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MINUTES**THE STATE MEDICAL BOARD OF OHIO****February 8, 2006**

Andrew F. Robbins, Jr., M.D., President, called the meeting to order at 1:00 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: Deepak Kumar, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; David S. Buchan, D.P.M.; R. Gregory Browning, Ph.D.; Anquetette Sloan; Patricia J. Davidson, M.D.; and Anita M. Steinbergh, D.O. The following joined the meeting at a later time: Carol L. Egner, M.D. The following did not attend the meeting: Nandlal Varyani, M.D., and Kamala Saxena, M.D.

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

EXECUTIVE SESSION

DR. BUCHAN 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. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

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

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

MINUTES REVIEW

MR. ALBERT MOVED TO APPROVE THE MINUTES OF JANUARY 11-12, 2006. DR. KUMAR 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

Dr. Robbins announced that the Board would now consider the findings and orders appearing on the Board's agenda. He noted that the case of Jabir Kamal Akhtar, M.D., which was scheduled for this meeting, would be considered at a later time due to the inability to achieve service of the Report and Recommendation on Dr. Akhtar.

Dr. Robbins asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Mark A Campano, M.D.; Philip L. Creps, D.O.; Ruth Ann Holzhauser, M.D.; John Bruce Payne, D.O.; Alberto Pena, M.D.; and Joseph Aloysius Ridgeway IV, M.D. A roll call was taken:

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

Dr. Robbins asked whether each member of the Board understands that the disciplinary guidelines do not

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

Dr. Robbins 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. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

Dr. Robbins 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 A. CAMPANO, M.D.

Dr. Robbins directed the Board's attention to the matter of Mark A. Campano, M.D. He advised that no objections were filed to Hearing Examiner Davidson's Report and Recommendation.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF MARK A. CAMPANO, M.D. DR. BUCHAN SECONDED THE MOTION.

Dr. Robbins advised that Assistant Attorney General Wilcox has filed a motion for an order ratifying the determination of the Secretary and Supervising Member that there was clear and convincing evidence that Dr. Campano had violated Sections 4731.22(B)(5), (B)(12), (B)(15) and (B)(26), Ohio Revised Code, and further determined that his continued practice of medicine constituted a danger of immediate and serious harm to the public.

DR. STEINBERGH MOVED TO AMEND THE FINDINGS OF FACT IN THE MATTER OF MARK A. CAMPANO, M.D., BY ADDING FINDINGS THAT: 1. THE SECRETARY AND SUPERVISING MEMBER, AT THE TIME THEY MADE THE RECOMMENDATION TO

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SUMMARILY SUSPEND THE LICENSE OF DR. CAMPANO, HAD CLEAR AND CONVINCING EVIDENCE THAT DR. CAMPANO HAD VIOLATED THE TERMS OF THE BOARD'S ORDER, AND, 2. THEREFORE, HIS CONTINUED PRACTICE OF MEDICINE CONSTITUTED A DANGER OF IMMEDIATE AND SERIOUS HARM TO THE PUBLIC. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF MARK A. CAMPANO, M.D. DR. BUCHAN SECONDED THE MOTION.

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

Dr. Steinbergh spoke in support of the Report and Recommendation, and the Proposed Order of permanent revocation. She stated that, even though the Board has difficulty permanently revoking chemically dependent physicians, hoping that the Board can help them to full recovery, she thinks that the hearing record is very clear about this doctor's current addiction problems and his ability to lie to this Board. She doesn't believe that the Board can rehabilitate this physician. He's been so very deceitful that she doesn't believe that he has the honest and ethical conscience that a physician requires to take care of patients. Dr. Steinbergh concluded by stating that she's in full support of this Proposed Order.

Dr. Buchan stated that he thinks that the Board is committed to the crafting of Orders that will protect the public. His only disappointment was that Dr. Campano fell through the cracks for as long as he did. Dr. Buchan stated that he supports the Report and Recommendation, as written, and as amended.

Dr. Davidson stated that she supported the Secretary and Supervising Member's decision for summary suspension because this is a physician whose license the Board saw fit to permanently revoke in 1995, but did stay that permanent revocation. She stated that this is a physician who is working with a stayed permanent revocation. She stated that she thinks that this is a class different from the others with whom the Board has dealt today, and that Dr. Campano was on thin ice. Dr. Davidson spoke in support of the amended Report and Recommendation.

Dr. Kumar stated that the record is very clear in this case; however, he did come here initially with the idea

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that the Board has been lenient with people who are impaired. The Board tries to work with them. He was going to suggest just revoking Dr. Campano, rather than permanent revocation; however, Dr. Campano did not even come in to present himself or make any admission on his part. Dr. Kumar stated that he will support 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. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

PHILIP L. CREPS, D.O.

Dr. Robbins directed the Board's attention to the matter of Philip L. Creps, D.O. He advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

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

Dr. Creps was accompanied by his attorneys, Elizabeth Y. Collis and Ted Kurt.

Ms. Collis advised that she and Mr. Kurt have presented their position on this case in their objections to the Report and Recommendation. She stated that Dr. Creps would like to address the Board.

Dr. Creps thanked the Board for the opportunity to appear before it today. He stated that he's never had cause to appear before a medical board, and he prays that he never has cause in the future. Dr. Creps apologized to the Board for giving it any reason to even have to question the status of his licensure in Ohio. He knows that he finds himself here today based on answers he made on applications for licensure with this Board many years ago, and on an application that he completed for hospital privileges in Toledo in 2003.

Dr. Creps stated that he would like to briefly discuss his three applications and the answers that he provided on them. He stated that in 1992 he completed a request for application form with the Board. On it he listed the dates of his attendance for six courses at the Medical College of Ohio (MCO) from 1973 until 1977. At hearing, evidence was presented to show that he was registered as a student until 1978. As

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he was not enrolled in any course work in 1978, he never even thought to list those dates on this application. He certainly never meant to mislead the Board by providing those dates on his application.

Dr. Creps continued that, on the same application, under the same question, he also listed that he was transferred from MCO. "Transferred" was not listed to be dishonest or to mislead the Board, but because it was chronologically accurate. He did, in fact, transfer from MCO to the University of Toledo. This answer, with hindsight, now appears incomplete in explaining why he transferred. Dr. Creps stated that, if he meant to deceive the Ohio Board about MCO, he would not have listed MCO on the pre-application at all.

Dr. Creps stated that the second application question that was addressed at the hearing was on his 1993 application for licensure in Ohio. On question 4, it asked whether he ever "resigned from or was dismissed" from medical school. In answering this application, he incorrectly answered "no" to this question. He stated that this answer was wrong; he should have taken more time and care in completing this application, but he did not. Dr. Creps apologized for that. Thirteen years after completing this one question on his Ohio application, he knows that he did not answer the question incorrectly because he was trying to hide anything from the Board or because he was trying to deceive the Board in any way with MCO and Michigan State University (MSU) already on his applications.

Dr. Creps continued that in 2003 he applied for hospital privileges at Toledo Hospital and Toledo Children's Hospital. On the application for privileges, he provided the hospital with an incorrect answer to the question as to whether any disciplinary action had been taken against him while in his education and training program. Dr. Creps stated that a secretary for Harbor Behavioral Health Care completed the application for him. At Harbor's insistence, he signed the application before it was completed in order to obtain his privileges quickly. Dr. Creps stated that he understands now that this was wrong, as he stated at the hearing. He takes full responsibility for his error. He should never have let someone else complete the application for him, and he certainly should not sign a document before it is completed.

Dr. Creps added that, when he signed the application, although he did not read it in a lot of detail, and he saw the heading, "Disciplinary Actions," it never hit him that this would be a question to which he would have to answer "yes." He stated that he never saw his dismissal at MCO and MSU as disciplinary. He saw this decision as being based on poor academic performance. To him, the word, "disciplinary," applies when you do something wrong in a program, like cheating, a felony or poor patient care. He has no history of felonies or chemical dependence.

Dr. Creps stated that he certainly did not mean to answer questions wrong on the three applications because he was trying to mislead the Board or the hospitals. He certainly has never tried to provide information about his education and training that was not accurate. All potential employers, all hospitals at which he applied for privileges, and all states in which he has a license are now aware of these problems. He knows that in his early medical education he had a lot of academic problems, and it took him longer than most to get through medical school. He had two tries at it: First at MCO and then he finished at MSU. He graduated in 1991, and has since passed six Board exams with three Board certifications without incident.

Dr. Creps stated that he enjoys working as a physician, and his patients enjoy the service and

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professionalism he can provide to them. Dr. Creps stated that it would be a grave loss to the citizens of Ohio to lose him. His subspecialty in child psychiatry is highly needed, and his rural background helps him in his service in physician manpower shortage areas. Dr. Creps asked that the Board not believe the Hearing Examiner's opinion that, because he did not answer questions better on three applications, that he cannot honestly and professionally practice medicine in Ohio. Dr. Creps stated that he "goofed." Clearly, the sanctions recommended by the Hearing Examiner are out of line with similar cases cited in his objections. Dr. Creps stated that he accepts the sanction under Section III.C of the Disciplinary Guidelines. There is neither motive nor evidence of fraud here for disciplinary guidelines under III.B, nor publication of his errors to support disciplinary guidelines under III.D or III.E.

Dr. Creps thanked the Board for its time.

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

Mr. Wilcox advised that Dr. Creps' deception with this Board goes back to his initial request for application in 1992. At that time he informed the Board that he attended MCO, but he didn't get a medical degree there because he had "transferred." In reality, Dr. Creps attended MCO until May 30, 1978, at which time he was dismissed due to academic failure. Mr. Wilcox advised that, in March 1993, Dr. Creps submitted to the Board a license application. He certified that the information contained in that application was true. He was asked in the application if he'd ever been dismissed from or put on probation by a medical school. Dr. Creps answered "no" to this question, despite a long history of being dismissed and placed on probation at two medical schools. Mr. Wilcox stated that he believes that the question was clear, as was the intent of Dr. Creps. Dr. Creps was purposely attempting to hide his history of academic failures. There is no ambiguity here. This is not a case where a university may or may not have placed an applicant on a short period of probation at one time, such that the student may have legitimately forgotten about it.

Mr. Wilcox stated that, in this case, the Board has a physician who was dismissed from two different medical schools for academic failure. Dr. Creps then embarked upon a ten-year odyssey to obtain his medical degree from MSU. In the course of these ten years, Dr. Creps was dismissed from school, reinstated and placed on academic probation at least three different times before finally earning his degree in 1991. This long history of academic trouble is obviously something one would not forget or simply gloss over, if asked about, on an important application. Given these facts, it is apparent that Dr. Creps wanted to conceal his history from the Board, and he intentionally lied about his past medical school problems on his application for licensure.

Mr. Wilcox stated that, given that these applications were filled out 13 years ago, one might be inclined to say that it was an isolated incident and that Dr. Creps should be given a break; however, recently in his application for staff privileges submitted to the Toledo Hospital in October 2003, Dr. Creps again was asked about prior discipline in an educational program, including whether he had been terminated or placed on probation. Again, Dr. Creps said, "no," completely misleading the Toledo Hospital about his academic past.

Mr. Wilcox stated that, given Dr. Creps' actions regarding these important applications, the question

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becomes whether the Board can effectively monitor him in a meaningful way. To the State's knowledge, Dr. Creps has practiced without controversy for many years; however, it is important to remember the field in which Dr. Creps practices. As a psychiatrist, the emphasis on honest dealing with patients is essential to the practice. How can the Board trust that Dr. Creps will be honest with his patients if he cannot be honest on his credentialing applications? Honesty is probably the most important attribute in psychiatry, if not in the medical profession in general; and Dr. Creps has demonstrated a pattern of being dishonest. Given Dr. Creps' pattern of deception over the years, Mr. Wilcox would have to agree with the Proposed Order of permanent revocation.

DR. KUMAR MOVED TO APPROVE AND CONFIRM MS. MURPHY'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF PHILIP L. CREPS, D.O. MR. BROWNING SECONDED THE MOTION.

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

Dr. Buchan stated that he is conflicted by this case. As he reviewed the record, he really felt that the Proposed Order of permanent revocation was harsh. Dr. Buchan suggested that a revocation might be more appropriate. His conflict has to do with Dr. Creps' character and misrepresentation. Dr. Buchan added that he was not convinced by Dr. Creps' statement to the Board. Dr. Buchan stated that character matters, and this Board stands on that. Physicians are held to that standard.

Dr. Egner stated that she thinks that the character issue is really the heart of this case. Being dismissed from a medical school is not something that anyone would forget. She added that one also knows the distinction between being dismissed and transferring. The academic probation that Dr. Creps had multiple times at MSU also had to be quite an ordeal to go through. To not list that is just unreasonable. Dr. Creps' reasoning today was that if he really had meant to lie, he would have told a bigger lie. Dr. Egner stated that that's not reasonable. Dr. Egner concluded that, when the Hearing Examiner says that Dr. Creps cannot be trusted to tell the truth when his self-interest is at stake, that presents a great potential harm to the citizens of Ohio. Dr. Egner stated that she believes that that is the crux of the case. Dr. Egner added that the Board has had other cases where, if you look just at the act, the act itself may not by itself merit permanent revocation, yet permanent revocation was appropriate. In light of the character issue in this case, she thinks that permanent revocation is appropriate.

Dr. Kumar stated that he was also conflicted in this case. On one hand, he looks at a physician who had great difficulty in an academic career in medical school, but persisted. Although it took him 13 to 14 years to pass through medical school, he did pass, and the Board does not know of any problems he's had in his practice. Dr. Kumar stated that he was hoping when Dr. Creps came in that he would actually admit that he did mislead on all the applications instead of still indicating that he didn't understand what was meant by "disciplinary action." Dr. Kumar stated that it bothers him that Dr. Creps still hasn't realized that what he was doing was absolutely wrong.

Dr. Kumar continued that, at the same time, there are other things that are in Dr. Creps' favor. He stated that he would be in favor of amending the order to impose a stayed permanent revocation, ethical courses, etc. If the other Board members feel otherwise, he can vote for permanent revocation on this case.

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Dr. Davidson stated that she would like to respond to one point made in Dr. Creps' objections. She referred the Board to the following language on page 4 of the objections:

In the Conclusion of Law section of the R&R, Ms. Murphy also argued that Dr. Creps "... presents a great potential for harm to the citizens of Ohio." (R&R at 11) This conclusion is also not supported by the hearing examiner's findings of fact. Evidence concerning whether an applicant who misrepresents his academic record presents a potential for harm to the citizens of Ohio was not proffered at the hearing. A conclusion of law based not on the evidence but on the hearing examiner's mere opinion should be stricken from the R&R and, accordingly, should not be regarded by the Board.

Dr. Davidson stated that this may be a legal matter, but she didn't feel that she needed to have that reproved to her. She noted that the *New England Journal of Medicine* just came out with an article that resubstantiated the data, the conclusion and the fact that Board members know as a true statement. Dr. Davidson stated that she didn't need evidence in the hearing record to believe that Dr. Creps' misrepresentations presented a great potential harm to the citizens of Ohio.

Dr. Steinbergh stated that she does agree that this was a conflicted case, but this physician has lied. He fraudulently applied for licensure in the state. He continued to lie and no one was catching up with him. Now the Board has caught up with him. Over the years that he went to two different medical schools, he also went on to get educated. He attended the University of Toledo, he briefly attended Bethany Bible College in Santa Cruz, CA, and he finished another bachelor's degree in psychology. Dr. Creps has a long educational career. Dr. Steinbergh stated that she sort of got the sense that medicine was a bit more of a hobby than it was a real commitment. She doesn't see other physicians who have spent that number of years. He's had problems academically. He's also floated in and out of other areas. Dr. Steinbergh stated that she read Dr. Creps' objections to the Report and Recommendation, and she really felt that all of these objections and all of the things he has done indicate to her that he didn't take his licensure seriously. The Board has said before that having a degree is an academic achievement, but it does not give one the right to practice medicine. The character issue is very, very important to this Board.

Dr. Steinbergh stated that, whether or not Dr. Creps takes ethical responsibility in his own practice is a question for the Board. She stated that she doesn't think that he'll have any trouble getting a job because of all of his other academic achievements, but she doesn't believe that it would be appropriate for this Board to continue his licensure in this state. Dr. Steinbergh stated that she agrees with the Report and Recommendation.

Dr. Buchan stated that there is the matter of permanent revocation versus revocation. He stated that he's prepared to be lenient in this case.

DR. BUCHAN MOVED TO AMEND THE PROPOSED ORDER IN THE MATTER OF PHILIP L. CREPS, D.O., TO REMOVE THE WORD "PERMANENT." MR. BROWNING SECONDED THE MOTION.

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Dr. Steinbergh spoke against the motion. She stated that she would like to know what the Board would gain or what would change, noting that Dr. Creps has been so dishonest during all this period of time. She added that he still doesn't recognize that he's been dishonest. He admits the answers were wrong, but she feels it is clear that he didn't give the Board the right answers because he clearly didn't want the Board to know and he clearly didn't take his applications seriously.

Mr. Browning stated that he believes that what Dr. Buchan is saying is that there's a mismatch between the crime and the punishment. These were unnecessary lies. He could have, in all likelihood, been licensed if he'd told the truth. Dr. Creps didn't get it, and he still doesn't get it. Dr. Creps could have come here today and been more forthcoming about the past. Had he, Board members might have voted to do something less than permanent revocation, because the crime and the punishment don't quite fit. Mr. Browning stated that, when thinking about permanent revocation, one thinks about something a lot more serious than lying about his or her academic record when, in fact, he or she graduated from medical school. It took a long time, but Dr. Creps made it. Mr. Browning stated that he is supportive of Dr. Buchan's recommendation.

Dr. Kumar stated that he is, in a way, in favor of some leniency, but his problem with pure revocation is that Dr. Creps could come back next week and apply again. The Board would have to go through this whole process again.

Mr. Browning stated that he would have to have a story to tell, and he probably wouldn't have a story to tell next week.

Dr. Kumar again suggested a stayed permanent revocation, suspending for a period of time, and then making him take courses, and be on a probationary period for monitoring purposes. That way, at least, the Board will be making him do things and will be able to monitor him.

Dr. Buchan stated that he's interested in revoking this license. He's not interested in rehabilitating Dr. Creps.

Dr. Steinbergh suggested discouraging Dr. Creps from applying for a period of time.

Dr. Buchan asked for a vote on the proposed amendment. He stated that he wants Dr. Creps to take responsibility for what he's done and his misrepresentations, and he doesn't feel that today. He won't feel it next week, he suspects. If, at some period of time, Dr. Creps tells a different story, he may reconsider.

