

April 1, 2003

MINUTES

THE STATE MEDICAL BOARD OF OHIO

April 1, 2003

R. Gregory Browning, Ph.D., President, called the meeting to order at 2:30 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: Lance A. Talmage, Sr., M.D., Vice-President; Anand G. Garg, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Anant R. Bhati, M.D.; Pitambar Somani, M.D.; Anquetette Sloan; Patricia J. Davidson, M.D.; Ronald C. Agresta, M.D.; and Anita M. Steinbergh, D.O. The following did not attend the meeting: David S. Buchan, D.P.M.

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

EXECUTIVE SESSION

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

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

ANESTHESIOLOGIST ASSISTANT RULES

Mr. Browning referred to Mr. Wayda's memorandum of March 22, 2003. Materials distributed at this time included a letter from C. David Paragas, from the law firm of Benesch, Friedlander, Coplan & Aronoff LLP, pertaining to the rules, and a memorandum from Mr. Wayda, with several letters attached. Copies of these documents shall be maintained in the exhibits section of this journal. Mr. Browning stated that this involves an issue of concern needing the Board's attention. He noted that Mr. Paragas is present, and is welcome to address the Board on this subject.

Mr. Paragas stated that he is general counsel and legislative counsel for the Ohio Academy of Anesthesiologist Assistants (OAAA), and is also general counsel for the American Academy of Anesthesiologist Assistants (AAAA). He stated that he has not prepared formal written remarks today, but he would be happy to summarize his remarks in written form after the meeting.

Mr. Paragas stated that he is present to ask the Board to try to resolve OAAA's disputes with various parties on the proposed rules. As many are aware, the OAAA took this issue to the Joint Commission on Agency Rule Review (JCARR), and several of the members of JCARR agreed, in part, that the context in which the rules were prepared as they specifically relate to brachial lines, regional anesthesia and medically invasive monitoring techniques were inconsistent with legislative intent. Mr. Paragas added, however, that there was not unanimous opposition to the rules. He added that he would be naïve to suggest that OAAA would be successful before JCARR if the rule was taken back without some minor modifications.

Mr. Paragas advised that at this time he is asking that the Board continue the A.A. Advisory Committee so that, if the parties (the Ohio Society of Anesthesiologists [OSA] and the OAAA) can come to conclusions in a joint form, they can bring recommendations to the Board so that the Board can consider a scope of practice modified from that which is proposed today. Mr. Paragas stated that the OAAA feels very strongly that, in light of the most recent publication by the American Society of Anesthesiologists (ASA) on Anesthesiologist Assistants (A.A.s), that there is some room to negotiate. Mr. Paragas stated that the process worked very well. It was a very open process, and deliberative, meaningful testimony was taken by the A.A. Advisory Committee. Mr. Paragas indicated that he believes that the issues can be resolved once and for all.

Mr. Paragas continued that the statute is a funny thing. You can argue all day long about the definition of the word, "assist." Not all agree that "assist" does not mean "perform." It's something in between. It's clear that the prohibitive language of the proposed rules is very different from OAAA's opinion. With some work with the OSA, the OAAA feels that they can come to some conclusions.

Dr. Talmage stated that he's reminded of a very recent political situation in which people had a chance to debate things for a long time. Finally, what more is there to debate? What is new that hasn't been discussed for the last year and a half?

Mr. Paragas stated that that is a fair question. In light of the most recent publication by the national association, the ASA clearly is favorable to A.A.s and their scope of practice. He's here as the general

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counsel of the AAAA because what is done here today, and what is done here on all the rules, has a national perspective. The AAAA is looking at legislation in various states across the country, and they're all looking to Ohio. It's unfortunate that, if it was the intent of the General Assembly to prohibit, they did not use more precise language.

Dr. Steinbergh referred to Mr. Paragas' March 19, 2003 letter to the Executive Director of JCARR, noting that that it states, "(s)urely the legislature would not have required students to have successfully completed clinical training if it meant to prohibit them from performing these procedures." Dr. Steinbergh stated that the program of education was developed, not by the Legislature and not by anyone else, except for the educators who started the school. They designed the program, they put the students in the program, and they then allowed them to practice in a way that, until 1999, was not approved by the State. The Legislature was not designing the program. It was not saying, "we want you to study this so that you can do this." This program was set up to educate people. These people were put into the school and then they were allowed to do what Mr. Paragas calls the scope of practice, but which is not the scope of practice until the Board designs the rules. Dr. Steinbergh stated that she doesn't think that Mr. Paragas' statement in the letter was a true statement. She doesn't think that the legislators meant to imply that they had to develop this level of clinical training. The rules weren't set yet. No one had addressed the issue.

Mr. Paragas stated that he understands Dr. Steinbergh's position.

Dr. Steinbergh continued that the other thing that she wants to comment on is a letter dated February 4 from the OAAA to Mr. Browning from Deborah Lawson. It indicates that "most anesthetics by this country are delivered by the anesthesia care team and have been for decades. The underlying principle of this practice is the gold standard of specialist physician involvement and knowledgeable specialty trained midlevel practitioners (A.A.s, nurse anesthetists, and anesthesia residents)." Dr. Steinbergh stated that she would like to correct that statement because anesthesia residents are not midlevel practitioners. They are physicians who have graduated from medical school, have been through postgraduate training a certain number of years, and are either fully licensed in this state or have training certificates. She stated that she would like to correct the concept that they would be midlevel providers.

Mr. Paragas stated that, as it relates to the training that was required by statute, that's a reflection of how the training had evolved over the 30 years that A.A.s were trained, both at the Case Western Reserve and Emory medical school programs. While it was not at its inception a program designed by the General Assembly, it certainly was a reflection of what had evolved over the 30 years of their practice. Mr. Paragas suggested that that is a reflection of what happened over 30 years.

Mr. Paragas stated that, with respect to Ms. Lawson's statements, he will not try to speak for her. He noted that she is present, if the Board wishes to ask her specifically what she meant. He added that he thought the quote might be taken out of context.

Mr. Browning stated that this subject is being reopened in large part because of the Board's understanding that there is consensus on one issue relative to changing these rules. He asked Mr. Paragas to comment on that issue, as it relates specifically to brachial lines.

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Mr. Paragas stated that it is his opinion that recommendations were put forth by the A.A. Advisory Committee as it relates to invasive monitoring techniques. Ample data was submitted in both public testimony and to the Advisory Committee to suggest that brachial cannulation was not an invasive monitoring technique that could not be performed by A.A.s. At the last minute an amendment was included in the Proposed Rules that made it so. They are seeking an amendment to the Proposed Rules. Mr. Paragas stated that it is his understanding that there is agreement on that sole issue. There are still issues upon which the various groups differ, but on this they are in agreement.

Dr. Bhati referred to the February 24 letter from former Senator Grace Drake to the Executive Director of JCARR, which explains the intent of the Legislation she sponsored. It's very clear from that letter that the Proposed Rules that the Board moved to file are in line with Senator Drake's intent.

Mr. Browning asked Ron Harter, M.D., to comment on the consensus point.

Dr. Harter stated that, speaking specifically to the brachial artery cannulation issue, and having served on the A.A. Advisory Committee, there was literature that included a fairly extensive study from the Cleveland Clinic in the early 1990s that demonstrated that, with a fairly large number of patients, outcome was no different whether brachial or arterial lines were cannulated. Based on that, OSA leadership felt it was reasonable to include brachial with the other arterial lines. Allowing it as a permitted procedure would be consistent with OSA's stance on this issue. It is not a new position.

Dr. Egner stated that two members of JCARR have asked the Board to review the A.A. rules. She thinks that there are a couple of concerns to consider. The Board does have the letter from Grace Drake, talking about her intent, but it also has letters from Representative Kearns and Senator Spada that talks about a different intent. The Board has to weigh those accordingly. The letters from Representative Kearns and Senator Spada are twofold: first, the intent of SB 278 was to permit A.A.s to perform regional anesthesia and invasive monitoring techniques; and, second, that as a policy there is no reason to restrict A.A.s from performing brachial procedures. Dr. Egner stated that she agrees with the discussion about the brachial procedures. The Advisory Committee talked about this issue through the long months of the A.A. Advisory Committee, and brachial procedures were never an issue for either side. The Board should come to some resolution about this today.

Dr. Egner stated that, regarding the issue of the Board's statutory authority, it has never been her contention that the Board does not have the authority under the language of the statute and the rulemaking authority contained in Chapter 4760 to authorize a limited scope of practice for A.A.s. To the contrary, the Board has maintained, as advised by Mr. Dilling, that the language of the statute is such that the Board does have the authority to select any of the three options presented by the Advisory Committee. Dr. Egner added that it's important to understand that the Board was not cavalier regarding this issue. There were many hours of discussion and consultation that led the Board to the conviction that it had the authority necessary to promulgate these rules.

Dr. Egner again referred to brachial procedures, advising that there was no testimony given that it would in any way threaten patient safety. Dr. Egner stated that the Board should take the opportunity to return brachials to the proposed A.A. scope of practice.

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Dr. Egner stated that whatever the Board ultimately decides, these decisions are not final for all time. These are rules, and the Board has the authority to review and amend its rules as it sees fit. If any of the interested parties are not satisfied with the rules in the form in which they ultimately become effective, they should gather evidence to make their case and come back to the Board. She stated that the statute requires the schools to teach A.A.s epidurals and spinal, and she believes that the A.A.s can gather data on that. Just as the Board did with the pain rules, it had a committee to review the rules at 12 and 18 months after they went into effect to determine how they were being received in the community, and whether they were effective. The Board could do the same again through the recalling of the A.A. Advisory Committee or the constitution of another body. She stated that she would be happy to entertain such a petition.

Dr. Somani stated that Mr. Paragas advised that he would like to have more time for the two parties to come to some consensus, but the Board didn't hear from the other party that such a time frame would allow them to reach a consensus. He asked Dr. Harter whether he had any response to what was just heard.

Dr. Harter stated that the OSA has been consistent on its stance on this. He added that it was pretty evident to him that, at least at this time, there are things on which the different groups are not going to reach consensus. He stated that he appreciates Dr. Egner's comments, and he believes that the current and future leadership of the OSA will be very receptive to good data that is compelling and demonstrates that there is equivalent performance in perhaps one or more of the tasks that are currently being excluded. He stated that he doesn't see this as being the final chapter. He is the fourth president of the OSA since this initially came forward with SB 278. He and the other leaders of the Society have been consistently in favor of a more limited scope at this time.

Dr. Somani stated that that's what he wanted to clarify. There may not be any benefit in delaying the process and task before the Board if there is no possibility of a different outcome at this time.

Mr. Paragas stated that he's not suggesting that the rules should not go forward with the amendment on brachial lines. He's only suggesting that the A.A. Advisory Committee retain jurisdiction for an additional 90 days so that if there is some type of consensus between the two organizations, they would have a forum to bring it back to the Board. He believes that the Advisory Committee is a body that heard testimony for almost 18 months and he believes that it can fairly evaluate the wisdom of what they might conclude.

DR. TALMAGE MOVED THAT, BASED UPON THE DISCUSSION AND TESTIMONY HEARD TODAY, THE BOARD REFILE THE PROPOSED ANESTHESIOLOGIST ASSISTANT RULES AS FOLLOWS: OPTION A, EXCEPT THAT THE TERM "BRACHIAL" WILL BE INCLUDED IN THE LAST SENTENCE OF PARAGRAPH A OF PROPOSED RULE 4731-24-04.

Dr. Talmage stated that that sentence would then read:

"For purposes of this chapter of the Administrative Code, 'invasive medically accepted monitoring techniques' means pulmonary artery catheterization, central venous catheterization, and all forms of arterial catheterization with the exception of brachial, radial and dorsalis pedis cannulation."

DR. AGRESTA SECONDED THE MOTION.

Dr. Steinbergh referred to Mr. Paragas' March 19 letter, noting that it indicates that the anesthesiologist should be the one to decide what the A.A. can do in assisting in these procedures. She stated that she was a dissenting vote on the Board because she was more willing to accept the anesthesia care team and the concept of it, but the Board is obligated to define the scope of practice. This Board overwhelmingly said what it felt was the appropriate scope of practice for A.A.s. She stated that she thinks the Board clearly got the message from Dr. Harter in his several letters about how his organization feels. He was very articulate, and the Board very much attaches to his concepts and his concerns that anesthesiologists, who are the best trained to do these procedures, be the ones to do them.

Dr. Davidson spoke in favor of the amendment, but against continuing the Advisory Committee. She stated that she feels that that group has done what it can do. They've looked across the table at each other for many months. What would be more productive would be to reconstitute a new group down the line, maybe in the model of the pain rules, where a planned consensus group in a year was asked to look at the outcome, success or impact of the rules. She felt that that was a useful exercise.

