

January 14, 2004

MINUTES

THE STATE MEDICAL BOARD OF OHIO

January 14, 2004

Anquetette Sloan, President, called the meeting to order at 1:05 p.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Patricia J. Davidson, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Anant R. Bhati, M.D.; David S. Buchan, D.P.M.; Deepak Kumar, M.D.; R. Gregory Browning, Ph.D.; Andrew F. Robbins, Jr., M.D.; Anand G. Garg, M.D.; and Anita M. Steinbergh, D.O.

Also present were: Thomas A. Dilling, Executive Director; William J. Schmidt, Assistant Executive Director; Diann K. Thompson, Assistant Executive Director; Terrill D. McLaughlin, Assistant Director, Investigations; Mark Wayda, Chief of Executive Staff; Lauren Lubow, Senior Executive Staff Attorney; Shannon F. Baldwin, Executive Staff Attorney; Lori S. Gilbert, Chief Enforcement Attorney; Mark R. Blackmer, Marcie P. Burrow, Sally J. Debolt, David P. Katko, Rebecca J. Marshall, Karen H. Mortland, Kathleen S. Peterson, and Charles A. Woodbeck, Enforcement Attorneys; Rebecca J. Albers, Kyle C. Wilcox, Mark Michael, Gregory A. Perry and Dominic J. Chieffo, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Coordinator for Assessment and Development; Danielle Bickers, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore and Annette Jones, Disciplinary Information Assistants.

EXECUTIVE SESSION

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

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

January 14, 2004

The motion carried.

Pursuant to Section 121.22(G)(3), Revised Code, the Board went into executive session.

The following joined the meeting after the executive session: R. Gregory Porter, Chief Hearing Examiner; and Sharon W. Murphy, Hearing Examiner.

MINUTES REVIEW

DR. GARG MOVED TO APPROVE THE MINUTES OF DECEMBER 10-11, 2003. DR. BUCHAN SECONDED THE MOTION. A vote was taken

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

Ms. Sloan announced that the Board would now consider the findings and orders appearing on the Board's agenda. She asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and order, and any objections filed in the matters of: Mark L. Allen, M.D.; Glenda M. Dahlquist, M.D.; Joseph W. Fischkelta, P.A.; Timothy A. Gooden, M.D.; Richard W. Liss, M.D.; Larry John Little, M.D.; and Geoffrey D. Snyder, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye

January 14, 2004

Dr. Steinbergh - aye
 Ms. Sloan - aye

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

ROLL CALL:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye
Ms. Sloan	- aye

Ms. Sloan noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters.

Ms. Sloan stated that if there were no objections, the Chair would dispense with the reading of the proposed findings of fact, conclusions and orders in the above matters. No objections were voiced by Board members present.

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

MARK L. ALLEN, M.D.

Ms. Sloan directed the Board's attention to the matter of Mark L. Allen, M.D. She advised that objections were filed to Hearing Examiner Porter's Report and Recommendation and were previously distributed to Board members.

Ms. Sloan continued that a request to address the Board has been filed on behalf of Dr. Allen, but it was not filed in a timely manner. She asked whether the Board wished to allow the address.

DR. BHATI MOVED TO ALLOW DR. ALLEN TO ADDRESS THE BOARD. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote: Mr. Albert - abstain

January 14, 2004

Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye
Ms. Sloan	- aye

The motion carried.

Ms. Sloan advised that Dr. Allen would have five minutes to address the Board.

Dr. Allen was accompanied to the meeting by his attorneys, Leonard W. Yelsky and Sam Weiner.

Dr. Allen stated that his license was suspended, indicating that he is a danger to his patients. Dr. Allen denied that that has been the case. He was never a danger to his patients, and he believes that there is support for that within the evidence presented up until this point. Dr. Allen appealed to the Board for reinstatement of his license. His objections establish that the State's two witnesses, Chester J. Prusinski, D.O., and Roy Nichols, did not offer adequate proof to support the suspension of his license. He asked that the Board consider the evidence in that matter. Dr. Allen stated that Dr. Prusinski testified that Dr. Allen was not a danger to his patients. Dr. Allen commented upon Mr. Nichols' testimony and selective application of the results of a test, stating that Dr. Allen took a test and Mr. Nichols did not agree with the results of the test. Mr. Nichols then retook the test for Dr. Allen, whereby Mr. Nichols actually answered the questions with answers that he thought that Dr. Allen could have made but did not make. Based on the repeat test that Mr. Nichols took for Dr. Allen, Mr. Nichols made his recommendation to the Board.

Dr. Allen stated that subsequent to the evaluation and recommendation of Mr. Nichols, he was seen by board certified psychiatrists at the Cleveland Clinic Alcohol and Drug Recovery Center, who were in complete support of his program of sobriety. Dr. Collins of the Cleveland Clinic thought that Dr. Allen was not a danger to patients and he testified to that at the hearing. Dr. Collins was in support of Dr. Allen's having a license and returning directly to work. Dr. Collins still supports Dr. Allen and is at odds with the recommendation of the counselor at Glenbeigh.

Dr. Allen stated that during the testimony at hearing, Jill H. Mushkat, Ph.D., who is a psychologist running the Eastern Region Cleveland Clinic Health System for the Psychiatric Pain Management Services, found it to be unethical and unreasonable for a person to retake a test and, in fact, change the answers on a test that the patient has taken.

Dr. Allen stated that Ms. Mushkat works with him and can confirm that he was never a danger to patients. Also, not only did Dr. Prusinski, the State's witness, testify that Dr. Allen was not a danger to his patients,

January 14, 2004

but he also wrote two separate letters, one initially to the Board saying that his recommendations were based on psychiatric and mental status evaluations which were, in fact, not done; and subsequent to that coming to light, he changed his letter and sent a second letter to the Board, eliminating the fact that he had done the psychiatric and mental status examination. Dr. Prusinski had initially based his diagnosis on those exams that had not been done.

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

Ms. Albers stated that she believes that the Hearing Examiner's Report and Recommendation sets out a different story from that told by Dr. Allen. The evidence in this case was that the initial letter sent to the Board by Dr. Prusinski indicated that a psychological evaluation had been done, along with other things. That was later corrected to say that a psychological evaluation had not been done, but the conclusion contained in both letters was that the doctor was impaired in his ability to practice by habitual use of drugs or alcohol.

Ms. Albers stated that, as far as the test taken by Dr. Allen, this was a test that has a low probability of allowing the person taking it to falsify answers. When the test was reviewed by Mr. Nichols, he noticed a very high defensive score as related to the doctor's other answers. Mr. Nichols did retake the test, putting in what he thought the answers should be. That test, however, was never used in his evaluation. In fact, what was submitted was the actual test that Dr. Allen took.

Ms. Albers stated that she thinks that it is important that two Board-approved treatment providers found that Dr. Allen needs 28 days of inpatient residential treatment. Impairment is defined in Ohio Administrative Code 4731-16-01(A) as inability to practice without treatment, monitoring and supervision. While Dr. Collins may have said that Dr. Allen could return to practice, Dr. Collins also recommended a very stringent aftercare program with urine screens and monitoring, and two to three A.A. meetings per week.

Ms. Albers stated that the history of this case is that Dr. Allen had two alcohol-related traffic incidents. For the second incident, Dr. Allen was undergoing counseling with a Dr. Downing and attending A.A. meetings. As soon as he was released from probation, he stopped going to counseling with Dr. Downing, and he did not return to counseling with her until he received the Board's letter ordering him to the exam. Ms. Albers stated that the testimony was that Dr. Allen had been going to one A.A. meeting a week. Both Dr. Collins and Dr. Prusinski stated that that was not enough to secure recovery from alcoholism.

Mr. Albers added that Mr. Nichols and Dr. Prusinski are both recovering alcoholics in their positions at Glenbeigh. She indicated that she believes that puts them in a unique position to know how patients in this situation are. Mr. Nichols testified that Dr. Allen has taken a very lightweight approach to his recovery. Ms. Albers stated that she believes the record supports that. She added that it's important to note that Dr. Allen never told either of his partners that his license had been suspended or that he was in treatment for alcohol until the Sunday before they testified at the hearing. Ms. Albers stated that, although his partners did testify that Dr. Allen had never come to work drunk, this Board is not required to wait until a physician comes to work drunk before taking the physician out of practice and ensuring that, if that physician does go back to practice, there is appropriate monitoring and supervision.

January 14, 2004

Ms. Albers concluded by stating that she is in firm support of the Hearing Examiner's Recommendation in this matter.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF MARK L. ALLEN, M.D. DR. KUMAR SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that, although she would agree that there is conflicting testimony in this case, it is clear that the Board is dealing with an impaired physician who has recently completed a 28-day program, as required. Dr. Allen is not yet doing an appropriate aftercare program. Dr. Steinbergh stated that she does support the Proposed Order, adding that it is a minimal order. Dr. Allen will be suspended for an indefinite period of time, during which he has to meet stipulations. Essentially, he has to be in a program for 90 days prior to submission of an application for reinstatement. The rest of it is a standard Board order for impairment. Dr. Allen will be under probationary terms, which are appropriate, for the next five years, at least.

Dr. Buchan stated that the Order was very well written, and it is the Board's position that, if there is an impaired physician, however he comes to the Board, the Board set up appropriate safeguards. He thought the Order was well done. Dr. Buchan added that he believes that if Dr. Allen gets into an aftercare program, he'll have a license 90 days later. Instead of looking at this as a penalty, Dr. Allen should look at it as an opportunity to start over and get this alcoholism issue off his back so he can return to practice and do what he's trained to do. Dr. Buchan stated that he is in full support of the Order, as written.

Dr. Egner stated that she believes that Dr. Allen's presentation before the Board supports her need to see these physicians address the Board. She believes these addresses are rather revealing. Dr. Egner stated that during the whole time Dr. Allen spoke he never once addressed, or even mentioned, that he is an impaired physician. She believes that Dr. Allen needs time to come to grips with his impairment and what that means in relationship to the practice of medicine. Dr. Egner stated that she believes that there was controversial evidence as to what Dr. Allen's true date of sobriety is. Dr. Allen says that he has not had a drink since May 2001, and, yet, there was testimony from his spouse that Dr. Allen drank after getting the Board's letter. That makes a huge difference. Dr. Allen needs to understand how serious this is. She would have preferred to hear Dr. Allen talk about his impairment and what he's going to do. This will give him time to address those issues. Dr. Egner stated that Dr. Allen definitely needs the time out.

Dr. Bhati stated that he doesn't think that Dr. Allen has a full understanding of his problem. It's unfortunate. Dr. Bhati stated that if Dr. Allen doesn't get a hold of his problems and take care of them, he may not have a license next time. The Proposed Order allows him to get treatment and to get back to work. If it doesn't happen, and if he doesn't pay attention to it, he might not be that lucky the next time.

Dr. Kumar noted that paragraph 10 of the Summary of Evidence uses the term macrocystitis. He stated that he believes that that should be "macrocytosis."

January 14, 2004

Dr. Kumar stated that somehow Dr. Allen continues to go back and say that test was given incorrectly, etc. Regardless of whether that was done or not, it is quite clear that Dr. Allen is impaired. He may not have hurt any patients as of this time, but if a person is impaired, there is always a danger for that until they have taken treatment. Dr. Kumar spoke in support of the Report and Recommendation, as written.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye
	Ms. Sloan	- aye

The motion carried.

GLENDAM. DAHLQUIST, M.D.

Ms. Sloan directed the Board's attention to the matter of Glenda M. Dahlquist, M.D. She advised that objections were filed to Hearing Examiner Roberts' Report and Recommendation and were previously distributed to Board members. She noted that Dr. Kumar will abstain from discussion and voting on this case.

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

Dr. Dahlquist was accompanied by her attorney, Neil F. Freund.

Dr. Dahlquist at this time reviewed her education, training and practice history, as outlined in paragraph 1 of the Hearing Examiner's Report and Recommendation, with the Board, adding that she has done 100 percent chronic pain management since 1994. Dr. Dahlquist noted that this is the first time she's appeared before the Board for any complaint, at least of which she is aware. She has had three malpractice cases in the past thirteen years. Two were voluntarily dropped by the patients, without any money for settlement. The third one is still pending. She doesn't have a criminal record.

Dr. Dahlquist stated that during the past thirteen years she has always tried to practice the best medicine she could. She's tried to be a good doctor to her patients. Her patients have always been foremost in her

January 14, 2004

attempts to at least try to provide effective pain management to improve the quality and function of the patients' lives while at the same time monitoring the patients at regular intervals for problems that might occur from side effects from the medications that she has prescribed, or problems that might occur from the patients misusing their medications in any way.

Dr. Dahlquist stated that, probably, the most challenging thing that pain management physicians face is trying to sort out which patients are legitimate patients who are not going to abuse their medications and which patients are prone to abusing their medications. Dr. Dahlquist stated that she believes that she's done her best to sort that out at all times. She does continue to attend medical education seminars. She attended a seminar in New York that was dedicated just to challenges with pain management and chemical dependency. Each year she modifies her practice based on things she learns at medical education seminars. Dr. Dahlquist stated that she feels that she has been responsive to patients when issues come up in their individual lives. Each patient is treated as an individual.

Dr. Dahlquist stated that the thing she found most disturbing about the Hearing Examiner's Report and Recommendation was that he felt that she wouldn't be open to education. Dr. Dahlquist believes there is ample evidence in the testimony that she does continue to go to educational seminars and modify her practice based on that.

Dr. Dahlquist continued that, regarding the issue of increasing dosages of medications, she treats each patient on an individual basis. If a patient develops tolerance to a medication, it may be appropriate to increase the dose. She stated that, without going into details, she feels that her record substantially shows that there was a reason she increased medications for patients each time that she did so. Apparently, the Hearing Examiner felt that her records weren't necessarily complete, in every case, regarding referral physician information that was actually on the chart, but she has done her best to communicate with referring physicians and with consultants. She admitted that her records aren't always perfect, but she has always tried to provide the best patient care she could, and even the State's expert, Dr. Shin, brought out the fact that he thought her records overall were quite good, as far as the documentation.

Ms. Sloan advised that Dr. Dahlquist has one more minute to conclude her statement.

Dr. Dahlquist stated that she hopes that the Board, in looking over the information submitted to this point, will see that there is documentation in the charts, that she has provided medical care within the standard of care and that she is open to education. If the Board feels that she needs reeducation, she's open to that. Dr. Dahlquist asked that the Board reconsider the permanent revocation of her license because she doesn't feel that she's provided care that would require permanent revocation of her license. She asked that, if the Board does decide to sanction her by suspending or revoking her license, in the interest of her patients, the Board allow her 30 to 60 days to find referral sources for the patients so that she can provide continuity of care for them.

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

Ms. Albers stated that, in the case before the Board, the Hearing Examiner set forth very detailed information from the patient records, as well as detailed explanations of Dr. Dahlquist's testimony, her

January 14, 2004

expert witness' testimony and the state's expert witness, Dr. Shin. Ms. Albers stated that she believes that the record in this case clearly shows excessive and long periods of prescribing multiple medications for patients. She referred to Patient 1, who had, at one time, been prescribed Prevacid, Duragesic patches, Roxanol, Soma, Darvocet, Vicodin, Xanax, MS Contin and Phenergan. The last record for this patient showed that the patient was on Roxanol 20 mg per cc, two four-ounce bottles every five days. This kind of prescribing is repeated on and on and on throughout the records.

Ms. Albers stated that another disturbing matter in this case is the multiple injections and lumbar blocks that were administered. She stated that it is her understanding from the expert testimony that these blocks are administered so that the doses of opioid medications can be reduced. When you review the records in this case, that didn't happen. These patients received increasing doses of medications while also receiving these multiple trigger point injections and lumbar blocks.

Ms. Albers continued that the records are also full of what Dr. Shin called "red flags" of instances of drug-seeking behavior. There were patients calling for early refills on scripts, and patients reporting medications lost or stolen. Ms. Albers stated that the most egregious case involved one patient who said that her car had been broken into, \$1,200 in cash stolen along with her medication, but that she had not called the police because she had been parked illegally and didn't want to get a ticket. Dr. Dahlquist refilled her scripts. There are multiple occasions of such cases. Clearly Dr. Dahlquist is either not able to recognize drug-seeking behavior, or she so believes that these people are in pain that she continues to refill medications when the patients are showing these types of behavior.

Ms. Albers stated that she strongly agrees with the Report and Recommendation. She added that she believes that Dr. Dahlquist's inability to recognize the problems in her practice shows that she is not amenable to re-education. The fact that she goes to pain symposiums and takes continuing education does not argue against that fact. There are definite deficiencies in Dr. Dahlquist's practice that the Hearing Examiner did not believe could be fixed by re-education. Ms. Albers spoke in support of the permanent revocation of Dr. Dahlquist's license.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. ROBERTS' PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF GLENDA M. DAHLQUIST, M.D. DR. ROBBINS SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that this was a very large case and was very detail oriented. The treatment of chronic, intractable benign pain is very difficult, and she takes her hat off to those in the medical profession who focus on this field. Dr. Steinbergh commented that, no matter what field of medicine one chooses, a physician is obligated to be as knowledgeable as possible about the ability to diagnose, treatment choices, medications being prescribed, interactions of pharmaceuticals in the human body, and understanding the patient's total needs in the quest for pain control and improved health.

Dr. Steinbergh stated that, in reviewing Dr. Dahlquist's case extensively, she finds fault in every case, some worse than others. Dr. Dahlquist's ability to properly diagnose was compromised by her lack of

January 14, 2004

review of previous medical records on many of these patients. She often continued to prescribe without proper assessment. Her treatment choices were sometimes appropriate, but the inappropriate treatments were dangerous to patients' health. The medications, although very often necessary for pain management, were used in combinations that would cause patients to be potentially addicted, and, in fact, were addicted.

Dr. Steinbergh continued that, without realizing the dangerous combinations and escalating use in many of these patients, Dr. Dahlquist failed to meet the needs of patients regarding their general health.

Dr. Dahlquist often caused potential harm, and did, in fact, cause serious harm to patients. She failed to recognize the seriousness of abuse, and she failed to refer for addiction therapy. She failed to properly manage these cases.

