

IN THE MATTER OF
MONA ALQULALI, M.D.

Respondent

License Number: D0094065

BEFORE THE
MARYLAND STATE
BOARD OF PHYSICIANS

Case Number: 2227-0048

FINAL ORDER

PROCEDURAL BACKGROUND

The Maryland Board of Physicians (the “Maryland Board”) received information that Mona Alqulali, M.D. (the “Respondent”), License Number D0094065, a physician licensed to practice medicine in Maryland via the Interstate Medical Licensure Compact, was disciplined by the Iowa Board of Medicine (the “Iowa Board”). In the September 17, 2026, Iowa Board Order, the Iowa Board placed the Respondent on probation with terms and conditions. A copy of the Iowa Board Order is attached hereto.

Based on the above-referenced Iowa Board sanction, the Maryland Board is authorized to discipline the Respondent, pursuant to Health Occ. § 14-3A-01, Section 10.

Health Occ. § 14-3A-01, Interstate Medical Licensure Compact, Section 10 Disciplinary Actions provides:

- (a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct that may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

....

- (c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided; and

- (1) Impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state [.]

Maryland Disciplinary Panel A (“Panel A”) has determined that the acts for which the Respondent was disciplined in Iowa would be: (1) unprofessional conduct in the practice of medicine, a violation of the Maryland Medical Practice Act under Health Occ. §14-404(a)(3)(ii). Additionally, the violation is deemed unprofessional conduct automatically under Health Occ. §14-3A-01, Section 10(a).

FINDINGS OF FACT

Under Health Occ. § 14-3A-01 Section 10(c), a compact member board may deem the facts in any disciplinary action taken against a physician by a member board to be conclusive as a matter of fact decided. Accordingly, Panel A makes the following findings of fact:

1. The Respondent was licensed to practice medicine in Maryland on or about April 19, 2022, under license Number D0094065.
2. The Iowa Board opened an investigation into the Respondent based on allegations that she was prescribing medication to an immediate family member, with concerns that her treatment was adversely interacting with existing medications the patient was taking and otherwise harming the patient's overall health.
3. The Iowa Board requested a narrative from the Respondent to address the allegations. The Respondent submitted a written response to the Iowa Board in which she denied treating or prescribing any medication to her immediate family member. The Iowa Board issued a subpoena to the Iowa Board of Pharmacy, which revealed contradictory information indicating that between February and December of 2024, the Respondent prescribed five (5) separate controlled-substance prescriptions written to her immediate family member.
4. The Iowa Board issued a September 17, 2026, Order, which deemed the Respondent’s conduct as unprofessional and issued the following sanctions:

- (a) A civil penalty against her in the amount of \$5,000.00
- (b) The Respondent must successfully complete two CPEP courses in Proper Prescribing of Controlled Substances and Medical Record Keeping Seminar; and
- (c) The Respondent is placed on probation for three years.
- (d) Pending the completion of the CPEP courses and reporting such to the Iowa Board, the Respondent shall not prescribe any controlled substances that would require use of the prescription monitoring program. The Respondent must file a report with the Board every 6 months detailing all her controlled substances prescriptions that require use of the prescription monitoring program since either the date of this order or her last report to the Board. The Respondent may file for early release from probation after a year, as long as the obligations under the order are met.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, based on the Iowa Board's Conclusions of Law, and based on Health Occ. § 14-3A-01 Section 10(a) and (c), Panel A concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).

SANCTION

Pursuant to Health Occ. § 14-3A-01, Interstate Medical Licensure Compact, Section 10(c)(1), the Maryland Board may impose the same or lesser sanction against the physician so long as such sanctions are consistent with the Maryland Medical Practice Act. Panel A will impose a reprimand, probation, and CDS prohibition as a sanction.

ORDER

It is, thus, by the Panel, hereby,

ORDERED that the Respondent's medical license in the State of Maryland be and is hereby **REPRIMANDED**; and it is further

ORDERED that the Respondent shall be placed on **PROBATION** until such time the Iowa Board terminates the probation imposed by the September 17, 2026, Combined Statement of Charges, Settlement Agreement, and Final Order; and it is further

ORDERED that the Respondent is **PROHIBITED** from prescribing, dispensing, or administering controlled dangerous substances (CDS) in the State of Maryland until such time the restriction is lifted by the Iowa Board; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation imposed by this Final Order, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated administratively through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions; and it is further

ORDERED that a violation of probation constitutes a violation of this Final Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Final Order, the Respondent shall be given notice and an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Final Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend the Respondent's license with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Final Order; and it is further

ORDERED that this Final Order goes into effect on the date the Final Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Final Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Final Order; and it is further

ORDERED that this Final Order shall not be amended or modified, and future requests for modification will not be considered; and it is further

ORDERED that this Final Order is a public document. *See* Health Occ. §§1-607, 14-411.1(b)(2) and Gen. Prov. §4-333(b)(6).

