

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF</p> <p>Tina Baysinger 610 John Goodhue, Apt. # 2 Carlisle, IA 50047</p> <p>Certification: PM-15-102-08</p>	<p style="text-align: right;">Case # 17-07-12</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;">PROBATION</p>
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Pursuant to the provisions of Iowa Code Sections 17A.18 and 147A.7, and Iowa Administrative Code (I.A.C.) 641--131.7, the Iowa Department of Public Health is proposing to place your certification on **probation** for one year from the date of this notice.

The Department may place a provider on probation when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

*Habitual intoxication or addiction to drugs.
Iowa Code Section 147A.7(1)g and IAC 641 – 131.7(2)q*

Fraud in procuring certification or renewal, including but not limited to: Concealment of that which should have been disclosed when making application for a certification. IAC 641 – 131.7(3)d(2)

The following has led to this notice:

On the renewal application for your paramedic certification (PS-15-102-08), dated March 5, 2008 you answered “no” to the following questions: “*Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological condition, impairment, or disorder, including drug addiction and alcoholism.*” and “*Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?*”

On the renewal application for your paramedic certification (PS-15-102-08), dated April 1, 2010 you answered “no” to the following questions: “*Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological condition, impairment, or disorder, including drug addiction and alcoholism.*” and “*Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?*”

On the renewal application for your paramedic certification (PM-15-102-08), dated March 27, 2012 you answered “no” to the following questions: “*Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological condition, impairment, or disorder, including drug addiction and alcoholism.*” and “*Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?*”

On the renewal application for your paramedic certification (PM-15-102-08), dated February 9, 2014 you answered “no” to the following questions: “*Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological condition, impairment, or disorder, including drug addiction and alcoholism.*” and “*Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?*”

On the renewal application for your paramedic certification (PM-15-102-08, dated March 15, 2016 you answered “no” to the following questions: “*Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological condition, impairment, or disorder, including drug addiction and alcoholism.*” and “*Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?*”

During a telephone interview conducted on September 22, 2017 you stated you have enrolled in alcohol treatment, due to alcohol dependency, two times during the last ten years, including one instance in 2007 and one in 2014. You failed to disclose this condition to the Department on the five applications noted above.

Additionally, you submitted a substance abuse evaluation completed in November 2017 with a diagnosis of Severe Alcohol Use Disorder.

Your probation shall be subject to the following terms and conditions:

- a. You shall follow all treatment and aftercare recommendations made by the facility at which you received your substance abuse evaluation.
- b. You shall not consume alcohol or any mood altering chemicals or drugs and shall not use any prescription medication unless prescribed or dispensed by a physician in an appropriate manner.
- c. You shall immediately provide a specimen of blood or urine when requested to do so by a bureau investigator or designee. You shall sign all necessary release of information forms to ensure the bureau office receives results from the testing as soon as the results are available. The cost of all such tests shall be assessed to you.
- d. You shall submit quarterly reports to the bureau (filed no later than January 10, April 10, July 10, and October 10) which shall include the following information:
 - i. The time period covered by the report
 - ii. Verification that you have complied with the terms of probation as specified in this notice.
- e. You shall make a personal appearance before the bureau upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- f. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- g. You shall notify any current or potential employer, to include direct supervisors, and any EMS training program you enroll in for courses leading to certification of the reasons for this probation.
- h. You shall notify the bureau of any change in address within one week of said change.
- i. In the event you violate or fail to comply with any of the terms or provisions of your probation, the department may initiate appropriate action to revoke or suspend your certification or to impose other appropriate discipline.

- j. This Notice shall be part of the permanent record of the bureau and shall be considered by the bureau in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

You have the right to request a hearing concerning this notice of disciplinary action. A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be submitted to the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, 321 E 12th St, Des Moines, Iowa 50319. If the request is made within the twenty (20) day time limit, the proposed action is suspended pending the outcome of the hearing. Prior to, or at the hearing, the Department may rescind the notice upon satisfaction that the reason for the action has been or will be removed.

If no request for a hearing is received within the twenty (20) day time period, the disciplinary action proposed herein shall become effective and shall be final agency action.



Rebecca Curtiss
Bureau Chief
Iowa Department of Public Health
Bureau of Emergency and Trauma Services

1-5-2018
Date