

May 8, 2013

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**MINUTES****THE STATE MEDICAL BOARD OF OHIO****May 8, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 1:00 p.m. in the Administrative Hearing Room, 3<sup>rd</sup> Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Kris Ramprasad, M.D., Vice President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Lance A. Talmage, M.D.; Laurie O. Elsass; Donald R. Kenney, Sr.; Michael L. Gonidakis; Amol Soin, M.D.; and Sushil M. Sethi, M.D.

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; William J. Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Karen Mortland, Mark Blackmer, Angela Scott, Dan Zinsmaster, Cheryl Pokorny, and Dennis Tenison, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and Heidi Dorn, Assistant Attorneys General; Gregory Porter, Acting Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Alana Noward, Hearing Unit Assistant; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kay Rieve, Administrative Officer, Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; Gary Holben, Operations Administrator; and Benton Taylor, Executive Assistant to the Executive Director.

MINUTES REVIEW

**Dr. Bechtel moved to approve the draft minutes of the April 10-11, 2013, Board meeting, as written. Dr. Ramprasad seconded the motion.** All members voted aye. The motion carried.

EXECUTIVE SESSION

**Mr. Gonidakis moved that the Board declare Executive Session to confer with the Attorney General's representatives on matters of pending or imminent court action. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

Dr. Soin - aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Ms. Anderson, Ms. Loe, Ms. Debolt, Ms. Wehrle, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Bickers, Ms. Jones, Ms. Rieve, Ms. Weaver, Ms. Jacobs, Ms. Moore, Ms. Brooks, and Mr. Taylor in attendance.

The Board returned to public session.

#### APPLICANTS FOR LICENSURE

**Dr. Soin moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician applicants listed in Exhibit "A," the physician assistant applicants listed in Exhibit "B," the massage therapy applicants listed in Exhibit "C," and the acupuncturist applicants listed in Exhibit "D," and the anesthesiologist assistant applicants listed in Exhibit "E." Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

#### REPORTS AND RECOMMENDATIONS

Dr. Steinbergh announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Dr. Steinbergh asked whether each member of the Board had received, read and considered the hearing records; the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Michael M. Kamrava, M.D.; Christopher L. Demas, M.D.; Gary Allan Dunlap, D.O.; and Katherine L. Richmond, D.O.

A roll call was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

Dr. Steinbergh 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 or permanent denial. A roll call was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

Dr. Steinbergh noted that, in accordance with the provision in section 4731.22(F)(2), Ohio 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 any disciplinary matters. In the matter before the Board today, Dr. Strafford served as Secretary, Dr. Bechtel served as Supervising Member, and Dr. Talmage served as Secretary and/or Acting Supervising Member

Dr. Steinbergh reminded all parties that no oral motions may be made during these proceedings.

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

CHRISTOPHER L. DEMAS, M.D., Case No. 12-CRF-091

Dr. Steinbergh directed the Board's attention to the matter of Christopher L. Demas, M.D. She advised that no objections were filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Demas. Five minutes will be allowed for that address.

Dr. Demas was represented by his attorney, Elizabeth Collis.

Ms. Collis stated that the Hearing Examiner did an excellent job outlining the issues in this case and she fully supports the Findings of Fact and Conclusions of Law in the Report and Recommendation. However, Ms. Collis requested that the Board impose a shorter suspension than recommended by the Hearing Examiner.

Ms. Collis stated that, as noted by Ms. Dorn, the Board does not allege that Dr. Demas provided substandard patient care or had poor documentation; the Board's case is based solely on Dr. Demas' conviction. Ms. Collis stated that Dr. Demas' conviction is different from what one would expect in a case of forgery. Ms. Collis stated that Dr. Demas did not sign the names of others to documents. Rather, Dr. Demas provided the names of other physicians to CVS Pharmacy to include in supervisory agreements. Ms. Collis stated that Dr. Demas has taken full responsibility for his conduct.

Ms. Collis continued that it is clear that Dr. Demas got in over his head in his dealings with CVS Pharmacy and he should have had a better understanding of what he could and could not do in terms of supervising nurse practitioners. Also, Dr. Demas should have had clear approval from the other physicians to include their names on the supervisory agreements. However, Ms. Collis noted that no patients were harmed and all charts were reviewed by Dr. Demas. Ms. Collis also pointed out that Dr. Demas has already been punished by the courts.

Ms. Collis asked that the Board impose a suspension that is less than one year.

Dr. Demas stated that he has been practicing medicine in Ohio for over 30 years. Dr. Demas has held faculty positions at the Ohio State University Medical Center and has testified as an expert witness on behalf of the Medical Board. Dr. Demas stated that he now finds himself in a position which he had never anticipated and for which he is highly embarrassed.

Dr. Demas stated that he was approached in 2006 by CVS Minute Clinic and asked to supervise nurse practitioners. At that time, Dr. Demas provided Minute Clinic with his name and the name of a physician who was working in Dr. Demas' office as a list of supervising physicians. As the owner and operator of his practice, Dr. Demas believed that he could provide the name of his staff physicians to CVS Pharmacy just as he provided their names to health insurance companies. Dr. Demas stated that the supervision simply entailed being available for telephone questions and reviewing random sample charts.

Dr. Demas continued that Minute Clinic was anxious to open new clinics in central Ohio, so CVS contacted him to help them find the names of other physicians to include on supervisory agreements. Dr. Demas stated that he contacted Dr. Im, who was planning to join Dr. Demas' practice, and he agreed to be listed as a collaborating physician. Dr. Standeford also completed an application to participate as a supervising physician for Minute Clinic after being contacted by Dr. Demas.

Dr. Demas stated that during this time, he provided supervision and guidance to the Minute Clinic's nurse practitioners and reviewed all the charts sent to him by email. Dr. Demas stated that at that time, he did

not clearly understand the Nursing Board's regulations on how many nurse practitioners he could supervise at one time. Specifically, Dr. Demas did not understand that the limit on supervising three nurse practitioners applied to chart review as well as telephone availability.

Dr. Demas stated that, contrary to the Hearing Examiner's position, this was not about greed. Dr. Demas stated that the money he earned was electronically deposited into his office business account and was used to pay his employees, including the collaborating physicians according to their contracts. Dr. Demas stated that he erred in providing the names of physicians to Minute Clinic and allowing their names to be signed to collaborating agreements. Dr. Demas also stated that he did not do his due diligence to learn what the Ohio nursing regulations require. Dr. Demas stated that he should not have relied on CVS attorneys who advised him that this is how CVS has set up clinics in other states. In addition, Dr. Demas stated that he had been unaware that the chart reviews should have been distributed to the other physicians.

Dr. Demas stated that he has taken full responsibility for his conduct and pleaded No Contest to seven counts of forgery. Dr. Demas stated that he paid a fine of \$17,500.00, not including attorney's fees and court costs, and he is no longer allowed to supervise nurse practitioners without permission from the Nursing Board. Dr. Demas added that he is in full compliance with the terms of his probation.

Dr. Demas stated that he supports the findings of the Hearing Examiner and he intends to comply with all of the recommended probationary terms. However, Dr. Demas respectfully requested that the Board not impose a suspension of his medical license, or to impose a suspension of no more than 30 days. Dr. Demas stated that he has an open and active solo practice in Westerville. Dr. Demas stated that six staff members and their families rely on him, as do 5,000 patients for whom he provides care and treatment as their sole physician. Dr. Demas stated that he erred in telling CVS to include the names of three physicians on nurse practitioner agreements, but noted that no patients were harmed. Dr. Demas asked the Board to consider this crime in the context of his entire career as a community-minded caregiver.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Dorn stated that she would like to respond.

Ms. Dorn agreed with the Hearing Examiner that this case is about greed. Ms. Dorn stated that the more standard care arrangements Dr. Demas entered into, the more money he received. Ms. Dorn stated that Dr. Demas paid his staff with the money he received from CVS, but he never paid the three physicians whose names he put on the contracts. In order to get around those standard care arrangements, which resulted in more money for him, Dr. Demas had to direct CVS to use the names of three physicians who were unaware that their names were being used. In fact, one physician testified she was oblivious to the fact that her name was on the contracts.

Ms. Dorn continued that Dr. Demas was eventually caught and charged with 28 felony counts of forgery. Dr. Demas entered into a plea and was found guilty of seven of the 28 counts. Dr. Demas was sentenced to three years of community control, ordered to pay \$17,500.00 in costs, and was restricted from entering into standard care agreements without prior approval from the Nursing Board. Ms. Dorn explained that standard care agreements limit a physician to supervising only three nurse practitioners with prescribing authority at one time. Since the Minute Clinics were basically run by nurse practitioners, Dr. Demas was

able to gain more Minute Clinic medical director positions by using other physician's names on the agreements.

Ms. Dorn stated that by entering into pleas and being found guilty by the court, Dr. Demas acknowledged that he had purpose to defraud or that he knew he was facilitating fraud, according to the statute under which he pled. Ms. Dorn stated that, as many of Dr. Demas' letters of support acknowledge, Dr. Demas is an intelligent person with great business acumen. Ms. Dorn stated that for someone of Dr. Demas' intelligence, naiveté regarding these contracts seems out of character.

Ms. Dorn stated that there is no dispute that Dr. Demas violated the Board's statute by being found guilty of seven counts of forgery. Ms. Dorn stated that Dr. Demas' greed and poor judgment led him to commit this crime and jeopardize his medical career, as well as potentially the careers of three other physicians. Ms. Dorn encouraged the Board to adopt the Hearing Examiner's Report and Recommendation, including the one-year suspension followed by two years of probationary conditions.

**Dr. Ramprasad moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Christopher L. Demas, M.D. Ms. Elsass seconded the motion.**

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Kenney stated that on May 22, 2012, the Court of Common Pleas of Delaware County found Dr. Demas guilty of seven counts of forgery, to which Dr. Demas pled "No Contest." Mr. Kenney stated that Dr. Demas used the names of other physicians on nurse practitioner standard care agreements, and also used the signature of physicians on a questionnaire. Mr. Kenney noted that according to the Board's disciplinary guidelines, the minimum penalty for obtaining anything of value by fraudulently misrepresenting in the course of practice is an indefinite suspension of at least one year and probationary conditions for at least two years following reinstatement.

Mr. Kenney stated that Dr. Demas was found guilty of committing forgery on numerous nurse practitioner standard care agreements from 2006 to 2009. The court imposed a sentence of community control not to exceed three years with terms including intensive supervision which may include a term of house arrest. Dr. Demas was also fined \$17,500.00, required to maintain his employment as a solo practitioner and not change his place of employment, and prohibited from entering into any standard care agreement without prior approval of the Nursing Board.

Mr. Kenney observed that, according to Dr. Demas' testimony, he knew that nurse practitioners with prescribing authority had to be supervised by physicians on a three-to-one ratio. Also, there is no dispute that Dr. Demas was convicted of seven counts of forgery. Mr. Kenney stated that he agrees with the Hearing Examiner's Proposed Order.

Dr. Steinbergh stated that she disagrees with the concept that patient care was not an issue in this case. Dr. Steinbergh opined that when a primary care physician sees 30 patients a day in his office, as Dr. Demas testified, that is a full day. Dr. Steinbergh further opined that to then review and sign off on the number of charts Dr. Demas reviewed online is also a full day. Because of this, Dr. Steinbergh felt that the Board

must be concerned about patient safety in this case. However, Dr. Steinbergh stated that she is not making her decision based on that issue, but rather on the Hearing Examiner's Findings of Fact and Conclusions of Law.

Dr. Steinbergh opined that this case does involve an element of greed. Dr. Steinbergh stated that Dr. Demas had a chance to take a stand with CVS and simply say "no," but he did not do that. Dr. Steinbergh stated that she agrees with the Proposed Order of suspension and probation.

Mr. Gonidakis, noting that CVS is a large institution, wondered how many more physicians are engaging in these practices and how many times the Board will have to revisit this kind of fact pattern in the future.

A vote was taken on Dr. Ramprasad's motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to approve carried.

MICHAEL M. KAMRAVA, M.D., Case No. 12-CRF-085

Dr. Steinbergh directed the Board's attention to the matter of Michael M. Kamrava, M.D. She advised that objections were filed to Ms. Clovis' Report and Recommendation and were previously distributed to Board Members.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Kamrava. Five minutes will be allowed for that address.

Dr. Kamrava apologized for his errors in judgment in California that led the Medical Board of California to revoke his license to practice medicine in that state. Dr. Kamrava stated that he has now applied for restoration of his Ohio medical license, which he allowed to expire in 1982. Dr. Kamrava stated that he will follow the strictest guidelines of the American Society of Reproductive Medicine (ASRM) if he is allowed to practice again in Ohio.

Dr. Kamrava stated that he had been encouraged to enter the field of *in vitro* fertilization by Dr. Melvin Taymor, his mentor and a pioneer of the procedure. Dr. Kamrava stated that his efforts and those of his team have always been directed at singleton live healthy births. However, Dr. Kamrava stated that this is a

challenge that has vexed the medical community for over 30 years and there is still no exact solution. Dr. Kamrava stated that he takes full responsibility for everything he does, yet physicians cannot be ignorant of the social and legal ramifications of their actions.

Dr. Kamrava noted that different countries have different legalities regarding embryo transfers, with most European countries and the developed world having laws that no more than two embryos can be returned to the patient. Laws such as these eliminate arguments between physician and patient over the patient's wishes to have more than 2 embryos transferred. Dr. Kamrava stated that he has modified his approach after this terrible experience. Dr. Kamrava's process now includes social and psychological examination of the patient prior to starting any procedures and obtaining consents that follow the ASRM guidelines.

Dr. Kamrava stated that not a single moment goes by that he does not think about what happened in California and the psychological consequences in terms of pain and humiliation. Dr. Kamrava stated that even if he is granted a license, he will have tremendous financial liability for the rest of his life.

Dr. Kamrava stated that he has developed two procedures of implanting embryos that has almost eliminated tubal pregnancies, which is the major public health concern of maternal morbidity/mortality.

Dr. Kamrava asked the Board to restore his Ohio medical license, stating that he will accept any supervision or probation that the Board deems appropriate.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Snyder stated that she would like to respond.