10/28/2026
Date

Signature on File

Christine A. Farrelly ✓ U O
Executive Director
Maryland State Board of Physicians

NOTICE OF RIGHT TO PETITION FOR JUDICIAL REVIEW

Pursuant to Health Occ. 14-408, the Respondent has the right to seek judicial review of this Order. Any petition for judicial review shall be filed within thirty (30) days from the date of mailing of this Order. The cover letter accompanying this Order indicates the date the decision is mailed. Any petition for judicial review shall be made as provided for in the Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222 and Title 7, Chapter 200 of the Maryland Rules of Procedure.

If the Respondent files a petition for judicial review, the Board is a party and should be served with the court's process at the following address:

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, Maryland 21215

Notice of any petition should also be sent to Board Counsel at the following address:

David Finkler
Assistant Attorney General
Maryland Office of the Attorney General
Maryland Department of Health
300 West Preston Street, Suite 302
Baltimore, Maryland 21201

**Iowa Order,
dated September 17, 2026**

IN THE IOWA ADMINISTRATIVE HEARINGS DIVISION
CENTRAL PANEL BUREAU

In the matter of: Mona Alqulali, M.D. Respondent.	Case No. 26DBMB0011 Case No. 02-2025-0050 FINDINGS OF FACT, CONCLUSIONS OF LAW, DECISION, AND ORDER
---	--

Statement of The Case

The Iowa Board of Medicine (“Board”) held a hearing on this matter on August 14, 2026. Trent Nelson and Michael Sellers appeared on behalf of Respondent, Mona Alqulali, M.D. (“Dr. Alqulali”). Samantha Wagner appeared on behalf of the State. The entire administrative file, including the parties’ exhibits, was admitted into the record, and the parties submitted witness testimony. The matter is now fully submitted.

Findings of Fact

The dispositive facts of this case are relatively straightforward. The Board issued Dr. Alqulali a medical license in 1999, and it remains active. Ex. 1, at p. 1. Dr. Alqulali specializes in obstetrics and gynecology, and she practices in eastern Iowa. Id. In 2024, her father was in a difficult and declining medical condition, which ultimately resulted in him passing away. See, e.g., Ex. 5, at p. 6.

In January of 2025, the Board received a complaint alleging Dr. Alqulali had been prescribing medication (including controlled substances) to her father and alleging this was creating a concern that the medication she was giving him would adversely interact with other medication or otherwise harm his health. Ex. 2, at pp. 3-4. The Board initiated an investigation, and on August 16, 2025, it issued a letter of inquiry to Dr. Alqulali requesting, among other things, a narrative addressing any medication she prescribed to him as well as any related documents. Ex. 5, at p. 1. On September 29, 2025, Dr. Alqulali issued a written response to the Board in which she stated she did not treat or prescribe any medication to her father, with the relevant parts of the written response stating:

I did not “provide care for my father throughout 2024 and 2025”. I did assist in coordinating what all the specialists and caregivers were doing as a family member with good communications with all of them. All his specialists were excellent medical providers.

I did not “prescribe medications for my father throughout 2024 and 2025.” All his prescriptions, without exception, for all medications were originated by and coordinated with his expert specialists.

...

I never gave my father anything outside of what his treating doctors had prescribed or agreed upon. All of his medications were always within the plans and control of his expert specialist care team members. The idea or suggestion that I ever administered something unauthorized is not supported by the reality of his treatment. It is a false statement.

Id., at pp. 8-9. In accord with her claims, Dr. Alqulali provided no medical documentation at this time concerning any prescription she wrote for her father in 2024.

Dr. Alqulali statements to the Board about not treating her father or prescribing medication to the Board were, however, untrue (at least from an objective perspective). Information obtained via a subpoena from the Board of Pharmacy revealed the following prescriptions written by Dr. Alqulali for her father for controlled substances in 2024:

Written	Filled	Drug	Quantity	Days
2/27/2024	2/27/2024	Alprazolam	90	30
9/30/2024	10/01/2024	Diphenoxylate-Atrop	10	2
10/28/2024	10/28/2024	Alprazolam	90	30
11/11/2024	11/11/2024	Oxycodone-Acetaminophen	12	3
12/22/2024	12/22/2024	Alprazolam	60	20

Ex. 8, at p. 2. In response, the Board filed charges.