Dr. Bhati agreed that it was.

Dr. Garg stated that he made the motion to exclude brachial punctures in February. This was not a last-minute decision. It was discussed over the years. Prior to the hearings, when the Board initially moved to go with option A, one of the Board members questioned brachials, noting that they were not addressed in the motion. It was decided then that, with the vote already taken, it could be handled after the hearing when it comes to the Board for a final vote. That is the reason he made his motion in February. Dr. Garg continued that he did not attend all of the hearings, so he does not know how much testimony was taken on this point, but he had concerns, and, because of previous discussions, it was added.

Dr. Garg stated that he also raised the question about what the intent of the legislation was, and was told that "intent" didn't matter, what is written in the law does. Now the Board has two interpretations on what "intent" means: one from the former Senator who sponsored the legislation, and one from another Senator who interprets it differently.

Mr. Dilling stated that, to clarify the "intent" part, both Representative Kearns and Senator Spada both had a significant role to play in this Legislation. It was voted on by the entire legislature. The Board doesn't have legislative intent as something upon which the Board can rely in court. What the Board has before it are materials that give the Board opinions from different individuals. The Board has had a lot of material before it for the last year and a half. All of that material, rolled into one, gives the Board the basis on which to formulate these rules. He will stick by his statement that the Board has the legal authority to choose any of the three options it was presented.

Dr. Garg stated that the Board isn't making a decision on intent. It was only addressed because it has come through these two letters. On the other hand, he supposes that it does matter. He does not agree that the present laws can be interpreted as Representative Kearns has interpreted.

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Mr. Dilling stated that words are inexact to a degree. The rules attempt to clarify the words in the statutes. The word, “assist,” is in the statute, but the word, “perform” is in the very same paragraph. How that’s interpreted is up to the Board. The rules will be reviewed by JCARR.

Mr. Dilling noted that Dr. Egner stated that the groups could come back to the Board for change, but he advised that they could also go to the State Legislature. If they want the statute changed, they have to go to their state legislators and ask to change the statute. As far as what the Board can do, it can do rules within its authority.

Mr. Albert stated that he didn’t think the Board was here to rehash everything that went on last month, but to reaffirm option A with the addition to allow A.A.s to do brachial procedures since the A.A.s and the OSA have agreed that that would be acceptable.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

ADMINISTRATIVE REPORT

At this time Mr. Dilling presented a “5 year pin” to Sandra R. London, Secretary to the Administrative Hearing Unit, celebrating her five years of state service.

PRESENTATION BY MESSAGE THERAPY EXAMINATION EVALUATION AND PREPARATION COMMITTEE

Mr. Dilling stated that the members of the M.T. Examination Evaluation and Preparation Committee have been invited to describe the process they have used over the past four exam cycles to assist the Board in improving the examination process and the process they go through each exam cycle to prepare and perfect the examination. He at this time introduced the following: Beth Wismar, Ph.D., former professor of anatomy at Ohio State University; Virginia A. Wemmerus, Ph.D., L.M.T., with a background in industrial and organizational psychology; and Katherine C. Warner, L.M.T., who has an M.A. in education, and specializes in curricular design.

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Ms. Warner addressed the history of the examination, where the examination was when the Committee first began its work, and where the examination is now, after years of laboriously fine-tuning each question.

Ms. Wemmerus discussed how she uses psychometrics to evaluate the validity of each question, and the examination as a whole.

Ms. Wismar explained her background in teaching medical students, and the positive aspects of working with Ms. Wemmerus and Ms. Warner. She advised that the examination has improved from the early days of massage licensure. She added that the Board can be assured that the test is as good as it can be.

FEDERATION OF STATE MEDICAL BOARDS (FSMB) ANNUAL MEETING

Mr. Dilling stated that three resolutions will be voted on at the House of Delegates meeting on Saturday, April 12. The first is one introduced by the Oregon and Pennsylvania Boards that the Federation develop a process for review of its policies on the treatment of pain and consider whether its *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* might be strengthened in light of new medical insights during the past five years, particularly focusing on issues surrounding the under-treatment of pain. Mr. Dilling stated that the FSMB Board of Directors has recommended approval of this resolution.

Dr. Agresta stated that it's a good idea to revisit that issue. He advised that he will be giving a presentation on a similar issue to the American College of Physicians in San Diego the weekend of April 4. He will do reports on some high-profile cases from around the country relating to discipline for the under-treatment of individuals in pain. Basically, they're trying to get the message across that physicians don't have to be afraid of treating pain properly as long as they examine the patients and keep good records. There's still this myth out there that medical boards are going to swoop into your office and take your license away from you if you prescribe controlled substances. The Federation has statistics to show that disciplining people for this particular problem is very low.

Dr. Somani stated that this is also being driven by Oregon because there is an increasing number of physician-assisted suicides there, mostly because of pain.

Mr. Dilling stated that that's part of it, but he believes that part of it is the backlash against boards, the DEA and others for threatening physicians for prescribing too much. That's always been one of the reasons given. Now there are certain people who think that, if they push the other end of the envelope, boards and so forth are going to be forced to back off the person who then comes in and says that the patient is crying out in pain and he had to give the patient a prescription. Mr. Dilling stated that it's a little bit dangerous to a degree. What the resolution is suggesting is that the Federation explore what it is to under-treat pain. He doesn't feel that that's necessarily a bad idea.

Dr. Somani stated that the Board needs to know why physicians still don't appropriately treat pain. If the resolution is to re-examine the Board position, promoting the better treatment of pain, it's appropriate. He would still like to see what has happened as a response to what Ohio has done.

Dr. Steinbergh spoke in support of the resolution. She stated that, as a family physician, she still gets a lot

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of complaints of pain from her patients. Some are legitimate, but she has some concern about others. She remarked that physicians are to do no harm. Sometimes prescribing medication is an easy thing to do, but it's not always the right answer. If pain is presented to physicians with certain patterns that make sense, physicians should have no problems with prescribing. Sometimes the pain just doesn't follow a normal pattern or a normal picture and there's a real question about the legitimacy of it. Regardless of how easy or hard it is to prescribe, an appropriate physician has to question all of that.

DR. STEINBERGH MOVED TO SUPPORT THE RESOLUTION. DR. SOMANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Mr. Dilling noted that the second resolution is Ohio's, and it relates to the Federation's fostering cooperation between FCVS and ECFMG to expedite licensure.

DR. STEINBERGH MOVED TO SUPPORT THE RESOLUTION. DR. SOMANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Mr. Dilling advised that the third resolution is from Oklahoma, and directs the Federation to approve a policy statement and establish a standing workgroup of physicians and staff to assist state medical boards

in addressing scope of practice expansion of non-physicians. He advised that scope of practice expansion is a topic this Board has addressed, and he recommended supporting the resolution.

Dr. Somani commented that this is an issue that keeps coming up, especially in light of discussions about closing positions in medical schools.

Dr. Agresta stated that one of the program directors from the University of Miami said that they're predicting that within the next two to three years there will be pediatrics and family practice slots open because they don't have enough people to fill these slots anymore.

Dr. Garg stated that the curve has moved. They were going into family care and now they're going into specialties again.

Dr. Agresta stated that the point is that there aren't enough physicians to fill those spots. Contrary to what the government has said, there are not enough physicians.

Dr. Steinbergh suggested that there's no point for a physician to go into family practice if the scope of practice is being held by nurses and P.A.s.

Dr. Somani stated that, while the Board can support examining scopes of practice, this is a much broader issue. The question is, should the medical boards alone look into it, or should it also be examined by other interested parties.

Dr. Agresta stated that the idea is that, if such a committee is established, outside people would be included.

Dr. Somani stated that there are two issues here. One is the scope of practice of different professions, and how these groups are coming to medical boards saying that they should be allowed to practice medicine. The second issue is that they're going to legislators to allow them to do more and more because somewhere along the line there is a difficulty in finding an appropriate number of physicians.

Dr. Bhati stated that nurse practitioners were supposed to go into rural areas to practice, but 95% are in metropolitan areas. He doesn't think that the right people are in the right places.

Dr. Steinbergh asked whether the Federation Board of Directors supported this resolution, and whether the cost is in line with other larger issues taken on by the Federation.

Dr. Agresta stated that a similar resolution came up a few years ago. The Board of Directors didn't want to get involved with it and chose to stay out of it. Then the issue came back up again, and he feels that the Board will have to look at this in a different manner. The Board of Directors has not yet made up its mind on whether or not to support this.

Dr. Garg stated that, if the resolution is a good one, it shouldn't matter what the Board of Directors decides on the issue.

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Dr. Agresta stated that if the House of Delegates approves the resolution, the Board of Directors will follow through. Concerning the cost of the resolution, it is in line. Dr. Agresta stated that he would personally support the resolution.

DR. GARG MOVED TO SUPPORT THE RESOLUTION. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- nay
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Mr. Dilling stated that, concerning the election to Federation office, Harold Sauer, M.D., from Michigan has been reappointed to the Michigan Board. Although Dr. Sauer is not on the ballot for re-election to the Board of Directors, he has asked Ohio to support him in a write-in vote. Mr. Dilling commented that Dr. Sauer is a very valuable member of the Board of Directors.

Dr. Steinbergh agreed with Mr. Dilling and stated that the Board needs to support Dr. Sauer. She added that the Board has also agreed to support Daniel B. Kimball, Jr., M.D., from Pennsylvania. She noted that the Board has three votes in this election.

Mr. Dilling stated that the Board has looked for diversity amongst the Board of Directors, and he spoke in support of Regina M. Benjamin, M.D., from Alabama.

Dr. Steinbergh stated that she believes that Dr. Benjamin will get a lot of support.

Mr. Dilling commented that Ohio will be supporting Dr. Somani for the Editorial Committee.

Following discussion, the Board indicated that it would support Dr. Sauer, Dr. Kimball and Dr. Benjamin in the elections.

ADMINISTRATIVE REPORT

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

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

Thereupon at 4:50 p.m. the April 1, 2003 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 April 1, 2003, as approved on May 14, 2003.



R. Gregory Browning, President



Anand G. Garg, M.D., Secretary

(SEAL)



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MINUTES

THE STATE MEDICAL BOARD OF OHIO

April 2, 2003

R. Gregory Browning, Ph.D., President, called the meeting to order at 9:00 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: Lance A. Talmage, Sr., M.D., Vice-President; Anand G. Garg, M.D., Secretary; Raymond J. Albert, Supervising Member; Anant R. Bhati, M.D.; Pitambar Somani, M.D.; Anquetette Sloan; Patricia J. Davidson, M.D.; Ronald C. Agresta, 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: David S. Buchan, D.P.M.

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

MINUTES REVIEW

MR. ALBERT MOVED TO APPROVE THE MINUTES OF MARCH 12-13, 2003.

DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Egner joined the meeting at this time.

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REPORTS AND RECOMMENDATIONS

Mr. Browning announced that the Board would now consider the findings and orders appearing on the Board's agenda.

Mr. Browning asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Ireneo T. Cadsawan, M.D.; Karen M. Paradies, M.D.; Barry J. Politi, M.D.; and Guy M. Sava, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye
	Mr. Browning	- aye

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

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Mr. Browning	- aye

Mr. Browning 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.

Mr. Browning 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

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Board members present.

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

IRENEO T. CADSAWAN, M.D.

Mr. Browning directed the Board's attention to the matter of Ireneo T. Cadsawan, M.D. He advised that no objections were filed to Hearing Examiner Murphy's Report and Recommendation.

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

Dr. Cadsawan did not appear at the meeting, but, instead, was represented by his attorney, Patrick M. McLaughlin. Mr. McLaughlin advised that Dr. Cadsawan is in Florida on a long-planned visit with his grandchildren, and could not appear before the Board today. He asked that Mr. McLaughlin appear in his place since this matter is very important to him.

Mr. McLaughlin urged the Board to adopt the Hearing Examiner's Report and Recommendation as to the Findings, Conclusions and Proposed Order of the Hearing Examiner. As the Board's Disciplinary Guidelines indicate, the Board recognizes that there are unique sets of circumstances that merit individual consideration by the Board. This case defines why the Board appropriately views each case on its own merits.

Mr. McLaughlin stated that, as the Hearing Examiner pointed out and as the record demonstrates through the testimony of Dr. Cadsawan and the exhibits presented by the State, the following mitigating factors apply: the absence of a prior disciplinary record; the absence of a dishonest or selfish motive; it was an isolated incident unlikely to recur; and there was full and free disclosure to the Board and to the State Auditors when his practice was audited. In addition, when investigators from the State of Ohio came to his home to interview him, he freely and fully disclosed his conduct and did not conceal anything.

