

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

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Re:	)	Case No. 2001-13390
Pharmacist License of	)	
<b>RONALD E. ZIMMERMAN</b>	)	<b>STATEMENT OF CHARGES</b>
License No. 13390	)	
Respondent	)	

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**COMES NOW**, the Complainant, Lloyd K. Jessen, and states:

1. He is the Executive Secretary/Director for the Iowa Board of Pharmacy Examiners and files this Statement of Charges solely in his official capacity.
2. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 155A and 272C (2001).
3. On September 7, 1967, the Board issued Respondent, Ronald E. Zimmerman, a license to engage in the practice of pharmacy by examination as evidenced by license number 13390, subject to the laws of the State of Iowa and the rules of the Board.
4. License number 13390 is current and active until June 30, 2003.
5. The Board has previously disciplined the Respondent's license to practice pharmacy for controlled substance violations. A Statement of Charges was filed against the Respondent on October 11, 1991. That Statement of Charges was resolved by an informal settlement dated January 14, 1992, entered into between the Respondent and the Board.
6. Respondent's current address is 207 ½ North Lake Street, Lake Mills, 50450.
7. Respondent is currently self-employed as the pharmacist in charge at Zimm's Drug, 213 West Main, Lake Mills, Iowa 50450, and has been employed as such during all times relevant to this statement of charges.

**COUNT I**

The Respondent is charged with unlawful possession of prescription drugs in violation of

Iowa Code § 155A.21 (2001) and 657 Iowa Administrative Code §§ 36.1(4)(h), 36.1(4)(j), and 36.1(4)(u).

## COUNT II

The Respondent is charged with the inability to practice pharmacy with reasonable skill and safety by reason of excessive use of alcohol, chemical abuse, and/or mental impairment in violation of Iowa Code § 155A.12(1) (2001) and 657 Iowa Administrative Code §§ 36.1(4)(d), 36.1(4)(m), and 36.1(4)(u).

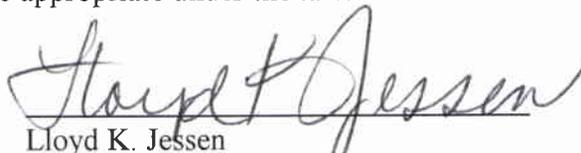
## COUNT III

The Respondent is charged under Iowa Code § 155A.12(1) (1999) and 657 Iowa Administrative Code § 36.1(4)(b)(4) with failure to conform to the minimal standard or acceptable and prevailing practice of pharmacy in the State of Iowa.

## THE CIRCUMSTANCES

1. The Board received a complaint about the Respondent that prompted investigation by a Board investigator.
2. During the investigation, the Respondent admitted that he had been self-medicating with prescription drug without a valid prescription.
3. The results of a comprehensive psychological evaluation including, substance abuse evaluation, indicate that the Respondent suffers from alcohol dependence and a possible mental impairment.
4. The Board investigation also revealed several instances in which the Respondent deviated from the standard of care when filling prescriptions.

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

  
Lloyd K. Jessen  
Executive Secretary/Director

On this 7<sup>th</sup> day of August, 2001, the Iowa Board of Pharmacy Examiners found probable cause to file this Statement of Charges and to order a hearing in this case.



Matthew C. Osterhaus, Chairperson  
Iowa Board of Pharmacy Examiners  
400 SW Eighth Street, Suite E  
Des Moines, Iowa 50309-4688

cc: Shauna Russell Shields  
Assistant Attorney General  
Hoover State Office Building  
Des Moines, Iowa 50319

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

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Re:	)	Case No. 2001-13390
Pharmacist License of	)	
<b>RONALD E. ZIMMERMAN</b>	)	<b>STIPULATION</b>
License No. 13390	)	<b>AND</b>
Respondent	)	<b>CONSENT ORDER</b>
	)	

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COME NOW the Iowa Board of Pharmacy Examiners (“the Board”) and Ronald E. Zimmerman, R.Ph. (“Respondent”) and, pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2001), enter into the following Stipulation and Consent Order settling the contested case currently on file.