More specifically, on March 19, 2026, the Board issued a Notice of Hearing and Statement of Charges, alleging two counts of professional misconduct. Notice of Hearing and Statement of Charges, at p. 1. The first count alleged improper management of medical records for failure to maintain timely, accurate, and complete medical records in violation of 481 Iowa Administrative Code section 661.1(36). The second count alleged improper prescribing for prescribing controlled substances to a family member without it being done for an acute condition or on an emergency basis and without an examination, establishment of a medical record, and maintenance of proper documentation in violation of 481 Iowa Administrative Code section 661.1(7). Id., at p. 4. The statement of matters asserted accompanying the charges alleged the following factual conduct in support of the charges:

1. Respondent prescribed controlled substances to her father on several occasions without conducting an examination and maintaining proper documentation.
2. Respondent administered and dispensed unauthorized medications to her father.

Statement of Matters Asserted, at p. 1.

At the hearing, Dr. Alqulali acknowledged she wrote the five prescriptions. She also provided a medical record for each of the five visits, which she claims are sufficient to show she procedurally followed all governing rules. See generally, Ex. W. Of note, the final set of medical records were not provided to the Board until after the hearing already commenced. While the timing of the disclosure, the failure to provide such documents to the Board when asked with the letter of inquiry, and the signature dates on some of the medical records (including previously undisclosed records that were signed on August 10, 2026 instead of the encounter date) all cast a shadow on the reliability of Dr. Alqulali's records, the Board will assume for purposes of this decision the documents were created at or near the time of each claimed encounter and are generally accurate. Indeed, evidence exists in the record the signature date on her records can be automatically undated if the document was not properly locked, and little doubt exists Dr. Alqulali was in fact treating her father during a difficult time based on her observations of him. As for the substantive propriety of the prescriptions, Dr. Alqulali described how her father was in distress each of the five instances she prescribed him medication and how the medication was within the standard of care for the distress, whether mental or physical.

In response, the State essentially argued at least some of the prescriptions did not substantively fall within the exception to the rule against providing controlled substances to family members because of the frequency and of the amount of medication being prescribed. In fact, the State elicited testimony revealing Dr. Alqulali generally had a positive relationship with her father's care team, meaning it was likely she could have contacted another provider at or near the time of each incident to write any necessary prescription. The State also argued procedurally Dr. Alqulali failed to meet the documentation and related requirements of the exception because, even if the belated medical records could be trusted, they were not sufficient to show a proper examination and rationale for the prescription, including documenting the conditions allowing Dr. Alqulali to meet the exception to the rule against writing close family members controlled-substances prescriptions.

Of note, in motion practice prior to the hearing and again at the hearing, Dr. Alqulali appears to have raised at least in passing whether the governing standards were too vague and whether the subpoenas by the Board during the investigation were proper. Dr. Alqulali also argued as a matter of policy any response to this matter should be limited because the conduct at issue was minor at best, the need of the community for Dr. Alqulali's services are great, the complaint and investigation were retaliatory, and no one was harmed as there is no evidence that the prescriptions at issue did anything but benefit Dr. Alqulali's father during the final phases of his life.

For clarity, and as discussed below, the Board finds Dr. Alqulali did write the five controlled substances prescriptions at issue. The Board further finds Dr. Alqulali's medical document of each encounter lacks needed detail on her examination of her father and failed to adequately document the circumstances allowing her to meet the exception and write the controlled substances prescriptions. The Board also finds Alprazolam prescriptions

substantively exceed any qualifying circumstances allowing her to write the prescription because of the sheer number of pills prescribed. Further, the Board notes Dr. Alqulali did not initially provide accurate testimony about whether she provided other family members with prescriptions, with the record showing this occurred. See Ex. 9.

Conclusions of Law

A.

“The Iowa Board of Medicine is the state’s administrative body responsible for licensing physicians and regulating medical professionals.” Calcaterra v. Iowa Bd. of Med., 965 N.W.2d 899, 901 (Iowa 2021) (citing Iowa Code § 147.13(1)). One aspect of this authority is “to investigate complaints against licensees and issue licensee discipline.” Irland v. Iowa Bd. of Med., 939 N.W.2d 85, 90 (Iowa 2020) (citing Iowa Code § 272C.3).