Ms. Snyder stated that Dr. Kamrava has asked the Board to reinstate his Ohio medical license, which expired in 1982. The Board proposed to take action on Dr. Kamrava's pending application because of action taken by the Medical Board of California, which revoked Dr. Kamrava's California medical license because of his substandard treatment of three specific patients. Ms. Snyder stated that Dr. Kamrava did not produce any mitigating factors at his hearing other than the fact that he has taken some continuing medical education.

Ms. Snyder continued that today, Dr. Kamrava told the Board that he intends to abide by the ASRM guidelines and that he has changed his practice. Ms. Snyder noted that in its final order, the Medical Board of California found that it could not trust Dr. Kamrava to change his practice. Ms. Snyder also stated that at hearing Dr. Kamrava discussed the legal ramifications of his actions and the legal guidelines he must follow, but he did not seem to truly understand the impact that his medical practice had on his patients and the children he created. Ms. Snyder stated that Dr. Kamrava has shown emotion about how this has affected him and has been humiliating for him, but he has said nothing about his patients or the children. Ms. Snyder opined that these should be considered by the Board as aggravating factors.

Ms. Snyder stated that she supports the Hearing Examiner's Proposed Order of Permanent Denial of Dr. Kamrava's application for restoration.

**Ms. Elsass moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and**

**Proposed Order in the matter of Michael M. Kamrava, M.D. Dr. Ramprasad seconded the motion.**

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Ramprasad briefly reviewed Dr. Kamrava's career in medicine. Dr. Kamrava began practicing *in vitro* fertilization in 1984 and ceased his practice of obstetrics and gynecology in 1990 to concentrate on fertility.

Dr. Ramprasad continued that the California Board order revoking Dr. Kamrava's license was based on three different cases, one of which was very well-publicized around the country. Dr. Ramprasad stated that Patient #1 had 12 embryos placed by Dr. Kamrava in 2008 at a time when the patient already had six children. This resulted in an octuplet pregnancy and the patient's seventh through fourteenth children were born. The contention in this case is that the implantation of the numerous embryos was against the standards of that time.

Dr. Ramprasad stated that Patient #2 was a 48-year-old woman who requested pregnancy on the basis of getting oocytes from her daughter, who was 28 years old. During the resulting pregnancy, the patient's son suffered a very serious motorcycle accident and the patient failed to come back for further procedures of fetal reduction. As a result, a multiple pregnancy resulted. Dr. Ramprasad stated that there is no evidence on the basis of ASRM guidelines that the implantation should not have occurred, although there is some question in the guidelines of whether a daughter can donate an oocyte.

Dr. Ramprasad stated that Patient #3 came to Dr. Kamrava for fertilization. Dr. Ramprasad stated that a cyst on the patient's ovary showed cytological changes which may have indicated ovarian cancer. However, this finding was not followed-up on and Patient #3 subsequently developed ovarian cancer.

Dr. Ramprasad stated that the Proposed Order is permanent denial of Dr. Kamrava's application for restoration of his Ohio medical license. The rationale for the Proposed Order is that Dr. Kamrava had used an unusual number of embryos in two patients seeking pregnancy under questionable conditions. Dr. Ramprasad stated that up to 2008, the standards of the ASRM were ambiguous. Dr. Ramprasad noted the Assistant Attorney General's closing statement that this was an evolving area of medicine and that the standards, even at the time of the hearing, were murky. The ASRM guidelines did not give a free hand to transplant as many embryos as the physician pleased, but it said that one can use their own judgment depending on circumstances and the patient's status. However, Dr. Ramprasad stated that Dr. Kamrava did not use good judgment.

Dr. Ramprasad noted that the California Board's reasoning for revoking Dr. Kamrava's medical license states the following:

The evidence established that, overall, and with the noted exception of failing to inform [Patient 3] of her abnormal cytology report, Respondent made IVF treatment decisions with regard for the patients' well-being, considering each patient's circumstances. On the issue of deciding on the number of embryos to transfer in [Patient 1 and Patient 2], the evidence did not show that Respondent practiced carelessly in disregard of the patients, but that instead, he was

aware of each patient's circumstances and used his professional judgment (albeit very poor judgment in a portion of the cases of [Patient 1 and Patient 2], as concluded ante) and considered each patient's wishes to determine the number of embryos to transfer. While the evidence did not establish Respondent as a maverick or deviant physician, oblivious to standards of care in IVF practice, it certainly demonstrated that he did not exercise sound judgment in the transfer of twelve embryos to [Patient 1], as Respondent admitted. ... Respondent also admitted that he was wrong to transfer seven embryos to [Patient 2].

Dr. Ramprasad stated that it appears that Dr. Kamrava is a doctor who cares, but he did not do the right things.

Dr. Ramprasad stated that the second rationale for the Proposed Order is that "Dr. Kamrava explained that he felt it was his role to follow his fertility patients' desires without question, but it is impossible to ignore the profit motive in implanting so many embryos without regard to social circumstances and long-term consequences." Dr. Ramprasad stated that there is not a single sentence or word in the hearing record or in the California Board's records of any attempt to ask Dr. Kamrava if he was making more money by placing more embryos. Therefore, Dr. Ramprasad does not accept that part of the rationale.

Dr. Ramprasad stated that the third rationale is that Dr. Kamrava became emotional during his presentations at the hearing. Dr. Ramprasad opined that Dr. Kamrava has been reflective, though it did not come across that way in his address to the Board today. In his letter to the Board's secretary, Dr. Kamrava stated that he is extremely sorry for the events. When asked at hearing why he is emotional, Dr. Kamrava said, "I'm not a computer. You are talking to patients, they are human beings, and, you know, I cannot forget this experience."

Dr. Ramprasad noted that Dr. Kamrava had seen Patient #1 since 1997 and tried other modalities and referrals before attempting *in vitro* fertilization. Dr. Ramprasad suggested that the appropriate Order in this case is denial of Dr. Kamrava's application for restoration, but not permanent denial.

**Dr. Ramprasad moved to amend the Proposed Order to non-permanent denial of Dr. Kamrava's application for restoration of his license to practice medicine and surgery in Ohio.** No Board member seconded the motion. Dr. Steinbergh stated that the motion to amend is lost for want of a second.

Dr. Steinbergh stated that the Hippocratic Oath says, "Do no harm." Dr. Steinbergh believed that, philosophically, there has to be a moral and ethical responsibility that drives common sense, a filter that physicians use when making patient care decisions.

Dr. Steinbergh stated that in 1997, Patient #1, who was 21 years old at the time, came to Dr. Kamrava and announced her intention to have a large family of approximately 10 children. Patient #1 was unmarried, though the record indicates that she had a male partner who sometimes accompanied her to appointments. The record outlines the rest of Patient #1's treatment, including the number of times Dr. Kamrava implanted embryos. Dr. Steinbergh stated that she did not see that Dr. Kamrava showed any social responsibility to the children. Patient #1, a single mother, had 12 embryos implanted and an octuplet pregnancy resulted. Dr. Steinbergh stated that the case of Patient #3, in which a cyst aspiration which

could have potentially been ovarian cancer was ignored, also greatly concerned her.

Dr. Steinbergh stated that the most important aspect of this matter to her is the concept that a physician would simply say “yes” to a patient without any concern whatsoever. Dr. Steinbergh likened the situation to that of a physician overprescribing narcotics according to the patient’s wishes. Dr. Steinbergh stated that physicians must have medical judgment and the ability to say “no.” Dr. Steinbergh stated that Dr. Kamrava never thought about the potential children or how this would affect their lives.

Dr. Steinbergh stated that she agrees with the Findings of Fact, Conclusions of Law, and the Proposed Order of permanent denial.

A vote was taken on Ms. Elsass’ motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to approve carried.

GARY ALLAN DUNLAP, D.O., Case No. 13-CRF-016

Dr. Steinbergh directed the Board’s attention to the matter of Gary Allan Dunlap, D.O. She advised that objections were filed to Mr. Porter’s Report and Recommendation and were previously distributed to Board members.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Dunlap. Five minutes will be allowed for that address.

Mr. Gonidakis exited the meeting at this time.

Dr. Dunlap stated that he misses having an active medical license and he enjoys what he does. Dr. Dunlap stated that he will do whatever it takes to get the suspension on his license lifted.

Dr. Dunlap stated that this issue came up because he was scheduled for a psychiatric evaluation with Dr. Noffsinger in Cleveland and he only had an eight- to ten-day notice of the appointment time. Dr. Dunlap stated that he had a vacation planned for that time which he had arranged and paid for four to five months prior, so he felt it would be proper to cancel the appointment with Dr. Noffsinger. Dr. Dunlap stated that

he did not have a secretary in his office that week, so he was very busy doing all the administrative work himself and he did not call Dr. Noffsinger that week. Dr. Dunlap stated that he was leaving that Saturday, so he told his secretary at that time, who is quite competent, that she needs to call Dr. Noffsinger on Monday regarding the appointment scheduled for the following Thursday. Dr. Dunlap stated that one of the secretary's children became sick and she did not come into work until Tuesday evening. The secretary called Dr. Noffsinger's number on Wednesday morning to cancel the appointment because Dr. Dunlap was in Europe.

Dr. Dunlap stated that when he returned from his vacation, he called Dr. Noffsinger on Monday morning to make an appointment and did not learn about the problems until later. A Medical Board investigator saw Dr. Dunlap in his office that afternoon and informed him that his medical license has been suspended because he did not appear at the appointment with Dr. Noffsinger. Dr. Dunlap explained that his secretary had called Dr. Noffsinger and left him a message on Wednesday morning regarding the Thursday appointment, but Dr. Noffsinger did not get the message until Friday.

Dr. Dunlap stated that his license has now been suspended for seven weeks and he is willing to do whatever he needs to do to lift the suspension. Dr. Dunlap stated that he had intended to see Dr. Noffsinger and thought it would be okay to reschedule the meeting for two weeks later. At the hearing, Dr. Dunlap was asked what he thought about the evaluation, and he had replied that he thought it must have been at least a half-day evaluation because the cost was \$1,750.00 and involved multiple written tests. Dr. Dunlap stated that he had referred to the appointment as a "meeting" and this was emphasized by the Assistant Attorney General and the Hearing Examiner. However, Dr. Dunlap stated that he knew it was not a simple meeting and that the evaluation would be fairly elaborate.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Snyder stated that she would like to respond.

Ms. Snyder commented that Dr. Dunlap may not be what many may have expected for a mental impairment case because Dr. Dunlap presents himself very well. Ms. Snyder stated that Dr. Dunlap was sent to a Board-ordered mental impairment evaluation. Ms. Snyder explained that when the Board feels that a physician is unable to practice safely due to a possible mental health condition, the Board has the authority to send that physician to a Board-ordered evaluation. Ms. Snyder stated that this is an important power because it means that the Board has evidence though an investigation that supports that belief. Ms. Snyder stated that time is of the essence in these cases and the physician does not get to determine when, how, or where the evaluation occurs.

Ms. Snyder stated that in his case, investigators visited Dr. Dunlap's practice three times over a seven-month period. In all three visits, the investigators found boxes of Dr. Dunlap's personal belongings stacked to the ceiling, oftentimes in the waiting room and hallway so that the patients could not reach the examination rooms. Each time, the investigators told Dr. Dunlap that he had to clean up the office and Dr. Dunlap said he would, but he never did. Ms. Snyder stated that this is not a case of trying to steamroll Dr. Dunlap or trample him or any of the other inflammatory language in Dr. Dunlap's objections. Rather, this is a case about getting Dr. Dunlap mentally healthy so he can practice safely.

Ms. Snyder stated that the second part of the Board's impairment statute states that if a physician fails to attend a Board-ordered evaluation, the law automatically assumes that the physician is unsafe to practice due to mental health issues. Therefore, when Dr. Dunlap failed to appear for his evaluation, the law considered him unsafe to practice. Ms. Snyder stated that this part of the law is also important because some physicians are so mentally unhealthy that they cannot go to an evaluation. Ms. Snyder stated that they are, for lack of a better term, "stuck," and this also describes Dr. Dunlap. Ms. Snyder stated that Dr. Dunlap received the letter from the Board ordering the evaluation and he did nothing. Ms. Snyder stated that when a licensed professional receives a letter from their licensing entity indicating the possibility of mental impairment, it should elicit a strong reaction and cause the professional to call right away. However, Dr. Dunlap waited a week and, in fact, left the county to go skiing. Ms. Snyder stated that, although Dr. Dunlap stated that he gave the task of calling Dr. Noffsinger to a trusted secretary, that secretary was, in fact, a temporary worker that he hired the night before he left. Ms. Snyder stated that calling Dr. Noffsinger was just one of the many tasks Dr. Dunlap assigned to her and did not even ask her about it later.

Ms. Snyder stated that one way the Board can now decide that Dr. Dunlap is not mentally impaired is if it finds that Dr. Dunlap's failure to attend the evaluation was due to circumstances beyond his control. Ms. Snyder asked the Board, as it considers whether Dr. Dunlap's skiing vacation was a circumstance beyond his control, to remember that Dr. Dunlap had the Board's letter for a week and did nothing. Ms. Snyder stated that that is what Dr. Dunlap does; he does nothing because he is "stuck" and needs mental health treatment.

Ms. Snyder asked the Board to adopt the Report and Recommendation.

**Dr. Soin moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Gary Allan Dunlap, D.O. Dr. Ramprasad seconded the motion.**

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that Dr. Dunlap was visited by Medical Board investigators on or about May 15, 2012, May 30, 2012, and January 17, 2013. By Dr. Dunlap's own admission, he felt that he was a hoarder. Dr. Steinbergh stated that Dr. Dunlap's office conditions were terrible and there is documentation that at least one patient with a disability had difficulty walking through the office. There is also documentation that Dr. Dunlap did not answer his telephone and that patients could not get through to him. Dr. Dunlap was aware of this and discussed it with the investigator. Dr. Dunlap agreed on the first visit to clean his office, but he stated that he did not feel he was living in his office at that time.

Dr. Steinbergh continued that the investigator visited again on May 30. The investigator found the same conditions and had the same discussion with Dr. Dunlap. On December 19, Dr. Dunlap provided sworn testimony that he recognized that he has an issue and was in the process of organizing and eliminating the excess accumulation. On or about January 17, Dr. Dunlap was interviewed again by an investigator and things had continued to deteriorate in his office.

