

January 13, 2016

MINUTES**THE STATE MEDICAL BOARD OF OHIO****January 13, 2016**

Michael L. Gonidakis, President, called the meeting to order at 9:55 a.m. in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Amol Soin, M.D., Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Donald R. Kenney, Sr.; Sushil Sethi, M.D.; Robert P. Giacalone; and Michael Schottenstein, M.D. The following member arrived at a later time: Richard Edgin, M.D. The following member did not attend the meeting: Andrew P. Schachat, M.D.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; David Fais, Assistant Executive Director; Sallie J. Debolt, Senior Counsel; William Schmidt, Chief of Investigations; ; Joan K. Wehrle, Education and Outreach Program Manager; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Angela McNair, Cheryl Pokorny, Gregory Taposci, James Roach, and Kimberly Lee, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and James Wakley, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Danielle Bickers, Compliance Supervisor; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Mitchell Alderson, Administrative Officer; Chantel Scott, Chief of Renewal; Christine Schwartz, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Saferin moved to approve the draft minutes of the December 9, 2015, Board meeting, as written. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye

The motion carried.

APPLICANTS FOR LICENSURE

Dr. Steinbergh moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the acupuncturist applicants listed in Exhibit "A", the anesthesiologist assistant applicants listed in Exhibit "B," the genetic counselor applicants listed in Exhibit "C," the massage therapist applicants listed in Exhibit "D," the physician assistant applicants listed in Exhibit "E," and the physician applicants listed in Exhibit "F," as listed in the agenda supplement and handout. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye

The motion carried.

REPORT AND RECOMMENDATION ON REMAND

Mr. Gonidakis announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Mr. Gonidakis 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: Waleed Nasr Mansour, M.D., Case No. 13-CRF-081, on Remand; Gregory Stuart Grant, D.O.; Waleed Nasr Mansour, M.D., Case Nos. 15-CRF -024 & 15-CRF-048; and Armand Louis Minotti, D.O. A role call was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye

Mr. Gonidakis asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from

dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye

Mr. Gonidakis 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 matters before the Board today, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

Mr. Gonidakis 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.

WALEED NASR MANSOUR, M.D., CASE NO 13-CRF-081

Mr. Gonidakis directed the Board's attention to the remand matter of Waleed Nasr Mansour, M.D. Mr. Gonidakis stated that on December 11, 2013, the Medical Board considered the Report and Recommendation in the matter of Dr. Mansour. On December 20, 2013, the Board issued its Entry of Order that reprimanded Dr. Mansour and placed him on probation for at least two years. Dr. Mansour appealed the Board's decision to the Franklin County Common Pleas Court, which issued a judgment that affirmed the Board's Order. Dr. Mansour appealed further to the Court of Appeals for the Tenth Appellate District, which issued a Decision that reversed the judgment of the lower court and remanded the matter back to the Board for further proceedings. On August 12, 2015, the Board remanded this matter to the Hearing Unit to receive new evidence. This matter has now come back before the Board for consideration.

Mr. Gonidakis stated that no objections have been filed on behalf of Dr. Mansour. Mr. Porter was the Hearing Examiner.

Mr. Gonidakis stated that a request to address the Board has been timely filed by Dr. Mansour. Five minutes will be allowed for that address.

Dr. Mansour was represented by his attorney, Eric Plinke.

Mr. Plinke stated that this matter is appearing before the Board again due to a remand from the courts. Mr. Plinke noted that Dr. Mansour also has another case that the Board will consider later in the meeting.

Mr. Plinke opined that this matter does not involve a disciplinary violation and he agreed with the Hearing Examiner's Proposed Order to dismiss. Mr. Plinke stated that in 2013 the Board summarily suspended Dr. Mansour's medical license which, along with the subsequent Board Order, ended any meaningful practice that Dr. Mansour had at that time. Mr. Plinke opined that the disciplinary case against Dr. Mansour was part invention and part fabrication.

Dr. Edgin entered the meeting at this time.

Mr. Plinke continued that the Board had not previously had access to all the relevant information in this matter. Following the remand from the Court of Appeals, the Board now has the full record for its consideration through the remand hearing. Mr. Plinke stated that the allegation against Dr. Mansour was that he had lied to the Board about an indictment which he was contemporaneously disclosing to the Board through a Board investigator and a Board enforcement attorney.

Mr. Plinke stated that Dr. Mansour voluntarily sought an assessment from a Board-approved treatment program and had called the Board with questions regarding the One-Bite rule, which led to his being reported to the Board and his summary suspension. Mr. Plinke opined that this violates federal law and is inconsistent with the intent of the One-Bite rule. Mr. Plinke opined that based on the full record that is now before the Board, it is clear that Dr. Mansour did not mislead the Board and had no intention of doing so. Mr. Plinke reiterated that the Proposed Order of dismissal is the only appropriate outcome in this matter.

Dr. Mansour stated that he had voluntarily sought an assessment for impairment at a Board-approved facility. Dr. Mansour's assessment was not yet complete when the facility contacted the Board regarding the complications of his situation, namely an overhanging criminal case which was in the third year of an indictment. Dr. Mansour stated that the facility gave him two choices: Either communicate this issue to the Board or the facility would do so themselves. After seeking counsel, it was recommended that Dr. Mansour go to a facility that had much more experience. Consequently, Dr. Mansour went to Glenbeigh Hospital, where he was informed that a 28-day treatment was unnecessary and he was released shortly after his evaluation.

Dr. Mansour stated that he never intentionally or unintentionally attempted to deceive the Board or his patients. Dr. Mansour stated that his only goal at this time is to return to the practice of medicine.

Mr. Gonidakis noted that Dr. Edgin has entered the meeting.

Mr. Gonidakis asked whether Dr. Edgin 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: Waleed Nasr Mansour, M.D., Case No. 13-CRF-081, on Remand; Gregory Stuart Grant, D.O.; Waleed Nasr Mansour, M.D., Case Nos. 15-CRF -024 & 15-CRF-048; and Armand Louis Minotti, D.O. Dr. Edgin answered affirmatively.

Mr. Gonidakis asked whether Dr. Edgin 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. Dr. Edgin answered affirmatively.

Mr. Gonidakis asked if the Assistant Attorney General would like to respond to Dr. Mansour and Mr. Plinke. Mr. Wakley stated that he would like to respond.

Mr. Wakley stated that he will not devote any of his speaking time to the One-Bite rule because it is irrelevant to this case. Mr. Wakley stated that several years ago the Board reviewed this case and did not find sufficient evidence regarding impairment, and that part of this case ended at that time.

Mr. Wakley continued that this case involves Dr. Mansour's June 2010 application for renewal of his medical license. Mr. Wakley stated that this matter is rather complicated, but what is clear is that Dr. Mansour was indicted in April 2010. In June 2010 Dr. Mansour submitted his application for renewal and answered "no" to question # 4, which asked, "Has any board, bureau, department, agency, or any other body, including those in Ohio, other than this Board, filed any charges, allegations or complaints against you?" During the remand hearing, it was shown that in July 2010 Dr. Mansour submitted answers to interrogatories from the Board which includes the entire indictment

Mr. Wakley stated that the relevant question in this case is whether Dr. Mansour intended to deceive the Board on his renewal application. Mr. Wakley stated that according to Dr. Mansour's hearing testimony, and no other evidence, Dr. Mansour was visited by a Board investigator in May 2010 and he was in ongoing discussions with the Board regarding his indictment at that time. Mr. Wakley stated that Dr. Mansour's answer of "no" to question #4 of his renewal application went to the Board's Licensure Section and resulted in a much quicker processing of his application than if he had answered "yes." Mr. Wakley noted that there is a "wall of separation" between the Board's Licensure Section and Enforcement Section and that information from Enforcement is not disclosed to Licensure, while renewal applications in Licensure are public documents.

Mr. Wakley opined that the Board had been substantially justified in moving forward on the issue of whether Dr. Mansour committed fraud on his renewal application. Mr. Wakley further opined that Dr. Mansour intended to deceive the Board in his response to question #4. Mr. Wakley suggested that, at a minimum, the Board should sustain the charge against Dr. Mansour and find that no further action is appropriate.

Dr. Soin moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Waleed Nasr Mansour, M.D., Case No. 13-CRF-081. Dr. Steinbergh seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the remand matter of Dr. Mansour.

Dr. Sethi stated that in June 2010 Dr. Mansour submitted an online application to renew his Ohio medical license. In April 2010 in the Common Pleas Court of Mahoning County, Ohio, Dr. Mansour was charged with 66 counts of trafficking in drugs. However, new evidence presented at Dr. Mansour's remand hearing supports the finding that Dr. Mansour had previously disclosed the indictment to a Board investigator

shortly after the indictment was filed and prior to submitting his renewal application. Dr. Sethi stated that Dr. Mansour also followed-up with the Board approximately weeks after submitting his renewal application.

Dr. Sethi stated that the evidence is insufficient to support a finding that Dr. Mansour intended to mislead the Board on his June 2010 renewal application. Dr. Sethi stated that he supports the Proposed Order to dismiss.

Mr. Giacalone agreed with Dr. Sethi's statements. Mr. Giacalone noted that while this case was in process, the Attorney General's office refused to provide Dr. Mansour with his own answers to the Board's interrogatories. Mr. Giacalone admonished the Attorney General's office that cases should be judged on their merits and not on playing "procedural chess" with documents.

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

REPORTS AND RECOMMENDATIONS

GREGORY STUART GRANT, D.O.

Mr. Gonidakis directed the Board's attention to the matter of Gregory Stuart Grant, D.O. No objections have been filed. Mr. Porter was the Hearing Examiner.

Mr. Gonidakis stated that a request to address the Board has been timely filed by Dr. Grant. Five minutes will be allowed for that address.

Dr. Grant was represented by his attorney, Daniel Zinsmaster.

Mr. Zinsmaster noted that neither he nor the Assistant Attorneys General filed objections to the Report and Recommendation in this matter. Mr. Zinsmaster stated that there has never been disagreement regarding the facts of this case and that Dr. Grant has been an open book throughout these proceedings.

Mr. Zinsmaster stated that in 2006 through 2008, Dr. Grant was approached by patients who were suffering from addiction to opiates, including heroin. Mr. Zinsmaster stated that Dr. Grant sought to help these patients, who had limited financial means. Mr. Zinsmaster noted that this occurred in Huron County, a very rural part of Ohio, which had few, if any, options for treatment of a disease like addiction.

Mr. Zinsmaster stated that Dr. Grant tried to help these patients by prescribing methadone to treat their addiction so they would not overdose or stick dirty needles into their arms. At that time, Dr. Grant was unaware of the federal regulations that restrict the manner in which methadone may be prescribed.

Mr. Zinsmaster noted that some of Dr. Grant's patients testified and wrote letters to the Board that stated that Dr. Grant had saved their lives. However, Mr. Zinsmaster stated that Dr. Grant should be held accountable for this situation. Mr. Zinsmaster stated that when Dr. Grant realized the impropriety of his actions, he weaned the patients and ended his treatment. Mr. Zinsmaster stated that Dr. Grant has not treated any patients in this manner since 2010 and he has tried to atone for his actions.

Mr. Zinsmaster asked the Board to adopt the Hearing Examiner's Proposed Order and allow Dr. Grant to continue practicing under the Board's monitoring.

Dr. Grant stated that since his residency he has wanted to be a small town family physician. Dr. Grant stated that he has lived out his dream, but his treatment of the patients in question was a difficult time. Dr. Grant stated that his use of methadone to treat these patients was not appropriate and he managed it poorly. Dr. Grant stated that he has shared his experience with students and peers so that they can learn from his mistakes. Dr. Grant stated that as the newly-selected Chief Medical Officer of his multi-specialty group, he is working on an educational series on the state and federal regulations regarding prescribing controlled substances.

Dr. Grant stated that he accepts full responsibility for his actions. Dr. Grant thanked the Assistant Attorney General, the Board, the Board's staff, and the Hearing Examiner for their professionalism. Dr. Grant apologized that the Board has to judge him today.

Mr. Gonidakis asked if the Assistant Attorney General would like to respond. Mr. Wilcox stated that he would like to respond.