Mr. McLaughlin stated that Dr. Cadsawan made restitution in the sum of \$86,000 to the State of Ohio. This was made prior to his indictment in Franklin County. The record demonstrates that Dr. Cadsawan is remorseful. There was an absence of adverse impact on others; there was no harm to any patients. Indeed, the record reflects that there was no impact on the quality of patient care. Rather, this was a situation where there was a slight up-coding of services rendered, which, of course, increased the amount of money coming into the clinic. In addition, there was an absence of willful or reckless misconduct on the part of the doctor. Mr. McLaughlin stated that all of the significant mitigating factors apply to Dr. Cadsawan.

Mr. McLaughlin referred to the following question in the hearing transcript: "Doctor, why is your medical license important to you." Dr. Cadsawan replied:

"All my life medicine is my life. Ever since I graduated from medical school, this has been my passion, my life, to serve people. Even though I am retired now for two years, I still would like to keep my license for a couple of reasons: 1. I'd like to keep my

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reputation intact in the community, because I think I have been a very good citizen of the State of Ohio, and I have been a very good physician in my own area, and I like this reputation to remain intact. 2. I like to do some volunteer work in the free clinic, but I cannot do it if I have no license. I try to talk to some people in Florida, say I like to work here and work with you in the clinic. They say first of all we could get like a special permit, but you have to have a valid license to show us. So I couldn't do any volunteer work that way.

The other reason is, I have to be honest with you, my retirement fund has been devastated in the stock market. I lost more than 50% of my retirement fund. It is possible, if the stock market doesn't get any better, I may have to look for maybe a part-time job, maybe eight, twelve hours a week at a clinic like that just to survive. Those are the reasons for wanting to keep my license."

Mr. Browning advised Mr. McLaughlin that he had another minute to complete his statement.

Mr. McLaughlin stated that Dr. Cadsawan was very forthcoming, and they believe that he is the perfect reason why the Board considers the unique sets of circumstances which merit individual consideration. Mr. McLaughlin asked that the Board adopt the excellent Report and Recommendation of Ms. Murphy in its entirety.

Mr. Browning asked whether the Assistant Attorney General wished to respond.

Mr. Wilcox agreed that Dr. Cadsawan was very forthright at hearing. He did answer all of Mr. Wilcox's questions regarding his felony conviction in this matter. Mr. Wilcox stated that he doesn't have a specific position regarding the proposed six-month suspension, but would defer to the Board's judgment in this matter.

DR. BHATI MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF IRENEO T. CADSAWAN, M.D. DR. AGRESTA SECONDED THE MOTION.

Mr. Browning stated that he would now entertain discussion in the above matter.

Dr. Somani stated that, when he read through this case, he had full empathy for Dr. Cadsawan because Dr. Cadsawan was trying to provide care to the poor in an area of Cleveland where it's not easy to get access to care. He started up-coding because of financial concerns. Dr. Somani stated that the problem he has with this case is that, no matter how much desire you have to increase your income, you must be concerned about the actions that you take. As a physician, one must be fully aware of the results of any action. It is appropriate that the Court did deliberate Dr. Cadsawan's situation. It was nice of Dr. Cadsawan to repay the payments received from Medicaid.

Dr. Somani stated that the problem he is faced with is that the Board must be sure that the message gets out to medical colleagues that this type of temptation cannot be accepted without consequences. No matter

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how noble the cause, it is difficult for the Board to condone any illegal activity, and up-coding is one of those. A lot of people may be tempted to up-code, but only a few may face the consequences. It's not easy to find out who is doing this kind of fraud and to prosecute. Fortunately, Dr. Cadsawan has been highly cooperative. Dr. Somani stated that the Proposed Order of a six-month suspension is appropriate in this case. Dr. Cadsawan has indicated that he is willing to accept that Order. Dr. Somani stated that, no matter what the Board does, Dr. Cadsawan's request for maintaining his reputation cannot be part of the Board Order because Dr. Cadsawan stands convicted in court.

Dr. Steinbergh stated that, in cases of Medicaid fraud, the Board has done a number of things, including permanent revocation. One cannot make an ethical decision and do this. The decision to up-code is a highly unethical one. If Dr. Cadsawan was concerned about closing this clinic, there were other avenues he could have taken to prevent it, including talking to the Department of Human Services, etc., depending upon the need for this clinic. Dr. Cadsawan was convicted of a felony, and she believes that the language in the Proposed Order should be stronger.

DR. STEINBERGH MOVED TO AMEND THE PROPOSED ORDER TO INCLUDE A PERMANENT REVOCATION, WITH A STAY OF THE REVOCATION, AND A SUSPENSION OF 12 MONTHS.

Dr. Steinbergh stated that she doesn't think a six-month suspension is sufficient. Dr. Steinbergh stated that she appreciates Dr. Cadsawan's willingness to be honest with the Board, but he has been convicted of Medicaid fraud, and that is something the Board should not take lightly.

DR. BHATI SECONDED DR. STEINBERGH'S MOTION.

Dr. Bhati stated that the Board has, in the past, permanently revoked licenses on these cases. There were mitigating circumstances in this case, and it was a single incident, but at the same time Dr. Cadsawan committed the felony of Medicaid fraud. One year suspension is very reasonable.

Dr. Talmage stated that he would not have any problem with the stayed revocation. He does believe that a six-month suspension is adequate. It's a lesson that will prevent Dr. Cadsawan from practicing in a free clinic. By including a stayed revocation, on paper at least, it allows other people to look at it and realize that there was a serious infraction. A year's suspension in this situation won't serve any useful purpose. He doesn't believe that it makes the lesson any harsher. It does keep him from working in a free clinic if he would do that.

Dr. Somani stated that in cases like this the Board has always required an ethics course so that the physician fully appreciates the consequences.

Dr. Steinbergh stated that the Board could add some probationary terms that could include an ethics course, should it feel that probationary terms would be appropriate. Dr. Steinbergh stated that, in terms of being consistent in Board orders for these types of cases, the Board has seen cases similar to this one where it has suspended a license for a year. There have been cases with less up-coding where the Board has permanently revoked licenses. One of the mitigating circumstances is that, although the Board doesn't see

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Dr. Cadsawan before it today, he does appear to understand the Board's concerns and was willing to cooperate. Dr. Steinbergh stated that a six-month suspension is not long enough for Medicaid fraud, which is a very serious issue. This is not something that the Board should take lightly.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- nay
	Dr. Talmage	- nay
	Dr. Bhati	- aye
	Dr. Somani	- nay
	Ms. Sloan	- aye
	Dr. Davidson	- nay
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye
	Mr. Browning	- aye

The motion carried.

Dr. Steinbergh stated that her amendment was for a twelve-month suspension. The question is whether there should be probationary terms attached.

Dr. Somani stated that if the Board does take this route, it still doesn't know if the amended motion will pass.

DR. SOMANI MOVED TO REQUIRE DR. CADSAWAN TO COMPLETE AN ETHICS COURSE, APPROVED IN ADVANCE BY THE BOARD, PRIOR TO REINSTATEMENT OF HIS LICENSE. DR. TALMAGE SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- nay
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- nay
	Dr. Agresta	- nay
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

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

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FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF IRENEO T. CADSAWAN, M.D. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- nay
	Dr. Talmage	- nay
	Dr. Bhati	- aye
	Dr. Somani	- nay
	Ms. Sloan	- aye
	Dr. Davidson	- nay
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion failed.

DR. SOMANI MOVED TO AMEND THE PERIOD OF SUSPENSION IN THE AMENDED ORDER TO SIX MONTHS' SUSPENSION. DR. TALMAGE SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- nay
	Dr. Somani	- aye
	Ms. Sloan	- nay
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- nay
	Mr. Browning	- aye

The motion carried.

DR. SOMANI MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF IRENEO T. CADSAWAN, M.D. DR. TALMAGE SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- nay
	Dr. Somani	- aye
	Ms. Sloan	- nay

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

The motion carried.

KAREN M. PARADIES, M.D.

Mr. Browning directed the Board's attention to the matter of Karen M. Paradies, M.D. He advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

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

Dr. Paradies thanked the Board for the opportunity to be heard. She stated that she has a serious problem with alcohol and drug dependence, adding that it is a problem that takes paramount importance that she needs to address before she can be a good doctor, a good mother and a human being of whom she can be proud. She's done things while under the influence which horrify her. Dr. Paradies stated that she knows that, when she's sober, she can do great things. She can make great contributions to the field of psychiatry and be a good role model for other physicians. When she's drinking or using drugs, all of that goes away.

Dr. Paradies stated that she understands that having a license to practice medicine is a privilege. She stated that she hopes that the Board sees fit to give her an opportunity to establish a period of monitored sobriety so that she can someday return to the practice of medicine. She stated that she feels that she has a lot to contribute to patient care and to the field, but she must first show that she can maintain sobriety.

Dr. Paradies stated that in the past she has had extended sobriety, but she has never been involved in support programs such as A.A. or N.A. She pretty much did it on her own. Looking back, a big part of her relapse was that she didn't have the support she needed when she had a personal crisis. At this time she has an excellent support network, which she believes will continue to grow as she begins to know more people in the fellowship of A.A. and N.A., and in her aftercare. Dr. Paradies stated that it is critical for her to have this support network to maintain prolonged sobriety.

Mr. Browning asked whether the Assistant Attorney General wished to respond.

Ms. Albers stated that the Hearing Examiner did an excellent job in setting forth the evidence in this case. She added that this is a very sad case, but, as the Hearing Examiner said, Dr. Paradies' conduct while impaired was appalling. She has two convictions for endangering her child while she was under the influence. Ms. Albers stated that, while she supports the Report and Recommendation, she's not sure that the Proposed Order with the 18-month suspension addresses the seriousness of her conduct while she was impaired.

DR. AGRESTA MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED

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FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF KAREN M. PARADIES, M.D. DR. STEINBERGH SECONDED THE MOTION.

Mr. Browning stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that this is an appalling case. It shows such a serious case of impairment that she feels that the Proposed Order needs to be stronger. Dr. Paradies' attorney points out that this is Dr. Paradies' first contact with the State Medical Board. Dr. Steinbergh indicated that that's a shame because this person has been so severely impaired that she goes beyond the point where the Board likes to see someone coming before it for the first time.

Dr. Steinbergh stated that, being consistent with impairment cases of this kind, where Dr. Paradies actually put her child in danger and has been convicted of that, she would amend the Proposed Order.

DR. STEINBERGH MOVED TO AMEND PARAGRAPH A OF THE PROPOSED ORDER IN THE MATTER OF KAREN M. PARADIES, M.D., TO INCLUDE A PERMANENT REVOCATION, WITH A STAY OF THAT REVOCATION. DR. SOMANI SECONDED THE MOTION.

Dr. Steinbergh stated that she does not want the suspension period to be retroactive, as requested by Dr. Paradies' attorney. She stated that she feels that Dr. Paradies needs to be totally out of practice for a period of at least two years. Making the 18-month suspension effective as noted in the Order is appropriate.

Dr. Somani stated that, when he reviewed this case, he had the same feelings. Here is a person who has been impaired since 1995, with relapse after relapse. In a case such as this, after three or four relapses, the Board would take the license away. There is no question that this is a serious impairment. The Board can give her one chance because this is the first time it appears that she is engaging in the rehabilitation process. This should be a clear message to Dr. Paradies that this is the last chance. She should do everything possible to reform herself, get treatment, take two years to get sober. There should be monitoring in place. The message has to be clear that this is truly the last chance. Dr. Paradies already has a long term impairment process with a number of relapses. The Board does not tolerate such cases.

Dr. Steinbergh stated that she did want to make the point for Dr. Paradies that, from the years of impairment, her best bet for survival is to take this time out, even though it may seem severe to her. She needs the time to get well. The Board wants her to get well, but it has found in talking with other impaired physicians that if it doesn't act seriously right now, she runs the risk of coming back before the Board.

Dr. Egner asked Dr. Paradies if, when she applied for medical school, any of her history became apparent at that time.

Dr. Paradies stated that it did not.