Dr. Steinbergh stated that, in her mind, Dr. Dahlquist used the moniker of "pain management specialist" to recklessly prescribe narcotics to the patients the Board reviewed, and Dr. Dahlquist fails to recognize her errors. Prescribing for chronic benign pain is a science and an art to be sure. Dr. Dahlquist has not met appropriate standards of care. Dr. Steinbergh stated that she concurs with the Proposed Order.

Dr. Steinbergh stated that she believes it is important that the Board encourage the appropriate management of chronic pain and make physicians aware that all modalities and pharmaceuticals may be used by law. She added, however, that physicians must be guided by the very basic medical standards of appropriate history taking, thorough examination as it pertains to each case, the wise choice of pharmaceuticals, alternative treatment options and consulting with other specialists, if needed, and to be thorough in the approach to each patient in order to maintain good health as the physician relieves their pain.

Dr. Egner stated that Dr. Steinbergh gave an excellent presentation, and she agrees with everything that Dr. Steinbergh said. She noted that there were multiple episodes in this case of Dr. Dahlquist not looking for an organic cause for the pain. Dr. Dahlquist's rationale seemed to be that that had been done by other people and therefore she didn't need to do that. By the time the patients came to her, those avenues were exhausted. Dr. Egner stated that she doesn't think that such tests and evaluations are ever exhausted. Some patients developed new symptoms and new complaints of pain, and yet there was not any testing done to look for the cause of that pain. They were just given more and more pain medication.

Dr. Egner stated that, in the case of Patient 5, there was obvious drug seeking behavior. This patient even sold drugs to an undercover police officer. Dr. Dahlquist was aware of that episode, yet she did not take any future measures to monitor that patient's pain medications with drug screens or to limit the number of prescriptions that that patient was given.

Dr. Egner remarked that there is no evidence in the record that Dr. Dahlquist's style of practice changed at all over a long period of time. That is what she looked for in this case. It was a long, arduous case with so many egregious errors, and yet she looks at Dr. Dahlquist and sees a young physician, practicing a very difficult specialty. She has to ask herself whether permanent revocation is the only answer the Board can come up with in view of the fact that it is such a serious outcome for Dr. Dahlquist. Dr. Egner stated that, unfortunately, she doesn't see an alternative. Even in her objections, Dr. Dahlquist claims that she did not deviate from the minimal standards of care, but she did deviate from those standards. She reiterates her

January 14, 2004

expertise in pain management and totally disqualifies what the State's expert says. Dr. Dahlquist says that Dr. Shin is unfamiliar with the medical records and with current research and techniques. Dr. Egner stated that that is just the opposite of what she has come away with. Dr. Egner stated that, unfortunately, she doesn't see that there is remediation or change in Dr. Dahlquist's future. She added that she feels very bad about saying that because she believes that Dr. Dahlquist does care about her patients, but she does not feel that Dr. Dahlquist takes care of them as a responsible physician would.

Mr. Browning agreed with Dr. Egner. He stated that he doesn't think that there was intent to harm patients, but it's amazing after going through all of this that Dr. Dahlquist doesn't understand that instead of helping, she was hurting the patients. That is so fundamental in what the Board does in protecting the public, it's hard to ignore when looking for an alternative to permanent revocation. He stated that he wishes that that were not the only choice the Board has because the State needs physicians working in this area; and, yet, it's awfully tough to look in a different direction for an alternative in this case.

Dr. Buchan concurred. The issues for him are that Dr. Dahlquist failed to accurately diagnose the etiology of the patient's pain time and time again. He stated that he couldn't find that there was any differential pain diagnoses being discussed in this process.

Dr. Buchan stated that the second thought he was taken by was that Dr. Dahlquist failed to provide pain control despite the escalating amounts of medicine that she was prescribing, not only with opioid treatment but with polypharmacy treatments. She failed miserably on both counts. Dr. Buchan stated that, in reviewing each case, he had concerns about every one, between the numbers of injections to Patient 3, who, on March 22, received 90 tablets of Soma in addition to Darvocet. The patient called thirteen days later and had already refilled the Soma prescription, but there were only 50 left. At that point, Dr. Dahlquist refilled the prescriptions again.

Dr. Buchan noted that Patient 15 had been admitted for overdosing and had three different hospitalizations. Dr. Buchan stated that he was impressed with Dr. Dahlquist's conversation about this overdosing situation and the contract to which the patient agreed, and he thought that there was good discussion. However, two months later, Dr. Dahlquist prescribed 60 Vicodin. Four days later she prescribed 60 Percocet. In August she started prescribing Oxycontin in addition to the Percocet.

Dr. Buchan stated that, although he believes Dr. Dahlquist had good training, he could not find a way to salvage this physician. He does agree with the Proposed Order, as written.

Dr. Davidson stated that this is probably the hardest case she has seen in her tenure on the Board. A lot of work went into this case. It's obviously been a long, drawn-out proceeding. Dr. Davidson stated that she was interested in several things in the objections submitted by Dr. Dahlquist. She took issue with their maligning of Dr. Shin for not being certified by the American Board of Pain Medicine. Dr. Davidson stated that the American Board of Pain Medicine is not an ABMS certified body. People eligible for that are certified by other Boards that are ABMS certified bodies, such as their expert, Dr. Blatman, who came in by another route, not the more traditional pain medicine certifying route.

Dr. Davidson stated that she did find some solace in the objections about changes that Dr. Dahlquist has

January 14, 2004

made. They outline things like patient contracts, urine specimens, and it seems that there were changes made. Can the Board take that as acknowledgement on Dr. Dahlquist's part that she was wrong before and there is room for improvement and that she can take steps? Dr. Davidson stated that she would like to think so.

Dr. Davidson continued that, over and over, she was left with the question of motive. That was not addressed in the record. Was this just sloppy care? Was this a physician overwhelmed by pain patients that the Board knows are out there looking for care? Or was she greedy, working 24 hours a day, 7 days a week, seeing these patients and making lots and lots of money? Dr. Davidson stated that she doesn't know the answers to any of those questions.

Dr. Davidson commented that Board members have said that the treatment of intractable pain is very, very difficult. Physicians have come to find that a multi-disciplinary team approach is clearly the best way to go, if, for no other reason, than you have multiple sets of eyes, multiple sets of opinions, multiple different backgrounds and expertise coming around each pain patient. Dr. Davidson stated that she believes that that is the standard of care right now, and certainly that's not where Dr. Dahlquist was. She was out there, a solo practitioner on her own, over and over not referring, not even, as far as recordkeeping, acknowledging the consultation and the referrals of others or the input she was getting from other physicians about these patients. Instead of being part of the solution of pain treatment for patients with intractable pain, Dr. Davidson ended up feeling that Dr. Dahlquist was part of the problem.

Dr. Davidson stated that in the cases of permanent revocation that the Board has taken before, she has always felt that the physician was almost never on course. If you looked back at their record you could see multiple cases of criminal intent, bad decision-making, and any number of excuses. But those physicians were never on course. However, she believes that Dr. Dahlquist was on course for many years throughout her training and the early years of her practice. Clearly, Dr. Dahlquist has veered off course. Dr. Davidson stated that she would like to argue that permanent revocation is not the only option. She would like to see Dr. Dahlquist get the opportunity to remediate. This would be with a lot of supervision and with some suspension time out, possibly quite a long suspension period. Dr. Dahlquist really has to get away from the practice that she had that was clearly a failure. Five of the 16 patients reviewed died. Does that go to say that these are patients who are on a lethal track no matter what you do? The Board isn't saying that Dr. Dahlquist was the cause of their deaths, but this was a failing practice. Dr. Dahlquist needs to get away from it, needs to take stock, and is, perhaps, remediable in Dr. Davidson's eyes.

Dr. Steinbergh stated that she has concerns about that argument. Dr. Dahlquist has clearly done substantial harm. In some cases where the Board does consider remediation, the Board feels that it's strictly an educational piece for physicians who have been out of practice for a long time, or have been isolated and perhaps didn't understand ramifications. In this particular case, the amount of narcotics prescribed, the combinations, and the danger that Dr. Dahlquist presented to her patients was so overwhelming.

Dr. Steinbergh added that she does agree that Dr. Dahlquist does need some time to wind down her practice. In considering whether 30 days or 60 days would be appropriate, Dr. Steinbergh stated that she does not want Dr. Dahlquist out there very long because she doesn't want Dr. Dahlquist to continue to prescribe the way she's been prescribing. Dr. Steinbergh indicated that she believes that 30 days is an

January 14, 2004

appropriate period for Dr. Dahlquist to wind down her practice and arrange for patient care. She doesn't see remediation for Dr. Dahlquist. She understands that Dr. Dahlquist is a young physician and it's a shame, but the amount of patient harm done overwhelmingly convinces her that this needs to be a permanent revocation.

DR. STEINBERGH MOVED TO AMEND THE PROPOSED ORDER TO GO INTO EFFECT 30 DAYS FROM THE DATE OF MAILING THE ORDER IN ORDER TO ALLOW DR. DAHLQUIST TIME TO WIND DOWN HER PRACTICE AND TO REFER HER PATIENTS TO OTHER PHYSICIANS. DR. EGNER SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- abstain
	Mr. Browning	- aye
	Dr. Davidson	- abstain
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. ROBERTS' PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF GLENDA M. DAHLQUIST, M.D. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- abstain
	Mr. Browning	- aye
	Dr. Davidson	- nay
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

January 14, 2004

JOSEPH W. FISCHKELTA, P.A.

Ms. Sloan directed the Board's attention to the matter of Joseph W. Fischkelta, P.A. She advised that no objections were filed to Hearing Examiner Murphy's Report and Recommendation.

Ms. Sloan continued that a request to address the Board has been timely filed on behalf of Mr. Fischkelta. Five minutes would be allowed for that address.

Mr. Fischkelta was accompanied by his counsel, Emery J. Leuchtag.

Mr. Fischkelta stated that he was wrong for indicating on his renewal application that he had not been convicted of a misdemeanor. He feels that when something goes wrong, everything goes downhill from there. In the beginning he was misinformed by his North Carolina attorney that his charges had been expunged when he had been arrested for common law forgery and for forging prescriptions. He thought that the charges would have been expunged in a timely fashion, and at just about that time, a short month afterward, his renewal application came through and he filled it out indicating that he had not been convicted. In turn, this led him to where he is today. He by no means is saying that he was innocent in checking the box. It was his responsibility, and he should have checked a little further before he did it, but, in any event, that's why he's here before the Board today.

Mr. Fischkelta stated that prior to renewing his application he contacted the Virginia Board of Medicine, as well as his advocates, the Virginia Health Practitioner Intervention Program. He asked them, specifically, what he needed to do. With the information provided to them by his attorney, they advised him that he did not have to indicate that he had been convicted of a misdemeanor. With that information, he did check the renewal card as, "no," for not being convicted. They also, at that time, spoke with OPEP, because he was living in Virginia when this occurred, and he was planning to move to Ohio within the next year. There was a group decision made that he would stay with Virginia monitoring instead of coming over to OPEP for monitoring. What he did for the Virginia Board of Medicine and its monitoring agency and the opportunities they provided to him was an initial 30-day inpatient program. He then switched to a 60-day Virginia Board required inpatient rehabilitation facility, Pine Grove, in Hattiesburg, Mississippi. He's done random drug screens, initially at twice a week for one year and then biweekly for a year. Now he's doing twelve random screens per year. He's required to call in every day, 358 days a year, to determine whether or not he's been selected for a random drug screen.

Mr. Fischkelta continued that he attends meetings five times a week and provides a five-page monthly report to Virginia monitoring. He also had private, face-to-face meetings with his psychiatrist when this initially occurred. Those have been discontinued. Mr. Fischkelta stated that he has also become a counselor for other individuals with substance abuse problems.

Mr. Fischkelta stated that he has fully complied with the Virginia Board of Medicine. He's never missed or failed a drug screen. He's completed everything Virginia has required, and there has been no formal action to date on his Virginia license, which was one of the most important things to him at that time. What he has lost so far is his honor, and his integrity. The big thing for him is trust, and that was lost. He lost the trust of his wife who once believed in him. He lost friends and he lost a considerable amount of

January 14, 2004

money. Since the June 12, 2003 letter from the Ohio Board, his hours have been dropped significantly because they were afraid he would be yanked from his position. Since then he's lost at least 100 hours a month. He asked that the Board consider this when deciding whether or not to suspend his license. Mr. Fischkelta continued that he left the Army Reserves and has currently resigned his position at University Hospital in Cleveland. He's looking at more attorney fees.

Mr. Fischkelta stated that he has complied with his attorneys and Virginia monitoring recommendations to the letter. He still sits before the Ohio Board today, but he does accept responsibility. This happened over three years ago, and he knows what he's done. It was an experience from which he learned and which made him stronger. He would like to move on and do whatever it takes to do that.

Ms. Sloan advised Mr. Fischkelta that he had another minute to complete his statement.

Mr. Fischkelta stated that he is a recovering addict who has been sober since January 29, 2000. He's a father, husband, and a U.S. Army veteran. The most important things to him are his family, his life and his career. He gives 110 percent to them as well as to his patients. He wishes to continue.

Mr. Fischkelta stated that there was a discrepancy on page 6, paragraph 8 of the Hearing Examiner's Report and Recommendation. Mr. Fischkelta stated that there had been some confusion at the hearing regarding dates. Mr. Fischkelta explained that, during the hearing, he told the Hearing Examiner that he had terminated his employment in Virginia on December 13, 1999. Nevertheless, in his application for registration in Ohio, which he signed on December 31, 1999, he reported that he was presently employed. When the Hearing Examiner asked why he had reported in his application that he was still employed when he had terminated his employment a few weeks earlier, he had been unable to think of a reason. He stated that, after the hearing, he had realized that he had terminated his position in December 2000, not December 1999, and he had still been employed at the time he completed his application. Therefore, he had not lied on the application, although his confusion at hearing regarding dates may have given that impression.

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

Mr. Wilcox stated that he believes that the Hearing Examiner did a good job in summarizing the factual issues of this case, but he would not agree with the penalty recommendation. This is a case where a physician assistant stole a prescription pad and wrote fraudulent prescriptions for controlled substances. Mr. Fischkelta claims that he was addicted to Vicodin at the time, which influenced his judgment. This may be a mitigating factor, but it does not explain away the fact that Mr. Fischkelta later lied to this Board about his actions. As the facts in this case show, the convictions in North Carolina took place in June 2001. Afterwards Mr. Fischkelta attended a treatment program for chemical dependency from June 2001 through August 2001. As the Board has heard today, Mr. Fischkelta claims to have been sober prior to that time, in the year 2000. Despite being convicted of seven misdemeanors and completing a drug treatment program, Mr. Fischkelta lied to this Board on his December 2001 renewal application. He told this Board that he had not been convicted of any misdemeanors, and he also told this Board that he had not been addicted to drugs. Both of these statements are clearly not true. Additionally, blaming these misstatements on a prior attorney or advice from other boards is not an excuse as he simply could have made a telephone

January 14, 2004

call to the Ohio Board to clear up any discrepancies in that matter.

Mr. Wilcox stated that if this Board allows Mr. Fischkelta to continue to practice in Ohio, and he believes there is ample evidence to revoke at this point, he would suggest at least a six-month suspension in this matter.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF JOSEPH W. FISCHKELTA, P.A. MR. BROWNING SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that she agrees with the Proposed Order, noting that it is a light order. Mr. Fischkelta is an impaired physician assistant, who is chemically dependent, and in the State of Ohio there are certain rules the Board must follow. Under the Order, Mr. Fischkelta's license would be suspended for at least 90 days, and then he would go into the usual probationary terms for five years. She agrees with the proposed terms of probation, including the requirement that he take a personal ethics course. Dr. Steinbergh noted that paragraphs D.2 and D.3 require the personal ethics course. She noted that the first paragraph appears to be taken from the model agreement language, and the second paragraph is the same language with the licensee's name used. She suggested deleting paragraph D.2. and renumbering the remaining paragraphs.

Dr. Steinbergh stated that she does feel sensitive to Mr. Fischkelta's emotional response to the Board today, and she appreciates his pain. He's chemically dependent, and she believes that the Proposed Order is a minimal way of dealing with that dependence. Her only word for Mr. Fischkelta is that in time he will come to understand the need for the Board to take the action it is taking. The Board sees sometimes when it goes with light orders, they don't recognize the seriousness of their dependency. Mr. Fischkelta has lied to this Board, and this is an appropriate Order.

Dr. Kumar stated that, while he agrees with the Report and Recommendation, as written, it is quite clear that not only is Mr. Fischkelta addicted or impaired, he also appears to be somewhat loose with his dates, times and places. He continues to put blame on one person or another. He has just been somewhat loose with his facts. He is definitely addicted and the report and Recommendation is appropriate. Dr. Kumar stated that he supports the Proposed Order.

Dr. Robbins stated that he will also speak for the Proposed Order in this case. There is no question that Mr. Fischkelta lied to this Board in his application. He added that it would not be unreasonable in any sense to think that, with this kind of a history, Mr. Fischkelta should have made a call to the Board, if there was any question about how to fill out the application. Dr. Robbins noted that this was a fairly minimalist order. He added that he also was moved by Mr. Fischkelta's presentation today. Dr. Robbins stated that he hopes that Mr. Fischkelta could move forward. He stated that he would be against any revocation of Mr. Fischkelta's license.

Dr. Egner states that the Board can act on this case, imposing any order from reprimand to revocation. Yet, Mr. Fischkelta has to go through another 28-day treatment program because of the Ohio rules. She asked

January 14, 2004

whether there is any way to get around that. She stated that she doesn't know that another 28-day inpatient treatment program is needed. She believes that Mr. Fischkelta does need suspension time for the fraudulent statement on his renewal application and he needs supervision, as he would have gotten in a consent agreement. Had he not lied on his renewal application, this would be a consent agreement with the Board.

Dr. Steinbergh stated that, even with a consent agreement, Mr. Fischkelta would still have probably had to go through another 28 days of inpatient treatment.