Mr. Wilcox stated that Dr. Grant prescribed methadone to the ten patients in question in a manner inconsistent with federal and state laws. Mr. Wilcox stated that Dr. Grant had neither the proper training nor the required registration from the Drug Enforcement Administration (DEA) to prescribe methadone. Mr. Wilcox observed that methadone is a very dangerous drug that stays in the body for a long time and, because new users don't feel the effects right away and often take more, has a strong potential for overdose and death. Mr. Wilcox noted that Patient 9 testified that Dr. Grant did not explain the risks of methadone before prescribing it. Mr. Wilcox opined that Dr. Grant's treatment of these ten patients was reckless.

Mr. Wilcox stated that Dr. Grant seemed likeable and forthright during his hearing, and Mr. Wilcox agreed with the Hearing Examiner's observations about Dr. Grant's demeanor. Mr. Wilcox stated that Dr. Grant clearly had the intention to help these patients with their addictions. However, Mr. Wilcox opined that this matter warrants more than a reprimand. Mr. Wilcox stated that physicians who fail to prescribe dangerous drugs appropriately must be held accountable. Mr. Wilcox suggested that a minimum 60-day suspension, followed by five years of probation with an approved practice plan, would be appropriate.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law,

and Proposed Order in the matter of Gregory Stuart Grant, D.O . Dr. Soin seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the matter of Dr. Grant.

Dr. Schottenstein stated that in his July 2012 response to the Board's interrogatories, Dr. Grant admitted that he had prescribed methadone to several patients in order to treat opiate and/or heroin addiction. Dr. Grant acknowledged that he has never been registered by the U.S. Drug Enforcement Administration (DEA) as a narcotic treatment provider, nor has Dr. Grant or his practice ever held a methadone treatment license. Dr. Grant also never sought a waiver from the U.S. Secretary of Health and Human Services to dispense methadone and he did not comply with requirements concerning dosages and take-home restrictions on methadone.

Dr. Schottenstein briefly summarized the ten patient cases involved in this matter:

- Patient 1 first saw Dr. Grant in June 2007. Patient 1 told Dr. Grant that he was a heroin addict and he wanted to discontinue use of heroin but was unable to do so. Patient 1 also indicated that he was on a waiting list for a methadone clinic. Dr. Grant prescribed Patient 1 40 mg of methadone three times per day, which is substantially higher than the recommended maximum dose of 40 mg total for the first day of treatment. Dr. Grant wrote the first prescription for a 30-day supply to be obtained from a pharmacy, as opposed to the typical protocol of dispensing one dose per day directly to the patient. Dr. Grant's treatment of Patient 1 continued until about April 2009. Dr. Grant testified that he had made no attempt to familiarize himself with how to treat addiction with methadone. Dr. Grant could not recall why he prescribed a total of 120 mg of methadone for the first day of treatment. Dr. Grant has acknowledged that he was not adequately trained to prescribe methadone.
- Patient 2 saw Dr. Grant in April 2008 and complained of cravings for heroin, though she had been drug-free for two years. Dr. Grant prescribed tapering doses of methadone. In August 2008, Dr. Grant noted in the medical chart that he had advised Patient 2 to not tell others that he was prescribing methadone and that he was not a methadone clinic. In a progress note in July 2009 Dr. Grant indicated that he would not prescribe methadone for any patient after three months. However, Dr. Grant continued to prescribe methadone for Patient 2 even after Patient 2 lost a prescription or called for an early refill. Throughout this time, Dr. Grant did not subject Patient 2 to drug screening. After about two years, Dr. Grant received reports that Patient 2 was snorting Xanax.
- Patient 3 reported to Dr. Grant in September 2008 that he was a heroin addict who had been clean for three years, but was abusing heroin again. Dr. Grant documented that he would help Patient 3 for three months and that Patient 3 should not tell anyone about the treatment. However, Dr. Grant continued prescribing methadone to Patient 3 until February 2010 and at one point Patient 3 was being prescribed 110 mg of methadone per day. During the course of treatment Patient 3 requested early refills, lost prescriptions, complained that the pharmacy had shorted him ten tablets, and filled his prescriptions at multiple pharmacies. Dr. Grant discontinued prescribing methadone when Patient 3 tested positive for benzodiazepines and

cannabinoid but tested negative for methadone.

- Patient 4 presented to Dr. Grant around April 2007 with a history of constant heroin use. Dr. Grant's initial prescription to Patient 4 was for 40 mg of methadone twice daily. In October 2007 Dr. Grant advised Patient 4 that he would only prescribe methadone for another three months. Nevertheless, Dr. Grant continued to prescribe methadone through September 2008, at which point Patient 4 stopped coming to appointments. Patient 4 returned to Dr. Grant in September 2009 and Dr. Grant provided one more prescription for methadone.
- Patient 5 presented to Dr. Grant in August 2007 and reported that he was using OxyContin and heroin. Dr. Grant indicated that he would prescribe one month's worth of methadone to treat Patient 5's addiction. However, Dr. Grant increased the dose of methadone over time. In October 2008 Dr. Grant received a report that Patient 5 was selling his methadone to his children and his ex-wife. In May 2010 Dr. Grant ordered a urine drug screen for Patient 5 for the first time due to concerns that he was taking too much methadone. Dr. Grant testified that when he received the drug screen results, he did not know what level he should have expected and he was unable to recognize if there was too much methadone in the bloodstream. Dr. Grant discontinued prescribing methadone for Patient 5 around June 2010.
- Patient 6 was already an established patient of Dr. Grant's in December 2008 when he reported that he was a narcotic addict and was using heroin. Dr. Grant prescribed a six-week course of methadone and indicated that he would not refill the prescription. Dr. Grant instructed that patient that he should not tell anyone about his methadone therapy or he would be dismissed from the practice. In April 2009, Patient 6 reported that he was using heroin again. Dr. Grant prescribed methadone again because the heroin use was very severe. Dr. Grant testified that he did not refer Patient 6 to a methadone treatment facility due to a lack of available options in the community and Patient 6's lack of resources. Dr. Grant testified that he was eventually successful in getting Patient 6 to stop using heroin.
- Patient 7 presented to Dr. Grant in December 2008 with complaints that he was a heroin user. Dr. Grant prescribed 90 tablets of methadone on that initial visit. Dr. Grant did not prescribe any more methadone until at least January 2013, at which time he provided Patient 7 with a handout on treatment facilities.
- Patient 8 had been Dr. Grant's patient since 2006. In May 2009, Patient 8 reported severe withdraw symptoms due to opiate addiction, including heroin addiction. Dr. Grant initially indicated that he would not refill narcotics or prescribe methadone. After Patient 8 deteriorated, Dr. Grant prescribed a four-week course of methadone and indicated that he would not refill the prescription. In June 2009 Dr. Grant prescribed another four-week course of methadone. Dr. Grant's goal was to keep Patient 8 from shooting up with heroin.
- Patient 9 had been Dr. Grant's patient since 2007. In September 2008, Patient 9 reported an addiction to pain medications with severe withdraw. Dr. Grant prescribed a four-week

course of methadone and he continued the methadone thereafter. In January 2009, Dr. Grant documented in the patient chart that he had learned that he is not permitted to treat opiate addiction with methadone unless he is licensed as a methadone clinic and prescribed less than 40 mg daily. Dr. Grant's subsequent note stated that he was not sure what to do at that point. On one occasion Patient 9 was 25 pills short in his prescription, but Dr. Grant continued to prescribe to Patient 9 until September 2009. According to the hearing transcript, Patient 9 reported that Dr. Grant had not explained the potential risks, side-effects, or potential for overdose associated with methadone. Dr. Grant was eventually able to get Patient 9 into a Suboxone program and Patient 9's condition eventually improved.

- Patient 10 saw Dr. Grant in June 2009 and indicated that he had been taking Percocet for back pain before subsequently using heroin. Dr. Grant prescribed a four-week course of methadone, and then later prescribed a six-week course of methadone. On one occasion Patient 10 reported that his medication has been stolen and Dr. Grant refilled the prescription without checking a urine drug screen. Subsequent urine screens for Patient 10 were positive for benzodiazepines, cocaine, opiates, and cannabinoids. Dr. Grant did not refer Patient 10 to a specialized treatment facility. Despite the fact that Dr. Grant indicated in the patient chart that he would not refill Patient 10's methadone, he continued to prescribe methadone until November 2009.

Dr. Grant also testified that he thought he had helped some people and that some people who are alive today would not be alive had he not acted. Dr. Grant also testified that he had done a poor job of managing the medications of Patients 1 through 10 and that he would not prescribe methadone to treat addiction in the future.

Dr. Schottenstein continued that the Hearing Examiner has noted several mitigating factors. First, Dr. Grant had finished his residency training in 2005 and therefore was relatively fresh from his residency when his inappropriate prescribing began. Second, the ten cases in question represent a very small fraction of all the patients Dr. Grant had seen by 2010, when he stopped prescribing methadone. Third, Dr. Grant's practice was clearly not a pill mill, but rather an attempt by Dr. Grant to alleviate the suffering of patients who he felt were in a desperate situation, particularly since the community had very minimal resources to treat addicts.

In his testimony, Dr. Grant described himself as embarrassed when he looks back at how he managed these patients. Dr. Grant admitted that he was uneducated on the relevant laws and untrained with regard to this patient population. Dr. Schottenstein stated that Dr. Grant was not trying to personally profit from prescribing methadone and he had only done so because he felt that his patients had no alternative. Dr. Schottenstein noted that Dr. Grant advised his patients not to tell others that he was prescribing methadone because he did not want a steady stream of patients seeking methadone.

Dr. Schottenstein noted testimony from colleagues, patients, and family that Dr. Grant is well-like, well-respected, and is valuable as a physician in his community. The Hearing Examiner has opined that the likelihood that Dr. Grant will re-offend is zero and that Dr. Grant is truly remorseful for his conduct. Dr. Schottenstein stated that Dr. Grant has already made efforts towards remediation by sharing his story with

other medical professionals to help them avoid similar difficulty. Dr. Schottenstein stated that there is also substantial concern that if Dr. Grant is unable to practice the effects on the community would be potentially devastating.

The Hearing Examiner's Proposed Order would suspend Dr. Grant's medical license for 60 days, stay that suspension, subject him to probationary terms for a minimum of two years, and require him to take a course in prescribing controlled substances. Dr. Schottenstein noted that the Proposed Order is well below the recommended guidelines for such a case, under which a permanent revocation of the medical license would be typically recommended. Dr. Schottenstein agreed with the Hearing Examiner that permanent revocation is not warranted in this case because the mitigating circumstances are very compelling.

Dr. Schottenstein continued that the matter of Dr. Grant is very concerning on a number of levels. First, Dr. Schottenstein noted that the nature of Dr. Grant's prescribing of methadone was in direct violation of federal and state law. Dr. Schottenstein opined that Dr. Grant clearly was inadequately educated on the laws and rules governing the practice of medicine in Ohio. Second, Dr. Schottenstein questioned the medical ethics of prescribing a medication that Dr. Grant did not understand to a patient population he did not understand to treat a condition he did not understand. Dr. Schottenstein opined that Dr. Grant has a boundary issue in his practice and that he did not know how to say "no" to his patients.

Dr. Schottenstein stated that it was difficult for Dr. Grant to witness suffering without trying to help. However, Dr. Schottenstein stated that this is the entire point of the admonition, "First, do no harm," an admonition which Dr. Grant unintentionally violated. Dr. Schottenstein noted that Dr. Grant believes that there may be people alive today due to his efforts. Dr. Schottenstein agreed that that is possible, but also opined that Dr. Grant is lucky that he did not kill someone by prescribing large quantities of a long-acting opiate to patients who were simultaneously taking other opiates and controlled substances. Dr. Schottenstein observed that these drugs can suppress the respiratory drive and can be much more dangerous in combination.

Dr. Schottenstein opined that Dr. Grant's pattern of practice calls into question his judgment, boundaries, and medical ethics. Dr. Schottenstein further opined that the Board should take an action that is more substantial than the Proposed Order. Dr. Schottenstein recommended indefinitely suspending Dr. Grant's medical license for a minimum of 60 days with a 30-day wind-down period. Dr. Schottenstein further recommended that, in addition to the controlled substance prescribing course, Dr. Grant be required to pass an examination given by the Board regarding the laws and rules governing medical practice in Ohio.