Dr. Egner stated that Dr. Paradies' history is appalling. Although she says her recovery will be successful

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this time because she's going through a more traditional rehabilitation, she has gone through rehab programs before. She hasn't done this completely on her own. She was in a rehab program at 18 years old. She was in another in 1994. Dr. Egner stated that she is very concerned about Dr. Paradies making it. Dr. Egner noted that the Board has received outstanding recommendations from Dr. Paradies' residency training program. It's hard for her to reconcile that with Dr. Paradies' history and behavior. It doesn't fit the picture. If the Board goes with stayed, permanent revocation, she wants Dr. Paradies to understand that a DUI will get her permanently revoked. A misdemeanor could get her permanently revoked. This puts Dr. Paradies on a very narrow line. Dr. Egner stated that she wants Dr. Paradies to understand that she's different from a lot of the cases the Board sees, when it gives another chance after relapse. Dr. Egner stated that she doesn't think that Dr. Paradies will see another chance after relapse.

Dr. Talmage referred to a book by the American College of Surgeons on the impaired physician. The book points out that physicians, particularly surgeons, are very skilled at being impaired from the end of surgery until the next morning, and being able to function well the next day, for a time. Eventually the impairment exceeds that and it starts to affect their work. It doesn't surprise him that somebody can be good during the day early in the process and still be very seriously impaired. The Order, as amended, is appropriate. Hopefully, Dr. Paradies will take this to heart and this time it will work, because there will not be not a second chance.

Dr. Bhati stated that he's struck by Dr. Paradies' comments that she is looking for a long sobriety. There isn't any long sobriety. She's either sober or not. If she stays sober, that's great; but if she cannot, that's the last stop. If she's had a problem since age 18 until now, and gone through multiple treatments, the chance for her to remain sober is very miniscule. Dr. Bhati stated that he hopes and prays that Dr. Paradies does stay sober. Normally, when the Board sees such an appalling situation, with felony charges and DUI charges, and endangering children, it normally doesn't have any tolerance with those people, and it takes their licenses away completely. Dr. Paradies should consider herself to be very lucky that the Board is willing to consider her for an 18-month suspension. This is the last stop for her.

Referring to Dr. Egner's concerns that Dr. Paradies' impairment history does not reconcile with the recommendations from her residency program, Ms. Sloan noted that she believes that it probably does reconcile. Because Dr. Paradies has had this problem for so long, she has been able to fly under the radar of all of those people in the programs in which she's participated. That is a big concern because she doesn't want Dr. Paradies to think that she can continue to do that. This is serious, and she struggled with the 18-month suspension. She stated that she feels it should be longer.

Dr. Steinbergh stated that, by the time Dr. Paradies gets her license back, she will have been under suspension for two years.

Dr. Davidson stated that she agrees with the sentiments of all the prior speakers, particularly Dr. Egner. There have been multiple efforts at some pretty sophisticated treatment, which would have included the recommendations for aftercare. Those were available and well known. Dr. Davidson stated that she is pessimistic about the future, but hopeful given the glowing reports about the quality of this physician's potential contributions to medicine. The one thing she would like to mention that hasn't been emphasized is the fact that Dr. Paradies lied in her April 22, 2002 application for licensure. She said that she made a

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mistake in completing the supplemental statement on her application for full licensure when she referenced one DUI in November 1995, and there was obviously much more than that. Although in the throes of ongoing impairment, there is also some duplicity in the application process to consider.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

BARRY J. POLITI, M.D., M.P.H.

Mr. Browning directed the Board's attention to the matter of Barry J. Politi, M.D., M.P.H. He advised that objections were filed to Hearing Examiner Roberts' Report and Recommendation and were previously distributed to Board members.

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

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Dr. Politi advised that he appreciates the opportunity to appear before the Board to share his thoughts about this case and the situation. He stated that he understands that the main issues are the terms in which he left his residency program, probationary periods, and possible harm to patients, as well as his West Virginia application.

Dr. Politi stated that he does not deny that he made some mistakes, but he does feel that his actions in many of these cases were justified. He wishes he had originally included in his application more details about what happened to him in South Carolina; unfortunately, he did not. He was not attempting to deceive the Medical Board. He provided enough information that the Board could follow-up. In fact, he did attempt to disclose what happened in South Carolina, and he went out of his way to confirm and check this with his former residency department. They encouraged him to fill out the application as he did. He, Dr. Lammie and Dr. Platt all testified that he resigned from the program, that his probationary period was, in fact, approximately 30 days and not 90 days, and there was not any harm done to patients. There is nothing in the record before this Board that he intended to deceive the Board with the information he provided during this procedure.

Dr. Politi stated that, most upsetting to him or most worrisome to him, is that somehow the Medical Board believes that he somehow injured or harmed people and then went out of his way to distort that, or that he somehow lied about that. Dr. Politi stated that he made errors during his medical residency, but he's confident that Board members can remember making mistakes during their training. He admitted that he made medical errors as well as interpersonal errors during his residency. He added that he also understands that this is part of the training experience. He learned from these mistakes and tried not to repeat them. Dr. Platt and others in the residency program testified that there wasn't anything as far as being aware of harm to patients.

Dr. Politi continued that he answered the question on his West Virginia application the way he did because he went to an attorney who advised him to answer one of the questions at issue the way that he did answer it. Unfortunately, it is true that he did screw up the application, and he realizes that now. At the time it was not obvious to him.

Dr. Politi stated that he's not a lawyer and he's not on the Medical Board, but he is a doctor and it seems to him that the real issue should be whether or not he is fit to practice medicine. Dr. Politi stated that the answer to that question is "yes." No one has really discussed what was going on in South Carolina. The truth is that since then it's been two or three years and he's gotten into another residency program, and is completing that program. Although he wasn't a poor resident in South Carolina, he's now a better-than-average resident.

Dr. Politi explained that the reason why he had so much trouble in South Carolina is because of the ADD issue, lack of sleep, being in a part of the country where he didn't fit in, disinterest in the specialty for which he was training, a lot of things going on at home in California with his mother being sick, and his girlfriend had an unplanned pregnancy. He had all of these things going on, and that's the real issue why he failed in South Carolina. Now he has taken steps to improve himself. He's had some psychotherapy and medical treatment. He's trained for a couple more years. He went overseas and worked in a refugee camp in Southeast Asia. He's done all of these things to find out what he wants to do with his life and to

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make himself better. He realizes as he looks back that he was unable to conquer a lot of these problems he had by himself. Since then he's gotten help.

Mr. Browning advised Dr. Politi that he has a minute to conclude his statement.

Dr. Politi stated that he's not sure what evidence there is for statements that he injured or harmed patients. Furthermore, his current residency director, as well as his past residency director, testified that he didn't try to deceive the Board by the way he answered the questions. Both made the statement that his probation period was 30 days or approximately 30 days. The reason he answered it that way was because his probationary period ended in approximately 30 days. It did not continue on for 90 days. It is true that he would have been fired if he hadn't left the residency program, but it's not true that that was his only option. Other options were some of the things that he's done: going to a grievance committee, going to a promotions committee, staying and getting some specific kinds of therapy.

Mr. Browning advised Dr. Politi that his time is up. Mr. Browning asked whether the Assistant Attorney General wished to respond.

Mr. Michael stated that in Dr. Politi's professional career he has repeatedly exhibited dishonest behavior. That dishonest behavior led to both citations that are being considered today. On his 2001 application, Dr. Politi did not fully and honestly answer the questions. He disclosed a one-month period of probation that he received while in residency in South Carolina, and that he subsequently left the program. He failed to answer honestly that it was, in fact, a 90-day probation for a variety of personal and patient care issues, and that he accepted the offer to resign in lieu of being terminated from that residency program. He also failed to honestly answer and report the warning letters that he received while in that residency program. One of those warning letters was directly related to dishonest behavior. He was also dishonest in a subsequent application for a West Virginia license. He didn't disclose that he'd appeared for a deposition in Ohio, related to unethical conduct in which he had participated prior to submitting his West Virginia license application. He also failed to list that he had applied for an Ohio license at all on that West Virginia application. It was a clear and unequivocal question to list all states in which he had applied for licensure. He tried to say that he relied on his attorney's advice; however, the attorney only looked at the first question and somehow failed to look at the page, or render advice on whether or not Dr. Politi should list whether he had applied to Ohio at all.

Mr. Michael stated that Dr. Politi showed a continual problem with honesty that is continuing to be evident through the residency programs and his applications to Ohio and West Virginia. He added that he believes that many of Dr. Politi's answers at hearing were also dishonest attempts to gloss over the problems, not to accept responsibility for what had happened and to be untruthful with this Board. He is in agreement with the proposed denial of Dr. Politi's application; however, he disagrees with paragraph 2 of the Proposed Order and the conclusion that the Board can fully reexamine the issues underlying these notices of opportunity for hearing should the Board set a minimal date when Dr. Politi could reapply to Ohio. Last year, in a similar situation, the Board was advised by Mr. Pratt that a res judicata problem would arise when setting a specific date for reapplication, because the period during which the respondent could not reapply would be the discipline for the conduct in the cite letter and further reevaluation of the underlying issues would be inappropriate. The problem could be avoided by simply making the Board's Order a

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denial. If the Board intends to allow him to reapply in the future, a denial would preserve the Board's rights to re-examine the issues that were in the cites, as well as any other issues the Board may wish to look at at that point in time. Deletion of paragraph 2 and a deletion of the last paragraph on page 29 of the Proposed Order would preserve the Board's ability to fully reconsider the matters, should Dr. Politi file a subsequent application.

DR. SOMANI MOVED TO APPROVE AND CONFIRM MR. ROBERTS' PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF BARRY J. POLITI, M.D., M.P.H. DR. STEINBERGH SECONDED THE MOTION.

Mr. Browning stated that he would now entertain discussion in the above matter.

Dr. Talmage stated that, despite the protestations of Dr. Politi, the Board should not consider patient care. This is not a minimal standards case. It is a case of fraud in filling out the application.

Dr. Talmage stated that he would go along with the Assistant Attorney General's recommendation to remove paragraph 2 of the Proposed Order, but he would not agree to remove the last paragraph on page 29 of the Report and Recommendation. That latter paragraph does not have a limiting time on it, but only uses the words, "(s)hould Dr. Politi elect to again apply for licensure...." Dr. Talmage stated that he would be amenable to eliminating paragraph 2 since a simple denial allows him to apply at some future time, when he has sufficiently stabilized his life, his practice and can prove that he is fit to practice in the State of Ohio.

DR. TALMAGE MOVED TO AMEND THE PROPOSED ORDER TO DELETE PARAGRAPH 2 AND TO RENUMBER THE SUBSEQUENT PARAGRAPHS. DR. BHATI SECONDED THE MOTION.

Dr. Steinbergh stated that Dr. Politi has committed fraud in application for licensure in both Ohio and West Virginia. The issue is one of honesty. When a young person demonstrates dishonesty in both his postgraduate years and again in a licensure application, this is a clear signal that there is a problem. Part of the fitness to practice medicine is not just the knowledge of medicine and application to patient care, but the ability to be honest, which directly affects patient care. She noted that Dr. Lammie testified that the discipline he received in South Carolina was partially because of his dishonesty. One has to wonder, and it was clear from the record, that Dr. Politi was not honest in his postgraduate years. Therefore, one must worry about whether or not his assessment of patients, his plans for a patient and all the decisions he makes in patient care will be approached with an honest attitude. If one is unethical, this goes throughout one's life. The decision to not complete an application honestly was Dr. Politi's decision. She stated that she doesn't know why he needed to go to an attorney. The questions are clear. He should answer them honestly and provide the information that is asked, and then let the chips fall where they may. He shouldn't go looking for ways to get around the licensure process. Dr. Steinbergh stated that she doesn't think that Dr. Politi will ever be an appropriate candidate for licensure in the State of Ohio. She stated that she would permanently deny his application for licensure in this state. She hesitates to think that he will be able to prove that he has suddenly become honest.

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Dr. Egner stated that Dr. Politi is a dishonest person, and he hasn't come to grips with that. Part of that is his youth, and part of that is that he still can't accept responsibility. His underlying problem has been that he's on the road to becoming the prototype of the disruptive physician. The Board doesn't handle that all too often, but that is very much Dr. Politi's impairment. She believes that, with more help, he can overcome that, but he has to come to grips with it. He is not a team player, and when you're not a team player, you're constantly making excuses as to why you don't fit into the team. Medicine is definitely a team effort. You have got to be able to work with other physicians, with nurses, and consider the patient, also, as part of that team. He's not been able to do that in his past.

Dr. Egner stated that she's not willing at this point for the Board to permanently deny him. She stated that, like an impaired physician, he could come back at some point in time and show the Board that he's a more mature, mentally stable individual.