Dr. Steinbergh stated that Dr. Dunlap received a letter from the Board dated February 20, 2013, ordering

him to a psychiatric evaluation. Dr. Steinbergh noted that Dr. Dunlap's attorney also received a copy of the letter. Dr. Steinbergh stated that the letter clearly states, "Please be advised that failure to submit to this examination as directed constitutes an admission of the allegations against you, unless the failure is due to circumstances beyond your control, and that a default and final order may thereupon be entered without taking testimony or presentation of evidence." On that basis, the Board summarily suspended Dr. Dunlap's medical license when he failed to appear for the evaluation.

Dr. Steinbergh stated that Dr. Dunlap's failure to appear for the evaluation constitutes admission that he is unable to practice within acceptable and prevailing standards of care, unless the failure was due to circumstances beyond his control. Dr. Steinbergh acknowledged that Dr. Dunlap had a vacation planned for that time, but stated that neither he nor his attorney contacted the Board. Dr. Steinbergh opined that the circumstances were not beyond Dr. Dunlap's control. Further, at hearing Dr. Dunlap referred to the Board-order mental health evaluation as a "meeting" or an "appointment."

Dr. Steinbergh stated that she read Dr. Dunlap's objections and she has a rebuttal for almost every point. Dr. Steinbergh noted that Dr. Dunlap had questioned if the Medical Board would have been willing to reschedule the appointment; however, Dr. Steinbergh stated that evaluations are sometimes rescheduled, at the discretion of the Secretary and Supervising Member, due to circumstances beyond the physician's control. Nevertheless, there was no attempt on the part of Dr. Dunlap to communicate with the Board.

Dr. Steinbergh stated that the Proposed Order is to continue Dr. Dunlap's suspension for an indefinite time, establish conditions for interim monitoring, and other standard conditions, including requirements for continued psychiatric treatment. Upon reinstatement, Dr. Dunlap will be on probation for a minimum of five years with conditions including a Board-approved practice plan and monitoring physician. Dr. Steinbergh stated that she agrees with the Findings of Fact, Conclusions of Law, and Proposed Order.

Dr. Ramprasad agreed with Dr. Steinbergh. Dr. Ramprasad drew particular attention to the patient who was infirm and could not navigate the impediments in Dr. Dunlap's office without help. Dr. Ramprasad stated that this is unsafe and patients should not be treated this way. Dr. Ramprasad also noted that, according to the investigator, the office kitchenette had a strong rotten smell and there were containers with molded food. Also, four rooms could not even be opened because there was too much material there. Dr. Ramprasad stated that it is unacceptable for a physician to fail to recognize the physical danger to patients in that office. Dr. Ramprasad stated that he supports the Proposed Order.

Dr. Soin stated that receiving a letter from the State Medical Board is a strong statement and he would have taken it seriously if he had been in Dr. Dunlap's position. Dr. Soin acknowledged that Dr. Dunlap prepaid for a vacation and that he could suffer economic losses. Dr. Soin stated that if this were the only issue, he may feel differently about this case. However, Dr. Soin found a pattern of a lack of general respect for the Medical Board's authority. Dr. Dunlap failed to follow through on multiple requests to clean his office, and this causes Dr. Soin to be concerned for Dr. Dunlap's patients.

Regarding the pre-paid vacation, Dr. Soin asked what would happen if Dr. Dunlap had to leave to catch a flight and a patient arrived with chest pain. Dr. Soin wondered if Dr. Dunlap would say that he has to catch a plane and leave the patient. Dr. Soin expressed concern about that pattern of behavior. Dr. Soin

opined that there may be mental impairment that needs to be addressed. Dr. Soin stated that he supports the Proposed Order.

A vote was taken on Dr. Soin's motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to approve carried.

KATHERINE L. RICHMOND, D.O., Case No. 12-CRF-089

Dr. Steinbergh directed the Board's attention to the matter of Katherine L. Richmond, D.O. She advised that no objections were filed. Ms. Clovis was the Hearing Examiner.

**Dr. Ramprasad moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Katherine L. Richmond, D.O. Ms. Elsass seconded the motion.**

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Ms. Elsass stated that Dr. Richmond was granted a medical license pursuant to an April 17, 1996 Consent Agreement based on her admitted opiate dependency. In April 1999, Dr. Richmond was released from her probationary terms. On or about September 29, 2010, Dr. Richmond admitted to relapsing on alcohol and that she had been unlawfully obtaining and using pain medications. The Cleveland Clinic determined that Dr. Richmond was impaired and required treatment. On January 12, 2011, Dr. Richmond entered into a Step I Consent Agreement with the Board which remains in effect today.

Ms. Elsass continued that Dr. Richmond is not in compliance with many requirements of her Consent Agreement. For instance, Dr. Richmond admitted that during the suspension of her license she had written prescriptions for controlled substances with the intent to provide them to her patients. Dr. Richmond arranged for Patient #1, who was not a healthcare professional, to distribute the prescriptions at a charge of \$75.00 each. Patient #2 provided a written statement that she paid \$75.00 for a prescription provided by Patient #1 during Dr. Richmond's suspension. Patient #2 also stated that she was required by Patient #1 to submit a urine sample before receiving one of the prescriptions. Dr. Richmond explained that she had asked Patient #1 to obtain urine samples in order to create the appearance that patients were being drug tested; however, Patient #1 had been dumping the urine samples without any testing.

Ms. Elsass stated that on October 3, 2011, Dr. Richmond was served an investigative subpoena requiring her to turn over 19 patient records on or before October 14, 2011. To date, only 15 of the 19 records have been produced by Dr. Richmond.

Ms. Elsass stated that Dr. Richmond's Consent Agreement stipulated that she must abstain from personal use or possession of drugs except those prescribed by an authorized physician with full knowledge of her history of chemical dependency. Dr. Richmond has tested positive for controlled substances nine times without providing any documentation to show that her use of such drugs was not a violation of her Consent Agreement.

Ms. Elsass stated that Dr. Richmond's Consent Agreement requires her to provide authorization to release her medical records to the Board. Dr. Richmond failed to provide authorization on November 18, 2011, January 6, 2012, and March 12, 2012. The Board had requested the authorizations so it could obtain treatment records to determine if Dr. Richmond's positive drug screens were consistent with properly prescribed medications. The Board also wished to determine if Dr. Richmond had suffered health issues that prevented her from complying with her Consent Agreement, as she had claimed. To date, Dr. Richmond has not provided authorization for release of her medical records.

Ms. Elsass stated that Dr. Richmond failed to submit any quarterly declarations of compliance, as required by her Consent Agreement.

Ms. Elsass stated that Dr. Richmond only made one of her required appearances, in October 2011. Dr. Richmond has claimed that hospitalization, medical problems, and car issues has prevented her from making appearances, but she has never provided any documentation of such problems.

Ms. Elsass stated that Dr. Richmond failed to provide random drug screens. Ms. Elsass stated that Dr. Richmond's violations of this stipulation are too numerous to mention.

Ms. Elsass stated that Dr. Richmond has never provided the Board with any evidence that she has attended any rehabilitation meetings whatsoever, as required by her Consent Agreement.

Ms. Elsass stated that on January 20, 2012, Dr. Richmond voluntarily surrendered her Drug Enforcement Administration (DEA) certificate of registration. As part of the surrender, Dr. Richmond executed a document consenting to the revocation of her certification in which she stated, "...in view of my alleged failure to comply with the federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part."

Ms. Elsass stated that Dr. Richmond has totally disregarded her Consent Agreement and has surrendered her DEA registration due to prescribing issues. Ms. Elsass stated that she agrees with the Findings of Fact, Conclusions of Law, and Proposed Order to permanently revoke Dr. Richmond's license to practice medicine in Ohio.

Dr. Steinbergh opined that Dr. Richmond has lost the privilege to practice medicine in Ohio.

A vote was taken on Dr. Ramprasad's motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to approve carried.

#### PROPOSED FINDINGS AND PROPOSED ORDERS

##### WALTER ALBERT DOBSON, D.O., Case No. 12-CRF-054

Dr. Steinbergh directed the Board's attention to the matter of Walter Albert Dobson, D.O. She advised that the Board issued a Notice of Opportunity for Hearing to Dr. Dobson and documentation of service was received. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter was reviewed by Hearing Examiner Porter, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

**Ms. Elsass moved to find that the allegations as set forth in the June 13, 2012 Notice of Opportunity for Hearing in the matter of Dr. Dobson have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Dr. Ramprasad seconded the motion.**

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Kenney stated that the Board cited Dr. Dobson on June 13, 2012, based on Dr. Dobson's failure to complete the required number of continuing medical education (CME) hours during the period 2007-2009. However, Dr. Dobson had indicated on his renewal application that he had fulfilled the required hours.

Mr. Kenney noted that the Texas Medical Board temporarily suspended Dr. Dobson's medical license in that state due to substance abuse and psychiatric issues. On November 4, 2011, Dr. Dobson entered into an Agreed Order with the Texas Board suspending his medical license until he is physically and mentally competent to practice medicine. Mr. Kenney explained that Dr. Dobson had been involved in a motor vehicle accident and suffered traumatic brain injury. Dr. Dobson has abused prescription narcotics since the accident.

Mr. Kenney continued that in 2009, Dr. Dobson had surgery and self-prescribed at least 500 tablets of narcotic pain medication. In June 2010, Dr. Dobson was diagnosed with a mood disorder and he was

admitted to a hospital for psychiatric evaluation. At that time, Dr. Dobson was confused, rambling, and paranoid. The medical director of the facility opined that Dr. Dobson was impaired and could endanger patients in his current status.

Mr. Kenney stated that in Ohio, physicians are required to complete 40 hours of Category I and 60 hours of Category II CME's every two years. Although Dr. Dobson certified that he had completed the required hours, he could only document 21.5 hours in an audit. Mr. Kenney noted that the Ohio Board had previously placed Dr. Dobson on probation based on the action taken against him in Texas.

Mr. Kenney stated that the Proposed Order in this case is a non-permanent revocation of Dr. Dobson's Ohio medical license, based on the fact that Dr. Dobson is currently unable or unwilling to cooperate with remedial measures. However, Mr. Kenney felt that a permanent revocation is appropriate in this case, effective immediately.

**Mr. Kenney moved to amend the Proposed Order to permanently revoke Dr. Dobson's license to practice osteopathic medicine and surgery in Ohio. Dr. Ramprasad seconded the motion.**

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that in cases of impairment, the Board has consistently revoked a physician's license until the physician has proven that he or she is competent to practice medicine. Dr. Steinbergh stated that she supports the non-permanent revocation recommended by the Hearing Examiner.

Mr. Kenney opined that Dr. Dobson has demonstrated a continual pattern that indicates no interest in making himself available to the Board, noting that he did not request a hearing in this matter and he lied to the Board regarding his CME hours. Mr. Kenney opined that Dr. Dobson should not be practicing medicine and that he is a threat to patients.

In response to questions from the newer Board members, Dr. Steinbergh explained that a non-permanent revocation means that the Board would only consider Dr. Dobson's application for reinstatement or restoration of his Ohio license if he can prove that he has the ability to comply with the Board's orders, whereas a permanent revocation means that Dr. Dobson cannot regain his Ohio license under any circumstances. Dr. Steinbergh stated that in cases of abuse, the Board recognizes the need to revoke the license but stated that physicians may be able to return to practice. Ms. Anderson added that with a non-permanent revocation, the physician could reapply at any time, including the next day, and the Board's staff would have to address that application.

Mr. Gonidakis returned to the meeting at this time.

Dr. Ramprasad agreed with Mr. Kenney that Dr. Dobson's Ohio license should be permanently revoked, stating that Dr. Dobson has had multiple chances since 1991. Dr. Ramprasad stated that Dr. Dobson does not want to cooperate and therefore the Board has no insight into what he is doing.

Dr. Steinbergh noted that there has not been a hearing in this matter because Dr. Dobson did not request

one. Dr. Steinbergh stated that in cases where there has been no hearing, she prefers non-permanent revocation, unless the situation is very egregious, so that the practitioner has an opportunity to heal. Mr. Kenney stated that his main concern is Dr. Dobson's lack of truthfulness and the fact that he did not even come close to fulfilling his educational obligations

A vote was taken on Mr. Kenney's motion to amend:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- nay
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to amend carried.

A vote was taken to approve the Proposed Findings and Proposed Order, as amended:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to approve carried.

#### FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Steinbergh advised that in the following matter, the Board issued a Notice of Opportunity for Hearing, and documentation of service was received. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. The matter is therefore before the Board for final disposition. Dr. Steinbergh stated that this item is disciplinary in nature, and therefore Dr. Strafford, Dr. Bechtel, and Dr. Talmage may not vote.

BRIAN D. HEIM, M.D., Case No. 13-CRF-008

Dr. Ramprasad explained that Dr. Heim was convicted on several counts of aggravated trafficking in drugs and tampering with evidence. Dr. Heim did not request a hearing in this matter. Dr. Ramprasad suggested that a suspension of Dr. Heim's medical license would be appropriate.

Ms. Jacobs stated that there has been some confusion regarding this case. Ms. Jacobs stated that, in fact, Dr. Heim was only convicted of obstructing official business. As part of his sentencing, Dr. Heim was ordered to surrender his Drug Enforcement Agency (DEA) certificate of registration, as well as his Ohio Board of Pharmacy license. Dr. Ramprasad thanked Ms. Jacobs for the correction.

Dr. Steinbergh asked if Dr. Ramprasad had conditions that he wanted to place on the proposed suspension of Dr. Heim's license. Dr. Ramprasad reconsidered and recommended revocation of Dr. Heim's Ohio medical license.

**Dr. Ramprasad moved to find that the allegations as set forth in the February 13, 2013 Notice in the matter of Brian D. Heim, M.D., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately, revoking Dr. Heim's license to practice medicine and surgery in Ohio. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

The Board took a brief recess at 2:45 p.m. and resumed at 3:00 p.m.

