



**Medical Board of Ohio Meeting Minutes
August 10, 2022**

Betty Montgomery, President, called the meeting to order at 10:01 a.m. in the Administrative Hearing Room, 3rd floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio 43215 with the following members present: Sherry Johnson, D.O., Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Michael Gonidakis, Esq.; Robert Giacalone, R.Ph., J.D.; Michael Schottenstein, M.D.; Jonathan Feibel, M.D.; Harish Kakarala, M.D.; and Yeshwant Reddy, M.D.

MEDICAL RESIDENTS AND STUDENTS IN ATTENDANCE

Dr. Feibel stated that among the audience in today's Board meeting are orthopedic residents from Mount Carmel Hospital, as well as two medical students. Attending today's Board meeting is an educational opportunity so these young professionals can learn how the Board operates and how to conduct their future practice in an appropriate manner. Dr. Feibel hoped that additional residents and students can be brought to Board meetings in the future.

MINUTES REVIEW

Dr. Reddy moved to approve the minutes of the July 13, 2022 Board Meeting. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

REPORTS AND RECOMMENDATIONS

Ms. Montgomery asked the Board to consider the Report and Recommendation appearing on the agenda: Amber Buell; Laurence Kobina Entsuah, M.D.; Jordan P. Fitzpatrick; Shannon Quigley; Brenda A. Wilps, R.C.P.

Ms. Montgomery asked all Board members the following questions:

- 1.) Has each member of the Board received, read and considered the Hearing Record; the Findings of Fact, Conclusions and Proposed Orders; and any objections filed in each of the Reports and Recommendations?
- 2.) Does each member of the Board understand that the Board's disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from Dismissal to Permanent Revocation or Permanent Denial?
- 3.) Does each member of the Board understand that in each matter eligible for a fine, the Board's fining guidelines allow for imposition of the range of civil penalties, from no fine to the statutory maximum amount of \$20,000?

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Mr. Giacalone	- aye
Dr. Schottenstein	- aye
Dr. Johnson	- aye
Mr. Gonidakis	- aye
Dr. Kakarala	- aye

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Feibel - aye
Dr. Reddy - aye
Ms. Montgomery - aye

Ms. Montgomery stated that in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In the disciplinary matters before the Board today, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

During these proceedings, no oral motions were allowed by either party.

Amber Buell

Ms. Montgomery directed the Board's attention to the matter of Amber Buell. No objections have been filed. Ms. Shamansky was the Hearing Examiner.

Mr. Puckett stated that he has received an email from Ms. Buell indicating that she is having some difficulty traveling to the Board meeting this morning and she is not currently present. Ms. Montgomery stated that the Board can consider the matter of Ms. Buell later in the meeting.

Laurence Kobina Entsuah, M.D.

Ms. Montgomery directed the Board's attention to the matter of Laurence Kobina Entsuah, M.D. No objections have been filed. Mr. Porter was the Hearing Examiner.

Dr. Kakarala moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Dr. Entsuah. Dr. Johnson seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein noted a significant amount of discussion at hearing regarding the complication rate of procedures, such as the 1 in 1,000 rate of perforation with colonoscopy. In closing arguments, defense counsel drew an analogy with a baseball player who hit poorly at times and well at other times and that "things even out." However, the Hearing Examiner found that Dr. Entsuah had practiced below the minimal standard of care in these cases. If this is true, then the rate of complications is irrelevant because there is a difference between complication rate and the rate at which minimal standards are violated.

Dr. Schottenstein elaborated that, using the example of the risk of perforation in a colonoscopy, there is still a 1 in 1,000 risk of perforation even when the standard of care is followed. The complication rate does not mean that minimal standards are violated once in every 1,000 colonoscopies. The complication rate is only relevant in this matter if Dr. Entsuah practiced according to the standard of care. Dr. Schottenstein further commented that minimal standards violations do not "even out" and the rate of minimal standards violations should always be zero.

Dr. Schottenstein emphasized that there is a distinct difference between a complication that occurs even though the standard of care is followed, and a complication that occurs because the standard of care is violated. Minimal standards violations should not be camouflaged by conceptualizing them as being part of an expected rate of complications inherent in a procedure. In other words, one cannot botch a procedure and then point to the complication rate as a defense. Dr. Schottenstein agreed with the Hearing Examiner that the minimal standard of care was violated in these cases.