Dr. Schottenstein moved to amend the Proposed Order so that Dr. Grant's medical license will be suspended for a minimum of 60 days following a 30-day wind-down period. Dr. Schottenstein further moved to amend the Proposed Order to require Dr. Grant to pass an examination given by the Medical Board regarding the laws and rules governing medical practice in Ohio. Dr. Steinbergh seconded the motion.

Dr. Steinbergh noted that she works for the Ohio University Heritage College of Osteopathic Medicine (OUHCOM). Dr. Grant is a clinical assistant professor and a preceptor for medical students at OUHCOM. Dr. Steinbergh stated that she does not know Dr. Grant or any of the people mentioned in the hearing

record, and therefore she does not feel the need to abstain from this matter. Dr. Steinbergh felt it was incumbent upon her to make comments as a family physician trained in the same manner as Dr. Grant.

Dr. Steinbergh agreed with Dr. Schottenstein's comments. Dr. Steinbergh further opined that Dr. Grant had overextended himself, noting that Dr. Grant is Chief of Staff at Fisher Titus Medical Center, serves on committees at that facility, teaches medical students, and is a volunteer firefighter. Dr. Steinbergh stated that she admires physicians who are willing to serve their community and give back to their profession, but stated that an overextended physician can compromise their clinical abilities and judgment. Dr. Steinbergh urged local leaders to act on the addiction problem in their communities and not add to the problems of physicians dealing with these issues in their patients. Dr. Steinbergh opined that no one controls a physician's practice other than the physician. Dr. Steinbergh stated that Dr. Grant should not have chosen to prescribe methadone to patients because he lacked the necessary expertise or Drug Enforcement Administration (DEA) registration to do so.

Dr. Steinbergh also agreed with Dr. Schottenstein's statements regarding boundaries. Although it is not required by the proposed Amended Order, Dr. Steinbergh urged Dr. Grant to avail himself to a course on physician/patient boundaries and how to better manage those issues. Dr. Steinbergh further agreed that Dr. Grant should pass an examination on the laws and rules governing the practice of medicine in Ohio, stating that there is no excuse for a physician to be unfamiliar with these laws.

Dr. Steinbergh stated that every patient, whether they are located in a small town or a big city or anywhere in the state of Ohio, has the right to the same high-quality, evidenced-based medical care. Dr. Steinbergh stated that no physician should compromise patient care by providing a service when he was not properly registered to do so.

Mr. Giacalone stated that while he does not disagree with the statements of Dr. Schottenstein and Dr. Steinbergh, he views this matter somewhat differently. Mr. Giacalone opined that there should be no suspension of Dr. Grant's medical license, reasoning that the needs of Dr. Grant's community outweigh any benefit that may be derived from a suspension. Mr. Giacalone stated that the patients in question represent a fraction of the thousands of patients that Dr. Grant has seen. Mr. Giacalone further stated that Dr. Grant had been trying to help patients who were in a desperate situation in a community that lacked resources to deal with addiction. Mr. Giacalone also observed the Hearing Examiner's statement that he "...had the opportunity to observe Dr. Grant at the hearing, and he struck the Hearing Examiner as truly sincere in a manner that words on paper cannot quite convey." Mr. Giacalone agreed with the Hearing Examiner that Dr. Grant is sincere.

Mr. Giacalone opined that going by the black-letter law regarding the penalty in this matter would accomplish nothing. Mr. Giacalone agreed that Dr. Grant should take the course on controlled substance prescribing and the examination of the laws of medical practice in Ohio. However, Mr. Giacalone disagreed that Dr. Grant's license should be suspended. Instead, Mr. Giacalone suggested the Dr. Grant be required to give a lecture at every medical school in Ohio on this matter and help young physicians avoid the same problems. Mr. Giacalone opined that this would also be a great benefit to the public.

Dr. Soin agreed that Dr. Grant sounded sincere. However, Dr. Soin also commented that it is easy for one

to say the right things after they are caught. Dr. Soin expressed concern about Dr. Grant's actions, particularly in instructing patients to not tell anyone that he was prescribing methadone. Dr. Soin also agreed with previous comments concerning Dr. Grant's boundary issues. For these reasons, Dr. Soin supported Dr. Schottenstein's proposed amendment.

Mr. Giacalone commented that Dr. Grant had instructed his patients to not tell anyone about his methadone prescribing because he wanted to focus on his own patients and not have a large number of additional addicted patients coming into his practice. Mr. Giacalone opined that this is quite different from instructing patients to keep secrets so that the physician can get away with something.

A vote was taken on Dr. Schottenstein's motion to amend:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- nay
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- nay
	Dr. Sethi	- nay
	Mr. Kenney	- nay
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to amend did not carry.

Mr. Giacalone suggested that the Board consider his recommendation to require Dr. Grant to give a lecture on this topic at medical schools in Ohio. Mr. Gonidakis asked Mr. Giacalone to specify his suggestion so that the Board's legal staff can draft a proposed amendment for the Board's consideration. Mr. Giacalone stated that in addition to the provision for lectures at Ohio's medical schools, his recommendation would closely mirror Dr. Schottenstein's amended order except that the 60-day suspension would be replaced by a 30-day stayed suspension.

Dr. Steinbergh commented that if those Board members who voted against Dr. Schottenstein's proposed amendment would prefer a stayed suspension, then the amendment could be re-introduced with the suspension stayed. Dr. Steinbergh further commented that, though Mr. Giacalone's suggestion is laudable, the Board lacks the ability to require medical schools to allow Dr. Grant to give a lecture. Dr. Steinbergh stated that the Board should not impose a requirement on Dr. Grant that he may not be able to accomplish. Mr. Giacalone stated that the Order could be written so that Dr. Grant must provide documentation that he has made good-faith efforts to give lectures at all Ohio medical schools. Mr. Giacalone opined that even if Dr. Grant is only able to speak to one class at one school, that would be a positive thing. Mr. Giacalone stated that every case is unique and factually specific, and therefore the Board will not be bound by this precedent in future cases concerning methadone prescribing. Mr. Gonidakis commented that the Board should provide a degree of predictability for its licensees.

Dr. Sethi agreed with Mr. Giacalone that Dr. Grant was sincerely trying to help his patients and he agreed with staying the suspension. Dr. Sethi opined that Dr. Grant would have difficulty in convincing medical schools to provide him with time and space to give a lecture. Dr. Sethi commented that the medical students who attend the Board meetings learn a good deal from probationers appearing before the Board and the Compliance Committee.

Mr. Gonidakis directed Ms. Anderson to have the Board's legal staff draft a proposed amendment based on Mr. Giacalone's comments. Ms. Anderson confirmed that Mr. Giacalone wanted his amendment to include a requirement that Dr. Grant pass an examination on federal laws and Ohio state laws governing the practice of medicine.

Dr. Soin noted that Dr. Steinbergh and others have suggested to Dr. Grant that he take a physician/patient boundaries course. Dr. Soin recommended that the boundaries course be a requirement included in the proposed amendment. Dr. Steinbergh, Mr. Kenney, and Dr. Schottenstein agreed that Dr. Grant would benefit from taking a boundaries course.

Dr. Steinbergh moved to table this topic. Dr. Soin seconded the motion. All members voted aye. The motion carried.

WALEED NASR MANSOUR, M.D.

Mr. Gonidakis directed the Board's attention to the matter of Waleed Nasr Mansour, M.D., Case Nos. 15-CRF-024 and 15-CRF-048. Objections were timely filed to Ms. Blue's Report and Recommendation and were previously distributed to Board members.

Mr. Gonidakis stated that a request to address the Board has been timely filed by Dr. Mansour. Five minutes will be allowed for that address.

Dr. Mansour was represented by his attorney, Eric Plinke.

Mr. Plinke stated that it is alleged that Dr. Mansour engaged in a continuing course of conduct in providing false or misleading information and committing fraud on his license renewal applications. The Proposed Order is to permanently revoke Dr. Mansour's medical license.

Mr. Plinke stated that a number of allegations against Dr. Mansour were dismissed before the hearing and there are three allegations remaining. The first two allegations concern Dr. Mansour's answers on his license renewal application. Specifically, Dr. Mansour allegedly failed to disclose a domestic violence conviction and failed to disclose actions taken by the Arizona Medical Board. Mr. Plinke agreed that Dr. Mansour should have disclosed his domestic violence conviction. However, Mr. Plinke opined that since Dr. Mansour did disclose 87 indictments against him, it cannot reasonably be inferred that Dr. Mansour intended to deceive the Board. Mr. Plinke stated that the situation with the Arizona Medical Board is very similar, noting that Dr. Mansour had correctly disclosed his discussions with the Arizona Board. Mr. Plinke stated that though the Ohio Board has alleged that Dr. Mansour failed to disclose a letter he had received from the Arizona Board, there is no evidence that Dr. Mansour received that letter.

Mr. Plinke stated that the third allegation relates to Dr. Mansour's guilty plea to misdemeanor possession of drugs. Mr. Plinke stated that Dr. Mansour took responsibility in court and pleaded guilty of the elements of two misdemeanors involving possession of drugs. Mr. Plinke stated this is not a typical criminal case, noting that the original 87 counts eventually became two misdemeanors resulting in a \$1,000 fine with no probation and no jail time. Mr. Plinke also stated that the record of the court proceedings is very unusual in that it contains relatively little information and the court transcript is unsigned and uncertified. Mr. Plinke stated that purpose of the unusual proceedings was to create a record so that the judge could both grant the dismissal and accept Dr. Mansour's plea. Mr. Plinke stated that one cannot conclude that the court record is the allocution of facts that constitute the possession of drugs charge.

Mr. Plinke requested that the Board amend the Proposed Order of permanent revocation into an Order that is generally consistent with other misdemeanor cases, while considering that Dr. Mansour has already been under suspension and probation for the case which the Board dismissed earlier in this meeting.

Mr. Gonidakis asked if the Assistant Attorney General would like to respond. Mr. Wakley stated that he would like to respond.

Mr. Wakley stated that he had no personal involvement with the earlier case against Dr. Mansour which the Board has now dismissed, and so he approached this new case with fresh eyes. Mr. Wakley emphasized that applicants for license renewal must answer the application questions truthfully and correctly. Mr. Wakley stated that the Board is alleging that Dr. Mansour answered questions incorrectly, not that Dr. Mansour engaged in a long-term scheme to defraud the Board.

Mr. Wakley stated that there is no question that Dr. Mansour was convicted of domestic violence and that he did not report that conviction to the Board. At his hearing, Dr. Mansour testified that his attorney at that time had communicated the conviction to the Board. Therefore, an additional day of hearing was scheduled so that Dr. Mansour's former attorney could testify. However, on the additional day of hearing there was no additional testimony or information. Mr. Wakley stated that Dr. Mansour deliberately misled the Board by not reporting his domestic violence conviction. Mr. Wakley also reiterated that this matter stands on its own and is not related to the case which has been dismissed.

Regarding the criminal conviction for possession of drugs, Mr. Wakley stated that there is no question that the transcript of the court proceedings is real. Mr. Wakley stated that the court transcript has a certification page and it is not uncommon for a court transcript to be unsigned. In the transcript, the prosecutor explains the case, why it took from 2010 to 2015 to resolve it, and why the very large indictment ultimately resulted in very small offenses. Mr. Wakley noted that the prosecutor used most of a page to describe what Dr. Mansour had done. Mr. Wakley further noted that Dr. Mansour's counsel agreed with everything the prosecutor said. Mr. Wakley stated that the court transcript is the best record because it shows what facts both Dr. Mansour and the prosecutor agreed that Dr. Mansour was pleading guilty to.

Mr. Wakley opined that the Proposed Order of permanent revocation is appropriate based on the facts of the case and not on the Board's procedural history with Dr. Mansour.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matters of Waleed Nasr Mansour, M.D., Case Nos. 15-CRF-024 and 15-CRF-048. Dr. Sethi seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the above matter.