CITATIONS, PROPOSED DENIALS, DISMISSALS, ORDERS OF SUMMARY SUSPENSION & NOTICES OF IMMEDIATE SUSPENSION

NICHOLAS ANTHONY ATANASOFF, 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. Ramprasad moved to send the Citation Letter to Dr. Atanasoff. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

EDWIN THOMAS STRONG BROTT, 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. Ramprasad moved to send the Citation Letter to Dr. Brott. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Ms. Elsass	- aye
Dr. Ramprasad	- abstain
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

DUSTIN MICHAEL CLARK, 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. Ramprasad moved to send the Citation Letter to Dr. Clark. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:

Dr. Strafford	- abstain
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Dr. Bechtel	- abstain
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

MILES E. DRAKE, JR., 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. Ramprasad moved to send the Citation Letter to Dr. Drake. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to send carried.

DUANE LEE GRIFFITH, 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. Ramprasad moved to send the Citation Letter to Dr. Griffith. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

KYMBERLY JACOBS, L.M.T. – 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.

**Ms. Elsass moved to send the Citation Letter to Ms. Jacobs. Dr. Ramprasad seconded the motion. A** vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to send carried.

RONALD MICHAEL JOHNS, P.A. – 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. Ramprasad moved to send the Citation Letter to Mr. Johns. Ms. Elsass seconded the motion. A** vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye

Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

CRAIG WHITAKER JOHNSON, 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.

**Ms. Elsass moved to send the Citation Letter to Dr. Johnson. Dr. Ramprasad seconded the motion.**  
A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to send carried.

MUHAMMAD IMRAN KALEEM, M.D. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Notice of Summary Suspension and Opportunity for Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**Ms. Elsass moved to send the Notice of Summary Suspension and Opportunity for Hearing to Dr. Kaleem. Dr. Ramprasad seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye

Dr. Talmage	- abstain
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

JARROD EUGENE MILLER, L.M.T. – 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. Ramprasad moved to send the Citation Letter to Mr. Jarrod Miller. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to send carried.

JOHN E. RATLIFF, 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. Ramprasad moved to send the Citation Letter to Dr. Ratliff. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye

Mr. Kenney - aye  
Dr. Soin - aye

The motion to send carried.

GOVINDARAJU SUBRAMANI, 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. Ramprasad moved to send the Citation Letter to Dr. Subramani. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

AARON O. WILLIAMS, 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. Ramprasad moved to send the Citation Letter to Dr. Williams. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to send carried.

ANTHONY DONALD ZUCCO, 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.

**Ms. Elsass moved to send the Citation Letter to Dr. Zucco. Dr. Ramprasad seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Sojn	- aye

The motion to send carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

ANTHONY MARK RUFFA, D.O. – CONSENT AGREEMENT

**Ms. Elsass moved to ratify the Proposed Consent Agreement with Dr. Ruffa. Dr. Ramprasad seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Sojn	- aye

The motion to ratify carried.

BARRY PETER DERAN, M.D. – CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Consent Agreement with Dr. Deran. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

JOSEPH B. KAISER, L.M.T. – CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Consent Agreement with Dr. Kaiser. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

Dr. Ramprasad asked why massage therapists practicing beyond the expiration of their license seems to be such a regular occurrence. Ms. Marshall speculated that perhaps massage therapists are not as conscientious of when their licenses need to be renewed because, unlike physicians, they do not have continuing education requirements. Ms. Marshall also noted that many massage therapists have licenses but do not actively practice massage therapy as their primary employment.

Dr. Strafford observed that he and others from the Board met with a group of massage therapists a few months ago and discussed this issue, among other issues. Dr. Strafford noted that the Board currently

mails out the notices of renewal six months in advance and it does not seem urgent to the massage therapist at that time. At the meeting, it was suggested that the Board consider mailing out the notices of renewal three months in advance instead.

Dr. Steinbergh stated that the Executive Committee discussed this issue this morning and will engage the massage therapy association about addressing this problem.

STEVEN JONATHAN KAZ, M.D. – STEP I CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Step I Consent Agreement with Dr. Kaz. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

PAUL DOMINIC LOPREATO, P.A. – STEP II CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Step II Consent Agreement with Mr. Lopreato. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

BERNARD JOSEPH ROSE, M.D. – STEP I CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Step I Consent Agreement with Dr. Rose. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

SOHAIL AMAN, M.D. – CONSENT AGREEMENT

**Dr. Soin moved to ratify the Proposed Consent Agreement with Dr. Aman. Dr. Ramprasad seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

JEFFREY NAGY FADEL, M.D. – NON-PERMANENT WITHDRAWAL OF APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSURE

**Dr. Soin moved to ratify the Proposed Non-Permanent Withdrawal of Application with Dr. Fadel. Dr. Ramprasad seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion to ratify carried.

EWA HANSEN, M.D. –CONSENT AGREEMENT

**Ms. Elsass moved to ratify the Proposed Consent Agreement with Dr. Hansen. Dr. Ramprasad seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- nay
	Dr. Soin	- aye

The motion to ratify carried.

DEBORAH L. FRANKOWSKI, M.D. – STEP I CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Step I Consent Agreement with Dr. Frankowski. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

THOMAS E. REILLEY, D.O. – STEP I CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Step I Consent Agreement with Dr. Reilley. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

LISA ANN WEST, D.O. – STEP I CONSENT AGREEMENT

**Dr. Ramprasad moved to ratify the Proposed Step I Consent Agreement with Dr. West. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion to ratify carried.

**Ms. Elsass moved to table this topic in case of possible additional settlement agreements. Dr. Ramprasad seconded the motion.** All members voted aye. The motion carried.

PROBATIONARY APPEARANCES

TODD S. CARRAN, M.D.

Dr. Carran was making his final appearance before the Board pursuant to his request for release from the terms of his May 14, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Carran's history with the Board.

Dr. Steinbergh asked how Dr. Carran is doing in his recovery program. Dr. Carran replied that he is doing very well and is currently practicing addiction medicine full-time. Dr. Carran stated that he is currently the medical director of two different drug treatment sites. Dr. Carran stated that he has no intention to change his recovery program after his release from his consent agreement.

Dr. Steinbergh asked about Dr. Carran's family life and support system. Dr. Carran answered that his family life is better than it has ever been.

Dr. Ramprasad noted that that Dr. Carran has been diagnosed with post-traumatic stress disorder (PTSD) and asked about the cause. Dr. Carran replied that his PTSD resulted from the murder-suicide of his parents when he was eight years old. Dr. Ramprasad noted that Dr. Carran is not currently on any medication. Dr. Carran opined that he is doing well without medication.

Dr. Ramprasad noted that Dr. Carran treats his addiction patients with Suboxone and that Dr. Carran finds it to be effective. Dr. Carran agreed and stated that patients function better when treated with Suboxone, in his experience.

Dr. Ramprasad asked if Dr. Carran had any questions for the Board. Dr. Carran responded that he had no questions. Regarding his support system, Dr. Carran stated that he has a fiancé, a son, and great people that he sees both in and out of Alcoholics Anonymous.

Dr. Soin expressed concern that Dr. Carran's drug of choice had been Oxycontin. Because of the way Oxycontin acts on receptors, there is almost a lifelong potential for relapse. Dr. Soin asked about Dr. Carran's plans to prevent relapse for the rest of his life. Dr. Carran stated that addiction is a chronic disease that can be maintained in remission. However, it requires maintenance therapy. Dr. Carran stated that his association within the 12-step program will be his maintenance therapy. Dr. Carran commented that the 12-step program has protocols to be used if someone needs to be prescribed opioids, such as for a surgery. Dr. Soin asked if Dr. Carran will stay within the confines of 12-step for the rest of his life. Dr. Carran stated that he will.

**Dr. Ramprasad moved to release Dr. Carran from the terms of his May 14, 2008 Consent Agreement. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

JOSEPH F. KARRE, D.O.

Dr. Karre was making his final appearance before the Board pursuant to his request for release from the terms of the Board's Order of May 12, 2010. Ms. Bickers reviewed Dr. Karre's history with the Board.

Dr. Steinbergh asked if Dr. Karre would share his situation with the medical students in attendance. Dr. Karre responded that he does not feel comfortable with that. Dr. Ramprasad asked if Dr. Karre has been

released from his Order issued by the Iowa Board of Medicine. Dr. Karre replied that he has been released from his Iowa order and he is now practicing emergency medicine. Dr. Ramprasad asked if Dr. Karre has any questions for the Board. Dr. Karre replied that he has no questions.

**Dr. Ramprasad moved to release Dr. Karre from the terms of the Board's Order of May 12, 2010. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

IMRAN RAZA NAQVI, M.D.

Dr. Naqvi was making his final appearance before the Board pursuant to his request for release from the terms of his May 14, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Naqvi's history with the Board.

Dr. Ramprasad asked if Dr. Naqvi was practicing with a hospice group at Jewish Hospital. Dr. Naqvi replied that that is the case. Dr. Ramprasad noted that Dr. Naqvi had previously commented that he is grateful for the Board, stating that he would not be where he is without the Board's action. Dr. Naqvi agreed with his previous statement.

Dr. Ramprasad asked if anything has changed following Dr. Naqvi's 33-day inpatient treatment. Dr. Naqvi replied that the 33-day treatment was more of a washout period and that you don't really recover until three to four years have passed. Dr. Naqvi stated that drugs and alcohol are usually just the tip of the iceberg and it took him more than 33 days to figure out his motivations. Dr. Naqvi stated that his 33-day treatment was essential to physically keep him from abusing, but it was only a first baby step.

Dr. Steinbergh stated that cocaine addiction is very serious and hoped that Dr. Naqvi stays well. Dr. Steinbergh stated that the most important thing, besides staying well, is to realize the value that Dr. Naqvi brings to patient care. Dr. Steinbergh asked about Dr. Naqvi's support system. Dr. Naqvi replied that he is married to a wonderful person and has supportive colleagues at work. Dr. Naqvi stated that after growing distant from his religion, he has found his faith again and he fasted during Ramadan for the first time in many years.

Dr. Steinbergh asked if long hours and stress at work is a trigger for Dr. Naqvi's substance abuse. Dr. Naqvi replied that he abused long before his work. Dr. Naqvi stated that he had used when he was sad and also to celebrate when something good happened.

Dr. Ramprasad asked what Dr. Naqvi did following his 33-day inpatient treatment. Dr. Naqvi answered that he attended aftercare once a week as well as 12-step meetings. Dr. Naqvi also saw a psychiatrist and a therapist. Dr. Naqvi stated that he got his health back in check and is now an avid gym junkie.

Dr. Ramprasad asked Dr. Naqvi's opinion if the Board required impaired licensees to follow 30-day inpatient treatment with a 60-day or 90-day intensive outpatient therapy. Dr. Naqvi opined that such a program would help people.

**Dr. Ramprasad moved to release Dr. Naqvi from the terms of his May 14, 2008 Consent Agreement. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

WILLIAM J. PLATT, D.O.

Dr. Platt was making his final appearance before the Board pursuant to his request for release from the terms of his May 14, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Platt's history with the Board.

Dr. Ramprasad noted that Dr. Platt initially received treatment for four months in 1986 and then another five months in 1987, yet he still relapsed. Dr. Platt's most recent treatment was only for one month, but he has not relapsed after that. Dr. Ramprasad asked Dr. Platt to explain why this is. Dr. Platt replied that there is some controversy regarding his true sobriety date. Dr. Platt stated that his true sobriety date is August 22, 1993, but the Medical Board's documentation indicates a later date. Dr. Platt stated that this is not important and he accepted the Board's judgment. Dr. Platt stated that his later one-month treatment did help him by motivating him to attend meetings more regularly and to commit him back more solidly to the recovery community.

Dr. Steinbergh asked if Dr. Platt continues to suffer from chronic low back pain. Dr. Platt answered that he still has chronic low back pain. Dr. Platt stated that he takes MS-Contin, which is prescribed by his physician in conjunction with Dr. Reddy, a pain medicine specialist. Dr. Platt noted that his dosage was recently increased from 30 mg three times per day to 45 mg three times per day. Dr. Platt stated that he is in a pain contract with Dr. Reddy. Dr. Steinbergh asked if taking MS-Contin is a concern for Dr. Platt. Dr. Platt replied that it is always a concern and he hates taking pills, but he cannot physically function otherwise.

Dr. Steinbergh asked how many patients Dr. Platt sees. Dr. Platt answered that he sees 17 to 18 patients per day. In addition to his regular practice, Dr. Platt is also a physician at a residential treatment program for MRDD patients and he sees one to two patients there daily. Dr. Steinbergh asked how many days Dr. Platt works per week. Dr. Platt responded that he works about four-and-a-half days per week, but takes a day off when he feels he is getting too stressed.

Dr. Steinbergh asked if Dr. Platt's pain has been treated with physical therapy or other modalities. Dr. Platt answered that he has tried physical therapy, strengthening exercises, injections, and other modalities. Dr. Platt stated that he wants to practice for several more years because he currently has four children in college.

Dr. Soin noted that Dr. Platt's recent increase in MS-Contin dosage from 30 mg to 45 mg represents a 50% increase. Dr. Soin asked if Dr. Platt had an open discussion about his prior problems with Dr. Reddy when that decision was made. Dr. Platt replied that Dr. Reddy knows everything about him and that Dr. Reddy had been the one who made that recommendation. Dr. Soin asked if Dr. Platt has discussed methods of treating his pain that would not give him access to the medication, such as an implantable pump. Dr. Platt stated that he has discussed this with Dr. Reddy, who feels that that is the next step in his treatment. However, Dr. Reddy feels that Dr. Platt would not be able to practice medicine with an implant, so it may not be a viable option.

Responding to further questions, Dr. Platt stated that currently his medication is controlled by his wife,

who distributes it to him as prescribed. Dr. Platt stated that he will never keep his medications himself because it is not safe.

Dr. Steinbergh stated that it is rare for the Board to release a probationer who is an addict from their consent agreement while they are actively taking MS-Contin, a narcotic. Dr. Sethi expressed significant concern for this situation. Dr. Sethi considered Dr. Platt's recent increase in dosage to be an escalation of narcotic use. Dr. Sethi opined that Dr. Platt needs to be monitored much more closely in order to protect patients. Dr. Platt stated that he lives in Athens, Ohio, a small community where everyone knows he is in recovery, and that is one of his controls. Also, Dr. Platt's sponsor is a licensed chemical dependency monitor, which is another safeguard. Dr. Platt stated that his staff knows that he is a recovering addict, as do most of his patients. Dr. Platt also noted that Athens has a good recovery community that is very helpful to him.