Dr. Egner stated that he's already been through 90 days of inpatient treatment.

Dr. Steinbergh stated that they were not Board-approved programs, and that's the problem.

Dr. Egner stated that it's a waste of time and money.

Dr. Robbins agreed with Dr. Egner, stating that he doesn't see the value of requiring another 28-day program.

Mr. Dilling referred to Rule 4731-16-12 for out-of-state impairment cases that says,

If the board orders a certificate holder who neither resides nor practices in Ohio to submit to an evaluation under division (B)(26) of section 4731.22 of the Revised Code, division (F)(2) of section 4730.25 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code or division (F)(2) of section 4762.13 of the Revised Code, or commences disciplinary proceedings against such a certificate holder based on an alleged violation of either of those divisions, the board may waive any or all applicable provisions of this chapter of the Administrative Code, if it finds that alternative means exist to protect the public.

Mr. Dilling stated that he hears the Board arguing that the 90 days that Mr. Fischkelta has already done is appropriate. He believes that, under those circumstances, the Board could delete the inpatient treatment requirement of the Proposed Order.

Dr. Buchan stated that he agrees with the Findings of Fact, and on their face he would suggest revocation for this gentleman. He commends the Hearing Examiner on her report because she recognizes what the Board feels today – that Mr. Fischkelta can be rehabilitated and is in the process of being rehabilitated. His question of Dr. Egner is how she feels about the 90-day suspension if she removes the inpatient treatment requirement.

Dr. Egner stated that, as far as she's concerned, the suspension is a reflection of his publishing a fraudulent statement and publishing a false, deceptive and misleading statement on his application. Any time a licensee has any dealings with the Medical Board or any medical board in any state, the licensee becomes acutely aware of the importance of a license, what a license means, what the function of the medical board is, and that there are staff at boards to answer questions. They are more aware than anyone else.

January 14, 2004

Mr. Fischkelta had already been through that process in Virginia and knew what a medical board was and what it meant to have a license. He knew that he could have called this Board to find out how he should have answered that question on the application. Dr. Egner stated that she can't buy Mr. Fischkelta's argument that he thought that the record was expunged and that he never had to tell.

Dr. Kumar stated that in a way he sees that putting Mr. Fischkelta through another 28-day inpatient treatment program will not be a significant help, but at the same time he would at least like to see Mr. Fischkelta continue through some kind of aftercare or outpatient treatment contract with someone. If the Board eliminates the paragraph requiring the treatment, it also will eliminate the aftercare contract requirement as well. He would want to see some kind of required outpatient care being done.

Dr. Steinbergh referred to paragraph 4.b. of the Proposed Order and indicated that that should address Dr. Kumar's concerns. It requires Mr. Fischkelta to show evidence of compliance with a post-discharge aftercare contract.

Dr. Kumar stated that that care is continued right after the discharge from treatment.

Dr. Steinbergh stated that the Board might just need to reword the language.

Mr. Dilling asked whether Mr. Fischkelta showed documented sobriety of more than one year at the time he relocated to Ohio.

Mr. Wilcox stated that there was no such evidence presented at the hearing.

Mr. Dilling suggested remanding the matter to the Hearing Examiner. He referred to Rule 4731-16-12 (E), which may allow some leeway for physicians who have more than one year of documented sobriety at the time of relocation to Ohio.

Ms. Murphy asked to direct the Board to evidence contained in the hearing record. She stated that there was a letter dated July 21, 2003 from the case manager for the Virginia Impaired Physicians Program, which indicates the following: Mr. Fischkelta was in Pine Grove through August 2001. Since that time he's been monitored by the Virginia program. He's been required to submit random urine toxicology screens, which all have been negative. And he's been compliant with his contract with Virginia since that time. Ms. Murphy remarked that that documents over two years of sobriety. She stated that this is found in paragraph 14 in the Summary of the Evidence on page 8 of the Report and Recommendation.

Dr. Steinbergh asked for a motion to table to draft an alternative order and review some of the testimony.

**MR. BROWNING MOVED TO TABLE THE MATTER OF JOSEPH W. FISCHKELTA, P.A.
DR. BHATI SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain

January 14, 2004

Dr. Bhati	- aye
Dr. Buchan	- nay
Dr. Kumar	- nay
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- nay
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

TIMOTHY A. GOODEN, M.D.

Ms. Sloan directed the Board's attention to the matter of Timothy A. Gooden, M.D. She advised that no objections were filed to Hearing Examiner Murphy's Report and Recommendation.

Ms. Sloan continued that a request to address the Board has been timely filed by Dr. Gooden. Five minutes would be allowed for that address.

Dr. Gooden stated that he would like to thank Ms. Albers and Ms. Murphy for demonstrating such compassionate kindness and fairness throughout the hearing process. He's chosen this opportunity to address the full Board to express his deep remorse for the events that led to him being here and to make amends for any harm done to all involved parties. He advised that, as part of his recovery program in A.A., step 8 suggests that he make a list of those he has harmed and become willing to make amends to them all. Step 9 suggests that he make those amends directly, whenever possible, except when to do so may cause further harm. Dr. Gooden stated that he believes that this is such an opportunity. Amends, as defined in A.A., is not an apology, but it is being willing to do whatever it takes to right a wrong and to clean up his side of the street, so to speak. He would ask the individual to whom he is making amends what he can do to make this right. His program of recovery then requires that he be willing to do those things.

Dr. Gooden stated that current circumstances make direct amends to the injured parties neither practical nor necessarily desirable. He believes that by his full acceptance of the Board's final decision in this matter, he will have taken a large step in fulfilling those indirect amends. Dr. Gooden asked the Board to consider how he could best serve to make this situation right. He asked that the Board consider his record of recovery, both in A.A. and in the Board's monitoring program, as demonstrating a sincere commitment to sobriety, spiritual growth and personal change. He asked the Board to consider his a sincere desire to walk the walk, to live by the Golden Rule, and to demonstrate a genuine respect for all of humanity.

Dr. Gooden asked the Board to consider his exemplary work in his chosen field of addiction medicine, a choice that was fueled by a spiritual commitment to help others to learn to walk the walk, to live by the Golden Rule and to discover the joy of a life of sobriety. Dr. Gooden asked the Board to consider the opportunity he currently has to work directly in the field of physician recovery alongside individuals who are highly regarded in the field of physician recovery. He asked the Board to consider his work in the recovering physician community and to consider that he may better serve righting this situation by working

January 14, 2004

tirelessly to prevent other healthcare professionals from crossing boundaries, sharing his experience to prevent further harm through this insidious, yet pervasive, problem they face.

Dr. Gooden stated that he would like to share that this process for him has led to the loss of a marriage, pending bankruptcy and, perhaps, long-term unemployment.

Dr. Gooden asked that the Board consider that amends for harm done in this situation may be better served by providing the opportunity for him to continue to do the work he has committed his life to doing by not taking away the privilege of practicing medicine in this state. He stated that he offers himself in volunteer community service at the Board's discretion in an effort to right this situation, but he feels that it is necessary to maintain an active license to do so.

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

Ms. Albers stated that it is important for the Board to remember that Dr. Gooden took advantage of the mother of pediatric patients in order to enter into a sexual relationship with her. What makes this case even more egregious is that a sexually transmitted disease (STD) was passed on to this family. While Dr. Gooden has said that he accepts responsibility for that, she doesn't know that he has, based upon his testimony today where he's asking to do community service rather than having his license suspended. This conduct was egregious and she believes that a six-month suspension is not enough to address how serious this conduct was. She reminded the Board that a few months ago it suspended the license of another physician for six months who had been in a relationship with a patient. That physician had not, however, passed on an STD.

Ms. Albers stated that, although the Hearing Examiner addresses as mitigation that this conduct occurred during the height of Dr. Gooden's alcoholism, she doesn't know if the disease model of alcoholism excuses that kind of behavior. She asked that the Board consider a longer suspension in this case.

DR. KUMAR MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF TIMOTHY A. GOODEN, M.D. DR. ROBBINS SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Kumar stated that it is quite obvious that the actions of this physician were outrageous. Taking advantage of the mother of two small pediatric patients is absolutely unacceptable. From what he's heard from Dr. Gooden, he does seem to accept his actions.

Dr. Kumar stated that he was most impressed with the fact that Dr. Gooden has gone into addictionology training and is doing a residency. In reviewing the letters and recommendations from the program, they have been really glowing. Dr. Kumar stated that it would be prudent for the Board to allow Dr. Gooden a chance to complete his residency program. He added that he has been searching for a way that would allow the suspension, but also allow Dr. Gooden to continue his residency. His inquiries tell him that if someone has a full certificate, the Board cannot give him a training certificate, so he's tried to modify the

January 14, 2004

order.

DR. KUMAR MOVED TO AMEND THE PROPOSED ORDER IN THE MATTER OF TIMOTHY A. GOODEN, M.D., BY SUBSTITUTING THE FOLLOWING FOR PARAGRAPH 1:

SUSPENSION: The certificate of Timothy A. Gooden, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for 180 days. Such suspension shall be stayed, subject to the LIMITATION that Dr. Gooden's practice during the 180-day period shall be restricted to activities within the scope of his clinical fellowship program in Addiction Medicine/Addiction Psychiatry at University Hospitals of Cleveland. Dr. Gooden shall practice only under the supervision of the physicians responsible for supervision as part of the clinical fellowship program.

ALL OTHER PROVISIONS OF THE PROPOSED ORDER SHALL REMAIN UNCHANGED.
The motion died for lack of a second.

Dr. Egner stated that she has two problems with this physician. No doubt he is remorseful and he presented himself well today and at the time of the hearing. The transmission of an STD does not affect how she feels about this case. She doesn't feel that Dr. Gooden should be punished more or less for that because having sex in 2004 runs the risk of contracting an STD. She does feel very strongly that Dr. Gooden is an addicted physician. He is impaired in two ways: with his addiction to alcohol and with his addiction to sex. This Proposed Order does not reflect his sexual addiction, nor does she feel that enough has been done to really address that. The 180-day suspension doesn't even begin to address how long he should be suspended. She thinks he should be out of practice for 18 months. He should demonstrate that both of his problems are being addressed. This is a serious consequence, but Dr. Gooden committed serious actions. Dr. Gooden took advantage of his patients' mother. He had to know at the time that that was wrong and that this was sexually addicted behavior.

DR. EGNER MOVED TO AMEND THE PROPOSED SUSPENSION PERIOD TO EIGHTEEN MONTHS. DR. BHATI SECONDED THE MOTION.

Dr. Kumar asked Dr. Egner whether she would allow him to finish his residency program.

Dr. Egner stated that she would absolutely not. She added that she wouldn't even consider it.

Dr. Bhati stated that Dr. Gooden has made a serious, serious mistake in becoming sexually involved with the mother of two patients. The Board's tolerance in this type of case is zero. He added that he's even surprised that the Proposed Order is only for 180 days' suspension. At times the Board has taken the license permanently in these types of cases.

Dr. Steinbergh stated that this is a chemically dependent physician who had a sexual affair. She agrees that transmission of the STD does not affect her thoughts in this. The Board cited Dr. Gooden for sexual misconduct within practice and a code of ethics violation. She questions the concept of a sexual addiction. She can't support that thought, unless it is supported by the record.

January 14, 2004

Dr. Egner stated that she believes that Dr. Gooden admits to that in the record. He indicates that he is active in A.A. and attends three A.A. meetings and one Sex and Love Addicts Anonymous meeting and one Caduceus meeting per week.

Dr. Steinbergh stated that she just has problems with making her decision on that when there were no allegations against him on that basis in the citation letter.

Dr. Egner stated that Dr. Gooden was charged with sexual misconduct within practice.

Dr. Steinbergh stated that she agrees with that, but her concept is one of a sexual affair. She agrees that he did have sexual misconduct within his practice. The concept of sexual addiction is different to her. The Board doesn't have numerous cases, as it has in the past, where there have been large numbers of patients affected. She does agree that a 180-day suspension is weak. She's certainly sensitive to what Dr. Gooden's personal needs are now with regard to education, but Dr. Gooden will have to pay the price for his misconduct prior to further education.

Ms. Sloan stated that Dr. Gooden was charged with a violation of ethics and minimal standards. The Board already sanctioned him for his impairment and his sexual addiction through consent agreements. The Board needs to look for an appropriate Order for the violations of ethics of sexual misconduct in practice.

Dr. Egner stated that the minimum penalty in the Board's guidelines for that is a one-year suspension.

DR. EGNER MOVED TO AMEND HER MOTION TO REQUIRE A ONE-YEAR SUSPENSION RATHER THAN 18 MONTHS. DR. BHATI, AS SECOND, AGREED TO THE AMENDMENT.

Dr. Buchan stated that he personally leans toward revocation in this case. He finds Dr. Gooden's actions out of bounds and intolerable. The Board has been on record as saying that impairment never excuses action. Looking at just the action, a minimum of one-year suspension is appropriate. If that is the amendment, he'll go along with it, but he thinks it is light. He's impressed that Dr. Gooden is doing the work that is necessary, but this case bothered him.

Dr. Robbins stated that the STD did bother him quite a bit because Dr. Gooden is a physician. There's nothing in the record to indicate that Dr. Gooden insisted on safe sex, and if anyone should be leading the charge for safe sex, it should be a physician. In that regard, he found this case more egregious.

Dr. Steinbergh stated that if the Board believes, as it has for numerous chemically dependent physicians, that their judgment becomes impaired, and the Board accepts the fact that it happened at the height of his impairment, she could clearly see an impairment of his judgment. She does not in any way condone what Dr. Gooden did. What Dr. Gooden did was absolutely wrong, and a physician should know, and ought to use, safe sex methods. However, the Board also knows that STDs can be spread no matter what precautions are taken. She looks upon this as impaired judgment. The Board has seen physicians with felony convictions against them during their impairment, and the Board has put them into a consent agreement. Dr. Gooden is already in a consent agreement and is following the terms of that agreement.

January 14, 2004

But Dr. Gooden made the mistake of sexual misconduct in practice, and she agrees with the one-year suspension.

Dr. Davidson agreed with Dr. Steinbergh, adding that time and again the Board has seen egregious actions in the height of addiction. That doesn't excuse the actions, it's just a fact. Dr. Gooden had a six-month suspension, it appears, and he's done very well in his recovery. It seems that he's been a model probationer in that regard. Dr. Davidson stated that she wonders what the Board would have done had it known about the sexual misconduct in practice at the time it entered into the consent agreement. The Board sees probationer after probationer who kind of minimizes and who's kind of a workaholic and who tries to sweep it under the rug, but she doesn't believe that that's Dr. Gooden. Dr. Gooden has had a truly life-changing experience, and hopefully he's set his life on the road to permanent recovery. Dr. Davidson stated that she doesn't like seeing the Board go outside the Disciplinary Guidelines, as is being recommended in the Proposed Order, but she tends to agree with it. Giving these circumstances and the timing, a six-month suspension is appropriate. She would not agree to his returning to his residency, as much as this would upset his career and his life path, if for no other reason than the message it sends to everybody else with whom he's training.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- abstain
	Mr. Browning	- aye
	Dr. Davidson	- nay
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF TIMOTHY A. GOODEN, M.D. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- abstain
	Mr. Browning	- aye

January 14, 2004

Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

RICHARD W. LISS, M.D.

Ms. Sloan directed the Board's attention to the matter of Richard W. Liss, M.D. She advised that objections were filed to Hearing Examiner Porter's Report and Recommendation and were previously distributed to Board members.

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

Dr. Liss was accompanied by his attorney, David K. Orensten.

Dr. Liss stated that he believes that he is a good physician. He noted that the Hearing Examiner has requested a permanent revocation of his license based on a departure from minimal standards in the selection and use of certain medications and violations of the code of ethics.

Dr. Liss stated that for two years he was taking care of a patient for whom, apparently, according to the Hearing Examiner, he was prescribing drugs improperly to a patient who was seeking drugs. At the end of that two-year period, he wrote a letter to the patient, indicating that he was in love with her. That is the situation. For the next two years there was no prescribing of any sort. These were two individuals who, on their own, had made a decision that they were going to do something with their lives. It was no longer a doctor/patient relationship. There was documentation for that. There was a simple form to state, "I am no longer your patient, you're now my boyfriend."

Dr. Liss stated that the reasons that the relationship did not continue is not really a matter for the Board. It's a personal matter, but it's important to understand that there was a relationship there. At the end of that time, when it was clear that they were going to be taking separate paths, the question was, "you're not my boyfriend, but can you still be my friend," and, yes, he wanted to be her friend also. At that particular time, and he realizes that he has used the phrase that he was dancing on the edge of the envelope, but, at her request, and he was agreeable to it, she did return to him as a patient. At that time, again, there was documentation indicating that, while they had a close personal friendship, she was going to be his patient and not his lover.

Concerning whether he thought that he could properly take care of a patient under circumstances such as this, Dr. Liss stated that the Hearing Examiner stated that it is ludicrous to think that he would gain additional insight into a person because he spent an extended period of time with that person. In a situation like this, this is not like monitoring a blood sugar or blood pressure. Dr. Liss stated that he thinks that knowing a person does help you understand what's going on. Was he trying to violate some sort of

January 14, 2004

standard by taking advantage of his situation with this individual? Dr. Liss stated that he was not. Obviously they had remained close and what he was trying to do was care for someone for whom he cared, and who he felt cared about him.

Concerning whether or not Dr. Liss, possibly in some way, because of his emotional involvement, was clouded and could not see clearly, Dr. Liss directed the Board to the fact that approximately two weeks before the letter had been written in regards to his feelings about the patient, she had been hospitalized by him. In the history he pointed out that this was a pregnant woman who had not received appropriate prenatal care, has a history of alcohol and IV drug abuse, a new murmur, maybe an endocarditis. In other words, he was acting as a physician, regardless of his particular feelings. He asked what other reason would lead him to want to take this person on as a patient.