Dr. Schottenstein observed Dr. Entsuah's testimony that his documentation was merely inadequate and that his notes should have been more detailed. Dr. Schottenstein stated that, in fact, the documentation was

State Medical Board of Ohio Meeting Minutes –August 10, 2022

substantially non-existent at times, and at other times it contradicted the actual facts of the case. Dr. Entsuah rationalized the poor documentation by blaming it on the software system, an explanation that left Dr. Schottenstein incredulous. Dr. Schottenstein commented that if the software system is that poor, then Dr. Entsuah's practice needs a different system or need to have records written out or dictated. Dr. Schottenstein was in disbelief that this level of documentation would be considered acceptable.

Dr. Schottenstein continued that Dr. Entsuah could have better protected himself from accusations of minimal standards violations if he had documented more thoroughly; thorough documentation protects both the patient and the physician, especially when there is a bad outcome. If Dr. Entsuah had more thoroughly expanded on the details of the cases and his thought processes, then some of his choices and judgment may have made more sense. In the absence of these details, the Board is left to draw its own conclusions. Dr. Schottenstein perceived that Dr. Entsuah had violated minimal standards in terms of documentation. Regarding patient care, Dr. Schottenstein stated there were several examples of bad judgment, seven patients were seriously harmed, and one patient died.

Dr. Schottenstein was respectful of the Hearing Examiner's point that in the period following these events, which occurred between 2013 and 2015, there have been no other allegations of minimal standards violations of which the Board is aware. Dr. Schottenstein felt these cases should stand alone and not be camouflaged in the statistical complication rate, and that there should be a reckoning for the patient harm that occurred. Dr. Schottenstein opined that the Proposed Order is not sufficient. While remoteness in time is a mitigating factor, the failure of Dr. Entsuah to take responsibility for his actions is an aggravating factor.

Despite the fact that Dr. Entsuah lost privileges at a hospital due to concerns of substandard practice, had a malpractice verdict against him, and has come to the Board's attention due to several cases that arguably violated that standard of care, Dr. Schottenstein has never heard any remorse, introspection, regret other than regarding his documentation, or things that he could have done better or will do better going forward. Dr. Schottenstein opined that Dr. Entsuah does not seem to take a bird's eye view of the fact that he has struggled or take stock of the way he practices medicine.

Dr. Schottenstein opined that it would be in Dr. Entsuah's best interest to take time to work a physician reentry program, opining that remediation would be prudent and that sending him back into practice right now feels like crossing one's fingers. Dr. Schottenstein appreciated that there have been hundreds or thousands of cases that have been without incident in the last several years to the Board's knowledge, but he was concerned that in the absence of insight and any self-correcting behavior it is only a matter of time until there is another problem. Dr. Schottenstein recommended an amendment to the Proposed Order that would require a Post-Licensure Assessment System (PLAS) program such as the Center for Personalized Education for Physicians (CPEP) or Physician Assessment and Clinical Education (PACE), and include the medical records-keeping course as a condition for reinstatement or restoration. A written order with Dr. Schottenstein's proposed amendment was provided to Board members for review.

Dr. Feibel agreed that Dr. Entsuah's behavior is very concerning. Dr. Feibel believed that Dr. Entsuah's practice had fallen below the minimal standards of care and that he had an exceedingly high complication rate. Dr. Feibel had initially felt that Dr. Entsuah's medical license should be permanently revoked because he had shown no remorse or insight into his problems, which is very concerning for someone with this many complications. Dr. Feibel observed that in one case Dr. Entsuah's nurse had to tell him to stop at one point and he did not stop, which showed a total lack of regard for the patient in Dr. Feibel's opinion.

Dr. Feibel believed that for the public to be protected, any sanction should include some form of true procedural remediation to relearn how to perform colonoscopies and esophagogastroduodenoscopy (EGD) procedures, and the only way to achieve that is through a remedial fellowship in gastroenterology. A written order with Dr. Feibel's proposed amendment, which would require a six-month fellowship prior to resuming practice, was provided to Board members for review. Dr. Feibel reiterated that he would also entertain a suggestion to permanently revoke Dr. Entsuah's license if other Board members felt the same.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Feibel added that while it is true that Dr. Entsuah has had no other complaints against him that the Board members are aware of, the Board members, except for the Secretary and Supervising Member of the Board, do not see any complaints that have not been made public through a citation. Therefore, the Board members would not be aware of any additional complaints that are still going through the Board's pre-citation processes.