The licensee disciplinary hearing pending before the Iowa Board of Pharmacy Examiners, on the allegations specified in the Statement of Charges filed against the Respondent on August 7, 2001, shall be resolved without proceeding to hearing, as the parties have agreed to the following Stipulation and Consent Order:

1. That the Respondent was issued a license to practice pharmacy in Iowa on September 7, 1967, by examination as evidenced by Pharmacist License Number 13390, which is recorded in the permanent records of the Iowa Board of Pharmacy Examiners.
2. That Iowa Pharmacist License Number 13390, issued to and held by the Respondent is active and current until June 30, 2003.

3. The Respondent is not currently employed as a pharmacist.
4. A Statement of Charges was filed against the Respondent on August 7, 2001.
5. That the Iowa Board of Pharmacy Examiners has jurisdiction over the parties and the subject matter herein.
6. This Stipulation and Consent Order is entered into in order to resolve disputed claims and constitutes no admission on the part of the Respondent.
7. Upon the date of the Board's approval of this Stipulation and Consent Order, the Respondent's license to practice pharmacy shall be suspended indefinitely until it is certified to the Board that the Respondent has completed the courses of treatment, evaluations and examinations provided in subparagraphs 7(c) through 7(e) and the treatment providers in subparagraphs 7(c) and 7(d) determine that the Respondent is able to competently and safely practice pharmacy. During the time the Respondent's license to practice pharmacy is suspended, the Respondent shall comply with the following terms and conditions:
  - a. The Respondent shall maintain complete abstinence from alcohol, as well as all other potentially addictive drugs.
  - b. The Respondent shall not use any controlled substance or prescription drug in any form unless the controlled substance or prescription drug has been authorized and prescribed for the Respondent by a licensed, treating physician or other qualified treating health care provider. The Respondent shall inform any treating physician or other treating health care provider of his medical history, including his history of chemical dependency.

- c. The Respondent shall complete an intensive residential dual-diagnosis course of treatment, at a facility that is pre-approved by the Board. Said treatment shall include, but is not limited to addressing the allegations in the Statement of Charges and the issues raised by the Professional Recovery Network's evaluation of the Respondent. The Respondent agrees to comply with the recommendations of his treatment provider. As a condition of reinstatement, the Respondent's treatment provider must certify to the Board that (1) the Respondent has completed a course of treatment and (2) that problems for which the Respondent was treated or which become apparent during the course of treatment do not impair his ability to safely and competently engage in the practice of pharmacy. In agreeing to this Settlement Agreement and Final Order, the Respondent explicitly waives any objection to the Board's releasing details relating to this disciplinary action, including the investigative file, to the treatment provider to assist the treatment provider in treatment of the Respondent.
- d. The Respondent shall obtain a neuropsychological evaluation by an evaluator pre-approved by the Board at a date later than the six month anniversary of the Board's approval of this Stipulation and Consent Order to assess the status of his cognitive abilities. As a condition of reinstatement, the evaluator must certify to the Board that (1) the Respondent has completed the required neuropsychological evaluation and (2) that the results do not reveal impairments to the Respondent's ability to

safely and competently engage in the practice of pharmacy.

- e. The Respondent shall follow up with his primary care physician, Dr. Eshelman-Peters, in Lake Mills, Iowa regarding the issues raised by the Statement of Charges filed by the Board and the evaluation report prepared by Professional Recovery Network. The Respondent shall comply with any treatment recommendations of Dr. Eshelman-Peters. As a precondition to reinstatement, Dr. Eshelman-Peters shall certify to the Board that the Respondent has complied with this requirement.
- f. The courses of treatments, examinations, and evaluations required by subparagraphs 7(c) through 7(e), above, shall be at the Respondent's expense.
- g. In agreeing to this Settlement Agreement and Final Order, the Respondent explicitly waives any objection to the Board's releasing details relating to this disciplinary action, including the investigative file and the evaluation report prepared by the Professional Recovery Network, to the treatment providers and evaluators referred to in subparagraphs 7(c) through 7(e), above, to assist the treatment providers and evaluators in evaluation and treatment of the Respondent.
- h. The Respondent agrees to sign necessary releases to allow the treatment providers and evaluators referred to in subparagraphs 7(c) through 7(e), above, to communicate with each other regarding the Respondent's condition and treatment.