Dr. Sethi briefly reviewed Dr. Mansour's medical career. Dr. Sethi stated that in December 2010 in Girard Municipal Court in Trumbull County, Ohio, Dr. Mansour was found guilty of domestic violence, a first-degree misdemeanor. Dr. Sethi commented that the record does not detail the nature of the domestic violence that Dr. Mansour allegedly committed.

Dr. Sethi continued that in May 2012, Dr. Mansour submitted an online application to renew his Ohio medical license. On that application, Dr. Mansour answered "no" to the question, "Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?" When asked why he did not disclose his domestic violence conviction, Dr. Mansour replied that his counsel at that time had discussed the conviction with a Board attorney.

Dr. Sethi continued that in 2014 the Arizona Medical Board sent Dr. Mansour a letter alleging that he had violated Arizona statutes in relation to an online renewal application for his Arizona medical license. Dr. Sethi stated that it is not clear whether Dr. Mansour received that letter or what his final conclusion was with the Arizona Board. In December 2014, Dr. Mansour provided the Ohio Board with an explanation of the Arizona matter. Although Dr. Mansour initially could not recall whether he had based his explanation on the letter which the Arizona Board had sent him in July 2014, he later claimed that his explanation had been based on an interview with an Arizona Board investigation. Dr. Mansour further claimed that he did not receive the Arizona Board's letter until after his December 2014 explanation due to a delay with certified mailing.

Dr. Sethi continued that in April 2014 in the Mahoning County Court of Common Pleas, Dr. Mansour was indicted on multiple felony drug charges. Count One alleged that Dr. Mansour

did knowingly prepare for shipment, ship, transport, deliver, prepare for distribution, or distribute hydrocodone, a Schedule III controlled substance, in an amount that exceeds the bulk amount but does not equal or exceed five times the bulk amount, when Waleed Mansour intends to sell or resell the controlled substance or when Waleed Mansour knows or has reasonable cause to believe that another person intends to sell or resell the controlled substance.

Count 2 read, in part:

On or about or between January 1, 2007 and September 30, 2008, at Mahoning County, Waleed Mansour did knowingly prepare for shipment, ship, transport, deliver, prepare for distribution, or distribute Hydrocodone, a Schedule III controlled substance, in an amount that exceeds the bulk amount but does not

equal or exceed five times the bulk amount, when Waleed Mansour intends to sell or resell the controlled substance or when Waleed Mansour knows or has reasonable cause to believe that another person intends to sell or resell the controlled substance, in violation of Section 2925.03(A)(2)(C)(2)(c) of the Revised Code, a Felony of the Fourth Degree, against the peace and dignity of the State of Ohio.

Dr. Sethi stated that Dr. Mansour accepted a plea agreement on these two counts, though he adamantly denied that he committed the offense.

Dr. Sethi stated that the Proposed Order would permanently revoke Dr. Mansour's Ohio medical license on the rationale that disclosure and honesty are essential to the licensure renewal process and the practice of medicine. Dr. Sethi reiterated that Dr. Mansour knowingly failed to disclose his 2010 conviction for domestic violence and knowingly misled the Board concerning the Arizona Board action. At his hearing, Dr. Mansour continued to proclaim his innocence despite his guilty pleas.

Dr. Sethi stated that there is overwhelming evidence that Dr. Mansour is not trustworthy and is not fit to practice medicine. Dr. Sethi agreed with the Proposed Order of permanent revocation.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to approve carried.

ARMAND LOUIS MINOTTI, D.O.

Mr. Gonidakis directed the Board's attention to the matter of Armand Louis Minotti, D.O. Objections to Ms. Clovis' Report and Recommendation have been filed and were previously distributed to Board members.

Mr. Gonidakis stated that a request to address the Board has been timely filed by Dr. Minotti. Five minutes will be allowed for that address.

Dr. Minotti was represented his attorney, Elizabeth Collis.

Ms. Collis stated that she has not filed objections in this case and that Dr. Minotti takes full responsibility for his conduct. Ms. Collis stated that Dr. Minotti has admitted to creating three inaccurate progress notes in a patient chart. Ms. Collis opined that without Dr. Minotti's admission, the State may not have been able to prove its case. Ms. Collis noted that the Assistant Attorney General has asserted that Dr. Minotti failed to provide Patient 1 with high-quality care; however, Ms. Collis opined that this was not shown in the hearing or in the evidence.

Ms. Collis noted that while Dr. Minotti may have questioned whether Patient 1 was actually having seizures, other physicians and nurses questioned the seizures as well. Nonetheless, Dr. Minotti ordered a consultation from Robert Brocker, M.D., a neurologist. Although Dr. Brocker also questioned the Patient 1's seizures, he prescribed anti-seizure medication. Ms. Collis stated that Dr. Minotti also ordered an infectious disease consultation and antibiotics were prescribed. Ms. Collis stated that every day Patient 1 was in the hospital he was seen by a physician, and Dr. Minotti followed all the specialists' reports and the treatment Patient 1 was receiving.

Ms. Collis stated that while Dr. Minotti has admitted to creating progress notes on three dates on which he did not physically examine Patient 1, the evidence shows that Dr. Minotti was in the hospital on those dates. The evidence also shows that Dr. Minotti consulted with the nursing staff and physician specialists and that he was present in case changes were needed in Patient 1's treatment. Ms. Collis stated that Dr. Minotti has already taken remedial steps regarding his error.

Ms. Collis asked the Board to look at the entire picture of Dr. Minotti's practice. Ms. Collis stated that Dr. Minotti has practiced for 30 years and this is the first time he has been subject to discipline by the Board. Ms. Collis stated that Steven DeMaiolo, D.O., Dr. Minotti's practice managing physician, testified to Dr. Minotti's extreme dedication to his practice, that Dr. Minotti is well-respected in the community, and that Dr. Minotti receives the most unsolicited compliments and is the most-requested physician in their practice group of 30 physicians. Dr. DeMaiolo further testified that Dr. Minotti routinely gives patients his cell phone number, routinely does house calls, and, until recently, did his hospital rounds on his own.

Ms. Collis opined that no sanction the Board imposes today will have a greater impact on Dr. Minotti than the investigation as a whole has had. Ms. Collis stated that she cannot recall another client of hers who has been more devastated or shocked by this process. Ms. Collis requested that the Board either adopt the Proposed Order or consider a shorter period of probation. Ms. Collis opined that this matter can be adequately addressed with a reprimand. Ms. Collis stated that if the Board chooses to impose probation, she recommends a one-year probation.

Dr. Minotti stated that he has practiced his entire career in his hometown of Youngstown, Ohio, and he regularly works six days per week beginning with hospital rounds at 5:00 a.m. Dr. Minotti stated that he worked as a prison physician for several years because he believed that population had genuine needs and he wanted to help them. Dr. Minotti stated that he has treated thousands of patients over the years and has written hundreds of thousands of progress notes. Dr. Minotti stated that he is before the Board today because of three progress notes that occurred during a lengthy hospital admission in 2014.

Dr. Minotti stated that he went to the hospital on every day of Patient 1's admission, reviewed the patient chart, and spoke with the nursing staff and officers on duty. Dr. Minotti stated that he did not examine Patient 1 on the three dates in question as he had noted in the patient chart and he takes full responsibility for that. Dr. Minotti stated that on the dates in question the hospital staff asked him not to wake Patient 1 due to difficulties they had with him the previous night. Dr. Minotti stated that in hindsight, he should have either woken Patient 1 or returned later in the day to examine him. Dr. Minotti stated that he should not have noted in the patient chart that he examined Patient 1 when he had not. Dr. Minotti stated that he understands the importance of accurate patient records and he tries hard to ensure that his notes are complete and thorough. Dr. Minotti admitted his error when questioned by a Medical Board investigator. Dr. Minotti stated that he takes full responsibility for his actions and does not blame the nursing staff or others.

Dr. Minotti stated that the Assistant Attorney General believes that he had been dismissive of the patient's medical condition. Dr. Minotti stated that while he did question Patient 1's complaints of seizures, he ordered that Patient 1 be examined by a neurologist and an infectious disease specialist, and Dr. Minotti had reviewed the specialists' reports daily. Dr. Minotti stated that while his notes could have been more clear and he should not have documented an examination that did not occur, Patient 1 did receive excellent care from him and the other physicians.

Dr. Minotti stated that since this incident, he no longer sees patients from prison and he has resigned his privileges at that hospital. Dr. Minotti stated that he has also attended an intensive medical record review course to sharpen his record-keeping skills.

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

Ms. Snyder stated that Dr. Minotti twice referred to the progress notes as inaccurate. Ms. Snyder stated that this case is about fraud, not an unintentional record-keeping violation. Ms. Snyder stated that Dr. Minotti lied in the patient record, billed for the examination that he did not perform and was paid for it. Ms. Snyder stated that Dr. Minotti's actions were dishonest, not inaccurate. Ms. Snyder stated that Dr. Minotti was dishonest to the hospital, dishonest to other healthcare professionals, and dishonest to the entity that was paying for Patient 1's care.

Ms. Snyder opined that Dr. Minotti did not deserve the benefit of the doubt, as the Hearing Examiner had given him. Ms. Snyder opined that Dr. Minotti was dishonest in his hearing and that he contradicted his written statement several times. Ms. Snyder stated that the Board has repeatedly recognized that trust is the cornerstone of the medical profession.

Ms. Snyder stated that the Board's minimum disciplinary guidelines treat fraud very differently from record-keeping violations. Ms. Snyder stated that the minimum disciplinary guideline for publishing a false, fraudulent, deceptive, or misleading statement is suspension of the medical license for 30 days. The minimum disciplinary guideline for obtaining or attempting to obtain anything of value by fraudulent misrepresentations in the course of practice is suspension of the medical license for at least one year. Ms. Snyder stated that while she does not advocate for either of those penalties, she asked the Board to

carefully consider the penalty recommended by the Hearing Examiner.

Ms. Snyder stated that just because Patient 1 was a prisoner who may or may not have been seeking drugs or faking seizures, that is not a reason to document an examination that never took place and accept payment for it.

Dr. Steinbergh moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Armand Louis Minotti, D.O. Mr. Giacalone seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the matter of Dr. Minotti.

Mr. Giacalone briefly reviewed Dr. Minotti's medical career. Mr. Giacalone stated that in addition to his practice at PRIMA Healthcare, Dr. Minotti served part-time as the Assistant Medical Director for the Northeast Ohio Correctional Center (NEOCC) from 2004 to 2012. Dr. Minotti also admitted prisoners to the local hospital as needed. Dr. Minotti testified that even after he resigned from NEOCC, he continued to admit prisoners to the hospital because there was no one else willing or able to do so. Dr. Minotti ceased admitting prisoners to the hospital in 2014, shortly after the incidents at issue in this case.

Mr. Giacalone continued that on March 14, 2014, Dr. Minotti had admitted Patient 1 to the hospital following a seizure. Patient 1 was a 39-year-old male inmate of NEOCC who had a history of seizures and previous brain tumor surgery. Patient 1 was discharged from the hospital on March 16, 2014. During an interview with a Board investigator in September 2014, Dr. Minotti admitted that he had falsified and recreated progress notes for Patient 1 dated March 16, 2014, March 20, 2014, and April 2, 2014. Dr. Minotti further admitted that he had not actually physically examined Patient 1 as he had documented, but he had charged for the falsified examinations and been paid for them.

At his hearing, Dr. Minotti testified that despite what he had documented, he entered Patient 1's room on March 16, 2014, and looked at him, but he did not wake or examine Patient 1. Dr. Minotti explained that the nurses and guards had asked him not to wake Patient 1 because he had been complaining and demanding pain medications throughout the night, although the medical record does not reflect this. Patient 1 was admitted to the hospital again on March 18, 2014 and Dr. Minotti examined him on March 19. On March 20, Dr. Minotti again chose not to wake or exam Patient 1, but he created a false progress note stated that he had examined Patient 1. Dr. Minotti explained that once again, the nurses and guards requested that Patient 1 not be awoken due to problems the previous night. On April 2, Dr. Minotti once again failed to wake or examine Patient 1.

Mr. Giacalone stated that during Patient 1's second hospital admission he demonstrated seizure activity and was treated by a neurologist. Dr. Minotti testified that there had been suspicions that Patient 1 was faking his seizures, as indicated in the medical record. Mr. Giacalone noted that, while the medical record does not explicitly demonstrate that Patient 1 had been complaining throughout the night about pain medications, it does show that Patient 1 had been taking pain medication prior to entering prison and that he wanted to resume taking pain medications. Mr. Giacalone also noted evidence of drug-seeking behavior.