Dr. Liss stated that he would point out that both the State's and his own experts agree that what they were dealing with was a post-traumatic syndrome disorder type of patient. They were arguing whether or not he was taking proper care of the patient during that time. The point is that post-traumatic stress disorder was never in any of the old records. No one will find that this is a patient who is a polysubstance drug abuser, seeking drugs, suicidal, borderline personality disorder, everything but the diagnosis that at the end both of the psychiatrists involved in this particular case, as experts, agreed that he had made a correct diagnosis. Dr. Liss stated that he believes that post-traumatic stress disorder requires a different way to approach issues, rather than a drug-seeking, polysubstance abuse person. Dr. Liss stated that he was "in her crosshairs" at one point, and they both decided that they cared for each other and they were not going in that kind of a direction.

Dr. Liss continued that it may be hubris on his part, but he believes that if the experts were making mistakes and he was trying to take care of her properly in a person who, much like the Santa Claus in the Christmas story, knew the questions psychiatrists were going to ask before they ever asked them, that if he understood what was going on in her life and could properly treat it and help her, he felt that he was doing her a service.

Concerning whether or not he and the patient remained close, Dr. Liss stated that after she had returned to him as a patient, he was a pallbearer at her mother's funeral. He had been introduced to her mother back when he was her boyfriend. Even though he was her physician, he was, at the same time, close enough to her that important parts of her personal life were also involved with his.

Dr. Liss stated that even well after anything that could be possibly considered as some sort of a tabloid sex-for-drugs type of relationship, a week before the hearing, when she was to testify, he got a typical call from the patient: "This is Patient 1. Guess where I am, guess what I did. I fell off a horse, broke my ribs and I'm in the hospital." He stated that this was a few days before the testimony. Dr. Liss commented that this was typical; they talked all of the time and spent a lot of time together. He stated that it had nothing to do with the underlying things that he thinks are part of this case.

Concerning whether or not he made mistakes, Dr. Liss stated that obviously he had to have or he wouldn't be sitting here. He added that the biggest thing that bothers him is the fact that the chart where the documentation where he could show truly what he was trying to do, a time frame, the fact that the patient

January 14, 2004

was in accord with the idea that if she was going to be his girlfriend, he can't be her doctor, but he would be her doctor as her friend, but nothing else, is missing.

Ms. Sloan advised Dr. Liss that he had one more minute.

Dr. Liss stated that the chart was in a private area, in a private residence, and to this day no one can describe how the chart got into the possession of the Board. It did not come from him.

Dr. Liss stated that he believes he is a good physician. What is being talked about is one particular patient under difficult circumstances in which he believed that he was acting on her best behest and he was trying to continue with appropriate documentation to show that that's what he was doing. He does not believe that this deserves the permanent revocation of his license.

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

Mr. Michael stated that he thinks that one of the striking things that Dr. Liss just said is that the only reason he thinks he made a mistake is because he's sitting here today. From the outset Dr. Liss' actions with Patient 1 and his management of her care and treatment he did with one goal in mind, and that was to further his personal relationship with her. Patient 1 was a perfect victim for someone like Dr. Liss. She was drug-dependent from an early age, spent a lot of time on the streets, and worked jobs upon which society might frown.

Mr. Michael continued that Dr. Liss' first objection related to the patient chart to which Dr. Liss earlier referred. Mr. Michael stated that how the patient chart got to the Board was explained to Dr. Liss' attorneys off the record, and he believes that is legally waived. Secondly, Dr. Liss referenced the fact that a photo of his wife had been spread around the neighborhood, but he also testified that he did not believe that Patient 1 did it. That objection is irrelevant to issues before the Board today.

Mr. Michael stated that the issues here today concern simply what Dr. Liss did and his complete lack of honesty in all stages of the case. At no point, even today, has Dr. Liss really fully come clean with the Board. Mr. Michael stated that Dr. Liss' investigatory deposition is telling. Every answer he gave in that deposition was misleading or outright false. First, in the deposition Dr. Liss explained that he had an affair with Patient 1 four years prior to initiating a physician/patient relationship. At hearing, he established that that didn't start until 1996 and went on through 2001/2002. Secondly, Dr. Liss tried to explain away his deposition testimony by stating that his false answers were based on the fact that he didn't like the fact that Patient 1 was being referred anonymously as Patient 1, and that he considered her not to be a patient for the scope of the question being asked. Answers like that, coupled with the fact that the Board's Enforcement Attorney completely clarified that point prior to asking questions about his relationship, which he then denied, are misleading.

Mr. Michael stated that Dr. Liss' lack of any honesty is demonstrated also amply in the record by his meandering non-answers to the questions that the State posed concerning his deposition testimony. He stated that one of the most telling instances of Dr. Liss' misconduct relates to what he talked about today, related to the document he alleged noted the shifts between the physician/patient relationship and the

January 14, 2004

personal relationship. Patient 1 stated that that document never existed. She never signed any document. Dr. Liss' first reference to that said that there was one incident where they signed a document. Mr. Michael stated that when he pointed Dr. Liss to instances in the record where it was obvious that physician/patient records existed, contrasted with the patient's testimony about further times of a personal relationship, Dr. Liss changed his story to state that there were two sheets with multiple notations and that each time they would sign a document to note a shift between the doctor/patient and personal relationships.

Mr. Michael stated that at every stage, when Dr. Liss was confronted with inconsistencies in his testimony and the evidence, he changed his testimony to try to explain away the inconsistencies. Mr. Michael noted that Dr. Liss first denied knowing that Patient 1 had ongoing addiction problems, specifically, her Valium dependency. Dr. Liss denied having medical records indicating that she was addicted to Valium or demonstrated an ongoing abuse of Valium. Mr. Michael added that Dr. Liss also indicated that it was okay to use these drugs because the Patient told him that they were the only ones that work for her conditions and that he carefully monitored them and discounted the relevance that a psychiatrist might have in working with a case like this.

Mr. Michael continued that the patient told the Hearing Examiner that Dr. Liss "was her own personal physician." She also testified that in the periods where there were no records she was still receiving drugs from Dr. Liss. Mr. Michael advised that Dr. Liss was this Patient's own personal physician. He added that he wishes he had time to recap every instance in which he believes Dr. Liss was dishonest, but he believes that Mr. Porter did an excellent job in his Report and Recommendation. Mr. Michael stated that he thinks this is a terrible case and what makes it worse is Dr. Liss' own dishonesty, his attempts to rationalize what he did, and his complete failure to take any responsibility for or recognize the import of his actions in the relationship with Patient 1. Mr. Michael asked that the Board adopt the Recommendation before it and permanently revoke Dr. Liss' license to practice.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF RICHARD W. LISS, M.D. DR. ROBBINS SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Egner stated that she wants to make a couple overviews of this case. She stated that whether a log existed or never existed is not relevant to her. She added that she personally doesn't think that it probably ever existed, but even if it did, when the Code of Ethics talks about not having a sexual personal relationship with your patient, it does not mean that "week 1 of the month I will be your physician, and week 2 of the month we can switch to being lovers, and then week 3, if you need a prescription, we'll go back to me being your physician." Dr. Egner stated that that is ludicrous and it is not what that Code ever meant, and any reasonable person knows that. Even if the log does exist, it does not excuse Dr. Liss' behavior.

Dr. Egner continued that Dr. Liss' violation of the minimal standards is just egregious. He wrote prescriptions for Valium every two to four weeks. They numbered from 50 to 168 tablets between 1994

January 14, 2004

and 2001. She commented that, if she just takes one five-day period in October 1999, on the 16th he wrote Valium 10 mg, 90 tablets, and five days later wrote the same prescription. This means that the patient was taking 18 tablets a day. That's 180 mg of Valium per day. Dr. Egner stated that this is not treatment for post-traumatic stress syndrome. This is supplying drugs and keeping someone addicted and under his control.

Dr. Egner stated that Patient 1 delivered a baby in August 1996, during which time Dr. Liss wrote six prescriptions for Valium when she was obviously pregnant. There's nothing in the record to say that he didn't know she was pregnant. There is no evidence that Patient 1 kept that a secret from Dr. Liss. She noted that Dr. Liss wrote the following prescriptions: January 11 – 50 tablets, January 15 – 40 tablets, February 6 – 40 tablets, March 3 – 60 tablets, April 16 – 60 tablets and within a week or two of her delivery on August 16, 90 tablets, resulting in a baby that was born with levels of Valium in its system. During that time, Patient 1 had no prenatal care. Dr. Egner stated that Dr. Liss had to know that. There is no way that he didn't know that, and whether Dr. Liss was her lover or her physician, he certainly knew that she should have been having prenatal care. Dr. Egner stated that that is totally unacceptable.

Dr. Egner added that Dr. Liss is dishonest and unethical, he practices below minimal standards, and now he practices in hospitals and nursing homes. Those are the most vulnerable patients. Dr. Egner stated that Dr. Liss' license needs to be permanently revoked, and she added that she says that without any hesitation or regret.

Dr. Kumar stated that he is new on the Board and he could not believe when he read this case that people like this exist in the medical community. He stated that, whichever way he looks at this case, he cannot come to any conclusion other than that this person absolutely needs a permanent revocation. Dr. Kumar added that, besides the prescribing, the continuing sexual activity is absolutely abhorrent. Dr. Kumar stated that he absolutely supports Dr. Egner's comments.

Dr. Steinbergh also concurred with the Report and Recommendation. Dr. Steinbergh stated that she finds Dr. Liss to be quite an egotist in his control of this situation. He made poor judgments throughout, he over prescribed, and misprescribed. He mixed his roles of physician, friend and lover. Dr. Liss should have sent this patient to another physician, but he never did. When she was pregnant, he prescribed Valium and then switched her to Soma, which is also a muscle relaxant. Dr. Steinbergh stated that there is no indication for Soma during pregnancy. Dr. Steinbergh added that, in her mind, probably the worst thing that he did, even if he was only a friend, the close friend that he says he was to her, was that he never referred her for prenatal care. Dr. Steinbergh stated that the personal responsibility that Dr. Liss did not undertake is overwhelming to her.

Dr. Steinbergh continued that there is nothing in the record to justify Dr. Liss' continued practice of medicine. She stated that she agrees with permanent revocation in this case.

Dr. Robbins also spoke in support of permanent revocation. He noted that Dr. Liss mentioned today that he thought he was dancing on the envelope. Dr. Robbins stated that he doesn't think that even today Dr. Liss understands the gravity of what happened here. There was no dancing; Dr. Liss destroyed the envelope. Dr. Robbins stated that he totally concurs with the comments made by other members, adding

January 14, 2004

that there's just no excuse whatsoever. He stated that he doesn't think that Dr. Liss understands that, even to this day.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

LARRY JOHN LITTLE, M.D.

Ms. Sloan directed the Board's attention to the matter of Larry John Little, M.D. She advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

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

Dr. Little was accompanied by his attorney, John P. Carney.

Dr. Little expressed his appreciation to the Board for allowing him to address it. He stated that he knows that all Board members are well informed in regard to his situation and the violation of medical rules that resulted, as outlined in the hearing transcript and Hearing Examiner Murphy's Report and Recommendation.

Dr. Little stated that he appreciates that the Board has reviewed the Report and Recommendation, and he will not recount his interpretation of the facts in his case, nor will he make excuses nor cite extenuating circumstances to account for his actions. Dr. Little stated that he has had adequate time over the past two years for soul-searching, with time to reflect on his actions and the harm done as a result. He stated that he is grateful for the Pharmacy and Medical Boards' intervention. The event became a turning point in his wife's recovery and treatment process, as well as in his own recovery process as an enabler.

Dr. Little stated that he fully admits to the role of enabler in his wife's chemical dependency. He advised that, although he knew next to nothing about the disease model of chemical dependency at the time, he

January 14, 2004

knows now that his poor judgment, short-sightedness and obscuring of boundaries compounded an already difficult medical situation. After the Pharmacy and Medical Boards' intervention, he immediately contacted Dr. Whitney and Dr. Karaffa for guidance. They suggested that his wife enter Shepherd Hill for a three-month inpatient program. Dr. Little stated that he feels blessed that his wife received the quality of education and support to maintain a well-rounded recovery. She continues in the nurses' alternative program.

Dr. Little advised that Dr. Whitney and Dr. Karaffa also suggested that he become educated about chemical dependency and his role in the dynamics of the disease. Dr. Little stated that he attended the family program and educational lectures at Shepherd Hill, and at their suggestion he has attended Alanon meetings. He continues today with counseling from Dr. Evelyn White relating to family dynamics as it pertains to chemical dependency.

Dr. Little continued that it was also immensely helpful that he attended the Case Western Reserve University course on chronic pain prescribing and chemical dependency. He stated that, through positive action, he now feels that he is in a much better position to assure the Board that the poor judgment on his part will not happen in the future. Dr. Little stated that he has a better perspective on his role in his wife's chemical dependency and his own inadequacies.

Dr. Little stated that, in retrospect, he knows that he was part of the problem, and he is working diligently to become part of the solution. He knows now that his diminished boundaries and emotional attachment at the time facilitated this negative course of events. His boundaries in relation to his family life and professional setting are now firm and clearly defined. Controlled substances are no longer utilized on-site in his office. Staff members are treated formally and no differently than non-staff members. He is not involved in his family's medical care other than in the role of a concerned and loving husband and father.

Dr. Little stated that he now realizes, in glaring detail, the reason for the Medical Board's insistence on non-treatment of family members, especially in regard to pain management. He added that he can speak from personal experience that a slippery slope can ensue to the detriment of all involved if these rules are not followed.

Dr. Little advised that he wants the Board to know that he is truly sorry and remorseful for his actions. He violated the Medical Board rules and also provided poor medical care to the person most valued in his life, his wife, Andy. He feels tremendous shame and guilt over what he has done. In order to make amends to the Medical Board, to himself and to his family, he will accept the Board's recommendations on its terms. He is fully aware that his license to practice medicine is a privilege and not a right. He does feel that he can still practice medicine safely, professionally, and in such a way as to be of service to his patients and to be a valued member of the medical community.

Dr. Little concluded by stating that he is solely responsible for his actions and he holds full accountability. He stated that any further consequences that the Board chooses and imposes are his doing and his alone.

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

January 14, 2004

Mr. Michael stated that this isn't a case of a simple family prescribing incident where a doctor gave a family member an antibiotic or something like that. This was a severe situation where Dr. Little stipulated that he gave his wife drugs on over 60 occasions. Dr. Little allowed her to run his office, which included his signing blank purchase forms for controlled substances. He allowed someone he knew was addicted to go ahead and order the drugs for his office and then divert them. Mr. Michael stated that he knew all along about her addiction problems.

Mr. Michael continued that Dr. Little blames part of this on his lack of understanding of chemical dependency as a disease process. Mr. Michael stated that he believes Dr. Little's explanation is a little bit hollow when one considers the following facts: first, he's a physician. Second, in 1999 Patient 1 went through three weeks of detox, in 2000 she went through a second detox, in 2001 she again relapsed. At each point, Dr. Little was allowing her to continue to come back into the practice and take control of purchasing the drugs. Then, to try to control the situation, Dr. Little decided to take on the administration of her controlled substances for her addiction problems himself. He tried to control it by giving her the injections.

Mr. Michael stated that, although Dr. Little has attended classes and seems to be remorseful, he would disagree with the Hearing Examiner's statement that Dr. Little hasn't demonstrated that there was any self-interest involved with what was going on. Mr. Michael stated that, with a family member, there is an inherent self-interest in this situation.

Mr. Michael stated that he believes this is an egregious violation of the rules and prohibitions against prescribing to family members. He added that six months is a significant suspension on one hand, but on the other hand this is a severe case and he doesn't believe that he's seen a case this severe in the two years he has been with the Board.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF LARRY JOHN LITTLE, M.D. DR. KUMAR SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Kumar stated that he thinks that the facts are very clear. What Dr. Little has done to his own family member is absolutely unacceptable. He stated that he would like to make some comments pertaining to the treatment of Patients 2 through 6. Dr. Kumar stated that there were a couple of things that, in a way, bothered him. The rules and regulations for the prescribing of pain medication were published in 1997 or 1998. He noted that, for Patient 2, Dr. Little prescribed one diazepam and one Darvon in 1994 and then in 1996, and nothing after that. Patient 3 had only one Darvon in 1997. Dr. Kumar stated that, although the table makes it look like a whole bunch of medicines were prescribed, if you actually look at it and drill it down, it was only to his office employees. Dr. Kumar stated that he agrees that Dr. Little should have documented those things in the chart, he should have done a physical examination and things of that nature, but at least it does not appear that he was so-called "pushing" drugs without any rhyme or reason.

Dr. Kumar stated that, because of the way Dr. Little handled his wife's situation, 180 days appears to be an

appropriate time out. Dr. Kumar spoke in support of the Report and Recommendation.

Dr. Egner verified with Mr. Schmidt that Parkside is a Board-approved treatment provider. She then stated that there are a couple of things about this case that she does not understand, and that she doesn't have an answer to, but it affects her judgment about it. Dr. Egner stated that she doesn't understand why this physician needed IM Demerol in his practice so readily available to him at the time when now he is able to practice without having any of these medications in his office and seems to be doing just fine.

Dr. Egner continued that it is very difficult for her to accept that Dr. Little's wife could go to a Board-approved rehab center and that it would never occur to him that putting her back in the same position of ordering the Demerol in his office and having access to it would be inappropriate. It doesn't take a physician to understand that. Dr. Egner stated that Dr. Little should have known better and there's nothing in this record that tells her why he didn't now that. It's not just so simple that he was an enabler.

Dr. Egner referred to testimony that Dr. Little took over giving his wife the Demerol because the treatment programs didn't work so he was going to take it upon himself, and said that she doesn't buy that argument. She asked what made Dr. Little feel that he could do that. If he had no understanding at all of addiction, which he says he didn't, then why would he think that he could now become the treating physician for her addiction. Dr. Egner stated that she wonders whether or not there is more to the story.

Dr. Egner stated that she believes that Dr. Little knew by the time that his wife relapsed that last time that when she went back to Parkside or any other program, his license was going to be on the line. Somebody was going to report him to the police, the Medical Board or someone. When you have someone who is working in your office and who relapses and diverts medication, she should have been reported to the police and she never was. That's against the law.