Dr. Egner continued that she understands the Assistant Attorney General's recommendation, but if the Board takes the date out, what is to prevent Dr. Politi from coming back in three to six months to reapply, other than his heeding the Board's discussion today and realizing that it would be an ill-advised thing to do. She doesn't particularly want to close the door completely, but she wants Dr. Politi to understand that the Board will need a lot more demonstration of the kind of individual that he is, and that he's able in the future to be honest, forthcoming, give good patient care, and work in that team that is so necessary.

Dr. Somani stated that there is no question that Dr. Politi has been dishonest in the past. He noted that today's testimony was not convincing because Dr. Politi brings in a lot of excuses for what he did, rather than accepting the reality that it is he who should be responsible for all of it. Dr. Somani stated that his major concern is the statement that Dr. Politi has made that no patient harm has occurred. The Board has not had much discussion about this, but he would like to point out to Dr. Politi that the Board doesn't have to have 100% foolproof evidence that patient harm has occurred. The Board is responsible to set guidelines on how he practiced, and the Board isn't willing to take the possibility of potential harm happening because of the physician's conduct and practice. That's a clear message the Board needs to convey to him. When Dr. Politi takes care of the patient, he has to take care of the patient in the best possible way with no probability of causing harm. Demonstration of harm is not necessary for the Board to take action.

Dr. Egner agreed with Dr. Somani's statement, but added that Dr. Politi was not charged with patient harm in the Board's citation letter. Although the Board may look and see where that may occur, the Board must look at fraud in his application and misrepresentation.

Dr. Somani stated that he is looking at dishonesty.

Dr. Bhati stated that Dr. Politi is a young man who obviously made a lot of mistakes. There are certain mitigating circumstances, but these are excuses that are not acceptable. Dr. Bhati stated that denying Dr. Politi completely would not be the right thing to do. The Board should give him one more chance to get better. If he comes back and proves that he has gotten better, it would be fair to reconsider his application at that time.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

DR. TALMAGE MOVED TO APPROVE AND CONFIRM MR. ROBERTS' PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF BARRY J. POLITI, M.D., M.P.H. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

GUY M. SAVA, M.D.

Mr. Browning directed the Board's attention to the matter of Guy M. Sava, M.D. He advised that objections were filed to Hearing Examiner Porter's Report and Recommendation and were previously distributed to Board members.

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

Dr. Sava was accompanied by his attorney, Kevin P. Byers.

Mr. Byers stated that Dr. Sava is not here due to any counts of deception or criminal conviction. He is here

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as an impaired physician, who is in a program that appears by all accounts in the record to be completely appropriate for his needs. Mr. Byers stated that he would like to ask the Board, as suggested by the Hearing Examiner, that, under provision A.8 of the Proposed Order, to accept the supervision that Dr. Sava is currently under in Minnesota as appropriate for the terms of the Proposed Order. Mr. Byers stated that Mr. Porter noted that the Board may accept Minnesota's supervision, but it requires a motion to do so the way this is written.

Mr. Byers added that, concerning paragraph A.11 of the Proposed Order, he would also hope that the Board use its discretion to accept Dr. Sava's urine screens as they are currently done and waive the requirement of a CV from a supervising physician.

Dr. Sava thanked the Board for allowing him to appear. He is grateful for his recovery program, and assumes total responsibility for his actions. He's also thrilled that this was brought to his attention. He was admitted to the Mayo Clinic for inpatient therapy and completed that, as well as aftercare. That is a five-day per week program of independent counseling. He attended a professionals therapy course for chemical dependence, as well as A.A. meetings and "Physicians Supporting Physicians," which he believes is the same as Ohio's OPEP.

Dr. Sava stated that his supervision is done through the Health Professional Services Program, an agency that has a contract with the State of Minnesota. He's agreed to submitting twelve random samples per quarter. He calls each morning at 6:00 a.m., and he has until 1:00 p.m. to submit the sample. He does travel out of the country quite a bit for personal as well as professional reasons, and that provision is still in force. He does have to submit to that random screen through a chain of custody done, currently in Minnesota, through a licensed lab that is part of Occupational Health, supervised by the Occupational Health physician. All of the actual testing of the urine is done at Regions Hospital in St. Paul. The reports are then sent to Health Professional Services Program, who then sends quarterly reports to the State of Minnesota Medical Board. Dr. Sava stated that he has been in this program over a year and has been totally compliant. He sincerely hopes that each and every year he's able to say that. It is his intention to do so.

Dr. Sava stated that he has been privileged to have an Ohio license since 1983. During many years he's practiced in Ohio, and he truly respects that privilege. He maintains a home in Ohio, and at some point after he's finished working with the Mayo Clinic he will probably retire to Ohio. He has no immediate plans at this time to return to practice in Ohio, but he is fully engaged in practice in Minnesota under supervision. Not only are all his cases reviewed on a quarterly basis by the Department Chief at Rochester, but he sees a psychiatrist on a quarterly basis, his family physician at least quarterly, and has sponsors in the various programs of A.A. and therapy sessions he attends.

Dr. Sava stated that he will do whatever the Ohio Board dictates in order to maintain his Ohio license. He stated that he would only ask that some of the reporting and processes could be streamlined to avoid any loopholes he might miss simply because of his attention to complying with the Minnesota stipulations; i.e., quarterly reports in April, July, October and January. All reports are submitted to health professional services programs, who then reports to the Minnesota Board, and to the Quality Assurance and Credential Committees of his hospital and the Credentials Committee of the Mayo Clinic. That seems to be working

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very well.

Mr. Browning advised Dr. Sava that he has a minute to conclude his statement.

Dr. Sava stated that the only other request he has regards reporting the Ohio action to the insurance companies. Since he's already been in the program a year and has satisfied the insurance companies' requirements regarding compliance with aftercare, etc., and he is fully reinstated with those insurance companies in Minnesota, he's very concerned that reporting the Ohio action would be inflammatory and rekindle a two-month to three-month lapse, which they did the first time it was brought to their attention that he was impaired.

Mr. Browning asked whether the Assistant Attorney General wished to respond.

Mr. Wilcox stated that the Report and Recommendation in this case does a good job of summarizing the events, but the disciplinary recommendation may be a little light, considering the serious facts. Mr. Wilcox asked that the Board pay particular attention to Dr. Sava's hearing testimony. In the Minnesota Order, Dr. Sava stipulated to calling in several false prescriptions for Vicodin and other drugs containing hydrocodone. He stipulated that this amounted to approximately 8700 pills over a 15-month period for his personal use. At hearing, Dr. Sava testified that he was ingesting 18 to 20 pills per day, containing as much as ten grams of acetaminophen. In spite of this massive dosage, Dr. Sava states that he was in no way hampered in his medical practice. Mr. Wilcox asked that the Board consider this testimony and its credibility when considering whether a five-year probationary period is the proper order.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF GUY M. SAVA, M.D. DR. AGRESTA SECONDED THE MOTION.

Mr. Browning stated that he would now entertain discussion in the above matter.

Dr. Steinbergh asked how Dr. Sava handles his drug screens when traveling.

Dr. Sava stated that he's required to submit a urine sample to a certified medical laboratory.

Dr. Steinbergh asked whether he is going to establish where he will drop the urine prior to his leaving the country.

Dr. Sava stated that he doesn't. He explained that he goes where he's going, and he finds a medical facility, an urgent care center or a hospital laboratory to accept the chain of custody. They then send the urine sample to St. Paul, Minnesota for testing. He explained that his wife's family lives in Canada and he goes there frequently.

Dr. Steinbergh asked where else Dr. Sava travels.

Dr. Sava stated that he goes to Europe. He hasn't been to Europe in a year, but the provision is that he

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submits a sample to a licensed laboratory in Europe. That lab does the analysis and sends a report to Health Professionals in Minnesota.

Dr. Steinbergh asked Dr. Sava whether he establishes a location for this as the first thing he does when he goes to Europe. She asked whether he knows that there will always be a licensed facility in which to give a proper sample.

Dr. Sava stated that in most areas he's traveled in the past, and where he hopes to travel in the future, he would say yes. He goes to Switzerland quite a bit and there are medical facilities everywhere there.

Dr. Steinbergh asked how long he is out of the country when he does travel.

Dr. Sava stated that he's out about two weeks. Minnesota has approved this for monitoring. He added that the way he does this is by telephoning back. He has an "800" number that he calls every morning at 6:00 a.m. They've indicated that they would also complement this with e-mail if he were in Europe.

Dr. Steinbergh stated that she believes it would be appropriate for the Board to accept Minnesota monitoring, and then in paragraph A.11 it says that he will submit a random urine on a weekly basis or as otherwise directed by the Board. The drug panel utilized must be acceptable to the Board's Secretary. Dr. Steinbergh suggested that, in this particular case, the Board allow the Secretary and Supervising Member to review how Dr. Sava will do this. If they feel his proposal is appropriate, the Board allow that to become part of his Board Order.

Mr. Dilling stated that the Board has lots of physicians who are out of state and who are under impairment-related orders. The usual course of things is that the Secretary and Supervising Member deal with this type of issue.

Dr. Steinbergh agreed with that, stating that she doesn't think the Board needs to spend a lot of time in discussion about the finite issues here, but to allow the Secretary and Supervising Member the authority to make those decisions. They, administratively, can work out any terms consistent with the Order.

Dr. Steinbergh stated that she does think that the Board needs to require Dr. Sava to report to the insurance companies. That is a standard part of the Order that the Board feels is important, and the Board needs to require reporting.

Dr. Somani stated that one additional point to be clarified relates to paragraph A.13, which requires Dr. Sava's participation in a rehabilitation program. He asked how Dr. Sava will handle that if he's out of the country.

Dr. Sava stated that he hasn't been overseas since the imposition of the Minnesota Order. He has attended multiple A.A. meetings in Canada. He does speak French, so he's anxious to attend an A.A. meeting in Switzerland. He doesn't think that that would be a particular problem.

Dr. Steinbergh asked for what drugs Dr. Sava is being tested.

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Dr. Sava stated that he is tested for barbiturates, opioids and alcohol.

Dr. Egner stated that Dr. Sava is a terribly addicted physician, who is a neurosurgeon. She stressed the seriousness of the surgeries he performed, and noted that he did this while taking 18 to 20 pills a day. If Dr. Sava can't go on vacation to Europe, that's part of the consequences of his addiction. If he's going to go to Europe or Canada to practice medicine, he needs to be monitored while he's there. He has to stick to the monitoring terms of the order. The Order does not call for any suspension, but does call for a five-year probationary term. Dr. Egner stated that the Board should stick to the letter of this Report and Recommendation, and that Dr. Sava should stick to the agreement of it. If he doesn't, he has a stayed revocation, and he'll be looking at that.

Dr. Talmage stated that he appreciates Mr. Wilcox's concerns, but the anecdotal stories from a publication by the American College of Surgeons was that many people have maintained a very acceptable level of practice for a large number of years before finally the addiction reaches a point where it affects the practice. The old concept that an alcoholic or drug user is one whose work is impaired certainly begs explanation in that circumstance. People who are very well controlled can limit their use to after-hours times and hide it for a significant period of time.

Dr. Talmage continued that, concerning A.A. meetings, his experience is that A.A. can provide a list of meetings all over the world. There is certainly no excuse for missing meetings when out of the country. He stated that he particularly knows that there are meetings in Edinburgh, London and Copenhagen. He added that, with the discretion of the Secretary and Supervising Member in regard to drug screens, the Proposed Order is appropriate and can be utilized to adequately monitor this physician.

Dr. Talmage stated that he thinks that the reason there isn't a suspension here is because the Board got this a year after Minnesota took care of the initial part of it. A suspension at this point, now that he can return to practice, would be inappropriate. The probationary term is, in fact, appropriate.

Dr. Agresta stated that Dr. Sava is very fortunate with this Order. Dr. Sava has a severe problem. Dr. Agresta added that it's amazing to him how people can survive and maintain their ability to work under these kinds of conditions. The book Dr. Talmage mentioned emphasized that. Sometimes people can do that, but he can't imagine how they do. Obviously the practice isn't optimum, and these physicians do get away with a lot of things. Fortunately for human beings, the body will take a lot of insult and abuse and still come out okay. The Order is appropriate, and he sees no reason to modify it. Dr. Sava is fortunate to have the Order proposed.

Dr. Steinbergh asked Dr. Sava for his documented sobriety date.

Dr. Sava stated that it's when he entered inpatient treatment on March 11, 2002.

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

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

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Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Somani	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

Dr. Garg stated that he has not read the book to which Dr. Talmage referred, but medicine is not only daytime surgery or work, but it's call schedules and calls. When he trained, he worked with three neurosurgeons and none had any problems, did perfect work, but one had an alcohol problem. He would drink only in the evenings, at night with dinner. The others did not call him for help or decisions in the evenings because they knew they would not get help from him at night. When the Board considers these cases, it needs to look at the whole. Dr. Garg stated that he doesn't think that there is any specialty in medicine that doesn't have a call schedule. These physicians are making decisions at night, after office hours.

