

May 9, 2007

MINUTES

THE STATE MEDICAL BOARD OF OHIO

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Deepak Kumar, M.D., President, called the meeting to order at 1:08 p.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Nandlal Varyani, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; David S. Buchan, D.P.M.; Anquetette Sloan; Andrew F. Robbins, Jr., M.D.; Jack C. Amato, M.D.; and Anita M. Steinbergh, D.O. The following joined the meeting at a later time: R. Gregory Browning, Ph.D. The following did not attend the meeting: Dalsukh Madia, M.D.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; William J. Schmidt, Staff Attorney, Enforcement, Compliance & Investigations; Rebecca J. Marshall, Chief Enforcement Attorney; Mark R. Blackmer, Marcie P. Pastrick, David P. Katko, Karen H. Mortland, Kathleen S. Peterson, Cheryl D. Pokorny, Angela Scott, Daniel S. Zinsmaster, and Lynn Zondorak, Enforcement Attorneys; Sheryl L. Maxfield; Damion M. Clifford, Steven C. McGann; Barbara J. Pfeiffer, and Kyle C. Wilcox, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Executive Staff Coordinator; Sallie J. Debolt, Executive Staff Attorney; Michael K. Miller, Public Policy & Government Affairs Officer; Danielle Bickers, Compliance Supervisor; Jean Gillman, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore, Disciplinary Information Assistant.

MINUTES REVIEW

DR. VARYANI MOVED TO APPROVE THE MINUTES OF APRIL 11-12, 2007. DR. BUCHAN SECONDED THE MOTION. A vote was taken

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

At this time, Dr. Kumar introduced guests to the Board meeting. They were Laurie Rhinehart Thompson of OSU's Honors Program, with three of her students: Emma Brownlee, Sarah Beauty and Dina Julian.

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Dr. Kumar welcomed them to the meeting.

Mr. Whitehouse at this time introduced Cheryl D. Pokorny, a new enforcement attorney. Mr. Whitehouse advised that Ms. Pokorny comes to the Board from the Attorney General's office.

EXECUTIVE SESSION

Dr. Kumar asked for a motion to go into executive session to discuss matters of pending or imminent court action, and to discuss the resignation of a public employee.

DR. STEINBERGH MOVED THAT THE BOARD DECLARE EXECUTIVE SESSION TO CONFER WITH THE ATTORNEY GENERAL'S REPRESENTATIVES ON MATTERS OF PENDING OR IMMINENT COURT ACTION, AND TO DISCUSS THE RESIGNATION OF A PUBLIC EMPLOYEE. DR. AMATO SECONDED THE MOTION. A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

Pursuant to Section 121.22(G)(1) and (3), Revised Code, the Board went into executive session at 1:10 p.m. Executive session adjourned at 1:28 p.m.

Mr. Browning joined the meeting during the executive session.

The following joined the meeting after the executive session: Patricia A. Davidson, Chief Hearing Examiner; R. Gregory Porter and Gretchen Petrucci, Hearing Examiners.

REPORTS AND RECOMMENDATIONS

Dr. Kumar announced that the Board would now consider the Reports and Recommendations appearing on its agenda. He asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Iman Michel Bastawros, M.D.; Patrick B. Senatus, M.D.; Michael Gregory Strayer; and Bassem Mehrim Rimlawi, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
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Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye
Dr. Steinbergh	- aye
Dr. Kumar	- aye

Dr. Kumar asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye
	Dr. Kumar	- aye

Dr. Kumar noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. They may, however, participate in the matters of Dr. Bastawros and Dr. Senatus, as those cases are not disciplinary in nature and concern only the doctors' qualifications for licensure. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

IMAN MICHEL BASTAWROS, M.D.

Dr. Kumar directed the Board's attention to the matter of Iman Michel Bastawros, M.D. He advised that no objections were filed to Hearing Examiner Petrucci's Report and Recommendation.

Dr. Kumar continued that a request to address the Board has been timely filed on behalf of Dr. Bastawros. Five minutes would be allowed for that address.

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Dr. Bastawros thanked the Board for allowing her the opportunity to address it. She stated that she is a certified family physician, currently working full-time for HealthPoint Family Care in Bellevue, Kentucky and for St. Luke Hospital in northern Kentucky. She is a graduate of Cairo University School of Medicine in Egypt. She practiced in Cairo as a family practitioner and pediatrician for several years. Her family moved to the United States seeking refuge and sanctuary in 1994. Coming to a new culture she faced too many challenges, which she overcame by her hard work, dedication and determination. Dr. Bastawros stated that her passion for medicine has fueled her journey. She now successfully practices as a board certified family physician.

Dr. Bastawros stated that she's before the Board today because the Board proposed to deny her application to practice medicine in the State of Ohio due to the seven-year limitation period. Also, although she passed the TOEFL-iBT test with a score categorized as "very good," she did not meet the Board-required score on the listening and speaking components. Dr. Bastawros stated that she truly appreciates and respects the Board's identification of standards that protect the public, and for making the hearing process available for situations such as hers.

Dr. Bastawros stated that she submitted additional evidence to the Hearing Examiner about the health condition of her son. The health information she presented at hearing was sensitive and difficult to share, but she respects the Board's right to have that information so that the right decision can be made.

Dr. Bastawros noted that the Hearing Examiner determined that her testing preparation was impacted by her son's significant medical condition and special needs, but she was able to successfully complete it. The Hearing Examiner also referred to the matter of Irene Shulga, M.D., on June 9, 2004, who was granted a certificate by the Board under the significant health condition exception, secondary to her mother's illness.

Dr. Bastawros stated that the Hearing Examiner also found her medical knowledge to be current, as demonstrated by her recent successful completion of a residency program, and by her passing certification examination of The American Board of Family Medicine at the end of 2006. She also appreciates the Hearing Examiner's evaluation of her English speaking during the hearing process. She noted that the Hearing Examiner said, "[A]lthough the Hearing Examiner found Dr. Bastawros to be very understandable during the hearing...."

Dr. Bastawros requested that the Board approve the Hearing Examiner's Recommendation, permitting her to obtain an Ohio license. She is currently a resident of the greater Cincinnati area, and this license is important to her. It will improve her opportunity to interview with group practices, such as Tri-Health and others, in the Cincinnati area. Dr. Bastawros stated that she knows that there is a growing demand for family physicians in the tri-state area, and she was hired last summer by Group Health Associates, but dismissed secondary to the license issue. Dr. Bastawros stated that, as a Board certified family physician in the state of Kentucky, she delivers a high level of care for her patients.

Dr. Kumar informed Dr. Bastawros that she has one minute to complete her statement.

Dr. Bastawros stated that she has high patient satisfaction. She stated that she's certain that she can deliver safe and effective care for Ohio citizens. She has always demonstrated a solid foundation of knowledge

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and competent care, which was witnessed and admired by several healthcare professionals in the states of Kentucky, Ohio and Pennsylvania. Examples of these are letters from Donald Swikert, M.D., the program director of St. Elizabeth's Family Practice program, and Secretary of the State Medical Board of Kentucky. Dr. Bastawros stated that she would like to say that she always communicated effectively with both her patients and health professionals. She has always been sensitive to her weaknesses, and she has worked hard on improving them. She has persevered and faced lots of challenges and hardships, which she overcame in pursuing her dream and her passion for medicine.

Dr. Bastawros requested that the Board grant her a license in the state of Ohio. She again thanked the Board for allowing her to speak today.

Dr. Kumar asked whether the Assistant Attorney General wished to respond.

Mr. Wilcox stated that he does not wish to respond in this matter.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF IMAN MICHEL BASTAWROS, M.D. DR.VARYANI SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Buchan stated that the Hearing Examiner did a nice job in the Remand Order in reviewing the medical case. He stated that, although he's known to be fairly strict in his interpretation of the rules, he thinks that in this situation, the ten-year rule should be applied and he would accept the Order, as written.

Dr. Steinbergh stated that she will vote for the Proposed Order, but she does want to point out that the TOEFL-iBT needs to be completed within twelve months of the effective date of the Order.

Dr. Robbins stated that, since he's been on the Board, he can't remember ever having a situation where the Board granted a license to someone who has taken one step as often as was done in this case. He stated that he doesn't think that the Board has seen a situation like this where someone has gone forward and passed the specialty board certification. As a general rule, he personally would never allow a license in this situation with this many failures, but if he were ever to do it, it would be in this case.

A vote was taken on Dr. Steinbergh's motion to approve and confirm:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye

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Dr. Robbins - aye
Dr. Steinbergh - aye

The motion carried.

PATRICK B. SENATUS, M.D.

Dr. Kumar directed the Board's attention to the matter of Patrick B. Senatus, M.D. He advised that no objections were filed to Hearing Examiner Petrucci's Report and Recommendation.

Dr. Kumar continued that a request to address the Board has been timely filed on behalf of Dr. Senatus. Five minutes would be allowed for that address.

Dr. Senatus thanked the Board for the expenditure of time that was required in reviewing the materials involved in his case. He also thanked the Board for allowing him to speak today.

Dr. Senatus stated that he would simply like to register his concord with the Report and Proposed Order of Hearing Examiner Petrucci. He stated that he is here to make himself available to answer any questions that the Board may have.

Dr. Kumar commented that he didn't think the Board members had any questions. He asked whether there was anything else that Dr. Senatus would like to say.

Dr. Senatus stated that he thinks that the Hearing Examiner adequately and carefully summarized the facts in the case. He added that he'd be happy to expand on any aspects of the case.

Dr. Kumar asked whether the Assistant Attorney General wished to respond.

Mr. Clifford stated that he did not wish to respond.

MR. BROWNING MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF PATRICK B. SENATUS, M.D. MS. SLOAN SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that, in this case, instead of completing the U.S.M.L.E. series, Dr. Senatus took and passed Comprehensive Part I of the former National Board of Medical Examiners (N.B.M.E.) examination in June 1991. He went on to get a Ph.D., and the Board took a look at this in regards to the ten-year rule. The bottom line in this case is that he did, through the hearing process, demonstrate that the N.B.M.E. Comprehensive Part I was equivalent to the subsequent U.S.M.L.E. Step 1, and that Dr. Senatus, therefore, qualifies for licensure in the State of Ohio. Dr. Steinbergh stated that she agrees with the Proposed Order.

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A vote was taken on Mr. Browning's motion to approve and confirm:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

MICHAEL GREGORY STRAYER

Dr. Kumar directed the Board's attention to the matter of Michael Gregory Strayer. He advised that no objections were filed to Hearing Examiner Petrucci's Report and Recommendation.

Dr. Kumar continued that a request to address the Board has been timely filed on behalf of Mr. Strayer. Five minutes would be allowed for that address.

Mr. Strayer advised that he only wanted to advise that he is in agreement with the Report and Recommendation of the Hearing Examiner.

Dr. Kumar asked whether the Assistant Attorney General wished to respond.

Mr. Clifford stated that one thing he would like to raise a concern with is the fact that Mr. Strayer was convicted of a felony in violation of Section 4731.22(B)(9), Ohio Revised Code, consisting of one count of possession of drugs in violation of Section 2925.11. The minimum the Board's Disciplinary Guidelines call for a stayed revocation, indefinite suspension, minimum 30 days, with conditions for reinstatement and five years of probation. The recommendation by the Hearing Examiner is below that. Mr. Clifford stated that he wanted to make sure that the Board members are aware of that throughout their deliberations.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF MICHAEL GREGORY STRAYER. DR. ROBBINS SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that she has concerns about this. She stated that she's not exactly in favor of the Proposed Order. She stated that she would like to hear from other Board members, but suggested that an assessment of this candidate might be appropriate since the felony involved cocaine. She stated that she

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would not vote for this Proposed Order, as it stands. She added that she hadn't given thought to any other additional terms in regard to the felony conviction, but she thinks that the Board needs to take a different look at this.

Dr. Egner stated that she agrees with the Report and Recommendation. She noted that this incident occurred prior to Mr. Strayer's being a massage therapist. Dr. Egner commented that Mr. Strayer seems to have demonstrated excellent behavior since the time. There's no evidence given that Mr. Strayer has a drug dependency problem. This was a one-time event and arrest. She suggested that it might be different if the Board had some other evidence, but she didn't feel that a single arrest is enough for the Board to conclude that he's impaired. Dr. Egner stated that she trusts the hearing process and the investigatory process. If impairment would have come to light, it would have come out in the hearing.