Dr. Egner stated that Dr. Little wasn't his wife's enabler; he was her supplier. She added that she doesn't know whether Dr. Little wanted to maintain control over his wife or what his motivation was, but she doesn't buy that it came from an ignorance of addiction. Dr. Egner stated that she thinks that 180 days out of practice is too little for this physician. The rule of not treating family members has been very well publicized. It's in the Board's newsletter on multiple occasions, and it is fairly clear. She stressed that Dr. Little was giving his wife IM Demerol. Dr. Egner stated that she thinks that Dr. Little should be out of practice for 18 months.

**DR. EGNER MOVED TO AMEND THE PERIOD OF SUSPENSION TO 18 MONTHS.
DR. BHATI SECONDED THE MOTION.**

Dr. Buchan stated that he's going to buy into the other side of this equation. His read of this was that, although he doesn't lessen what Dr. Little did and won't describe it as being anything but horrible, but by the same token Dr. Little was extremely cooperative. He has, on his own, gone through this family counseling process which included 40 hours at Case Western. Dr. Buchan stated that he found Dr. Little to be making responsible choices to a horrible situation. Dr. Buchan stated that he doesn't know what would be gained by taking Dr. Little out of practice for a year and a half. Dr. Little is doing the work and that's what the Board looks for. It looks for these people to make the corrections in their lives and in their practices and then the Board rehabilitates them through a successful practice and life. Dr. Buchan stated

January 14, 2004

that he thinks Dr. Little is doing the work, and he would be more lenient than more restrictive or more harsh in regards to this Report and Recommendation. Dr. Buchan suggested a 30-day suspension.

Dr. Steinbergh stated that she disagrees with Dr. Buchan's suggestion. She advised that her read was a little different from Dr. Egner's, but she does understand Dr. Egner's thought process. Dr. Steinbergh stated that you do have to question why a dermatologist has IM Demerol in the practice. What is the purpose?

Dr. Steinbergh continued that Dr. Little knows that he made mistakes and knows what he did. Dr. Little's wife knows what she did. They know the dangerous situation and Dr. Little will forever remember this occasion with the Board. She added that she doubts that Dr. Little will ever do this again. Dr. Steinbergh added that Dr. Little's wife has to come through this chemical dependency herself, and that's a bad picture. She stated that she's sure there's a lot of pressure in a family situation like this. Dr. Steinbergh stated that this was just a very bad situation.

Dr. Steinbergh stated that she supports the Proposed Order. She believes that six months is the appropriate time out for this. She added that the probationary terms are appropriate. Probably the only thing she would change is that, because Dr. Little did take a prescribing course, she would put that into the body of the probation, just as information. When she looks at his prescribing and so forth, the Board would normally require him to take a prescribing course. Since he has done this, she would address this issue in the body of the Order and acknowledge that he has completed this course. She believes it helps the Order to look more complete. She suggested adding a new paragraph C.5., which would indicate that Dr. Little has taken a prescribing course, listing the name, on such and such a date and then renumber the other paragraphs.

Dr. Kumar agreed with Dr. Steinbergh.

Dr. Bhati stated that one could walk into a bank, rob the bank, kill somebody, dial 911, tell the police that he did it and give the mitigating circumstances, and then asked to be let go because it is very unlikely that he would do it again. Dr. Bhati stated that this is ridiculous. He stated that Dr. Little knowingly supplied Valium to his wife, contributing to her continuing problems time after time after time. Thirty days or sixty days out of practice are not going to do any good for this gentleman. The Board has to clearly show that this is unacceptable and that it will not tolerate this kind of treatment. The Board should give him 18 months to sit and think about it so that he never thinks about doing this again.

Dr. Davidson stated that from her understanding of chemical dependence and the family dynamic, she totally believes Dr. Little's situation. He had a wife in pain. If he wasn't a doctor and his wife was in pain, he may have bailed her out of jail. That would have also allowed her to continue her addiction. But Dr. Little was a physician, so what he could do was to try to get her out of pain and continue to give her the drugs. Dr. Davidson stated that Dr. Little knows that this was wrong, he's accepted it. Dr. Little presented himself very well, and his response to the Report and Recommendation was refreshing. He indicated that he will abide by the Board's terms. Dr. Little has taken real action on his own. Dr. Davidson stated that a six-month suspension is adequate.

January 14, 2004

Dr. Egner asked what makes this different so completely different from the case just considered before. They're both lovers. They both love each other very much. They both gave their women inappropriate narcotics, and they did it in very dangerous levels. Dr. Little does come off better. He's dressed nicer and presents himself better. He has more remorse, and the Board believes that he has seen the error of his ways where Dr. Liss does not see that he inappropriately prescribed. Dr. Egner agreed that they don't deserve the same sanction. But the Board permanently revoked one license for prescribing to someone who, although there isn't a marriage license, is like a family member. This doctor gets 180 days suspension. She believes that there is way too big a discrepancy between that. Dr. Egner agrees that there are differences between the two cases, but she doesn't know that there are that many differences between these two cases.

Dr. Robbins disagreed, stating that he thinks that there are quite a few differences in these two cases. He added that in the short time he's been on the Board, this was one of the best presentations made on behalf of someone coming to the Board. He believes that Dr. Little has been pro-active. He spoke in favor of the Proposed Order, as written. Dr. Little took steps before being told to take the steps. He's taken a course. The thing that bothered him when he read this case was the Demerol in the office. He couldn't figure out why a dermatologist would have Demerol in his office and he still doesn't understand that. Dr. Robbins stated that he was prepared to ask for a longer suspension period, but after Dr. Little's appearance and statement, he feels the Order, as written, is appropriate.

Dr. Bhati asked whether someone who robs a bank, shoots someone and then calls 911 and says that he did it, but he's sorry and won't do it again, should be given a lighter sanction for being a good guy who makes a nice presentation? Dr. Bhati stated that the penalty has to fit the action. Appearance and mitigating circumstances are important, but they shouldn't completely negate the penalty and the consequences.

Dr. Kumar stated that dermatologists may need Demerol in their offices because they do surgical procedures in their offices, such as minor excision of lesions, desiccation of lesions, and all kinds of things. Many times they will need injectable narcotics prior to doing this minor surgical procedure. Of course, they have to follow the Board's office surgery rules, but he has seen that they have a need for these drugs.

Dr. Kumar continued that he disagrees that the differences between Dr. Liss and Dr. Little are small. He added that he believes there is a tremendous difference between the actions of Dr. Liss and Dr. Little. Dr. Kumar again spoke in favor of the Proposed Order, as written.

Mr. Browning also spoke for the Order, as written. He stated that the Board could argue for 18 months and the Board could strike a balance, but he believes that this physician has learned a hard lesson. He ought to be punished and rehabilitated to the degree that is necessary. Mr. Browning added that, speaking for himself, if Dr. Little comes back to this Board there won't be another chance.

Dr. Steinbergh stated that she wants to correct the record about the Demerol. Dermatologists don't use IM Demerol for their procedures. She referred to page five of the Report and Recommendation, noting that bullet number two says that on at least six occasions Dr. Little signed otherwise blank bulk purchase forms. Patient 1 subsequently used these forms to purchase Demerol for her own use. But Dr. Little gave

January 14, 2004

it to her.

Dr. Buchan stated that he thinks that there are similar facts here, but the motives and intents of these two physicians are worlds apart.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- nay
	Dr. Kumar	- nay
	Mr. Browning	- nay
	Dr. Davidson	- nay
	Dr. Robbins	- nay
	Dr. Garg	- abstain
	Dr. Steinbergh	- nay

The motion failed.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- nay
	Dr. Talmage	- abstain
	Dr. Bhati	- nay
	Dr. Buchan	- nay
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye
	Ms. Sloan	- aye

The motion carried.

GEOFFREY D. SNYDER, M.D.

Ms. Sloan directed the Board's attention to the matter of Geoffrey D. Snyder, M.D. She advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

January 14, 2004

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

Dr. Snyder was accompanied by his attorney, Ronald L. House.

Mr. House stated that, on behalf of Dr. Snyder, he has filed and relies on his written objections. He indicated that Dr. Snyder would like to personally address the Board as well.

Dr. Snyder stated that he would like to express severe remorse and embarrassment for himself, his community, and the medical profession as a whole for the circumstances that have brought him here. Dr. Snyder stated that he takes full responsibility for those actions and the punishment that will be imposed today.

Dr. Snyder stated that about six or seven years ago he went into private practice in a little rural community in southeast Ohio. He's built a practice that really serves his community. He works nights, days, he makes house calls, he does nursing home calls. This is an area where the nearest hospital is about 30 to 40 miles away. He's built something of which he is really proud. He reinvested every penny he's had. He bought an x-ray machine, and he built a laboratory when there wasn't one in his community at all. He bought an ambulance company that he felt was deeply needed since transport services weren't really available at all. It was all volunteer. As a result of his actions approximately 15 to 16 months ago, all of that has fallen apart. He's on the verge of bankruptcy. He's had to close the lab. There have been a lot of serious ramifications for his actions.

Dr. Snyder stated that he does feel lucky and hopeful in some respects. At the time this all occurred, his practice had three providers with 4500 patients. Due to financial difficulties, there is now one provider, but he still has 3400 active charts, dedicated patients. He's been seeing 30 patients a day. During the local flu epidemic, he saw 50 patients a day.

Dr. Snyder stated that he loves what he does and he believes that he's a good physician. He doesn't think that he realized until really being evaluated by Dr. Jolie Brams that he did have some deep-rooted problems in his interpersonal relationships; and those interpersonal relationships, although fairly compartmentalized, didn't affect his professional practice, but they certainly have now. Dr. Snyder stated that he has tried to correct the problems identified. He's tried to reconnect with his church and his religion. He's in a long-term relationship that's been stable. He's seeing a psychologist about 45 miles away.

Dr. Snyder stated that he knows and understands that he deserves to be sanctioned for what has occurred. Regardless of what the Board's take is on his reasoning for doing what he did, it's his responsibility. He did it. He's let the people of Monroe County down. It's a county in which he has taken pleasure in saying that he has helped so much. Dr. Snyder added that he wants the Board to see him as a salvageable person, as a person who can still be a physician after an appropriate sanction. He wants the Board to see him as a person who has hundreds if not thousands of patients who know and rely on him, and who, with appropriate treatment, with appropriate counseling, whatever mandated, whether he needs to have some sort of supervised role, or somehow as a young man and a dedicated physician that he will be allowed to continue in some manner in Monroe County in the practice of medicine. Dr. Snyder stated that he does

January 14, 2004

realize that the Board will deem some sort of punishment, and he fully accepts that.

Ms. Sloan asked whether the Assistant Attorney General wished to respond.

Mr. Chieffo stated that the simple fact of this matter is that Dr. Snyder was found guilty of the fifth degree felony of importuning by virtue of his Internet solicitation for sexual activity with a law enforcement officer who was posing as a 14-year old female. Whether or not he is a busy physician is not the issue here, and a thousand letters of recommendation are not going to change that fact.

Mr. Chieffo stated that, in Dr. Snyder's 23-pages of objections, there is an attempt to minimize Dr. Snyder's actions: first, by asserting that Dr. Snyder has significant difficulties in judgment, reasoning and impulse control, has a personality disorder, is immature in his adult relationships and needs intensive help in managing a variety of areas in his life, among other matters; next, by attempting to dissect the testimony of the police investigator and summarization of what transpired; and, finally, by a play on words, suggesting that being served with a copy of military charges against him and being informed that the charges had been referred to a general court martial did not constitute a request to appear before a board or another body concerning charges against him.

Mr. Chieffo continued that there are two common threads in this matter: mistruths and sexual activity. As far back as 1994, while an officer in the United States Army, Dr. Snyder engaged in sexual activity with a 22-year-old enlisted female, not his wife, and he lied to his commanding officer about it. Then, in July 1995 in his application to this Board, Dr. Snyder was not truthful about the military charges against him. The result of those charges was a dishonorable discharge from the United States Army. Next, after being arrested for importuning in Lima, Ohio, some three hours or so from his practice in Monroe County, he never told the officers that he thought that the female on the other end of the Internet chats was his former girlfriend who lived with him for a number years, commencing when she was 17 years of age. His story to the officers was that he was role-playing, whatever that means. Mr. Chieffo stated that the "girlfriend" story never surfaced until his criminal court sentencing hearing, and then again at this Board's hearing, all before he knew the content of the videotape taken at the Lima Police Department.

Mr. Chieffo stated that another example of Dr. Snyder's common thread was his telling his own expert psychologist who testified, and upon whom they so heavily relied in the objections, and then himself testifying that he only had sex with five of the females whom he met through the Internet, once again before being confronted with the videotape. In the videotape, he tells the officers that he had sex with 20 females he met over the Internet.

Mr. Chieffo stated that, to substantiate what he has pointed out, the Board has already seen the evidence of the archived transcript of the Internet conversations, the summary of the police investigator, the videotape, the copy of his military records, the transcript of the criminal court sentencing, and, most importantly, the transcript of the Board's hearing.

Mr. Chieffo noted that the objections address two terms called perception and reality. Mr. Chieffo stated that, as far as the reality is concerned, there is a reality of sexual issues with younger females. As far as perception is concerned, Dr. Snyder's activity is a danger to his patients. When considering the conduct

January 14, 2004

and mistruths, coupled with the finding of guilt and the psychological disorders outlined by his own expert witness, the citizens of Ohio, particularly the young female citizens, deserve to be protected from a person such as Geoffrey Snyder. Mr. Chieffo stated that he strongly supports the Report and Recommendation's Proposed Order of a permanent revocation.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF GEOFFREY D. SNYDER, M.D. DR. BHATI SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that this was a difficult case for her. She was constantly weighing the issues. Dr. Steinbergh stated that she had to forget that Dr. Snyder is a busy physician and understand that he is a physician with responsibility to his profession. As has been outlined, Dr. Snyder has been convicted of a fifth degree felony for importuning. He was sentenced on July 1. He is called a "sexually oriented offender," and he must register as such for ten years. The fact that Dr. Snyder lied on his application to the Board concerning the dishonorable discharge from the Army for the offenses about which the Board just heard is of grave concern to her. Dr. Steinbergh stated that there is no dispute in her mind that Dr. Snyder needs psychologic and psychiatric care. There's no question about that.

Dr. Steinbergh stated that she initially began to look at this as an impairment case; Dr. Snyder needed some psychiatric care. After thinking and thinking about it, seeing the videotape and reviewing the transcript, she comes down to the fact that this particular person ought not to be a physician because of the choices he has made. Dr. Steinbergh spoke in support of the Proposed Order of permanent revocation.

Dr. Buchan spoke in support of the Findings of Fact, as written. As discouraged as he was when he reviewed this case, the conclusion he comes to is that Dr. Snyder is potentially a salvageable person and may have the ability to serve people in Monroe County, but it won't be as a physician as long as Dr. Buchan has a vote. Dr. Buchan encouraged Dr. Snyder to do the work necessary, but in no way can he support Dr. Snyder's maintaining a license to practice medicine.

Dr. Bhati reminded that Board that some months ago the Board had before it a physician from Chicago who solicited a 14-year-old over the Internet. The Board permanently revoked that license. Dr. Bhati spoke in support of the Report and Recommendation in its entirety.

Dr. Kumar stated that one thing he wants to get into the record is that Dr. Snyder's comment about role-playing does not sit well with him at all, particularly when you look at the language used on the Internet to talk to each other. The language that was used he doesn't even want to repeat before everyone here, but that really told him that this was not simply role-playing. Dr. Kumar stated that he will also support the Proposed Order, adding that Dr. Snyder should not be a practicing physician in Ohio.

Dr. Egner stated that she believes that Dr. Snyder is a habitual liar, and she doesn't think that he has done anything to show that he has changed from that. She read the whole case first and then watched the videotape of the police interview. At no point in time did Dr. Snyder seem to tell the truth. When he

January 14, 2004

talked about the Army incident, he used the term “downsized”. He indicated that the Army downsized and he was let go early. Dr. Egner stated that Dr. Snyder wasn’t let go because they downsized. He was dishonorably discharged. He could have just left that out, but he lied specifically to the police officer about why he didn’t fulfill the obligation that he had. He had a medical education paid for, and he never had to fulfill that obligation.

Dr. Egner continued that Dr. Snyder never in his police interview indicated that he thought that the girl might be the old girlfriend, and, yet, that was so much of his testimony later on. That never came out when he talked to the police for two hours. He thought that that girl was 14 years old. He might have known when he saw her through the window that she wasn’t, but for three hours in the car he thought that she was 14 years old.

Dr. Egner stated that Dr. Snyder had a previous relationship with a 17-year-old, when he was well into his adulthood, and she had been a patient. Dr. Egner stated that the Board has talked about this subject too much today.

Dr. Egner concluded by stating that Dr. Snyder is a felon, he’s unethical, and he’s a habitual liar. He has shown it through multiple examples through the entire record. Unfortunately, he crossed the line, and there is a limit to what someone can do and still have the privilege to practice medicine. Dr. Egner stated that she agrees with the permanent revocation.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

JOSEPH W. FISCHKELTA, P.A.

DR. BUCHAN MOVED TO REMOVE THE MATTER OF JOSEPH W. FISCHKELTA, P.A., FROM THE TABLE. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye

January 14, 2004

Dr. Talmage	- abstain
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

Mr. Dilling stated that he had interjected himself into the Board's discussion of this case only for the legal point. The Board was questioning whether it had some discretion in this case. The Hearing Examiner pointed out that there might be a violation of the Board's rules if the Board tries to use discretion to waive the 28-day inpatient requirement. He stated that he recognizes that there were other issues the Board discussed relative to the actual charges on the criminal acts and falsifying or misleading statements.

Mr. Dilling stated that, with respect to 4731-16-12, that rule was adopted by the Board in November 2002. This case is strange because the Board didn't charge the doctor with impairment. His impairment was brought up at hearing because of the nature of his acts. The parties waived the notice requirement. The Board had a discussion and was concerned because of the mission of the Board, and certainly rightly so. Mr. Dilling stated that he has a problem from a legal perspective as to what laws do apply. Certainly with that, what do the different parties argue with respect to which law applies? Mr. Dilling stated that he doesn't want to be unfair to the parties nor to the Board on behalf of the public. Mr. Dilling recommended that the Board remand this matter to the Hearing Examiner for that issue, to allow the Hearing Examiner and the parties to address the issue, and then bring the matter back to the Board.