Mr. Giacalone stated that he supports the Hearing Examiner's Proposed Order. Mr. Giacalone based his support for the Proposed Order on the following factors:

- Dr. Minotti appeared genuinely remorseful about his omissions in treating Patient 1, who did not suffer any harm. Dr. Minotti had testified, "Even though this is an unusual situation, and I know it was totally wrong for me not to wake that patient up on those three days but I succumbed to pressure from the nurse and the guard not to stir a mess up. Looking back at it, I surely will never do it again. I've never done it before and never will do it again."
- The medical record shows that Patient 1 was suspected to have been faking seizures and that he had engaged in drug-seeking behavior.
- It was credible that nurses and guards would ask Dr. Minotti not to wake a patient like Patient 1 early in the morning.
- Since these violations have come to light, Dr. Minotti has made changes to his practice. Dr. Minotti no longer treats prison inmates and he has significantly decreased his hospital practice in general.
- Dr. Minotti has educated himself on improving his medical record-keeping by attending the *Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare* at the Case Western Reserve University School of Medicine.

Dr. Steinbergh expressed concerns regarding Dr. Minotti's ethical decision-making, specifically his decision to falsify a medical record. Dr. Steinbergh stated that Patient 1 was cared for by other medical professionals, but Patient 1 was the responsibility of Dr. Minotti. Dr. Steinbergh did not believe there is any reason for a physician to not see a patient whose care is his or her responsibility. Dr. Steinbergh stated that if a physician cannot see the patient or the physician believes the patient should sleep longer, then the record should reflect that.

Dr. Steinbergh further expressed concern that Dr. Minotti billed for a service he did not perform and accepted that payment. Dr. Steinbergh stated that Dr. Minotti lied, cheated, and stole that money. Dr. Steinbergh stated that, more importantly, Dr. Minotti did not provide medical care at a time when it should have been provided.

For the foregoing reasons, Dr. Steinbergh did not favor staying Dr. Minotti's suspension. Dr. Steinbergh opined that Dr. Minotti's medical license should be suspended for 30 days and that the probationary period in the Proposed Order should be shortened from a minimum of three years to a minimum of two years. Dr. Steinbergh further opined that the professional ethics course which was a probationary term of the Proposed Order should instead be a condition for the reinstatement of Dr. Minotti's license. Dr. Steinbergh also felt that Dr. Minotti should provide the Board with documentation of his medical record-keeping course and submit a letter indicating what he learned from the course and how it will affect his future practice.

Dr. Steinbergh observed that Dr. Minotti has not been charged with violating the minimal standards of care, but she opined that Dr. Minotti did violate those standards. Dr. Steinbergh summarized that Dr. Minotti failed to provide the proper care, lied about it, falsified a medical record, and accepted money for services he did not render. Dr. Steinbergh stated that prisoners may be a difficult patient population, but if a physician accepts that responsibility and gets paid for rendering that care, then those patients have the right to the same medical care as anyone else in the community.

Dr. Steinbergh moved to amend the Proposed Order to suspend Dr. Minotti's medical license for a minimum of 30 days. Dr. Steinbergh further moved that the requirement that Dr. Minotti take and pass a professional ethics course be a condition for the reinstatement of Dr. Minotti's medical license rather than a condition of his probation. Dr. Steinbergh further moved that Dr. Minotti be required to submit documentation of his medical record-keeping course to the Board and to provide a written report on what he learned from the course and how he will use that knowledge in his practice in the future. Dr. Steinbergh further moved to shorten the length of Dr. Minotti's probationary period to a minimum of two years. Dr. Sethi seconded the motion.

Dr. Schottenstein agreed with Dr. Steinbergh's proposed amendment. Dr. Schottenstein opined that Dr. Minotti's defense includes things that are not entirely relevant to this situation. Dr. Schottenstein stated that when a nurse asks a physician to not wake a patient, they are not asking the physician to not see the patient that day, nor are they asking the physician to neglect their duty. Dr. Schottenstein opined that though Dr. Minotti says he takes full responsibility, it feels like he is shifting blame to the nurses. Dr. Schottenstein also opined that the question of whether Patient 1 is faking seizures or seeking drugs is irrelevant. Dr. Schottenstein stated that even if Patient 1 was engaging in those behaviors, that is not an excuse to provide substandard care.

Dr. Schottenstein opined that if a physician is treating a prisoner population, the physician should go out of his or her way to provide good patient care in order to avoid the appearance of bias or a double-standard. Dr. Schottenstein stated that when a physician engages in such behavior, it is noticed by others and can spread in the culture of the institution.

Mr. Gonidakis asked the Board to consider that this discussion seems to be moving in the opposite direction of a case the Board considered and tabled earlier in the meeting which, while not exactly the same as the matter of Dr. Minotti, was similarly situated.

Ms. Anderson asked if Dr. Steinbergh wished to include in her amendment a 30-day wind-down period prior to the suspension of Dr. Minotti's license. Dr. Steinbergh replied that she did wish to include a wind-down period.

Dr. Steinbergh wished to change her motion to amend to state that the suspension of Dr. Minotti's license shall commence on the 31st day following the effective date of the Order. Dr. Steinbergh further specified that Dr. Minotti should not undertake the care of any new patient in the 30 days prior to the suspension of his license. No Board member objected to the change in Dr. Steinbergh's motion to amend. The change to the motion to amend was accepted.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- abstain
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- nay
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Armand Louis Minotti, D.O. Dr. Sethi seconded the motion.

Mr. Giacalone questioned whether the sanctions in the Amended Order fit Dr. Minotti's offense. Mr. Giacalone opined that this case is not about fraud, but rather is about poor judgment. Mr. Giacalone reiterated that Dr. Minotti had questions about the veracity of the prisoner/patient. Dr. Steinbergh disagreed with Mr. Giacalone and opined that this is a matter of ethics and responsibility to patient care, not of poor judgment. Dr. Steinbergh stated that it is unethical to lie into a medical record.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- nay
	Dr. Steinbergh	- aye
	Dr. Soin	- nay
	Mr. Gonidakis	- nay
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

Having failed to achieve six affirmative votes, the motion to approve did not carry.

Dr. Steinbergh moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Armand Louis Minotti, D.O. Dr. Soin seconded the motion.

Mr. Giacalone moved to amend the Proposed Order to match Dr. Steinbergh's previous amendment, with the exceptions that the 30-day indefinite suspension be replaced with a 15-day definite suspension, and the requirement to take a professional ethics course be a probationary condition instead of a condition for reinstatement. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Armand Louis Minotti, D.O. Dr. Soin seconded the motion.

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Mr. Gonidakis stated that in the following matters, the Board issued Notices of Opportunity for Hearing, and documentation of Service was received for each. There were no timely requests for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. The matters are therefore before the Board for final disposition. Mr. Gonidakis stated that these matters are non-disciplinary, and therefore all Board members may vote.

Mr. Kenney exited the meeting at this time.

JANERALL DAWAN BROWN, M.T.

Mr. Gonidakis stated that Janerall Dawan Brown, M.T., has applied for restoration of his license to practice massage therapy in Ohio. The Board notified Mr. Brown that it proposed to approve his application, provided that he take and pass the Massage and Bodywork Licensing Examination (MBLEX) due to the fact that Mr. Brown has not engaged in the active practice of massage therapy for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the March 20, 2014 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Mr. Brown's application for restoration, provided that he takes and passes the Massage and Bodywork Licensing Examination within six months of October 21, 2015. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to approve carried.

KATHARINE GRAWE, M.D.

Mr. Gonidakis stated that Katharine Grawe, M.D., has filed a Special Services Plan application requesting permission for a physician assistant to administer cosmetic laser treatments at ROXY Plastic Surgery. The Board has proposed denying Dr. Grawe's application because Section 4731-18-02(C), Ohio Administrative Code prohibits physician assistants from performing such treatments.

Dr. Steinbergh moved to find that the allegations set forth in the November 20, 2015 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, denying Dr. Grawe's Special Services Plan application. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye

Mr. Gonidakis - aye
Dr. Sethi - aye
Dr. Schottenstein - aye
Dr. Edgin - aye

The motion to approve carried.

ANGELA KAYE SAAM, M.T.

Mr. Gonidakis stated that Angela Kaye Saam, M.T., has applied for restoration of her license to practice massage therapy in Ohio. The Board notified Ms. Saam that it proposed to approve her application, provided that she take and pass the Massage and Bodywork Licensing Examination (MBLEX) due to the fact that Ms. Saam has not engaged in the active practice of massage therapy for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the November 12, 2015 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Saam's application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination within six months of November 12, 2015. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel - aye
Dr. Saferin - aye
Mr. Giacalone - aye
Dr. Steinbergh - aye
Dr. Soin - aye
Mr. Gonidakis - aye
Dr. Sethi - aye
Dr. Schottenstein - aye
Dr. Edgin - aye

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Mr. Gonidakis stated that in the following matters, the Board issued a Notice of Opportunity for Hearing. No timely requests for hearing were received. The matters were reviewed by a Hearing Examiner, who prepared Proposed Findings and Proposed Orders, and are now before the Board for final disposition. These items are disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In these matters, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

ROLAND FERNAND CHALIFOUX, JR., D.O.

Dr. Steinbergh moved to find that the allegations as set forth in the August 13, 2014 Notice of Opportunity for Hearing in the matter of Dr. Chalifoux have been proven to be true by a

preponderance of the evidence and to adopt Mr. Decker's Proposed Findings and Proposed Order. Dr. Sethi seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the matter of Dr. Chalifoux.

Dr. Steinbergh stated that Dr. Chalifoux has applied for a license to practice osteopathic medicine and surgery in Ohio. On his application, Dr. Chalifoux disclosed that his osteopathic medical license in Texas had been suspended and subsequently revoked and that his osteopathic medical license in Michigan had been suspended. Dr. Steinbergh stated that Dr. Chalifoux's Texas license was revoked in June 2004 based on Dr. Chalifoux's treatment of three patients.

Dr. Steinbergh continued that in July 2004 the Michigan Department of Community Health, Bureau of Health Professions, issued an Order of Summary Suspension of Dr. Chalifoux's Michigan medical license, based on the Texas Board's order of temporary suspension. In October 2004 Dr. Chalifoux entered into a Consent Order in Michigan providing for an additional six months and one day suspension of his Michigan license. In October 2005, the Michigan Bureau dissolved the suspension and granted Dr. Chalifoux a full and unlimited license to practice osteopathic medicine in Michigan, but continued a period of supervised probation for an additional year.

Dr. Steinbergh stated that in July 2014, the West Virginia Board of Osteopathic Medicine issued a Determination of Probable Cause and Order of Summary Suspension of Dr. Chalifoux's West Virginia medical license based on an alleged failure to employ proper sterile and sanitary practices during procedures. In December 2014 the State Medical Board of Ohio dismissed without prejudice that portion of its August 13, 2014 Notice of Opportunity for Hearing which had been based on the West Virginia action because that action had been stayed by order of a West Virginia court.

Dr. Steinbergh stated that Dr. Chalifoux was offered the opportunity to request a hearing on the Ohio Board's allegations by making a written request, to be received by the Board within 30 days of the mailing of the Notice of Opportunity for Hearing. The Notice was mailed via certified mail to Dr. Chalifoux's address of record and a person at that address signed the certified mail receipt on August 25, 2014. Section 119.07, Ohio Revised Code, and Section 4731.22(J), Ohio Revised Code, require that the request for hearing be received no later than 30 days after mailing, which in this case was Monday, September 15, 2014. In a sworn affidavit, the Board's Chief Legal Counsel stated that the Board did not receive a request for hearing from Dr. Chalifoux until Tuesday, September 16, 2014. On September 25, 2014, the Board advised Dr. Chalifoux that his request for hearing was untimely and would be denied. Dr. Chalifoux submitted arguments on why the Board should deem his initial request to be timely, but his request was not granted.

Mr. Kenney returned to the meeting at this time.