Dr. Egner stated that she's fine with the Proposed Order, noting that Mr. Strayer is going to be on a two-year probationary period, and that's enough of a watchful eye from the Board.

Dr. Buchan stated that he would first like to note a typographical error in the last sentence of the five-starred paragraphs. He stated that the sentence should read: "The Board should recognize these mitigating circumstances as well and grant him an Ohio certificate, subject to the below-listed probationary monitoring for a period of at least two years."

Dr. Buchan stated that he agrees, to a point, with Dr. Egner. Although he doesn't believe that this was a one-time issue, he does believe that it was five years plus ago. Dr. Buchan stated that he thinks that Mr. Strayer's lifestyle at that time was obviously negative and very much on a downward spiral. What he sees currently and since that time is a guy who is trying to make a difference, trying to better himself. Part of his recovery has been to better himself academically and professionally. Dr. Buchan stated that he is in agreement with the Proposed Order because he does believe that Mr. Strayer understands the seriousness of where he has been. He's also taken responsible action to make a difference and to improve himself. Dr. Buchan again stated that he will vote for the Proposed Order, as written, with the understanding that grace is a good thing, and it is now Mr. Strayer's time to make his way.

Dr. Amato asked whether the process the Board is going through here will be with his license in the future.

Dr. Kumar stated that this is a public record, so it will always appear as part of the public record.

Dr. Buchan stated that nothing is expunged from the record.

Dr. Amato stated that he thinks that that would be enough of a corona for Mr. Strayer to carry from being young and foolish five years ago. He stated that he agrees with Dr. Buchan in that, hopefully, he's on his way to a successful, productive life instead of a life of cocaine.

A vote was taken on Dr. Steinbergh's motion to approve and confirm:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye

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Dr. Talmage	- abstain
Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Kumar advised that, at Dr. Rimlawi's request, the Board will consider the matter of Bassem Mehrim Rimlawi, M.D. at the beginning of the May 10, 2007 session of the Board.

FINDINGS, ORDERS AND JOURNAL ENTRIES

AFFILIATED DERMATOLOGY AND COSMETIC SURGERY, INC.

Dr. Kumar advised that the Board issued its Notice of Opportunity for Hearing to Dwight A. Scarborough, M.D., of Affiliated Dermatology & Cosmetic Surgery, Inc., on March 21, 2007, and acknowledgment of receipt was received on behalf of Dr. Scarborough. Dr. Scarborough did not request a hearing, and more than 30 days have elapsed since the mailing of the Notice. The matter is therefore before the Board for final disposition.

DR. EGNER MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE MARCH 21, 2007 NOTICE AND TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, DENYING THE APPLICATION OF AFFILIATED DERMATOLOGY AND COSMETIC SURGERY, INC., FOR A PHYSICIAN ASSISTANT TO UTILIZE A LIGHT-BASED MEDICAL DEVICE FOR THE TREATMENT OF VASCULAR AND PIGMENTED LESIONS AND TO UTILIZE A UVB EXCIMER LASER FOR THE TREATMENT OF PSORIASIS. DR. STEINBERGH SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that this application was discussed in Committee and by the Board. She stated that the Board has been consistent in its belief that P.A.s shouldn't be treating these types of lesions.

A vote was taken on Dr. Egner's motion:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye

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Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye
Dr. Steinbergh	- aye

The motion carried.

MUHAMMAD ARIF, M.D.

Dr. Kumar advised that the Board issued its Notice of Opportunity for Hearing to Dr. Arif on February 28, 2007, and acknowledgment of receipt was received from Dr. Arif on March 20, 2007. Dr. Arif did not request a hearing, and more than 30 days have elapsed since the mailing of the Notice. The matter is therefore before the Board for final disposition.

DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE FEBRUARY 28, 2007 NOTICE AND TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, DENYING DR. ARIF'S APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY. MR. BROWNING SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

There was no further discussion.

A vote was taken on Dr. Steinbergh's motion:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

LORI ANNE FISCHER, M.T.

Dr. Kumar advised that the Board issued its Notice of Opportunity for Hearing to Ms. Fischer on March 1,

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2007 and acknowledgment of receipt was received from Ms. Fischer on March 3, 2007. Ms. Fischer did not request a hearing, and more than 30 days have elapsed since the mailing of the Notice. The matter is therefore before the Board for final disposition.

DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE MARCH 1, 2007 NOTICE AND TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, APPROVING MS. FISCHER'S APPLICATION FOR RESTORATION OF HER CERTIFICATE TO PRACTICE MASSAGE THERAPY IN THE STATE OF OHIO CONTINGENT UPON HER TAKING AND PASSING THE LIMITED BRANCH PORTION OF THE MASSAGE THERAPY EXAMINATION WITHIN SIX (6) MONTHS OF MARCH 1, 2007. DR. ROBBINS SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Buchan commented that the record reflects the Board's intentions in this case.

A vote was taken on Dr. Steinbergh's motion:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

SABRINA LYNN GARTNER, M.T.

Dr. Kumar advised that the Board issued its Notice of Opportunity for Hearing to Ms. Gartner on March 20, 2007 and acknowledgment of receipt was received from Ms. Gartner on March 23, 2007. Ms. Gartner did not request a hearing, and more than 30 days have elapsed since the mailing of the Notice. The matter is therefore before the Board for final disposition.

MR. BROWNING MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE MARCH 20, 2007 NOTICE AND TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, APPROVING MS. GARTNER'S APPLICATION FOR RESTORATION OF HER CERTIFICATE TO PRACTICE MASSAGE THERAPY IN THE STATE OF OHIO CONTINGENT UPON HER

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TAKING AND PASSING THE LIMITED BRANCH PORTION OF THE MASSAGE THERAPY EXAMINATION WITHIN SIX (6) MONTHS OF MARCH 20, 2007. DR. ROBBINS SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

There was no further discussion.

A vote was taken on Mr. Browning's motion:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage and Mr. Albert left the meeting at this time.

JENNIFER JEANNE NEVILLE

Dr. Kumar advised that the Board issued its Notice of Opportunity for Hearing to Ms. Neville on March 21, 2007, and acknowledgment of receipt was received on April 2, 2007. Ms. Neville did not request a hearing, and more than 30 days have elapsed since the mailing of the Notice. The matter is therefore before the Board for final disposition.

DR. VARYANI MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE MARCH 21, 2007 NOTICE AND TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, DENYING MS. NEVILLE'S REQUEST FOR A TRAINING CERTIFICATE. DR. BUCHAN SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that she found this to be an interesting case, certainly a special circumstance. She referred to the November 29, 2006 letter from Keith B. Armitage, M.D., Associate Professor of Medicine, at Case Western Reserve University School of Medicine (CWRU), which explains that Ms. Neville will be participating in a special accelerated program offered during the fourth year of medical school to select

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CWRU students wishing to train in internal medicine at University Hospitals Case Medical Center and the Cleveland Veterans Affairs Medical Center. The letter indicates that this program combines the fourth year of medical school with the first year of residency training. The students will complete the required medical school rotations and begin their internal medicine training program. This program is available at University Hospitals for trainees in internal medicine and family medicine. The letter indicates that the Board has granted training licenses to students beginning their internship in this program.

Dr. Steinbergh stated that she felt that the Board should discuss this case rather than absolutely denying the application. She stated that she finds this to be a special circumstance. If Ms. Neville is, in fact, going to be training in a legitimate situation during her fourth year, even though she's not received her diploma yet, perhaps she ought to be granted a training certificate under a special circumstance.

Mr. Browning stated that he had the same question. He asked whether there's any history with the Board approving a training certificate in a similar situation.

Dr. Steinbergh stated that she doesn't recall.

Ms. Thompson stated that several years ago this situation came up and the Board's rules didn't explicitly say that you have to have a diploma before you could enter training. The Board's statute for training certificates hinged on training programs appointing trainees who met the A.C.G.M.E. requirements, one of which is graduation from medical school or an E.C.F.M.G. At that time the Board's judgment was to grant the individual a training certificate and then look at the issue. The Board changed its rule so that the training certificate rule now explicitly says that applicants must have a diploma from an L.C.M.E.-accredited school, or they have to an E.C.F.M.G. This individual before the Board does not. She wants to count the final year of medical school and also count it as the first year of her postgraduate training.

Mr. Browning stated that this individual is no doubt a highly qualified individual in medical school. Their school has set this program up and selected her after some level of competition, and now she comes to the State Medical Board for the first time to get any license-related judgment, and the Board is denying her. He asked whether the Board can allow her to just withdraw her request. He expressed concern about her having a denial on her record in these circumstances. Mr. Browning added that someone at the school should have known better than to do this.

Dr. Amato stated that Ms. Neville has applied for a training certificate, not a full license, and it seems to him, that the medical school and residency program might be in a better position to judge whether or not this person is qualified for a training certificate. They are certainly supporting her application for a training certificate. Dr. Amato stated that he kind of agrees that this is, evidently, a very gifted young lady. It's not like she's going to go out and set up an office with this training certificate. She's going to go into residency.

Dr. Kumar stated that the only issue is that she does not meet the qualifications under the statutes and rules. She may in the future. If you look at that scenario, he would feel Mr. Browning's suggestion is much better. The Board should allow her to withdraw her application at this time, instead of putting a negative on her résumé.

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Dr. Steinbergh agreed with that.

Dr. Robbins suggested that the Board, at the same time, write a letter to CWRU, suggested that if they want to go outside of the Board's rules, they should, at the very least, discuss the issue with the Board.

Dr. Steinbergh stated that her guess is that Ms. Neville was asked to fill out this application for a training certificate and no one paid any attention to the fact that she wasn't eligible. She added that they also don't understand the ramifications of the denial of an application.

Ms. Pfeiffer asked whether the appropriate route to go would be to table taking action at this point and, in the interim, have staff contact Ms. Neville to ask her whether she wants to withdraw, with the understand that the Board is likely to accept the withdrawal. She stated that, as she reads through the documents, it appears that Ms. Neville, herself, signed the green card for her Notice of proposed denial.

Dr. Steinbergh stated that Ms. Neville doesn't know the ramifications of a denial.

Dr. Buchan stated that Ms. Pfeiffer's suggestion is appropriate, but the language in his view would be for the staff to respond that the Board cannot consider this request because she hasn't met the minimum requirements. Therefore, action is not necessary.

Ms. Pfeiffer stated that the Board needs to take an action, either to deny or grant the application.

**DR. STEINBERGH MOVED TO TABLE THE MATTER OF JENNIFER JEANNE NEVILLE.
DR. ROBBINS SECONDED THE MOTION.** A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

GURPAL SINGH SANDHU, M.D.

Dr. Kumar advised that the Board issued its Notice of Opportunity for Hearing to Dr. Sandhu on March 14, 2007, and acknowledgment of receipt was received from Dr. Sandhu. Dr. Sandhu did not request a hearing, and more than 30 days have elapsed since the mailing of the Notice. The matter is therefore before the board for final disposition.

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DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE MARCH 14, 2007 NOTICE AND TO AN ORDER OF REVOCATION, EFFECTIVE IMMEDIATELY. MR. BROWNING SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that, clearly, Dr. Sandhu has been ignoring both the Idaho and Ohio Medical Boards. She suggested that this action may get his attention.

A vote was taken on Dr. Steinbergh's motion:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

Board members were provided with copies of settlement agreements negotiated by Board staff and/or the staff of the Office of the Attorney General, as authorized by the Board's Secretary and Supervising Member, and as appropriate, the Board President, as well as copies of summaries of the agreements. The names and license numbers of the licensee or applicant subjects of such settlement agreements were removed from the documents.

LADD RYAN MCNAMARA, M.D. – SURRENDER OF LICENSE

DR. STEINBERGH MOVED TO RATIFY THE SURRENDER OF DR. MCNAMARA'S LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye

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Dr. Steinbergh - aye

The motion carried.

ANTHONY C. NASSIF, M.D. – VOLUNTARY RETIREMENT

DR. STEINBERGH MOVED TO RATIFY DR. NASSIF'S VOLUNTARY RETIREMENT. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:

Dr. Egner	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye
Dr. Steinbergh	- aye

The motion carried.

KEVIN WAYNE BOWERS, D.O. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED STEP II CONSENT AGREEMENT WITH DR. BOWERS. DR. VARYANI SECONDED THE MOTION.

