

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

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**IN THE MATTER OF THE NOTICE OF HEARING AGAINST**

**ROBIN S. COPIC, R.D.H., RESPONDENT**

**DES MOINES, IOWA**

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**NOTICE OF HEARING, SETTLEMENT AGREEMENT and FINAL ORDER**

**(combined)**

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**COMES NOW** the Iowa Dental Board (the Board), and Robin S. Copic, R.D.H. (Respondent), on January 26, 2010, and pursuant to Iowa Code Sections 17A.10(2) and 272C.3(4), enter into the following combined Notice of Hearing, Settlement Agreement and Final Order.

**NOTICE OF HEARING**

1. A hearing on this matter will not be held as the Board and Respondent have entered into the following combined Notice of Hearing, Settlement Agreement and Final Order.
2. Respondent was issued dental hygiene license number 2289 to practice dental hygiene in the state of Iowa on September 3, 1992.
3. Respondent's Iowa dental hygiene license is current and will expire on August 31, 2011.

## **LEGAL AUTHORITY AND JURISDICTION**

4. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 153 and 272C.

## **SECTIONS OF STATUTES AND RULES INVOLVED**

### **COUNT I**

5. Respondent is charged under Iowa Code Section 153.34(7) (2009) for unprofessional conduct in the practice of dental hygiene for prescribing controlled substances, in violation of 650 Iowa Administrative Code Section 10.4(2).

### **COUNT II**

6. Respondent is charged under Iowa Code Section 153.34(4) (2009) with repeated violation of the rules of the Board by performing services that exceed the scope of practice for dental hygiene, in violation of 650 Iowa Administrative Code 10.4(2).

### **COUNT III**

7. Respondent is charged under Iowa Code Section 153.34(14) (2009) with being unable to practice dental hygiene with reasonable skill and safety by reason of illness, or habitual use of drugs, intoxicants, narcotics, chemicals or other types of materials, or as a result of a mental or physical condition.

## **STATEMENT OF MATTERS ASSERTED**

8. Board rules allow licensed dentists to prescribe controlled substances to patients of record.

9. Board rules do not authorize dental hygienists to prescribe controlled substances.
10. The Board received information that Respondent has on multiple occasions, called in prescriptions for a controlled substance to herself, to multiple members of her family, and to a subject who was not a patient of record of her employing dentist.
11. Respondent's employer dentist did not give authorization or have knowledge of the prescriptions being issued by Respondent.

### **SETTLEMENT AGREEMENT**

**THEREFORE, IT IS HEREBY ORDERED** that Respondent's license to practice dental hygiene in the state of Iowa shall immediately be placed on probation for a period of five (5) years from the date of this Order subject to the following terms:

12. On November 4, 2009, Respondent voluntarily submitted to a substance abuse evaluation at a facility prior approved by the Board. Following this evaluation the Respondent was given recommendations which included entering into residential treatment at MECCA in Des Moines, Iowa. Other recommendations from this facility are incorporated below.
13. Respondent has successfully complete residential treatment.
14. 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 her treating health care provider(s). The Respondent shall inform any treating health care

provider of her prior chemical dependency prior to accepting any prescription drug for controlled substances.

15. Respondent shall participate in the Board's random drug and alcohol screening program. Respondent agrees to submit to testing at the frequency rate determined by the Board. In addition, Respondent shall submit to unannounced random witnessed blood, urine, hair, or breath analysis samples on demand by any agent or designee of the Board. Respondent shall promptly pay all costs associated with all drug and alcohol screenings.
16. Respondent shall enter level II intensive outpatient service at Mercy First Step, located in Des Moines, Iowa. Respondent shall promptly comply with all recommendations made by Mercy First Step.
17. Respondent shall obtain and work with a local 12-step sponsor and attend meetings of Alcoholics Anonymous or Narcotics Anonymous at least three (3) times each week. Respondent shall document and submit written verification of her 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 at which the person can be reached for verification.
18. 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.