Dr. Steinbergh stated that the Texas Board had initially alleged that Dr. Chalifoux had violated an accepted level of medical care in his treatment of 13 patients. The Texas Board subsequently found that Dr. Chalifoux had not violated an accepted level of medical care in his treatment of 10 of the patients. However, the Texas Board also found that Dr. Chalifoux did violate standards and committed

unprofessional conduct in the treatment of the remaining three patients. Dr. Steinbergh summarized Dr. Chalifoux's care in these three cases.

Patient EF, a 61-year-old male, was found to have had a fusiform giant aneurysm (GA) involving the right internal carotid artery, which was reportedly not the cause of EF's symptoms of numbness, tingling, and weakness. During exploratory surgery in 1996 the GA appeared to be large, complex and impossible to bypass. Another surgeon recommended that EF be closed without attempting surgery. Although Dr. Chalifoux likewise doubted that the GA could be clipped, Dr. Chalifoux decided to temporarily clip the internal carotid artery to reduce blood flow to the GA, which incidentally reduced blood flow to the right side of EF's brain. Dr. Chalifoux ordered tests which confirmed some blood flow, but which did not assess the volume or adequacy of the blood flow through EF's brain. Dr. Chalifoux then made the temporary clip a permanent one. EF did not awaken and died a few days later, resulting "from a severe brain infarct caused by Dr. Chalifoux occluding the right carotid artery," resulting in inadequate blood flow in EF's brain. Dr. Chalifoux was charged with violating the standard of care "by attempting surgery on EF's GA once he saw the size, shape, location, and complexity of the GA, particularly since the GA was asymptomatic and was not contributing to EF's TIAs."

Patient CY, a 40-year-old female, suffered from right-sided hypesthesias of the face. CY's seizures had been successfully controlled with the medication Dilantin. Dr. Chalifoux performed uneventful surgery consisting of an occipital craniotomy with excision repair of an arteriovenous malformation in the left occipital area. It was noted in the record that the therapeutic Dilantin levels ranged from 12 to 20. After surgery, Dr. Chalifoux had difficulty controlling CY's Dilantin level, and CY had at least one post-surgery seizure and other pre-seizure symptoms while in the hospital. By the time Dr. Chalifoux discharged CY after seven days' hospitalization, CY had a sub-therapeutic Dilantin level of 3.9. On the day CY was discharged from the hospital, she subsequently suffered a grand mal seizure at home caused by her sub-therapeutic Dilantin level. Dr. Chalifoux was charged with having violated the standards of care by discharging CY from the hospital when she had suffered a post-operative seizure and other pre-seizure symptoms, and had a sub-therapeutic Dilantin level.

Patient AJ was a 47-year-old diabetic, obese female who had suffered multiple back injuries. Dr. Chalifoux had performed a two-level lumbar surgery and found a dural leak, but did not recognize a cerebral spinal fluid (CSF) leak. Dr. Chalifoux later discharged AJ with the CSF leak. AJ was later readmitted to the hospital. The Texas Board felt that Dr. Chalifoux had violated the standard of care by not properly assessing the CSF leak.

In revoking Dr. Chalifoux's Texas medical license, the Texas Board emphasized the egregious nature of the violations leading to the death of EF, and the administrative law judge's finding that "there was no evidence that Dr. Chalifoux changed his practice or procedures to avoid future situation [sic] like CY, EF, and AJ, except that he appears to have stopped performing craniotomies."

Dr. Steinbergh stated that Chalifoux sent the Ohio Board a detailed narrative which alleged that the proceedings before the Texas Board were conducted unfairly, that the case against him was prosecuted with unusual zeal, that the State's experts were poorly qualified, and that the Texas Board President told members of the press that Dr. Chalifoux was "dangerous." Dr. Chalifoux asserted that this inappropriate

behavior was the reason that his Texas medical license was revoked. Dr. Chalifoux also asserted that the states of Michigan and West Virginia granted him medical licenses despite the outcome of the proceedings in Texas, that he now has a growing and successful practice, and that, at least as of April 2014, he had had no disciplinary difficulties except for those arising from the surgeries he had performed in 1996 and 1997.

Dr. Steinbergh stated that the findings of the Texas Board, particularly those regarding Patient EF, are quite serious. Dr. Steinbergh stated that she agrees with the Proposed Order to deny Dr. Chalifoux's application. Dr. Steinbergh opined that it would be inappropriate to permanently deny Dr. Chalifoux's application without a full hearing in which potential mitigating or aggravating evidence may be introduced.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to approve carried.

ADAM MICHAEL HOLMAN

Dr. Steinbergh moved to find that the allegations as set forth in the January 14, 2015 Notice of Opportunity for Hearing in the matter of Mr. Holman have been proven to be true by a preponderance of the evidence and to adopt Mr. Decker's Proposed Findings and Proposed Order. Dr. Sethi seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the matter of Dr. Chalifoux.

Dr. Soin stated that the Board has alleged, among other things, that Mr. Holman had been indicted in the Wood County Court of Common Pleas on two felony counts of trafficking in marijuana and one count of possession of controlled substances, both of which are fifth-degree felonies. According to Mr. Holman's narrative, he had sold marijuana to two police informants. Mr. Holman indicated that the Trafficking charges were dismissed and he pleaded guilty to the charge of drug possession.

Dr. Soin stated that the evidence in the Hearing Examiner's Proposed Finding and Proposed Order establishes that Mr. Holman is impaired as a matter of law. Dr. Soin stated that Mr. Holman has evidently abandoned his effort to receive licensure as a massage therapist. Dr. Soin observed that the record is devoid of evidence of aggravating circumstances or an impairment of a permanent nature, and therefore a

permanent denial of Mr. Holman's application would not be justified. Dr. Soin agreed with the Proposed Order of denial of Mr. Holman's application for a massage therapy license.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to approve carried.

REPORTS AND RECOMMENDATIONS

GREGORY STUART GRANT, D.O.

Dr. Soin moved to remove the matter of Gregory Stuart Grant, D.O., from the table. Dr. Schottenstein seconded the motion. All members vote aye. The motion carried.

Mr. Gonidakis stated that the Board's legal staff has developed a written proposed amendment at the request of Mr. Giacalone. After discussion, Mr. Giacalone and Ms. Anderson determined that the written proposed amendment should be refined further to more closely reflect Mr. Giacalone's intentions.

Dr. Steinbergh moved to table this topic. Dr. Soin seconded the motion. All members voted aye. The motion to table carried.

The Board recessed at 12:15 p.m. and resumed the meeting at 1:18 p.m.

REPORTS AND RECOMMENDATIONS

GREGORY STUART GRANT, D.O.

Dr. Steinbergh moved to remove the matter of Gregory Stuart Grant, D.O., from the table. Dr. Soin seconded the motion. All members vote aye. The motion carried.

Mr. Giacalone stated that a proposed amendment has been drafted reflecting his earlier comments and suggestions. Dr. Schottenstein opined that Mr. Giacalone's drafted amendment is a very reasonable compromise between differing views.

Mr. Giacalone moved to amend the Proposed Order to read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE, STAYED; PROBATION:** The certificate of Gregory Stuart Grant, D.O., to practice osteopathic medicine and surgery in the State of Ohio shall be **SUSPENDED** for a period of 30 days. Such suspension is **STAYED**, subject to the following **PROBATIONARY** terms, conditions, and limitations for a period of at least two years.
- B. **PROBATION:** The certificate of Dr. Grant to practice osteopathic medicine and surgery in the State of Ohio shall be subject to the following **PROBATIONARY** terms, conditions, and limitations for a period of at least two years:
1. **Obey the Law:** Dr. Grant shall obey all federal, state, and local laws, and all rules governing the practice of osteopathic medicine and surgery in Ohio.
 2. **Declarations of Compliance:** Dr. Grant shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 3. **Personal Appearances:** Dr. Grant shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
 4. **Controlled Substances Prescribing Course(s):** Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Grant shall submit acceptable documentation of successful completion of a course or courses dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed. The Board may consider the Intensive Course in Controlled Substance Prescribing offered by the Case Western Reserve University School of Medicine as full or partial fulfillment of this requirement.

In addition, at the time Dr. Grant submits the documentation of successful completion of the course(s) dealing with the prescribing of controlled substances, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and

identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

5. **Course(s) Concerning Physician/Patient Boundaries:** Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Grant shall provide acceptable documentation of successful completion of a course or courses on maintaining physician/patient boundaries. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Grant submits the documentation of successful completion of the course(s) on maintaining physician/patient boundaries, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

6. **Examination on Law Relating to Practice of Medicine and Surgery:** Prior to his release from probation, or as otherwise approved by the Board, Dr. Grant shall take and pass an examination to be administered by the Board or its designee related to the content of the Revised Code and Administrative Code relating to the practice of medicine and surgery in Ohio, along with federal and state laws and regulations pertaining to the provision of controlled substances. In the event Dr. Grant fails this examination, he must wait at least three months between re-examinations.
7. **Use Best Efforts to Obtain Speaking Engagements at Ohio Medical Schools:** Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Grant shall use his best efforts to obtain a speaking engagement at each accredited medical school in the State of Ohio. He shall offer to speak to each school's students concerning the underlying issues that gave rise to this matter, including the pitfalls of inappropriate prescribing of methadone for the treatment of addiction. Dr. Grant may contact Board staff for assistance identifying the appropriate individual or entity to contact at each institution, and shall send a letter to each such individual or entity formally extending his offer. Subject to each school's acceptance of his offer, Dr. Grant shall provide that service to each medical school that accepts his offer at a time mutually agreeable to Dr. Grant and the accepting medical school(s), and prior to his release from probation. Dr. Grant shall be solely responsible for the content of his materials.

As verification of his best efforts to obtain these speaking engagements, prior to his release from probation, Dr. Grant shall provide to the Board copies of: (a) each of the letters he sends to the schools, (b) any written communication he receives from each of the medical schools, or his own written statement that a school or schools did not respond, and (c) verification that he has completed the services offered and accepted. The Board in its sole discretion shall determine whether Dr. Grant has fulfilled the requirement that he apply his best efforts to fulfill this requirement.

8. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Grant is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified

of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

9. **Required Reporting of Change of Address:** Dr. Grant shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Grant's certificate will be fully restored.

D. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Grant shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Grant shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Grant provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

These requirements shall continue until Dr. Grant receives from the Board written notification of the successful completion of his probation.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Grant shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Grant shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Grant receives from the Board written notification of the successful completion of his probation.
3. **Required Documentation of the Reporting Required by Paragraph D:** Dr. Grant shall provide this Board with **one** of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a

copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

- E. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Grant violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Gregory Stuart Grant. D.O . Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to approve carried.

EXECUTIVE SESSION

Dr. Steinbergh moved to go into Executive Session to confer with the Medical Board's attorneys on matters of pending or imminent court action, and for the purpose of deliberating on proposed consent agreements in the exercise of the Medical Board's quasi-judicial capacity. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, Mr. Miller, Ms. Loe, Ms. Debolt, Mr. Katko, Mr. Schmidt, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Schwartz, Ms. Murray, Ms. Moore, and Mr. Taylor in attendance.

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTSDAVID MARK COLLEY, II, M.T. – SUPERSEDING STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Superseding Step I Consent Agreement with Dr. Colley. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to ratify carried.

MARY JO-ELLEN ERICKSON, M.D. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step II Consent Agreement with Dr. Erickson. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to ratify carried.

ANA CARMELA FUDGE, L.M.T. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MASSAGE THERAPY

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Ms. Fudge. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to ratify carried.

ELIZABETH J. GROSS, P.A. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Ms. Gross. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to ratify carried.

TFM, D.O. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with TFM, D.O. Dr. Soin seconded the motion.

Mr. Giacalone stated that he is reluctant to accept this proposed Consent Agreement, especially given the facts set forth in the Kentucky Board of Medical Licensure's Agreed Order. For example, the Kentucky Board found that TFM, D.O., wrote 290 prescriptions for 290 patients in just four working days. Mr. Giacalone stated that all the prescriptions were for phentermine at a dose of 37.5 mg and were prescribed without an examination. Mr. Giacalone also observed that the distances that TFM, D.O.'s patients traveled to see him were considerable. Mr. Giacalone stated that, according to the Kentucky Order, "The licensee stated that while he does not agree with the Board consultant's opinion in whole, he is certainly agreeable to and has already addressed many of the concerns/issues during this inquiry." Mr. Giacalone stated that it appears that TFM, D.O., is not taking responsibility for what happened.