Dr. Steinbergh stated that this physician is an anesthesiology resident, who went to one evaluation, which was negative, and went to a second when he re-injected. She stated that her concern is that there have been several residents who have come out of this particular anesthesiology program. She suggested that the Board might communicate its concern to the training program that there may be a problem that puts residents at risk. She stated that she doesn't want to look at this individual any differently than any one else, but she does think that the Board does need to look into the program.

Dr. Buchan asked whether the program represents a number of individuals who have impairment histories.

Dr. Steinbergh stated that she doesn't have statistics, but she does have concerns about the number of people she's seen come from this program. They do train a lot of residents. She added that she's not suggesting anything other than taking a look and communicating.

Dr. Buchan commented that it's in everybody's best interest, and true, objective data would suggest that the Board look into this.

A vote was taken on Dr. Steinbergh's motion:

ROLL CALL:

Dr. Egner	- aye
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Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye
Dr. Steinbergh	- aye

The motion carried.

PAUL E. DUNCAN, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED STEP II CONSENT AGREEMENT WITH DR. DUNCAN. MS. SLOAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

WILLIAM CLARK HARLAN, D.O. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED STEP II CONSENT AGREEMENT WITH DR. HARLAN. MR. BROWNING SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

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JAMES V. FURICCHIA, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED STEP I CONSENT AGREEMENT WITH DR. FURICCHIA. MS. SLOAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Kumar noted that there may be an additional settlement agreement for the Board's consideration. He asked that the topic be tabled until the Thursday morning session.

DR. STEINBERGH MOVED TO TABLE THE TOPIC OF RATIFICATION OF SETTLEMENT AGREEMENTS UNTIL THE FOLLOWING MORNING. DR. BUCHAN SECONDED THE MOTION. All members voted aye. The motion carried.

At this time, 2:27 p.m., the Board recessed briefly. The meeting reconvened at 2: 41 p.m. with Dr. Talmage and Mr. Browning absent.

REPORT OF THE FEDERATION OF STATE MEDICAL BOARD'S OF THE UNITED STATES, INC.'S 2007 ANNUAL MEETING

Dr. Kumar reported on the Federation's annual meeting. He noted that the Ohio Board nominated Dr. Talmage to a spot on the Federation Board of Directors, however the campaign failed. Dr. Talmage was elected to a three-year term on the FSMB's Editorial Committee, which provides editorial guidance for the FSMB's peer-reviewed publication, the *Journal of Medical Licensure and Discipline*.

Dr. Kumar stated that there were three main topics at this meeting: the portability of license; maintenance of competence for renewal; and how to change the U.S.M.L.E.

Concerning U.S.M.L.E., Dr. Kumar stated that there was quite a bit of discussion at the Leadership Luncheon as to whether the U.S.M.L.E. and, consequently, COMVEX, as they exist now, should be changed. The thinking process is to eliminate Part I completely. Currently, medical students are examined two years after they begin their basic science training, and then before they go into supervised care, i.e., the residency, and the third part is when they go into unsupervised care. The proposal discussed was to eliminate Part I completely, and to modify Part II to include the basic sciences and clinical sciences together. Dr. Kumar stated that it is unknown as to how that will shape up, but there was significant

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discussion and it appears that the train is moving somewhat in that direction. Dr. Kumar stated that a suggestion he made was that, instead of completely eliminating U.S.M.L.E. Part I, students could take an internal exam, which the schools would give, and create some sort of portfolio that you must meet to a certain level. Dr. Kumar stated that this was an intriguing discussion, as this will also have an impact on how IMGs and E.C.F.M.G. is addressed, because E.C.F.M.G. currently has U.S.M.L.E. Part I and Part II. Discussions will continue on this.

Dr. Robbins asked why the changes are being considered.

Dr. Kumar stated that the thinking process basically is that the first two years of medical school are exclusively basic sciences. Their thinking was that time could probably be utilized better in giving the students more courses in professional ethics and professionalism, as well. The E.C.F.M.G. people were saying that in four years you can't compact everything together. They were not sure how much the U.S.M.L.E. Part I is really "meshing." Another big problem is that, when residency programs look for residents, they don't have the U.S.M.L.E. Part II at the time the residents apply. They only have scores for Part I. Dr. Kumar stated that, right or wrong, they're using those numbers for standardizing the residents who are applying for it. There is a disconnect as to whether the score in basic science has any value in determining how the person will do on the clinical side. Dr. Kumar stated that there was even discussion about not scoring the exams, but just using a pass/fail system.

Dr. Steinbergh stated that in February she attended a meeting at the N.B.M.E. to talk about Part III. At that time they began to have this discussion. Also, David Johnson from the Federation has sent out a request asking the Boards to develop some thoughts about the U.S.M.L.E., what it means to Boards, etc. She advised that there was also discussion revising the U.S.M.L.E. to fit more in line with recent changes in medical education.

Dr. Kumar stated that nothing has been proposed yet, but they are talking about this right now.

Dr. Kumar stated that the second hot topic was how to maintain or determine maintenance of competency at the time of renewal. There was discussion that this should be done, but nobody came up with a concept on how to do it. There were no action plans. They did discuss what the American Board of Family Medicine has done. Apart from recertification, they require the physicians to go through a few modules every two or three years. Dr. Kumar stated that it was intriguing to see that, when these discussions were occurring, it appeared that the C.M.E. programs felt that they were going to be taken out of the equation. There was a presentation by the C.M.E. programs from the A.M.A. and the Accreditation Council for Continuing Medical Education sides. Dr. Kumar stated that it is intriguing to see that these programs have seen the handwriting on the wall and are changing the C.M.E. format to reflect some of these changes. They will try to tailor the C.M.E. based on a particular physician's needs. Dr. Kumar stated that he doesn't know how that will play out. Dr. Kumar suggested that one thing that could be done is requiring a certain amount of C.M.E. to be done in the physician's specialty.

Dr. Robbins asked whether the Board has the authority to do something like that without legislative approval.

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Dr. Steinbergh stated that the Board has never required a particular type of C.M.E. She stated that she thinks the Board will meet with a lot of resistance, but overhauling the C.M.E. system in terms of maintenance of competency is where medicine needs to go. Physicians should understand that it's important to take your educational pieces in your area of specialty. Dr. Steinbergh asked Dr. Egner whether A.C.O.G. has modules to do toward maintaining certification.

Dr. Egner stated that, to recertify, you can do it one of three ways: they have an oral exam, a written exam, or you can get a list of about 15 articles with an answer sheet. You need to read the articles, there's a question book, and you fill in the answer sheet. You do that every year instead of taking the written or oral exam. Dr. Egner stated that she needs to recertify next year, so she started to do this, and it's not difficult. Prior to this for C.M.E. she did the A.C.O.G. tapes, and they were much more difficult than these recertification questions. She stated that it's not a waste of time, they are good articles and timely, but it's not an assessment of how she practices. Dr. Egner stated that, personally, before she would revamp the Board's system, she would like to somehow get a sense of what physicians do for their C.M.E. Dr. Egner stated that her gut feeling is that most people do their C.M.E. in their specialty.

Dr. Kumar stated that reasonable people will do so, but he knows people who will, during their lunch hour, sign into a seminar, have lunch, and then they're out of there.

Dr. Steinbergh stated that the A.O.A does not accept that as category 1. They are required to do so many hours of category 1, focused in their specialty.

Dr. Kumar stated that these are category 1. Conscientious people will stay up to date, but he sees plenty of people who will get category 1 credits in any area.

Dr. Varyani stated that there are a lot of scams, too. All you have to do in some programs is sign a piece of paper and you get credits, as long as you pay them money. Dr. Varyani stated that he thinks it would be a very good idea for the Board to start thinking about requiring C.M.E. in specialties, and how to do it. He stated that it will meet resistance.

Dr. Kumar stated that, in his area, many of the hospitals have already started to require C.M.E. in the physician's specialty. They haven't met any resistance there.

Dr. Varyani stated that physicians usually try to please the hospitals because they need privileges at one or two hospitals.

Dr. Steinbergh stated that she thinks this will be a good talking point when the Board meets with the executive committees of O.S.M.A. and O.O.A.

Mr. Albert stated that quite a few years back he suggested that a few hours of the C.M.E. requirement be dedicated to impairment. He commented that his suggestion was not well received by the Board.

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PERSONAL APPEARANCES

GEORGE A. SOUTHIERE, JR., M.D.

Dr. Southiere appeared before the Board pursuant to his request for release from the terms of his May 12, 2004 Consent Agreement. If approved, release from probation would become effective May 12, 2007.

In response to Board members' questions, Dr. Southiere stated that he currently practices emergency medicine and is board certified in emergency medicine, but he did two years of a general surgery residency and then went into an emergency medicine residency. His sobriety date is October 11, 2001.

Dr. Southiere advised that, when he is released from probation, he will do pretty much the same things he's doing now. He attends three A.A. meetings a week, he has a sponsor, and he's working the steps. He has a great relationship with his wife and kids. He will continue to do emergency medicine. Dr. Southiere stated that he just became certified in addiction medicine, so he's thinking of doing part-time work in that. He's trying to cut down on his emergency medicine because he's been doing that for twelve years now and he wants to do a little addiction medicine. He'll try to balance that with raising his family. His children are ages 11 and 13. He has explained his situation to his children and advised them that they are at risk because addiction runs in his family.

Dr. Kumar asked whether Dr. Southiere has board certifications in either of his specialties.

Dr. Southiere stated that he is board certified in emergency medicine. He did a four-year residency in emergency medicine at Bellevue Hospital in New York City. He was just recertified in November, so he's good until 2016.

Dr. Talmage noted that Dr. Southiere has indicated that he's thinking about getting into addiction medicine. He asked whether Dr. Southiere finds the emergency room stressful.

Dr. Southiere stated that it's stressful. He stated that he thinks the average time before physician burnout is ten years for the emergency room. You get used to it, but it's still stressful. It doesn't matter how long you've been in it. Dr. Southiere stated that the issue is really how you deal with the stress. You have to keep yourself healthy, both physically and mentally. You have to have other activities besides medicine. He stated that a lot of people in emergency medicine for a long time have a side niche that they do in medicine. Also, the hours are stressful. It's a rotating shift, and rotating shift work as you get older becomes more difficult. When you're older, you don't recover as well from the night shifts. Dr. Southiere stated that he doesn't find that emergency room work is more stressful than general surgery. He doesn't have a beeper, and that is one thing he loves about emergency medicine. He doesn't have a beeper.

Dr. Robbins asked Dr. Southiere how it has been going through four different state boards for this process.

Dr. Southiere stated that it has been long and hard. He stated that each state is different, having different requirements. It's hard to keep up with all of them, as far as paperwork goes. He stated that he thinks that Ohio has been the hardest state, but it's also the fairest one he feels. He stated that he was told up front

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what the expectations were, and it's remained true. He won't say that it was easy.

Dr. Steinbergh stated that most physicians are thankful that they've been through the process and are healthy again.

Dr. Southiere stated that he's definitely thankful. The best thing about this is making people go to the A.A. meetings and have them sign their paper. That was the thing that helped him the most, going to three meetings a week. You think three meetings a week is not a lot, but when you have family and a career, and all these other responsibilities, it's hard to get to three meetings a week.

Dr. Buchan noted that Dr. Southiere has wrestled with this business since he was 18. He asked whether Dr. Southiere has any advice for the Board as they see other physicians.

Dr. Southiere stated that the Board should treat it like a disease, which it is. He stated that, having gone through all the boards, physicians are not on the same page in terms of treating this like a disease, which it is. There's a lot of treating it like a moral weakness. In terms of enforcing compliance, it should be treated like an illness and not as a punitive thing for physicians. Dr. Southiere stated that he thinks that there are a lot of physicians out there. For every physician who appears before the Board, there are probably ten more that are actively using out there. This would make it easier for them to come to the Board and say that they have a problem. If you don't treat it like an illness, which is what it is, people aren't going to come and ask for help. Dr. Southiere stated that he thinks that the biggest challenge the boards have is not only identifying people, but having people willing to say that he or she needs help.

Dr. Buchan asked Dr. Southiere what his first steps would be should he find himself skirting with relapse.

Dr. Southiere stated that his main thing would be to stay with the meetings, staying in the program. He previously relapsed because he got away from the meetings and he got away from the support network he had. That was the first step of relapse. If he can continue with the support, he has a better shot of not relapsing.