Dr. Davidson asked whether the Board could discourage him from applying for relicensure for a set period of time. She stated that she thinks that the Board has discussed this before, but she can't remember what the advice from the Attorney General's office was.

Ms. Thompson stated that she believes that Mr. Pratt addressed the Board on this issue a couple of years ago.

Mr. Pratt stated that he believes that he did advise the Board previously. There was some concern about

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putting conditions on when one can reapply after revocation. He indicated that he would have to consider this issue again before advising the Board.

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

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

The motion failed.

DR. KUMAR MOVED TO AMEND THE PROPOSED ORDER BY ENTERING A STAYED PERMANENT REVOCATION, A MINIMUM ONE-YEAR SUSPENSION, AND THREE YEARS' PROBATION WITH THE USUAL PROBATIONARY TERMS, INCLUDING ETHICAL COURSES, BOTH PROFESSIONAL AND PERSONAL. DR. DAVIDSON SECONDED THE MOTION.

Dr. Steinbergh suggested tabling the matter to draft language for an alternative order and to print it out so that all Board members can review it.

Mr. Albert left the meeting at this time.

Dr. Buchan asked that the Board discuss the proposed amendment before tabling it for drafting an alternative order.

Dr. Buchan spoke against the proposed amendment, stating that he is not interested in taking the responsibility to rehabilitate in this case. He thinks that the misrepresentation and character issues override that. He would speak in favor of permanent revocation at this point.

Dr. Egner again stated that she thinks that this is more serious than just filling out an application. It is evident by the fact that on his Toledo Hospital application he denies any occurrence of disciplinary action, termination or probation by an educational institution. She stated that that's a very clear question, and that is far more recent than his past applications. Dr. Egner stated that she just feels that he cannot be trusted, and nothing he said today makes her feel any differently about that.

Ms. Sloan agreed, adding that when she looks at the populations for whom he would be caring, she believes this should be a permanent revocation.

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Dr. Robbins stated that the Board will have to vote on the motion, and he asked whether everyone understands it.

Ms. Schmidt advised that she needs to know what “the usual terms” would be for the record. She commented that one Board member’s “usual terms” may differ from another Board member’s.

Dr. Buchan agreed that the terms need to be clear and the matter should be tabled. He again stated that he’s not interested in tabling this.

Dr. Egner stated that if Dr. Kumar would withdraw his motion, the Board could proceed with the original motion to approve and confirm. She commented that the Board can’t vote on Dr. Kumar’s motion without more clarity about the details. If the vote on the original Proposed Order is defeated, the Board can then go back to Dr. Kumar’s motion.

DR. KUMAR WITHDREW HIS MOTION TO AMEND. DR. DAVIDSON, AS SECOND, AGREED.

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

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

Needing six votes to pass, the motion failed.

DR. KUMAR MOVED TO AMEND THE PROPOSED ORDER BY ENTERING A STAYED PERMANENT REVOCATION, A MINIMUM ONE-YEAR SUSPENSION, AND THREE YEARS’ PROBATION WITH PROBATIONARY TERMS, INCLUDING ETHICAL COURSES, BOTH PROFESSIONAL AND PERSONAL. DR. DAVIDSON SECONDED THE MOTION. DR. DAVIDSON SECONDED THE MOTION.

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

Dr. Steinbergh stated that she thinks that the suspension is too short. She would agree to terms that would suspend him to at least two years or 24 months, at which time, in order for Dr. Creps to move into the probationary period, he would have to pass the SPEX or COMVEX, whichever he prefers.

Dr. Kumar stated that he doesn’t disagree with Dr. Steinbergh. He stated that, if other Board members

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would prefer a two-year suspension, he would amend his motion.

Mr. Browning stated that he would support a two-year suspension.

Dr. Steinbergh stated that she sees this as a rather egregious case of lying. There is a huge character issue here. If Dr. Creps had made an error about the MCO issue in 1997 and 1998, and we caught up with it, there would not be this issue. But the whole record in this case shows a man who had significant academic difficulties, persisted in other areas, eventually got back into school, but continued to lie about what happened. You don't do that when you're honest. There's a reason why you lie. If you tell the truth, there's no question that the Board would react differently. Dr. Steinbergh noted the portion in the objections that addresses the Hearing Examiner's comment that the assumption that Dr. Creps' medical license in Ohio would have been in jeopardy, had he been honest with the Board. Dr. Steinbergh stated that, if there's honesty in application, the Board will then take a look. It definitely stimulates the Board to investigate. Depending upon how the Board feels about that, when it sees a physician who has been honest in his or her application, even though there have been mistakes in life, the Board has had the tendency to forgive that and at least understand that that physician took on the ethical responsibility. The Board doesn't see that here. What it sees is continuous lying. Dr. Steinbergh stated that she doesn't think that suspending Dr. Creps' license for a year is it.

Dr. Robbins stated that he totally agrees with what Dr. Steinbergh is saying. What bothers him about this case is that this happened 30 years ago. It didn't just disappear. Anybody who has come to terms with this would have written an addendum to any application, explaining in detail what he or she has been through. The fact that he didn't do that, and checked the questions incorrectly, absolutely goes to character.

Dr. Kumar agreed. He stated that he was really disappointed when Dr. Creps, in his address before the Board, still called wordsmithing. Dr. Kumar stated that, at the same time, he also agrees with Dr. Buchan that the punishment doesn't fit the crime completely. Dr. Kumar stated that he would agree to change his motion to a stayed permanent revocation, suspension for two years, probationary terms for another three years, professional and ethical courses, and passing the SPEX or COMVEX.

Dr. Steinbergh indicated that it should also include all the usual terms.

Mr. Albert returned to the meeting during the previous discussion.

DR. STEINBERGH MOVED TO TABLE THE MOTION FOR DR. KUMAR TO WORK WITH STAFF ON PREPARING THE ALTERNATE ORDER. DR. KUMAR SECONDED THE MOTION. A vote was taken:

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

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Ms. Sloan - aye
Dr. Davidson - aye
Dr. Steinbergh - aye

The motion carried.

RUTH ANN HOLZHAUSER, M.D.

Dr. Robbins directed the Board's attention to the matter of Ruth Ann Holzhauser, M.D. He advised that objections were filed to Hearing Examiner Porter's Report and Recommendation and were previously distributed to Board members.

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

Dr. Holzhauser was represented by her attorney, John P. Carney.

Mr. Carney stated that the Board has been asked to consider the fate of Dr. Holzhauser. This is a physician who has practiced for more than 20 years. For all but six months of that 20 year career she has focused on the neediest people in the community and in Ohio. He asked that the Board consider all the mitigating factors, and consider the fact that this is someone who has really done great service to the State of Ohio and to its citizens.

Dr. Holzhauser thanked the Board for the opportunity to speak briefly today, and to make a heartfelt request for the Board's timely and serious consideration. She stated that she can honestly say that, professionally speaking, this has to be the worst day of her life. Although she has met some of the Board members previously under much better circumstances, she's never been in front of this Board in this kind of situation. Dr. Holzhauser stated that she never really expected to be. Dr. Holzhauser stated that she's proud to say that she's been a dedicated medical practitioner in central Ohio for over 20 years. During that time she's cared for many of Ohio's medically underserved patients.

Dr. Holzhauser stated that in October 2003 she made a major mistake, for which she has taken full responsibility. Dr. Holzhauser assured the Board that it was not done intentionally or on purpose. She stated that she would like to offer her most sincere apology to the members of the Board, her fellow physicians, and to her patients. She stated that she promises that this will never happen again. Had she known at the time that the work that she was doing was a violation of Board rules, she would never have made that significant mistake in the first place. She's always considered practicing medicine a privilege, and it's something she has always taken very seriously. She fully understands the importance of the Board's rules; and, to the best of her knowledge, she has adhered to them over the past 20 years, with the exception of a six-month period of time.

Dr. Holzhauser stated that two years ago, when she was unsure as to exactly which direction her medical career should take, she responded to a newspaper ad. She took a temporary assignment with a company called MedsNationwide. Initially, she had some reservations of her own. She talked at length with

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MedsNationwide's CEO, with the company's legal counsel, and with the doctors who were working for this company. Throughout those discussions, not one person gave her an indication that there was any impropriety involved in working with MedsNationwide. Also, she reviewed all the issues of the Board's newsletter, back through the year 2001.

Dr. Holzhauser stated that, in retrospect, she obviously didn't do enough and she should have done more due diligence. She stated that she wishes that she had. While she worked for MedsNationwide, she consulted with an average of six patients a day, for which she was paid about \$200, for a total earnings of about \$25,000 over the six-month period of time. She commented that, obviously, this was not a get-rich-quick scheme on her part.

Dr. Holzhauser stated that when Board Investigator McCafferty first told her 22 months ago that she had violated Board rules, she immediately stopped working for MedsNationwide that same day. From that moment on she's worked very hard to cooperate with the Board and to answer all the Board's questions. When she was asked by the Board to provide the appropriate confidential medical records, she actually had to plead with MedsNationwide to give her access to their database, even though she no longer worked there. When, after some discussion, they finally agreed, she spent countless hours making copies of these medical records, one page at a time because the system would only allow her to print page by page. As it turns out, the medical records that she was able to provide by getting access to that database were instrumental in making the Board's case against her.

Dr. Holzhauser stated that from the beginning of this process, she has readily admitted her wrongdoing, and she has done everything she could to comply with the Board's requests. Dr. Holzhauser urged the Board to read the two letters of reference that were written on her behalf by two of her colleagues with whom she worked. They will tell the Board the kind of doctor that she has been.

Dr. Holzhauser stated that she is here today to acknowledge her serious wrongdoing, to sincerely apologize for the mistakes that she made, and to assure the Board that nothing of the kind has happened before or since then. Dr. Holzhauser asked that the Board allow her to practice medicine in the future so that she could continue serving some of Ohio's most medically needy citizens. She stated that she will follow to the letter whatever conditions the Board might see fit to impose. She will do everything humanly possible to once again be a credit to the medical profession.

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

Mr. Wilcox stated that this case boils down to a matter of public protection. He agrees that Dr. Holzhauser has had a clear record as far as having no previous actions against her. He noted that her attitude at hearing suggested that she didn't seem to grasp that her activities with the Internet prescribing were dangerous. Mr. Wilcox stated that that underscores the importance of revoking Dr. Holzhauser's license. Particularly egregious in this matter is that Dr. Holzhauser used to work as the medical director at Maryhaven, where patients come for treatment for substance abuse. Dr. Holzhauser knows the damage this does; and she, of all people, should be aware of the dangers of prescribing large quantities of hydrocodone over the Internet to people whom she has never seen. Dr. Holzhauser's lack of concern, and her feeling that it was perfectly okay to prescribe without examination, is the most alarming thing that he took from this case. If the Board

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looks at the details in the record on this case, and the over 600 patients she prescribed to, overwhelmingly the majority of those prescriptions were for hydrocodone, and with two refills.

Mr. Wilcox stated that the Board doesn't always have a face to put on the potential danger of these cases. The Board talks about it and knows about it. Here the Board had the testimony of the husband of Patient 423. He testified about his wife's long struggle with addiction, including hydrocodone addiction, and the toll it had taken on his family and marriage. He testified about how his wife's addiction had led to her inpatient treatment for 28 days in October 2000, and they eventually divorced. When his wife became sober, they remarried. Sometime later in December 2003 it was obvious that Patient 423 had relapsed, and when confronted, she admitted to having obtained hydrocodone over the Internet from MedsNationwide. She reentered inpatient treatment for 21 days, and her marriage was effectively over at that point. Mr. Wilcox advised that Dr. Holzhauser was the physician responsible for prescribing Patient 423 the hydrocodone upon which she relapsed. Mr. Wilcox continued that in the questionnaire she completed on the Internet, Patient 423 indicated that she was using MedsNationwide rather than her local physician because, the patient stated, "my neurologist does not prescribe enough medication for my headaches."

Mr. Wilcox stated that when you read this record, there are several instances where the online patients stated that they were not getting enough medication from their local physicians. This should have tipped off Dr. Holzhauser that some of these patients were seeking drugs only.

Mr. Wilcox continued that Dr. Holzhauser contends that she did a thorough investigation of MedsNationwide before agreeing to work for them. She stated again today that she spoke with the CEO of the company and the attorney for the company. Mr. Wilcox asked why she didn't pick up the phone and call the Medical Board. He stated that that would have been easy. The Board would have told her that she cannot prescribe hydrocodone over the Internet. She could have also consulted a local attorney; she didn't do that.

Mr. Wilcox stated that the bottom line is that Dr. Holzhauser did not see any of these patients face-to-face. She was not able to evaluate them, to look them in the eye, to make any crucial observations about them. Mr. Wilcox spoke in support of the Report and Recommendation, stating that permanent revocation is what is needed in this case.

DR. BUCHAN MOVED TO APPROVE AND CONFIRM MR. PORTER'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF RUTH ANN HOLZHAUSER, M.D. MR. BROWNING SECONDED THE MOTION.

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

Dr. Kumar stated that he just wants to summarize a little bit, and he does have an alternate Proposed Order to present to the Board. Dr. Kumar stated that, obviously, Dr. Holzhauser's career has been filled with public service. Apart from being on the teaching faculty at OSU, she worked for the Department of Health, and she worked as the medical director of Maryhaven. Before working for MedsNationwide, Dr. Holzhauser did attempt to do some checking. Dr. Kumar noted that today Dr. Holzhauser has openly admitted her fault. It is very unlikely that she will commit the same mistake in the future.

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Dr. Kumar stated that he is very surprised about the kind of medication she would prescribe to people whom she never met. She never did a physical examination, which is a total violation of the physician/patient relationship or contract. She would sometimes simply look at a photo ID. She would review tests done in the past, and she might have had some copies of MRIs. There was some attempt to be able to look at the medical records. Dr. Kumar continued that Dr. Holzhauser totally cooperated with the Board on its investigation.

Dr. Kumar stated that, under these circumstances, he believes that permanent revocation is appropriate. On the other hand, he looks at her strengths, and he actually looks at the fact that Dr. Holzhauser could be a big asset, not only as a physician, but at the same time to educate other physicians. The Board could use her as a liaison to be able to function as a teacher for students, which she has done before.

DR. KUMAR MOVED TO AMEND THE PROPOSED IN THE MATTER OF RUTH ANN HOLZHAUSER, M.D., BY SUBSTITUTING THE FOLLOWING:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Ruth Ann Holzhauser, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such permanent revocation is STAYED, and Dr. Holzhauser's certificate shall be SUSPENDED for an indefinite period of time, but not less than one year.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Holzhauser's certificate to practice medicine and surgery until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration:** Dr. Holzhauser shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Obey the Law:** Dr. Holzhauser shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 3. **Professional Ethics Course:** At the time she submits her application for reinstatement or restoration, Dr. Holzhauser shall provide acceptable documentation of successful completion of a course or courses dealing with professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Holzhauser submits the documentation of successful completion of the course or courses dealing with professional ethics, she shall

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also submit to the Board a written report describing the course, setting forth what she learned from the course, and identifying with specificity how she will apply what she has learned to her practice of medicine in the future.

4. **Personal Ethics Course**: At the time she submits her application for reinstatement or restoration, Dr. Holzhauser shall provide acceptable documentation of successful completion of a course or courses dealing with personal ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Holzhauser submits the documentation of successful completion of the course or courses dealing with personal ethics, she shall also submit to the Board a written report describing the course, setting forth what she learned from the course, and identifying with specificity how she will apply what she has learned to her practice of medicine in the future.

5. **Pharmacology Course**: At the time she submits her application for reinstatement or restoration, Dr. Holzhauser shall provide acceptable documentation of successful completion of a pharmacology course. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Holzhauser submits the documentation of successful completion of the pharmacology course, she shall also submit to the Board a written report describing the course, setting forth what she learned from the course, and identifying with specificity how she will apply what she has learned to her practice of medicine in the future.

6. **Additional Evidence of Fitness To Resume Practice**: In the event that Dr. Holzhauser has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222 of the Revised Code to require additional evidence of her fitness to resume practice.

- C. **PROBATION**: Upon reinstatement or restoration, Dr. Holzhauser's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

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1. **Obey the Law:** Dr. Holzhauser shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Declarations of Compliance:** Dr. Holzhauser shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Holzhauser's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances:** Dr. Holzhauser shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Holzhauser's certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. **Noncompliance Will Not Reduce Probationary Period:** In the event Dr. Holzhauser is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
5. **Practice Plan:** Prior to Dr. Holzhauser's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Holzhauser shall submit to the Board and receive its approval for a plan of practice in Ohio. Dr. Holzhauser shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Holzhauser submits her practice plan, she shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary or Supervising Member will give preference to a physician who practices in the same locale as Dr. Holzhauser and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Holzhauser and her medical practice, and shall review Dr. Holzhauser's patient charts. The chart review may be done on a random basis, with the frequency and number of charts

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reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Holzhauser and her medical practice, and on the review of Dr. Holzhauser's patient charts. Dr. Holzhauser shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Holzhauser's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Holzhauser must immediately so notify the Board in writing. In addition, Dr. Holzhauser shall make arrangements acceptable to the Board for another monitoring physician within thirty days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Holzhauser shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

6. **Controlled Substances Log**: Upon commencement of practice in Ohio pursuant to a practice plan approved pursuant to Paragraph C. 5., above, Dr. Holzhauser shall keep a log of all controlled substances she prescribes, orders, administers, or personally furnishes. Such log shall be submitted in a format approved by the Board thirty days prior to Dr. Holzhauser's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Holzhauser shall make her patient records with regard to such controlled substances available for review by an agent of the Board upon request.
7. If Dr. Holzhauser wishes to reduce the period of probation under this Order, she may do so by serving as a speaker to medical students, physicians engaged in post-graduate training or to members of the medical staff in hospitals located within Ohio. In no event shall Dr. Holzhauser's probation be reduced to less than three years through the application of this paragraph. In order to receive a reduction in the period of probation, all the following conditions must be met:
 - a. Dr. Holzhauser shall develop a presentation that addresses the violations found in this matter, including the violations of Rules 4731-11-09 and 4731-11-04, Ohio Administrative Code. The presentation, including all visual aids or handout material, shall be provided to the Board or its designee for review and approval prior to any presentation.
 - b. Dr. Holzhauser shall notify the Board in writing at least one week prior to any presentation, providing complete information concerning the date, time and location of the presentation, and whether the audience will

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consist of students, physicians engaged in postgraduate training, or to members of a hospital's medical staff. Dr. Holzhauser shall provide the Board with any flyers, announcements or other publicity material pertaining to the anticipated presentation. The Board retains the right to send a representative of its choosing to attend any such presentation.