Mr. Giacalone noted that had TFM, D.O., initially appeared before the Ohio Board instead of the Kentucky Board, the Ohio Board's disciplinary guidelines would have resulted in a stiffer sanction than what is provided in this proposed Consent Agreement. Mr. Giacalone stated that he intends to vote against ratification of the Consent Agreement. Dr. Schottenstein and Dr. Steinbergh agreed with Mr. Giacalone's comments.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- nay
	Dr. Steinbergh	- nay
	Dr. Soin	- nay
	Mr. Gonidakis	- nay
	Dr. Sethi	- aye

Mr. Kenney - nay
Dr. Schottenstein - nay
Dr. Edgin - nay

The motion to ratify did not carry.

JAMES PATRICK MIMA, P.A.-C. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Mr. Mima. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Mr. Kenney	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- aye

The motion to ratify carried.

ROBERT HAMILTON, III, M.D. – VOLUNTARY PERMANENT RETIREMENT

Dr. Steinbergh moved to ratify the Proposed Voluntary Permanent Retirement with Dr. Hamilton. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Mr. Kenney	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- aye

The motion to ratify carried.

CITATIONS AND ORDERS OF SUMMARY SUSPENSION, IMMEDIATE SUSPENSION, AND
AUTOMATIC SUSPENSION

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to the following: Alex Abbassi, M.D.; Stephanie Nicole Adams; Emily Koch Hellesen, M.T.; Gregory Allen Ingram, M.D.; Michael Todd Tatro, M.D.; and Michelle K. Ulee, M.T. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to send carried.

Dr. Steinbergh moved to send the Notice of Summary Suspension and Opportunity for Hearing to Daniel Thomas Haley, D.P.M. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion to send carried.

Dr. Steinbergh moved to send the Notice of Summary Suspension and Opportunity for Hearing to Michael Todd Tatro, M.D. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye

Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Mr. Kenney	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- aye

The motion to send carried.

RULES & POLICIES

Dr. Steinbergh moved to approve the proposed language for the rules in Chapters 4731-13 and 4731-26, Ohio Administrative Code, for submission to the Common Sense Initiative Office. Dr. Steinbergh further moved to approve the proposal to rescind current Rule 4731-14-01 and adopt new rule 4731-14-01, and to file the proposed rescinded and new rules for review by the Common Sense Initiative Office. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- abstain
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion carried.

OPERATIONS REPORT

Human Resources: Mr. Groeber announced that Danielle Bickers has accepted the position of Central Region Investigator. Alexandra Murray will fulfill Ms. Bickers' prior duties in the Compliance Section on an interim basis. Mr. Groeber stated that offers have been extended for two investigator positions in the North Region.

Mr. Groeber stated that positions for full-time nurses have been posted.

Mr. Groeber stated that Michael Miller has taken on the role of Deputy Director of Strategic Services, which will include legislative functions, information technology, and communications.

Budget: Mr. Groeber stated that the Board's current cash balance is \$4,300,000, a 7% increase from this time last year, and that last month's revenue continued to outstrip costs. Mr. Groeber stated that the Office

of Management and Budget has granted the Board authority to access more of the Board's funds in order to account for staff increases and other additional costs.

Mr. Groeber stated that the Board members have been provided with the annual report on Board member compensation, which shows very few changes over the previous year.

Information Technology: Mr. Groeber stated that the development of the E-License 3.0 system is proceeding and that Mr. Miller's new position will allow the Board to take a stronger approach to the project.

Communications and Outreach: Mr. Groeber stated that the Board's communications and outreach activities are included in the Operations Report.

Agency Operations: Mr. Groeber stated that the number of open complaints now stands at 1,940, down from 3,300 12 months ago. Mr. Groeber credited tremendous efforts on the part of the staff to clear out items which should have been long since resolved.

Mr. Groeber stated that Mr. Alderson and Ms. Scott have temporarily taken over Mr. Miller's former duties in the Licensure Section. Mr. Groeber stated that the Board's total number of licenses in 2015 was approximately 3,700, and increase of 11% from the approximately 3,300 in 2014. The number of allopathic and osteopathic medical licenses issued decreased by 3%, in large part due to a backlog that was addressed in late 2014. Mr. Groeber noted that the number of allied medical licensed increased by approximately 40%. Mr. Groeber stated that licenses are being issued 35% faster than one year ago.

Mr. Groeber stated that last month the Board issued nine expedited licenses in an average of 16 days. Mr. Gonidakis commented that the Board's staff has done a great job with expedited licensure. Dr. Steinbergh asked what projections the Board had made for the number expedited licenses that could be expected to be issued in a year. Mr. Groeber stated that he will locate that information and report back to the Board. Mr. Groeber stated that 147 expedited licenses were issued in 2015.

Speed and Ease Initiatives: Mr. Groeber stated that in June the Board will attempt to pilot a program at the Ohio State University School of Medicine to process training certificate applications on-site for graduating students.

Mr. Groeber stated that Mr. LaCross continues to work on statute changes to allow for the licensure of physicians between meetings of the Medical Board.

Mr. Groeber stated that the Board continues to review proposals for the One-Bite/First Occurrence Recovery Program, including ways to engage the Board's approved treatment providers and to obtain better data from them more quickly.

Mr. Groeber stated that as part of the 5S project, 38 pallets of materials have been removed from the Board's offices, saving 450 square feet of floor space.

Federation of State Medical Boards 2016 Annual Meeting: Mr. Groeber stated that the Federation of State Medical Boards (FSMB) will hold its 2016 Annual Meeting from April 28 to April 30 in San Diego. Under the Board's policy, two non-scholarship staff members and two non-scholarship Board members may attend the meeting. Mr. Groeber stated that he and Mr. Gonidakis will have scholarships to cover their travel costs. Mr. Groeber asked any other Board members who wished to attend the meeting to let him know. Dr. Steinbergh stated that she will attend the meeting as the Chair of the FSMB's By-Laws Committee.

Dr. Saferin moved to approve that A.J. Groeber, Executive Director, attend the 2016 Annual Meeting of the FSMB and accept the FSMB Executive Director scholarship, as his attendance at the meeting is in connection with Mr. Groeber's responsibilities as, and is related to his position as, Executive Director of the State Medical Board of Ohio. Dr. Saferin further moved that Mr. Groeber he attend the 2016 Annual Meeting AIM as his attendance at the meeting is in connection with Mr. Groeber's responsibilities as, and is related to his position as, Executive Director of the State Medical Board of Ohio. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion carried.

Dr. Saferin moved to approve that Michael L. Gonidakis attend the 2016 Annual Meeting of the FSMB and accept the FSMB Voting Delegate scholarship, and that attendance at the meeting is in connection with Mr. Gonidakis' responsibilities as, and is related to his position as, a member of the State Medical Board of Ohio. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- abstain
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion carried.

Board Retreat: Mr. Groeber stated that the consensus of the Board members is to hold a Board Retreat on Thursday, March 10, 2016. Proposed topics for the Retreat are the One-Bite/First Occurrence Recovery Program and Board-approved treatment providers, components of Settlement Agreements, and the possibility of reconstituting the Board's Executive Committee. Dr. Schottenstein suggested that another possible topic may be the propriety of the Board's licensure applications' question regarding mental health.

2015 Financial Disclosure Statements: Mr. Groeber reminded the Board members that financial disclosure statements are due at the Ohio Ethics Commission by May 15, 2016. Ms. Debolt added that Board members who have a source of income from another state agency are also required to file a 102.04(d) form. Ms. Debolt stated that she is providing assistance to those members who need to file a 102.04(d) form.

Board Member Attendance: Mr. Groeber stated that state law requires that all Board members attend at least 60% of all regular and special meetings of the Board. Mr. Groeber stated that currently, no Board member has an attendance lower than 91%.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

FISCAL REPORT

Mr. Kenney asked what additional revenue has been derived from the expedited licensure program. Mr. Groeber stated that 2015's 147 expedited licenses at a fee of \$1,000 per license, compared to \$335 for standard licensure, represent approximately \$100,000 of additional revenue.

Ms. Loe stated that Mr. Groeber had previously reviewed the November financial numbers in the Operations Report. Ms. Loe noted that the Board paid approximately \$200,000 towards the E-License 3.0 system in December, which is not shown on the November report. Ms. Loe also stated that moving the Hearing Unit to the third floor will save the Board approximately \$40,000 per year in rent.

MEDICAL BOARD JOURNAL

Mr. Kenney stated that the Medical Board journal's premiere edition will be issued in March.

FINING AUTHORITY

Mr. Kenney stated that the Finance Committee discussed how fines will be collected from respondents and who will be responsible for the collection. Mr. Kenney stated that the Finance Committee seeks to specify when letters will be sent to fined respondents, when the matter would be sent to the Attorney General's office in cases of non-payment, what letters the Attorney General's office would send, and when the matter

would proceed to a special counsel. Mr. Kenney stated that after 30 days of non-payment, the matter will be sent to the Attorney General's office. If the Attorney General's office does not receive payment within another 30 days, the matter will be forwarded to a special counsel.

POLICY COMMITTEE

RULES REVIEW

Mr. Gonidakis stated that the Policy Committee recommended approval of three rules to be filed with the Common Sense Initiative Office and the full Board has now approved that recommendation. The Policy Committee also approved three other rules to be distributed to interested parties for comments.

ACUTE PAIN PRESCRIBING GUIDELINES

Mr. Groeber stated that the Governor's Cabinet Opioid Action Team (GCOAT) has adopted guidelines for acute pain prescribing and will have a press release on that topic. Representatives from GCOAT will also meet with members of the press and will feature a young man who had become addicted to prescription drugs following an injury and has since turned his life around.

Mr. Groeber stated that Dr. Soin will be involved with GCOAT as the Board's representative in this issue. Mr. Groeber added that Dr. Soin will also be available as an expert if the media has questions regarding pain prescribing. Mr. Gonidakis thanked Dr. Soin for his efforts.

LICENSURE COMMITTEE

LICENSURE APPLICATION REVIEWS

DROR KRAUS, M.D.

Dr. Saferin stated that Dr. Kraus has requested a waiver of the United States Medical Licensing Examination (USMLE) 10-year rule. Dr. Kraus passed Step 2 (CK) of the USMLE on his first attempt in February 2004, Step 1 in June 2010, Step 2 (CS) on his first attempt in September 2010, and Step 3 on his first attempt in July 2015. Dr. Kraus completed his medical degree at Hadassah Medical School, Hebrew University, in Jerusalem, Israel, in 2005. Subsequently, Dr. Kraus successfully completed a three-year neurology/child neurology residency followed by a one-year fellowship in neurology/clinical neurophysiology at Cincinnati Children's Hospital.

Dr. Saferin moved to approve Dr. Krause's request for a good cause exception of the ten-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accepting the examination sequence in order to be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye

Dr. Steinbergh	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Mr. Kenney	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- aye

The motion carried.

LEIF SAAGER, M.D.

Dr. Saferin stated that Dr. Saager has applied for a Certificate of Conceded Eminence. Dr. Saager is a graduate of the University Luebeck Medical School in Luebeck, Germany, and has held a Clinical Research Faculty Certificate which expired on December 13, 2015. Dr. Saager served as a Research Associate at the Cleveland Clinic from 2007 to 2009. Since 2009, Dr. Saager has served on the staff of the Department of Outcomes Research, Anesthesiology Institute at the Cleveland Clinic. Dr. Saager has been reappointed as a member of the Professional Staff of the Cleveland Clinic. Dr. Saferin noted that Dr. Saager holds a current, unrestricted medical license in Germany.

Dr. Saferin moved to approve Dr. Saager's application for a Certificate of Conceded Eminence, as presented. Dr. Steinbergh seconded the motion.