**DR. STEINBERGH MOVED TO REMAND FOR THE REASONS MR. DILLING GAVE.
DR. DAVIDSON SECONDED THE MOTION.**

Dr. Buchan asked what time-table the Board might expect in terms of response.

Mr. Dilling stated that he knows that the Hearing Examiners are doing yeoman work right now being one person short in their department, but he's sure that since this is a limited issue, they will try to work it into their schedules and the A.G.s will also find a way to work it into their schedules. Mr. Dilling stated that it behooves the P.A. and his attorney to get back to the Board.

A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye

January 14, 2004

Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye
Ms. Sloan	- aye

The motion carried.

PERSONAL APPEARANCES

WAYNE L. HARRISON, M.D.

Dr. Harrison appeared before the Board pursuant to his request for release from the terms of his October 2, 1998 Consent Agreement.

In response to Dr. Steinbergh's questions, Dr. Harrison stated that he is excited about the possibility of release from probation. Everything is going very well for him. He currently has a private practice in psychiatry in Cincinnati. He's taking the same medications he has been taking, and his relationship with his counselor and his prescribing physician is good.

DR. STEINBERGH MOVED TO RELEASE DR. HARRISON FROM THE TERMS OF HIS OCTOBER 2, 1998 CONSENT AGREEMENT WITH THE BOARD. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ASHFAQ TAJ AHMED, M.D.

Dr. Ahmed made his initial appearance before the Board, pursuant to the terms of the Board's Order of

January 14, 2004

June 11, 2003.

In response to Dr. Kumar's questions, Dr. Ahmed stated that he has had more perspective and more time since his last appearance to recognize what he has done. He added that the ethics course helped immensely. He stated that having some time off during his period of suspension was a good thing. He understands that he must do an ethics course every year under the terms of the Board's Order. He is planning for that and will be presenting a course for Board approval.

Dr. Buchan asked what ingredient in the ethics course he found helpful.

Dr. Ahmed stated that every week he was assigned different topics. One was to read a book that he felt really pertained to his case a lot. What helped was owning up to the fact that even a white lie will always lead to another lie. Lying is never appropriate, and the ethics course helped to clarify that for him.

In response to Dr. Steinbergh's questions, Dr. Ahmed stated that he is currently in a private practice in internal medicine in Springfield, Ohio. He practices with his father, who is a cardiologist and who has been in Springfield for 30 years. He is enjoying his practice.

DR. BHATI MOVED TO CONTINUE DR. AHMED UNDER THE TERMS OF THE BOARD'S ORDER OF JUNE 11, 2003 AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

MARK E. GOLDSMITH, M.D.

Dr. Goldsmith made his initial appearance before the Board, pursuant to the terms of his September 10, 2003 Consent Agreement. Dr. Goldsmith is also seeking direction on chart review requirements.

In response to Dr. Steinbergh's questions, Dr. Goldsmith stated that he is doing well. He is making sure that he is meeting the requirements of his Consent Agreement. He has had an A.A. sponsor for the past

January 14, 2004

five years who has 25 years of good sobriety. He's taken a lot of lead from his sponsor. Dr. Goldsmith stated that he also has new office personnel who have shaped up the way things are done procedurally. Dr. Goldsmith stated that guidelines as far as boundaries would probably be something that has been a focus for him in his program and with his office personnel.

Dr. Steinbergh asked how Dr. Goldsmith is personally addressing the issue of inappropriate boundary crossings. She asked him to talk about the decision-making that he does.

Dr. Goldsmith stated that he thinks it comes up with every patient. One of the slippery slopes for him is in thinking that he would be extra helpful instead of realizing that he's the doctor and it's just a physician/patient relationship, and the patient can take him or herself to A.A. and that's something that he or she should do with his or her family. Dr. Goldsmith stated that he's trying to follow the spirit of the Agreement.

Dr. Steinbergh asked whether there are CME conferences addressing these issues in psychiatry.

Dr. Goldsmith stated that he has been doing some reading. The psychiatrist he sees is very good and works mostly with medications. He used to work with Dr. Pine and would meet with him several times a week. Dr. Goldsmith stated that when Dr. Pine died, he let things go with just medications. He stated that he realized that things were sliding and that the Board wasn't happy with him and things weren't going properly. He started meeting with another psychiatrist and they discuss cases in particular. Dr. Goldsmith related a few conversations he and his psychiatrist have had. He added that, concerning CME relating to his problem, there is a scarcity. He added that the last course he remembers seeing was when he was training at Harding Hospital. Harding sponsored a one-day seminar that was strictly on ethics. He stated that that's the last seminar on ethics he can remember. He looked on the Internet, on the Board's site as well as some other sites. The courses he finds don't always seem to address boundaries as much as they do illegal acts. There's a thin line between some things, but he did notice lately that the O.S.M.A. website has two or three CME network participation things that have testing afterwards.

Dr. Steinbergh asked whether Dr. Goldsmith belongs to the American Psychiatric Association.

Dr. Goldsmith stated that he does.

Dr. Steinbergh suggested that he suggest to the Association that courses are needed. She added that she believes such courses are critical in the field of psychiatry.

Dr. Goldsmith stated that he believes they did more as residents, but probably not enough.

Dr. Davidson noted that Dr. Goldsmith has had a fairly long history with this Board. His last involvement, started in September 2003 with boundary violations and ethics violations. She stated that, as far as she's concerned, he should be very glad that he's here and in a consent agreement. Things might have happened very differently had his case come before the full Board. Dr. Davidson asked whether it was Dr. Goldsmith's opinion that this last episode of difficulties is attributable to his psychiatric condition or other factors.

January 14, 2004

Dr. Goldsmith stated that he knows that he's thinking a lot more clearly now. Judgmentally, he tends to be a lot slower in taking things on and making decisions. He's being much more cautious and is consulting with others. Dr. Goldsmith stated that he thinks those things needed to be addressed very much, and that most of what was addressed dates several years back and had been investigated over a number of years. Hopefully, things have been done very cleanly lately and he would hope that the Board would be happy with his conduct and with the work he is doing now.

Dr. Davidson stated that she certainly hopes that his conduct has changed. She commented that things such as having patients spend the night are inappropriate. She cautioned Dr. Goldsmith that the Board will be watching and expecting better behavior of him.

Dr. Goldsmith stated that he hopes so. He added that he doesn't know whether he kicked and screamed about coming before the Board or being required to join A.A., but he certainly dug his heels in and felt that the Board didn't quite have all the facts. He doesn't mean to split hairs. What he did was not acceptable. It's been a tremendous help to have someone look over his shoulder.

DR. STEINBERGH MOVED TO CONTINUE DR. GOLDSMITH UNDER THE TERMS OF HIS SEPTEMBER 10, 2003 CONSENT AGREEMENT AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. STEINBERGH FURTHER MOVED TO REQUIRE DR. GOLDSMITH'S MONITORING PHYSICIAN TO REVIEW TEN CHARTS PER MONTH. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REPORTS

Mr. Browning referred the Board to the Compliance Staff's reports of conferences with probationers on November 10 and 13, 2003. The reports indicate that all probationers are in compliance.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF

January 14, 2004

CONFERENCES WITH: DAVID E. ALLEN, M.D.; EUGENE A. BREWER, M.D.; PAUL D. COLEMAN, M.D.; STEVEN W. CRAWFORD, M.D.; ROBERT R. DAIBER, M.D.; GARY F. GLADIEUX, M.D.; CAROL E. LEWIS, M.D.; ADAM S. MARTIN, M.D.; JOANNE POJE, M.D.; JAMES M. ROSSELIT, D.O.; AND MARK E. SENIOR, D.O. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REPORTS AND REQUESTS

JOHN D. FREED, M.D.

Dr. Freed's requests for approval of the staff's report of his office conference and a monitoring physician were presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. FREED ON DECEMBER 8, 2003. DR. STEINBERGH FURTHER MOVED TO APPROVE SHAWN L. POSIN, M.D., TO SERVE AS DR. FREED'S MONITORING PHYSICIAN. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

January 14, 2004

The motion carried.

ANN V. GOVIER, M.D.

Dr. Govier's requests for approval of: the staff's report of her office conference, her request to engage in the administration of intravenous operative opiates, and her request for a physician observer were presented to the Board for consideration at this time.

Dr. Talmage advised that he and Mr. Albert met with Dr. Govier the previous day, at which time Dr. Govier submitted additional requests. Those were for a reduction in the counseling session requirement, an increase in her number of work hours, a reduction in her drug screens, and replacement of the breathalyzer requirement with saliva testing. He stated that he and Mr. Albert both recommend approval of all requests.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. GOVIER ON DECEMBER 8, 2003. DR. STEINBERGH FURTHER MOVED TO GRANT DR. GOVIER'S REQUEST FOR PERMISSION TO ADMINISTER INTRAVENOUS OPERATIVE OPIATES, AND TO APPROVE EWELINA M. WORWAG, M.D., TO SERVE AS DR. GOVIER'S PHYSICIAN OBSERVER. DR. STEINBERGH FURTHER MOVED TO APPROVE A REDUCTION IN THE FREQUENCY OF PSYCHOTHERAPY SESSIONS TO ONCE A WEEK, AN INCREASE IN WORK HOURS TO 30 HOURS PER WEEK, A REDUCTION IN DRUG SCREENS TO TWICE PER MONTH, AND REPLACEMENT OF BREATHALYZER TESTS WITH SALIVA TESTING. DR. BHATI SECONDED THE MOTION.

Dr. Davidson stated that this was a special situation to a degree. It was another one where the Board had kind of a weird consent agreement where the anesthesiologist was not to give intravenous operative opiates. It seems to her like a big jump back for someone who really had a problem with alcohol. She had repeated relapses. Dr. Davidson stated that she would love to think that Dr. Govier was doing this well, but expressed concern about backing off of everything at once.

Dr. Talmage stated that Dr. Govier will be monitored, particularly with the twice-a-week saliva testing. Dr. Talmage stated that he believes that the Board has reasonable assurances that if Dr. Govier relapses again, it will immediately come to the Board's attention.

Dr. Davidson stated that if a cardiologist is impaired on the job, an EKG may be read wrong. If an anesthesiologist is, someone may die.

Dr. Talmage stated that Dr. Govier's drug of choice is only alcohol. It's never been opiates.

Dr. Davidson stated that she has very special concerns about this probationer.

Mr. Albert stated that Dr. Govier has a lot of support in the Newark Hospital. He stated that he and Dr. Talmage let Dr. Govier know that they were still concerned about her.

January 14, 2004

Ms. Bickers stated that under this request and paragraph 7.b.ii. of the consent agreement, Dr. Govier is only going to do fifteen cases under the direct supervision of her physician observer. To go beyond that, an addendum to the consent agreement must be negotiated and ratified by the Board.

Mr. Schmidt stated that the Secretary and Supervising Member have heard Dr Davidson's concerns and he's sure they will take those concerns into consideration when negotiating the addendum.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ALAN B. STORROW, M.D.

Dr. Storrow's requests for approval of the staff's report of his office conference, approval of a monitoring physician and determination of number of charts to be reviewed were presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. STORROW ON DECEMBER 11, 2003. DR. STEINBERGH FURTHER MOVED TO APPROVE W. BRIAN GIBLER, M.D., TO SERVE AS DR. STORROW'S MONITORING PHYSICIAN WITH TEN CHARTS REVIEWED ON A MONTHLY BASIS. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye

January 14, 2004

Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

JOSEPH A. TORE, M.D.

Dr. Tore's requests for approval of the staff's report of his office conference and elimination of his drug screen requirement were presented to the Board for consideration at this time.

Dr. Steinbergh inquired concerning Dr. Tore's plans to take Step 3 of the USMLE. She asked what he is doing now.

Mr. Albert stated that he doesn't know what Dr. Tore is doing.

Ms. Bickers stated that he is currently a stay-at-home dad.

Mr. Schmidt stated that Dr. Tore believes that the Board's Order prevents him from practicing medicine. He's been shut out of Medicare because of his court problems.

DR. GARG MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. TORE ON DECEMBER 8, 2003. DR. GARG FURTHER MOVED TO GRANT DR. TORE'S REQUEST TO ELIMINATE HIS DRUG SCREEN REQUIREMENT. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

KELLI D. WAHL, M.T.

Dr. Wahl's requests for approval of the staff's report of her office conference and a reduction in her psychiatric session requirement were presented to the Board for consideration at this time.

January 14, 2004

DR. BUCHAN MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH MS. WAHL ON DECEMBER 9, 2003. DR. BUCHAN FURTHER MOVED TO GRANT MS. WAHL'S REQUEST FOR A REDUCTION IN THE FREQUENCY OF PSYCHIATRIC SESSIONS FROM ONCE A MONTH TO ONCE EVERY THREE MONTHS. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REQUESTS

VICKIE M. FLOWERS, M.T.

Ms. Flowers' request for approval of a monitoring massage therapist was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE KATHLEEN M. SULLIVAN, M.T., TO SERVE AS MS. FLOWERS' MONITORING MASSAGE THERAPIST. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

GLENN A. IBEN, M.D.

Dr. Iben’s request for approval of a monitoring physician was presented to the Board for consideration at this time.

Dr. Steinbergh noted that Dr. Iben’s nominee for monitoring physician has indicated that he does not want to review charts in the pediatric age group. She suggested that Dr. Iben be asked to nominate someone to review those charts.

DR. STEINBERGH MOVED TO APPROVE THOMAS E. WANKO, D.O., AS DR. IBEN’S NEW MONITORING PHYSICIAN, WITH A TOTAL OF TEN CHARTS REVIEWED PER WEEK. DR. STEINBERGH FURTHER MOVED TO REQUIRE DR. IBEN TO SUBMIT THE NAME OF A PEDIATRICIAN WHO WOULD REVIEW TWO PEDIATRIC PATIENT CHARTS OF THE TEN REVIEWED EACH MONTH. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

DAVID J. LEVY, M.D.

Dr. Levy’s request for approval of a monitoring entity to serve as his supervising physician was presented to the Board for consideration at this time.

DR. BUCHAN MOVED TO APPROVE THE PHYSICIANS’ HEALTH PROGRAMS (PHP) OF THE FOUNDATION OF THE PENNSYLVANIA MEDICAL SOCIETY TO SERVE AS DR. LEVY’S SUPERVISING “PHYSICIAN.” DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye

January 14, 2004

Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

venu G. Menon, M.D.

Dr. Menon's request for approval of a monitoring physician was presented to the Board for consideration at this time.

Dr. Kumar stated that Dr. Menon is seeking approval of a monitor who's specialty is physical medicine and rehabilitation. He noted that Dr. Menon is an anesthesiologist.

Dr. Steinbergh stated that her concern relates to the fact that Dr. Menon is required to work under a Board-approved practice plan. She asked whether the Board has approved a practice plan for Dr. Menon.

Ms. Bickers stated that it has not. Ms. Bickers added that Dr. Menon was working but was reminded that he must have a practice plan approved before he can return to work. He discontinued working when she told him that the practice plan was required. She added that Dr. Menon's attorney will be contacting her with a practice plan to be presented to the Board.

Dr. Garg agreed with Dr. Kumar's concerns. If Dr. Menon is an anesthesiologist working in a surgery center, a rehab physician cannot monitor his practice. If he's purely doing non-anesthetics, then the rehab physician would be okay.

Dr. Davidson stated that, as she recalls, Dr. Menon's minimal standards violations were related to operative anesthesia and recordkeeping.

Dr. Kumar stated that he knows this group and they do have a significant outpatient surgery volume. There are only two or three anesthesiologists to do all of that. Dr. Menon is one of them. Dr. Kumar stated that he would have a problem with Dr. Menon being monitored by someone who is only a physical medicine specialist.

DR. STEINBERGH MOVED TO DENY APPROVAL OF ANTONY T. JACOB, M.D., TO SERVE AS DR. MENON'S MONITORING PHYSICIAN. DR. STEINBERGH FURTHER MOVED TO REQUIRE DR. MENON TO SUBMIT A PRACTICE PLAN FOR BOARD APPROVAL PRIOR TO HIS SUBMITTING THE NAME OF A MONITORING PHYSICIAN. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

January 14, 2004

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

DALE PRATT-HARRINGTON, D.O.

Dr. Pratt-Harrington's request for approval of a mental health professional was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE VICKI BURKS, CCDC I, TO SERVE AS THE MENTAL HEALTH PROFESSIONAL REQUIRED BY PARAGRAPH 23 OF DR. PRATT-HARRINGTON'S CONSENT AGREEMENT WITH THE BOARD. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

SUZANNE M. SMITH, M.T.

Dr. Smith's request for approval of a treating psychiatrist was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE MICHAEL T. UNGER, M.D., TO SERVE AS

January 14, 2004

MS. SMITH'S TREATING PSYCHIATRIST. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ROBERT R. SUMMERS, D.O.

Dr. Summers' request for approval of a monitoring physician was presented to the Board for consideration at this time.

DR. GARG MOVED TO APPROVE WILLIAM C. REEVES, D.O., AS DR. SUMMERS' NEW MONITORING PHYSICIAN.

Dr. Steinbergh stated that she had asked Ms. Bickers to verify that Dr. Reeves is in OB/GYN and to find out if he is in the same practice as Dr. Summers.

Ms. Bickers stated that Dr. Reeves is in the same practice. He started a few weeks before Dr. Summers did, along with a couple of other physicians.

Dr. Steinbergh stated that her concerns about monitoring physicians in the same practice is that she finds it an economic conflict and a personal conflict. The Board must rely on the ethics and professional judgment of the monitor. She just wonders how much pressure these people are put under.

Dr. Egner asked why one would pick the newest person in the group to be a supervisor. She asked why the most senior OB/GYN isn't being nominated.

Dr. Steinbergh agreed.