By rule, the Board can impose discipline upon a finding of improper management of medical records, which “includes but is not limited to failure to maintain timely, accurate, and complete medical records.”¹ 481 I.A.C. § 661.1(36). The Board can also impose discipline upon a finding of “indiscriminately or promiscuously prescribing, administering or dispensing any drug for other than lawful purpose,” which includes:

b. Prescribing or dispensing controlled substances to members of the licensee's immediate family.

(1) Prescribing or dispensing controlled substances to members of the licensee's immediate family is allowable for an acute condition or on an emergency basis when the licensee conducts an examination, establishes a medical record, and maintains proper documentation.

(2) Immediate family includes the physician's spouse or domestic partner and either of the physician's, spouse's, or domestic partner's parents, stepparents or grandparents; the physician's natural or adopted children or stepchildren and any child's spouse, domestic partner or children; the siblings of the physician or the physician's spouse or domestic partner and the sibling's spouse or domestic partner; or anyone else living with the physician.

Id. § 661.1(7).

Discipline for violating these provisions can include, among other things, revoking or suspending a license, imposing a period of probation or other conditions on the license, and issuing a civil penalty. Iowa Code § 272C.3(2). Any civil penalty may not to exceed \$10,000.00. 481 I.A.C. § 661.1. While the Board considers the totality of the circumstances when fashioning

¹Of note, the governing standards at the time of the incidents in 2024 were contained in Iowa Administrative Code section 653-23.1. They were moved to their current location in Section 481-661.1 as part of the recent government realignment. Since the standards are substantively identical in all relevant parts, the Board will cite to the new rule for the convenience of any reader.

what, if any, response is required to misconduct, the Board may specifically consider the following factors:

1. The relative serious nature of the violation as it relates to ensuring the citizens of this state a high standard of professional care.
2. The facts of the particular violation.
3. Any extenuating facts or other countervailing considerations.
4. The number of prior violations or complaints.
5. The seriousness of prior violations or complaints.
6. Whether remedial action has been taken.
7. Such other factors as may reflect upon the competency, ethical standards, and professional conduct of the licensee.

Id. § 504.4. The State bears burden of proof in a disciplinary action by a preponderance of the evidence. Eaves v. Bd. of Med. Examiners, 467 N.W.2d 234, 237 (Iowa 1991);

B.

Given the record made at the hearing, the State has carried its burden of proof with respect to the improper prescription charge contained in Count Two, as Dr. Alqulali failed to substantively and procedurally meet all the requirements for the exception to the rule against prescribing controlled substances to family members. With this finding, the Board does not need to reach the propriety of the largely duplicative Count One, and given the totality of the circumstances, the Board should impose a civil penalty, place Dr. Alqulali on probation, and require completion of two courses related to record keeping and proper prescribing of controlled substances.

As an initial matter, the State has carried its burden of proof to show a violation of Rule 661.1(7). Rule 661.1(7) prohibits dispensing controlled substances to members of the licensee's family unless substantively such is for an "acute condition" or on an "emergency basis" and procedurally the licensee "conducts and examination, establishes a medical record, and maintains proper documentation." 481 I.A.C. § 661.1(7). Here, the governing administrative rules do not define either acute or emergency; however, the Court of Appeals has approved of the Board's previous approach essentially drawn from the dictionary definition of the terms (in accord with standard legal interpretative principles), which focuses on the extent to which the condition is unexpected and the extent to which it presents a crisis level. Yates v. Iowa Bd. of Med., 988 N.W.2d 446 (Iowa Ct. App. 2022). As the Court explained:

The Board was justified in determining that dispensing controlled substances to a spouse as part of an elective cosmetic procedure did not fall into the exception for "an acute condition" under the rule. It makes sense for medical professionals to view "an acute condition" as akin to "an emergency basis," the other exception listed in rule 23.1(7)(b)(1). As they say, "words of a feather flock together." State v. Ross, 941 N.W.2d 341, 348 (Iowa 2020) (citation omitted) (discussing associated-words interpretive canon). Under the Board's

logic, to be an exception to the general prohibition against prescribing controlled substances to a close relative, the patient's condition must be unexpected and reaching a crisis level.

Id.

