Moines, IA 50319

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

\*\*\*\*\*

**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**JAMES A. YELTATZIE, M.D., RESPONDENT**

**FILE Nos. 02-02-207, 02-03-645, 02-04-141 & 02-04-229**

\*\*\*\*\*

**STATEMENT OF CHARGES**

\*\*\*\*\*

**COMES NOW** the Iowa Board of Medical Examiners (the Board), on December 20<sup>th</sup>, 2005, and files this Statement of Charges against James A. Yeltatzie M.D., (Respondent), a physician licensed pursuant to Iowa Code Chapter 147 (2005) and alleges:

1. Respondent was issued Iowa medical license no. 26710 on July 28, 1988.
2. Respondent's Iowa medical license is active and will next expire on August 1, 2007.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.
4. Respondent is an Iowa licensed psychiatrist who practices in Muscatine, Iowa.

5. On June 27, 1991, the Board filed formal disciplinary charges against Respondent. The Board charged Respondent with making improper physical contact with, and improper remarks and advances toward three psychiatric patients. Respondent was also charged with suffering from a mental condition which affects his relationship with patients. Finally, Respondent was charged with unlawful possession of marijuana and with filing false license applications with the Board. The Board indefinitely suspended Respondent's Iowa medical license.

6. On January 19, 1994, Respondent's Iowa medical license was reinstated and placed on probation for a period of five (5) years subject to numerous terms and conditions. Respondent was required to have his practice monitored by a Board-approved psychiatrist and he was required to restrict his practice to psychiatric evaluation and treatment. He was prohibited from using any controlled or prescription drug unless prescribed to him by another licensed health care professional and he was required to file monthly reports with the Board.

7. On March 4, 1999, the Board filed formal disciplinary charges against Respondent for violating the terms of his probation Order. Respondent was charged with practicing outside the scope of psychiatry, improper use of controlled or prescription drugs and failure to file required monthly reports with the Board.

8. On February 10, 2000, Respondent entered into a Settlement Agreement with the Board. Respondent was issued a Citation and Warning, required to pay a \$6,000 civil penalty and he was required to submit to psychiatric evaluation and treatment with a Board-approved psychiatrist.



## **COUNT I**

9. Respondent is charged with professional incompetency pursuant to Iowa Code section 147.55(2), 148.6(2)(g) and (i), and 272C.10(2) (2005), and 653 IAC sections 12.4(2)(a), (b), (c), and (d), when on numerous occasions he engaged in inappropriate practices in the treatment of chronic pain and mental health conditions, including but not limited to:

- A. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the physician's or surgeon's practice;
- B. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other physicians or surgeons in the state of Iowa acting in the same or similar circumstances;
- C. A failure by a physician to exercise in a substantial respect that degree of care which is ordinarily exercised by the average physician or surgeon in the state of Iowa acting in the same or similar circumstances; and
- D. A willful or repeated departure from, or the failure to conform to, the minimal standard of acceptable and prevailing practice of medicine and surgery in the state of Iowa.

## **COUNT II**

10. Respondent is charged under Iowa Code section 147.55(3) (2005) and 653 Iowa Administrative Code section 12.4(3) with engaging in practice harmful or detrimental to the public on numerous occasions when he engaged in inappropriate practices in the treatment of chronic pain and mental health conditions.

On this the 20<sup>th</sup> day of December, 2005, the Iowa Board of Medical Examiners  
finds cause to file this Statement of Charges.



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Bruce L. Hughes, M.D., Chairperson  
Iowa Board of Medical Examiners  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, IA 50309-4686

**BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA**

\*\*\*\*\*

**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**JAMES A. YELTATZIE, M.D., RESPONDENT**

**FILE Nos. 02-02-207, 02-03-645, 02-04-141 & 02-04-229**

\*\*\*\*\*

**EMERGENCY ADJUDICATIVE ORDER**

\*\*\*\*\*

**COMES NOW** the Iowa Board of Medical Examiners on December 20<sup>th</sup>, 2005, and finds that it was presented with evidence which establishes that Respondent's continued practice of medicine constitutes an immediate danger to the public health, safety, and welfare.

**FINDINGS OF FACT**

1. Respondent was issued Iowa medical license no. 26710 on July 28, 1988.
2. Respondent's Iowa medical license is active and will next expire on August 1, 2007.
3. Respondent is an Iowa licensed psychiatrist who practices in Muscatine, Iowa.
4. On June 27, 1991, the Board filed formal disciplinary charges against Respondent. The Board charged Respondent with making improper physical contact with, and improper remarks and advances toward, three psychiatric patients. Respondent was also charged with suffering from a mental condition which affected his relationship with patients.

Finally, Respondent was charged with unlawful possession of marijuana and with filing false license applications with the Board. The Board indefinitely suspended Respondent's Iowa medical license.