- c. Following each presentation, Dr. Holzhauser shall provide documentation to the Board in a format approved by the Board concerning the length of time she spoke and the number of persons in attendance at the presentation.
 - d. In no event shall Dr. Holzhauser accept compensation for presentations given pursuant to this Order.
 - e. Dr. Holzhauser shall be eligible for a reduction of one month in her probationary term for each presentation of at least one hour to an appropriate audience, as determined by the Board.
- D. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Holzhauser's certificate will be fully restored.
- E. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Holzhauser shall provide a copy of this Order to all employers or entities with which she is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where she has privileges or appointments. Further, Dr. Holzhauser shall provide a copy of this Order to all employers or entities with which she contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where she applies for or obtains privileges or appointments. This requirement shall continue until Dr. Holzhauser's certificate to practice medicine and surgery in the State of Ohio is fully restored.
- F. **REQUIRED REPORTING TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Holzhauser shall provide a copy of this Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license. Dr. Holzhauser shall also provide a copy of this Order by certified mail, return receipt requested, at the time of application to the proper licensing authority of any state in which she applies for any professional license or reinstatement or restoration or restoration of any professional license. Further, Dr. Holzhauser shall provide this Board with a copy of the return receipt as proof of notification within thirty days of

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receiving that return receipt, unless otherwise determined by the Board. This requirement shall continue until Dr. Holzhauser's certificate to practice medicine and surgery in the State of Ohio is fully restored.

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

Dr. Kumar reviewed the terms of the alternative order, pointing out paragraph C.7. and noting that it does contain a unique term which hasn't been done by the Board before. This paragraph reduces Dr. Holzhauser's probationary period by one month for every hour of teaching she does on this topic, for a maximum reduction of two months. The Board can use her to advance its cause in educating physicians and the public that even innocent-looking things on the Internet, for prescribing purposes, could be a problem. Dr. Kumar stated that, if other Board members don't like this option, he would be willing to remove it from the proposed alternative order.

Dr. Egner stated that she would first address the case, and then Dr. Kumar's proposed amendment. Dr. Egner noted that, during a six-month period of time, Dr. Holzhauser prescribed 663 controlled substances. That's more than 100 per month. She and her lawyer state that she researched the company, but Dr. Egner suggested that Dr. Holzhauser and her lawyer were rather naïve to believe that the company CEO and lawyer would tell her that it was anything but upstanding. Dr. Egner acknowledged that it was clear that Dr. Holzhauser fully cooperated with the investigation. Dr. Egner stated that the problem here is that for five and a half years, Dr. Holzhauser was the medical director of Maryhaven. That alone negates just about everything else that has happened. There is no way that the medical director of Maryhaven should not have had the insight to know that it's not appropriate to prescribe narcotics to patients that you never see. Although today, Dr. Holzhauser is clear that she'd never do this again, just the fact that she did it is disturbing.

Dr. Egner continued that in the hearing record Dr. Holzhauser does not state that what she did was wrong. She was asked very clearly about the addictive potential of hydrocodone. She acknowledged that it is a drug or narcotic that is commonly abused. Dr. Holzhauser stated,

You know, there is a large number of medications, prescription drugs, that can be abused. In fact, in a large number of over-the-counter drugs as we are finding out, even something like dextromethorphan, which is a non-narcotic cough suppressant, can be abused.

Dr. Egner stated that Dr. Holzhauser then goes on to tell a peripheral story about an over-the-counter medication. Dr. Egner stated that Dr. Holzhauser gives a very evasive answer; she talks in circles to justify what she did when there is no justification for what she did. Dr. Egner stated that Dr. Holzhauser, of all people, should have known this more than anyone else. Dr. Egner stated that, for that reason, she is very supportive of the permanent revocation. Dr. Egner stated that she is sure that Dr. Holzhauser regrets what she has done, but it's just beyond reason that she could have done this, knowing her background.

Dr. Egner added that she's very much against granting time off probation for performance. She added that

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Dr. Holzhauser is not someone that she would want to actually go out and educate physicians or medical students because she doesn't think that Dr. Holzhauser really understands that her prescribing habits were so egregious. She wouldn't want someone to follow her example. Dr. Egner stated that she would never want someone to have probationary time off for what the Board wants them to do.

Dr. Steinbergh concurred with Dr. Egner. She stated that she was pretty shocked about this case. She understands about Dr. Holzhauser's accident and so forth. Dr. Holzhauser was apparently very well trained in pediatrics, deviated from that and went on to be a medical director from Maryhaven, and then made this very unusual turn in her career. Dr. Steinbergh stated that Dr. Holzhauser absolutely had to know that she was violating the Medical Practices Act when she had no physician/patient relationship. Dr. Steinbergh stated that she doesn't understand why a physician would have to consult with anyone to understand that. That is what physicians are taught, and she violated that tremendously. She prescribed in an egregious way. Dr. Steinbergh stated that the Board has seen over the years some very, very egregious cases of prescribing, and this is one of them.

Dr. Steinbergh stated that she does appreciate that Dr. Holzhauser comes before the Board today and is sorry. She believes that Dr. Holzhauser is sorry, and she appreciates that fact. Dr. Steinbergh stated that she also agrees with Dr. Egner in reading the Report and Recommendation and the hearing record that Dr. Holzhauser gives very circular responses to simple, very basic questions, concerning her understanding of controlled substances. Dr. Holzhauser gave this very circular response. That's evasion. It should have been a simple answer.

Dr. Steinbergh stated that she's in support of the Report and Recommendation. Even though it's very disturbing to her to take physicians out of practice, the message that the Board wants to give is that, if you practice medicine over the Internet, it's unacceptable. The Board permanently revokes for this type of behavior.

Dr. Buchan agreed with Dr. Steinbergh. He stated that he wanted to believe Dr. Holzhauser, and he does believe that Dr. Holzhauser was a good physician and had a good history of taking care of people. But this choice that she made was equivalent to a fatal blow to her medical career in his view. Based upon that choice, he would agree with the Report and Recommendation.

Ms. Sloan stated that she also agrees with the Report and Recommendation. She noted that this is not the first case of physicians prescribing through on-line medical services the Board has seen. This could have easily been avoided by Dr. Holzhauser's looking at some of the past cases or picked up the phone and called the Board. Ms. Sloan stated that in most of these cases the Board has seen some good doctors. Some were not good in the first place, but some good doctors have made mistakes based on the fact that there's money connected to a lot of these on-line services. Ms. Sloan stated that she hates to see that Dr. Holzhauser's career has gone to this level. She is one who has worked with addiction for so many years, and she knew that these drugs she was prescribing were very addictive, and that the answers given within the Report and Recommendation would have never been given had she been truthful. Ms. Sloan stated that for that reason she agrees with the Report and Recommendation.

Dr. Talmage left the room during the previous discussion.

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DR. KUMAR'S MOTION DIED FOR LACK OF A SECOND.

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

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

The motion carried.

JOHN BRUCE PAYNE, D.O.

Dr. Robbins directed the Board's attention to the matter of John Bruce Payne, D.O. He advised that no objections were filed to Hearing Examiner Porter's Report and Recommendation.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. PORTER'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF JOHN BRUCE PAYNE, D.O. DR. KUMAR SECONDED THE MOTION.

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

Dr. Steinbergh noted that this is a Proposed Order to permanently deny Dr. Payne's application for licensure. Dr. Payne has been charged with practicing below minimal standards, and for fraud in the application. Dr. Steinbergh noted that Dr. Payne started in Texas, then went to Pennsylvania and then New Jersey.

Dr. Kumar stated that, basically, this is a minimal standards case where the chief of surgery of the institution took some action, along with hospital's Credentials Committee, where they found that proper diagnostic procedures were not performed. In a number of cases, Dr. Payne failed to document or complete records as to why he would do certain procedures. Dr. Kumar indicated that the Proposed Order of permanent denial is appropriate.

Mr. Browning expressed agreement with Dr. Kumar's statements.

Dr. Talmage returned to the meeting during the previous discussion.

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

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

The motion carried.

ALBERTO PENA, M.D.

Dr. Robbins directed the Board's attention to the matter of Alberto Pena, M.D. He advised that no objections were filed to Hearing Examiner Davidson's Report and Recommendation.

DR. KUMAR MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF ALBERTO PENA, M.D. MR. BROWNING SECONDED THE MOTION.

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

Dr. Kumar stated that posterior sagittal anorectalplasty in congenital atresias associated with colovesicular, colovaginal fistulas is known worldwide as "Pena's Procedure." There is no question about the fact that Dr. Pena's contributions to the field of anorectal surgery in infants for congenital anomalies has been immense and great. Dr. Kumar continued that, at the same time, he personally likes to apply the Board's rules consistently. There are three issues associated with Dr. Pena's application: 1. Whether or not he did 24 months of education in the United States; 2. Did he do the correct sequence in licensing examination; and 3. Whether he is board certified. Dr. Kumar stated that, technically, Dr. Pena did not complete 24 months of training, but he really did complete it. Dr. Pena did his residency in a program that was being reviewed for approval as a pediatric residency program while he was training. Dr. Pena did close to three years of training in that program. Dr. Kumar stated that he doesn't feel the Board would be giving him an exemption for that reason.

Dr. Kumar stated that, as far as board certification is concerned, because Dr. Pena did his training in an unapproved program, he could not apply for board certification in pediatric surgery. However, the same bodies gave him honorary fellowships in practically all of their societies.

Dr. Kumar stated that, concerning the sequence of licensing examination, when Dr. Pena took the FLEX, he was not required by the state in which he took the exams to take FLEX Part I. He only took the FLEX Part II. Dr. Kumar stated that this was very intriguing to him. Why would a licensing body allow someone to sit for Part 2 of an examination without passing Part 1. Dr. Kumar stated that he reviewed his own

experience and found that he and Dr. Pena both took the E.C.F.M.G. in the same timeframe; i.e., the late 1960s. What was happening at that time was that many of the states would look at passing the E.C.F.M.G. as passing Part 1 of the FLEX. Dr. Kumar stated that when he applied to take the FLEX, he was asked whether he wanted to take the whole three-day FLEX, or just the last Part. Some people will get caught by that scenario. That's why some people were allowed to skip Part 1 of the FLEX – it was felt that E.C.F.M.G. included Part 1 of the FLEX.

Dr. Robbins indicated that he doesn't believe that that's the case. He stated that this Board has been through this before. New York's statute allows for the elimination of FLEX PART I if the applicant takes a clinical examination. Dr. Robbins stated that he's not speaking against the motion, but this has nothing to do with the E.C.F.M.G. It happens to be a quirk that New York allows this to occur. It wasn't Dr. Pena's fault.

Dr. Kumar stated that in Michigan and other states, they considered the E.C.F.M.G. as FLEX Part I. Dr. Kumar again spoke in support of granting Dr. Pena a license in the state of Ohio.

Dr. Davidson stated that she thought that this was a good Report and Recommendation, noting that it ferreted out some very complicated licensure issues. Licensure requirements vary from state to state and date to date as time evolves. Dr. Davidson stated that the statutes require international graduate applicants to complete 24 months of approved postgraduate medical education through the second year level, or its equivalent. Dr. Davidson stated that she's totally comfortable that Dr. Pena's 24 plus months at Boston Children's Hospital just prior to its ABMS certification is equivalent.

Dr. Davidson continued that the second issue is passing the FLEX. She stated that the Board's rules allow the Board to exempt people who are full-time academic staff, ten years in another state, and board certification or its equivalent. Dr. Davidson stated that, like Dr. Kumar, she feels that the rules are there for a reason. In the few places where the Board is granted leeway, it must tread very carefully. Dr. Pena makes both of those first two requirements.

Dr. Davidson stated that the Board certification or its equivalent was the difficult area for her. She stated that the Board has talked before about the issue of physician competency. The Board gives a great deal of credence to Board certification. In Dr. Pena's situation, not one, but two well-respected organizations granted him membership, even though their rules require board certification with deliberative proceedings that granted his experience and training as equivalent to boards for membership in their organizations. Dr. Davidson stated that that is good enough for her. That gives this Board a benchmark to say that this physician has the equivalent of board certification. Dr. Davidson stated that this is a very high standard, though, for a very good reason. She added that she would be amazed if the Board ever gets another applicant who can reach this high of a standard. She stated that she doesn't want this case to be a precedent for anybody else who didn't do postgraduate medical education or didn't pass the right exam sequence. Dr. Davidson stated that she thinks that it is very clear that Dr. Pena is a rare exception.

Dr. Steinbergh also spoke in support of the Report and Recommendation, stating that she concurs with those who spoke before her. It's clear, and all the testimony indicates that Dr. Pena is an outstanding pediatric surgeon. The Board has heard testimony from other pediatric surgeons in this state who are well-

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respected, and who have observed Dr. Pena. Dr. Pena is an innovator in the area of developmental colorectal malformation surgery. He has been given the equivalency for membership in the American Pediatric Surgical Association, the surgical section of the American Academy of Pediatrics.

Dr. Steinbergh stated that she also agrees with Dr. Davidson's comments about precedent. This is an unusual case.

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

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

The motion carried.

JOSEPH ALOYSIUS RIDGEWAY, IV, M.D.

Dr. Robbins directed the Board's attention to the matter of Joseph Aloysius Ridgeway, IV, M.D. He advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

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

Dr. Ridgeway was accompanied by his attorney, Douglas E. Graff.

Mr. Graff stated that they do not object to the Proposed Order in this case. He stated that this was a case of the evidence necessary for a summary suspension. There was disputed evidence about Dr. Ridgeway's condition. There were three different assessments; they came to different conclusions. The Board was provided these assessments by Dr. Ridgeway. They were all voluntarily done. Dr. Ridgeway met with the staff; he talked and discussed his condition with the staff. None of this was done under Board order. Unfortunately, the Board decided that Dr. Ridgeway should be summarily suspended. Mr. Graff stated that he and Dr. Ridgeway disagreed and have, in fact, fought that summary suspension.

Mr. Graff stated that Dr. Ridgeway has been suspended for 90 days. Two days after being served with the Board's Order, he voluntarily entered into a 28-day treatment program. He completed that program and continued with the hearing. The Board, in its closing arguments, saw that as his being deceitful with the

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Board. He and Dr. Ridgeway see it as Dr. Ridgeway trying to be perfectly willing to complete what the Board wanted him to do. He and Dr. Ridgeway disagreed merely with the standard of the evidence on the summary suspension. Mr. Graff again stated that they believe that the Proposed Order is appropriate, and Dr. Ridgeway should be quickly returned to the practice of medicine.

Dr. Ridgeway thanked the Board for the opportunity to speak. He apologized for the time and attention this matter has drawn away from the Board. He understands the concerns that his alcohol misuse while off duty has raised, and they are justifiable. Dr. Ridgeway apologized and took full responsibility.

Dr. Ridgeway stated that he did enter treatment for 28 days at the Cleveland Clinic. He found that experience to be very positive. He found Dr. Collins and his program to be excellent. They were very professional, respectful and thorough. He completed treatment and has complied with all recommendations. He signed an agreement with OPHP, has since undergone weekly monitoring, has maintained complete abstinence from alcohol, and has attended several A.A. and Caduceus meetings each week, as he agreed to do since completing treatment at the Cleveland Clinic. Dr. Ridgeway stated that he has been in complete compliance in every way.

Dr. Ridgeway stated that he has been an excellent physician in this community for over ten years. He doesn't believe that he's ever put any patient at risk. Having complied completely, he hopes that the Board will allow him to resume his practice as soon as possible.

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

Mr. Clifford stated that, although Mr. Graff did raise issues in his oral presentation, there were numerous additional issues raised in his objections. Some of the key issues raised by Mr. Graff are the following:

- The Secretary and Supervising Member lacked clear and convincing evidence of Dr. Ridgeway's impairment that prevented Dr. Ridgeway from practicing within the acceptable and prevailing standard of care; and that Dr. Ridgeway's continued practice represents a danger of immediate and serious harm to the public.
- Dr. Ridgeway was entitled to two hearings in this matter: One on the summary suspension, i.e., whether there was clear and convincing evidence that Dr. Ridgeway was unable to practice within the acceptable and prevailing standard of care; and his continued practice presented a danger of immediate and serious harm to the public. Two, was Dr. Ridgeway impaired, as that term is defined in 4731.22(B)(26).
- Dr. Jones' use of the term, "alcoholism." Mr. Graff contends that the term, "alcoholism," was improper, and therefore there was no basis for the Hearing Examiner to deem that Dr. Ridgeway was impaired.
- Finally, Mr. Graff raised issue with the Board staff, claiming that Ms. Marshall, Chief Enforcement Attorney for the Board, had withheld crucial information from the Secretary and Supervising Member prior to them making the determination to summarily suspend Dr. Ridgeway's license.

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Mr. Clifford stated that he will address each issue separately and quickly, and demonstrate the Hearing Examiner's Report and Recommendation was correct in finding that Dr. Ridgeway was impaired.

Mr. Clifford first addressed the issue regarding clear and convincing evidence of Dr. Ridgeway's impairment. He stated that impairment, according to Rule 4731-16-01(A), Ohio Administrative Code, "means impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Impairment includes inability to practice in accordance with such standards, and inability to practice in accordance with such standards without appropriate treatment, monitoring or supervision." Mr. Clifford stated that Dr. Edna Jones opined that Dr. Ridgeway needs treatment and monitoring in order to practice at acceptable and prevailing standards of care. This opinion by Dr. Jones is clear and convincing evidence of Dr. Ridgeway's impairment.

Concerning the second issue, Mr. Clifford stated that Dr. Jones also stated that, although Dr. Ridgeway had not reported incidents of being impaired at work, his continued practice without treatment and monitoring represented a danger of serious and immediate harm to patients. According to Dr. Jones, the physician's workplace is typically the last place where evidence of a physician's impairment presents itself. As will be shown, Dr. Ridgeway has had alcohol-related incidents affect each and every other aspect of his life, and his work is next. Dr. Ridgeway is an impaired physician, who, without treatment and monitoring, may appear at work on any given day, impaired, and thereby harm patients.

Mr. Clifford commented that Mr. Graff would wait until patients are harmed by an impaired physician before the Board may act on the statute. This would be an absurd result. Therefore, the Secretary and Supervising Member had clear and convincing evidence of Dr. Ridgeway's impairment and properly concluded that his continued practice presented a danger of immediate and serious harm to the public.