Dr. Steinbergh asked if Dr. Platt feels his use of MS-Contin has affected or slowed his decision-making ability as a physician, and if so, who monitors that. Dr. Platt responded that his staff watches him closely and he feels he makes decisions on patient care very carefully. Dr. Platt stated that he takes a lot of time with patients and does not rush. Dr. Platt also noted that he has never been sued nor had a complaint against him regarding patient care. Dr. Platt stated that he tries to monitor how he feels throughout the day and does not feel that the increase in MS-Contin has altered his thinking processes.

Dr. Soin appreciated Dr. Platt's self-awareness and honesty. Dr. Soin brought up the concept of opioid-induced hyperalgesia that can lead to central sensitization, or "wind-up." Under these conditions, what is perceived as a pain tolerance is actually lowered in someone who is on chronic long-term opioids. Dr. Soin stated that eventually, Dr. Platt will become tolerate to the 45 mg dose and his pain will increase, leading to another decision point to consider increasing the medication again. Dr. Soin stated that at some point, Dr. Platt will need to be intellectually honest with himself and accept that this may not be a good long-term option for him. Dr. Soin recommended that Dr. Platt have a support system in which he is not in control of the medications. Dr. Soin stated that he likes the idea that Dr. Platt's wife controls the medication, but opined that it should be taken out of both their hands. Dr. Soin asked Dr. Platt to consider discussing an implantable pain pump with his physician. Dr. Platt appreciated Dr. Soin's advice.

Dr. Sethi asked what mechanism of monitoring will insure that Dr. Platt is giving good care to patients after he is released from his Consent Agreement. Dr. Sethi further questioned how Dr. Platt can make judgments while taking that amount of MS-Contin. Dr. Sethi asked if there is a way for Dr. Platt to have his charts monitored. Dr. Platt stated that his records are reviewed often by insurance companies and there has never been any question about them.

Dr. Steinbergh appreciated Dr. Sethi's concerns, but noted that Dr. Platt has fulfilled his obligations with the Board. Dr. Steinbergh opined that Dr. Platt is in control of his patient care, but encouraged Dr. Platt to always be vigilant. Dr. Steinbergh asked Dr. Platt to investigate soft tissue manipulation, acupuncture, or massage therapy which may provide a potential to reduce the amount of medication in his system.

**Dr. Soin moved to release Dr. Platt from the terms of his May 14, 2008 Consent Agreement. Dr. Bechtel seconded the motion.** All members voted aye, except Dr. Sethi, who voted no. The motion

carried.

Dr. Ramprasad exited the meeting at this time.

ANDREAS HERBERT SZOKOLOCZY-SYLLABA, D.O.

Ms. Bickers stated that Dr. Szokoloczy-Syllaba contacted her to report that he is currently embroiled in a significant traffic jam and that he will appear at the meeting as soon as possible.

ROSS PUTMAN TURNER, D.O.

Dr. Turner was making his final appearance before the Board pursuant to his request for release from the terms of his May 14, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Turner's history with the Board.

Dr. Steinbergh asked where Dr. Turner is in his anesthesiology training. Dr. Turner answered that he is currently working in a hospital pharmacy and is applying for dual residencies in internal medicine and anesthesiology. Dr. Turner stated that his attempts last year to get into an anesthesiology residency were unsuccessful. Dr. Turner stated that his recovery program is going as well as can be expected and he has a good support system, including his wife, three children, and his sponsor.

Dr. Steinbergh asked if Dr. Turner understands the high relapse rate among anesthesiologists. Dr. Turner replied that he does understand the high relapse rate. Dr. Turner noted that he has voluntarily taken Naltrexone; taking Naltrexone was a Board requirement should Dr. Turner return to anesthesiology, which he has yet to do, but he has taken it voluntarily and intends to continue taking it.

Dr. Steinbergh hoped that if Dr. Turner finds it difficult to find an anesthesiology residency that will accept him, he comes to terms with that and finds another specialty. Dr. Turner answered that he will accept that if it comes about. Dr. Soin asked Dr. Turner to give great consideration to going into anesthesiology, noting that anesthesiologists have constant access to medications. Dr. Turner appreciated Dr. Soin's advice and noted that he currently has a great deal of exposure to medications in the four years he has worked in a hospital pharmacy with no problems.

**Dr. Soin moved to release Dr. Turner from the terms of his May 14, 2008 Consent Agreement. Ms. Elsass seconded the motion.** All members voted aye. The motion carried.

SEAN A. G. BUTURLA, M.D.

Dr. Buturla was making his initial appearance before the Board pursuant to the terms of his February 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Buturla's history with the Board.

Responding to questions from Dr. Steinbergh, Dr. Buturla stated that he is in the third year of his emergency medicine residency and his most recent sobriety date after relapsing on alcohol is October 28, 2012. Dr. Buturla also stated that he is taking Celexa and Wellbutrin.

Dr. Steinbergh asked about Dr. Buturla's current support system. Dr. Buturla replied that his family is very supportive, as is his program director. Dr. Buturla also stated that he is in a relationship with another resident who does not drink at all.

Dr. Steinbergh asked if Dr. Buturla understands his Consent Agreement. Dr. Buturla stated that he feels that he understands his Consent Agreement.

**Dr. Talmage moved to continue Dr. Buturla under the terms of his February 12, 2013 Consent Agreement. Ms. Elsass seconded the motion.** All members voted aye. The motion carried.

BRIAN F. GRIFFIN, M.D.

Dr. Griffin was making his initial appearance before the Board pursuant to the terms of his January 9, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Griffin's history with the Board.

Dr. Steinbergh asked how Dr. Griffin is doing. Dr. Griffin replied that he is doing very well. Dr. Steinbergh asked what Dr. Griffin is doing to commit himself to recovery and how this time is different from where he has been in the past. Dr. Griffin answered that his recovery is his priority now and he has thrown himself into recovery to a greater degree than he had in the past. Dr. Griffin stated that he had relapsed because he had allowed his participation in his previous recovery program to diminish.

Dr. Steinbergh asked what Dr. Griffin is doing in terms of practicing medicine. Dr. Griffin replied that he is working toward returning to the practice of medicine and his current offers are in interventional pain treatment. Dr. Soin asked if the offers are from non-narcotics practices. Dr. Griffin replied that one offer is but he does not know about the other offer. Dr. Steinbergh asked if a pain treatment practice is a healthy place for Dr. Griffin. Dr. Griffin replied that it is a healthy place for him.

Dr. Talmage asked if Dr. Griffin has a primary care physician. Dr. Griffin replied that he does have a primary care physician.

**Ms. Elsass moved to continue Dr. Griffin under the terms of his January 9, 2013 Consent Agreement. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

ERIC P. MACDONALD, M.D.

Dr. MacDonald was making his initial appearance before the Board pursuant to the terms of his February 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. MacDonald's history with the Board.

Dr. Steinbergh asked when Dr. MacDonald's most recent sobriety date is. Dr. MacDonald replied that his most recent sobriety date is in October 2012. Dr. Steinbergh asked if Dr. MacDonald is taking any medications. Dr. MacDonald replied that he takes Lipitor for cholesterol, Atican for hypertension, one aspirin per day, and Naltrexone. Dr. Steinbergh asked if Dr. MacDonald sees a psychiatrist or other mental health professional. Dr. MacDonald replied that he is not seeing a mental health professional.

Responding to further questioning, Dr. MacDonald stated that he is practicing anesthesiology, working full-time five days per week. Dr. MacDonald stated that he is mostly practicing cardiac and obstetric anesthesiology.

Dr. Steinbergh asked Dr. MacDonald to describe his recovery network. Dr. MacDonald responded that he has a great sponsor, utilizes prayer, attends four to five meetings per week, and tries to help others. Dr. MacDonald stated that he tries to do the right thing and lives one day at a time. Regarding family, Dr. MacDonald just celebrated his 24<sup>th</sup> wedding anniversary and he has four children, three of whom are in college. Dr. MacDonald stated that he worries about his children having the disease of addiction because he has a strong family history of it.

Dr. Talmage asked how many people are in Dr. MacDonald's practice group. Dr. MacDonald replied that the practice includes eight physicians and 11 certified registered nurse anesthetists.

Dr. Steinbergh asked if Dr. MacDonald understands his Consent Agreement. Dr. MacDonald replied that he understands his Consent Agreement.

**Ms. Elsass moved to continue Dr. MacDonald under the terms of his February 12, 2013 Consent Agreement. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

CRYSTAL L. MILLER, M.T.

Ms. Miller was making her initial appearance before the Board pursuant to the terms of her March 13, 2013 Consent Agreement. Ms. Bickers reviewed Ms. Miller's history with the Board.

Dr. Steinbergh asked if Ms. Miller felt there was anything the Board can do to ensure that massage therapists recognize their responsibility to renew their license, now that Ms. Miller has had time to consider what she did in practicing after the expiration of her license. Ms. Miller stated that while practicing massage therapy, she had returned to the dental profession. When Ms. Miller received the notification for renewal of her massage therapy license, she checked the "inactive" box not knowing what would be required to reinstate the license in the future. Ms. Miller stated that when she returned to massage therapy five years later, she had forgotten that her license needed to be reinstated. Ms. Miller stated that she had been unaware of the problem until it was brought to her attention by one of her employers. Ms. Miller stated that it was an inadvertent oversight and she had nothing to gain from not following the rules.

Ms. Anderson noted that the Board's renewal notices do not have an "inactive" box. Ms. Miller asked if there was an "inactive" box in 2007 when the incident occurred. Ms. Anderson did not believe there was such a box at that time, either. Ms. Miller stated that she has been told that one can perform relaxation massage without a license as long as no health or therapeutic benefits were advertised. Ms. Anderson agreed that that is the case. Ms. Miller stated that she respects her massage therapy license more because of this situation.

Dr. Steinbergh asked how many days Ms. Miller works per week. Ms. Miller replied that she has been

unemployed for seven months. Dr. Steinbergh asked if Ms. Miller has any questions about her Consent Agreement. Ms. Miller replied that she understands her Consent Agreement.

**Ms. Elsass moved to continue Ms. Miller under the terms of her March 13, 2013 Consent Agreement. Dr. Talmage seconded the motion.** All members voted aye. The motion carried.

Ms. Miller apologized for her actions and was grateful for the opportunity to serve in the healing arts.

JEFFERY T. NELSON, M.D.

Ms. Bickers stated that Dr. Nelson is not present in the meeting.

MICHAEL J. OSER, M.T.

Mr. Oser was making his initial appearance before the Board pursuant to the terms of the Board's Order of December 12, 2012. Ms. Bickers reviewed Mr. Oser's history with the Board.

Dr. Steinbergh asked what Mr. Oser has been doing since his Board Order. Mr. Oser replied that he has been a licensed massage therapist for about six weeks and he loves it. Mr. Oser thanked the Board for giving him this opportunity.

Dr. Steinbergh asked about Mr. Oser's family. Mr. Oser stated that he and his fiancé, who just finished nursing school, are ready to buy a home. Mr. Oser stated that he has brothers who could be doing better and he is trying to be a good role model for them to show that change is possible. Dr. Steinbergh asked if Mr. Oser is still under community control. Mr. Oser answered that he is no longer under community control.

Dr. Steinbergh asked what Mr. Oser has learned from this experience. Mr. Oser replied that he learned a valuable life lesson and he is glad this happened when he was young. Mr. Oser continued that he learned that there is more in life than just remaining ignorant and he has the blessing of intelligence from the Lord. Mr. Oser also learned that change is good and it can happen if individuals want it to.

**Ms. Elsass moved to continue Mr. Oser under the terms of the Board's Order of December 12, 2012. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

**Dr. Bechtel moved to table the topic of probationary appearances. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

Dr. Bechtel exited the meeting at this time.

#### PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Steinbergh advised that at this time she would like the Board to consider the probationary reports and probationary requests on today's consent agenda. Dr. Steinbergh stated that she would like to discuss four

probationary requests separately.

FRANKLIN D. DEMINT, D.O.

Dr. Steinbergh stated that Dr. Demint is asking for approval of Ron P. Linehan, M.D., to serve as his monitoring physician. Dr. Steinbergh noted that Dr. Demint has a family medicine practice and also a Suboxone prescribing practice. Dr. Steinbergh felt that Dr. Linehan, an anesthesiologist and pain management specialist, is appropriate to review Dr. Demint's Suboxone prescribing charts, but opined that a family practitioner should review Dr. Demint's family practice charts.

**Dr. Talmage moved to approve Ron P. Linehan, M.D., to serve as the new monitoring physician for Franklin D. Demint's Suboxone prescribing practice, and to determine the frequency and number of charts from Dr. Demint's Suboxone prescribing practice at five charts per month. Dr. Sethi seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

GERALD K. PERELMAN, D.P.M.

Dr. Steinbergh noted that in cases of chemical dependency with no minimal standard of care concerns, the Board generally approves 10 charts per month for review. Dr. Steinbergh brought to the Board's attention that the recommendation of the Secretary and Supervising Member recommends that 10 charts per week be reviewed in Dr. Perelman's case.

CHRIS ALLEN RHOADES, M.D.

Dr. Steinbergh noted that Dr. Rhoades lives in Upper Arlington, Ohio, but his proposed monitoring physician, Henry Gerad, M.D., lives in Lima. Dr. Steinbergh questioned this and learned that Dr. Rhoades is in the process of relocating to Lima.

Dr. Soin asked, in general, if the Board allows a senior partner to be the monitoring physician of a junior partner. Dr. Strafford replied that approval would depend on the relationship and distance between the two. Dr. Strafford stated that as Secretary, he tends not to support such arrangements, but it can be approved if it seems that the proposed monitoring physicians will be objective. Dr. Strafford noted that some physicians are becoming reluctant to serve as monitoring physicians due to liability concerns.

GREGORY M. THOMAS, M.D.