Dr. Garg asked how the Board can deny approval of a nominee just because he's young and new to the practice.

Dr. Steinbergh stated that you have a young person, reviewing the charts of his superior. She has a

January 14, 2004

problem with that.

Ms. Bickers stated that she doesn't mean to imply that Dr. Reeves is a young physician. He's new to the practice.

Dr. Egner stated that he finished his residency in 1990, so he's at least 40 years old.

Mr. Albert stated that he believes Dr. Steinbergh's concerns have a lot of merit.

Ms. Bickers suggested that the Impairment Committee address the monitoring physician's role and the Board's expectations for the monitoring physician. She commented that there are monitors out there who are not in the same practice and are asking whether they can charge the probationer for monitoring the charts. She stated that there are a lot of issues out there.

Dr. Garg stated that at the moment he doesn't feel the Board has grounds to deny approval of Dr. Summers' nominee.

MR. ALBERT SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

REINSTATEMENT REQUESTS

TERRENCE F. MCCOY, M.D.

Dr. McCoy's request for reinstatement of his license to practice medicine and surgery, which was suspended by the Board's Order of July 9, 2003, was presented to the Board for consideration at this time.

DR. GARG MOVED TO GRANT TERRENCE F. MCCOY'S REQUEST FOR REINSTATEMENT OF HIS LICENSE, EFFECTIVE JANUARY 30, 2004, AND SUBJECT TO THE PROBATIONARY TERMS AND CONDITIONS OF THE BOARD'S ORDER OF JULY 9, 2003. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

January 14, 2004

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- abstain

The motion carried.

CITATIONS, PROPOSED DENIALS AND ORDERS OF SUMMARY SUSPENSION

Ms. Sloan advised that Dr. Garg served as Secretary and must abstain from voting on the first group of letters.

DOUGLAS HOLLAND RANK, M.D. - LETTER OF PROPOSED DENIAL

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

DR. BUCHAN MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. RANK. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

January 14, 2004

MARY JO FOOTE, P.A. - CITATION LETTER

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

DR. BHATI MOVED TO SEND THE CITATION LETTER TO MS. FOOTE. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

THOMAS L. GERACI, D.P.M. - NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING

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

DR. STEINBERGH MOVED TO SEND THE NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING TO DR. GERACI. DR. BUCHAN SECONDED THE MOTION.

A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

January 14, 2004

The motion carried.

KAREN M. PARADIES, M.D. - CITATION LETTER

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

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

Ms. Sloan advised that Dr. Garg did not serve as Secretary and may therefore vote on the remaining letters.

KATRINA RENEE RAMSEY, M.T. - CITATION LETTER

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

DR. GARG MOVED TO SEND THE CITATION LETTER TO DR. RAMSEY. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye

January 14, 2004

Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

JOHN ALEXANDER TRIPOULAS, M.D. - LETTER OF PROPOSED DENIAL

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

DR. GARG MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. TRIPOULAS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- abstain
Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

JOSEPH C. WEBSTER, M.D. - LETTER OF PROPOSED DENIAL

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

DR. GARG MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. WEBSTER. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- abstain
Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye

January 14, 2004

Dr. Garg - aye
 Dr. Steinbergh - aye

The motion carried.

RATIFICATION OF CONSENT AGREEMENTS

DANIEL HOWARD BRUMFIELD, M.D.

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

Vote:

Mr. Albert	- abstain
Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

CRAIG L. BIERER, D.O.

DR. BHATI MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. BIERER. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- abstain
Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

January 14, 2004

MARIE THERESE SHEDLOCK, P.A.

DR. BHATI MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH MS. SHEDLOCK. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

FINDINGS, ORDERS AND JOURNAL ENTRIES

ROBERT KLAPPERT JOHNSON, M.D.

Ms. Sloan advised that, by letter of October 3, 2003, the Board notified Dr. Johnson that it proposed to approve his application for restoration of his certificate to practice medicine and surgery, subject to his passing the SPEX. The notice was mailed to Dr. Johnson's address of record and proper service was documented. A hearing request was received from Dr. Johnson but was subsequently withdrawn. This matter was before the Board at this time for final disposition.

DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS AS SET FORTH IN THE OCTOBER 3, 2003 NOTICE OF OPPORTUNITY FOR HEARING IN THE MATTER OF DR. JOHNSON, AND TO ENTER AN ORDER APPROVING DR. JOHNSON'S REQUEST FOR RESTORATION OF HIS CERTIFICATE TO PRACTICE MEDICINE AND SURGERY, SUBJECT TO HIS PASSING THE SPEX. DR. GARG SECONDED THE MOTION.

Ms. Sloan stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that, based on the information contained in the October 3, 2003 letter, the Proposed Order is appropriate.

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

January 14, 2004

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

RUDOLPH VALENTINO McCOMB, D.P.M.

Ms. Sloan advised that by letter of November 19, 2003, the Board notified Dr. McComb that it proposed to deny his application for a certificate to practice podiatric medicine and surgery, based upon the fact that he has not provided proof of completion of one year of postgraduate training in a podiatric internship, residency, or clinical fellowship program accredited by the Council on Podiatric Medical Education or the American Podiatric Medical Association, as required by Sections 4731.53 and 4731.57, Ohio Revised Code, and Rule 4731-12-04(A), Ohio Administrative Code. The notice was mailed to Dr. McComb's address of record and proper service was documented. No hearing request has been received from Dr. McComb and more than thirty days have elapsed since the mailing of the notice. This matter was presented to the Board for final disposition.

Dr. Steinbergh noted that Dr. McComb does not meet the statutory requirements for licensure in Ohio.

DR. GARG MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS AS SET FORTH IN THE NOVEMBER 19, 2003 NOTICE OF OPPORTUNITY FOR HEARING IN THE MATTER OF DR. McCOMB, AND TO ENTER AN ORDER DENYING DR. McCOMB'S REQUEST FOR A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE AND SURGERY. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye

January 14, 2004

Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

LICENSURE

PHYSICIAN LICENSURE APPLICANTS

At this time the Board considered applications for licensure as doctors of medicine and surgery, doctors of osteopathic medicine and surgery and doctors of podiatric medicine and surgery.

DR. GARG MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (A) FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

DECEMBER 2003 PMLEXIS RESULTS

At this time the Board reviewed the results of the December 2003 PMLexis.

DR. GARG MOVED TO APPROVE THE RESULTS OF THE DECEMBER 2003 PMLEXIS, AND TO CERTIFY AS PASSING AND FIND ELIGIBLE FOR LICENSURE THOSE RECEIVING A SCORE OF 75 OR GREATER ON THE EXAMINATION, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, AND TO CERTIFY AS FAILING AND DENY LICENSURE TO THOSE WHO RECEIVED A SCORE OF LESS THAN 75 ON THE EXAMINATION. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
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January 14, 2004

Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

Mr. Browning asked that staff notify the individual receiving the highest score on the examination of the fact that he or she did achieve the highest score.

Mr. Dilling advised the Board that there may be additional licensure matters to be considered by the Board on Thursday. He asked that the Board table the topic until the Thursday session.

PHYSICIAN ASSISTANT APPLICANTS

At this time the Board considered applications for registration as physician assistants.

DR. GARG MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (B) FOR REGISTRATION AS PHYSICIAN ASSISTANTS, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

January 14, 2004

BRAUMILLER PSYCHIATRIC ASSOCIATES, INC.; CARDIOLOGY CARE, INC.;
CARDIOTHORACIC & VASCULAR SURGEONS OF AKRON, INC.; DENNIS CHARETTE, M.D.;
CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER; TRANSLATIONAL RESEARCH
TRIAL OFFICE; CLEVELAND CLINIC HEALTH SYSTEM SOUTHE POINT HOSPITAL;
COMMUNITY BEHAVIORAL HEALTH CENTER; DAYTON PAIN CENTER, L.L.C.; JOSEPH
DICICCO, III, D.O.; KNOX CARDIOLOGY ASSOCIATES, INC.; JOHN LAWSON, M.D.; JAMES
LEHNER, M.D.; DAVID MANDEL, M.D., INC.; TRI-HEALTH SENIOR LINK CLINIC; AND WEST
SIDE INTERNAL MEDICINE – P.A. UTILIZATION PLANS

The above-captioned P.A. Utilization Plans were presented to the Board for consideration at this time.

DR. GARG MOVED TO APPROVE THE P.A. UTILIZATION PLANS OF BRAUMILLER PSYCHIATRIC ASSOCIATES, INC.; CARDIOLOGY CARE, INC.; CARDIOTHORACIC & VASCULAR SURGEONS OF AKRON, INC.; DENNIS CHARETTE, M.D.; CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER; TRANSLATIONAL RESEARCH TRIAL OFFICE; CLEVELAND CLINIC HEALTH SYSTEM SOUTHE POINT HOSPITAL; COMMUNITY BEHAVIORAL HEALTH CENTER; DAYTON PAIN CENTER, L.L.C.; JOSEPH DICICCO, III, D.O.; KNOX CARDIOLOGY ASSOCIATES, INC.; JOHN LAWSON, M.D.; JAMES LEHNER, M.D.; DAVID MANDEL, M.D., INC.; TRI-HEALTH SENIOR LINK CLINIC; AND WEST SIDE INTERNAL MEDICINE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

DECEMBER 2003 COSMETIC THERAPY EXAMINATION RESULTS

At this time the Board reviewed the results of the December 2003 cosmetic therapy examination.

DR. GARG MOVED TO APPROVE THE RESULTS OF THE DECEMBER 2003 COSMETIC THERAPY EXAMINATION, AND TO CERTIFY AS PASSING AND LICENSE THOSE RECEIVING A SCORE OF 75 OR GREATER ON THE EXAMINATION, CONTINGENT UPON

January 14, 2004

ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, AND TO CERTIFY AS FAILING AND DENY LICENSURE TO THOSE WHO RECEIVED A SCORE OF LESS THAN 75 ON THE EXAMINATION. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

DECEMBER 2003 MASSAGE THERAPY EXAMINATION RESULTS

At this time the Board reviewed the results of the December 2003 massage therapy examination.

DR. GARG MOVED TO APPROVE THE RESULTS OF THE DECEMBER 2003 MASSAGE THERAPY EXAMINATION, AND TO CERTIFY AS PASSING AND LICENSE THOSE RECEIVING A SCORE OF 75 OR GREATER ON THE EXAMINATION, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, AND TO CERTIFY AS FAILING AND DENY LICENSURE TO THOSE WHO RECEIVED A SCORE OF LESS THAN 75 ON THE EXAMINATION. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

January 14, 2004

ACUPUNCTURIST APPLICANTS

At this time the Board considered applications for registration as acupuncturists.

DR. GARG MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (C) FOR REGISTRATION AS ACUPUNCTURISTS, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

POSITION STATEMENT ON PODIATRIC ADVERTISING

Mr. Wayda referred the Board to a copy of the proposed revised position statement on podiatric advertising, a copy of which shall be maintained in the exhibits section of this journal. He advised that the proposed changes to the January 1990 version reflect statutory changes since the time of the statement's adoption. The document has been sent to OPMA, O.S.M.A., and other professional groups, and all have approved the proposed changes.

DR. GARG MOVED TO ADOPT THE REVISED POSITION STATEMENT ON PODIATRIC ADVERTISING. MR. ALBERT SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye

January 14, 2004

Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

EXECUTIVE DIRECTOR POSITION; POSITIONS EXEMPT FROM CLASSIFIED CIVIL SERVICE

DR. GARG MOVED THAT THE BOARD CONTINUE THOMAS A. DILLING IN THE UNCLASSIFIED POSITION OF EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SHALL BE AUTHORIZED TO SIGN, ON BEHALF OF THE BOARD, ANY PERSONNEL ACTIONS AND FISCAL DOCUMENTS, AND ANY DISCIPLINARY AND FISCAL DOCUMENTS THAT WOULD OTHERWISE HAVE TO BE SIGNED BY THE BOARD AS THE APPOINTING AUTHORITY, FOLLOWING RESOLUTION OF THE BOARD TO TAKE SUCH ACTION. DR. GARG FURTHER MOVED THAT PURSUANT TO SECTION 124.11(A)(8), REVISED CODE, THE BOARD DESIGNATE THE FOLLOWING POSITIONS AS UNCLASSIFIED: ADMINISTRATIVE ASSISTANT 3, POSITION CONTROL NUMBER 83016.1, AND SECRETARY, POSITION CONTROL NUMBER 83022.4. MR. ALBERT SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

ADMINISTRATIVE REPORT

Mr. Dilling referred the Board to his written report, a copy of which shall be maintained in the exhibits section of this journal, and reviewed some of the more important.

Dr. Garg commented that the statistics contained in this report are very good.

Mr. Dilling stated that the Agency goals will be presented to the Board for consideration at its February meeting. Also, in March the Board will be presented with a formalized review of the Executive Director position. He stated that these items are for the organizational efficacy part of what the Board does and its mission. He added that he believes that the Board is on track for that.

January 14, 2004

Mr. Dilling added that the disciplinary actions and statistics contained in this month's report are just for the formal actions. They do not include QIP activities. He stated that in 2003 the Board issued the highest number of citations in a year and took the second highest number of actions it has taken.

Mr. Dilling referred to a copy of Auditor of State Betty Montgomery's management letter for fiscal years 2002 and 2003. He stated that there are certainly things upon which the Board needs to improve. That will be part of the February presentation, as well. The staff has taken steps that needed to be taken immediately in terms of the management letter, and is on track in taking care of all the problems.

Mr. Dilling directed the Board's attention to a printout of the Board's on-line complaint form, which was developed by Mr. Wayda and Ms. Bates. The form was posted on the web on January 13 and resulted in the first complaint filed on line that same evening.

Dr. Kumar noted that FCVS has increased its fees. He asked whether this will force the Board to increase its licensing fees.

Mr. Dilling stated that the Board was contacted recently by the National Health Care Anti-Fraud Association, which is made up of insurance companies from around the country, as well as federal agencies. They have requested that a Board representative attend a Board of Directors meeting in February as part of a panel invited to discuss medical board involvement in fraud investigations.

DR. GARG MOVED TO AUTHORIZE MR. DILLING TO REPRESENT THE BOARD AT THE MEETING. DR. ROBBINS SECONDED THE MOTION. All members voted aye. The motion carried.

At this time Mr. Dilling distributed copies of the proposed committee assignments for 2004. He asked members to contact Ms. Sloan if they have any concerns about the assignments or if they wish to be assigned to a different group.

DR. BHATI MOVED A SHOW OF RESPECT TO MR. BROWNING, DR. TALMAGE, DR. GARG AND MR. ALBERT FOR THE JOB THEY DID AS OFFICERS OF THE BOARD IN 2003. DR. STEINBERGH SECONDED THE MOTION. All members voted aye. The motion carried.

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

Thereupon at 5:50 p.m. the January 14, 2004 session of the State Medical Board of Ohio was duly adjourned.

January 14, 2004

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on January 14, 2004, as approved on February 11, 2004.



Anquetette P. Sloan, President



Lance A. Talmage, M.D., Secretary

(SEAL)



January 15, 2004

MINUTES

THE STATE MEDICAL BOARD OF OHIO

January 15, 2004

Anquetette Sloan, President, called the meeting to order at 8:24 a.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Patricia J. Davidson, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Anant R. Bhati, M.D.; David S. Buchan, D.P.M.; Deepak Kumar, M.D.; R. Gregory Browning, Ph.D.; Andrew F. Robbins, Jr., M.D.; Anand G. Garg, M.D.; and Anita M. Steinbergh, D.O.

Also present were: Thomas A. Dilling, Executive Director; William J. Schmidt, Assistant Executive Director; Diann K. Thompson, Assistant Executive Director; Terrill D. McLaughlin, Assistant Director, Investigations; Mark Wayda, Chief of Executive Staff; Shannon F. Baldwin, Executive Staff Attorney; Rebecca J. Marshall, Enforcement Attorney; Rebecca J. Albers, Assistant Attorney General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Coordinator for Assessment and Development.

REPORTS OF ASSIGNED COMMITTEES

EXECUTIVE COMMITTEE

Ms. Sloan stated that the Committee discussed the Federation meeting and tried to come to a conclusion concerning who would attend the meeting in April. Dr. Davidson will serve as the Board's voting delegate, and a total of six Board members would be sent. Those who have indicated an interest in attending are Dr. Davidson, Dr. Kumar, Dr. Robbins, Dr. Egner, Dr. Talmage, and Dr. Steinbergh.

Mr. Dilling stated that three Board members are undecided, and they are Mr. Browning, Mr. Albert and Ms. Sloan. He stated that what is really needed today is a confirmation that the Board wishes to stick with a six-Board member limit on attendance and the assignment of Dr. Davidson as voting member.

DR. KUMAR MOVED TO CONTINUE WITH THE POLICY OF LIMITING THE NUMBER OF BOARD MEMBER ATTENDEES TO THE FEDERATION MEETING TO SIX. DR. KUMAR FURTHER MOVED TO NAME DR. DAVIDSON AS THE BOARD'S VOTING DELEGATE AT THE MEETING. MR. BROWNING SECONDED THE MOTION.

Dr. Bhati stated that Dr. Davidson is the Board's Vice-President, and is therefore the appropriate choice for voting delegate.

Dr. Garg agreed that continuing with the Board's policy of limiting the number of attendees is fiscally responsible.

January 15, 2004

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Ms. Sloan noted that everyone should have received a letter written by Ms. Wehrle, nominating Dr. Garg and Mr. Albert for the Federation's leadership award.

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

Ms. Sloan advised that the Committee heard a report from Dr. Steinbergh on her attendance at the A.A.O.E. meeting. Dr. Steinbergh will be providing materials from that meeting to the office to be scanned and sent to Board members.

LIMITED BRANCH & ALTERNATIVE MEDICINE COMMITTEE

Dr. Buchan stated that the Committee reviewed applications for Certificates of Good Standing from the Ogden Institute of Massage Therapy in Ogden, Utah, and the Sanford Brown Institute of Cleveland, Ohio. He advised that both institutions meet the minimal requirements, and the Committee recommends approval of both.