Mr. Clifford stated that, in her Report and Recommendation, the Hearing Examiner did not address the issue of whether there was clear and convincing evidence of Dr. Ridgeway's impairment, and whether Dr. Ridgeway's continued practice represented danger of immediate and serious harm to the public. Because of this, the Board must make a determination as to whether there was clear and convincing evidence of Dr. Ridgeway's impairment, and whether Dr. Ridgeway's continued practice represented a danger of immediate and serious harm to the public.

Mr. Clifford stated that the next issue raised by Mr. Graff is that Dr. Ridgeway is entitled to separate hearings: 1. On the summary suspension; and 2. On the underlying issue of impairment. Mr. Clifford stated that the Hearing Examiner correctly addressed these concerns in her Report and Recommendation, stating that Dr. Ridgeway is entitled to one hearing addressing each issue. The Notice of Opportunity for Hearing put Dr. Ridgeway and Mr. Graff on notice when it stated that Dr. Ridgeway was entitled to a hearing on "these matters." Moreover, were Mr. Graff correct in his assertions, the State, once it had proven that there was clear and convincing evidence of Dr. Ridgeway's impairment, would automatically satisfy its burden under Section 4731.22(B)(26), Ohio Revised Code, due to the lesser burden of proof in underlying action, i.e., preponderance, which would make a second hearing a farce and a waste of this Board's time and resources.

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Mr. Clifford stated that another issue raised by Mr. Graff is the use of the term “alcoholism” by Dr. Jones. Mr. Graff asserts that the term, “alcoholism,” is not in the DSM-IV, and any diagnosis using the term is improper. However, Mr. Graff ignores Dr. Jones’ statement that she uses the term “alcoholism” interchangeably with the term “alcohol dependence,” as do other experts in the field of addictionology. Mr. Graff presented no expert testimony to contradict Dr. Jones’ assertion that the terms are used interchangeably within the field. Instead, Mr. Graff purely rested on the contention that, because the word “alcoholism” was no longer included in the DSM-IV, Dr. Jones’ diagnosis was improper. Mr. Clifford stated that this is baseless. He commented that Mr. Graff is requiring addictionologists to use verbatim language to the DSM-IV to properly diagnose. Mr. Clifford commented that this is just another example of Mr. Graff’s smoke and mirrors demonstration. The Hearing Examiner saw through Mr. Graff’s circus and correctly held that Dr. Jones’ diagnosis was proper.

Mr. Clifford noted that Mr. Graff contends that Dr. Jones is the only physician that diagnosed Dr. Ridgeway as being alcohol-dependent. Mr. Graff points to the diagnoses of Dr. Johnson and Dr. Davis for his contention that Dr. Jones’ diagnosis of alcohol dependency was improper. Again, Mr. Graff ignores the structure of evaluation at Parkside. Dr. Johnson was a psychiatrist who is a consultant under Dr. Jones at Parkside. Dr. Johnson at hearing stated that Dr. Jones is the final authority on the diagnosis of physicians admitted under her care for Medical Board evaluation. Therefore, Dr. Johnson’s diagnosis was not a separate diagnosis contrary to Dr. Jones’ opinion, but was a step in the process used by Dr. Jones to reach her ultimate conclusion. Mr. Clifford stated that Mr. Graff also ignores the plain language of the statute, which includes the use of the term, “alcohol abuse,” as a criteria for impairment.

Mr. Clifford continued that Mr. Graff ignores Dr. Ridgeway’s 2002 evaluation at Talbot Hall, in which Mr. Hastings, a CCDCIII-E employee, opined that Dr. Ridgeway is an alcohol abuser, and that, if he continues to be unable to control his drinking, he would cross the line to dependency. Mr. Hastings’ diagnosis forewarns of future instances which, if they should occur, would make Dr. Ridgeway alcohol dependent. Thereafter, Dr. Ridgeway was arrested along with his wife, when they decided to consume an entire bottle of wine on a road trip to a Notre Dame football game in the Fall of 2004. The most disturbing fact in this incident was that Dr. Ridgeway and his wife consumed the bottle of wine while their four-year-old child was in the backseat of the vehicle. As a result of Dr. Ridgeway’s arrest, his child was placed in foster care by the State of Indiana for the weekend; yet, Dr. Ridgeway, at hearing, stated that his child had enjoyed the time she spent with “a woman named Rose” in Indiana.

Mr. Clifford stated that Dr. Ridgeway is an individual who’s in denial about his alcohol-related problems. He’s had four incidents regarding alcohol in the past. The 2004 incident in Indiana is still pending. Therefore, Dr. Jones is not alone in her diagnosis of alcohol dependency for Dr. Ridgeway.

Mr. Clifford noted that Mr. Graff claims that Ms. Marshall concealed information from the Secretary and Supervising Member prior to the issuance of their Order of Summary Suspension. Mr. Graff, at hearing, pointed to the fact that the Secretary and Supervising Member did not receive all the information pertinent to Dr. Ridgeway in writing prior to their making a determination. Ms. Marshall stated that the Secretary and Supervising Member were provided some information in writing, while

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other information was presented orally. Mr. Graff would have the Board require the Secretary and Supervising Member to have all the information presented to them in writing only. Mr. Clifford stated that this is an absurd result. There is no requirement that every bit of information be presented solely in writing for it to be considered by the Secretary and Supervising Member.

Mr. Clifford stated that Mr. Graff has cast a wide net in an attempt to find some error in the hearing regarding Dr. Ridgeway; however, this Board is intelligent enough to see through the demonstration presented by Mr. Graff, and to find that there is clear and convincing evidence of Dr. Ridgeway's impairment, and that his continued practice presented a danger of serious and immediate harm to the public. Further, the State sustained its burden that Dr. Ridgeway is impaired, as that term is used in Revised Code 4731.22(B)(22)(B)(26).

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. MURPHY'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF JOSEPH ALOYSIUS RIDGEWAY, IV, M.D. DR. KUMAR SECONDED THE MOTION.

Dr. Robbins advised that Assistant Attorney General Clifford has filed a motion for an order ratifying the determination of the Secretary and Supervising Member that there was clear and convincing evidence that Dr. Ridgeway had violated section 4731.22(b)(26), Ohio Revised Code, and, therefore, his continued practice of medicine constituted a danger of immediate and serious harm to the public.

DR. STEINBERGH MOVED TO AMEND THE FINDINGS OF FACT BY ADDING FINDINGS THAT: 1. THE SECRETARY AND SUPERVISING MEMBER, AT THE TIME THEY MADE THE RECOMMENDATION TO SUMMARILY SUSPEND THE LICENSE OF DR. RIDGEWAY, HAD CLEAR AND CONVINCING EVIDENCE THAT DR. RIDGEWAY HAD VIOLATED SECTION 4731.22(B)(26), OHIO REVISED CODE, AND, 2. THEREFORE, HIS CONTINUED PRACTICE OF MEDICINE CONSTITUTED A DANGER OF IMMEDIATE AND SERIOUS HARM TO THE PUBLIC. DR. BUCHAN SECONDED THE MOTION.

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

Dr. Steinbergh stated that, with respect to her motion, having served on this Board as many years as she has, she knows that Board members come to the understanding of what it takes to make the decision to take a physician out of practice. This is not something the Board members take lightly. She stated that, with respect to the Secretary and Supervising Member, they are the members of the Board responsible for making this decision and then directing the citation. All Board members then have the opportunity to read that letter and make a decision. There are enough red flags in this physician's case to clearly indicate the potential for putting patients at risk. She stated that the Board's purpose is to protect the public.

Dr. Steinbergh continued, noting that Dr. Ridgeway still continues to use the term, "inappropriate use or abuse of alcohol." She again stated that there are so many red flags in this case that it's clear to Board members that this gentleman is impaired. He is chemically dependent on alcohol, or he has used it and abused it to the point where the Board believes he's impaired. She stated that she believes that Dr. Jones

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gave a very appropriate opinion in this case. Dr. Steinbergh commented that Dr. Jones is someone whom she believes is appropriate to diagnose this case.

Dr. Steinbergh commented on the incident where Dr. Ridgeway and his wife went to a football game, stopped to get some fast food, and shared wine with their child in the car. Dr. Ridgeway got arrested that weekend and the child was taken into custody. Dr. Steinbergh stated that the concept that the child would have enjoyed that weekend is absolutely preposterous. Dr. Steinbergh stated that this doctor is in denial. He put his child at risk; his wife put his child at risk. It's just so inappropriate for anyone to do this, but especially a physician. That's the issue before the Board. Dr. Ridgeway is a physician, entrusted with patient care, and at this time the Board doesn't feel he meets the necessary criteria. Dr. Steinbergh stated that the Board does believe in trying to rehabilitate impaired physicians, and that is the goal of this Report and Recommendation. Dr. Ridgeway must go through the steps outlined in the Report and Recommendation, which are consistent with other Board Orders as well as consent agreements of this nature.

Dr. Steinbergh stated that Dr. Ridgeway has abused alcohol for a long time. The number of incidents is consistent with someone who is impaired. Until Dr. Ridgeway accepts that, she doesn't see how he can get well. Dr. Steinbergh stated that Dr. Ridgeway somehow has to learn to accept that and put himself into his programs in earnest. Some day he'll realize, if he follows these guidelines, that the Board probably did save his life. She stated that other physicians have come before the Board and told the Board that they didn't like its decision in the beginning, but they now appreciate the decision the Board made for them at that time.

Dr. Egner agreed with Dr. Steinbergh's statements. She stated that she won't go into the clear and convincing evidence because she believes that that's been addressed enough. She noted that Mr. Graff tried to make a distinction between alcohol abuse and alcohol dependency. Even today, Dr. Ridgeway talked about his "alcohol misuse." She doesn't think that Dr. Ridgeway takes ownership of his impairment. Dr. Egner noted that an article from *Alcohol Alert* was put into evidence at the hearing by Mr. Graff that made these distinctions. Dr. Egner commented that that article was eleven years old, from 1995, and relied a lot on the DSM-III, when now the DSM-IV and the ICD-IX are used. Dr. Egner stated that the ICD-IX was never meant to be a reference to physicians to make a diagnosis. It relates to dependency being associated with other health problems. Dr. Egner stated that she believes that since 1995 the knowledge and view of impairment has evolved. Today, one would see Dr. Ridgeway, easily, as an impaired physician. An impaired individual is someone who drinks despite the serious adverse consequences, and minimizes the role alcohol played in events. She stated that that fits Dr. Ridgeway to a tee.

Dr. Egner stated that individuals who didn't find him to be alcoholic were individuals who were not licensed or certified to make that diagnosis. She stated that she doesn't think that their diagnoses are to be considered.

Dr. Egner continued that nothing speaks to Dr. Ridgeway's minimizing the role of alcohol in his life more than the drinking wine while driving, after having been arrested for three DUIs in the past. He placed his wife and his daughter at risk. After the daughter was taken into protective custody,

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Dr. Ridgeway states that that was not a major event. Dr. Ridgeway stated that, since his daughter had a nice weekend, he did not feel that the consequences were overwhelming. Dr. Egner stated that that is so disturbing to her.

Dr. Egner stated that, as far as the Proposed Order goes, she believes that Dr. Ridgeway should have more time out of practice. She stated that she can live with the Proposed Order, but she thinks that Dr. Ridgeway has terribly serious impairment issues, and she's not sure that he'll really have come to grips with them with another 30 days out of practice. Dr. Egner stated that she thinks that Dr. Ridgeway's likelihood for failure will be great. She suggested that more time out of practice might give him more time to come to terms with his illness. Other than that, she has no objections to the Proposed Order.

Dr. Buchan stated that he believes that Dr. Ridgeway is a bright and talented physician, but he also believes that Dr. Ridgeway is out of control. The Board has a responsibility to try to put him back on course. It is interesting how the Board members were all drawn to a certain portion of this Report and Recommendation. He indicated that it made him sick to imagine Dr. Ridgeway's words reflecting on his daughter's experience. Dr. Buchan stated that it made him sick that Dr. Ridgeway did not think that this was a major event. Dr. Buchan stated that missing the football game was not a major event, but his daughter's absence for two days is a huge event. Dr. Buchan stated that he's speaking on her behalf at this moment.

Dr. Buchan stated that the Board needs to step up and take this physician out of practice. He added that he thinks it is a lenient order. He thinks Dr. Ridgeway is out of control, and he would be in favor of a more lengthy time to reflect. Dr. Buchan stated that what he heard today and what he read in the record were not sufficient. Dr. Buchan stated that Dr. Ridgeway is a bright guy and is talented. Dr. Buchan stated that he doesn't think that Dr. Ridgeway is catching on. He needs to work the program that this Board has seen work well for people. A little more time, meaning three to six months out of practice, is more appropriate.

Dr. Steinbergh stated that she doesn't disagree with Dr. Buchan. She stated that the question is whether or not Dr. Ridgeway really understands the importance of this alcoholism or the disease process. She stated that, if he doesn't really honestly take to it, he will drink again. Dr. Ridgeway said that in the hearing record. Somewhere in the record he indicated that he would stop drinking when told he couldn't drink for a period of time, but after that period of time he would resume the drinking. He doesn't get it. Someone offered at hearing that Dr. Ridgeway might be able to drink socially, but he won't be able to drink socially. Unless he gets it, he'll ruin his medical career. She agreed that Dr. Ridgeway is a young physician with good potential, but this will do him in if he doesn't understand that the DUIs and OMVIs are red flags that tell the truth. He's abusing alcohol, and he can call it what he wants, but he's impaired.

Dr. Kumar stated that in a way he agrees that the 30-day suspension is too short a period of suspension. On the other hand, meeting the requirements for reinstatement will take him more than 30 days. Dr. Kumar reviewed the terms Dr. Ridgeway must meet before his license can be returned to him under the Proposed Order. Dr. Kumar feels that this will take longer than 30 days to complete. Dr. Kumar

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agreed that a three-month suspension would be appropriate.

Dr. Kumar stated that Dr. Ridgeway may be looking at this time out as being harsh. Dr. Kumar stated that he doesn't believe that Dr. Ridgeway has been helped by his family or friends either, because he was advised by his attorney friends not to take a blood alcohol test or breathalyzer test. Dr. Kumar stated that that hasn't helped him in recognizing his problem either.

DR. KUMAR MOVED TO AMEND THE PROPOSED ORDER TO INCREASE THE MINIMUM SUSPENSION PERIOD TO THREE MONTHS. MR. BROWNING SECONDED THE MOTION.

Ms. Sloan spoke in favor of suspending the license for six months. She asked why three months was being chosen for someone who the Board already knows has an issue and will probably go back to drinking as long as no one is looking.

Dr. Kumar stated that he believes that Dr. Ridgeway has already been out of practice for three months. this will bring him up to a total of six months out of practice.

Dr. Buchan stated that he's fine with the three-month suspension. He added that Dr. Ridgeway will also have five years of probation to work through this program. Dr. Buchan stated that he wants to encourage Dr. Ridgeway, he thinks Dr. Ridgeway has a lot to offer.

Dr. Robbins commented that Dr. Ridgeway is very lucky to be here without a death in the family or a problem in the practice. Someone is looking out for him, because he's here at an early stage. Board members have already commented on how horrific it is to have a child gone for two days. He suggested that Dr. Ridgeway think about how horrific it would be if there was a death or serious injury from this.

A vote was taken on Dr. Steinbergh's motion to amend the Proposed Findings and Dr. Kumar's motion to amend the Proposed Order:

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

The motion carried.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. MURPHY'S FINDINGS OF

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FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF JOSEPH ALOYSIUS RIDGEWAY, IV, M.D. MR. BROWNING SECONDED THE MOTION.

Dr. Steinbergh stated that she would like to make one more comment. She noted that there was no evidence in this case in terms of patient care. The Board does believe that physicians who practice impaired unquestionably affect patient care. The result may not be seen today, but something could arise in subsequent years. The patient expects his or her physician to be clear minded and free of disease that would affect the physician's ability to provide appropriate care. It is wrong for any physician who is chemically impaired to believe that it's not affecting his or her practice. It has to affect the person's life. Dr. Steinbergh warned Dr. Ridgeway that he must take care of himself if he wants to continue his medical career.

A vote was taken on Dr. Steinbergh's motion to approve and confirm the amended Findings of Fact, Conclusions and Order:

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

The motion carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

JEFFREY DOWNES BAIRD, JR., M.D.

Dr. Robbins directed the Board's attention to the matter of Jeffrey Downes Baird, Jr., M.D. He advised that, by letter of August 10, 2005, the Board notified Dr. Baird that it proposed to take disciplinary action against his training certificate in the State of Ohio based on allegations contained in the letter. The notice was mailed to Dr. Baird's address of record and proper service was documented. No hearing request has been received from Dr. Baird and more than thirty days have elapsed since the mailing of the notice. The matter was reviewed by Hearing Examiner Davidson, who prepared a proposed findings and proposed order, and is now before the board for final disposition.

DR. KUMAR MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS AS SET FORTH IN THE AUGUST 10, 2005 NOTICE OF OPPORTUNITY FOR HEARING IN THE MATTER OF DR. BAIRD, AND TO ADOPT THE PROPOSED FINDINGS AND PROPOSED ORDER. DR.

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BUCHAN SECONDED THE MOTION.

Dr. Kumar stated that it is clear that Dr. Baird violated the terms of his June 8, 2005 Consent Agreement. The Board has no choice but to revoke his license.

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

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

The motion carried.

FINDINGS, ORDERS AND JOURNAL ENTRIES**YOAV LITTNER, M.D.**

Dr. Robbins referred the Board to the matter of Yoav Littner, M.D. The Board issued its Notice of Opportunity for Hearing to Dr. Littner on November 14, 2005. The Notice was mailed a second time on December 19, 2005. A signed certified mail receipt was returned to the Board documenting proper service of the second mailing of the Notice. Dr. Littner did not request a hearing, and more than 30 days have elapsed since the second mailing of the Notice. The matter was therefore before the Board for final disposition.

DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE NOVEMBER 14, 2005 NOTICE AND TO ENTER AN ORDER DENYING APPROVAL OF DR. LITTNER'S APPLICATION FOR LICENSURE, EFFECTIVE IMMEDIATELY. DR. KUMAR SECONDED THE MOTION.

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

Dr. Steinbergh stated that the letter sent to Dr. Littner on November 14, informed Dr. Littner that the Board proposed to deny his application because he has not successfully completed 24 months of graduate medical education through the second year level, or its equivalent. That, essentially, is the issue in this case and the Proposed Order denies Dr. Littner licensure at this time.

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

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

The motion carried.