In response to Mr. Albert's questions, Dr. Southiere stated that probably 25 to 50 percent of the patients coming through the emergency room have an addiction. He commented that one out of ten of the general population have an addiction. Emergency rooms attract cases of domestic violence, falls, and all the things that you don't necessarily equate with addiction. If someone comes in with chest pain, you might not equate that with addiction, but then they tell you that they use cocaine. He stated that it's a lot more than the Board members think.

DR. BUCHAN MOVED TO RELEASE DR. SOUTHIERE, EFFECTIVE MAY 12, 2007, FROM THE TERMS OF HIS MAY 12, 2004 CONSENT AGREEMENT. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye

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Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye
Dr. Steinbergh	- aye

The motion carried.

TOM R. STARR, M.D.

Dr. Starr appeared before the Board pursuant to his request for release from the terms of the Board's Order of August 8, 2001.

In response to Board members' questions, Dr. Starr stated that things are going well for him. He has a stable relationship with a significant other. He attends three meetings a week, and he sponsors two young people. Dr. Starr stated that he really doesn't think he's going to fall off the wagon again, but, if he does, he'll start going to more meetings, either daily or twice daily. Continuing the meetings is very helpful. It's been extremely beneficial to share with others and get advice as well as offer advice.

Dr. Starr advised that his specialties are in internal medicine and endocrinology. His practice is going pretty well, but he's voluntarily backing off because he's been in practice almost 40 years. He's doing a lot of traveling now with his significant other, who likes to travel. He may be in the office three and a half to four days a week. Since he's in solo practice, he can set his own schedule and it's been quite nice being able to be flexible and change times. The practice is going quite well.

Dr. Buchan asked whether it will be difficult for Dr. Starr to abstain from alcohol as he travels and is free from some of the stresses and strains of practice.

Dr. Starr stated that his significant other drinks, but she only drinks one drink a day, and he hasn't been tempted at all. Dr. Starr stated that he fell off the wagon once, and it was because he didn't go back to meetings. He stated that he's been around a lot of drinking, but it doesn't seem to affect him. It might in the future, if things get terribly stressful; but he thinks his rescue will be to continue to attend meetings. He stated that he may not continue going to three meetings a week, but he will go to at least two a week on a regular lifetime basis. If he does get a strong urge to drink again, he'll report it and get lots of help in that regard.

Dr. Steinbergh noted that Phenobarbital has been a problem for Dr. Starr, as well as alcohol.

Dr. Starr stated that he never used any sedatives at all. That one episode, a couple of years ago, when he had cramping that was really intense and severe, he looked into the glove compartment and there was some old Donnatal there. He took one of them. As soon as he realized he did that, he reported it to his monitor right away. It didn't show up positive in his urine, so it must have been too old. Dr. Starr stated that he

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will definitely be cautious about this in the future. Dr. Starr stated that he never has any trouble sleeping, so he doesn't really need any sleeping medication or anything like that.

DR. STEINBERGH MOVED TO RELEASE DR. STARR FROM THE TERMS OF THE BOARD'S ORDER OF AUGUST 8, 2001. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

EUGENE F. TARESHAWTY, JR., M.D.

Dr. Tareshawty appeared before the Board pursuant to his request for release from the terms of his May 8, 2002 Consent Agreement.

In response to Board members' questions, Dr. Tareshawty stated that he's fit physically, emotionally and spiritually. He's not the best you'll ever meet, but he's certainly not the worst. Dr. Tareshawty stated that he thinks the best you can be is someone who never had the problem of addiction, someone who just naturally understands the concepts and doesn't need to have a chronic reminder of it. That's not him, so he needs to chronically be reminded of it and he needs to chronically work on it. He doesn't think it's a deficit, but it's what he is.

Dr. Tareshawty advised that when he looks at where he was six years ago, he's very proud of where he is now. He looks at what he's accomplished: he lost 50 lbs., is doing great with his wife, he recertified in internal medicine and in geriatric medicine, he became eligible and became certified in hospice and palliative care, he's advanced his status at NEOUCOM (Northeastern Ohio Universities College of Medicine). Dr. Tareshawty stated that the direction he's taken in the last five years is something of which he's proud. He would not say in any way that it's something that he frets over.

Dr. Tareshawty stated that, early on, a counselor taught him about the law of direction. When he looks at challenges that he faces, or something that comes up to make him think about "the old days," he really reflects on the direction his life is headed now versus the direction it was headed when he was in addiction. Dr. Tareshawty stated that he's not obsessed with stuff, but if it comes up, that helps him decide. He likes the way the direction is now. Dr. Tareshawty stated that he doesn't mean to simplify it; it's not easy. That's just how he keeps his head on straight.

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Regarding whether he will continue to attend meetings, Dr. Tareshawty stated that his home group is Eleventh Step, so that's a meeting that he just doesn't miss. Every time he goes there, something is said that makes him feel a little better on the way home. He also attends a Caduceus meeting. He's never stopped with them. He indicated that he will be glad to not have to maintain an attendance log.

Dr. Buchan stated that his concern is whether or not Dr. Tareshawty is equipped with the tools to stay sober if things get rocky.

Dr. Tareshawty stated that he can't predict the future. He does know that he's had struggles over the last six years. He doesn't know what will happen in the future with family health or his hospital, which is threatening to close. Things come up, but he feels as if he's a little better tuned now to dealing with it than he was when he was a doctor, running around there, thinking that he owned the world, and asking why this problem couldn't get resolved. A better way to look at it is to deal with it.

Concerning whether or not his wife is active in recovery with him, Dr. Tareshawty stated that his wife still has an occasional beer. She supports his recovery, she understands it, but she feels that it is his problem. Dr. Tareshawty stated that he's okay with that, too.

DR. STEINBERGH MOVED TO RELEASE DR. TARESHAWTY FROM THE TERMS OF HIS MAY 8, 2002 CONSENT AGREEMENT. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Tareshawty stated that he appreciates the Board's time. He commented that when he first appeared before the Board someone told him that having a medical license is a privilege and not a right. He stated that he will try not to forget that for the rest of his life.

RONALD C. HETMAN, D.P.M.

Dr. Hetman made his initial appearance before the Board, pursuant to the terms of his March 14, 2007 Step II Consent Agreement.

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In response to Board members' questions, Dr. Hetman stated that he is doing well. He attends A.A. and caduceus meetings, and also has continuing care in Cincinnati. He does fully understand the terms of his consent agreement, and he has no problems with it whatsoever.

Dr. Hetman advised that his son has finally admitted that he's an alcoholic and is just finishing up his recovery program. He's in the middle of his "90 meetings in 90 days." He trained as an executive chef at the Broadmoor in Colorado Springs, and he's changing professions because there are too many triggers in that. His son is now in a pre-nursing program in Dayton and he's changing his profession. Dr. Hetman stated that he also has a child who has a Masters in education, and a son he through out of the house when he was 15 because of drinking and drugs. That son has turned his life around and is graduating from the University of South Carolina and is becoming a greenskeeper at a golf course. Dr. Hetman stated that his family is doing very well.

Dr. Hetman stated that his wife has been most supportive. She is a registered nurse and comes to help him in surgery, when necessary. She's been paying the bills in the office and keeping everything financially afloat while he was out for 16 months. He again stated that she's been most supportive.

Dr. Buchan stated that the Board is here as another ally in his recovery. He stated that the Board is all about helping him to succeed, so, as triggers or situations present in his life, the Board is here to be on his team.

Dr. Hetman stated that he has not heard any negative reports in Caduceus meetings about this Board. He thanked the Board for its support and help.

In response to further questions, Dr. Hetman advised that he took a prescribed course in Florida with regard to prescribing controlled substances, storing them, ordering them, and things like that. That issue has been rectified.

DR. STEINBERGH MOVED TO CONTINUE DR. HETMAN UNDER THE TERMS OF HIS MARCH 14, 2007 STEP II CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

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The motion carried.

DR. EGNER MOVED TO ADJOURN. DR. STEINBERGH SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 3:20 p.m. the May 9, 2007 session of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on May 9, 2007, as approved on June 13, 2007.



Deepak Kumar, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)



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MINUTES**THE STATE MEDICAL BOARD OF OHIO****May 10, 2007**

Deepak Kumar, M.D., President, called the meeting to order at 8:11 a.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Nandlal Varyani, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; David S. Buchan, D.P.M.; R. Gregory Browning, Ph.D.; Anquetette Sloan; Jack C. Amato, M.D.; Andrew F. Robbins, Jr., M.D.; and Anita M. Steinbergh, D.O. The following did not attend the meeting: Dalsukh Madia, M.D.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; William J. Schmidt, Staff Attorney, Enforcement, Compliance & Investigations; Rebecca J. Marshall, Chief Enforcement Attorney; Damion M. Clifford, Barbara J. Pfeiffer, and Kyle C. Wilcox, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Executive Staff Coordinator; Sallie J. Debolt, Executive Staff Attorney; Michael K. Miller, Public Policy & Government Affairs Officer; Karry Thacker, Executive Staff Assistant; Danielle Bickers, Compliance Supervisor; Jean Gillman, Compliance Officer; and Barbara Jacobs, Public Services Administrator.

Dr. Egner left the meeting at this time.

CITATIONS AND PROPOSED DENIALS**SONJAY JOSEPH FONN, D.O. – CITATION LETTER**

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. FONN. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- abstain
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

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The motion carried.

Dr. Egner returned to the meeting at this time.

MARK LEON GRAMS, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. GRAMS. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- abstain
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

JAMES T. HICKS, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. HICKS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye

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Dr. Steinbergh - aye

The motion carried.

WILLIE CALVIN RABB, JR., D.P.M. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. VARYANI MOVED TO SEND THE CITATION LETTER TO DR. RABB. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

MATTHEW JAY WISE, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. WISE. DR. VARYANI SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

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The motion carried.

Patricia A. Davidson, Acting Chief Hearing Examiner, joined the meeting at this time.

REPORTS AND RECOMMENDATIONS

Dr. Kumar reminded the Board that the Secretary and Supervising Member cannot participate in the discussion and vote in the matter of Dr. Rimlawi.

BASSEM MEHRIM RIMLAWI, M.D.

Dr. Kumar reminded the Board that the members who supervised the investigation of this matter may not participate in the adjudication. He advised that Dr. Talmage and Mr. Albert, the Secretary and Supervising Member, must abstain in this matter.

Dr. Kumar directed the Board's attention to the matter of Bassem M. Rimlawi, M.D. He advised that no objections were filed to Hearing Examiner Petrucci's Report and Recommendation.

Dr. Kumar continued that a request to address the Board has been timely filed on behalf of Dr. Rimlawi. Five minutes would be allowed for that address.

Mr. Plinke at this time reviewed Dr. Rimlawi's educational background and work history in both Saida, Lebanon, and in the United States. He noted that, in 2002, Dr. Rimlawi returned to Lebanon for family reasons, after practicing in New York for several years. In 2006, ten years after he had been recruited for the New York position, and five years after he left to return to Lebanon, the State of New York made allegations against Dr. Rimlawi. The Board has those allegations before it today. Mr. Plinke stated that Dr. Rimlawi was not in a position where he could really defend the New York allegations. The hospital had closed and many of the witnesses and resources that he would have needed to fully defend the charges were unavailable, and Dr. Rimlawi was in Lebanon and not in a position to come back and defend himself. Dr. Rimlawi settled the case by pleading no contest and agreeing to the conditions that New York had proposed.

Mr. Plinke stated that Dr. Rimlawi actually does not have an Ohio license. He does not plan, at this point, to pursue one in the future. Mr. Plinke suggested that the Board defer the restoration terms in the Proposed Order until Dr. Rimlawi reapplies for Ohio licensure. Mr. Plinke stated that, were Dr. Rimlawi to practice in another state for four or five years, he may take actions as far as practice assessment or otherwise, that might be relevant to the Board should he reapply in Ohio in the future. Mr. Plinke suggested that the Board give itself the option to address those types of assessments and take them into consideration if Dr. Rimlawi were to seek licensure in Ohio in the future.

Dr. Rimlawi thanked the Board members for allowing him to speak this morning and for accommodating his travel arrangements. He stated that he is here as a result of a settlement with New York that was made

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after he left New York in December 2001. Dr. Rimlawi stated that, during that time, he was living in his home country of Lebanon. He settled this matter without making any admissions because he just could not come back to defend it. The New York matter centered on practice that happened in the late 1990s and in 2000. Dr. Rimlawi stated that he doesn't know why New York State waited six years to charge him with whatever they thought he didn't do right.