5. On January 19, 1994, Respondent's Iowa medical license was reinstated and placed on probation for a period of five (5) years subject to numerous terms and conditions. Respondent was required to have his practice monitored by a Board-approved psychiatrist and he was required to restrict his practice to psychiatric evaluation and treatment. He was prohibited from using any controlled or prescription drug unless prescribed to him by another licensed health care professional and he was required to file monthly reports with the Board.

6. On March 4, 1999, the Board filed formal disciplinary charges against Respondent for violating the terms of his probation Order when he practiced outside the scope of psychiatry, improperly used controlled or prescription drugs, and failed to file required monthly reports with the Board.

7. On February 10, 2000, Respondent entered into a Settlement Agreement with the Board. Respondent was issued a Citation and Warning, required to pay a \$6,000 civil penalty and was required to submit to psychiatric evaluation and treatment with a Board-approved psychiatrist.

8. The Board recently received information which indicates that Respondent engaged in professional incompetency and practice harmful and/or detrimental to the public in violation of the laws and rules governing the practice of medicine in Iowa, including but not limited to the following:

- A. Respondent inappropriately prescribed excessive pain medications/opioids to several patients.
- B. Respondent inappropriately prescribed excessive doses of psychotropic and other medications to several patients.
- C. Respondent inappropriately prescribed pain medications/opioids in the treatment of somatization disorder.
- D. Respondent inappropriately prescribed benzodiazepines, opioids, and/or stimulants to patients with a history of substance abuse.
- E. Respondent inappropriately continued to prescribe large amounts of Demerol to a patient even after a neurologist recommended the patient be weaned off Demerol.
- F. Respondent inappropriately failed to provide appropriate warning after a patient threatened serious harm to another person.
- G. Respondent failed to maintain appropriate medical records.
- H. Respondent inappropriately failed to return repeated telephone calls from a patient's caretaker, and the patient's mental health deteriorated, resulting in an extended hospitalization.

### **CONCLUSIONS OF LAW**

9. The facts set forth above establish that Respondent has engaged in professional incompetency, pursuant to Iowa Code Sections 147.55, 148.6(2)(g) and (i), and 272C.10(2) 2005, and 653 IAC sections 12.4(2)(a), (b), (c), and (d). The facts set forth above also establish that Respondent has engaged in unethical or unprofessional conduct or practice

harmful or detrimental to the public pursuant to Iowa Code section 147.55(3) (2005) and 653 Iowa Administrative Code sections 12.4(3). The facts set forth above indicate that Respondent's actions put his patients at risk of serious harm. Respondent inappropriately prescribed highly abusable drugs and psychiatric drugs to patients on numerous occasions and under circumstances that violate the laws governing the practice of medicine. The facts further indicate that Respondent inappropriately prescribed these dangerous medications to patients without utilizing appropriate safeguards.

10. The Board concludes that this matter has been fully investigated and that this investigation has been sufficient to ensure the Board is proceeding on the basis of reliable information. Interviews, medical records, written statements, and pharmacy profiles substantiate the allegations. Medical records and other documents have been obtained and reviewed by the Board, and by a peer review committee appointed by the Board to review these records. Respondent was given an opportunity to respond to the allegations against him.

11. The facts set forth above establish that Respondent's continued practice of medicine poses an immediate danger to the public health, safety, or welfare. A peer review committee of two Iowa psychiatrists appointed by the Board to review this matter recommended that the Board take immediate action restricting Respondent's license in order to protect Respondent's patients. The Board has reviewed this recommendation and the entire investigative file and independently concludes that there is a serious and immediate threat to patient health if Respondent is allowed to continue to practice medicine before the Board reaches a final resolution of the formal charges pending against him.

12. The facts set forth above establish that Respondent may not continue to practice medicine without posing an immediate danger to the public health, safety or welfare. Respondent willfully and repeatedly engaged in professional incompetency and practice harmful or detrimental to the public that put his patients at risk of serious harm.

13. The imposition of other interim safeguards would not be sufficient to protect the public health, safety, or welfare. It is not safe for Respondent to continue to practice any aspect of medicine until this matter is resolved because the concerns are so numerous and varied that they pervade every aspect of his medical practice.

14. The Board finds that suspension of Respondent's ability to practice medicine under his Iowa medical license is necessary to protect the public health, safety or welfare until this case is finally resolved.

15. Respondent shall be notified immediately of this order pursuant to 653 IAC 12.37(2)(b) & (c).

16. A hearing on this Emergency Adjudicative Order, and the Statement of Charges which have been filed concurrently with this order, shall be scheduled for January 12, 2006. The hearing will begin at 8:30 a.m. and will be held at the Board office, located at 400 S.W. 8th Street, Suite C, Des Moines, Iowa.

This order dated December 20, 2005.



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Bruce L. Hughes, M.D., Chairperson  
Iowa Board of Medical Examiners  
400 S.W. 8th Street, Suite C  
Des Moines, IA 50309-4686