DAVID LEE SMITH, JR., P.A. APPLICANT

Dr. Robbins directed the Board members' attention to the matter of David Lee Smith, Jr., P.A. applicant. The Board issued its Notice of Opportunity for Hearing to Mr. Smith on December 13, 2005, and acknowledgment of receipt was received from Mr. Smith. Mr. Smith did not request a hearing, and more than 30 days have elapsed since the mailing of the Notice. The matter is therefore before the Board for final disposition.

DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE DECEMBER 13, 2005 NOTICE AND TO ENTER AN ORDER DENYING MR. SMITH REGISTRATION AS A PHYSICIAN ASSISTANT, EFFECTIVE IMMEDIATELY. DR. BUCHAN SECONDED THE MOTION.

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

Dr. Steinbergh noted that Mr. Smith is not certified by the NCCPA, as required by Section 4730.10(B), and he has failed the NCCPA certification examination.

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

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

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Dr. Robbins - aye

The motion carried.

CITATIONS, PROPOSED DENIALS & ORDERS OF SUMMARY SUSPENSION**DAVID C. BLOCKER, 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. KUMAR MOVED TO SEND THE CITATION LETTER TO DR. BLOCKER. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

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

The motion carried.

DOUGLAS PAUL BOSACK, 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. BUCHAN MOVED TO SEND THE CITATION LETTER TO DR. BOSACK. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

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The motion carried.

DAWN ELIZABETH FOX - 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. KUMAR MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO MS. FOX. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

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

The motion carried.

STEPHEN HENRY HUMPHREY, D.P.M. – CITATION LETTER

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

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

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

The motion carried.

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GREGORY KARASIK, M.D. – CITATION LETTER

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

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. KARASIK. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

JORGE ARTURO MARTINEZ, M.D. - 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.

MR. BROWNING MOVED TO SEND THE NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING TO DR. MARTINEZ. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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DAVID ALLEN MCMAKEN, M.D. – CITATION LETTER

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

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. MCMAKEN. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

PHILLIP THIELE NORTH, M.D. – CITATION LETTER

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

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. NORTH. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

ARTHUR RICHARD SCHRAMM, 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.

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DR. KUMAR MOVED TO SEND THE CITATION LETTER TO DR. SCHRAMM. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

DAVID WEI WANG, 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.

MR. BROWNING MOVED TO SEND THE CITATION LETTER TO DR. WANG. DR. KUMAR SECONDED THE MOTION. A vote was taken:

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

The motion carried.

SEVERINO PEREZ ZAMBRANO, 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.

MR. BROWNING MOVED TO SEND THE CITATION LETTER TO DR. ZAMBRANO. DR. KUMAR SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Robbins at this time advised that the topic, Citations, Proposed Denials & Orders of Summary Suspension would be tabled until the end of the Thursday, February 9, 2006 session to allow for consideration of an additional item.

RATIFICATION OF SETTLEMENT AGREEMENTS

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

HASSAN YOUSEF FARAJ, M.D. – REQUEST FOR WITHDRAWAL OF APPLICATION FOR MEDICAL LICENSURE

Dr. Steinbergh noted that the third paragraph of the withdrawal request indicates that the request may be reported to appropriate organizations, data banks and governmental bodies. She asked whether it would be reported.

Ms. Jacobs stated that this is a non-disciplinary document and would therefore not be reported to the NPDB. It may be reported to the Federation under the Federation's rules.

DR. STEINBERGH MOVED TO RATIFY DR. FARAJ'S REQUEST FOR WITHDRAWAL OF APPLICATION FOR MEDICAL LICENSURE. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

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

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Ms. Sloan - aye
Dr. Davidson - aye
Dr. Steinbergh - aye

The motion carried.

SANTIAGO L. ROIG, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. ROIG. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- abstain
Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye

The motion carried.

JASON VICTOR CHURCH, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. CHURCH. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- abstain
Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye

The motion carried.

CARL MICHAEL FERRARO, M.D. – SURRENDER OF LICENSE

DR. STEINBERGH MOVED TO RATIFY DR. FERRARO'S SURRENDER OF HIS LICENSE TO PRACTICE MEDICINE AND SURGERY. MR. BROWNING SECONDED THE MOTION. A

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vote was taken:

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

The motion carried.

JOHN HOUSE ROCKWOOD, P.A. – CONSENT AGREEMENT

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

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

The motion carried.

MELANIE LYNNE LEU, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. LEU. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

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Dr. Steinbergh - aye

The motion carried.

JOSE ALBERTO CRESPO, M.D. - REQUEST FOR WITHDRAWAL OF APPLICATION FOR MEDICAL LICENSURE

DR. STEINBERGH MOVED TO RATIFY DR. CRESPO'S REQUEST FOR WITHDRAWAL OF APPLICATION FOR MEDICAL LICENSURE. DR. KUMAR SECONDED THE MOTION. A vote was taken:

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

The motion carried.

RONALD CARL HETMAN, D.P.M. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. HETMAN. DR. EGNER SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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REPORTS & RECOMMENDATIONS

PHILIP L. CREPS, D.O.

DR. KUMAR MOVED TO REMOVE THE MATTER OF PHILIP L. CREPS, D.O., FROM THE TABLE. MS. SLOAN 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye
	Dr. Robbins	- aye

The motion carried.

DR. KUMAR MOVED TO AMEND THE PROPOSED ORDER IN THE MATTER OF DR. CREPS BY SUBSTITUTING THE FOLLOWING:

AMENDED PROPOSED ORDER

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Philip L. Creps, D.O., to practice osteopathic medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such revocation is STAYED, and Dr. Creps' certificate shall be SUSPENDED for an indefinite period of time, but not less than two years.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Creps' certificate to practice osteopathic medicine and surgery until all of the following conditions have been met:
 1. **Application for Reinstatement or Restoration:** Dr. Creps shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Obey the Law:** Dr. Creps shall obey all federal, state, and local laws,

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and all rules governing the practice of medicine and surgery in the state in which he is practicing.

3. **Professional Ethics Course**: At the time he submits his application for reinstatement or restoration, Dr. Creps shall provide acceptable documentation of successful completion of a course or courses dealing with professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Creps submits the documentation of successful completion of the course or courses dealing with professional ethics, he shall also submit to the Board a written report describing the course, setting forth what he learned from the course, and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

4. **Personal Ethics Course**: At the time he submits his application for reinstatement or restoration, Dr. Creps shall provide acceptable documentation of successful completion of a course or courses dealing with personal ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any courses taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Creps submits the documentation of successful completion of the course or courses dealing with personal ethics, he shall also submit to the Board a written report describing the course, setting forth what he learned from the course, and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

5. **SPEX OR COMVEX-USA**: Prior to submitting his application for reinstatement or restoration, Dr. Creps shall take and pass the SPEX examination or the COMVEX-USA or any similar written examination which the Board may deem appropriate to assess Dr. Creps' clinical competency.

- C. **PROBATION**: Upon reinstatement or restoration, Dr. Creps' certificate shall

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be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least three years:

1. **Obey the Law**: Dr. Creps shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in the state in which he is practicing.
 2. **Declarations of Compliance**: Dr. Creps shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Creps' certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 3. **Personal Appearances**: Dr. Creps shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Creps' certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
 4. **Noncompliance Will Not Reduce Probationary Period**: In the event Dr. Creps is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
- D. **TERMINATION OF PROBATION**: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Creps' certificate will be fully restored.
- E. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS**: Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Creps shall provide a copy of this Order to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Creps shall provide a copy of this Order to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

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This requirement shall continue until Dr. Creps receives from the Board written notification of his successful completion of probation.

- F. **REQUIRED REPORTING TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Creps shall provide a copy of this Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Creps shall also provide a copy of this Order by certified mail, return receipt requested, at the time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement or restoration of any professional license. Further, Dr. Creps shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt, unless otherwise determined by the Board. This requirement shall continue until Dr. Creps receives from the Board written notification of his successful completion of probation.

This Order shall become effective immediately upon the mailing of notification of approval by the Board.

DR. DAVIDSON SECONDED THE MOTION.

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

Dr. Kumar reviewed the terms of his proposed motion with the Board.

Dr. Steinbergh referred to paragraph (B)(5), stating that there is a movement that will be discussed at the Federation meeting to require osteopathic physicians to take the COMVEX-USA as opposed to SPEX since the latter exam does not test the physician on osteopathic medicine.

DR. KUMAR AGREED TO REMOVE THE REFERENCES TO SPEX FROM HIS PROPOSED ALTERNATIVE ORDER. DR. DAVIDSON, AS SECOND, AGREED.

Dr. Egner asked what the probationary period would accomplish.

Dr. Kumar stated that he believes completing the probationary terms and making probationary appearances will continue to remind Dr. Creps of the Board's concerns, and to remind him that he has to grow up.

Dr. Buchan stated that he spoke against the amendment earlier because he was in favor of strictly revoking Dr. Creps' license and leaving it up to Dr. Creps to prove his honesty to the Board. He does, however, appreciate the probationary terms, which will allow the Board to challenge him if necessary.

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

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

The motion carried.

MR. BROWNING MOVED TO APPROVE AND CONFIRM MS. MURPHY'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF PHILIP L. CREPS, D.O. DR. DAVIDSON SECONDED THE MOTION.

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

Dr. Steinbergh stated that Dr. Creps has to somehow come to terms with his inability to be honest. She stated that his lying, quite frankly, is so egregious that if he doesn't understand and take responsibility for it, it will catch up with him again. She stated that she will vote for the amended Proposed Order, but warned Dr. Creps that he will never be done with this Board if he doesn't change his ways. He must be honest.

A vote was taken:

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

The motion carried.

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PERSONAL APPEARANCESSARAVANA SIVASHANKER, M.D.

Dr. Sivashanker appeared before the Board pursuant to his request for release from the terms of the Board's Order of July 12, 2000. If approved, release from probation would become effective February 17, 2006.

In response to Board members' questions, Dr. Sivashanker stated that he has learned several things during his probationary period: To control his ego; to improve his medical documentation; and to take time to think before he does things.

Dr. Kumar stated that, while reviewing Dr. Sivashanker's record, he's amazed by a few things. It's not that Dr. Sivashanker doesn't have the knowledge, but he questioned some of the actions Dr. Sivashanker took, such as continuing to treat those with active duodenal ulcers with Coumadin. On the other hand, there were patients where the cardiac isoenzymes were elevated and he didn't investigate those.

Dr. Sivashanker stated that he didn't have time to explain those. The case involving Coumadin was approved by the gastroenterologist. He had documentation that you can give Coumadin because the ulcer was non-bleeding. There was good documentation on that and that wasn't brought into the picture. In the second case, the CPK in those days was a graphic thing and there was a small peak. So while everything else was normal, there was a little blip on the CPK. While dictating the discharge summary, he included a diagnosis of possible MI. He noted that one of the four cases was not even taken care of by him. Another physician took care of that patient while Dr. Sivashanker was out of town.

Continuing to respond to Board members' questions concerning what he's learned in how to terminate the physician/patient relationships, Dr. Sivashanker stated that he hasn't had the opportunity to do so, but if he would terminate, he would give them a month or two warning, and then he would send a letter saying that he would like to terminate the relationship and advising the patient to find another doctor. Once the patient finds a doctor, he's to let Dr. Sivashanker know. Until that time, he will continue to take care of the patient.

Dr. Egner left the room during the previous discussion.

DR. KUMAR MOVED TO RELEASE DR. SIVASHANKER, EFFECTIVE FEBRUARY 17, 2006, FROM THE TERMS OF THE BOARD'S ORDER OF JULY 12, 2000. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye

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Dr. Steinbergh - aye

The motion carried.

STEVEN T. PATTERSON, D.O.

Dr. Patterson appeared before the Board pursuant to his request for release from the terms of his February 11, 1999 Consent Agreement. If approved, release from probation would become effective February 11, 2006.

In response to Board Members' questions, Dr. Patterson stated that he's a general OB/GYN in private practice with two partners. He did practice alone for eight years, but then he added two physicians to the practice. He doesn't anticipate practicing solo again. He's married and has two children, ages 8 and 10. As far as a support system, he has a sponsor. Dr. Patterson stated that he doesn't perceive that his life will change a lot from what his life has been for the past seven years. He's very comfortable in his own skin; he does what he needs to do to take care of himself, which includes going to meetings and talking to his sponsor a couple times a week. Dr. Patterson stated that his wife is tremendously supportive. He doesn't think that anyone could be in a more enviable position with respect to support.

Dr. Patterson advised that he will continue to be involved with A.A. and other recovery activities. He doesn't perceive much changing in his life and in what he's been doing for some time. He's been attending a minimum of two to four A.A. meetings a week. He talks to his sponsor at least a couple of times a week. Dr. Patterson commented that, after this period of time a lot of his friends are in recovery. He doesn't perceive that things will change a lot.

When asked whether he would continue doing drug screens, Dr. Patterson stated that he hadn't thought about it. He added that he doesn't even think about them anymore. Dr. Patterson stated that he thinks that everyone looks at that as a negative experience, but he believes that in the first year or so it helps to keep one sober. At some point in time, they are not the primary mechanism by which one stays sober. What they do is allow the probationer to have some objective evidence that he or she is okay. He commented that earlier in his probation he was required to do three screens a week, which was a bit cumbersome. He's been doing them for seven years.

Concerning why he relapsed when he did, Dr. Patterson stated that when he was first assessed as an inpatient in 1994, he was released. There's nothing more empowering to an alcoholic than telling him that he isn't an alcoholic. His first two and a half to three years before he relapsed, he had one foot in the door and one foot out. Ultimately, he thinks that was the cause of his relapse. He stated that he hopes that the Board won't see him again in the future. He doesn't have any compulsion to use or drink alcohol at this point in time, but he doesn't know what the future holds for him. He believes that if he continues to do what he's been doing and continues to take care of himself, he won't be appearing before the Board again.

Dr. Egner returned to the meeting during the previous discussion.

DR. STEINBERGH MOVED TO RELEASE DR. PATTERSON, EFFECTIVE FEBRUARY 11,

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2006, FROM THE TERMS OF HIS FEBRUARY 11, 1999 CONSENT AGREEMENT. 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

DONALD B. FORD, M.D.

Dr. Ford appeared before the Board pursuant to his request for release from the terms of his February 14, 2001 Consent Agreement. If approved, release from probation would become effective February 13, 2006.

In response to Board members' questions, Dr. Ford stated that he is doing very well. He is a family practitioner, working at the Cleveland Clinic. Dr. Ford stated that he believes that he was correctly diagnosed as an alcoholic, and he believes that he was correctly treated. Dr. Ford stated that he can never take a drink or a mood or mind altering chemical again. He works his A.A. program to keep sober. This has worked for five and a half years. Dr. Ford stated that he's very confident that if he does what he did today to stay sober, he'll stay sober tomorrow as well. He stated that he attends two to three meetings a week, he talks to his sponsor on a daily basis, he sponsors three individuals and co-sponsors one. He also continues with the Caduceus group at the Cleveland Clinic, where he initially underwent treatment, and where he currently works.

Dr. Ford continued that he's been very transparent at his work place. His medical director has been his monitoring physician. He has an open relationship with everyone about that. He's had a lot of encouragement and support from his co-workers.

Dr. Ford stated that he had been divorced about three or four weeks before he got sober, and he and his wife have since reconciled and remarried. Dr. Ford stated that he owes everything to his recovery and to A.A. He added that he's very grateful to the Medical Board members.

DR. KUMAR MOVED TO RELEASE DR. FORD, EFFECTIVE FEBRUARY 13, 2006, FROM THE TERMS OF HIS FEBRUARY 14, 2001 CONSENT AGREEMENT. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

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Dr. Talmage	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye

The motion carried.

MARK A. BANKS, M.D.

Dr. Banks made his initial appearance before the Board, pursuant to the terms of his November 10, 2005 Consent Agreement.

In response to Board members' questions, Dr. Banks stated that everything is going okay for him, but not great. He's not where he would like to be, but he's better than he was. His original sobriety date was July 19, 2004, but he relapsed in winter, 2004. His license is still suspended. During his suspension he's continuing with the program he initiated in July 2004. He attends at least three A.A. meetings a week. The nice thing is that in this recent spell he's had a chance to actually chair meetings, and that's kind of fun. He's continuing with Caduceus and with his relationship with O.P.E.P. He's maintaining direct contact with his sponsor, who is also his pastor, a recovering heroin addict from Viet Nam. He's solidified that relationship even more, and they get together every week to watch westerns.

Dr. Banks stated that he underwent lumbar surgery in August. He had two levels of disc removal and fusion. Unfortunately, the fusion has not yet taken and his body isn't forming the solid bone structure that's supposed to be there. He's now in a bone stimulator. He's on a lifting restriction. For pain, he now prays and meditates. Dr. Banks stated that he learned about meditation during his first treatment. He's adopted that and incorporated that initially. He's taking NSAIDs (anti-inflammatories) and Neurontin, and it's thought that the former may be one of the reasons he's not yet fusing. Dr. Banks stated that he takes 2400 mg of Neurontin today, and it is not at all mood-altering for him. He stated that he had tried Neurontin previously on three different occasions but kept getting headaches. He added that he was taking 300mg doses then. During his initial chemical dependency treatment, he was restarted at 100 mg. The dosage was increased very slowly, and he did fine with it. He's now able to take an 800 mg pill and it doesn't affect him.

Dr. Banks continued that he's also beginning to re-establish some level of fitness. He's on a weight-lifting restriction, so he does more cardiovascular exercises. The improved fitness does help.

Dr. Banks stated that he has some concern that the Neurontin won't be enough to take care of the pain, so he now has a team of physicians collaborating on his care: an addictionologist, a pain management specialist and a primary care physician. There have been recommendations for him to resume taking methadone. He has not, but he did supply the information to the Board. The goal would be to be off the anti-inflammatories to stimulate the fusion and hopefully get it to do what it's going to do. Dr. Banks

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stated that currently he's doing okay not taking it. He added that he was hoping to get feedback from the Board. Dr. Banks stated that he doesn't want to be the one to make the decision. He stated that he can rely on some of the physicians taking care of him to help in that regard. If he ever feels trapped, like he's felt trapped before, he's not going to stay that way.

Mr. Albert advised Dr. Banks that if his physicians ever do put him on methadone, he will have to report it to the Board and provide a letter of support from his physicians.

Dr. Banks stated that he has originally discussed this with Ms. Bickers and he just recently supplied her with the most recent recommendations from all the different doctors. He's also supplied the information to O.P.E.P. to make sure that there is communication; that there are no surprises. If, in fact, that does become a situation, it will be with the understanding and support of the Board and him not making the decision.

Ms. Bickers stated that she and Dr. Banks have talked about documenting in writing any treatment by his treatment team. Ms. Bickers stated that Dr. Banks also has to nominate a primary care physician for Board approval. That will be brought to the Board at a later date.