One part of remaining within the limited exception to writing prescriptions for controlled substances to close family members is ensuring the prescription does not last longer than the exigent circumstances allowing for it to be written. In other words, an acute condition or emergency basis is not an invitation to write a prescription for long-term care. If the prescription is written for a time longer than the condition is acute or the emergency lasts, then it typically cannot meet the regulatory language providing for the exception, which is why a prescription should generally be written only for the period of time necessary to resolve the issue or reasonably transition care to another provider, whichever is shorter. See generally, 481 I.A.C. § 661.1(7). It is here where Dr. Alqulali's actions substantively fall short because, even setting aside the Oxycodone and Diphenoxylate prescriptions, the controlled substance prescriptions to her father (a qualifying relative) for alprazolam in the amount of 60 to 90 pills that were meant to be taken over 20-30 days was not limited to treating any acute condition or on an emergency basis. It was written to address and provide long-term care for a chronic condition, which does not qualify for the exception. While the Board understands (at least to some degree) how difficult of a situation Dr. Alqulali was facing, it still does not justify writing a prescription lasting weeks instead of days to get her father past the crisis and allow another member of her father's care team to address the matter if needed. As such, a substantive violation of Rule 661.1(7) occurred.

The State has also proven a procedural violation of Rule 661.1(7). Rule 661.1(7) requires documentation, and this would include not only documenting the required physical exam but also surrounding relevant circumstances, such as the exigent circumstances that allowed the prescriber to invoke the exception. Here, Dr. Alqulali's medical records do not contain sufficient information about the nature and results of her examination prior to writing the prescription. For example, the December 22, 2024, medical report has a section on assessment, and it succinctly states anxiety, lower extremity edema, and local skin infection. Ex. W, at p. 1. Even assuming a full examination occurred as Dr. Alqulali indicates, this is not sufficient documentation of it. There needs to be some depth to what action was taken and why the results were reached. Likewise, this medical record does not detail all of the facts necessary to establish the matter was acute or action was on an emergency basis. At most, a chief complaint section states her father "needs water pill and anxiety medication," but this is not enough to show how the condition was unexpected and severe enough to warrant the exception applying. Indeed, strong policy considerations exist for limiting the prescription of controlled substances by those who could easily have a conflict of interest, and if a provider wants to fit within the narrow exception to the general prohibition against writing controlled substances prescriptions to family members, then documentation must be robust enough to establish the propriety of the action.

With finding the State met its burden of proof with respect to Count Two, there is no need to reach Count One concerning documentation. This is in part because Count One under the facts of this case is functionally a subset of Count Two, as both relate to documentation concerning the five instances of writing a prescription. This is also because the requirement to consider the totality of the circumstances when forging a response to misconduct means, at least in this case with a largely duplicative count, there would be no material difference in the outcome. As such, Count One is dismissed.

With finding a violation of Rule 661.1(7) as alleged in Count Two and dismissing Count One as unnecessary to reach, the remaining issue is what response is appropriate, and on balance, a civil penalty with probation and a requirement to take educational classes is justified with the record made at the hearing. As an initial matter, not all errors require Board action. At its core, the purpose of licensing systems is to advance the public interest, which primarily involves safety, by ensuring only individuals that are *competent* to perform licensed tasks and have the *character* to be trusted with the tasks are able to engage in the regulated activity. See, e.g., Stojanoff v. Dep't of Registration & Ed., 391 N.E.2d 10, 16 (1979) (“The predominant purpose in licensing professions is to prevent injury to the public by assuring professional competence, as well as honesty and integrity.”). Missteps that do not materially implicate either competence or character generally do not require a material response, particularly since sanctions cannot be based on punitive considerations. See generally, Brewbaker v. State Bd. of Regents, 843 N.W.2d 466, 473 (Iowa Ct. App. 2013) (“Consequently, the suspension serves a remedial, rather than punitive, purpose, and does not violate the Double Jeopardy Clause.”). Here, the Board must act because Dr. Alqulali repeatedly violated the rule against prescribing family members controlled substances. Her errors were not only procedural but also substantive, and it occurred in an area of medicine where there is a particularly strong need for compliance given the danger associated with the improper use of controlled substances.

As to the form of the action, the record first indicates that Dr. Alqulali needs further education on documentation and the rules governing appropriate prescribing, and as such, she will be required to complete two CPEP courses, namely Proper Prescribing of Controlled Substances and the Medical Record Keeping Seminar. Likewise, to ensure compliance with the governing rules, Dr. Alqulali must be placed on probation for three years with leave to file for early release after a year. The terms of the probation are that she cannot prescribe any controlled substances that would require use of the prescription monitoring program until the aforementioned classes are completed and her successful completion is reported to the Board. In addition, she must file a report with the Board every 6 months detailing all her controlled substances prescriptions that require use of the prescription monitoring program since either the date of this order or her last report to the Board (whichever is later). Third, a civil penalty of \$5,000.00 is appropriate given the number of issues in her conduct.