19. Respondent shall disclose to all current and future licensees, employers, and staff in her practices this Order. The Respondent shall report back to the Board with signed statements from all current and all future employers/employees within fourteen (14) days of the date of this Order and thereafter within fourteen (14) days of any new employment relationship, indicating that they have read this Order.
20. Respondent shall submit the name of a practitioner or co-worker who regularly observes and/or supervises her in a practice setting to serve as her Worksite Monitor (WSM). The WSM is required to report to the Board any suspected impairment, inappropriate behavior, questionable dental practice, or professional misconduct. In addition, the WSM shall keep the Board apprised of any restriction in the scope of the Respondent's clinical privileges and changes thereof that were the result of or may be affected by the Respondent's impairment. The WSM shall provide written quarterly reports to the Board prior to the first day of January, April, July, and October, of each calendar year during the probationary period.
21. Respondent shall submit monthly reports detailing her compliance with this Order for a period of six (6) months. After six (6) months the Respondent shall submit quarterly reports detailing her compliance with the terms of her Order during the remainder of her probationary period. Respondent shall ensure that

the reports are submitted prior to the first day of January, April, July, and October, of each calendar year during the probationary period. These reports shall include, but not be limited to, verification of Alcoholics Anonymous/Narcotics Anonymous attendance and participation with her treatment provider(s).

22. Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit one hundred (\$100.00) dollars on or before the first day of January, April, July, and October, of each calendar year for monitoring costs.
23. Periods of residence or practice outside of the state of Iowa shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board. Periods in which Respondent does not practice dental hygiene and/or she fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board. Notice of any change of residence must be provided to the Board within fourteen (14) days of the change.

#### **FINAL ORDER**

24. This combined Notice of Hearing, Settlement Agreement and Final Order constitutes the resolution of a contested case proceeding.

25. By entering into this combined Notice of Hearing, Settlement Agreement and Final Order, Respondent voluntarily waives any rights to a contested case hearing and waives any objections to the terms of this Settlement Agreement.
26. Respondent understands that by entering into this combined Notice of Hearing, Settlement Agreement and Final Order, she cannot obtain a copy of the investigative file. Under Section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.
27. This combined Notice of Hearing, Settlement Agreement and Final Order, is voluntarily submitted by Respondent to the Board for consideration.
28. Respondent acknowledges that she has the right to be represented by counsel in this matter.
29. This combined Notice of Hearing, Settlement Agreement and Final Order becomes public record available for inspection and copying upon execution of this agreement in accordance with the requirements of Iowa Code Chapters 17, 22 and 272C.
30. Respondent understands that the Board will report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
31. Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured her, in any way whatsoever, to execute this Order.

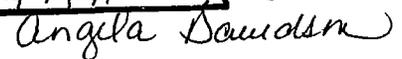
32. This combined Notice of Hearing, Settlement Agreement and Final Order is subject to approval of the Board. If the Board fails to approve this combined Notice of Hearing, Settlement Agreement and Final Order, it shall be of no force or effect to approval of either party.
33. The Board's approval of this Notice of Hearing, Settlement Agreement and Final Order shall constitute a **Final Order** of the Board.

  
Robin S. Copic, R.D.H.  
Respondent

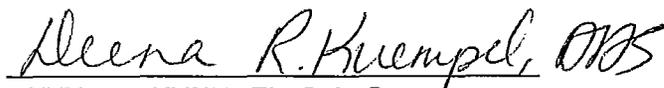
Subscribed and sworn to before me on January 22, 2010.

Notary Public, state of Iowa





This combined Notice of Hearing, Settlement Agreement and Final Order is approved by the Board on January 26, 2010.

  
DEENA R. KUEMPEL, D.D.S.  
Chairperson  
Iowa Dental Board  
400 SW 8<sup>th</sup> Street, Suite D  
Des Moines, IA 50309-4867

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