Dr. Steinbergh noted that Dr. Thomas, who is in the fourth year of his five-year Consent Agreement, is taking on a Suboxone prescribing practice. Dr. Talmage stated that Dr. Thomas was brought to the attention of the Board originally due to overprescribing to some patients. However, Dr. Talmage noted that Dr. Thomas is now certified in Physical Medicine and Rehabilitation.

**Ms. Elsass moved to accept the Compliance staff's Reports of Conferences on April 8 & 9, 2013, with: Mohammad A. Adas, M.D.; Mark D. Baldwin, D.O.; Joseph E. Baus, M.D.; Maryrose P. Bauschka, M.D.; Gregory M. Beddell, M.D.; Walter T. Bowers, II, M.D.; James E. Breidenstein, D.O.; Cynthia Lynn Brown, M.D.; Dwight K. Carson, M.D.; Carolyn A. Chambers, M.D.; Tonya N. Croak, M.T.; Patrick R. Dennison, D.O.; Janice Electa Green Douglas, M.D.; Terry A. Dragash, D.O.; Paul E. Duncan, M.D.; Lynne A. Eaton, M.D.; Philip M. Goldman, M.D.; Julian A. Gordon, M.D.; George D. Griffin, III, M.D.; Elizabeth J. (Martin) Gross, P.A.; Carey K. Gross, D.O.; Jonathan L. Haimes, M.D.; John Thomas Hibler, D.O.; Jerome D. Homish, D.O.; Ralph Arden Hugunin, M.D.; Gregory Gene Johnson, M.D.; Rebecca E. Johnson, M.D.; Kavita A. Kang, D.O.; Christopher J. Karakasis, M.D.; James M. Kemper, D.O.; William B. Kerek, M.D.; Sean M. Klepper, M.D.; Shaban A. E. Mahmoud, M.D.; Christine C. McKain, M.D.; Bruce J. Merkin, M.D.; Michael J. Palma, M.D.; Parag Patel, M.D.; Sheila S. Paul, D.O.; Rick Skibicki, M.D.; Jeffery L. Stambough, M.D.; Johanna W. Wasen, L.M.T.; Shannon Dimetra Weikert, M.T.; Roy M. Whitman, M.D.; and Bradley R. Wolf, M.D.**

**Ms. Elsass further moved to accept the Compliance staff's Reports of Conferences and the Secretary and Supervising Member's recommendations, as amended, as follows:**

- **To grant Jackson L. J. Flanigan, M.D.'s request for discontinuance of his chart review requirement; reduction in appearances to every six months; and education in drug and alcohol rehabilitation meetings to two per week with a minimum of ten per month;**
- **To grant Michael S. Grinblatt, M.D.'s requests for reduction in personal appearances to every six months; reduction in drug and alcohol meetings to two per week with a minimum of 10 per month; discontinuance of the chart review requirement; and discontinuance of the drug log requirement;**
- **To grant Marjorie M. Haas, M.D.'s request for reduction in psychiatric sessions from once a month to every three months;**
- **To grant John A. Heather, M.D.'s request for approval of *Intensive Course in Medical Record Keeping*, administered by Case Western Reserve University, to fulfill the medical records course requirement; and approval of *Intensive Course in Controlled Substance Prescribing*, administered by Case Western Reserve University, to fulfill the controlled substances prescribing course requirement;**

- To grant Richard W. Hertle, M.D.'s request for reduction in mental health treatment sessions from every two weeks to once monthly;
- To grant Josh U. Hill, P.A.'s request for reduction in probationary appearances to every six months;
- To grant David C. Kirkwood, M.D.'s request for approval of *Intensive Course in Controlled Substance Management*, administered by Case Western Reserve University, to fulfill the controlled substances prescribing course required for reinstatement; and approval of *Intensive Course in Medical Record Keeping*, administered by Case Western Reserve University, to fulfill the medical records course required for reinstatement;
- To grant Anna M. Marcinow, M.D.'s request for reduction in personal appearances to every six months;
- To grant Natalie Ann Mondary, M.D.'s request for approval of *Intensive Course in Medical Record Keeping*, administered by Case Western Reserve University, to fulfill the medical records course requirement; and approval of *Prescribing Controlled Substances in Ohio During a Prescription Drug Abuse Crisis*, administered by the Ohio State Medical Association, to fulfill the controlled substances course requirement;
- To grant Kimberly M. Nemeth, D.O.'s request for reduction in drug and alcohol rehabilitation meetings from three per week to two per week with a minimum of ten per month; and reduction in probationary appearances from every three months to every six months;
- To grant Gerald K. Perelman, D.P.M.'s request for approval of Marc S. Greenberg, D.P.M., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per week;
- To grant Chris Allen Rhoades, M.D.'s request for approval of Henry Gerad, M.D., to serve as the new monitoring physician;
- To grant Gregory M. Thomas, M.D.'s request for approval of his proposed practice plan;
- To grant Robert C. Turner, M.D.'s request for approval of *Intensive Course in Controlled Substance Prescribing*, administered by Case Western Reserve University, to fulfill the controlled substances prescribing course required for reinstatement; and approval of *Intensive Course in Medical Record Keeping*, administered by Case Western Reserve University, to fulfill the medical records course required for reinstatement; and
- To grant Adil Y. Yamour, M.D.'s request for approval of *Intensive Review of Internal Medicine*, administered by the Cleveland Clinic, to fulfill the hypertension course requirement.

Mr. Kenney seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Ms. Elsass	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion carried.

#### EXECUTIVE SESSION

**Ms. Elsass moved that the Board declare Executive Session to consider the discipline of a public employee. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Ms. Elsass	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Ms. Anderson, Ms. Loe, Ms. Debolt, and Mr. Wilcox in attendance.

Dr. Ramprasad returned to the meeting during the executive session.

Ms. Elsass exited the meeting during the executive session.

The Board returned to public session.

Mr. Gonidakis exited the meeting following the return to public session.

#### PROBATIONARY APPEARANCES

**Dr. Strafford moved to remove the topic of Probationary Appearances from the table. Dr. Ramprasad seconded the motion.** All members voted aye. The motion carried.

ANDREAS HERBERT SZOKOLOCZY-SYLLABA, D.O.

Dr. Szokoloczy-Syllaba was making his final appearance before the Board pursuant to his request for release from the terms of his May 14, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Szokoloczy-Syllaba's history with the Board.

Dr. Soin asked about Dr. Szokoloczy-Syllaba's long-term goals and what his coping mechanisms will be.

Mr. Kenney exited the meeting at this time.

Dr. Szokoloczy-Syllaba stated that he found himself in an extreme situation in his life and took time from work to see his psychologist and psychiatrist. Dr. Szokoloczy-Syllaba developed bipolar disorder, which was stabilized with medications following a 10-day inpatient treatment. Since that time, Dr. Szokoloczy-Syllaba lost his mother to cancer, lost his children when his ex-wife moved to another state, and went through a job transition. Throughout this time, Dr. Szokoloczy-Syllaba was stable and compliant with his medications. Dr. Szokoloczy-Syllaba stated that he intends to continue with what has worked. Dr. Szokoloczy-Syllaba stated that he has a network of friends to keep from sheltering himself. Dr. Szokoloczy-Syllaba also stated that he exercises vigorously.

Dr. Soin asked Dr. Szokoloczy-Syllaba to comment on his environment and those he can rely on to help cope with stress. Dr. Szokoloczy-Syllaba stated that there is an on-site psychologist at his place of employment and his office manager also helps him. Dr. Szokoloczy-Syllaba stated that his current work environment is the most positive of anyplace he has worked. Outside of work, Dr. Szokoloczy-Syllaba trains in the martial arts, socializes with friends, and tries to stay healthy.

Dr. Soin noted that Dr. Szokoloczy-Syllaba is a pain management specialist like himself in the same general area. Dr. Soin stated that he and Dr. Szokoloczy-Syllaba are not friends, and to some extent may be considered competitors. Dr. Soin stated that he has seen the charts of some of Dr. Szokoloczy-Syllaba's patients and found the charts to be excellent.

Dr. Steinbergh noted that according to the Board's documentation, Dr. Szokoloczy-Syllaba is taking Depakote, Lamictal, Celexa, Seroquel, Ambien, and Clonazepam if the Ambien does not work. Dr. Szokoloczy-Syllaba stated that that is correct. Dr. Steinbergh asked how many hours Dr. Szokoloczy-Syllaba sleeps per night. Dr. Szokoloczy-Syllaba replied that the number of hours varies, but he usually gets about eight hours of sleep per night. Dr. Szokoloczy-Syllaba stated that his psychiatrist has told him the most important thing is for him to get restorative sleep.

Dr. Steinbergh asked how long Dr. Szokoloczy-Syllaba has been taking Ambien. Dr. Szokoloczy-Syllaba replied that he has been taking Ambien for several years. Dr. Steinbergh asked if Dr. Szokoloczy-Syllaba has ever had difficulty waking up or being aware in the morning. Dr. Szokoloczy-Syllaba replied that he has not had such problems. Dr. Steinbergh noted that a sleep study indicated that Dr. Szokoloczy-Syllaba may have sleep apnea and asked if he was taking medications during the study. Dr. Szokoloczy-Syllaba answered that he had been instructed to take his normal medication regime during the study. Dr. Steinbergh questioned the validity of the sleep study due to the medications. Dr. Szokoloczy-Syllaba stated that a certified sleep specialist had conducted the study and instructed him regarding the

medications.

Dr. Sethi asked if Dr. Szokoloczy-Syllaba noticed any changes in judgment from taking his medications. Dr. Szokoloczy-Syllaba replied that he does not feel his judgment has been affected, but stated that he would defer questions of his competence to his two monitoring physicians and his psychiatrist.

Dr. Steinbergh asked about Dr. Szokoloczy-Syllaba's plans to be monitored in the future. Dr. Szokoloczy-Syllaba stated that he discussed that with his psychiatrist and he will continue to see his psychiatrist every three months.

Dr. Sethi asked if Dr. Szokoloczy-Syllaba practices in a group. Dr. Szokoloczy-Syllaba replied that he practices in a group with three physicians, four nurse practitioners, and a psychologist who specializes in pain treatment. Dr. Sethi asked if Dr. Szokoloczy-Syllaba practices in a hospital or other environment where his behavior can be observed. Dr. Szokoloczy-Syllaba replied that he has hospital privileges, but does not admit patients. Dr. Szokoloczy-Syllaba also stated that he has privileges at an intervention center. Dr. Szokoloczy-Syllaba has asked his colleagues to inform him if they see something wrong so that he can address it.

Dr. Talmage asked if the physicians in Dr. Szokoloczy-Syllaba's group share patients. Dr. Szokoloczy-Syllaba answered that the physicians mostly see their own patients, but ultimately they all see each other's patients.

**Dr. Ramprasad moved to release Dr. Szokoloczy-Syllaba from the terms of his May 14, 2008 Consent Agreement. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

Thereupon, at 5:35 p.m., the May 8, 2013 session of the State Medical Board of Ohio was adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on May 8, 2013, as approved on June 12, 2013.

  
Anita M. Steinbergh, D.O., President

  
J. Craig Strafford, M.D., M.P.H., Secretary



21379

May 8, 2013

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(SEAL)

May 9, 2013

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**MINUTES****THE STATE MEDICAL BOARD OF OHIO****May 9, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 8:05 a.m., in the Administrative Hearing Room of the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Kris Ramprasad, M.D., Vice-President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Donald R. Kenney, Sr.; Michael L. Gonidakis; and Amol Soin, M.D. The following members arrived at a later time: Lance A. Talmage, M.D.; and Laurie O. Elsass. The following member did not attend the meeting: Sushil M. Sethi, M.D.

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Michael Miller, Interim Assistant Executive Director, Licensure and Renewal; Sallie J. Debolt, General Counsel; William Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca Marshall, Chief Enforcement Attorney; Danielle Bickers, Compliance Supervisor; Kyle Wilcox, Assistant Attorney General; Kay Rieve, Administrative Officer; Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; and Benton Taylor, Executive Assistant to the Executive Director.

**ADMINISTRATIVE REPORT**

**Board Member Appointments:** Ms. Anderson stated that Governor Kasich recently appointed two new members to the Board. Amol Soin, M.D., and Sushil M. Sethi, M.D., both participated in yesterday's Board meeting. In addition, Dr. Bechtel was reappointed to a full term. Two vacancies, one for an allopathic physician and one for a podiatric physician, still await appointment. Ms. Anderson stated that Dr. Steinbergh's reappointment to another term is also pending.

**Update on Operations Plan and Priorities:** Ms. Anderson stated that in November 2012, the Board approved an Operations Plan for Priorities through to June 2013. Ms. Anderson stated that most of the items on the Operations Plan have been met and the Board continues to work on those items that have not been met.

**Budget Issues:** Ms. Anderson stated that objections to the proposed physician license renewal fee increase from the Ohio State Medical Association (OSMA) have been addressed. OSMA has testified in support of the Board's proposal, with the stipulation that the Board commits to the measurement and publication of performance standards. Ms. Anderson stated that she met with Senator Burke and other senators regarding these budget matters. Ms. Anderson opined that the Board's efforts in the Senate will be successful, but stated that other legislative avenues will also be explored.

**Expedited Licensure:** Ms. Anderson stated that the Board is also seeking to have the proposal for expedited licensure included in the budget bill. Ms. Anderson stated that opposition from OSMA is based on the proposal's requirement of specialty board certification. However, Ms. Anderson noted that the Ohio

Council of Medical School Deans supports the Board's proposal. Ms. Anderson stated that Dr. Ramprasad and Mr. Miller met with Senator Jones yesterday to discuss the Board's proposal, and she will meet with Senator Coley this afternoon.

Ms. Anderson stated that alternative funding sources such as expedited licensure, non-disciplinary fines for continuing medical education (CME) violations, and hearing cost recovery can diversify the Board's funding beyond licensing fees. Ms. Anderson stated that Mr. Gonidakis has expressed interest in being involved in these efforts.

**Communication:** Ms. Anderson stated that a significant area of concern for Board members has been the Board's communication with licensees, the legislature, and other organizations. Ms. Anderson reported that four newsletters and four e-Reports will be sent by the Board this year, compared to one newsletter in the period from 2005 to 2012. Ms. Anderson commented that the document regarding the proposed joint policy statement on morphine equivalent doses (MED), to be discussed later in the meeting, is a good example of cooperation and collaboration with other agencies.