- i. The Respondent agrees to release all his medical records to the Board, including all medical recordings pertaining to evaluation and treatment for mental conditions and for alcohol and substance abuse, and agrees to allow the free flow of information between the Board and the Respondent's physician(s) and treatment provider(s) and to ensure that the Board receives all necessary information if further evaluation or treatment of Respondent is requested or required. This release of medical records, including records pertaining to treatment for alcohol and substance abuse, is effective for five (5) years from the date of the Board's approval of this Order.
- j. During the period the Respondent's license is suspended, the Respondent shall file written, sworn quarterly reports with the Board attesting his compliance with all the terms and conditions of this Stipulation and Consent Order. The reports shall be filed not later than September 5, December 5, March 5, and June 5 of each year of the Respondent's probation. The quarterly reports shall include the Respondent's place of employment, current home address, home telephone number, or work telephone number, and any further information deemed necessary by the Board from time to time.
- k. The Respondent agrees that he will not practice pharmacy in the State of Iowa and will not represent himself as a licensed pharmacist while his license is suspended. The Respondent also agrees that he will not work as

a pharmacy technician while his pharmacist license is suspended.

8. Upon satisfactory certification to the Board that the Respondent has completed the requirements of Subparagraphs 7(c) through 7(e), above, and that the Respondent may safely and competently practice pharmacy as specified in subparagraphs 7(c) and 7(d), above, the Respondent's license to practice pharmacy in the State of Iowa shall be restored, and the Respondent's license shall be placed on probation for a period of five (5) year(s), under the following terms and conditions:
  - a. Respondent shall not consume alcohol.
  - b. Respondent shall not use any controlled substance or prescription drug in any form unless the controlled substance or prescription drug has been authorized and prescribed for the Respondent by a licensed, treating physician or other qualified treating health care provider. The Respondent shall inform any treating physician or other treating health care provider of his medical history, including his history of chemical dependency.
  - c. Respondent shall provide witnessed blood or urine specimens on demand by an agent of the Board. The specimens shall be used for alcohol and drug screening and to verify the Respondent's compliance with any drug therapy ordered by the Respondent's physician, all costs of which shall be paid by the Respondent.
  - d. The Respondent shall comply with all treatment recommendations of his treatment program and his physicians and/or counselors. The treatment program or physician/counselor shall submit quarterly reports to the Board

documenting the Respondent's compliance with the treatment program.

- e. The Respondent shall file written, sworn quarterly reports with the Board attesting his compliance with all the terms and conditions of this Stipulation and Consent Order. The reports shall be filed not later than September 5, December 5, March 5, and June 5 of each year of the Respondent's probation. The quarterly reports shall include the Respondent's place of employment, current home address, home telephone number, or work telephone number, and any further information deemed necessary by the Board from time to time.
- f. The Respondent shall attend aftercare meetings and Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings as recommended by Respondent's physician or treatment provider. The Respondent shall append to each quarterly report referred to in subparagraph 8(e) above, statements signed or initialed by another person in attendance at the meetings attesting to the Respondent's attendance and continuing participation. The statement shall include the time, date, and location of the meetings attended.
- g. The Respondent shall make personal appearance before the Board or a Board committee upon request. The Respondent shall be given reasonable notice of the date, time, and location for such appearances. Any such appearance shall be subject to the waiver provisions of 657 Iowa Administrative Code § 35.9.