Concerning physical therapy, Dr. Banks stated that he is continuing to do all the things that he's learned in physical therapy in the past on a daily basis. He has created a video for patients so that they do not end up where he's ended up. He sees a massage therapist weekly, uses a hot tub, home massage on a daily basis. He has also benefited from using an inversion table, which he's not able to use at this time.

In response to questions about why he relapsed, Dr. Banks advised that the lumbar issue had never been resolved, although it had been treated with many different types of treatment other than surgery. He had gone on a ten-day bus trip, sitting for sometimes up to ten hours. Anyone with a bad disc knows that sitting is terrible. It was the most miserable thing. Dr. Banks stated that he was extricated from his practice and had to go solo. The symptoms increased dramatically. Dr. Banks stated that he didn't have the team of doctors he has now, and he felt trapped. He knew that there was something that would help, so it was a do or die kind of thing. That's what led him to the relapse. The one benefit of the recent 28-day treatment is that he's now come to understand and appreciate chronic, untreated or uncontrolled pain as a primary disease process, just like addiction or chemical dependency. They run parallel courses. That was very eye-opening for him and helped him to understand what he's up against.

DR. KUMAR MOVED TO CONTINUE DR. BANKS UNDER THE TERMS OF HIS NOVEMBER 10, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING 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
	Ms. Sloan	- aye

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Dr. Davidson - aye
Dr. Steinbergh - aye

The motion carried.

PAUL CLAASSEN, D.O.

Dr. Claassen made his initial appearance before the Board, pursuant to the terms of his November 9, 2005 Consent Agreement.

In response to Board members' questions, Dr. Claassen stated that, prior to his suspension he was working at Drs. Urgent Care in Fairborn, OH. He never worked while intoxicated, nor did he drink on days he worked. He used to drink on days he was off work. There were probably at least 18 hours from the time of his last drink until the time he went to work. He felt fine and in control going in to work. When asked whether he ever went to work with a hangover, Dr. Claassen stated that he very seldom had a hangover.

Dr. Claassen stated that, as far as recovery, he's been sober for 107 days. When he got his last DUI he went to his family doctor and talked to him about the situation. His family physician suggested that he contact the OSMA, who then referred him to Ms. Bickers. He contacted her and turned himself in, and he then elected to go to the Woods at Parkside for its 28-day program, which was very enlightening. One of the exercises he was given was to write a paper for his wife, listing all the things she should look out for. After writing 29 pages, he realized that it wasn't really for his wife but for himself. He looks at that paper periodically. After treatment he went to three hours of therapy three times a week for two weeks. He now goes once a week for an hour. He also attends Caduceus meetings. During the time at Parkside, he learned to recognize his triggers, which were primarily boredom and loneliness. He has now elected different hobbies: woodworking, attending meetings, talking to sponsor, and talking to his wife much more than he did before.

Dr. Claassen stated that he had a problem with alcohol for quite a few years before the particular event for which he was admitted. He didn't have severe enough consequences before, so it didn't sink in. He'd asked for help before from psychologists, and after going to one for several months, her answer was for him to write down all the things that are bothering him in a journal and then forget about them. Dr. Claassen stated that if he wasn't drinking, he'd go maybe two weeks before all these insurmountable things that he was writing in the journal would get to him and he'd be back again. That's basically what happened when he got caught drinking the second and third times. After the second time, Indiana arranged parole in Ohio and the parole office had him set up for random weekly drug screens, although they never called. His parole officer only called him about twice. He had to go to Consolidated Care, which is the county mental health agency, and talk to the psychologist there. The psychologist there didn't think that he had a problem drinking. Dr. Claassen stated that he told the psychologist that he thought that he did have a problem and he asked the psychologist for recommendations for a physician who might prescribe Antabuse or something like that. That psychologist's suggestion was for him to write everything down in a journal and get rid of it. That set off the third relapse.

Dr. Claassen stated that he was kind of thankful that things happened the way they did because now he has

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his life back, he's sober and enjoying his life more. It's been an education. Some of his concepts of alcoholism that he'd obtained in medical school in the 1970s have obviously changed drastically. He now understands why he would not drink for two weeks, and then the serotonin dopamine level drops and it becomes an insurmountable problem. He's learned the little things that let him know that he's heading towards a relapse, and so he tends to get active, doing other things such as making phone calls and talking to sober friends. The only times he has not been to the required number of A.A. meetings was because he was serving time in jail, which was a very educational experience. He spent ten days in jail. Dr. Claassen stated that he's now happy with his life and he looks forward to getting back to work.

DR. BUCHAN MOVED TO CONTINUE DR. CLAASSEN UNDER THE TERMS OF HIS NOVEMBER 9, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

RALPH A. HUGUNIN, M.D.

Dr. Hugunin made his initial appearance before the Board, pursuant to the terms of the Board's Order of August 10, 2005.

In response to Board member questions, Dr. Hugunin stated that the family member for whom he prescribed is doing okay now. He stated that her condition is unchanged: She has good days and bad days. She is still under psychiatric treatment. He stated that it is a difficult situation, but he's told her that he was no longer able to be the person she wanted him to be. She is now under the care of a psychiatrist to whom she needs to convey her feelings and problems. He supports her, but not in the role of a physician. He does not provide any medication. Dr. Hugunin stated that there have been times when she has tried to get him to change that stance, but he has consistently and emphatically told her that that is not a possibility. There are days when she still tries to get him to get something for her, but he's told her that this is not where he needs to be. She does see her psychiatrist, and Dr. Hugunin has talked with her about talking with her psychiatrist about decreasing the amount of medications that she's on. She has decreased the benzodiazepines that the psychiatrist prescribed, so she is doing better.

Dr. Hugunin continued that this has put strain on their relationship, but he believes that she has developed

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enough insight into what her situation was and she understands why he's taken the position that he has. He thinks that the biggest thing for her is to understand that, regardless what she may ask, he can't be in that position. He consistently tells her that. Dr. Hugunin added that it's gotten better. He stated that it's difficult to say that she is better now than she was when he was prescribing for her. He stated that he thinks that she's reluctant to talk to her psychiatrist and be as open as she may have been to him. Dr. Hugunin stated that he had basically ceased caring for her before the Board became aware of this issue. He stated that he does still act as a counsel for her. She talks to him and he talks to her about her stresses and how he thinks she should try to deal with it in terms of physical activity and exercise. But in terms of any type of medical treatment, he doesn't give an opinion on that. He tells her that that's something she must discuss with her physicians.

DR. KUMAR MOVED TO CONTINUE DR. HUGUNIN UNDER THE TERMS OF THE BOARD'S ORDER OF AUGUST 10, 2005, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BUCHAN SECONDED THE MOTION.

In response to further questions, Dr. Hugunin stated that he doesn't see a counselor himself. If it gets to the point where he feels he must see a counselor, he's not opposed to doing so. Dr. Hugunin stated that his problem was allowing the patient to manipulate him. He sees how that problem not only hurt him, but also hurt her. He's very confident that he'll not allow that to occur.

Board members indicated that Dr. Hugunin appears to be depressed.

Dr. Hugunin stated that he doesn't believe that he's depressed. He added that he would like to see his family member improve in her condition. He does agree that it is a stress, but it's not a stress with which he's unable to deal. He's functioning fine in terms of his work and his life. He continues to hope for his family member that she will continue to improve and, eventually, someday be able to deal with her life stresses without the aid of any kind of medication.

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

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

The motion carried.

Dr. Hugunin stated that he has made arrangements to take the Case Western Reserve University's course in

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prescribing in May. He expressed concern that that might correspond with his next scheduled Board appearance.

Ms. Bickers stated that she will work with Dr. Hugunin to make necessary arrangements.

SHARON J. JELKOVAC, P.A.

Ms. Jelkovic made her initial appearance before the Board, pursuant to the terms of her November 14, 2005 Consent Agreement.

In response to Board members' questions, Ms. Jelkovic stated that, since entering into this consent agreement, her duties have been limited to areas that were not what P.A.s do. For instance, histories and physicals have been eliminated for her. They have curtailed her duties. Ms. Jelkovic stated that when she spoke with the recruiter for her job, she brought up the fact that she was not registered as a P.A. in Ohio and she was informed that she didn't need it. She also stated on her job application that she was not registered. She thought that she would not be able to start work without registration, but she was told that she didn't need it to begin work. She stated that this was the Cleveland Clinic, and she thought that they had some interpretation of the law that would allow her to do so. She does have a chemistry degree and had been working at Sherwin Williams temporarily. She finished her P.A. degree in June 1995. She started this job in April 1997.

Several Board members indicated to Ms. Jelkovic that it is her responsibility to know whether or not she needs a license to do the duties she has been assigned, and no one can tell her differently. She needs to familiarize herself with the rules under which the P.A. operates. If someone at the hospital tells her to do a certain procedure, and she knows that the Ohio laws do not permit her to do that procedure, she has to say no to doing it.

In response to further Board questions, Ms. Jelkovic stated that she did get her NCCPA registration renewed, and no one told her about practicing. It came up when the hospital filed a utilization plan to use P.A.s. They realized that she had the specific training and asked her to apply for registration. That's how she came to the attention of the Board.

Ms. Sloan commented that the Board is confronting Ms. Jelkovic for working without registration, but it should also be confronting those who used her services. She feels that someone else should be held accountable.

Ms. Jelkovic stated that she was employed by the hospital and her services were provided for various physicians.

Dr. Robbins suggested that the staff should send a letter to the Ohio Hospital Association about the problem.

Mr. Browning asked whether she had a supervising physician.

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Ms. Jelkovic stated that she believes there was a supervising physician for the staff assistants. There was probably someone who rotated through at various points. She's not in management, so she doesn't know. She did have a supervisor, but that supervisor was another P.A., not a physician. She was hired by the department of surgery to perform tests in that department, being assigned by her immediate physician. She was doing pre-op histories and physicals for the surgeons. She added that she wasn't the only person in her situation who assisted. It's her understanding that there were others in the same situation who got their licenses right away.

Dr. Kumar suggested writing a letter to the hospital administration as well as to the O.H.A. Other Board members agreed.

MR. BROWNING MOVED TO CONTINUE MS. JELKOVAC UNDER THE TERMS OF HER NOVEMBER 14, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE.

In response to further questions, Ms. Jelkovic stated that she has applied for registration, and to her knowledge she still doesn't have a registration number. She's working, but they have her doing other things now. She's mostly doing office and clerical stuff. She does occasionally assist in the operating room because she doesn't need a license for that.

DR. STEINBERGH 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

KEVIN D. MCKEE, D.O.

Dr. McKee made his initial appearance before the Board, pursuant to the terms of his November 10, 2005 Consent Agreement. Dr. McKee has also requested approval of Douglas A. Songer, M.D., to serve as his treating psychiatrist, and Dennis E. O'Grady, Psy.D., as his treating psychologist.

In response to Board members' questions, Dr. McKee stated that he's doing very well. Dr. McKee stated that he has been counseling with Dr. O'Grady for three and a half years. He stated that when he initially started in therapy, his attorney suggested that he go to Dr. O'Grady. Initially the relationship started off a little rough because he was kind of resistant to share this embarrassing problem he had. However, he and

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Dr. O'Grady developed a rapport, and they've worked on a lot of different things: Family values, childhood issues, work-related issues, and interpersonal relationships with people at work. Dr. McKee stated that, as far as the public indecency charge, he doesn't believe that Dr. O'Grady has a specialty in that area. Dr. O'Grady is not a sex addiction medicine specialist. However, working in some of the other areas allowed him to focus on change. Dr. O'Grady works on the "change" process, helping someone to change their lifestyle or patterns that they had grown accustomed to. He helps them focus elsewhere.

Dr. McKee stated that he told Ms. Bickers that during his last few meetings with Dr. O'Grady, he hasn't felt much. He added that Dr. O'Grady has gone through some medical issues, so he would like to give Dr. O'Grady the benefit of the doubt. Dr. McKee stated that he would like to look elsewhere to see if he can find an addiction medicine expert.

Dr. Steinbergh indicated that she thinks that Dr. McKee needs to see someone who has a focus in that area. She suggested that Dr. McKee find someone else. If the Board disapproves Dr. O'Grady, that will allow Dr. McKee to find another treating psychologist. She suggested that Dr. Songer might know someone more appropriate for him.

Dr. Robbins suggested approving Dr. O'Grady for the interim, until Dr. McKee proposes a new psychologist.

Dr. Steinbergh agreed.

In response to further questions by Board members, Dr. McKee stated that from the age of 13 or so he developed a problem with exhibitionism. He stated that this was a problem he kept secret for a good 20 plus years. Dr. O'Grady was the first and only person he was able to share this with for a long period of time. The arrest in 2002 was the moment when things turned around for him. Obviously, there was a big fear factor there; he thought his livelihood was in jeopardy. That was good enough for him to stop at that point. After reading some recovery materials, books and other pamphlets, he knew that wasn't enough because fear fades in time. He entered into a program called "Beyond Your Best" on his own. He found it through some friends of his. Dr. McKee explained that it's a kind of coaching curriculum to help you gain insight into yourself. It's not focused on anything in particular. Nobody knew that he was going in there with this thing hanging over him. Dr. McKee stated that his big thing was that he had a self-worth issue. He felt very bad about himself. That was coming through in some of his interpersonal relationships. Dr. McKee stated that the "Beyond Your Best" course was a three-part series, and he did all three parts. During the third part, which was over a 90-day period, he was able to share this embarrassing problem with another person, who happened to be a woman. That was therapeutic. He took the next step and shared the information with his girlfriend. He got the same response from her, very non-judgmental and accepting. Dr. McKee stated that he proceeded to tell his family members and some very close friends. Each time he shares the information it's a lift off him.

Dr. McKee stated that he attends S.A.A. meetings once a week. He was elected the inter-group representative to communicate between the groups in the Dayton area. He recently attended a Caduceus meeting to get some insight on how other medical professionals with addictions are dealing with them.

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Dr. McKee stated that he was doing emergency medicine for three and a half years. In January 2005, after he disclosed the charge and told his employer, Kettering Hospital, that he was under Board investigation, he was forced to resign. He then found work with the Ohio Department of Corrections and worked a couple of months at Lebanon and Warren correctional institutions. He tried to get back into there, but he's been denied return to them. Dr. McKee stated that for a while he was down and thought about changing careers, but he doesn't know what else he can do. He put a lot of time and effort into medicine. After talking with Ms. Bickers and the other night at the Caduceus meeting, he feels that there is the potential to find work. He just has to be willing to accept rejection. Not everybody is going to be comfortable with this.

DR. STEINBERGH MOVED TO CONTINUE DR. MCKEE UNDER THE TERMS OF HIS NOVEMBER 10, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. STEINBERGH FURTHER MOVED TO APPROVE DOUGLAS A. SONGER, M.D., TO SERVE AS DR. MCKEE'S TREATING PSYCHIATRIST, AND DENNIS E. O'GRADY, PsyD., TO SERVE AS DR. MCKEE'S PSYCHOLOGIST. 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye
	Dr. Robbins	- aye

The motion carried.

MICHAEL P. PARKER, M.D.

Dr. Parker made his initial appearance before the Board, pursuant to the terms of the Board's Order of October 13, 2004.

In response to Board members' questions, Dr. Parker stated that he is doing well. His license was reinstated in November, but he's not working. He's waiting for approval of a monitoring physician. He will start work if the Board approves his nominee.

Dr. Parker stated that he has a short statement he would like to read to the Board:

As I listened to the news last week about a driver that fell asleep behind the wheel on I-71, who apparently died, I thought about the circumstances that brought about my appearance before this Board. I thought about the irony of it all since it was exactly the

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end of January three years ago that I'd broken the law by treating someone I knew personally diagnosed with narcolepsy, or who was eventually diagnosed as narcolepsy. Would I have done it again? Definitely not. But hindsight is always so crystal clear.

During this year I did a lot of soul searching and read the Bible. Years ago my brother left a six-year program at NEOUCOM, after being president of his class in medical school, to enter the ministry. He said that God could change my life in an instant. I kind of laughed at him at the time. He told me that I could lose everything just like that. I guess I got my wakeup call.

My father retired to become a missionary in Korea. He made \$5000.00 a year, but still managed to contribute to a scholarship fund he started for indigent students. He died rather than take time off to take care of himself because of his desire to finish his work for his students. He once told me I had no vision. Tom Dooley, Albert Schweitzer, those guys had vision. Someday he said I would get vision.

I once thought as long as I cared about my patients and was a good doctor, I would be okay. I was far from okay. In essence, through my quest to further my medical career and achieve my worldly ambitions, I had allowed myself to die spiritually as a Christian. I had lost my way and was no different from the driver that had fallen asleep on a collision course in death. Only my death would have been eternal.

It seems I received some divine intervention, although I must say it hasn't been easy. It takes suffering to build character and make a change in one's life. Sometimes you have to face losing it all before you wake up and make that change.

Looking back, it's been a painful year. I haven't worked since August '04, which was when I completed residency. It's amazing to me that I survived, even financially; but I'm grateful for everything that has happened, and I hope I can live up to the gifts that have been afforded to me. I thank the Board for their intervention. It's been painful, and it's indeed forever changed my life.

Dr. Parker advised that, to this point, since he just finished residency, he doesn't really know anybody in anesthesia. He did apply for some places, but their main concern is that he's been out of work for about a year. Being a new graduate, they were concerned about the time he had off when he wasn't really practicing anesthesia. Before he entered his residency in anesthesia, he was a boarded ER doctor. He was also an oral examiner for the EM boards. He had a pretty good reputation as an ER doctor, and every place that he's worked he's done very well; however, the locum tenens agency for whom he worked had concerns because of the Board's action. Because of liability issues, they felt that they really couldn't continue using him; so, he wasn't able to find work there. He also wasn't able to find work in anesthesia. Fortunately, because he had a good reputation in the field and people knew him, they were willing to hire him as an ER doctor. That's because he had a good work record. He would be working for Dr. DiLullo, who has eight urgent care centers in Columbus. He'll be working in urgent care, but all the doctors working there are boarded ER doctors.

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Dr. Parker stated that he doesn't want to lose his skills in anesthesia, and he will continue to look for a position in anesthesia. He passed the written anesthesia boards. He informed them of this action and they placed him on hold until he completed his suspension. Since his license has been returned under a probationary status, they were going to let him take the oral exam. He'll be taking that in September of this year; however, they can't really give him board certification until he's free and has a completely unrestricted license.

Dr. Parker stated that he will return to work as soon as the Board approves Dr. DiLullo.