Dr. Talmage stated that, in group practices, a physician might be on call every fifth night. Again, the book indicates that some people are impaired, but well enough controlled that they can abstain during that night they're on call. He commented that, if you're a superb surgeon, you might be an adequate surgeon because you're not quite up to your game.

Dr. Garg stated that he will never take into consideration that someone is sober during the day and can function. There are call schedules, and he doesn't think that that is safe.

Dr. Talmage agreed.

Dr. Bhati stated that both Dr. Garg and Dr. Talmage are saying the same thing. The point here is that there are certain people who can continue to function at a sub-par level and not be detected. He reminded the Board of a recent case where the physician had an alcohol problem through high school, through medical school and residency, and he finally got caught up.

FINDINGS, ORDERS AND JOURNAL ENTRIES

MUHAMMAD IQBAL, M.D.

By letter of January 31, 2003, the Board notified Dr. Iqbal that it proposed to deny his application for a certificate to practice medicine and surgery in Ohio based upon the fact that he does not hold certification from the Education Commission for Foreign Medical Graduates as required pursuant to Sections 4731.14 and 4731.142, ORC and Rules 4731-6-14 and 4731-6-16, OAC. Notice was mailed via registered mail, return receipt requested, to Dr. Iqbal's address of record. A signed certified mail receipt was returned to

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the Board documenting proper service of the notice; however, no hearing request has been received from Dr. Iqbal and more than 30 days have elapsed since the mailing of that notice. The matter was presented to the Board at this time for final disposition.

DR. STEINBERGH MOVED TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, DENYING DR. IQBAL'S APPLICATION FOR A CERTIFICATE TO PRACTICE MEDICINE AND SURGERY IN OHIO. DR. SOMANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

DEBORAH J. SCHNEIDER, M.T.

By letter of February 11, 2003, the Board notified Ms. Schneider that it proposed to approve her application for the restoration of her certificate to practice massage therapy provided that she take and pass the limited branch portion of the Massage Therapy examination, due to the fact that Ms. Schneider has not engaged in the active practice of massage therapy for more than two (2) years. Said notice was mailed via certified mail, return receipt requested, to Ms. Schneider's address of record. A signed certified mail receipt was returned to the Board documenting proper service of the notice; however, no hearing request has been received from Ms. Schneider and more than 30 days have elapsed since the mailing of that notice. The Matter is now before the Board for final disposition. The matter was presented to the Board at this time for final disposition.

DR. STEINBERGH MOVED TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, TO RESTORE MS. SCHNEIDER'S CERTIFICATE TO PRACTICE MASSAGE THERAPY, SUBJECT TO HER TAKING AND PASSING THE LIMITED BRANCH PORTION OF THE BOARD'S MASSAGE THERAPY EXAMINATION WITHIN SIX MONTHS OF FEBRUARY 11, 2003. DR. BHATI SECONDED THE MOTION. A vote was taken:

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

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

The motion carried.

LUIS ROLANDO VEGA-TORRES, M.D.

By letter of February 11, 2003, the Board notified Dr. Vega-Torres that it proposed to deny his application for a certificate to practice medicine and surgery in Ohio based upon the fact that Dr. Vega-Torres does not hold certification from the Education Commission for Foreign Medical Graduates as required pursuant to Section 4731.091, ORC. On February 12, 2003, said notice was mailed via certified mail, return receipt requested, to Dr. Vega-Torres' address of record. A signed certified mail receipt was returned to the Board documenting proper service of the notice; however, no hearing request has been received from Dr. Vega-Torres and more than 30 days have elapsed since the mailing of that notice. This matter is now before the Board for final disposition.

DR. TALMAGE MOVED TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, DENYING DR. VEGA-TORRES' APPLICATION FOR A CERTIFICATE TO PRACTICE MEDICINE AND SURGERY IN OHIO. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

CITATIONS, PROPOSED DENIALS & ORDERS OF SUMMARY SUSPENSION

SAMUEL R. GOSS, 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. SOMANI MOVED TO SEND THE CITATION LETTER TO DR. GOSS. DR. STEINBERGH

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SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye

The motion carried.

MICHAEL SOLIMAN MIKHAIL, 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. AGRESTA MOVED TO SEND THE CITATION LETTER TO DR. MIKHAIL. DR. SOMANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Garg returned to the meeting at this time.

OSCAR H. SALVAT, 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. SOMANI MOVED TO SEND THE CITATION LETTER TO DR. SALVAT. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

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Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

SUBRAMANIYAM CHANDRASEKHAR, M.D. - ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

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

DR. STEINBERGH MOVED TO APPROVE THE ORDER OF SUMMARY SUSPENSION AND TO SEND THE NOTICE OF OPPORTUNITY FOR HEARING TO DR. CHANDRASEKHAR. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

RATIFICATION OF CONSENT AGREEMENTS

AKI SEFARO PURYEAR, M.D.

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

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Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

RICHARD G. DAY, M.D.

Dr. Steinbergh noted that the cover memorandum for this consent agreement indicated that Dr. Day admitted to making two anonymous telephone calls to the local practice of another physician. She asked what type of calls they were.

Mr. Schmidt advised that the calls were perceived as being harassing or derogatory to the practice.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

LOUISE DELYTE MORRIS, P.A.-C

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

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

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Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Somani	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

ROBERT ROWAN SUMMERS, D.O.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

STEVEN JOHN SHOR, M.D.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

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The motion carried.

PERSONAL APPEARANCES

THOMAS W. CARRIGAN, M.D.

Dr. Carrigan appeared before the Board pursuant to his request for release from the terms of the Board's Order of August 13, 1997.

In response to Dr. Steinbergh's questions, Dr. Carrigan stated that things are going well for him and his practice. He is currently in a group gastroenterology practice in Troy, Ohio. His current support system includes continued participation with OPEP, and attendance at three or four A.A. meetings weekly.

Dr. Davidson advised Dr. Carrigan that the Board has wrestled with impaired physicians and the duration of suspension. She noted that Dr. Carrigan's license was suspended for two years. She asked him to comment on the duration of the suspension and how it affected his recovery.

Dr. Carrigan stated that he thought the length of time was effective for his recovery. He did not think it was excessive.

Dr. Bhati congratulated Dr. Carrigan, and encouraged him to stay on the same path.

DR. BHATI MOVED TO RELEASE DR. CARRIGAN FROM THE TERMS OF THE BOARD'S ORDER, EFFECTIVE APRIL 14, 2003. DR. SOMANI SECONDED THE MOTION.

Dr. Garg asked Dr. Carrigan whether he believes that a longer term of suspension might be helpful for some impaired physicians.

Dr. Carrigan stated that his personal opinion is that the extended suspension allowed him to get a good grip on his situation. It is difficult to return to practice after two years of suspension, but there's a saying in A.A. that deals with hitting rock bottom. He thinks the suspension was his rock bottom, along with other personal things. He noted that he stood to lose his family. These two things are the most important things to him. He added that a year of suspension might have been adequate, but he doesn't feel that two years is excessive. He can't speak for other individuals. It becomes harder to reenter the profession after two years because the perception is that the longer your license was suspended, the worse you were.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye

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Dr. Davidson - aye
Dr. Agresta - aye
Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

PAUL P. CHU, M.D.

Dr. Chu appeared before the Board pursuant to his request for release from the terms of his April 9, 1998 Consent Agreement.

In response to Dr. Somani's questions, Dr. Chu stated that things are going well for him. He does not plan to change anything, but will continue as he has been. He is currently practicing anesthesia.

Dr. Bhati commented that anesthesiologists have access to more drugs, and that could be more tempting for him.

Dr. Chu stated that he didn't think it made that much difference in his situation.

DR. BHATI MOVED TO RELEASE DR. CHU FROM THE TERMS OF HIS CONSENT AGREEMENT, EFFECTIVE APRIL 9, 2003. DR. SOMANI SECONDED THE MOTION.

Dr. Garg asked Dr. Chu what his drug of choice was. He stated that he thinks that Dr. Bhati's and Dr. Somani's concerns are that all kinds of medication are available to anesthesiologists. He asked how Dr. Chu sees the temptation factor there.

Dr. Chu stated that his drug of choice was cocaine; however, there is cross addiction and other drugs are also potential problems. Dr. Chu stated that he doesn't think that he's immune to the other drugs, but his drug of choice was cocaine.

In response to further questions asked by Dr. Garg, Dr. Chu stated that he used cocaine for approximately three to six months. As far as what started it, he had tried it at other times and it had just become a problem at that time.

Dr. Garg asked Dr. Chu what made him use cocaine. He noted that most people don't even think about trying it, so something must have triggered it.

Dr. Chu stated that he really doesn't know. His early use was at parties, and involved alcohol and other things. As far as why he used it, he's an addict.

Dr. Garg expressed concern because Dr. Chu is an anesthesiologist.

In response to further questions by Dr. Steinbergh, Dr. Chu stated that he practices at Community Hospital

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in Springfield. All controlled substances or narcotics are in the pixis and are accessed only through the pixis.

Dr. Steinbergh asked Dr. Chu what his current dose of Wellbutrin is.

Dr. Chu stated that he takes 150 mg twice a day.

Mr. Albert stated that Dr. Chu has been a very good probationer with a very good support system.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

STEVE M. FRIDAY, D.P.M.

Dr. Friday appeared before the Board pursuant to his request for release from the terms of his April 9, 1998 Consent Agreement.

In response to Dr. Bhati's questions, Dr. Friday stated that he is doing much better. He had a total left hip replacement in November and was in chronic pain for quite some time. It got to the point where it was nearly unbearable. The relief of that pain is a blessing.

Dr. Garg asked Dr. Friday what his drug of choice was.

Dr. Friday stated that he used many substances, but probably alcohol would be his first choice. Cocaine brought him to his knees. He stated that he's not sure how it began, but looking back he can see a progression of the disease process of alcoholism. He didn't start drinking until the age of 20 or 21. It just progressed gradually, sometimes slowly and sometimes it escalated rapidly.

Dr. Garg asked whether Dr. Friday thinks he's cured for good now.

Dr. Friday stated that he will always be an alcoholic. He does not think he's been cured of alcoholism or addiction.

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Dr. Steinbergh asked Dr. Friday what his sobriety date is. Dr. Friday stated that it's March 1, 1995.

DR. BHATI MOVED TO RELEASE DR. FRIDAY FROM THE TERMS OF HIS CONSENT AGREEMENT, EFFECTIVE APRIL 9, 2003. DR. SOMANI SECONDED THE MOTION.

Dr. Talmage stated that he noted that Dr. Friday was admitted to the Donora Home. He asked where that is.

Dr. Friday stated that it is in Youngstown, Ohio. He believes that it's now called the Alcoholism Programs of Mahoning County.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

MAHMOOD M. ORRA, D.O.

Dr. Orra appeared before the Board pursuant to his request for release from the terms of his May 9, 2001 Consent Agreement.

In response to Dr. Garg's questions, Dr. Orra stated that his problems began with an unfortunate billing error that started in the 1992-1993 period of time. The matter was thoroughly investigated by the concerned parties and has been resolved. He has since corrected the problem.

Dr. Garg asked what the problem was.

Dr. Orra stated that there was an allegation of over billing for services provided. The treatment was wrongly coded, or should have been part of the services rendered. This has been resolved, and he elected to enter into the Consent Agreement with the Board in order to not prolong things.

Dr. Garg asked whether Dr. Orra learned anything from this. Were there billing or coding errors?

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Dr. Orra stated that it's a very complicated process. Of course he learned, and he would be more than happy to share the information with the Board. This takes a lot of discussion and time. It's an issue that really boggles the mind of all of the providers in the field. Relevant to his situation, he learned that the code that he used for postoperative supplies wasn't pertinent to the situation. He has since remedied the problem and corrected it.

Dr. Somani asked whether someone guided him to use the wrong codes.

Dr. Orra stated that it was a wrong code. Every carrier has his own code that applies to certain procedures. Codes used for Welfare, don't go with Medicare; what goes with Medicare doesn't go with private corporations. That's very confusing. Dr. Orra commented that he wishes that this Board would establish a committee to shed some light into the issue. He added that everyone in his field has been bombarded by what's happening.

Dr. Garg stated that a lot of the Board members are used to coding, and know how coding is done. When the Board members are asking the questions, they have knowledge and understand. The majority of physicians don't get accused of fraudulent billing.

Dr. Somani stated that there are programs to monitor practices to make sure that physicians do not upcode or bill for services not provided.