- h. The Respondent shall obey all federal and state laws and regulations substantially related to the practice of pharmacy and the distribution of controlled substances.
- i. The Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist through continuing education (CE) as directed by the Board.
- j. The Respondent shall not supervise any registered pharmacist-intern and shall not perform any of the duties of a pharmacy preceptor.
- k. The Respondent shall have an ownership interest in an Iowa pharmacy and shall not serve as the pharmacist in charge of a pharmacy.
- l. The Respondent shall participate in the Iowa Pharmacy Recovery Network (IPRN) program under the direct support of a pharmacist advocate.
- m. During probation, the Respondent shall inform the Board in writing within ten (10) days of any change of home address, place of employment, home telephone number, or work telephone number.
- n. The Respondent shall notify all present and prospective employers of the resolution of this case and the terms, conditions, and restrictions imposed on Respondent by this document. Within thirty (30) days after approval of this Stipulation and Consent Order by the Board, and within fifteen (15) days of undertaking new employment as a pharmacist, Respondent shall cause his pharmacy employer to report to the Board in writing acknowledging that the employer has read this document and understands

it.

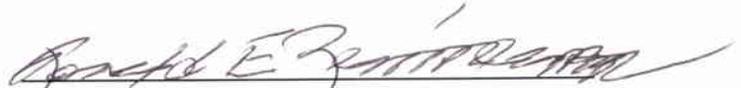
o. The Respondent agrees to release all his medical records to the Board, including all medical recordings pertaining to treatment for mental conditions and for alcohol and substance abuse, and agrees to allow the free flow of information between the Board and Respondent's physician(s) and treatment provider(s) and to ensure that the Board receives all necessary information if further evaluation or treatment of Respondent is requested or required. This release of medical records, including records pertaining to treatment for alcohol and substance abuse, is effective for five (5) years from the date that the Respondent's license is reinstated and placed on probation.

9. The Respondent shall obey all federal and state laws, rules, and regulations substantially related to the practice of pharmacy.
10. During the probationary period, the Respondent shall notify all present employers and prospective employers (no later than at the time of an interview), including the pharmacist-in-charge, of the resolution of this case and the terms, conditions, and restrictions imposed on Respondent by this document. Within thirty (30) days after approval of this Stipulation and Consent Order by the Board, and within fifteen (15) days of undertaking new employment as a pharmacist, Respondent shall cause his pharmacy employer and the pharmacist-in-charge that he works under to report to the Board in writing acknowledging that the employer and the pharmacist-in-charge have read this document and understand it.

11. Should the Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend the Respondent's Iowa pharmacist license or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A and 657 IAC 36.1.
12. This Stipulation and Consent Order is the resolution of a contested case. By entering into this Stipulation and Consent Order, the Respondent waives all rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.
13. This proposed settlement is subject to approval by a majority of the full Board. If the Board fails to approve this settlement, it shall be of no force or effect to either party. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.
14. The Board's approval of this Stipulation and Consent Order shall constitute a **FINAL ORDER** of the Board in a disciplinary action.

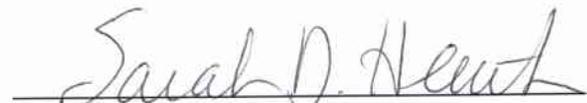
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15. This Stipulation and Consent Order is voluntarily submitted by Respondent to the Board for its consideration on the 20 day of Sept., 2001.

  
Ronald E. Zimmerman, R.Ph.  
Respondent

Subscribed and sworn to before me by Ronald E. Zimmerman on this 20 day of Sept, 2001.



  
NOTARY PUBLIC IN AND FOR THE  
STATE OF IOWA

16. This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy Examiners on the 10 day of Oct., 2001.

  
MATTHEW C. OSTERHAUS, Chairperson  
Iowa Board of Pharmacy Examiners  
400 SW Eighth Street, Suite E  
Des Moines, Iowa 50309-4688

cc: Shauna Russell Shields  
Assistant Attorney General  
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Hoover State Office Building  
Des Moines, Iowa 50319