DR. STEINBERGH MOVED TO CONTINUE DR. PARKER UNDER THE TERMS OF THE BOARD'S ORDER OF OCTOBER 13, 2004, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. STEINBERGH FURTHER MOVED TO APPROVE NINO DILULLO, M.D., TO SERVE AS DR. PARKER'S MONITORING PHYSICIAN, WITH TEN CHARTS REVIEWED PER WEEK FOR THE FIRST YEAR, AND TEN CHARTS REVIEWED PER MONTH THEREAFTER. 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye
	Dr. Robbins	- aye

The motion carried.

PAUL E. DUNCAN, M.D.

Dr. Duncan appeared before the Board pursuant to the terms of his October 12, 2005 Consent Agreement and Board motion of January 11, 2006.

In response to Board member questions, Dr. Duncan stated that Dr. Moon, the psychiatrist he was scheduled to see on February 3, canceled his appointment the night before because she doesn't treat dual diagnoses. He saw Dr. Walters at Advance Therapeutics, Inc., two days later, and he doesn't think that Dr. Walters is going to work out either for reasons he'll discuss in a moment. Since then he's scheduled an appointment for February 16 with Dr. José Collares, who was the original treating psychiatrist when he presented at Kettering Medical Center. He saw Dr. Collares on several occasions when he was hospitalized.

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Dr. Duncan explained that Dr. Walters, whom he saw on February 5, said that he would be unable to write letters for the Board. Dr. Duncan stated that there are three major reasons why he doesn't feel that Dr. Walters would work out for him: 1. He wouldn't be able to write letters for the Board; 2. He doesn't really know much about substance abuse; and 3. He didn't feel that any doctor who had a substance abuse problem should ever practice medicine again because it "never goes away."

Mr. Albert suggested that Dr. Duncan see Dr. David Goldberg at Greene Hall.

In response to other questions asked by Board members, Dr. Duncan stated that, healthwise, he is fine, and he added that he is better than he was when he appeared before the Board in January. He does feel that he's making progress in his recovery. He's still working on acceptance and getting a better grasp on acceptance. Dr. Duncan stated that he has a very serious substance abuse problem, and is a very sick individual. He has a chance at a new life here. He has a wonderful opportunity here.

Dr. Duncan stated that, on a day-to-day basis, he attends A.A. meetings about four times a week. The first 90 days he went every day. He works, driving a cab. He goes to continuing care and a Caduceus meeting at Parkside once a week.

Dr. Duncan advised that he is currently taking Simbalta, as well as some blood pressure medicines.

Ms. Bickers reminded the Board that one of its concerns with Dr. Duncan the previous month was that he hadn't yet started his drug screens. Since then, she has worked with Dr. Duncan and O.P.E.P. to get those screens begun.

DR. STEINBERGH MOVED TO REQUIRE DR. DUNCAN TO APPEAR BEFORE THE BOARD IN MARCH. The motion died for lack of a second.

Dr. Egner stated that she doesn't think another appearance is necessary.

Dr. Talmage suggested that he appear next month before the Secretary and Supervising Member.

Dr. Steinbergh stated that that would be acceptable.

MR. BROWNING MOVED TO CONTINUE DR. DUNCAN UNDER THE TERMS OF HIS OCTOBER 12, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING FURTHER MOVED TO REQUIRE DR. DUNCAN TO APPEAR BEFORE THE SECRETARY AND SUPERVISING MEMBER IN MARCH. 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

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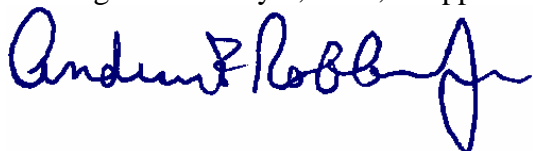
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye
Dr. Robbins	- aye

The motion carried.

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

Thereupon at 5:36 p.m. the February 8, 2006 session of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on February 8, 2006, as approved on March 8, 2006.



Andrew F. Robbins, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)



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MINUTES**THE STATE MEDICAL BOARD OF OHIO****February 9, 2006**

Andrew F. Robbins, Jr., M.D., President, called the meeting to order at 8:00 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: Deepak Kumar, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; David S. Buchan, D.P.M.; R. Gregory Browning, Ph.D.; Anquetette Sloan; Patricia J. Davidson, M.D.; and Anita M. Steinbergh, D.O. The following did not attend the meeting: Nandlal Varyani, M.D.; and Kamala Saxena, M.D.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; Lori S. Gilbert, Assistant Executive Director; Charles A. Woodbeck, Enforcement Attorney; Sallie J. Debolt, Executive Staff Attorney; Kyle C. Wilcox and Damion M. Clifford, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Chief, Executive Staff; Sallie J. Debolt, Executive Staff Attorney; Michael K. Miller, Public Policy & Government Affairs Officer; Danielle Bickers, Compliance Officer; and Barbara Jacobs, Public Services Administrator.

EXECUTIVE SESSION

DR. STEINBERGH MOVED THAT THE BOARD DECLARE EXECUTIVE SESSION TO CONSIDER THE INVESTIGATION OF A PUBLIC EMPLOYEE. DR. EGNER 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

Pursuant to Sections 121.22(G)(1), Revised Code, the Board went into executive session.

Dr. Egner left the room at this time.

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LICENSURE, PROBATION AND REINSTATEMENT CONSENT AGENDA

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

There were no requests to consider a matter separately.

DR. BUCHAN MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES ON DECEMBER 12-13, 2005 AND JANUARY 9-10, 2006 WITH: MICHAEL TODD ADAMS, M.D.; PAUL CLARK ADKINS, M.D.; DAVID E. ALLEN, M.D.; MARK L. ALLEN, M.D.; ROBERT A. BERKMAN, M.D.; MARK E. BLAIR, M.D.; FRANK R. BRUENING, M.D.; MICHAEL B. BURGHARDT, M.D.; JASON V. CHURCH, M.D.; L. JEAN COOPER, M.D.; WILLIAM L. CRAWFORD, M.D.; RICHARD G. DAY, M.D.; NICHOLAS C. DIAMANTIS, M.D.; WILLIAM H. FIEGENSCHUH, JR., M.D.; MARK S. FLEMING, M.D.; STEPHEN R. GIORDANO, D.O.; MARK E. GOLDSMITH, M.D.; ANN V. GOVIER, M.D.; TAMMY M. HABERBERGER, D.O.; PAUL F. HEYSE, M.D.; CYNTHIA J. JOHNSON, P.A.; MELANIE E. JUNGBLUT, M.D.; STEPHEN BARRY LEVITT, M.D.; GREGORY S. MASIMORE, M.D.; BRUCE JEFFREY MERKIN, M.D.; WILLIAM O. MURTAGH, JR., M.D.; THOMAS A. NGUYEN, M.D.; MICHAEL J. O'BRIEN, D.O.; THOMAS GEORGE OLSEN, M.D.; THOMAS R. PICKETT, P.A.; NYKOLAI VASIL PIDHORODECKYJ, M.D.; ROBERT S. REEVES, JR., M.D.; MARK ALLEN RENZ, M.D.; LEROY P. RISE, M.D.; STEPHEN J. ROLFE, M.D.; ANDREW SCHNEIDER, M.D.; RICHARD S. SKOBLAR, M.D.; BRIAN D. SOUTHERN, M.D.; TOM R. STARR, M.D.; SCOTT THOMAS STEWART, P.A.; ALAN B. STORROW, M.D.; EUGENE F. TARESHAWTY, JR., M.D.; DEBORAH L. TAYLOR, M.D.; TOBY JAMES TIPPPIE, P.A.; JOSEPH A. TORE, M.D.; KELLI D. WAHL, M.T.; GARY W. WALTZ, M.D.; BARBARA JEAN WILLOWS, D.O.; REGINALD O. WINDOM, M.D.; VIRGINIA C. WOODROW, M.D.; BRUCE S. WORRELL, D.O.; PAUL PO-TSANG YANG, M.D.; AND RICHARD ALAN ZINNI, D.O. DR. BUCHAN FURTHER MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES AND THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATIONS AS FOLLOWS:

- **TO GRANT ROBERT R. BRIGHTWELL, D.O.'S REQUEST TO LIFT HIS WORK-HOUR RESTRICTION AND TO REDUCE HIS DRUG SCREENS TO TWO PER MONTH;**
- **TO APPROVE ALAN W. CLARK, M.D.'S PROPOSED PRACTICE PLAN WITH SOUTHWOOD PSYCHIATRIC HOSPITAL IN PITTSBURGH, PA., AND TO APPROVE CRAIG A. TAYLOR, M.D., TO SERVE AS DR. CLARK'S MONITORING PHYSICIAN WITH TEN CHARTS REVIEWED PER MONTH;**
- **TO APPROVE THE NATIONAL NETWORK OF STD/HIV PREVENTION TRAINING CENTER'S ON-LINE COURSE ON SEXUALLY TRANSMITTED DISEASES, AND TO**

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DENY APPROVAL OF THE THREE ONLINE MEDICAL ETHICS COURSES IN THE MATTER OF MOUNIR BASHEER EL-BADEWI, M.D.;

- **TO APPROVE LAMBERTO T. R. GALANG, JR., M.D.'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS;**
- **TO APPROVE JEFFREY T. JONES, P.A.'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS;**
- **TO APPROVE JEANNE M. KIRKLAND, M.D.'S REQUEST FOR A REDUCTION IN THE FREQUENCY AND NUMBER OF CHARTS TO BE REVIEWED TO TEN CHARTS PER MONTH, AND TO REDUCE HER APPEARANCE SCHEDULE TO EVERY SIX MONTHS;**
- **TO APPROVE GRANT F. KOHER, D.O.'S REQUEST TO REDUCE HIS APPEARANCE SCHEDULE TO ONCE ANNUALLY;**
- **TO APPROVE ROBERT E. MARSICO, JR., M.D.'S REQUESTS FOR A REDUCTION IN HIS DRUG SCREENS TO TWO A MONTH, A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS, AND A REDUCTION IN HIS PSYCHIATRIC SESSION REQUIREMENT TO ONE A MONTH;**
- **TO GRANT JAMES M. MCGINNIS, D.O.'S REQUEST FOR A REDUCTION IN HIS DRUG SCREEN REQUIREMENT TO TWO A MONTH, AND HIS REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS;**
- **TO GRANT DAVID R. MILLER, M.D.'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE BY WAIVING ALL APPEARANCES UNTIL SUCH TIME AS THE DOCTOR REQUESTS REINSTATEMENT OF HIS LICENSE;**
- **TO APPROVE FRANCINE R. MOSLEY, M.D.'S PROPOSED PRACTICE PLAN TO WORK FOR AMCARE;**
- **TO APPROVE CASE WESTERN RESERVE UNIVERSITY'S *INTENSIVE COURSE IN CONTROLLED SUBSTANCE MANAGEMENT*, AS FULFILLING PARAGRAPH 3.E. OF JOHN RUSSELL OGDEN, M.D.'S JULY 13, 2005 CONSENT AGREEMENT;**
- **TO APPROVE PETER M. PAVLINA, M.D., TO SERVE AS JOHN CLARK POWELL, M.D.'S MONITORING PHYSICIAN, WITH TEN CHARTS REVIEWED PER MONTH;**
- **TO APPROVE: KOLLI M. PRASAD, M.D.'S PROPOSED PRACTICE PLAN TO WORK FOR PROVENA UNITED SAMARITANS MEDICAL CENTER; BRAHMAMDAM JAGANNADHARAO, M.D., TO SERVE AS DR. PRASAID'S PRIMARY MONITORING**

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PHYSICIAN AND PRASAD DEVABHAKTUNI, M.D., TO SERVE AS DR. PRASAD'S SECONDARY MONITORING PHYSICIAN;

- **TO APPROVE LAWRENCE B. ROTHSTEIN, M.D.'S REQUEST FOR A REDUCTION IN HIS DRUG SCREENS TO TWO A MONTH, AND HIS REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS;**
- **TO APPROVE GUY M. SAVA, M.D.'S REQUEST FOR A REDUCTION IN HIS DRUG SCREEN REQUIREMENT TO TWO A MONTH;**
- **TO APPROVE DAVID P. SPEARS, D.O.'S REQUESTS FOR A REDUCTION IN HIS DRUG SCREEN REQUIREMENT TO TWO A MONTH, A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS, AND DISCONTINUANCE OF NALTREXONE IMPLANTS;**
- **TO GRANT DAVID E. SUBLER, M.D.'S REQUEST FOR AN INCREASE IN HIS WORK HOURS TO 60 HOURS PER WEEK;**
- **TO GRANT WILLIAM M. WOLERY, D.P.M.'S REQUEST TO DISCONTINUE HIS PODIATRIC PRECEPTORSHIP AND TO ALLOW HIM TO PRACTICE PODIATRIC MEDICINE AND SURGERY;**
- **TO GRANT JOHN F. ZAK, D.M.D, M.D.'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE TO ONCE ANNUALLY; AND**
- **TO APPROVE LEROY J. LEFEVER, D.O., TO SERVE AS CRAIG L. BIERER, D.O.'S NEW SUPERVISING PHYSICIAN;**

DR. BUCHAN FURTHER MOVED TO APPROVE FOR LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS, THE PHYSICIAN APPLICANTS LISTED IN EXHIBIT "A", THE P.A. APPLICANTS LISTED IN EXHIBIT "B", THE ACUPUNCTURISTS LISTED IN EXHIBIT "C", AND THE P.A. UTILIZATION PLANS SUBMITTED BY THE FOLLOWING: ANDERSON MEDICAL GROUP; THE PAIN CENTER; BMH-PC/THOMAS HUNT, D.O.; AND KAMAL KHALAFI, M.D., LLC. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

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

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Ms. Sloan - aye
Dr. Davidson - aye
Dr. Steinbergh - aye

The motion carried.

Dr. Steinbergh later advised that she would like the approval of BMH-PC/Thomas Hunt, D.O.'s P.A. Utilization Plan to be contingent upon his submitting a letter indicating that the P.A. will see no more than 25 patients a day. Several Board members disagreed with making approval contingent upon that. Following a lengthy discussion, the Board indicated that this is just one of several topics that must be discussed relating to the new P.A. legislation, and would be discussed in detail by the P.A. Committee.

Dr. Egner returned to the meeting at this time.

LICENSURE

DAVID MARK STERN, M.D.

Dr. Robbins advised that the Board tabled this matter at its January 2006 meeting. He stated that he wants this matter resolved today.

MR. ALBERT MOVED TO GRANT DR. STERN A LICENSE TO PRACTICE MEDICINE AND SURGERY. DR. EGNER SECONDED THE MOTION.

Dr. Davidson stated that this is a case where a physician has not been engaged in the active practice of medicine since July 1985. She noted that the Licensure Committee discussed that the statutory language states that the Board may require such a physician to pass an oral or written examination, or both, to determine his fitness to resume practice. The statute does not require the Board to do so. The Committee reviewed Dr. Stern's application and CV and believes that he represents one of the rare people who might be offered a "may" due to his particular history. Dr. Davidson stated that the Board must make the reasons for the exception very clear.

Mr. Albert agreed. He noted that Dr. Stern has been recruited to be head of one of the most prestigious medical facilities in the state. He does not see how the Board can deny Dr. Stern a license.

Dr. Egner commented that Dr. Stern is an excellent physician with excellent credentials.

Dr. Steinbergh noted that, while Dr. Stern was Dean of the College of Medicine at the Medical College of Georgia, about 80% of his time was dedicated to issues related to the clinical faculty and health system. Dr. Steinbergh stated that a person of this level of integrity knows what he can and can't do. He's not going to expose himself to an area of clinical care that is uncomfortable to him.

Dr. Kumar stated that he understands what everyone is saying, and he doesn't disagree with the fact that

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Dr. Stern has an excellent CV. Dr. Kumar stated, however, that the Board is looking at maintenance of competence. One of the things to ensure that is to require physicians to be in some sort of clinical practice. Dr. Stern has not been in clinical practice and will now be mostly administrative, so will some physicians who are medical directors of large HMOs. Will the Board give applicants for licensure who will be working as medical director at a large HMO the same leeway? Dr. Kumar stated that he has a problem with that. There is more associated with having a license than just administrative duties. Dr. Kumar stated that the Board isn't asking Dr. Stern to take all of the examinations again. It's only asking him to pass the SPEX. Dr. Kumar stated that, if Dr. Stern is involved in teaching medical students, he should be able to take and pass an exam. Dr. Kumar stated that he thinks the Board would be bending the rules more than he would like to do.

Dr. Davidson stated that the Committee also had a long discussion about re-exploring a limited license, and all these points have been brought up. She stated that the Licensure Committee will be seeking more information regarding what other states are doing.

Mr. Albert stated that not everything is black and white. If it was, the Board wouldn't be needed. The Board is here to make decisions in the grey areas, and this is one.

Dr. Talmage stated that Dr. Kumar's statements are paradoxical. The Board has asked to have medical directors licensed so that the Board can discipline them. The Attorney General has advised that being a medical director is not the practice of medicine. The Board has been actively trying to require them to have a license so that the Board has authority over their activities.

Dr. Talmage stated that he thinks that the Board will have to deal with this question in various forms until it has a law that allows limited licenses. Dr. Talmage stated that he believes it would be to the Board's advantage to have these people licensed. If the physician then does something wrong, the Board has the authority to take some type of action.

A vote was taken on Mr. Albert's motion to grant a license:

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

The motion carried.

Mr. Browning stated that he abstained from voting on this matter in January because staff thought that he

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was a member of the Board of Trustees of the University of Cincinnati and advised him to abstain. He is not a member of that body and can therefore vote on this matter.

ADMINISTRATIVE REPORT

Mr. Whitehouse referred the Board to his **written report**, a copy of which shall be maintained in the exhibits section of this journal.

At this time, Mr. Whitehouse reviewed the list of **Agency Goals for 2006**, a copy of which shall also be maintained in the exhibits section of this journal. He noted that many of these goals are carried over from the previous year.

Addressing the Strategic Plan, Mr. Whitehouse advised that a letter has been sent to OBM, requesting the addition of nine positions that have been identified as being necessary for the strategic plan.

A brief discussion took place concerning records maintained in the Board offices. Ms. Gilbert noted that under the current records retention schedule, enforcement files need to be kept for 75 years after the death of the subject physician. The Staff will look at the schedule to see where changes can be made.