DR. KUMAR MOVED TO GRANT CERTIFICATES OF GOOD STANDING TO THE OGDEN INSTITUTE OF MASSAGE THERAPY AND TO THE SANFORD BROWN INSTITUTE. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye

January 15, 2004

Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Buchan stated that the Committee also reviewed the results from the December CT and MT exams, which were approved by the Board the previous evening.

LICENSURE COMMITTEE

Jonathan Castillo-Porter, M.D.

Dr. Garg stated that the Board reviewed the request for accommodations under the ADA of Jonathan Castillo-Porter, M.D. He noted that the applicant had been granted double testing time for both Steps 1 and 2 of the USMLE. The Committee recommends granting him the same accommodation for Step 3.

DR. KUMAR MOVED TO GRANT DR. CASTILLO-PORTER THE ACCOMMODATION OF DOUBLE TESTING TIME FOR STEP 3 OF THE USMLE. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Garg stated that the Board previously decided that, once the Board has granted an accommodation request of a physician, staff may approve future requests by the same physician for the same accommodation. The Committee is now recommending that, if an accommodation is granted for Steps 1 and 2 of the USMLE, a request for approval of the same accommodation for Step 3 go straight to the Board for approval rather than through the Committee.

January 15, 2004

Veena V. Sengupta, M.D.

Dr. Garg stated that the Committee reviewed Dr. Sengupta's request for endorsement of her California license. Dr. Sengupta has not been engaged in the clinical practice of medicine since February 2001. Dr. Garg indicated that the Committee recommends approval, subject to her passing the SPEX or board recertification examination.

DR. STEINBERGH MOVED TO GRANT DR. SENGUPTA'S REQUEST FOR ENDORSEMENT LICENSURE, SUBJECT TO HER PASSING THE SPEX OR HER SPECIALTY BOARD RECERTIFICATION EXAMINATION, AND CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Michael Silberstein, M.D.

Dr. Garg advised that Dr. Silberstein's request for endorsement licensure was presented to the Committee because Dr. Silberstein is a graduate of a non-LCME approved school and he has not completed 24 months of graduate medical education through the second-year level. Dr. Silberstein has requested that the Board consider his previous training and experience in South Africa and the United States as being equivalent to the twenty-four months. Dr. Silberstein has completed 18 months of training in the United States, and he is Board certified in both adult and pediatric radiology. Dr. Garg stated that the Committee felt that Dr. Silberstein's previous training and experience are equivalent to 24 months of training.

DR. BUCHAN MOVED TO FIND THAT DR. SILBERSTEIN'S PREVIOUS TRAINING AND EXPERIENCE ARE EQUIVALENT TO 24 MONTHS OF TRAINING THROUGH THE SECOND YEAR LEVEL AND TO GRANT DR. SILBERSTEIN AN OHIO LICENSE. DR. BHATI SECONDED THE MOTION. A vote was taken:

January 15, 2004

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ADMINISTRATIVE REPORT

At this time Mr. Dilling presented a service pin to Debra L. Jones, CME and Renewal Officer, honoring her for her 25 years of service to the Medical Board and to the State of Ohio.

Mr. Dilling also presented a plaque to Mr. Browning, honoring him for her service as President of the Board for the year 2003.

PRESENTATION BY LT. COL. KATHERINE J. ADAMSON, PA-C, MMS, MA OF THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA)

At this time the Board heard a presentation by Lt. Col. Adamson on P.A. certification. Copies of slides that accompanied the presentation shall be maintained in the exhibits section of this journal.

Dr. Bhati left the meeting during the presentation.

REPORTS OF ASSIGNED COMMITTEES

P.A. COMMITTEE

Dr. Talmage advised that the Committee reviewed several supplemental requests.

University Surgical Group of Cincinnati

Dr. Talmage stated that the group had several requests to consider. The first, for vein and artery harvesting, raised a concern over what arteries would be harvested. The group confirmed that they would only request harvesting of saphenous leg veins and radial arteries. The assumption was that this was being done by endoscope. The Committee recommends approval, given the limitations of adult-only vein and

January 15, 2004

radial artery harvesting.

DR. TALMAGE MOVED TO GRANT UNIVERSITY SURGICAL GROUP OF CINCINNATI'S SUPPLEMENTAL REQUESTS FOR THE FOLLOWING IN ADULTS ONLY: VEIN AND ARTERY HARVESTING OF SAPHENOUS LEG VEINS AND RADIAL ARTERIES; INSERTION OF ARTERIAL LINES; PERFORMANCE OF ENDOTRACHEAL INTUBATION; EMERGENCY INSERTION OF CHEST TUBES; REMOVAL OF TEMPORARY PACER WIRES; REMOVAL OF CHEST TUBES; REMOVAL OF SWAN GANZ CATHETER; REMOVAL OF INTRA-AORTIC BALLOON PUMP; AND INSERTION OF CENTRAL VENOUS CATHETER. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- nay
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Heidi Donnelly, M.D.

Dr. Talmage stated that Dr. Donnelly's request for her P.A. to perform superficial & medium depth chemical peels was considered by the Committee, which felt uncomfortable with Dr. Donnelly's description encompassing only superficial peels. Dr. Talmage stated that the Committee felt that there was sufficient risk in medium depth chemical peels.

DR. TALMAGE MOVED TO APPROVE DR. DONNELLY'S REQUEST FOR SUPERFICIAL DEPTH CHEMICAL PEELS IN AN OFFICE SETTING, UTILIZING 100% DIRECT SUPERVISION, WITH THE P.A. OBSERVING THE PHYSICIAN IN PERFORMING 10 PROCEDURES AND THEN THE PHYSICIAN OBSERVING THE P.A. IN PERFORMING 25 PROCEDURES TO DETERMINE COMPETENCY. DR. TALMAGE FURTHER MOVED TO PROPOSE TO DENY DR. DONNELLY'S REQUEST FOR MEDIUM DEPTH CHEMICAL PEELS. ??? DR. GARG SECONDED THE MOTION.

Dr. Steinbergh expressed concern about the significant knowledge the P.A. needs to have about the skin to do these peels.

Dr. Talmage noted that Dr. Donnelly has agreed to evaluate every patient pre and post procedure. The QA

portion would be an examination of those patients afterward.

Mr. Browning noted that the P.A. would observe the physician doing only 10 procedures. He asked whether P.A.s are usually required to observe 25 procedures.

Dr. Talmage stated that it depends upon the procedure. The Board has approved as few as 5 and as many as 40. In this case, the Committee felt 10 is adequate. He noted that the P.A. would have to do 25 observed procedures.

Dr. Kumar noted that the letter from Dr. Donnelly indicates that the physician will see the patient pre and post procedure. Then it says that there will be an annual follow-up. He expressed confusion about this.

Dr. Davidson stated that there is off-site supervision, so the physician is not seeing the patient on the day of the procedure.

Dr. Talmage stated that the physician would see the patient before the next procedure. If the peel went too deep, his assumption is that the P.A. would not do the procedure the next time.

Dr. Steinbergh stated that there needs to be on-site supervision so that the physician can see the patient immediately before and after the procedure. She's concerned that, with the physician off-site, the P.A. will be making the decision about how the peel goes.

Dr. Davidson stated that she believes the sense of the Board is that it wants the physician to evaluate at some point other than annually.

Dr. Robbins stated that he doesn't believe that any additional peel should be done without the physician seeing the patient to determine whether a second or third procedure is necessary.

Dr. Talmage stated that he believes that that is covered in Dr. Donnelly's letter of December 10, where she states:

1. The supervising physician will observe no less than 25 procedures to determine the competency, then utilize 100% direct supervision thereafter.
2. The physician agrees to evaluate every patient pre and post procedure (which we understood to be part of the original utilization agreement for every procedure performed by the PA)
3. The physician will evaluate the patient pre-procedure, to determine the strength of the application.

Dr. Davidson stated that they're meeting the letter of the law in seeing the patient annually. The physician could say, "I saw them post procedure. It was twelve months' post-procedure."

January 15, 2004

Dr. Egner suggested defining procedure.

Dr. Davidson asked whether the procedure is the whole series or is it one peel. She stated it's an area about which she knows little, so she is uncomfortable.

Dr. Kumar stated that it is his sense from talking with dermatologists that they see the patient one time and then six months or a year later, and the physician is not involved in between. That's why he's concerned. But if you take Dr. Donnelly's letter literally, the Board could expect that she will see the patient immediately pre and post procedure. He suggested approving the procedure as long as the physician sees the patient pre and post for each application of the peel.

Dr. Garg stated that that could be twice a week.

Dr. Davidson stated that the Board needs to explain what it means by "post procedure."

Dr. Steinbergh stated that these procedures are done by estheticians with no physicians on site. Estheticians are trained to do these chemical peels in salons at their discretion. When you add physician involvement, it becomes a medical procedure. Then the Board is obligated to determine whether or not the P.A. is as well trained as the esthetician in this kind of procedure.

Dr. Kumar stated that he did vote to approve this request at the Committee meeting.

DR. KUMAR MOVED TO AMEND DR. TALMAGE'S MOTION TO REQUIRE THE PHYSICIAN TO SEE THE PATIENT PRE AND POST EACH APPLICATION. DR. STEINBERGH SECONDED THE MOTION.

Dr. Egner asked if the Committee has had someone come to the Committee to really talk about these procedures and what it means.

Dr. Talmage stated that the Committee went by the written training procedure.

Mr. Dilling suggested that the staff obtain some clarification of the issue.

Dr. Steinbergh stated that she would feel comfortable if there was on-site supervision. Her concern is that the patient comes into the office, the P.A. decides to do a peel and the doctor's not there to evaluate the patient. Then what do you have? Do you have a salon that is open in the doctor's office?

Dr. Egner asked what if the doctor saw the patient on Monday and said the patient is appropriate for a peel, but the patient comes in on Thursday when all the peels are being done and the doctor's not there? She stated that she doesn't really have a problem with that. The doctor did see the patient. The doctor's not going to do the peel.

January 15, 2004

Dr. Robbins asked what happens if the patient comes back in a month and the P.A. says he or she needs a second peel.

Dr. Egner stated that maybe a “peel” always involves two or three procedures.

Dr. Kumar stated that it does. It’s not a one-time procedure.

Dr. Buchan stated that his take on this is that it isn’t a major deal. This is just a superficial peel, done on a four-week interval basis. Dr. Buchan stated that the Board needs to have some latitude here and offer the physician some latitude. He stated that he believes the request is appropriate, as written. He agreed that it’s not his area of expertise, but he did review each one of the slides and the complications rates are not that significant. Dr. Buchan stated that the request seems reasonable.

Dr. Davidson stated that she’s just arguing for clarity. What does post procedure mean?

Dr. Buchan stated that he would suspect that means that the patient is seen by the physician before the next time the procedure is done.

Dr. Talmage agreed, stating that the “post” and the “pre” could be the same visit.

A vote was taken on Dr. Kumar’s motion to amend:

Vote:	Mr. Albert	- aye
	Dr. Egner	- nay
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- nay
	Dr. Steinbergh	- aye

The motion carried.

DR. TALMAGE MOVED TO APPROVE THE AMENDED APPLICATION. DR. KUMAR SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- abstain
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye

January 15, 2004

Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- nay
Dr. Steinbergh	- aye

The motion carried.

Affiliated Dermatology & Cosmetic Surgery Center, Inc.

Dr. Talmage stated that the Committee reviewed a number of requests from the above-captioned. The first was for intralesional glucocorticosteroid injections in an office setting, utilization 100% onsite supervision with the P.A. observing the physician perform 25 procedures and the physician observing the P.A. perform 30 procedures to determine competency.

DR. TALMAGE MOVED TO APPROVE AFFILIATED DERMATOLOGY & COSMETIC SURGERY CENTER, INC.'S REQUEST FOR THE P.A. TO DO INTRALESIONAL GLUCOCORTICOSTEROID INJECTIONS. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage stated that the group also requested that its P.A.s be permitted to perform shave biopsies in an office setting, utilizing 100% onsite supervision with the P.A. observing the physician perform 30 procedures and the physician observing the P.A. perform 30 procedures to determine competency.

Dr. Talmage stated that this was a problem for the Committee. It was suggested that it was not sufficiently defined that shave biopsy was only epithelial and did not cross the epithelial-subcutaneous boundary.

There was also some concern about potential scarring if it was done too deeply. Therefore, the Committee vote on a motion to deny approval was tied three to three. The Committee defers to the Board for its decision.

January 15, 2004

Dr. Buchan stated that he voted to deny based on the fact that the consequences of a poor technique are significant. Dr. Buchan stated that this is a finesse procedure. There was some comment made about malignancy and type of lesion. Is this really a zone that the Board wants P.A.s to be in. Based upon the complication rate and the concern for the benign or malignant nature of the lesion, he voted to deny.

Dr. Talmage stated that the Board requested the expert opinion of Michael J. White, M.D., who recommended that this procedure is within the capability of a P.A., provided that the supervising physician should evaluate the lesion prior to the procedure and would evaluate any further lesions and the efficiency with which the original lesion was removed.

Dr. Steinbergh noted that there will be 30 procedures observed by both the P.A. and the physician, and supervision is on-site. She recommended approval.

Dr. Talmage stated that Dr. Bhati was concerned that the P.A. would potentially cut through a malignant lesion. Dr. Talmage stated that he personally would counter with the fact that, if the physician is selecting the lesion, if the P.A. didn't do it, the physician would cut through the malignant lesion. He stated that he doesn't see any difference. It's the selection of the procedure that is critical, and the physician does that.

DR. STEINBERGH MOVED TO APPROVE THE GROUP'S P.A. FOR SHAVE BIOPSY. DR. TALMAGE SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- nay
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- nay
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage stated that the next request this group made was for the P.A. to perform excisional punch biopsies in an office setting, utilizing 100% onsite supervision with the P.A. observing the physician perform 30 procedures and the physician observing the P.A. perform 30 procedures to determine competency. The Committee proposed to deny this request based upon the possibility of undertreating a malignant lesion and the possibility of scarring.

Dr. Steinbergh asked what is the difference between punch biopsy and shave biopsy. She stated that she's never felt comfortable with a punch biopsy. There is a concern about the depth. The shave biopsy seems

January 15, 2004

like a simpler procedure than the punch biopsy.

Dr. Egner stated that she'd bet it would be the opposite. The concerns you'd have with the punch biopsy would be the same you'd have with the shave biopsy.

Dr. Buchan stated that the punch biopsy can be as large as 8 mm and as small as 2 mm. As with the shave biopsy, local anesthetic is used. Dr. Buchan stated that this is an area that he's uncomfortable approving for P.A.s.

Dr. Talmage stated that, if the Board approves it, it would be with the provision that the physician choose the lesion and the method of biopsy. The Committee recommended denial.

Dr. Egner commented that the risk of infection is much greater with a punch biopsy than a shave because you do go through a full thickness. It almost always goes into subcutaneous tissue.

DR. GARG MOVED TO PROPOSE TO DENY THE PROCEDURE OF SHAVE BIOPSY ON THE BASIS OF THE HIGH RISK OF INFECTION. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- nay
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage stated that the Committee reviewed the group's request for the P.A. to perform snip excisions in an office setting, utilizing 100% onsite supervision with the P.A. observing the physician perform 25 procedures and the physician observing the P.A. perform 25 procedures to determine competency. The Committee recommended approval with the addition of the provision that it be identified prior to the snip excision by the physician.

DR. GARG MOVED TO APPROVE SNIP EXCISSIONS. DR. EGNER SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye

January 15, 2004

Dr. Talmage	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage stated that the Committee reviewed the group's request for approval of electrodesiccation in an office setting, utilizing 100% onsite supervision with the P.A. observing the physician perform 25 procedures and the physician observing the P.A. perform 40 procedures to determine competency. The Committee moved to approve with proviso that it be done for superficial benign lesions, selected by the physician, only.

DR. TALMAGE MOVED TO APPROVE ELECTRODESSICATION OF SUPERFICIAL BENIGN LESIONS, SELECTED BY THE PHYSICIAN, ONLY. DR. GARG SECONDED THE MOTION.

A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PRESCRIBING COMMITTEE

Dr. Davidson stated that she reported to the Committee on the Compassionate Care Task Force. The Committee also discussed the Optometry Board's Formulary Rule. Concerning that rule, the Committee decided that Dr. Davidson would work with Dr. Robbins to draft a letter to JCARR, opposing the proposed rule, expressing the Board's continuing opposition, and suggesting a previously proposed compromise.

DR. GARG MOVED TO GO FORWARD WITH SUCH A LETTER. DR. EGNER SECONDED THE MOTION. A vote was taken:

January 15, 2004

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

LEGISLATIVE LIAISON & RULES COMMITTEE

Mr. Browning stated that the Committee performed the five-year review of the chiropractic education. There was some concern about the fact that chiropractors are referred to as primary health care providers, but that has been true for almost 30 years and the Committee decided not to pursue the issue, but to remain neutral.

Mr. Browning stated that there is an osteopathic licensure examination issue where the AAOE stopped granting diplomate status. Ohio statutes and rules require such status. Mr. Browning stated that Dr. Steinbergh has met with the AAOE, which is meeting this week to craft a solution specific to Ohio's needs.

Dr. Steinbergh asked for the status of the P.T bill.

Mr. Wayda stated that SB 35 has passed both houses. The bill says that, for cash payment only, it is no longer required that a physician refer the patient to the physical therapist [PT]. There are requirements that within five days the PT must notify the patient's physician that he or she is seeing the patient. If results aren't obtained within 30 days, the PT must also notify the physician. The bill provides for a master level for PTs. He added that the original grandfather provision in the legislation has been narrowed.

Mr. Browning asked Mr. Wayda to send Board members a summary about this bill. He suggested that information concerning the bill be included in the next newsletter.

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

Thereupon at 10:35 a.m. on January 15, 2004, the January 14-15, 2004 meeting of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio,

13816

January 15, 2004

meeting on January 14-15, 2004, as approved on February 11, 2004.

Lance A. Talmage, M.D.

Anquetette P. Sloan, President

Lance A. Talmage, M.D., Secretary

(SEAL)