Dr. Rimlawi stated that he believes that he had a defense to many of the allegations; however, there were too many things going on in his life to do so in a practical sense. On top of that, even had he been in the United States, the facility in which the alleged events occurred was closed and most of his colleagues relocated.

Dr. Rimlawi stated that, after seeing first-hand the impact of the settlement he made with the New York Board, he certainly regrets not doing more to rebut and defend those charges. He failed to fully anticipate the impact that the New York settlement would have on him in regard to other states, such as Ohio, where he doesn't even have a license.

Dr. Rimlawi stated that he hopes that the Board will consider that these allegations are not reflections of his ability to practice. If he'd practiced like this for twenty years, he would have had more than a complaint or malpractice suit.

Dr. Rimlawi stated that he moved back to Lebanon for family reasons. The country is not in good shape now. He has lost his position at a teaching hospital and university there because of the dire financial circumstances of the country. There is mass unemployment, and now the practice of medicine has become a volunteer and charitable activity. Dr. Rimlawi stated that he has adult children living in the United States, and he has been looking for positions near them. He has no contacts in Ohio, and he really doesn't plan to seek a license here in the future; however, the Proposed Order will have an impact on his efforts elsewhere. While he doesn't fully understand what is entailed in the assessment, it appears to be more than New York imposed. The decisions that Ohio made were worse than what New York ordered. It appears to be more than what New York has done. Dr. Rimlawi stated that he might be wrong in that, but, nevertheless, he believes that the Ohio Board's Order will make it difficult to explain why Ohio is doing more than New York did.

Dr. Rimlawi stated that he appreciates the Board's time in seeing him this morning, and he asked that the Board consider some alternative to the Proposed Order.

Dr. Kumar asked whether the Assistant Attorney General wished to respond.

Mr. Clifford stated that he just wants to highlight a couple of things. The New York Board restricted Dr. Rimlawi's license permanently by not permitting him to practice obstetrics, restricting him from prescribing or dispensing any controlled substances, requiring him to surrender his DEA controlled substance certificate, and imposing certain probationary terms for three years. New York alleged that Dr. Rimlawi's conduct included: practicing medicine with negligence on more than one occasion; practicing medicine with incompetence on more than one occasion; failing to use scientifically accepted

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barrier precautions in infection control practices; and performing professional services that had not been authorized by the patient.

Mr. Clifford stated that the Board's decision to do something different from what another Board did is immaterial. This is a (B)(22) action. The Board is looking at the action by the New York Board, what they did, and not necessarily the standard-of-care issues that were present. The Board isn't here to try those again. This is simply that New York took an action and did certain things. Ohio is permitted to make its own decision on whatever penalty it deems appropriate.

DR. VARYANI MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF BASSEM MEHRIM RIMLAWI, M.D. DR. ROBBINS SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that this was a minimal standards case for OB/GYN practice in New York. This is a "bootstrap" of the New York consent agreement that was signed in 2006. This is not a case this Board can retry; it's a bootstrap action. Dr. Steinbergh stated that she would say that the Proposed Order is a minimal type of action that the Board would take in a case like this. The Board could simply revoke Dr. Rimlawi's license and not expect anything else. If Dr. Rimlawi ever wanted to come back to Ohio, he would simply have to apply and prove that he's appropriate.

Dr. Steinbergh stated that she has one question concerning the Proposed Order, and that is regarding the language on page 8 of the Report and Recommendation. She asked for clarification of the opening statement in the last paragraph on the page, which reads as follows:

The allegations against Dr. Rimlawi in New York and the agreed-upon discipline in that state are very serious. Because Dr. Rimlawi's Ohio certificate expired more than two years ago and some disciplinary options are not applicable in this matter...

Dr. Steinbergh stated that she wants to know what is not applicable.

Dr. Kumar stated that he understands that to mean that Dr. Rimlawi doesn't have an existing license to revoke.

Ms. Pfeiffer stated that she believes that, under the statute, the Board still has the authority to revoke Dr. Rimlawi's license. The Board can revoke the license, but it can't suspend his license because he currently doesn't have an active license to suspend.

Ms. Marshall explained that the Board has authority over a full license forever once a license has been issued. The Board can't suspend the license in this case, because his license is inactive; however, the Board can still reprimand Dr. Rimlawi and can still revoke his license.

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Dr. Steinbergh stated that her feelings in this case are that the Board could either go with the Proposed Order, which she finds appropriate, but lean. She stated that she would do more than a reprimand. She would consider simple revocation of this license.

Dr. Buchan stated that his reading of this case was fairly matter of fact. The Board is simply responding to an order out of New York, and he doesn't see options other than what Dr. Steinbergh has noted.

Dr. Buchan stated that he thinks that the Order, as written, is appropriate. It gives Dr. Rimlawi an opportunity, but, by the same token, it protects the citizens appropriately. If he abides by the Proposed Order, there is some possibility of Dr. Rimlawi's coming back.

Dr. Buchan commented that he's interested in the revocation suggestion because, quite honestly, he thinks that the allegations are quite serious. He'd be interested in revocation, if other Board members agree. Otherwise, he's prepared to vote on the Proposed Order, as written.

Dr. Egner stated that, for a bootstrap case, the Board has a fair amount of information here. She stated that she agrees with the Proposed Order, and she agrees with Dr. Steinbergh in that, had this case been the Board's own minimal standards case, it would probably end up with a more restrictive order. Dr. Egner stated that she can go along with the Proposed Order. She stated that she doesn't know how she feels about revocation versus reprimand with limitations on it. She stated that she doesn't have strong feelings one way or the other.

Dr. Steinbergh stated that she doesn't have strong feelings one way or the other, either; but they were serious allegations, and he did sign the consent agreement. In her mind, a reprimand is a minimal message where, in a case like this, she doesn't know that it changes anything in terms of his ability to come back. He has to prove competence one way or another. This does outline for him what he needs to do. Given the fact that the Board can't suspend this license, it has to be reprimand or revocation.

Dr. Buchan stated that, as he thinks through this, because he did not offer testimony in rebuttal, he thinks the Proposed Order, as written is appropriate.

Dr. Kumar stated that he would personally like to make two quick comments. He stated that there is a little redundancy in the Proposed Order. He referred to paragraphs (B)(3) and (B)(5). He stated that (B)(3) requires Dr. Rimlawi to pass the SPEX, while (B)(5) essentially does the same thing, advising that the Board may require him to submit additional evidence of fitness to practice. Dr. Kumar stated that the Board usually interprets that to mean that he must pass the SPEX.

Dr. Kumar stated that another thing he was questioning was what purpose a reprimand would serve. He suggested that the Board simply state that the license be restricted as follows, and then start the conditions for restoration. He stated that he's not sure what a reprimand really does here.

Dr. Robbins stated that he feels that, at the very least, the Board should reprimand. He thinks that the actions were severe. The Board isn't here to try the case, but Dr. Rimlawi didn't contest the actions in New York. His sense is that, at the very least, a reprimand is warranted.

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Dr. Kumar stated that that's fine, and asked about the cleaning up by combining paragraphs (3) and (5).

Board members indicated that they didn't have a problem with that.

Dr. Steinbergh stated that she doesn't have a problem with deleting paragraph (B)(3), noting that paragraph (B)(5) allows the Board flexibility to require anything it deems appropriate, whether it be testing or anything else.

DR. STEINBERGH MOVED TO DELETE PARAGRAPH (B)(3), THE SPEX REQUIREMENT, FROM THE PROPOSED ORDER. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF BASSEM MEHRIM RIMLAWI, M.D. DR. ROBBINS SECONDED THE MOTION.

Dr. Kumar stated that he would now entertain further discussion in the above matter.

There were no further comments made by Board members.

A vote was taken on Dr. Steinbergh's motion to approve and confirm, as amended.:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye

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Dr. Robbins - aye
Dr. Steinbergh - aye

The motion carried.

Ms. Davidson left the meeting at this time.

LICENSURE, PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Kumar advised that at this time he would like the Board to consider the probationary reports, the probationary requests, and the licensure applications on today's consent agenda. Dr. Kumar asked whether any Board member wished to consider either an application for licensure or a probationary report or request separately. He noted that all probationers are in compliance.

Dr. Steinbergh noted that asterisks should have been included on the agenda for the probationary requests of Dr. Blair, Dr. Brightwell, Dr. Clark and Dr. Parks, as their requests differ from the Secretary and Supervising Member recommendation. She added that she agrees with the recommendations made, however, and doesn't want to consider any of the requests separately.

DR. VARYANI MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES ON APRIL 9-10, 2007, WITH: MARK L. ALLEN, M.D.; MARK D. BALDWIN, D.O.; JOHN D. BROWNLEE, M.D.; PATRICK R. DENNISON, D.O.; DIXIE A. DOOLEY, D.P.M.; PAUL E. DUNCAN, M.D.; LESLIE R. (WOLF) DYE, M.D.; DANN WILLIAM GANZHORN, M.D.; TODD GILBERT GOTTSCHALK, D.O.; DARRELL A. HALL, M.D.; RYAN P. HANSON, M.D.; MICHAEL ERIN (DONAHUE) HULL, M.T.; BYRON C. LEAK, M.D.; BRUCE JEFFREY MERKIN, M.D.; FRANCINE R. MOSLEY, M.D.; NYKOLAI VASIL PIDHORODECKYJ, M.D.; PUTTAGUNTA RANGA, M.D.; DAVID A. RATH, M.D.; ROBERT S. REEVES, JR., M.D.; STEPHEN J. ROLFE, M.D.; JON P. RYAN, D.O.; MARIE T. SHEDLOCK, P.A.; SCOTT THOMAS STEWART, P.A.; JAMES E. STURMI, M.D.; SUSAN GAIL SWEDA, M.D.; ROBERT JOHN VAN KIRK, JR., M.D.; AND JEFFREY W. WINHOLT, M.D.; DR. VARYANI FURTHER MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES AND THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATIONS AS FOLLOWS FOR BOTH PROBATIONARY REQUESTS AND REINSTATEMENT REQUESTS:

- **TO APPROVE ABDUL Q. HASAN, M.D., TO SERVE AS DAVID B. AXELSON, M.D.'S MONITORING PHYSICIAN, WITH TEN CHARTS REVIEWED PER MONTH;**
- **TO APPROVE MARK E. BLAIR, M.D.'S REQUEST FOR ELIMINATION OF HIS CHART REVIEW REQUIREMENT, BUT TO DENY HIS REQUEST TO ELIMINATE THE MONITORING PHYSICIAN REQUIREMENT;**
- **TO APPROVE ROBERT R. BRIGHTWELL, D.O.'S REQUEST FOR A REDUCTION IN HIS**

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ALCOHOL AND DRUG REHABILITATION MEETINGS TO TWO PER WEEK, WITH A MINIMUM OF 10 PER MONTH;

- **TO APPROVE JOHN D. MASELLA, LPC, TO SERVE AS ALLAN W. CLARK, M.D.'S TREATING THERAPIST, AND TO REDUCE DR. CLARK'S PSYCHIATRIC TREATMENT REQUIREMENT TO ONCE A MONTH, WITH INTERIM COUNSELING TO DETERMINED BY THE THERAPIST;**
- **TO APPROVE ANTHONY E. DANIACHEW, M.D.'S REQUEST TO CHANGE THE PSYCHOLOGIST FROM C. RIVER SMITH, PHD, TO WILLIAM E. BECKETT, LPCC;**
- **TO APPROVE EARL E. CONAWAY, JR., M.D., TO SERVE AS RICHARD G. DAY, M.D.'S MONITORING PHYSICIAN, WITH TEN CHARTS REVIEWED PER MONTH;**
- **TO APPROVE JAMES PALLAS, M.D., TO SERVE AS RICHARD J. DEFRANCO, M.D.'S SUPERVISING PHYSICIAN;**
- **TO APPROVE SUSAN R. DAAB-KRZYKOWSKI, M.D., TO SERVE AS ADAM P. HALL, D.O.'S MONITORING PHYSICIAN, WITH TEN CHARTS REVIEWED PER MONTH;**
- **TO APPROVE WILLIAM L. HOPPES, M.D.'S REQUEST TO CHANGE HIS SUPERVISING PHYSICIAN FROM VICTORIA L. SANELLI, M.D., TO CHRISTOPHER M. DURNER, D.O.;**
- **TO APPROVE ROBERT E. MARSICO, JR., M.D.'S REQUEST TO CHANGE THE SUPERVISING PHYSICIAN FROM VICTORIA L. SANELLI, M.D., TO ANIL M. PARIKH, M.D.;**
- **TO APPROVE PHILLIP THIELE NORTH, M.D.'S REQUEST TO CHANGE THE MONITORING PHYSICIAN FROM LEROY B. GOODSON, M.D., TO BOYD C. CURTIS, M.D.;**
- **TO DENY ALAN J. PARKS, M.D.'S REQUEST FOR STEPHANIE L. COTELL, M.D., TO SERVE AS HIS MONITORING PHYSICIAN, BUT TO GRANT HIS REQUEST FOR APPROVAL OF CASE WESTERN RESERVE UNIVERSITY'S *INTENSIVE COURSE IN MEDICAL RECORD KEEPING* AS FULFILLING PARAGRAPH A.4. OF THE BOARD'S ORDER OF MARCH 14, 2007;**
- **TO APPROVE MARK ALLEN RENZ, M.D.'S REQUESTS FOR A REDUCTION IN HIS APPEARANCE SCHEDULE FROM EVERY THREE TO EVERY SIX MONTHS, AND A REDUCTION IN HIS DRUG SCREENS REQUIREMENT FROM ONCE A WEEK TO TWICE PER MONTH;**