Dr. Orra stated that that was not the case here.

DR. BHATI MOVED TO RELEASE DR. ORRA FROM THE TERMS OF HIS CONSENT AGREEMENT. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REPORTS

Mr. Browning referred the Board to the Compliance Staff's reports of conferences with probationers on February 10 and February 11, 2002. He noted that all probationers are in compliance.

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DR. BHATI MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES WITH DAVID E. ALLEN, M.D.; DIANE L. BAUM, M.T.; EDWARD M. BIRDSONG, D.O.; GREGORY CHARLES BRANT, D.O.; VICTOR BYKOV, M.D.; SUBRAMANIAM CHANDRASEKHAR, M.D.; PETER E. DINTIMAN, M.D.; MICHAEL W. KESSLER, M.D.; CAROL E. LEWIS, M.D.; GARY RAY LUTZ, D.O.; LOUISE DELYTE MORRIS, P.A.; PAUL E. PANCOAST, M.D.; STEVEN T. PATTERSON, D.O.; JOANNE POJE, M.D.; JOSEPH S. SCHEIDLER, D.O.; GARY E. SIVAK, M.D.; LEONARD K. SMITH, M.D.; MICHAEL J. STANEK, D.O.; PHILLIP A. STARR, III, D.O.; JOHN R. TRUMBO, M.D.; LESLIE R. WOLF, M.D.; AND LANCE P. WRIGHT, M.D. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REQUESTS

ALLAN W. CLARK, M.D.

Dr. Clark's request for approval of a supervisor was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE THE PENNSYLVANIA PHYSICIANS HEALTH PROGRAM TO SERVE AS DR. CLARK'S SUPERVISING ENTITY. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

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The motion carried.

W. ANDREW HIGHBERGER, M.D.

Dr. Highberger's request for direction concerning the assay requirements of paragraph seven of his July 10, 2002 Consent Agreement was presented to the Board for consideration at this time.

Dr. Steinbergh asked Dr. Davidson for guidance.

Dr. Davidson stated that she has given the issue of assaying waste medication a lot of thought. She noted that, per his consent agreement, Dr. Highberger is only doing OB anesthesia. The goal is to make a closed system so that the Board knows how much gets signed out, how much goes into the patient, and how much is turned back in. Anesthesia turned back in is traditionally not assayed. It's very easy to turn back saline and keep the fentanyl. By having a system of random assay of medication, hopefully, it's a deterrent and if the fentanyl is kept, it would be caught. When trying to decide the frequency, she talked herself into requiring 100% to make this a tight system. How much deterrent is enough? The one piece of information she doesn't have is the expense of this, but she would suspect that it's rather costly. Dr. Highberger has had relapses.

Dr. Garg suggested that Dr. Davidson make the motion that she feels would be most effective.

Dr. Steinbergh asked whether it is possible for Dr. Davidson to make a recommendation to the Consent Agreement Committee so that it could be put into consent agreements and Board orders, so that the Board doesn't have to deal with this each month, or whether it should be decided on an individual basis. She stated that, in all her years on the Board, this is the only time the Board has discussed this. It seems to her that the Board could set up recommendations that could be followed regularly.

Dr. Talmage asked whether the ASA has any literature or stand on this.

Dr. Davidson stated that she doesn't think it does on this particular question. It would be one thing if a lot of money was spent to make this a tight-loop system, but it's still not. The other consent agreement the Board had, the individual could not even administer their own drug. That is a tighter system. Dr. Highberger can administer the drug, and he could say that he gave five, but he gave three and kept two.

Dr. Talmage stated that he doesn't see how the assay requirement could even work.

Dr. Davidson agreed, stating that that is the one thing that's keeping her from spending a lot of time thinking about this.

Dr. Egner stated that it's part of the trust issue. The Board is saying that this physician has reached a certain point where he or she is allowed back in practice. She stated that she doesn't think the Board has a 100% foolproof system on any physician.

Dr. Davidson stated that she doesn't think that this is a trust issue at all.

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Dr. Garg stated that you're giving the physician an option to work, but it still shows that he is keeping up and that the Board can trust him when the time comes to release him.

Dr. Egner agreed, but added that the Board must think that he's at a certain point of reliability and can practice. She added that if you have such little faith in a person's recovery that you want to check someone 100% of the time, that physician shouldn't be back in practice.

Dr. Davidson noted Dr. Karaffa has recommended that Dr. Highberger not do operating room anesthesia for one year. Dr. Whitney recommended that he go into OB anesthesia. This was not a clean, everyone-in-agreement situation.

DR. DAVIDSON MOVED THAT THE BOARD REQUIRE DR. HIGHBERGER TO HAVE A RANDOM ASSAY DONE OF 50 PERCENT OF THE DRUGS HE ADMINISTERS. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ROBERT B. KAMERER, M.T.

Mr. Kamerer's request for approval of a new psychiatrist was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE MARTHA E. TYMESON, M.D., TO SERVE AS MR. KAMERER'S TREATING PSYCHIATRIST. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye

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Dr. Agresta - aye
Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

SIDDARTH M. KHOSLA, M.D.

Dr. Khosla's request for a reduction in his appearance schedule was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO GRANT DR. KHOSLA'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE FROM EVERY THREE MONTHS TO EVERY SIX MONTHS. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote: Mr. Albert - aye
Dr. Egner - aye
Dr. Talmage - aye
Dr. Bhati - aye
Dr. Somani - aye
Ms. Sloan - aye
Dr. Davidson - aye
Dr. Agresta - aye
Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

WILLIAM H. NOBLE, III, D.O.

Dr. Noble's request to eliminate the chart review requirement of his March 8, 2000 Consent Agreement was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO GRANT DR. NOBLE'S REQUEST TO ELIMINATE THE CHART REVIEW REQUIREMENT. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote: Mr. Albert - aye
Dr. Egner - aye
Dr. Talmage - aye
Dr. Bhati - aye
Dr. Somani - aye
Ms. Sloan - aye
Dr. Davidson - aye
Dr. Agresta - aye

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Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

THOMAS A. RANIERI, M.D.

Dr. Ranieri's request for a determination of his chart review requirement was presented to the Board for consideration at this time. David J. Durkin, M.D., was previously approved as monitoring physician by the Board.

DR. STEINBERGH MOVED TO DIRECT DR. DURKIN TO REVIEW TEN CHARTS PER MONTH. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Somani	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

JOSEPH A. TORE, M.D.

Dr. Tore's request for a reduction in his drug screen requirement was presented to the Board for consideration at this time.

DR. AGRESTA MOVED TO REDUCE DR. TORE'S DRUG SCREEN REQUIREMENT TO ONE RANDOM SAMPLE PER MONTH. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Bhati	- aye
Dr. Somani	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye

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Dr. Steinbergh - aye

The motion carried.

MARY MEI-LING YUN, M.D.

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

DR. STEINBERGH MOVED TO APPROVE EMMETT G. COOPER, M.D., TO SERVE AS DR. YUN'S TREATING PSYCHIATRIST. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

REINSTATEMENT REQUESTS

MARY MEI-LING YUN, M.D.

Dr. Yun's request for approval of an assessor was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE EMMETT COOPER, M.D., TO SERVE AS DR. YUN'S ASSESSOR, PURSUANT TO PARAGRAPH 7.b.ii OF HER SEPTEMBER 12, 2001 CONSENT AGREEMENT. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye

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Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

LICENSURE

PHYSICIAN LICENSURE APPLICANTS

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

DR. STEINBERGH MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (A) FOR ENDORSEMENT LICENSURE, SUBJECT TO RECEIPT AND APPROPRIATENESS OF ALL NECESSARY DOCUMENTATION. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ADMINISTRATIVE REPORT

At this time Mr. Dilling presented a 10-year pin to Regina Bouldware, Licensure Assistant, celebrating her ten years of state service.

LICENSURE

PHYSICIAN ASSISTANT APPLICANTS

Applications for full registration as physician assistants were presented to the Board for consideration at this time.

DR. BHATI MOVED TO APPROVE THE REQUESTS FOR FULL REGISTRATION AS PHYSICIAN ASSISTANTS OF KEVIN BAILY, PA-C; ROBERT GREEN, JR., PA-C; SHERRY

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PARMER, PA-C; AND CHRISTINA TAYLOR, PA-C. DR. GARG SECONDED THE MOTION.

A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

CCF-BRAIN TUMOR INSTITUTE - P.A. UTILIZATION PLAN

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

DR. STEINBERGH MOVED TO APPROVE CCF-BRAIN TUMOR INSTITUTE'S P.A. UTILIZATION PLAN, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

P.A. UTILIZATION PLANS

P.A. Utilization Plans were presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE P.A. UTILIZATION PLANS SUBMITTED BY HEART INSTITUTE OF NW OHIO, INC.; METABOLIC & ATHEROSCLEROSIS RESEARCH CENTER; OHIO HEAD & NECK SURGEONS, INC.; SCHUSTER CARDIOLOGY

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ASSOCIATES; AND SOUTHERN OHIO SURGICAL ASSOCIATES, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

WENDY. PITT, M.D. – USMLE ACCOMMODATION REQUEST

Dr. Pitt's request for accommodations under the ADA, i.e., extra testing time, was presented to the Board for consideration at this time, following recommendation by the National Board of Medical Examiners (NBME) that her request be approved.

DR. EGNER MOVED THAT THE BOARD ACCEPT THE NBME'S RECOMMENDATION REGARDING DR. PITT'S ACCOMMODATION REQUEST. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

BETH WATKINS-FABISH, M.T. – EXAMINATION ACCOMMODATION REQUEST

Ms. Watkins request for accommodations under the ADA, i.e., extended testing time, consisting of time and a half, and a separate testing area, was presented to the Board for consideration at this time.

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DR. STEINBERGH MOVED TO APPROVE MS. WATKINS-FABISH'S ACCOMMODATION REQUESTS. DR. SOMANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

DMITRY A. SCHELKOV, M.D.

Dr. Schelkov's request for endorsement of Steps 1, 2 and 3 of the U.S.M.L.E. was presented to the Board for consideration at this time.

DR. SOMANI MOVED TO APPROVE DR. SCHELKOV'S REQUEST FOR ENDORSEMENT LICENSURE, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

RONALD C. AGRESTA, M.D.

At this time the Board recognized Dr. Agresta for his years of service as a Board member since March 1988.

Dr. Steinbergh read a document from Governor Bob Taft, officially recognizing Dr. Agresta for his service

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to the State during the past 15 years

Dr. Agresta thanked the Board, and expressed his appreciation of his fellow Board members and the staff.

Mr. Browning, Dr. Garg and Dr. Bhati left the meeting at this time. Dr. Talmage assumed the Chair in Mr. Browning's absence.

REPORTS OF ASSIGNED COMMITTEES

EDUCATION, PUBLIC RELATIONS & RISK MANAGEMENT COMMITTEE

Dr. Egner stated that the newsletter has been mailed out to the Board's licensees. She stated that she has gotten some local feedback on the newsletter and is hearing good things about it.

Dr. Egner advised that the Committee is now looking for articles or suggestions for the next newsletter.

LEGISLATIVE LIAISON COMMITTEE

Mr. Dilling stated that the Committee has nothing to report at this time. The budget work continues, and House recommendations are imminent.

Dr. Talmage asked for information about the proposed P.A. legislation.

Mr. Dilling stated that that legislation has not yet been drafted. He and Mr. Wayda met with OAPA representatives and were shown a draft of their proposal.

Mr. Albert stated that if P.A.s want to prescribe, they should pay the same licensure fees as physicians pay. Several Board members indicated agreement with Mr. Albert.

PRESCRIBING COMMITTEE

Dr. Davidson reported on the latest meeting of the Committee on Prescriptive Governance (CPG). She indicated that, having attended a couple of meetings on the formulary, she has some concerns about the absence of any quality assurance activities.

Another issue was the number of problems with new drugs. She circulated a JAMA article that outlined the number of black box warnings or drug withdrawals that occurred two years after FDA approval. The whole process for that is kind of a voluntary medwatch program. If the drug gets pulled or packaging information gets changed, physicians are notified. She's not sure that nurses are being notified.

Dr. Davidson stated that, with Dr. Somani's support, she is preparing a memorandum asking that the group explore the possibility of some moratorium, perhaps six months after a drug is FDA approved, before it is added to the formulary. Mr. Wayda will do a little behind-the-scenes work to let the Nursing Board know that this is a concern and see what might be the best way to get it accepted.

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Dr. Davidson stated that another issue was the relative cost of drugs, and she suggested that information about costs should be provided to APNs.