In reaching this conclusion, the Board rejects the various arguments of Dr. Alqulali to the contrary. Dr. Alqulali argued this entire matter is essentially improper because the source of the investigation was a complainant who was seeking to retaliate against Dr. Alqulali for her actions of raising an issue with her father’s care. However, the motivation of an individual that files a

complaint with the Board is generally immaterial because it typically does not bear on the issues to be decided in a disciplinary case, namely what are the standards of the profession, whether the licensee breached those standards, and what (if any) action the Board should take in response to any breach. The exception to this would be if the motivation of a complainant can call into question the credibility of the individual's statements, but this generally is important only when the person's statements are contested and form a necessary part of the factual basis for the misconduct. Neither condition exists here as, by the time of the hearing, no dispute exists. Dr. Alqulali wrote the prescriptions at issue, and this along with her own records establish the violation found by the Board.

Dr. Alqulali has also raised some concerns about the propriety of the subpoenas issued in this case, including the subpoena to the Board of Pharmacy for the prescription monitoring program data that showed her response to the Board was false and she had been prescribing controlled substances to her father. It is not entirely clear what to make of this concern because, when pressed at the hearing, Dr. Alqulali stated she was making more of a policy argument (i.e., the Board should out of a concern for good governance exercise its discretion to decline to find misconduct because there was an error in the investigation) versus a legal argument (i.e., the Board as a matter of law must suppress all evidence that was secured with the improper subpoena along with any fruits from it). Nonetheless, absent perhaps the most usual circumstances not present here, general governance concerns do not dictate overlooking systemic errors in prescribing controlled substances. Ensuring controlled substances are properly prescribed is a strong governmental interest. As for any legal claim, it is worth noting the United States Supreme Court has long held that subpoenas by an administrative agency tasked with investigating misconduct can be generally issued to dispel suspicion, meaning the grounds for issuing such a subpoena can be quite limited. See United States v. Morton Salt Co., 338 U.S. 632, 642 (1950) ("Because judicial power is reluctant if not unable to summon evidence until it is shown to be relevant to issues in litigation, it does not follow that an administrative agency charged with seeing that the laws are enforced may not have and exercise powers of original inquiry. It . . . can investigate merely on suspicion the law is being violated, or even just because it wants assurance that it is not."). Further, even if Dr. Alqulali could show some error in any subpoena along with how she has standing to bring such a claim at this time, it is unclear how this would benefit her because the exclusionary rule typically does not apply to licensing proceedings. See Westendorf v. Iowa Dept. of Transp., Motor Vehicle Div., 400 N.W.2d 553, 557 (Iowa 1987) (discussing the history and application of the exclusionary rule in civil proceedings), superseded by statute on other grounds as recognized in State v. Taeger, 781 N.W.2d 560, 565 (Iowa 2010). Thus, this argument also serves as no basis for relief at this time.

Dr. Alqulali also argued at least in passing that some of the language in the governing rule is too vague to be enforceable; however, it should be noted the standard for making such claims is high and actual finding of misconduct in this case rests on violating the specific rule governing writing controlled-substances prescriptions to close family members. See Wettach v. Iowa Bd. of Dental Examiners, 524 N.W.2d 168, 170–71 (Iowa 1994) (articulating the general standard for a vagueness challenge). In fact, recognizing the realities of the profession and the limits

of legal regulations, the Supreme Court has previously upheld the Board's general conduct standards against vagueness concerns, such the prohibition against "practice harmful or detrimental to the public," including conduct that falls below "the minimal standard of acceptable." Eaves v. Bd. of Med. Examiners, 467 N.W.2d 234, 236 (Iowa 1991). As a result, to the extent the Board can even consider any constitutional challenge being made, it does not appear Dr. Alqulali can prevail; indeed, the rule against her conduct is comparatively specific. See Shell Oil Co. v. Bair, 417 N.W.2d 425, 429 (Iowa 1987) (discussing what types of constitutional claims agencies may consider).