Ms. Anderson indicated that she would like to take the idea of the employee focus groups, which have been a good avenue of communication, and utilize it for outside groups such as medical schools and professional associations. Ms. Anderson also commented that the Licensure section is working on bringing in groups of credentialers to provide feedback to improve the licensure process.

Ms. Anderson stated that a staff committee has been formed to update the Board's website and make it more user-friendly. Ms. Anderson stated that the committee is working with the Department of Administrative Services, which can provide a template for a website at little cost.

**LeanOhio:** Ms. Anderson stated that LeanOhio has been instrumental in helping the Board focus on increasing the efficiency of the complaints process. Ms. Anderson stated that many ideas from the process have already been implemented, such as asking hospitals to waive the requirement that subpoenas be delivered in person by an investigator. Ms. Anderson also stated that the enforcement review process is being streamlined, noting that a computer queue with nearly 900 complaints to be closed has now been cleared out. Ms. Anderson stated that, as a result of the LeanOhio process, complaints are now closed within individual sections.

**Quality Intervention Panels:** Ms. Anderson stated that the Board's Standards Review and Intervention Section, made up of one attorney and four nurses, is responsible for reviewing medical records and overseeing the Quality Intervention Panels (QIP). The QIP panels are made up of physicians and consumer members who review complaints that allege violations of the minimal standards of care and make recommendations to the Secretary and Supervising Member.

Ms. Anderson suggested that, as a pilot program to make better use of the QIP panels, individual experts be taken from the panels so they can review records by themselves on their own time. In this way, the experts will operate as independent reviewers making recommendations to the Secretary and Supervising Member regarding the disposition of cases. Ms. Anderson illustrated that if six QIP members acted as independent reviewers and completed five cases per month, that would represent 360 cases per year. Ms.

Anderson stated that the chosen QIP members, who are already familiar with the Board's rules, systems, and values, and already under contract with the Board, would have the opportunity to review the cases on their own time and not take time from their practices to attend a QIP meeting.

Responding to questions, Ms. Anderson suggested that some members the current QIP panels will form a single panel while other members would function independently, though some details still need to be worked out. Dr. Strafford opined that this concept has great potential. Dr. Ramprasad commented that this would also result in some savings on the Board's travel expenses. Dr. Steinbergh asked if the reviewer can act as an expert witness at hearing if a case is referred to enforcement for possible disciplinary action. Ms. Anderson replied that a reviewer would not be able to act as an expert witness on a case they reviewed. Ms. Anderson emphasized that all final decisions regarding complaints are made by the Secretary and Supervising Member. Ms. Anderson stated that the QIP panel members are a tremendous resource for the Board and opined that the suggested pilot program would make better use of that resource.

Ms. Anderson stated that she will discuss this proposal with members of QIP Panel I later today and report back to the Board.

**Accountability and Communication:** Ms. Anderson stated that another area the Board has worked on is accountability regarding the rule review process, the annual report, and other items of business that the agency had fallen behind on. Ms. Anderson stated that a long-term plan has been developed to address the daunting task of rule review. Also, the Board's Policies and Procedures Handbook has had eight updates and there are six more updates pending.

Ms. Anderson stated that the Labor-Management Committee, which had become somewhat dormant, has resumed meeting and will continue to do so on a quarterly basis. The Committee now includes a representative from the Investigations Section, which is the Board's largest section.

Ms. Anderson stated that last year's audit recommended improvements to the Board's revenue deposit process. Ms. Anderson reported that a written procedure for revenue deposits has been prepared and additional staff members have been trained on the process.

Ms. Anderson stated that the Annual Report for Fiscal Year 2013 is already being planned and will include metrics which had been discussed with the Ohio State Medical Association (OSMA).

Dr. Ramprasad opined that part of the Board's communication should include sending information on the Board's metrics and activities to the legislature and the Governor. Ms. Anderson stated that a letter had been sent to the Governor's office after every Board meeting, but that practice was discontinued last month because it was uncertain if the Governor found the letters useful. Dr. Steinbergh stated that she has discussed this with representatives from the Governor's office and they would like those monthly letters to continue.

Dr. Steinbergh and Dr. Ramprasad thanked Ms. Anderson and the staff for their hard work in improving the Board's communication and accountability.

Dr. Steinbergh commented that there have been discussions on how best to communicate with stakeholders. Dr. Steinbergh stated that in the past, the Board's Executive Committee would meet with representatives from an interested organization about specific topics. Dr. Steinbergh suggested that this practice be reinstated. Dr. Steinbergh further suggested that the Board resume the practice of holding annual retreats in order to bring the Board members and staff together to discuss topics. Ms. Anderson agreed with both of Dr. Steinbergh's suggestions.

**Licensure process:** Mr. Kenney asked if there is a diagram or flowchart available which shows the entire process of licensure, from filing of an application to licensure approval. Mr. Kenney stated that this information will be valuable if the Board wants to reduce the time for licensure. Mr. Miller stated that such a diagram can be produced. Mr. Miller noted that over 8,000 unique applications were received by the Board last year and there are currently only seven staff members to process them; the staff members also have other duties to fulfill, such as answering telephone calls and emails.

Dr. Steinbergh asked if thought had been given to exposing the licensure process to LeanOhio. Ms. Anderson replied that that is something she has explored and would like to do later this year, if possible.

**Financial Disclosure Statements:** Ms. Anderson reminded the Board members that the deadline to file their annual Financial Disclosure Statements with the Ohio Ethics Commission, as required by law, is May 15, 2013.

**Focus Groups:** Ms. Anderson stated that the Board's employee focus groups continue to meet. One focus group has essentially become a website committee, exploring possible improvements to the Board's website. Other topics addressed by the focus groups include an employee recognition program and a way of disseminating information on what each employee is responsible for.

**Treatment Advisory Panel:** Ms. Anderson stated that the Board's Treatment Advisory Panel met to discuss the Board's rules on treatment of impaired practitioners and will meet again next week. The meetings take place by telephone. Ms. Anderson stated that the Panel has been very helpful, but the telephone communication slows the discussion down a bit.

Dr. Ramprasad, who has participated in the meetings, noted that one of the few things the Panel is unanimous on is that it should be acceptable for a physician to practice while taking Suboxone, whether it is for treatment of pain or treatment of dependency. Dr. Ramprasad stated that the Panel has also discussed whether 30 days of inpatient treatment should be required of impaired practitioners, or whether they should also do an additional 60 days of intensive outpatient treatment.

Ms. Bickers provided additional information regarding the discussions of the Treatment Advisory Panel.

Dr. Talmage entered the meeting at this time.

**IT Operations:** Ms. Anderson stated that the staff continues to work with the Department of Administrative Services (DAS) on the Board's new e-licensing system, which is scheduled to be online by December. Ms. Anderson stated that on April 25, 2013, the Board received communication from the

vendor, Iron Data, asking for extensive information on the Medical Board's needs for the system and giving a deadline of only one week to provide the information. Ms. Anderson stated that a response was made, but expressed great concerns that the Board did not receive adequate warning or support for providing this important information. Ms. Anderson stated that she has requested a meeting with DAS to discuss this matter.

Dr. Ramprasad exited the meeting at this time.

**Approval of Travel:** Ms. Anderson asked the Board to approve Mr. Miller's travel to a meeting of the Federation of State Boards of Physical Therapy, where he gave a presentation on the topic of ex-offenders in the licensed professions. Mr. Miller's co-presenter was Tom Dilling of the Ohio Board of Nursing.

**Dr. Strafford moved to approve Mr. Miller's travel to the meeting of the Federation of State Boards of Physical Therapy. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

**Media Plan:** Ms. Anderson noted that yesterday's meeting of the Medical Board garnered some media attention. Ms. Anderson stated that the Board works with media on a regular basis and shares the Board's decisions if a media outlet requests it. Dr. Steinbergh asked that this topic be placed on the agenda for June's meeting of the Executive Committee for further discussion.

Dr. Ramprasad returned to the meeting at this time.

**Guidelines for Morphine Equivalent Daily Dose "Trigger Point":** Ms. Anderson stated that several other states have thresholds in place regarding Morphine Equivalent Daily Dose (MED). The Governor's Cabinet Opiate Action Team (GCOAT) has selected 80 MED as the threshold in Ohio. Ms. Anderson stated that the document provided to the Board members describes the expectation for opioid prescribing in Ohio. The Ohio Board of Pharmacy has agreed to put an MED calculator on each report of the Ohio Automated Rx Reporting System (OARRS). Also, the Board of Pharmacy will put an asterisk on any doses on the OARRS report that are over 80 MED and a link to the prescriber's licensing board's statement on the subject.

Ms. Anderson continued that GCOAT's concept is for the prescribing boards to all adopt the same statement so that prescribers will have the same message. Ms. Anderson recognized Mr. Miller, as well as Tom Dilling of the Ohio Board of Nursing, for their work in drafting the document.

Ms. Anderson stated that after the document is adopted, then work will begin on developing metrics which will be used to measure the success of the program. Dr. Bechtel will serve on the committee that will consider metrics. Ms. Anderson asked the Board members to provide any input they wish on that matter.

Dr. Steinbergh asked if the Board members are comfortable with approving the document. No Board member expressed concerns.

**Dr. Strafford moved to approve the proposed guidelines for prescribing Opioids for the treatment of chronic, non-terminal pain and identifying 80 MED as the trigger point. Dr. Bechtel seconded the**

**motion.** All members voted aye. The motion carried.

Ms. Anderson stated that Frequently Asked Questions will be developed to accompany the document.

#### LEGISLATIVE UPDATES

Mr. Miller stated that there is no Legislative Update this month. Mr. Miller stated that most of the Board's current concerns regarding the legislature relate to the budget and expedited licensure, topics which appear elsewhere on today's agenda.

#### PROPOSED RULES, CHAPTER 4731-27, OHIO ADMINISTRATIVE CODE

Ms. Debolt stated that House Bill 417 created a new provision in the Ohio Revised Code and the Medical Practices Act that specifies how employers are to notify patients when a physician leaves a practice for any reason. Therefore, the Board's rules in this regard must be amended to match the legislation. Ms. Debolt stated that Proposed Rule 4731-27-01 provides definitions. Proposed Rule 4731-27-02 regards dismissing a patient from a practice and puts more onus on patient protection so that the patient is not abandoned. Proposed Rule 4731-27-03 regards patient notification of when a physician leaves a practice.

Concerning Proposed Rule 4731-27-03, the Board discussed this at the April 2013 Board meeting and expressed concern that under the legislation and proposed rule, the employer can provide the departing physician with the names and addresses of all the patients he or she had seen in the prior two years, thus giving the departing physician the responsibility to notify all the patients. The Board was concerned that notifying a great number of patients may be beyond the resources of a physician who had just been terminated.

Ms. Debolt stated that she discussed this issue with a representative from the Columbus Medical Association, which was a primary mover of the legislation. Ms. Debolt stated that, in the view of the Columbus Medical Association, the possible expense and administrative inconvenience to a terminated physician is acceptable because in that case, the physician will be able to create his or her own letter explaining why they've left and where they are going. In this way, the patient will not think the physician was dismissed due to incompetence. Also, the Columbus Medical Association feels that there is only a slim chance that a departing physician will be asked to send the notifications because if they were employed with a large group or system, they probably have a non-compete or non-solicitation clause in their contract. It is possible that asking the physician to send the notification can be construed as a waiver of those clauses, so it is advantageous to the former employer to keep the patient contact information.

Ms. Debolt reviewed the proposed rules that will amend the Board's current rules in order to conform to House Bill 417. Dr. Soin noted that in the proposed rules, an electronic notification sent to patients must be sent from a HIPPA-compliant system which can notify the sender that the message has been opened by the recipient. Dr. Soin opined that the rules for electronic notification should be the same as for notification by regular mail, noting that there is also no guarantee that the recipient of a mailed notification will actually open and read it. The Board members agreed that a notification that an electronic notification has been opened should not be required, as long as the system can record that the notification was sent.

Dr. Steinbergh noted that the proposed rules require that letters sent to patients notifying them of a physician termination must have copies in each patient record. Dr. Steinbergh opined that it can be very onerous to place a copy of the letter in each individual patient chart, especially since there could be many hundreds of patients. Dr. Soin stated that the rules could require that a record that the notification letter was sent be kept in the office, but not necessarily in each individual patient chart. The Board members agreed.

**Dr. Bechtel moved to amend Proposed Rule 4731-27-03 to require the healthcare entity to keep a record of notification sent to patients, but not necessarily in each individual patient chart. Dr. Bechtel further moved to amend Proposed Rule 4731-27-03 to remove the requirement that electronic notification be sent from a system that can provide notification that the notice was opened by the recipient, provided the system records that the notification was sent. Dr. Soin seconded the motion.** All members voted aye. The motion to amend carried.

Dr. Talmage expressed concern that a healthcare entity can use these rules to burden a departing physician with the very onerous task of sending notifications to patients. However, Dr. Talmage stated that he will support the rules since it is what physician organizations want. Dr. Talmage asked that physician organizations notify the Board if an entity uses this rule in a retaliatory fashion against a physician. Dr. Steinbergh agreed.

Dr. Ramprasad stated that he objected to these proposed rules last month, but he will support them now that he knows that physician organizations are supportive.

**Dr. Bechtel moved to approve proposed rules 4731-27-01, 4731-27-02, and 4731-27-03, as amended, for submission to the Common Sense Initiatives Office and for public comment. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

#### REPORTS BY ASSIGNED COMMITTEE

##### FEDERATION OF STATE MEDICAL BOARDS ANNUAL MEETING 2013

Dr. Talmage stated that the best accomplishment of the Federation of State Medical Boards (FSMB) this year is production of guidelines for physician reentry to the workplace. Dr. Talmage further stated that the American Board of Medical Specialties (ABMS) now recognizes that physicians who are on probation but allowed to practice should not be discriminated against based on their probationary status; decisions regarding the continued certification of these physicians will now be decided on an individual basis. Dr. Talmage stated that the FSMB's opioid prescribing policy was not passed at the Annual Meeting but should be issued in July or August. Dr. Talmage stated that the policy will probably recommend a trigger point of 120 morphine equivalent doses (MED).