Mr. Kenney stated that, to his understanding, the Certificate of Conceded Eminence is designed for physicians coming into the United States from another country. Mr. Kenney noted that while Dr. Saager is from Germany, he has been in the United States since at least 2007. Ms. Anderson stated that a physician who had their medical education outside the United States and no longer meets the requirements to take the United States Medical Licensing Examination (USMLE) can qualify for the Certificate of Conceded Eminence, provided they meet all other requirements.

The Board continued to discuss the topic of the Certificate of Conceded Eminence. Dr. Saferin commented that Dr. Saager seems to be changing his duties at the Cleveland Clinic from research-oriented work to more clinical-based practice, and this may be why he is changing his licensure from the Clinical Research Faculty Certificate to the Certificate of Conceded Eminence. Mr. Kenney agreed that Dr. Saager seems very qualified for the Certificate of Conceded Eminence. Mr. Gonidakis suggested that the Licensure Committee clarify the qualifications regarding the Certificate of Conceded Eminence and report back to the Board.

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

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye

Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Mr. Kenney	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- aye

The motion carried.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

Dr. Sethi stated that the Physician Assistant Policy Committee did not meet yesterday, nor did the Physician Assistant/Scope of Practice Committee meet today. However, Dr. Sethi wanted to bring proposed Rule 4730-1-08 to the Board's attention since the question of whether to submit it to the Common Sense Initiative Office is not controversial. Dr. Sethi stated that proposed Rule 4730-1-08 would regulate the physician assistant delegation of tasks and administration of medications. Dr. Sethi stated that proposed Rule 4730-1-08 has already been circulated to interested parties and no comments have been received. Dr. Sethi noted that materials regarding proposed Rule 4730-1-08 were previously provided to all Board members as part of the Agenda Materials.

Dr. Sethi moved that proposed replacement Rule 4730-1-08 be filed with the Common Sense Initiative Office. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Mr. Kenney	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- aye

The motion carried.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on December 9, 2015, the Compliance Committee met with Micah S. Crouse, M.D.; Thuan D. Dang, M.D.; Iraj Derakhshan, M.D.; Karl M. Hagen, M.D.; and Peter C. Johnson, M.D., and moved to continue them under the terms of their respective Board actions. The Compliance Committee also accepted Compliance staff's report of conferences on November 2 and 3, 2015.

TREATMENT PROVIDER APPLICATION REVIEWCARON TREATMENT CENTERS

Dr. Steinbergh moved to approve the Application for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Caron Treatment Centers. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion carried.

PROBATIONARY REQUESTS

Mr. Gonidakis advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Mr. Gonidakis asked if any Board member wished to discuss a probationary request separately. Dr. Steinbergh stated that she would like to discuss the probationary requests of Patrick L. Bruno, M.D., Deborah L. Cook, D.P.M., and Peter C. Johnson, M.D., separately.

PATRICK L. BRUNO, M.D.

Dr. Steinbergh stated that she approves of Dr. Bruno's modified practice plan. Dr. Steinbergh stated that she initially had concerns about whether Dr. Brown, the proposed new monitoring physician, is a Suboxone provider like Dr. Bruno so that he can review Dr. Bruno's charts appropriately. Dr. Steinbergh previously discussed this with Ms. Bickers and learned that Dr. Brown is a Suboxone provider.

PETER C. JOHNSON, M.D.

Dr. Steinbergh stated that Dr. Johnson has been under a minimum two-year suspension since September 2015 due to sexual encounters he had with three patients, a resident he supervised, and an office assistant. Dr. Steinbergh noted that one of Dr. Noffsinger's recommendations for Dr. Johnson was that he complete an intensive residential treatment for sexually compulsive behavior. However, Dr. Johnson is requesting approval of a non-residential treatment program at Acumen Institute. Ms. Bickers stated that she contacted Dr. Noffsinger on this subject and he opined that Acumen Institute would be appropriate for Dr. Johnson's treatment. The Secretary and Supervising Member also approved Acumen Institute following the

conversation with Dr. Noffsinger.

Dr. Steinbergh suggested that the record be clarified that Dr. Noffsinger approves of the Acumen Institute treatment program for Dr. Johnson.

DEBORAH L. COOK, D.P.M.

Dr. Steinbergh stated that she approves of Dr. Cook's request for approval of the proposed risk management course and record-keeping course. However, Dr. Steinbergh noted that Dr. Cook is also requesting approval of an online course to fulfill her professional ethics course requirement. Dr. Steinbergh opined that an in-person ethics course would be more appropriate given the egregiousness of Dr. Cook's case. Dr. Steinbergh stated that Dr. Cook had pleaded guilty to two drug-related felonies and she failed to cooperate with a Medical Board investigation. Dr. Schottenstein and Mr. Kenney agreed with Dr. Steinbergh and opined that Dr. Cook would derive more benefit from an in-person ethics course than an online course.

Ms. Bickers recommended that the Board table Dr. Cook's request so that Dr. Cook can submit a more appropriate ethics course for approval. The Board agreed.

Dr. Soin moved to table Dr. Cook's request for approval of the online course *Medical Ethics for Physicians*, offered by NetCE, to fulfill the professional ethics course requirement. Mr. Giacalone seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion carried.

Mr. Giacalone moved to accept the Compliance staff's Reports of Conferences and the Secretary and Supervising Member's recommendations as follows:

- **To grant Andrew J. Beistel, D.O.'s request for approval of Timothy Niemi, M.D., to serve as the new monitoring physician;**
- **To grant Patrick L. Bruno, M.D.'s request for approval of a modified practice plan; and approval of Daniel T. Brown, D.O., to serve as the new monitoring physician;**

- To grant Deborah L. Cook, D.P.M.'s, request for approval of the online course *Risk Management Essentials for Physicians: Documentation*, offered by MedRisk e-Learning Services, to fulfill the medical record-keeping course requirement;
- To grant Denise I. Gilman, D.O.'s request for approval of the course *Intensive Course in Medical Ethics, Boundaries and Professionalism*, offered by Case Western Reserve University, to fulfill the required physician/patient boundaries course;
- To grant Elise R. Hoff, M.D.'s request for approval of a new practice plan; approval of Robert E. Petras, M.D., to serve as the monitoring physician; determination of the frequency and number of charts to be reviewed at 10 charts per month; and approval of Gina M. Dillon, Psy.D., to serve as the treating psychologist;
- To grant Peter C. Johnson, M.D.'s request for approval of Acumen Institute as the intensive treatment facility required prior to reinstatement;
- To grant Mary Elizabeth Mudd, M.D.'s request for approval of the course *3 Days of Hands-On Training; Liposuction 101*, offered by Jeffrey A. Klein, M.D., to fulfill the office-based liposuction course requirement;
- To grant Denise J. Signs, M.D.'s request for discontinuance of the drug log requirement;
- To grant Rick D. St. Onge, M.D.'s request for reduction in psychotherapy sessions to once per month; and
- To grant Mark Aaron Weiner, D.O.'s request for approval of a modified practice plan; approval of Lauri B. Levison, M.D., to serve as an additional monitoring physician; and determination of the number of charts to be reviewed at 5 charts by each monitor.

Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye (abstain in the matter of Mary E. Mudd, M.D.)
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye (abstain in the matter of Mary E. Mudd, M.D.)

The motion carried.

RESTORATION REQUESTSIRAJ A. SIDDIQUI, M.D.

Dr. Steinbergh moved that the request for the restoration of the license of Siraj A. Siddiqui, M.D., be approved, effective immediately, subject to the permanent limitations and probationary terms and conditions as outlined in the April 11, 2012 Board Order for a minimum of five years. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- abstain
	Mr. Kenney	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- aye

The motion carried.

FINAL PROBATIONARY APPEARANCEADAM G. MACE, M.D.

Dr. Mace was appearing before the Board pursuant to his request for release from the terms of his June 13, 2012 Consent Agreement. Mr. Gonidakis reviewed Dr. Mace's history with the Board.

In response to questions from Dr. Soin, Dr. Mace stated that he is currently a surgical resident at the Cleveland Clinic. Dr. Mace is in the sixth year of his residency and the fourth clinical year, having done two years of research. Dr. Mace works between 50 and 80 hours per week. Dr. Mace stated that he has a good work/life balance and that, outside of work, he enjoys spending time with his wife and his friends from Alcoholics Anonymous (AA). Dr. Mace added that he has many hobbies. Dr. Mace stated that his wife is very supportive and that she attends AA meetings with him regularly, as well as Al-Anon meetings. Dr. Mace stated that he gives back to the AA program by serving as treasurer of his home group, leading meetings, and answering phones at the central office on holidays. Dr. Mace stated that he is currently sponsoring three people. Dr. Mace added that he also shares his experience with students at his hospital.

In response to questions from Dr. Steinbergh, Dr. Mace stated that his research interest is colorectal cancer. Dr. Mace stated that he plans to specialize in colorectal surgery and will apply for a fellowship next year. Regarding medication, Dr. Mace is currently taking Adderall, melatonin, Seroquel, Remeron, Gabapentin, Prilosec, and Imitrex. Following his release from his Consent Agreement, Dr. Mace intends to continue monitoring through the Cleveland Clinic. Dr. Mace stated that the Cleveland Clinic offers monitoring on

an indefinite basis for physicians who have been through the Medical Board's process and those who are under the One-Bite rule.

In response to questions from Dr. Schottenstein, Dr. Mace stated that he currently sees a psychiatrist and a therapist. Regarding the move from a relatively relaxed atmosphere of doing research to a more clinical working environment, Dr. Mace stated that he has been back in the clinical environment for a year and a half and he finds the stress level to be manageable. Dr. Mace felt that the community he has built in AA has helped him do a better job managing stress and balancing work and life. Dr. Schottenstein noted that in Dr. Mace's practice field he is often in close proximity to controlled substances. Dr. Schottenstein asked if Dr. Mace ever experiences cravings. Dr. Mace replied that he does not have any cravings. Dr. Mace commented that his life is great right now and he does not want to do anything to change it.

Mr. Giacalone asked if Dr. Mace would address the medical students in attendance regarding his experience. Dr. Mace informed the students that he had had a problem with alcohol and drugs from a young age, having begun drinking at 12. Dr. Mace stated that he had never drank alcohol normally; rather, he drank to get drunk. However, Dr. Mace had always been able to maintain his academic performance and this is how he convinced himself and others that he did not have a problem.

Dr. Mace continued that his substance abuse was serious in college, but he told himself that everything would be different in medical school. However, Dr. Mace's habits did not change in medical school. At that time Dr. Mace decided to reach out for help even though he was concerned about what effect that may have on his future career. Dr. Mace went into treatment during medical school and was sober for a few years. When Dr. Mace began clinical practice in a hospital, he began prioritizing his work over his sobriety. Dr. Mace stated that for someone with a problem with alcohol or drugs, nothing can be prioritized over sobriety. Dr. Mace soon relapsed on Ambien, for which he had obtained a prescription. Dr. Mace stated that within a few months he had done as much damage as the day he had stopped drinking.

Dr. Mace stated that with the help of his wife and his addiction physician, he was able to get back into a recovery program and he committed himself to AA. Dr. Mace stated that in AA someone will always be available to him to help him stay sober. Dr. Mace stated the despite his fear that going back into treatment would prevent him from getting into a good residency or a good job, the opposite has happened. Dr. Mace stated that he is in a great residency and has good prospects for a fellowship because of his treatment. Dr. Mace encouraged any student who may have a problem to reach out for help because, rather than ending their careers, it will allow them to reach higher levels in their future careers.

Dr. Steinbergh moved to release Dr. Mace from the terms of his June 13, 2012 Consent Agreement, effective immediately. Mr. Giacalone seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye

Dr. Sethi - aye
Mr. Kenney - aye
Dr. Schottenstein - aye
Dr. Edgin - aye

The motion carried.

Dr. Mace commented that today is his sobriety date and that he has now been sober for six years. The Board and meeting attendees gave Dr. Mace a round of applause.

ADJOURNMENT

Dr. Saferin moved to adjourn the meeting. Dr. Rothermel seconded the motion. All members voted aye. The motion carried.

Thereupon, at 2:43 p.m., the December 9, 2015 session of the State Medical Board of Ohio was adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on December 9, 2015, as approved on January 13, 2016.



Michael L. Gonidakis, President



Kim G. Rothermel, M.D., Secretary

(SEAL)