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- **TO APPROVE PAUL J. BRUNER, D.O., TO SERVE AS WILLIAM L. SCHLOTTERER, D.O.’S SUPERVISING PHYSICIAN;**
- **TO APPROVE RICHARD S. SKOBLAR, M.D.’S REQUEST TO CHANGE THE SUPERVISING PHYSICIAN FROM VICTORIA L. SANELLI, M.D. TO JOHN A. KASPER, JR., M.D.;**
- **TO APPROVE CONNIE JENKINS, M.D, TO SERVE AS ROSS PUTMAN TURNER, D.O.’S TREATING PSYCHIATRIST; AND**
- **TO APPROVE GARY W. WALTZ, M.D.’S MODIFIED PRACTICE PLAN TO WORK AS A CONTRACT PSYCHIATRIST AT WINDSOR HOSPITAL.**

DR. VARYANI FURTHER MOVED TO APPROVE FOR LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, THE PHYSICIAN APPLICANTS LISTED IN EXHIBIT “A”, AND THE P.A. APPLICANTS LISTED IN EXHIBIT “B.” DR. ROBBINS SECONDED THE MOTION.

Dr. Steinbergh noted that a few of the requests today are to replace Dr. Sanelli as supervising physician due to her move to the Akron area. A few of these cases now have a supervising and a monitoring physician as the same person. She asked whether the Secretary and Supervising Member have any comments about having only one person giving input as both supervisor and monitor.

Mr. Albert stated that he doesn’t see any problem with it.

Dr. Talmage stated that the two roles are so different. One involves physical supervision, watching charting, and the other involves monitoring urine specimens. He stated that he and Mr. Albert don’t see any difficulty in this.

A vote was taken on Dr. Varyani’s motion:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- yes
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

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The motion carried.

REPORTS BY ASSIGNED COMMITTEES

LEGISLATIVE LIAISON & RULES COMMITTEE

Mr. Browning referred the Board to the written report, a copy of which shall be maintained in the exhibits section of this journal. He stated that four bills of concern to the Board are listed on the “hot” sheet.

Concerning H.B. 104, Mr. Miller advised that this bill, which would require background checks for applicants for licensure or for those seeking restoration of their licenses, is still in the House Judiciary Committee and has not come to the floor. He noted that there are a couple of other bills out there looking to change some of the requirements of this bill, when it comes to licensure. The changes would require that any wrongdoing must have been done within the course of practice. Mr. Miller stated that those changes haven't even come up for hearing as of yet.

Mr. Browning asked whether the Board is comfortable with the background check process.

Mr. Whitehouse stated that the Board has a good foundation.

Mr. Whitehouse stated that he would like Mr. Miller to address one thing that was brought up in the Group 1 Committees, regarding extending the length of time a visiting medical faculty certificate is valid to three years.

Mr. Miller stated that one the Board sent the proposed amendment to Case Western Reserve University (CWRU), they felt that the Board may be more open to discussion on the length of time for the extension. He stated that he subsequently spoke with representatives of CWRU and told them that the Board is comfortable with its proposed extension language. CWRU came back and said that they would agree to it, but they have contacted other schools in the process, and the Board is waiting to hear from the other schools.

Mr. Miller referred to H.B. 149, advising that this bill would change an optometrist's scope of practice from the anterior portion of the eye to the entire visual field, allow for glucose testing, administration of a drug by injection to counteract anaphylaxis or anaphylactic shock, removes the optometric formulary from statute and requires the Optometry Board and the Pharmacy Board to work together on a formulary for Schedule III drugs.

Mr. Browning asked Dr. Robbins whether he feels this is a good idea.

Dr. Robbins replied that he did not. He stated that he feels that this bill should be opposed vigorously. This is completely unnecessary and incredibly poor medical judgment because optometrists are clearly not qualified to do this. He stated that the thought of an optometry injecting anything to counter anaphylaxis is so scary in his mind that he'd be running to the door before he'd let an optometrist do it. Dr. Robbins

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added that, in his mind, it's incredible that they would suggest something so incredibly ridiculous.

Dr. Steinbergh stated that doing glucose testing is the practice of medicine. She finds that to be very inappropriate.

Dr. Egner commented that it's actually the practice of bad medicine.

Dr. Steinbergh stated that if someone presents with something that looks like diabetic retinopathy, that person should be sent to a physician for diagnosis. To allow them to do glucose testing is very inappropriate. What will the optometrist do with that information? Whether or not you get one single glucose test is not the diagnosis of diabetes. If you get an abnormal glucose test and you refer to the physician, that's a good thing. If you get a normal glucose test, you still cannot rule out the possibility of diabetes.

Concerning the administration of a drug by injection to counteract anaphylaxis or anaphylactic shock, Dr. Steinbergh asked what drug would be administered. Is this talking about epinephrine or steroids? The formulary issue is a different issue because some optometrists are taking prescriptive courses and she can't comment on that.

Dr. Buchan asked why they would desire Schedule III drugs in a non-procedurally-driven practice.

Dr. Robbins stated that he thinks it is because their ultimate aim is to be equivalent to physicians, pure and simple. They want to be the primary eye care provider.

Dr. Kumar suggested that there should be legislation that essentially says that all the things pertaining to the practice of medicine must come under the purview of the State Medical Board.

Mr. Whitehouse stated that there was some discussion in Committee about how to deal with this. He stated that the Board will prepare testimony in opposition to this. There was a comment in Group 1 that the Board should bring the parties together. This is an issue that comes around every four or five years. He stated that he spoke with Todd Baker of the Ohio Ophthalmological Society the previous day and Mr. Baker thought that a group meeting might be helpful.

Dr. Robbins stated that his aim was to bring parties together again, as they did a few years ago, and a compromise was reached at that time. He stated that he still thinks that such meetings should take place when the formulary is under consideration. He suggested that such a meeting be scheduled for a Thursday after the Board meeting. Any Board members that were available could attend the meeting. He stated that the Committee was fairly emphatic that this wasn't necessarily essential. The O.S.M.A. and other interested medical parties have come down against the bill already and have written or sent their opposition to this legislation.

Dr. Amato stated that it makes more sense to get together to try to work out a compromise and avoid a fight in the Legislature.

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Mr. Whitehouse stated that, generally, he would agree with that theory. He noted that there may come a time that the Board will want to take a stand and not compromise, and then see what happens. He added that he will try to organize a meeting to see if there is any common ground.

Dr. Kumar asked whether the Board's position is that it is opposed to the Legislation as it is written, but meanwhile it will agree to discussions with interested parties.

Mr. Browning stated that the concern is, if the Board leads with complete opposition and at the same time is negotiating a compromise, it is in conflict with itself. He cautioned that the Board needs to be careful about how it articulates its opposition.

Dr. Robbins agreed with Mr. Browning, stating that it seems to him that where the Board needs to come is where it is right now. The Board is not against discussing changes to the formulary specific to what their requests are. They just want access other than the narcotics, essentially. They've also added these other onerous things. The difficulty will be in how to negotiate that.

Dr. Buchan stated that what he's hearing is that all the medical groups are lining up in opposition to this bill. He stated that he doesn't feel the Board needs to take a compromise position, except maybe to discuss formulary issues. Everyone in organized medicine is moving in opposition to this bill. He wouldn't suggest to negotiate because the Board isn't in the position that it needs to be in.

Dr. Amato stated that he does agree with Dr. Robbins that an optometrist treating anaphylaxis is a little scary.

Dr. Kumar suggested completely opposing this legislation, as such, but to agree to discussion of changes in the formulary.

Dr. Robbins stated that the difficulty that he has with meeting with these groups is that there is very little room for compromise. What they're proposing, in his mind, is ridiculous. He'd like optometrists to stay where they are. If they have specific concerns, as they have in the past, they come to the Board and others saying that they want to add to their formulary capabilities and give the reasons why. That's what they're doing now, so there's no compromise there.

Dr. Steinbergh stated that the Board needs to look at the educational piece if it's going to discuss and give input in regards to the formulary. The Board needs to understand a little bit more about what their background and training is in prescriptive authority.

Mr. Albert asked whether anyone from the Board has talked with the sponsors of the bill.

Mr. Miller replied in the negative.

Mr. Albert suggested that that might be a good place to start.

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Mr. Miller commented that this bill is much narrower than that which was initially proposed. There are 30 to 40 co-sponsors.

Dr. Steinbergh stated that she doesn't feel that the representatives are not educated. This is a huge concern. If a constituent comes to a representative or a senator and says, "This is what we think we should have," and then pretty soon you have a bill, where's the education for these representatives? What do they understand about medicine? Does the Board give testimony? Has it given testimony?

Mr. Miller stated that it has not on this issue.

Dr. Steinbergh stated that the Board should be giving testimony on this issue.

Mr. Miller stated that the previous day was the second hearing, and it was only proponent testimony. The next hearing will be opponent and interested party testimony.

Dr. Steinbergh stated that legislators should be educated before they even propose these bills.

Dr. Varyani stated that he thinks that the interested parties should come to the Board if they want a compromise.

Mr. Miller stated that he's not saying that the Board should compromise, but he does feel that the Board owes others its position, rather than just standing up in front of the Committee and saying, "we oppose this bill."

Dr. Steinbergh commented that they didn't ask the Board for its opinion on this issue.

Dr. Varyani stated that Mr. Miller has heard Board members' opinions. He stated that he doesn't think it would be wrong to say that, other than changes to the formulary, most of the Board members oppose this legislation totally. He stated that the Board should say that first and see what others have to say in response.

Dr. Kumar stated that that seems to be the consensus of the Board.

Dr. Buchan stated that the only question he has is whether or not the train is out of the station. He stated that he heard Mr. Miller suggest that compromise is a good idea, but if the train has not left the station, this should be the Board's position.

Mr. Miller stated that there's always room for compromise. His feeling is that they've probably taken it to just about the lowest point they can to get what they want.

Dr. Kumar stated that he believes that the consensus is that the Board will firmly oppose this bill, as drafted. If they want to come back with some modification to the formulary, the Board will talk to them at

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that point.

Dr. Varyani stated that the Board should go on record as opposing the legislation, and talk only if someone comes to the Board and asks to talk about it.

Mr. Browning asked whether the Board has done any research on this subject. Does the Board know what the other side is going to say and what they are saying? Does the Board know if other states are doing some or all of what's going on in this bill? He stated that the Board needs to be careful. He expressed concern that the Board has developed a pattern over the years of reacting very conservatively in the minds of people who want to change things, and then it has ended up compromising, and then it has ended up being for positions that it originally proposed. Mr. Browning stated that the Board needs to proceed as effectively as it can in articulating its position, because what will happen is that people will say, "well, here's the Medical Board being the Medical Board, they've changed their positions repeatedly over the decades, and it's really about business regulatory issues in many ways, because, of course, the ophthalmologists are going to be opposed to anything that expands the scope of practice of would-be competitors." He stated that they get into this mindset that this is what it's about. It's about money, business, etc. Mr. Browning stated that he's not saying that people who are saying that are right. He just thinks that the Board needs to be as effective as it can be going down this road.

Board members expressed agreement that research should be done.

