

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

IN THE MATTER OF:)

JOSEPH L. BATES, D.D.S.)
222 Washington Avenue E.)
Albia, IA 52531)

License# 7538)

Respondent)

**STIPULATION AND CONSENT
REINSTATEMENT ORDER**

On this 16th day of October, 2003, the Iowa Board of Dental Examiners and Joseph L. Bates, D.D.S., each hereby agree with the other and stipulate as follows:

1. That the reinstatement hearing, not currently scheduled shall be resolved without proceeding to hearing, as the parties have agreed to the following Stipulation and Consent Reinstatement Order.
2. That Respondent was issued a license to practice dentistry in the state of Iowa on the 22nd day of July, 1991, as evidenced by License Number 7538 which is recorded in Book D, Page 60, of the permanent records in the office of the Iowa Board of Dental Examiners.
3. That Iowa Dental License Number 7538 is indefinitely suspended by Order of the Board on December 18, 1997.
4. That the Iowa Board of Dental Examiners has jurisdiction over the parties and subject matter herein.

5. Respondent reports to the Board that he has undergone an intensive inpatient evaluation and participated in subsequent treatment at a Board approved facility. Said facility supports Respondent's return to the practice of dentistry.

6. Respondent reports to the Board that he has undergone a comprehensive clinical assessment of his dental skills at a Board approved and accredited dental school. Said school supports Respondent's return to the practice of dentistry.

7. The Board has reviewed these reports.

THEREFORE IT IS HEREBY ORDERED that Respondent's license to practice dentistry in the State of Iowa shall be reinstated effective with the date of this Order and is hereby placed on indefinite probationary status subject to the following terms and conditions.

SECTION I.

1. Respondent agrees to follow recommendations of the treatment facility.
2. The Respondent shall immediately sign releases to allow for the free flow of information between the Board and all of Respondent's current evaluators, counselors, and aftercare providers.
3. The Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.
4. The Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs, including mileage and expenses, incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit for such costs.

5. The Respondent shall submit monthly reports detailing his compliance with this Order for a period of six (6) months. Following this six (6) month period, Respondent shall submit reports on a quarterly basis detailing his compliance with the terms of his Order during the remainder of his probationary period. These reports shall include, but not be limited to, verification of Alcoholics Anonymous/Narcotics Anonymous attendance and participation with his physician counselor/aftercare provider(s).
6. The Respondent shall upon reasonable notice, and subject to the waiver provisions of Board rule 650 Iowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
7. Periods of residency outside of the State of Iowa may be applied toward period of probation if prior approved by the Board. Any changes in residency must be provided to the Board in writing within fourteen (14) days of departure.

SECTION II.

1. The Respondent's prescribing, administering, and dispensing privileges relating to all controlled substances, including Tramadol (Ultram) continues to be suspended. Responded shall not apply for reinstatement of his DEA or CSA registrations without prior written approval of the Board.
2. The Respondent shall completely abstain from the personal use and possession of alcohol and all controlled substances or drugs in any form unless prescribed by a duly licensed and treating health care provider in consultation with his treating addictionologist. The Respondent shall inform any treating health care provider of his prior chemical dependency prior to accepting any prescription drug and ensure

that the treating health care provider consults with his treating addictionologist before issuing him any prescriptions for controlled substances. The Respondent shall report to the Board in writing within forty-eight (48) hours, any use of any prescription drugs. The report shall include the name and quantity of the prescription, the name and phone number of the prescribing health care provider, the reason for the prescription, and the name and telephone number of the pharmacy where the prescription was filled.

3. The Respondent shall obtain and work with a local 12-step sponsor and attend meetings of Alcoholics Anonymous or Narcotics Anonymous at least two (2) times each week. Respondent shall document and submit written verification of his attendance at these meetings to the Board. Verification of meeting attendance requires the date, time, and location of the meeting along with a signature or initials of another person in attendance accompanied by a phone number that they can be reached at for verification.
4. The Respondent shall remain under the care of his discharging physician counselor who is a certified addictionologist. Respondent shall meet with his physician counselor on a quarterly basis. Respondent shall sign releases to allow the Board to fully communicate with his physician counselor. Respondent shall promptly document compliance with any and all recommendations made by his physician counselor.
5. The Respondent is responsible for ensuring that his physician counselor submits written quarterly reports to the Board concerning Respondent's treatment and progress. The report shall include, but is not limited to, the Respondent's progress,

participation in treatment, and compliance with the physician counselor's recommendations. The counseling shall be at Respondent's expense.