Ms. Gilbert made a presentation concerning the plans for a Standards Review & Intervention Unit to address minimal standards of care cases. She noted that the Board has indicated that it wants to see more such cases, handled more quickly than they are currently being handled. The Unit will consist of one supervisor, four nurses and one secretary. Three of the nine proposed new positions will be in this unit: The supervisor, one nurse and a secretary. The Unit would focus solely on minimal standards cases, review and intervention. It would work with medical schools to develop focused educational programs for licensees identified as needing training in specific areas. It would also work to find expert witnesses for minimal standards cases.

Ms. Wehrle reported on the activities of the Executive Staff, including: Staffing and providing administrative support for the Board's standing committees; responsibility for the Board's legislative and public policy program; drafting agency rules and performing the five-year rule review; conducting the Board's communication and public outreach programs; assisting the Executive Director and the Board in carrying out the agency goals and the strategic plan. They work as a team and provide cross-coverage for each other. Ms. Wehrle commented that she also serves as the primary media contact for the Board.

Ms. Wehrle stated that the Executive Staff is seeking the addition of two of the new positions being requested: A communications specialist, and an Executive Staff support person. The communications specialist would be a full-time position dedicated for communications issues such as dealing with the media, working on the Board's website, developing educational outreach programs, assist with publications and other types of informational services about the Board. The Executive Staff support person would help to maintain statistical information so that the Board has more up-to-date numbers on operations that will help with the metrics and performance measures. The Unit also assists Board members and staff in preparing presentations to be made to other groups. She asked Board members to contact her with any

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requests for additions to committee agendas.

REPORT BY DR. STEINBERGH ON A.A.O.E. MEETING

Dr. Steinbergh at this time reported on her attendance at the American Association of Osteopathic Examiners on January 7 and 8. She reviewed the topics contained on the **agenda**, a copy of which shall be maintained in the exhibits section of this journal.

Dr. Steinbergh indicated that one issue that was brought up at the meeting was the need for Boards to have a disaster plan in place. The Louisiana Board did not have a disaster plan in place at the time Hurricane Katrina hit, resulting in a large number of problems. Dr. Steinbergh stated that she would provide Board staff with the list of things that are necessary.

Dr. Steinbergh stated that the issue of COMLEX replacing U.S.M.L.E. as the preferred licensing examination for osteopathic physicians was also discussed.

REPORTS BY ASSIGNED COMMITTEES

EXECUTIVE COMMITTEE

Dr. Robbins advised that the Committee reviewed and recommends approval of some minor revisions to the Board's Federation attendance policy. The policy has been revised to:

- reflect that Executive staff will submit registration materials for Board members and staff attending the meeting; and
- permit flexibility in the selection of staff member(s) to attend the meeting

MR. ALBERT MOVED TO APPROVE THE REVISED POLICY ON ATTENDANCE AT THE FEDERATION'S ANNUAL MEETING. DR. KUMAR SECONDED THE MOTION. All members voted aye. The motion carried.

Dr. Robbins stated that the Committee also approved Mr. Whitehouse's attendance at the Federation's Executive Management Seminar in Chicago on March 13, and it approved the 2006 Agency Goals, earlier mentioned.

Dr. Robbins announced that the previously established Management Group, consisting of Dr. Egner, Mr. Browning, Dr. Davidson, Dr. Kumar and himself, would meet quarterly. The first meeting will take place on March 7, 2006 at 6:00 p.m.

LEGISLATIVE LIAISON & RULES COMMITTEE

Mr. Browning referred the Board to the **written report**, a copy of which shall be maintained in the exhibits section of this journal. He noted that S.B. 154, the P.A. legislation, has passed both Houses and is now

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awaiting the Governor's signature.

Mr. Browning noted that S.B. 246, an acupuncture bill, is scheduled for a second hearing. He noted that this bill would allow chiropractors with 300 hours of training to become acupuncturists. He stated that this is a lower standard, but it is being argued that, because they are chiropractors, they don't need the same number of hours required for others. Mr. Browning stated that Mr. Miller is going to attempt to get more definition of the 300 hours of training to see if there is a uniform standard.

Mr. Browning stated that Mr. Miller will be researching the issues involved in H.B. 469 and H.B. 392 for later report to the Committee and Board.

LICENSURE COMMITTEE

Dr. Robbins stated that the Committee reviewed three licensure matters.

Robert Anderson, D.O.

Dr. Robbins stated that Dr. Anderson has requested accommodations under the A.D.A. for the COMVEX. Dr. Robbins stated that the COMVEX is the osteopathic examination patterned after the SPEX. The Committee recommends granting Dr. Anderson's request.

DR. KUMAR MOVED TO APPROVE DR. ANDERSON'S REQUEST FOR DOUBLE THE TESTING TIME FOR THE COMVEX.

Dr. Kumar stated that the only concern he has is that the information provided indicates that under stressful situations Dr. Anderson has difficulty performing. Dr. Kumar wondered what kind of a health care provider Dr. Anderson will be if he has difficulty in performing in stressful situations.

Dr. Steinbergh stated that she also had some concerns. She added that she appreciates the fact that the NBOME has offered him double time for the exam. Dr. Anderson has a specific learning disability. She stated that, from the documentation the Board has, it's unclear what type of learning disability he has. She added that she doesn't feel that the educational evaluation provided includes appropriate documentation. However, if the Committee recommends granting the request, she won't disagree, although she does have some concerns. She added that if the Board is faced with licensure of this individual, she wants to know why he changed his name in 2003. Was there something there that the Board needs to know?

Dr. Robbins stated that the Committee generally asks for documentation. He referred to the letter from Barbara P. Guyer of the National Center of Higher Education for Learning Problems, who indicates that Dr. Anderson's learning disability is permanent. He has been granted double time on all exams and a separate testing room on all tests. Dr. Robbins stated that this is an expert telling the Board that Dr. Anderson has a permanent learning disability.

Dr. Steinbergh noted that Dr. Anderson's educational assessment was done by Dr. Shyla M. Ipsen, whom

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she assumes is a psychologist. She noted that Ms. Guyer lists no degree after her name, and she doesn't know what Ms. Guyer's qualifications are. It's the document from Dr. Ipsen that addresses Dr. Anderson's need for special accommodations.

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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

Niteen Andalkar, M.D.

Dr. Robbins advised that Dr. Andalkar is requesting an exemption from the U.S.M.L.E. seven-year rule. Dr. Andalkar indicates that one of the reasons he was unable to take Step 3 within the seven years was because he was in a residency and coverage problems arose for the time period he was scheduled to take the exam. Dr. Robbins stated that the Committee recommends granting the exception.

DR. STEINBERGH MOVED TO GRANT DR. ANDALKAR'S REQUEST FOR AN EXEMPTION FROM THE U.S.M.L.E. SEVEN-YEAR RULE. 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

Basma Ricaurte, M.D.

Dr. Robbins advised that Dr. Ricaurte also requested a waiver of the seven-year rule. Dr. Robbins stated that the Committee debated for a while and recommends denial of the request. As a whole, the Committee was displeased that the request for waiver came from Dr. Ricaurte's husband rather from the doctor herself. In addition, Dr. Ricaurte had plenty of time to take and pass Step 3 within the seven years; however, she failed Step 3 twice.

Dr. Buchan noted that the information provided indicates that Dr. Ricaurte had a difficult pregnancy during the seven-period. He asked whether that wouldn't give sufficient grounds to approve her request.

Dr. Egner stated that she doesn't believe that the pregnancy caused the delay in this case. The delay was caused by Dr. Ricaurte taking time off to raise her children. That's an issue the Board will see more and more. Is that a reason to get additional time? Dr. Egner stated that her personal opinion is that it's not.

Dr. Robbins stated that it's not that she didn't have the time to pass it, but she failed Step 3 twice. Had she not taken the exam for all those reasons, he might be a little more receptive, but she did have the time to take it.

Dr. Talmage stated that the argument was made that she was able to pass Step 3, once she no longer had the pressures of child rearing, pregnancy and so on because she had adequate time to study. Dr. Talmage stated that he was in favor of granting Dr. Ricaurte's request, and noted that this type of request will be made increasingly in the future. He commented that the ADA or FMLA may be addressing this in the future.

Dr. Buchan stated that he doesn't feel compelled to deny this request.

Dr. Davidson stated that the Board rules are very clear. It can explore health documentation to find good cause for going beyond the seven-year limit for passing the U.S.M.L.E. She stated that she doesn't believe that this case fits the intent of the rule. She spoke against interpreting this rule too broadly. She stated that the U.S.M.L.E. cycle is valid for seven years.

Dr. Talmage suggested that the Board would look foolish if she passed her specialty boards and it hadn't granted her a license.

Dr. Egner questioned whether she would be able to sit for the examination without a license.

Ms. Rieve stated that it depends on the specialty board. Some allow it, others don't.

Dr. Egner stated that the Board has had a lot of probationers say that they couldn't take the specialty boards because they had a restricted license.

Dr. Robbins stated that he goes back to the part where Dr. Ricaurte took Step 3 the first time prior to the

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pregnancy, right at the seven-year level. He stated that, in his mind, the pregnancy had very little to do with her March 8, 2001 failure.

Dr. Egner stated that the Committee also discussed the issue that Dr. Ricaurte didn't even write the letter to the Board requesting the exception. She thought that was very odd.

Mr. Browning stated that he abstained on this matter in Committee and will do so again because he doesn't think that the Board should even consider this request since it did not come from the applicant herself.

DR. EGNER MOVED TO DENY DR. RICAURTE'S REQUEST FOR A WAIVER OF THE SEVEN-YEAR RULE. DR. DAVIDSON 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	- abstain
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

LIMITED BRANCH & ALTERNATIVE MEDICINE COMMITTEE

Dr. Buchan stated that the Committee met with representatives from the Ohio Association of Acupuncture and Oriental Medicine (Grace Huixian Zhang, Reg. Ac., Christopher Fritz Froehlich, Reg. Ac., and Ann Driscoll, Reg. Ac.). Dr. Buchan stated that items discussed included; registration, certification and accreditation information; Acupuncture in Ohio; and the clinical practice of acupuncture. There were three issues that they wanted to present to this Board: Physician referral requirements (they would like direct access), chiropractic legislation and Chinese herbology. The group would also like the Board to appoint an advisory panel. He noted that there are currently 100 individuals licensed as acupuncturists, with 81 practicing in Ohio.

Dr. Buchan stated that the Committee also reviewed applications for Certificates of Good Standing from seven institutions and recommends approval.

DR. BUCHAN MOVED TO GRANT CERTIFICATES OF GOOD STANDING TO THE FOLLOWING LIMITED BRANCH SCHOOLS: RAINSTAR UNIVERSITY; EHOVE CAREER CENTER; DAYTON SCHOOL OF MEDICAL MASSAGE; DAYTON SCHOOL OF MEDICAL MASSAGE – LIMA; CINCINNATI SCHOOL OF MEDICAL MASSAGE; CLEVELAND INSTITUTE OF MEDICAL MASSAGE; AND COLUMBUS STATE COMMUNITY COLLEGE.

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MR. BROWNING 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

PRESCRIBING & PAIN MANAGEMENT COMMITTEE

Dr. Robbins advised that, based on Board discussion in January, the Committee reviewed a draft of a revision to Rule 4731-11-09 to deal with hospice situations. The Committee recommends approval of the draft.

MR. BROWNING MOVED TO APPROVE THE PROPOSED REVISIONS TO RULE 4731-11-09, AND TO PROCEED TO HEARING. DR. TALMAGE 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

MINIMAL STANDARDS OF CARE COMMITTEE

Dr. Kumar stated that the Committee reviewed draft rules on sexual misconduct and termination of the physician/patient relationship. He asked that Board members review the documents, which are contained in the table file materials, and contact staff with any recommended changes.

Dr. Robbins asked to move the co-management issue back to the Minimal Standards Committee. He stated

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that he and Dr. Kumar will discuss this issue and bring it back for discussion by the full Board.

Ms. Wehrle stated that the Committee is due to perform the five-year review on Rule 4731-18-01.

P.A. COMMITTEE

Dr. Talmage advised that the Committee reviewed a number of supplemental utilization plans.

Radiology Associates of Canton

Dr. Talmage stated that the Committee reviewed the above-captioned's request for its P.A.s to perform PICC line placement in adults, under ultrasound and/or fluoroscopic guidance.

DR. TALMAGE MOVED TO APPROVE RADIOLOGY ASSOCIATES OF CANTON'S REQUEST FOR ITS P.A.S TO PERFORM PICC LINE PLACEMENT IN ADULTS, UNDER ULTRASOUND AND/OR FLOUROSCOPIC GUIDANCE, IN AN OFFICE SETTING, UTILIZING 70% DIRECT AND 30% ONSITE SUPERVISION, WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM AT LEAST 25 PROCEDURES TO DETERMINE COMPETENCY. 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

Youngstown Orthopedic Associates, LTD

Dr. Talmage stated that the P.A.P.C. and the P.A. Committee recommend that this group's requests be tabled in an effort to obtain any national standards that may apply to joint aspirations and injections. He noted that the Board has not considered requests such as these in the past, and the Committee feels that it should look to some national standard if they exist.

DR. TALMAGE MOVED TO TABLE YOUNGSTOWN ORTHOPEDIC ASSOCIATES, LTD'S SUPPLEMENTAL P.A. UTILIZATION PLANS. MR. BROWNING SECONDED THE MOTION.

A vote was taken:

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Vote:

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

The motion carried.

Frederick C. Smith Clinic

Dr. Talmage stated that the Committee reviewed the Clinic's request for its P.A.s to incise and drain abscesses and recommends denial based on the fact that they discuss conscious sedation in their educational process, which is inappropriate for P.A.s to perform. There was also some concern expressed about the positioning of some abscesses, particularly in the so-called fatal triangle of the suborbital and nasal areas, as well as peri-rectal abscesses that might be interpreted as cutaneous.

MR. BROWNING MOVED TO PROPOSE TO DENY THE CLINIC'S REQUEST FOR ITS P.A.S TO INCISE AND DRAIN ABSCESSSES, BASED ON THE APPLICATION'S APPEARING TO ALLOW THE P.A. TO PERFORM OR SUPERVISE CONSCIOUS SEDATION, WHICH IS OUTSIDE THE SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS, AND TO DRAIN ABSCESSSES THAT WOULD CLEARLY BE SURGICAL PROCEDURES BEYOND THE SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS. DR. DAVIDSON 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
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage advised that the Committee recommends approval of the Clinic's request that their P.A.s perform insertion of central venous lines, conditioned upon it being limited to subclavian and external

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jugular veins only, and excluding the internal jugular veins, which was part of the educational process.

MR. BROWNING MOVED TO APPROVE THE CLINIC'S REQUEST FOR ITS P.A.S TO PERFORM INSERTION OF CENTRAL VENOUS LINES IN SUBCLAVIAN AND EXTERNAL JUGULAR VEINS ONLY, 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 NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY. DR. KUMAR 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

Mid Ohio Dermatology

Dr. Talmage stated that the Committee recommends a provisional approval of the group's request for its P.A.s performing acne surgery.

DR. TALMAGE MOVED TO APPROVE MID OHIO DERMATOLOGY'S APPLICATION FOR ITS P.A.S TO PERFORM ACNE SURGERY, 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 NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY, SUBJECT TO THEIR AGREEMENT THAT THE PROCEDURE WILL BE PERFORMED ONLY ON PATIENTS OVER EIGHT YEARS OLD, AND ONLY EVACUATION OF COMEDOS AND MILIA. DR. KUMAR 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye

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Dr. Steinbergh - aye

The motion carried.

DR. TALMAGE MOVED TO APPROVE THE GROUP'S REQUEST FOR ITS P.A.S TO PERFORM CRYOTHERAPY, IN AN OFFICE SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 40 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 40 PROCEDURES TO DETERMINE COMPETENCY. DR. DAVIDSON 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Talmage stated that the Committee recommends approving the application of light based medical devices for the purpose of hair removal, providing that the provisions of rule 4731-18-03 are followed. He stated that there have been discussions on pre-administration evaluation by a physician and post first treatment evaluation by a physician. That is covered in this rule, and warning them to obey the rule would satisfy the concerns the Board expressed in the past.

DR. KUMAR MOVED TO APPROVE THE GROUP'S REQUEST FOR ITS P.A.S TO PERFORM APPLICATION OF LIGHT BASED MEDICAL DEVICES FOR THE PURPOSE OF HAIR REMOVAL, 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 NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY, PROVIDED THAT THEY BE AWARE OF AND OBEY THE PROVISIONS OF ADMINISTRATIVE RULE 4731-18-03. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

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Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye

The motion carried.

Hans Zwart, M.D. & Associates

Dr. Talmage advised that the Committee recommends approval of both of Dr. Zwart's requests.

MR. BROWNING MOVED TO APPROVE HANZ ZWART, M.D. & ASSOCIATES' REQUEST FOR ITS P.A.S TO PERFORM: INSERTION OF CENTRAL VENOUS LINES, IN A HOSPITAL SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY; AND INSERTION OF RADIAL ARTERIAL LINES, IN A HOSPITAL SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY. DR. KUMAR 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

Far Oaks Orthopaedists, Inc.

Dr. Talmage stated that the Committee recommends approval of both requests.

DR. KUMAR MOVED TO APPROVE FAR OAKS ORTHOPAEDISTS, INC.'S REQUESTS FOR ITS P.A.S TO PERFORM: ARTHROCENTESIS OF THE KNEE JOINT, 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.

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PERFORM NO LESS THAN 30 PROCEDURES TO DETERMINE COMPETENCY; AND INJECTIONS OF THE KNEE JOINT, 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 NO LESS THAN 30 PROCEDURES TO DETERMINE COMPETENCY. 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.

SCOPE OF PRACTICE COMMITTEE

Dr. Steinbergh stated that the Committee reviewed an inquiry from a licensed massage therapist concerning the use of the "Miracle Wave" device by massage therapists to rid a patient's skin of wrinkles. The Committee reviewed a draft letter prepared by staff which denies approval for massage therapists to use this device, as it is not within the massage therapy scope of practice, and recommends sending the letter as the Board's response.

MR. BROWNING MOVED TO SEND THE LETTER PER THE COMMITTEE'S RECOMMENDATION. 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
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

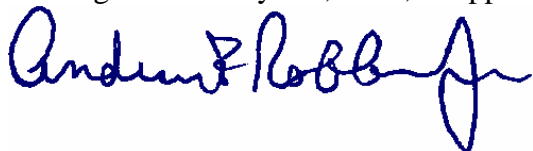
The motion carried.

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

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Thereupon at 10:23 a.m. on February 9, 2006, the February 8-9, 2006 meeting of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on February 8-9, 2006, as approved on March 8, 2006.



Andrew F. Robbins, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)