Finally, Dr. Alqulali argued that the Board should not find any violation because she has already taken four classes to update her knowledge, any violation was relatively minor at best particularly since she did nothing but relieve the suffering of her father during difficult times, and a sanction could endanger her ability to practice in a needed field in the State. While there is some strength to some of these claims in part because the State never asserted that the medication Dr. Alqulali prescribed to her father was inappropriate to his condition and Iowa does have a shortage of medical professionals, these claims nonetheless do not dictate a different outcome. First, as evidenced by her actions giving rise to the charges as well as by her statements at the hearing (including when she attempted to explain the standards governing prescribing controlled substances), there appears to be shortcomings in Dr. Alqulali's understanding of the topic, which necessitates further training and which is why the Board is ordering such. Second, while no dispute exists Dr. Alqulali cared deeply for her father and was in a difficult position caring for him, the governing law on prescribing controlled substances to close family members, including documentation, exist for a reason, which is to ensure and prove proper treatment with a dangerous substance. Even though the medication may have been appropriate to her father's condition during each of the instances, it still must be shown in the documents, which it was not. Further, Dr. Alqulali's treatment with Alprazolam lasted too long; any prescription should have been enough to transition him to another provider that lacks a conflict of interest she had, which is why the rule exists. Third, while the State certainly needs more providers, the rules on controlled substances must be enforced even if such creates some difficulty with her practice. Further, the remainder of the record does not change this in part because the record shows these five incidents were likely avoidable (as Dr. Alqulali explained how she had a positive relationship with her father's care team and appeared to have immediate access to them). It also did not help her that the record contains other instances of her writing prescriptions to family and her denying this until pressed by the Board with the record of it occurring. In short, Dr. Alqulali violated the governing standards and this measured response is the appropriate balance given the record.

Decision and Order

The State has carried its burden of proof that Dr. Alqulali committed the misconduct as alleged in Count Two as described in this order. Count One is dismissed as being not necessary to reach. The following is ordered:

1. A civil penalty is assessed against her in the amount of \$5,000.00;

2. Dr. Alqulali must successfully complete two CPEP courses, namely Proper Prescribing of Controlled Substances and the Medical Record Keeping Seminar; and
3. Dr. Alqulali is placed on probation for three years. Pending the completion of the CPEP courses and reporting such to the Board, Dr. Alqulali shall not prescribe any controlled substances that would require use of the prescription monitoring program. Dr. Alqulali must file a report with the Board every 6 months detailing all her controlled substances prescriptions that require use of the prescription monitoring program since either the date of this order or her last report to the Board (whichever is later). Dr. Alqulali may file for early release from probation after a year as long as the obligations under this order are met.

IT IS SO ORDERED

Dated this the 17th day of September 2026.

Signature on File

Chad Stadsvold, D.O., Chair
Iowa Board of Medicine

cc: Samantha Wagner, Attorney for the State (AEDMS)
Michael Sellers, Attorney for Respondent (AEDMS)
Trent Nelson, Attorney for Respondent (AEDMS)
Emily DeRonde, DIAL (AEDMS)
Charles Hill, DIAL (AEDMS)
Lacy Hepp, DIAL (AEDMS)
Laura Berardi, DIAL (AEDMS)

NOTICE

Any appeal to district court from a decision in a contested case will be taken within 30 days from the date of issuance of the decision by the board pursuant to Iowa Code section 17A.19.

BEFORE THE MEDICINE BOARD OF THE STATE OF IOWA

IN THE MATTER OF MONA ALQULALI, M.D. RESPONDENT	CASE NO.: 02-2025-0050 DIAL NO.: 26DBMB0011 NOTICE OF HEARING AND STATEMENT OF CHARGES
--	---

COMES NOW the Iowa Board of Medicine (“Board”) and files this Notice of Hearing and Statement of Charges against Mona Alqulali, M.D. (“Respondent”), pursuant to Iowa Code sections 17A.12, 17A.18, and 272C.3, 272C.10, and Iowa Administrative Code rule 481—506.5.

A. TIME, PLACE AND NATURE OF HEARING

1. **Hearing**. A contested case hearing shall be held on August 14, 2026, before the Board. The hearing shall begin at 10:00 a.m. CST and shall be located in the conference room at the office of the Iowa Board of Medicine, 6200 Park Avenue, Ste. 100, Des Moines, Iowa 50321.
2. **Prehearing Conference**. A prehearing conference to schedule pre-hearing deadlines shall be held by telephone on July 20, 2026 at 1:00 p.m. before Administrative Law Judge Gallagher from the Iowa Department of Inspections, Appeals and Licensing (ALJ) at the following conference line, 888-570-3602. Board rules on prehearing conferences may be found at Iowa Administrative Code rule 481—506.17.
3. **Prehearing Deadlines**. Discovery shall close 90 days before the hearing. The parties shall file their proposed exhibits and witness lists, if any, 60 days before the hearing. Any objections to the proposed materials must be filed 30 days before the hearing. Unless good cause is shown, the deadline for all motions, including motions in limine, is also 30 days before the hearing.