- a. The Board's approval of the physician counselor may be rescinded by the Board for good cause.
- b. If the Respondent or physician counselor feel it is necessary to terminate their doctor/patient relationship, a written explanation by both parties must be submitted to the Board at least thirty (30) days before termination of the relationship.
- c. In either case, the Respondent shall submit other names of physician counselors for the Board's approval within fifteen (15) days from the date of the Board's rescission Order or date of doctor/patient relationship termination.

6. The Respondent shall participate in group counseling for people in recovery at a facility prior approved by the Board which shall be arranged within twenty-one (21) days of the date of this Order. The Respondent shall attend group counseling sessions once a week for a minimum of three (3) months from the date of this Order. After this three (3) month period, the schedule shall be set by his individual counselor but shall not be less than once monthly without prior Board approval. The counseling shall be at Respondent's expense.

7. The Respondent shall participate in individual counseling at a facility prior approved by the Board which shall be arranged within twenty-one (21) days of the date of this Order. The Respondent shall attend counseling sessions once a week for a minimum of three (3) months from the date of this Order. After this three (3) month

period, the schedule shall be set by his individual counselor but shall not be less than once monthly without prior Board approval. The counseling shall be at Respondent's expense.

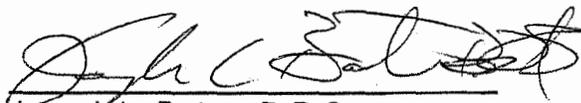
8. Any relapse of Respondent shall be immediately reported to the Board by the Respondent, as well as to all treating health care providers who care for Respondent.
9. The Respondent shall submit to unannounced random witnessed blood or urine samples on demand by any agent or designee of the Board. The samples shall be used for drug and alcohol screening and all costs associated with the drug and alcohol screening shall be promptly paid by Respondent.
10. The Respondent shall provide notice to all current and future licensees/registrants in his practice, employers, and staff, of this action against his license. The Respondent shall report back to the Board with signed statements from all current and future licensees/registrants, employers, and employees within ten (10) days of the date of this Order and thereafter within ten (10) days of any new employment relationship, that they have read this Order.

SECTION III.

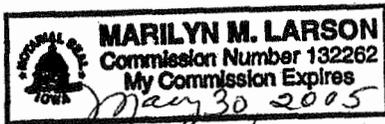
1. The Respondent acknowledges that he has read in its entirety the foregoing Stipulation and Consent Order and that he understands its content and that he executed the Order freely, voluntarily, and with no mental reservation whatsoever.
2. The Respondent acknowledges his right to a hearing as provided for by law and waives his right to a hearing in this matter.

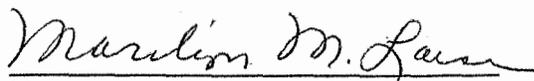
3. The Respondent acknowledges that he has the right to be represented by counsel in this matter.
4. The Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.
5. The Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
6. The Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured him, in any way whatsoever, to execute this Order.
7. The Respondent acknowledges that this Order is subject to approval of a majority of the full Board. If the Board fails to approve this proposed Order, it shall be of no force or effect as to either party.
8. The Respondent shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dentistry in Iowa. Any violation of the terms of this Order is grounds for further disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code Section 272C.3(2)(a) (2003).
9. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board.
10. This Order shall replace any requirements from Respondent's previous Board Orders dated December 18th, 1997, and April 14th, 1995.

This Stipulation and Consent Order is voluntarily submitted on this 1st day of
October, 2003.

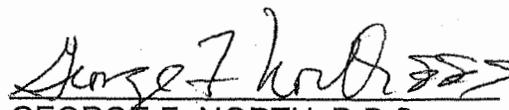

Joseph L. Bates, D.D.S.
Respondent

Subscribed and Sworn to before me on this 1st day of October, 2003.




Marilyn M. Larson
Notary Public in and for
the State of Iowa

This Stipulation and Consent Order is accepted by the Iowa Board of Dental
Examiners on this 16th day of October, 2003.


GEORGE F. NORTH, D.D.S.
Chairperson
Iowa Board of Dental Examiners
400 SW 8th Street, Ste. D
Des Moines, IA 50309

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