Mr. Whitehouse indicated that he believes that it puts the Board on a better footing to express its opposition to the bill, but at the same time letting it be known that the Board is willing to talk about it.

Dr. Amato stated that he's from a small county with only two part-time ophthalmologists, but he doesn't believe that the optometrists in his area would be in support of this legislation. He added that at the previous month's meeting he learned that Ohio is a leader among the country's medical boards, and he thinks that Ohio needs to keep its leadership status and not just do what other states are doing. He stated that he does not see the people of rural Ohio better served by this kind of legislation.

Mr. Miller stated that H.B. 148, the complementary & alternative medicine legislation was introduced. This is a reintroduction of the bill introduced in 2006. There have been no hearings held as of this time.

Dr. Varyani stated that he did attend the Federation session on complementary and alternative healthcare, and found it to be very interesting. Basically, those supporting alternative medicine have no proof of anything working, but they do make a lot of money. He commented that money talks.

EDUCATION, PUBLIC RELATION & RISK MANAGEMENT COMMITTEE

Ms. Wehrle advised that the newsletter has been published and is in the mail. She advised further that the Committee reviewed draft brochures addressing sexual misconduct and ending the doctor/patient relationship. She advised that the brochures will be used in a variety of settings, and added that she and Dr. Kumar used them at the Federation meeting. She stated that the brochures were very popular. They will be

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on display at the upcoming O.S.M.A. meeting and the June O.O.A. meeting.

Ms. Wehrle stated that another brochure on FAQs regarding retail health clinics was reviewed by the Committee. This brochure was developed from a letter of response the Scope of Practice Committee approved in April on this topic. Ms. Wehrle stated that the questions posed in the correspondence to the Board are those that have been asked by other physicians. The brochure is a response to an increased interest in this topic. Ms. Wehrle referred to the revised version of the brochure and explained the changes made as a result of Committee discussion. She stated that, with Board approval, she will prepare copies for Dr. Kumar to take with him to a presentation he is giving this evening.

There was no disapproval voiced by Board members.

Dr. Kumar stated that he has been asked to make a presentation to the Montgomery County Medical Society on this topic. He noted that this brochure does not address P.A.s running such clinics. He stated that, as the P.A. rules are codified, the brochure will be amended.

Dr. Kumar at this time asked Board members begin to think of articles for the next issue of the Board's newsletter.

LICENSURE COMMITTEE

Dr. Robbins stated that the Committee reviewed requests for accommodations under the A.D.A. from four applicants for the June 2007 MT examination.

DR. STEINBERGH MOVED TO APPROVE THE FOLLOWING REQUESTS FOR SPECIAL ACCOMMODATION UNDER THE A.D.A.: KENNETH WAYNE DOWNEY'S REQUESTS FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, A DEDICATED PROCTOR AND A SEPARATE TESTING AREA; ASHLEY NICOLE SHAW'S REQUESTS FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AN ENLARGED FONT EXAM AND A SEPARATE TESTING AREA; MAY TAM'S REQUESTS FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA; AND LINDA LEE KASLER-MCCLUNG'S REQUEST FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF AND A SEPARATE TESTING AREA. DR. AMATO SECONDED THE MOTION. A vote was taken:

ROLL CALL:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye

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Dr. Robbins - aye
 Dr. Steinbergh - aye

The motion carried.

MINIMAL STANDARDS OF CARE COMMITTEE

Dr. Kumar advised that the Committee is doing the five-year review of Chapter 4731-18, Ohio Administrative Code, the Surgery Standards rules. He advised that some revisions to these rules are necessary, and the Committee will continue its review to bring a finished proposal to the Board at a future meeting.

P. A. COMMITTEE

Prior to Dr. Talmage's report, Dr. Kumar stated that three appointments need to be made to the P.A. Policy Committee. After requesting nominations from the appropriate professional association, Dr. Kumar advised that he recommends the reappointment of the following to the Committee for terms dated May 17, 2007 to May 16, 2009: Eugene Imbrogno, M.D.; Michael W. Bowen, M.A., R.N., P.A.-C; and Debra L. Parker, Pharm.D., CACP.

DR. STEINBERGH MOVED TO REAPPOINTMENT DR. IMBROGNO, MR. BOWEN AND MS. PARKER TO THE P.A. POLICY COMMITTEE FOR TERMS DATED MAY 17, 2007 TO MAY 16, 2009. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage advised that the Committee reviewed three special services plans from two different entities.

Sunrays Cardiology, Inc.

Dr. Talmage advised that the Committee reviewed Sunrays Cardiology, Inc.'s request for its P.A.s to perform non-invasive cardiovascular studies, including treadmill stress echo studies, in an office setting,

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utilizing 100% onsite supervision.

Dr. Talmage stated that the Committee is not recommending any action on this request, since it is unclear as to who actually does the ultrasound and whether they require radiation technology certification.

Dr. Talmage advised that Sunrays Cardiology, Inc., also asked approval for its P.A.s to perform treadmill stress tests, in an office setting, utilizing 100% onsite supervision. He stated that the Committee recommends approval of this request as it is consistent with past applications that have been approved.

DR. TALMAGE MOVED TO APPROVE SUNRAYS CARDIOLOGY, INC.'S SPECIAL SERVICES PLAN FOR ITS P.A.S TO PERFORM TREADMILL STRESS TESTS, IN AN OFFICE SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 50 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 50 PROCEDURES TO DETERMINE COMPETENCY. MR. BROWNING SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

OSU Internal Medicine

Dr. Talmage advised that the Committee reviewed the above-captioned's request for its P.A.s to perform cryotherapy. He stated that both the P.A.P.C. and the P.A. Committee recommend approval, subject to incorporating language that was included in OSU's educational piece, which states that the patient will be evaluated by a physician, that a diagnosis will be made prior to the treatment being given, and that no malignant or mucocutaneous lesions will be treated. Dr. Talmage stated that this would be consistent with past approvals.

DR. TALMAGE MOVED TO APPROVE OSU INTERNAL MEDICINE'S SPECIAL SERVICES PLANS FOR ITS P.A.S TO PERFORM CRYOTHERAPY IN AN OFFICE SETTING, UTILIZING 100% ONSITE SUPERVISION, WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 50 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY. THE APPROVAL IS ALSO SUBJECT TO

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THE PATIENTS HAVING FIRST BEEN EVALUATED AND A DIAGNOSIS MADE BY A PHYSICIAN, AND UNDER THE AGREEMENT THAT NO MALIGNANT OR MUCOCUTANEOUS LESIONS WILL BE TREATED. DR. ROBBINS SECONDED THE MOTION.

Dr. Kumar stated that, essentially, everything can be classified as a mucocutaneous lesion.

Dr. Talmage stated this is talking about mucous membrane lesions.

Dr. Kumar stated that he thinks it needs to be clearer.

Dr. Talmage stated that there's not a dermatologist on the Board, but he thought that the accepted term, mucocutaneous, means mucous membrane, basically. Cutaneous means keratinised skin.

Dr. Kumar stated that he would like the minutes to clarify that this is essentially meant for the mucous membrane.

Dr. Steinbergh stated that "mucocutaneous," to her, means that. You could have a lesion on a mucous membrane that extends into the skin, or you could just have a mucous membrane lesion.

Dr. Talmage stated that he will check into this and make sure that medical dictionary, in fact, specifies that, but his understanding is that mucocutaneous means a surface structure that secretes mucous.

A vote was taken on Dr. Talmage's motion:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage stated that the P.A.P.C. is still reviewing objections filed to the Board's proposed rules. Review of Chapter 4730-01 has been completed. Development of the formulary continues. The Committee hopes to bring these rules to the Board in July or August.

SCOPE OF PRACTICE COMMITTEE

Dr. Steinbergh stated that the Committee dealt with three different issues. The first issue involved inquiries concerning the podiatric scope of practice. The Board received a letter from Aaron Chokan, D.P.M., of the Ohio Foot and Ankle Center, concerning whether or not podiatric physicians may harvest a split thickness skin graft from the thigh. The Committee also reviewed an inquiry from Emmalia Reinwald, R.N., Director of Clinical Services, Marion Health Center, concerning the performance of peroneal nerve decompression procedure with incision at the neck of the fibula.

Dr. Steinbergh stated that, in regards to the skin graft issue, there was a difference of opinion on the Committee. Dr. Steinbergh advised that Dr. Buchan felt that it was appropriate for a podiatrist to take a graft from the thigh, as it is related to the performance of surgery at the ankle or foot and the need for a skin graft. Other Committee members felt that this is not within the scope of practice. Dr. Steinbergh stated that there was a lively discussion, and that they have decided to table this matter for further discussion with the O.P.M.A.

Dr. Buchan stated that he's not sure that he necessarily thought it was appropriate, he just wanted to have conversation. He stated that, at first blush, he read this and it does not affect him. However, as he reviewed the process, and having looked over the last 15 years of these issues, he thinks he has been a bit territorial and a bit narrow-minded in how he has evaluated scope issues, personally. Dr. Buchan stated that he has had the opportunity to be on the Board of Directors of the American Board of Podiatric Surgery, and he has appreciated over the years podiatry has adopted the allopathic and osteopathic model of training. Podiatrists now have three to four years of training. As he reviewed these requests, he thought that he should be a little more open minded to the issue that they're not asking to treat thigh problems; they're not asking to do anything other than treat foot and ankle pathology as they have been trained to do. He added that he feels that he needs to be a little more open minded to treating foot and ankle pathology, as to focus, but allowing podiatrists to do what they need to do with less encumbrance, less of a barrier in practicing. Dr. Buchan stated that these are not limited licensees. These are folks that have a specific scope of practice. Dr. Buchan stated that he wanted further discussion about this. Dr. Buchan stated that he will take this issue to the O.P.M.A. and come back to the Board with a more definitive recommendation for the Committee.

Dr. Steinbergh stated that her feeling on this is that, with respect to educational changes in the profession, if Dr. Buchan or the O.P.M.A. feels that the Board should take another look at language that would enhance that practice, perhaps the Board ought to do that. This will be brought back to the Committee in June.

Dr. Robbins stated that he tends to agree with Dr. Buchan, especially with what the Board is seeing with P.A.s, but he has a hard time seeing why the Board would dismiss this request just out of habit in this situation. With what podiatrists are doing today, it doesn't seem to him that this is an arbitrary request and something the Board should just dismiss out of hand. Dr. Robbins stated that he's glad the Committee is going to look at this further, because his sense was that this was probably okay.

Dr. Buchan stated that he looks at who's doing all the ankle work and who's managing these wound care

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centers across the state, and he's been a part of that process. He stated that he doesn't do it currently, but they did start one at Grant Hospital 15 years ago, and he thinks it's exactly who's doing the work.

Dr. Kumar stated that the only difference in taking a skin graft from the calf or ankle, as compared to the thigh, is the size of the graft. The mechanism, technique and everything else is the same. Perhaps the care of the donor site, because it is bigger and wider, makes a little difference. That may need to be looked at in some kind of collaborative arrangement with someone else. In a way, however, he doesn't see a big difference between taking a graft from below the knee or above the knee.

Dr. Steinbergh asked whether podiatrists are credentialed at Grant Hospital to do this.

Dr. Buchan stated that he doesn't know the answer to that.

Dr. Steinbergh stated that that would be something that the Board needs to know. She stated that the fact that someone has posed the question to the Board would indicate to her that they're not being credentialed.

Dr. Buchan stated that it's a bit of a paradox, because podiatrists are trained to do it. He does know that.

Dr. Buchan stated that he wants to be very clear that he doesn't think his profession should treat pathology other than foot and ankle. He doesn't think that these folks are asking to treat thigh pathology or leg pathology. They're treating peripheral neuropathy; they're harvesting skin grafts, which allows them to practice their trade.

Dr. Steinbergh stated that she thinks that Dr. Kumar's concerns are that, once you take this rather large, thick graft, or split thickness graft, from the thigh, you open yourself to infection, vascular compromise in terms of the diabetic. Who's going to be treating that?

Dr. Buchan stated that you're talking to surgeons and those are not the issues. Surgeons understand how that works, and how the mechanisms of healing work. This group is not going to be affected by that issue. They're not going to be worried about postoperative management. These are surgeons, and that's not a scary concept. They harvest the graft, watch the donor site heal and they deal with complications. If surgeons are concerned about that, if they are insecure in those matters, they don't belong in the operating room.