Dr. Davidson stated that the Committee also discussed developing a position paper regarding the proper relationship between pharmaceutical representatives and physicians. She and Ms. Freed began to work on this, and the Committee discussed it. A question arose as to the necessity of such a paper. Dr. Davidson asked for Board member input.

Dr. Steinbergh stated that one of the questions Dr. Egner brought was whether the Board should be doing this at all. Is there a real problem that this Board needs to be concerned about? Is there a reason to do a position paper.

Dr. Talmage stated that the new stance by the American Pharmaceutical Association is rather comprehensive and very conservative. Part of the survey might be to circulate those rules to see if Board members feel that they are adequate for the time being. The limitation of gifts, the prohibition of taking spouses or friends along to dinner conferences and other such things are much more stringent than they've ever been before, and the A.M.A. has endorsed those.

Dr. Davidson stated that they discussed the A.M.A. rules and whether there would be any reason to think that the Board wouldn't pretty much be in line with those. Those are certainly well thought out. She stated that she would circulate a feasibility survey on whether or not to explore a position paper.

Mr. Dilling stated that there is always the newsletter. This kind of information could be included in the newsletter.

Dr. Davidson advised that the Department of Health's Compassionate Care Task Force is scheduled to begin monthly meetings in May.

LICENSURE COMMITTEE

Dr. Somani stated that the Committee met and reviewed two applications for licensure.

Anne Botti, M.D.

Dr. Botti's application for endorsement of her National Board diplomate status was considered by the Committee since Dr. Botti has not been engaged in the active practice of medicine since July 1998. She has indicated that she has completed 314.5 hours of C.M.E. during her absence from practice.

DR. STEINBERGH MOVED TO APPROVE DR. BOTTI'S REQUEST FOR ENDORSEMENT LICENSURE, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION, AND SUBJECT TO HER PASSING THE SPEX. MS. SLOAN SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert

- aye

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Dr. Egner	- aye
Dr. Somani	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Steinbergh	- aye
Dr. Talmage	- aye

The motion carried.

Leanne M. Bertani, M.D.

Dr. Bertani's application for restoration of her license to practice medicine and surgery lapsed on September 30, 1994. She has not been engaged in the active practice of medicine since that time, but has earned over 100 hours of Category 1 C.M.E.

DR. SOMANI MOVED TO APPROVE DR. BERTANI'S REQUEST FOR RESTORATION OF HER LICENSE TO PRACTICE MEDICINE AND SURGERY, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION, AND SUBJECT TO HER PASSING THE SPEX. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye

The motion carried.

DISCIPLINARY POLICY & GUIDELINES COMMITTEE

The Committee didn't meet this month.

LIMITED BRANCH AND ALTERNATIVE MEDICINE COMMITTEE

Dr. Talmage advised that the Committee reviewed the applications of four limited branch schools for certificates of good standing, and recommends approval of all.

DR. AGRESTA MOVED TO GRANT CERTIFICATES OF GOOD STANDING TO THE FOLLOWING SCHOOLS: NEW YORK INSTITUTE OF MASSAGE; THE BRYMAN SCHOOL OF PHOENIX; THE CONNECTICUT CENTER FOR MASSAGE THERAPY; AND THE

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AMERICAN SCHOOL OF MASSAGE THERAPY. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye

The motion carried.

Dr. Talmage advised that the Committee also reviewed an application for approval of a change in physicians teaching a course at the Cosmetic Therapy Training Center. The Committee recommends denial based upon inadequate documentation of the two physician participants. This application was also reviewed in March, and was tabled at that time pending receipt of the documentation. The documentation has still not been received.

Mr. Dilling recommended that the Committee refer this matter back to staff rather than denying it so that staff can clarify the legalities.

Dr. Talmage stated that the concern the Committee had was that both physicians are emergency room physicians, but one of them turned in a certificate from a workshop in light-based hair removal devices. The workshop didn't specify hours or practical training, and they had no documentation or even a narrative of even practical experience or ongoing activity in the field.

MS. SLOAN MOVED TO RETURN THIS MATTER TO STAFF FOR FURTHER RESEARCH AND ADVICE TO THE COMMITTEE. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye

The motion carried.

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P.A. COMMITTEE

Dr. Talmage advised that the P.A. Policy Committee (PAPC) reviewed applications at its meeting on April 1, and their recommendations were considered by the P.A. Committee. There was considerable consternation expressed by the PAPC, which perceives that its recommendations are unanimously and universally rejected by the Board. The PAPC questions why it meets and why it has input.

Dr. Talmage stated that he and Ms. Sloan discussed this with the PAPC. Ms. Sloan's point was that, while the P.A. Committee gets information from the PAPC that seems to indicate the Board should approve a particular procedure, it later gets further information that may cause a reversal of the PAPC recommendation. Dr. Talmage stated that he made the point that, if the PAPC can provide evidence-based medicine, preferably prospective randomized studies, that the procedures can be performed by P.A.s without complications, it would weigh heavily on the considerations. Dr. Talmage stated that they have not yet submitted that information.

Dr. Talmage continued that an article cited by the Michalski Orthopedic Center in its request for approval of the P.A. doing arthrocentesis of the knee is a 1986 article from a textbook. The PAPC even commented that that was not adequate and not current. Whether more current articles exist or not, it is the applicant's responsibility to find them and submit them.

Dr. Talmage stated that the PAPC did suggest that, if the P.A. Committee reverses their recommendations, it should have a reason for reversing them. They feel that it is the Board's responsibility to have a reason to reverse as much as it is for them to have a reason to approve.

Dr. Steinbergh stated that the onus is on the applicant. This is the practice of medicine, and the onus is on them to prove that midlevel practitioners should be approved to do these procedures.

Dr. Talmage stated that, by statute, it is incumbent upon the Board to give a reason for denial. He believes that the PAPC is correct in stating that the Board has to have a reason. Does it have to be a documented-evidence based reason? The statutes don't state that.

Far Oaks Orthopedists - Supplemental P.A. Utilization Plan

The above-captioned's plan to have its P.A.s perform diagnostic arthrocentesis of the knee, using 100% onsite supervision, was presented to the Committee for consideration. The PAPC recommended approval of the request with the addition of the requirement that all patients be evaluated by a physician prior to the performance of the arthrocentesis. The P.A. Committee recommended that the Board table this request until more information is provided. Previously, the Board denied such requests.

Dr. Somani stated that, basically, the Board comes back to the same discussion it has had. What is the meaning of the scope of practice? If you're letting P.A.s do everything, why even bother to have any guidelines? If P.A.s can do anything a physician can do with very limited training and observation, is the Board simply saying that they can go out and do anything they want with much less training, much less experience and much less evaluation of this compared to an orthopedic surgeon?

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Mr. Dilling stated that in 1996 the Board denied a similar request. However, a year or so ago the Board adopted rules that listed this as a function that P.A.s can perform if sufficient supporting documentation was provided.

Dr. Steinbergh asked the reason for denial at the Committee level.

Dr. Talmage stated that the discussion was that there is the risk in arthrocentesis of hemoarthrosis, infection, and scarring of the cartilage. It was also discussed that, in the non-effused knee, entering that joint space is considerably more difficult. The motion to table was based on getting more information from the P.A.s on any evidence base that a P.A.'s performing the procedure may or may not be safe. If they can present evidence that P.A.s have no more complications in arthrocentesis than do orthopedists or other physicians who do that procedure, the Board would be hard-pressed to deny that.

Dr. Somani asked whether that is not a circular argument. If the Board doesn't allow them to do it, where will they get the objective evidence?

Dr. Talmage stated that the Committee heard testimony from a couple of the P.A.s on the PAPC that they have done many of these procedures in other states before they came to Ohio.

DR. STEINBERGH MOVED TO TABLE THIS APPLICATION, PENDING RECEIPT OF SUPPORTING DOCUMENTATION AS TO THE SAFETY OF P.A.S PERFORMING THIS PROCEDURE AS OPPOSED TO PHYSICIANS PERFORMING IT. MR. ALBERT SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye

The motion carried.

Children's Hospital, Hematology/Oncology Orthopedists - Supplemental P.A. Utilization Plan

The above-captioned's plan to have its P.A.s perform bone marrow biopsies and bone marrow aspirations from the posterior iliac crest was previously approved by the Board. The group is at this time requesting to add physicians. Dr. Talmage stated that the Committee recommended approval.

Dr. Davidson asked who is actually giving the sedation in these cases. She stated that the application is not clear that the P.A. couldn't end up being the person doing the sedation.

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Dr. Talmage stated that it's been approved with 100% direct supervision, so the physician has to be in the room and can give the sedation, or it can be injected by a nurse under the direct vision of the physician.

MR. ALBERT MOVED TO APPROVE CHILDREN'S HOSPITAL'S REQUEST TO ADD PHYSICIANS TO ITS SUPPLEMENTAL PLAN. DR. SOMANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye

The motion carried.

Michalski Orthopedic Center - Supplemental P.A. Utilization Plan

The above-captioned's plan to have its P.A.s perform diagnostic arthrocentesis of the knee and injection of the knee, using 100% onsite supervision, was presented to the Committee for consideration. Dr. Talmage advised that the P.A. Committee recommended that the Board table this request until more information is provided.

DR. SOMANI MOVED TO TABLE MICHALSKI ORTHOPEDIC CENTER'S SUPPLEMENTAL PLAN, PENDING RECEIPT OF SUPPORTING DOCUMENTATION AS TO THE SAFETY OF P.A.S PERFORMING THIS PROCEDURE AS OPPOSED TO PHYSICIANS PERFORMING IT. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Somani	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye

The motion carried.

Dr. Egner stated that part of the problem in this whole P.A. issue is that you go to school to be a P.A. and take a general studies course. There is no specialty training, yet the requests are so specialized. The training they get is not in an academic setting with a set curriculum and standards. There's no regulation.

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The Board struggles with this, and it should. She added that she doesn't know the answer to this.

Dr. Egner continued that the Board has just gone through the A.A. process with a group of students who have applied to a specific school, who have a set curriculum, who are now regulated, who are going to learn specific procedures by statute. The Board has said that, even under those circumstances, the answer is "no, you can't do them." It makes her struggle all the harder with the P.A. Supplemental Plans, when she sees what course the Board has taken with the A.A.s and they have the background training that the Board wishes the P.A.s have. She stated that she doesn't have the answer, but the Board must bear all of this in mind when it tables these applications and takes them back to the Committee.

Dr. Garg stated that Dr. Egner's concerns are valid, and it is very confusing for any Board member. If a family physician refers a patient to an OB/GYN, or a neurosurgeon, or an ophthalmologist, he or she is not sending the patient to be seen by a P.A. That's his problem. He's also concerned about the risk of the procedures. He also questions direct supervision. If it is a one-minute procedure, why is the physician supervising it? Why doesn't he just do it himself?

Dr. Garg continued stated that, when it comes to the A.A. issue, the Board is talking about the role of the individual and the safety of the procedure, and that is his struggle. He added that he always asks himself who he would like to perform procedures on himself and his family, and then asks why he would impose this on the public if he's not willing to accept them for himself.

Dr. Talmage stated that during the PAPC meeting, Mr. Dilling did address the P.A. legislative effort. As a part of that discussion, P.A. education was discussed. Although the degrees may be different, whether masters prepared certificate or an associate degree, or bachelor's prepared, those educational processes, according to the information provided, all include 27 months of P.A. education. What is different is whether you have a bachelor's degree before you get that 27 months, whether you have required college courses not achieving a certificate of any kind prior to going to the 27 months, or whether you have college courses plus the 27 months, getting a bachelor's degree. A master's degree can also be obtained beyond the 27 months. There are specialty master's degrees at this point. Perhaps standardization in training will occur, but it does not appear to have occurred yet. Dr. Talmage stated that he doesn't think that there is a good, clear matrix of what the educational process is, except that it's always 27 months of P.A. training. Therefore, the Board doesn't fully understand what it means when he has an associate's degree or a master's degree. In fact, one of the P.A.s said that he had a bachelor's degree, went through his program at a hospital, and even though it was 27 months and he had a bachelor's degree, he has an associate's degree because the institution was not privileged to grant a master's degree. The Board is being dealt a deck of blank cards and is expected to play with them. Perhaps the legislation will take it out of the Board's hands and the Board won't have to worry about it.

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

Thereupon at 12:13 p.m. on April 2, 2003, the April 1-2, 2003 meeting of the State Medical Board of Ohio was duly adjourned.

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We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on April 1-2, 2003, as approved on May 14, 2003.



R. Gregory Browning, President



Anand G. Garg, M.D., Secretary

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