4. **Answer.** Within twenty (20) days of the date Respondent is served this Notice of Hearing and Statement of Charges you may file an Answer. In that Answer, you should also state whether you will request a continuance of the date and time of the hearing.
5. **Filing of Pleadings.** Pleadings shall be filed with the Board at the following address: Iowa Board of Medicine, 6200 Park Avenue, Ste. 100, Des Moines, Iowa 50321, by email to ibm@iowa.gov, or electronically using the Administrative Electronic Document Management System (adminhearings.iowa.gov/efile/).
6. **Presiding Officer.** The Board shall serve as presiding officer at the contested case hearing, but the Board hereby delegates to an Administrative Law Judge from the Department of Inspections, Appeals and Licensing, the authority to make initial rulings on prehearing matters with the exception of requests for continuances. The board requests the Administrative Law Judge be present to assist and advise the Board at hearing.
7. **Hearing Procedures.** The procedural rules governing the conduct of the hearing are found at Iowa Administrative Code rule 481—506.19. At the hearing, Respondent will be allowed the opportunity to respond to the charges, to produce evidence on her own behalf, to cross-examine witnesses, and to examine any documents introduced at hearing. Respondent may represent herself or be represented by counsel at her own expense. Pursuant to Iowa Administrative Code rule 481—506.19(11), the hearing is open to the public unless the Applicant requests the hearing be closed. At the request of either party, or on the board's own motion, the presiding officer may issue a protective order to protect documents which are privileged or confidential by law.
8. **Prosecution.** The Office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should

be provided to counsel for the State at the following address: Jennifer Klein,

Jennifer.Klein@ag.iowa.gov.

9. **Communications**. Parties may not contact board members about this contested case proceeding. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings filed with the Board and served upon all parties. Parties may contact Laura Berardi, Board Executive, Board of Medicine, at laura.berardi@dia.iowa.gov with questions about this proceeding.

B. LEGAL AUTHORITY AND JURISDICTION

10. **Iowa License**. Respondent was issued Iowa medical license MD-33032 on July 15, 1999. Respondent's medical license is active and expires on February 1, 2027.

11. **Jurisdiction**. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 17A, 147, 148, and 272C.

12. **Legal Authority**. If any of the allegations against Respondent are founded, the Board has authority to take disciplinary action under Iowa Code Chapters 17A, 147, 148, and 272C, and Iowa Administrative Code rule 481—504.2.

13. **Default**. If Respondent fails to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in Respondent's absence, in accordance with Iowa Code Section 17A.12(3) and Iowa Administrative Code rule 481—506.21.

C. STATEMENT OF CHARGES

COUNT I

14. **Improper Management of Medical Records.** Respondent is charged with failure to maintain timely, accurate, and complete medical records in violation of Iowa Administrative Code rule 481—661.1(36).

COUNT II

15. **Improper Prescribing.** Respondent is charged with improper prescribing in violation of Iowa Administrative Code rule 481—661.1(7). Improper prescribing includes prescribing or dispensing controlled substances to members of the licensee's immediate family unless done for an acute condition or on an emergency basis when the licensee conducts an examination, establishes a medical record, and maintains proper documentation.

D. STATEMENT OF THE MATTERS ASSERTED

16. **Practice Setting**. Respondent is an Iowa-licensed family medicine physician.

17. **Allegations**. A short and plain Statement of the Matters Asserted (Statement) was reviewed and approved by the Board at the time this Notice of Hearing and Statement of Charges was filed. The Statement shall be furnished to Respondent as an attachment to this Notice of Hearing and Statement of Charges. However, the Statement is not a public record pursuant to Iowa Code section 272C.6(4)(a).

E. SETTLEMENT

18. This matter may be resolved by settlement agreement. The procedural rules governing the settlement process are found at Iowa Administrative Code rule 481—506.35. If you are interested in pursuing settlement of this matter, please contact the Assistant Attorney General identified above.

F. PROBABLE CAUSE FINDING

19. On March 19, 2026, the Iowa Board of Medicine found probable cause and voted to file this Statement of Charges.

Dated this 19th day of March, 2026.

Signature on File

Chad Stadsvold, D.O., Chair
Iowa Board of Medicine
6200 Park Avenue, Ste. 100
Des Moines, Iowa 50321#

PLEASE NOTE: If you require the assistance of auxiliary aids or services to participate in this matter because of a disability, immediately call 515-281-0233. (If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942).