Dr. Steinbergh asked who would do the treating of infections at the donor site.

Dr. Buchan stated that that's what surgeons do. That's what he does.

Dr. Kumar stated that the Committee will get further input from the O.P.M.A.

Dr. Steinbergh stated that the Committee next discussed the performance of a nerve decompression procedure with the incision at the neck of the fibula. She referred the Board to the proposed response in the agenda materials, and asked Dr. Buchan to address this issue.

Dr. Buchan stated that there were some changes to the proposed response, making sure that it is anatomically correct. That letter will be circulated to O.P.M.A. The request has to do with peripheral neuropathy and decompression surgery, which they do currently for tarsal tunnel surgery. This has to do with releasing several nerves, one of which is behind the fibular head, four or so inches below the knee. They're not treating the leg, but they're treating the peripheral neuropathy, which is a foot problem. Dr. Buchan stated that he thinks the request is reasonable and deserves conversation.

Dr. Egner left the meeting at this time.

Dr. Steinbergh stated that the Committee also reviewed information from C.W.R.U. concerning its combined medical/dental education program. The information indicates that upon completion of the program the student will be qualified for licensure as a dentist and to seek a medical residency required for licensure as a medical doctor. The individual would get both a D.M.D. and an M.D. degree. This would ultimately allow a dentist to be more concerned with primary care and disease prevention, as related to oral health and primary care.

Dr. Robbins stated that he found this to be very interesting, to say the least. The concept of training a physician/dentist within five years is interesting. If it is true, perhaps medicine should take another look at how physicians are trained. Dr. Robbins stated that he looks at this as opening another can of worms down the road. This will really change things. Dr. Robbins stated that this is something that he thinks will be picked up a lot throughout the country. Now the Board will see clinics in Krogers and Walmarts where you'll have physician/dentists. You'll go to the same person for everything. Dr. Robbins stated that this scares him to death.

Dr. Steinbergh stated that the Committee also reviewed an inquiry from Larry Holditch, M.D., Medical Director of the Cincinnati Health Department (CHD), concerning the delegation of TB testing to staff members of a homeless shelter. This is part of an effort to combat the outbreak of TB at the shelter. Dr. Steinbergh stated that Dr. Holditch is concerned that some of the homeless shelter residents simply don't like to see medical personnel. Dr. Holditch advises that he would like to train local personnel to do this testing. Dr. Steinbergh stated a response to Dr. Holditch was prepared, outlining the Board's policy on delegation of medical tasks, and why the Board feels that it is inappropriate to delegate this procedure to unlicensed individuals. The response also offers to help the CHD, should they wish to devise a plan that would allow others to participate in the process, such as licensed nurse. Dr. Steinbergh stated that the Board recognizes the need for this test, but its application is such that it does need to be done by a licensed individual, as does its interpretation.

Dr. Kumar commented that certified medical assistants might be appropriately used to perform this test.

Dr. Steinbergh stated that the issue is this, in regard to on-site supervision. The two categories of nurses, registered nurses and licensed practical nurses, can perform the procedure without on-site supervision. If a medical assistant is used to do these procedures, the physician must be on-site. Dr. Holditch is looking for on-site supervision, with non-medical personnel being trained to perform the procedure. Dr. Steinbergh

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stated that Dr. Holditch indicates that if there are positive results from the test, CHD will come in in their van and deal with those results. Dr. Steinbergh stated that, if they have those means, she doesn't know why they can't use the same van to do the administration of the tests.

Dr. Kumar stated that he's in agreement, but added that nurses will be training the certified medical assistants to do the test. There will be delegation authority down the line.

MR. ALBERT MOVED TO SEND THE LETTER TO DR. HOLDITCH. DR. BUCHAN SECONDED THE MOTION. All members voted aye. The motion carried.

A copy of the letter of request and the proposed response will be maintained in the exhibits section of this journal.

Dr. Varyani left the meeting at this time.

ADMINISTRATIVE REPORT

Dr. Kumar advised that he had planned for the Board members to visit the new office space in the Rhodes Tower, but has been advised that that won't be practical because carpet is currently being installed in the offices there.

Mr. Whitehouse reviewed his written report with the Board. He noted that the first round of interviews with applicants for the assistant executive director position is scheduled to take place the following week. He anticipates extending an offer by the end of the month. Mr. Whitehouse stated that when he gets the selection process down to two candidates, he will send out their CVs to Board members. Mr. Whitehouse stated that he would like to have someone on board mid June.

Mr. Whitehouse referred the Board to the revised document entitled "Budget Structure Review" which was distributed and which will replace the earlier version contained in the administrative report. He advised that Ms. Thacker worked with Ms. Oldham to prepare this information for the Board, and he believes it contains the kind of information in which Board members had previously indicated an interest.

Mr. Whitehouse at this time recognized Ms. Thompson for her leadership and tenacity in the development of the Common License Application Form (CLA-F). Mr. Whitehouse stated that during discussions at the Federation meeting, every time the issue of licensure came up, Ohio was shown to be a leader. Much of that is a result of Ms. Thompson's efforts.

Ms. Thompson stated that, when she looks back at what has been done, she can't say enough about Ms. Rieve and her group, and how willing they have been to implement all these different things. She noted that in 2004, the Board first went on with CAVU, and the staff had to do all these things with the computers. Now, here the Board is with on-line applications, electronic F.C.V.S., and the paper is disappearing. The staff has done tremendously in this.

Dr. Kumar stated that the Board is going to make every effort to nominate Ms. Thompson for recognition by the Federation or AIM next year.

PRESIDENT'S REPORT

Dr. Kumar reminded Board members who attended the Federation meeting to include those dates on per diem sheets and expense vouchers.

Dr. Kumar reminded Board members to sign both their per diem sheets and their travel forms, indicating that the Auditor does look at these forms to ensure they are signed.

Dr. Kumar stated that, from the Federation meeting, there are three issues he would like to briefly discuss: license portability; the Midwest Regional Boards; and the concept of taking some parts of the Board meeting on the road to various medical schools. Dr. Kumar stated that he had started a dialogue with the staff and some Board members on this last topic.

Dr. Kumar stated, that as far as license portability goes, there are two Federation projects, one in the west and one in the northeast, with six states in one group and eight states in the other, who are essentially trying to share the data and information toward getting a common license for the group of states. Dr. Kumar stated that this is an ongoing project. Each state will have its own addendum to the applications, but there will be more freedom for individuals to go across state lines. The impetus for this is from disasters, such as Hurricane Katrina.

Concerning the Midwest Regional Boards, Dr. Steinbergh reminded the Board of their discussion in April concerning whether or not the Board should continue with the Midwest Regional Boards. She stated that there has been a lack of financial support for other boards to participate. There was a good group that came to the meeting held during the Federation meeting, and the topic of whether or not to continue was discussed. Dr. Steinbergh stated that Ms. Wehrle will be sending out inquiries to determine how much interest is still there for these meetings.

Dr. Steinbergh stated that there were regional discussions at the Federation meeting this year; however, there were those who didn't feel that the format was good for communication. She stated that she voiced her concerns to the individual who put these groups together. She stated that she is on the Program Committee this year and will readdress that issue. Dr. Steinbergh stated that her goal would be to see the Federation begin to financially support the regional concept, with one meeting at a time opposite the annual meeting, so that the groups can come together. Dr. Steinbergh stated that she feels such meetings are really needed.

Dr. Kumar commented that New York was included in the same forum as Ohio, according to the Federation's division. Dr. Kumar stated that it was intriguing to note that, if you look at the general Federation discussions, discussions were more vision driven. The discussion in the regional meetings was more about the "nuts and bolts" of Board activities. Dr. Kumar stated that, both discussions are important, but he feels that the "nuts and bolts" discussion was equally, if not more, important.

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Dr. Steinbergh advised that, as member of the Program Committee, she will make an effort to get more “nuts and bolts” types of issues on the main Federation agenda. She stated that in past years the program tried to balance what Boards do on a day-to-day basis with vision. She believes the “nuts and bolts” discussions help new Board members.

Dr. Kumar stated that that should be one of the reasons new Board members go to the Federation meeting.

Dr. Steinbergh asked Ms. Wehrle to develop a list of topics this Board has discussed and which the Board might want to suggest for the Program Committee meeting. Another topic for the Boards should be the U.S.M.L.E., what it means to the states, as they discuss the change of that examination. She stated that the N.B.M.E. really wants input from the different boards.

Referring to this year’s program, Dr. Buchan stated that he got the sense that there was a tremendous California influence. He stated that he doesn’t feel that they represented the state of the states across the land.

Dr. Talmage commented that there were probably more California presenters because the meeting took place in California.

Dr. Buchan stated that he understands that, but he felt a more diverse representation was important.

Mr. Whitehouse asked whether Dr. Steinbergh is envisioning the Federation also facilitating the regional meetings, should they begin to support them financially.

Dr. Steinbergh stated that that’s a question that has to be answered.

Dr. Kumar suggested that Ohio submit a resolution for the 2008 meeting, asking for financial support for regional board meetings.

Board members expressed agreement.

Mr. Albert stated that he’s always been an advocate of having a Board member from each of the regions on the Federation’s Board of Directors.

Concern was expressed about this year’s election process at the meeting. Dr. Kumar asked Dr. Steinbergh to comment on that process.

Dr. Steinbergh stated that Ohio representatives were very disappointed in the election this year. She noted that Dr. Talmage, as well as two others, were nominated by their State Boards, and subsequently by the Nominating Committee. They ran a legitimate campaign, following all of the rules. Four or five others were nominated from the floor. One individual, who was nominated from the floor for both the Board of Directors and the Editorial Committee, did not attend the Candidates Forum, as did the others. He arrived

late to the Delegates meeting and was permitted by the Federation Chair to make a two-minute presentation. This individual had his talking points, he had a full audience of delegates, many of whom were first-time members of the Federation and now they're delegates. Dr. Steinbergh acknowledged that this individual was credentialed appropriately to be on the Federation Board, but she felt it was unfair to the other candidates, including Dr. Talmage, who were not able to address the full audience at that time. Dr. Steinbergh stated that this other individual did take the third vacant spot, for which Dr. Talmage had been nominated.

Dr. Steinbergh stated that she was angered by this election. She added that, in all the years she has watched this process, she's seen this a couple of times. She stated that she finds it to be rather interesting that this is a group of physicians who deal with ethics, and she didn't feel the process was legitimate. Dr. Steinbergh stated that the rules do allow nominees from the floor to make a two-minute presentation; however, in the instances she has seen where the nominee has taken advantage of this, the nominee was literally nominated from the floor. Their names do not appear at the candidates' forum, as this individual's name did, and they didn't have the opportunity to speak at the Candidates Forum. This individual did have that opportunity.

Dr. Steinbergh stated that, because of her concern about this year's election, she asked that the Board send a letter of concern to the Federation about the process, and, perhaps make a suggestion as to how the process could be improved. She suggested that, if one candidate addresses the House of Delegates, the other candidates should also be given that opportunity, rather than at the Candidates Forum, where not all delegates are in attendance.

Dr. Kumar stated that the Executive Committee will draft a letter of concern to be sent to the Federation.

Mr. Albert suggested that the Board present its own proposal on this topic.

Dr. Robbins commented that, to allow such nominations from the floor prior to the election denigrates the whole Nominating Committee putting forward nominees. That shouldn't be allowed.

Dr. Kumar asked Board members to think about taking the Board meeting on the road. He suggested meeting occasionally at the various medical schools. He noted that some agencies are already doing this.

Dr. Buchan stated that this is a good idea, but, practically, it would be very difficult. He suggested that videoconferencing might be a better idea, allowing the Board to be on the screen at all eight medical schools at one time.

Dr. Kumar stated that, if the Board takes the meeting to Wright State University, it would cost about \$800.00 more a month.

Ms. Wehrle stated that that is a low estimate. She didn't figure into that number travel time and work hours for staff who would be required to attend. She stated that it would be significantly more costly to do.

Dr. Kumar again asked that Board members think about this.

May 10, 2007

Dr. Kumar advised that, due to an anticipated 21 personal appearances in June, the Wednesday session may be scheduled for 12:30 p.m.

DR. TALMAGE MOVED TO ADJOURN. DR. BUCHAN SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 10:15 a.m. on May 10, 2007, the May 9-10, 2007 meeting of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on May 9-10, 2007, as approved on June 13, 2007.



Deepak Kumar, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)



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May 10, 2007