Dr. Talmage commented that the Annual Meeting was very good, but was somewhat constrained due to the Boston Marathon bombing and subsequent shelter-in-place advisory. Dr. Talmage stated that the people of Boston held up well under the circumstances.

Ms. Anderson stated that one significant topic of discussion was the resolution to explore interstate compacts on licensure and portability. Ms. Anderson stated that the Board is examining that issue closely and it may not necessarily be a good fit for Ohio. Ms. Anderson stated that some of the issues involved are being addressed in the proposal for expedited licensure, which will make it easier for out-of-state physicians to become licensed in Ohio. Some of the changes the Board is making to its licensure rules will also address some of these concerns.

#### EXPEDITED LICENSURE

Mr. Miller stated that Ms. Anderson testified before the Senate last week about the proposed fee increase and the Board's proposal for expedited licensure, which was received favorably. Ms. Anderson and Mr. Miller also met with Senators Burke, Jones, and Oelslager on this subject.

Mr. Miller stated that the Ohio State Medical Association (OSMA) has raised concerns regarding the proposal's requirement that an applicant have specialty board certification as a requirement for expedited licensure. Mr. Miller stated that the Medical Board must have some way of ensuring that applicants have a certain level of knowledge and education, and specialty board certification provides some of that assurance. According to the most recent information from the Federation of State Medical Boards, nearly 77% of physicians hold specialty board certification. Mr. Miller stated that expedited licensure provides an opportunity for the Board to move 20% to 39% of physician licensure applications through the expedited licensure process and will have a positive impact on the workplace.

Mr. Kenney asked if any organization other than OSMA is opposing the expedited licensure proposal. Mr. Miller replied that OSMA is the only organization offering opposition that he is aware of. Dr. Steinbergh noted that OSMA asked that non-specialty board certified physicians be allowed to utilize expedited licensure on some other basis, such as continuing medical education credits. Dr. Steinbergh pointed out that non-specialty board certified physicians are not being excluded from licensure, only from the expedited licensure process. Dr. Steinbergh stated that the Board is striving to ensure that they are comfortable licensing the physicians that will go through the expedited licensure process and the current proposal is an expeditious way to achieve that. Mr. Kenney agreed, stating that that Board wants to help physicians get into the workplace but it must have guidelines.

Dr. Talmage stated that the Board does not want the traditional licensure process to be slowed due to resources being used in expedited licensure, but additional resources will be needed to achieve that goal. Mr. Miller agreed and stated that he has met with legislators and stakeholders to improve the process. Mr. Miller stated that the goal is to have expedited licensure without slowing down the traditional licensure process.

#### MEDICAL BOARD NEWSLETTER

Ms. Wehrle stated that she will email a pre-publication version of the May e-newsletter to the Board members for their comments. Ms. Wehrle commented that this will be the first edition which will be published with the goldenrod color format, as the Board had requested.

FISCAL REPORT

Ms. Loe stated that the March Fiscal Report has been distributed to the Board members. Ms. Loe noted that at the beginning of Fiscal Year 2013, the Board was projected to spend more than it took in. However, due to cuts in spending and unpaid leave taken by several employees, as well as receiving \$40,000.00 more per month than was projected, the Board's fund is in better shape than predicted. Ms. Loe estimated that the total revenue for Fiscal Year 2013 will be about \$8,500,000.00. Ms. Anderson cautioned that the savings the Board is realizing from personnel costs will not continue, noting the employee disability leave is not controllable and some high-level vacancies will be filled. Ms. Loe stated that about 4 disability leaves per year is typical, but this year has seen 15.

Mr. Gonidakis asked if the current high-level vacancies provide an opportunity to examine the salaries of those positions. Ms. Anderson replied that there is such an opportunity. Also, Ms. Anderson stated that the Board will not necessarily fill every vacancy.

LICENSE APPLICATION REVIEWSSELIN CERKACI, M.D.

Dr. Ramprasad stated that Dr. Cerkaci is requesting that her 12-month fellowship and her experience in Turkey and the United States be deemed equivalent to 24 months of post-graduate education so that she may be granted a license to practice medicine in Ohio. Dr. Ramprasad stated that Dr. Cerkaci completed a 12-month fellowship in diagnostic radiology and breast imaging in 2007 and is currently an assistant professor of radiology at the Ohio State University. Dr. Cerkaci holds a medical license in Texas, is board certified in radiology, passed all steps of the United States Medical Licensing Examination with good scores, and has many publications. The Group 1 Committee recommends that Dr. Cerkaci's request be granted.

**Dr. Talmage moved to deem Dr. Cerkaci's training in Turkey, her 12-month fellowship at the University of Texas MD Anderson Cancer Center, and her experience in the United States to be equivalent to 24 months of graduate medical education through the second-year level so that she may be granted a license. Dr. Soin seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

MONICA MAHAJAN, M.D.

Dr. Ramprasad stated that Dr. Mahajan completed her medical education and then chose to stay home and raise her two young children. Dr. Mahajan has not practiced clinical medicine since 2010, but did achieve certification in psychiatry and neurology in 2011. The Group 1 Committee recommends approval of Dr. Mahajan's application for licensure, pending successful completion of the SPEX examination or recertification in psychiatry and neurology.

**Dr. Talmage moved to approve Dr. Mahajan's application for licensure, pending successful completion of the Special Purpose Examination (SPEX) or recertification in psychiatry and neurology. Dr. Bechtel seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

EDWARD W. MILLUNCHICK, M.D.

Dr. Ramprasad stated that Dr. Millunchick worked in a children's hospital from 1971 to 1973, practiced as a pediatrician in Oakland, California, was Chief of Pediatrics at a naval hospital, and worked at several other U.S. hospitals until 1993. In 1994, Dr. Millunchick became an associate clinical professor of pediatric emergency medicine. Dr. Millunchick has worked for various organizations since 1997 and has not practiced clinical medicine since 1998. Dr. Millunchick is grandfathered into lifetime board certification in pediatrics and holds medical licensure in several states.

Dr. Ramprasad stated that the Group 1 Committee recommends approving Dr. Millunchick's application for licensure, pending successful completion of the SPEX examination or recertification by the American Board of Pediatrics.

**Dr. Bechtel moved to approve Dr. Millunchick's request for licensure, pending successful completion of the Special Purpose Examination (SPEX) or recertification by the American Board of Pediatrics. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
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Dr. Bechtel	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Soin	- aye

The motion carried.

HAYLEE WILLIAMS, L.M.T.

Dr. Ramprasad stated that Ms. William, who had not practiced massage therapy for more than two years, has applied for restoration of her massage therapy license. The Group 1 Committee recommended approval of Ms. Williams' application, provided she take and pass the Massage and Bodywork Licensing Examination (MBLEX)

**Dr. Talmage moved to approve Ms. Williams' application for restoration of her massage therapy license, pending successful completion of the MBLEX. Dr. Bechtel seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

CLINICAL RESEARCH FACULTY CERTIFICATE APPLICATION REVIEW

PETER EMANUEL PETROS, M.D.

Dr. Ramprasad stated that Dr. Petros has applied for a Clinical Research Faculty Certificate. When the application was initially reviewed in February, the Board was uncertain what Dr. Petros' function at the Cleveland Clinic would be. In response to the Board's inquiries, the Cleveland Clinic detailed that Dr. Petros would be performing pelvic surgeries for incontinence, addressing pelvic floor problems, and training urology and gynecology colleagues, fellows, and residents. The Group 1 Committee found the Cleveland Clinic's response to be appropriate and recommended approval of Dr. Petros' application.

**Dr. Talmage moved to approve Dr. Petros' application for a Clinical Research Faculty Certificate. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

LUCIANO M. S. PREVEDELLO, M.D.

Dr. Ramprasad stated that this neuroradiologist has applied for a Clinical Research Faculty Certificate and will be working at Ohio State University Wexner Medical Center. The Group 1 Committee reviewed Dr. Prevedello's application and recommended approval.

**Dr. Soin moved to approve Dr. Prevedello's application for a Clinical Research Faculty Certificate. Mr. Kenney seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- abstain
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye

The motion carried.

PROPOSED AMENDMENTS TO CHAPTER 4731-4, OHIO ADMINISTRATIVE CODE

Mr. Miller stated that the proposed amendments to Rule 4731-4 will add Oriental medicine practitioner applicants to the list of applicants who must undergo a criminal background check. The proposed amendments will also make it easier for out-of-state applicants to get their fingerprints processed. Mr. Miller explained that the Board's current rule requires applicants to have their fingerprints processed by law enforcement, but this option is not available in some states. Mr. Miller noted that the Ohio Bureau of

Investigation accepts fingerprints processed by entities other than law enforcement, such as the United States Postal Service.

**Dr. Ramprasad moved to approve proposed rules 4731-4-01 and 4731-4-02 for submission to the Common Sense Initiatives Office and for public comment. Mr. Kenney seconded the motion. All members voted aye. The motion carried.**

#### GENETIC COUNSELOR LICENSES DRAFT APPLICATIONS

Mr. Miller stated that the draft applications for genetic counselors have been provided to the Board members for their approval. If approved, the applications could be on the Medical Board's website by June.

**Dr. Bechtel moved to approve the draft genetic counselor licenses applications. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.**

Ms. Anderson commented that it may be beneficial to invite genetic counselors to address the Board at a future meeting so that the Board is familiar with the various aspects of the profession. The Board members agreed.

#### CONCEDED EMINENCE CERTIFICATES

Mr. Miller stated that he and the licensure staff have been attempting to better define the criteria for the Conceded Eminence Certificate so that applicants can be adequately vetted. Mr. Miller stated that a document provided to the Board members outlines eight requirements for the extraordinary talents and abilities that applicants should be able to demonstrate.

Dr. Ramprasad briefly paraphrased the document. Dr. Ramprasad stated that an applicant must have accomplished the following:

- Achieved educational qualifications beyond those that are required for entry into the applicant's specialty, including advanced degrees, special certification, or other academic credentials
- Written multiple articles in journals listed in the *index medicus* or equivalent scholarly publication; such articles must have an impact factor of at least 2 and demonstrate a progression in research
- Have a sustained record of excellence in original research in the development of innovative approaches to diagnosis or treatment, applications of technologies, and/or models of care that influence care on a national or international level
- Received nationally or internationally recognized prizes or awards directly related to the applicant's area of expertise and related to original research
- Participated in peer review in a field that is the same or similar to the applicant's specialty; Dr. Ramprasad noted that being an invited speaker to a recognized conference has been added to the list of what constitutes peer review
- Developed new procedures or treatments for complex medical problems that are recognized by peers as

a significant advancement

- Held previous academic appointments with or been employed by a health care organization with a national or international reputation.

In addition, Mr. Miller stated that the Group 1 Committee also added a requirement of a letter addressing the progression of the applicant's work.

Dr. Bechtel commented that the proposed document clearly defines what an eminent physician is and greatly limits the number of potential applicants. Dr. Bechtel stated that only stellar physicians can meet these criteria and that was the purpose of the Conceded Eminence legislation, not to help the workforce of institutions.

Dr. Talmage asked if these changes were presented to the Ohio Council of Medical School Deans for their input. Mr. Miller replied that the Council has not seen the document, but Dr. Ramprasad has discussed it with individuals and Mr. Miller did significant research into what other institutions do with respect to faculty appointments in this area. Dr. Steinbergh opined that the document should be sent to the Council for comments. Mr. Kenney opined that it is proper that the Medical Board has developed these guidelines because it is responsible for ensuring that the Certificate of Conceded Eminence is issued only to those applicants who are truly eminent. Mr. Kenney felt that if other entities oppose the guidelines, they should express their opinion on each guideline individually and not be given an opportunity to rewrite the whole document.

**Dr. Talmage moved to approve the proposed guidelines for the criteria of the Certificate of Conceded Eminence. Mr. Kenney seconded the motion.** All members voted aye. The motion carried.

Mr. Gonidakis exited the meeting at this time.

#### PHYSICIANS SCOPE OF PRACTICE CONCERNS

Dr. Strafford stated that as Secretary and Supervising Member, he and Dr. Bechtel occasionally review a case in which a physician is practicing beyond their training or expertise but their hospital or group is not addressing the issue. Dr. Strafford asked for the Board's guidance in these matters. Dr. Ramprasad opined that such a physician would not be meeting the minimal standards of care and should be investigated and possibly cited on that basis. Dr. Steinbergh agreed. Dr. Strafford thanked the Board for its direction.

#### INTERIM REPORT IN LICENSURE

Mr. Miller stated that the interim report on licensure was discussed by the Group 1 Committee. Mr. Miller stated that he will email the report to all Board members.

#### PHYSICIAN ASSISTANT MATTERS

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) was unable to meet yesterday due to a lack of a quorum. Dr. Steinbergh noted that the terms of some PAPC members will expire later

this month and that she, as President of the Medical Board, will appoint or reappoint members to fill those vacancies. Dr. Steinbergh stated that she will review the responsibilities of the Committee with all PAPC members.

#### BOARD MEMBER ATTENDANCE

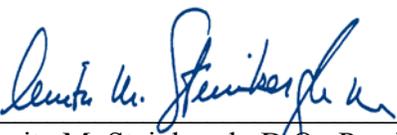
Ms. Anderson stated that Section 3.17, Ohio Revised Code, specifies that all members of boards and commissions must attend at least 60% of regular and special meetings over a two-year period, or otherwise forfeit their position. Ms. Anderson stated that this year, each member was provided their current attendance percentage for their information. The attendance percentage will be provided to all members annually going forward.

Ms. Elsass entered the meeting at this time.

Ms. Anderson noted that in calculating attendance percentage, special meetings conducted by telephone to order a Summary Suspension or accept a Permanent Surrender count as meetings. Also, the monthly Board meetings which occur on Wednesday and Thursday count as two meetings, one meeting on each day. Dr. Strafford commented that it is an odd situation when a Board member must call in to a special telephone conference call for purposes of attendance, even though the member must recuse himself or herself from the matter at hand. Dr. Steinbergh agreed.

Thereupon at 10:40 A.M., the May 9, 2013, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on May 8-9, 2013, as approved on June 12, 2013.

  
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Anita M. Steinbergh, D.O., President

  
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J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)