Dr. Kakarala agreed that the Proposed Order is not sufficient in this case. Dr. Kakarala stated that when a physician has a complication in a surgery or procedure, even a minor complication, that is the time take a break and spend significant time being crystal clear in the documentation about what happened, why it happened, when it was recognized, how the situation was remedied, and the ongoing plan of care post-surgery or post-procedure. It is also a good time to discuss the case with partners or other colleagues. In these cases, it appears that the opposite occurred. It is not clear from the documentation that there even was a complication.

Dr. Kakarala questioned the fact the Dr. Entsuah blamed the electronic medical record (EMR). Dr. Kakarala stated that the EMR program used by Dr. Entsuah is the leading endoscopic EMR in the nation and is used by many health systems across the country. Dr. Kakarala commented that while no system can be error-free, this EMR has captured every typographical error Dr. Kakarala has ever made in more than 15 years of using it. It was therefore beyond Dr. Kakarala's belief that that there was documentation that the EMR could not capture. The fact that this was given as a potential excuse led Dr. Kakarala to believe that this was a deflection or obfuscation of what actually happened.

Mr. Giacalone stated that as a non-physician he was not able to opine on the specific details of these cases. However, what stood out for Mr. Giacalone was the callous disregard that Dr. Entsuah displayed, an attitude that someone else will clean up his mess and he will not own it. Mr. Giacalone further opined that the State's expert was more believable than the defense expert, especially given the relationship the defense expert had with Dr. Entsuah.

Ms. Montgomery stated that there seemed to be inconsistencies in Dr. Entsuah's processes and he appeared to have a scattered approach, noting examples of uncertainty or forgetting to do certain things.

Dr. Schottenstein was bothered by instances in which Dr. Entsuah had a complication in a case and then did not check on the patient. Dr. Schottenstein stated that physicians are not technicians and they are expected to care for patients, and patients and their families put their trust in physicians to do that.

Dr. Schottenstein appreciated Dr. Feibel's remarks and his suggested amendment, but he pointed out that a PLAS program will assess Dr. Entsuah's skill set and will make a recommendation based on that. The recommendation could include a fellowship, a mentorship, a preceptorship, or a return to residency.

Dr. Feibel stated that part of the problem with PLAS is that the Board does not know the details of what is involved in the program and how they decide someone is competent to return to practice. More specifically, it is not known if PLAS has colonoscopy or EGD simulator capabilities. Dr. Feibel also expressed concern about Dr. Entsuah's ethical and moral choices and the fact that Dr. Entsuah did not appear before the Board today to address those issues.

Ms. Montgomery asked if any Board member was familiar with PLAS. Dr. Schottenstein stated that there are multiple PLAS programs throughout the country and they have simulation capability, but he was not familiar with which specific procedures they could simulate. Dr. Schottenstein reiterated that in PLAS Dr. Entsuah would be assessed by his peers and they would determine the level of remediation that is appropriate. Dr. Schottenstein felt comfortable proceeding with his proposed amendment.

Dr. Schottenstein moved to amend the Proposed Order to read as follows:

It is hereby ORDERED that:

State Medical Board of Ohio Meeting Minutes –August 10, 2022

- A. **SUSPENSION OF LICENSE:** Commencing on the thirty-first day following the date on which this Order becomes effective, the license of Laurence Kobina Entsuah, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time. During the thirty-day interim, Dr. Entsuah shall not undertake the care of any patient not already under his care.
- B. **FINE:** Within thirty days of the effective date of this Order, Dr. Entsuah shall remit payment in full of a fine of one thousand dollars (\$1,000.00). Such payment shall be made via credit card in the manner specified by the Board through its online portal, or by other manner as specified by the Board.
- C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Entsuah's license to practice medicine and surgery until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration:** Dr. Entsuah shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Post-Licensure Assessment Program:** Prior to submitting his application for reinstatement or restoration, Dr. Entsuah shall have undergone an assessment and completed the recommended educational activities, as developed for Dr. Entsuah by the Post-Licensure Assessment System ("PLAS") sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners. Dr. Entsuah's participation in the PLAS shall be at his own expense.
 - a. Prior to the initial assessment by the PLAS, Dr. Entsuah shall furnish the PLAS copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record that the Board may deem appropriate or helpful to that assessment.
 - b. Should the PLAS request patient records maintained by Dr. Entsuah, Dr. Entsuah shall furnish copies of the patient records at issue in this matter along with any other patient records he submits. Dr. Entsuah shall further ensure that the PLAS maintains patient confidentiality in accordance with Section 4731.22(F)(5), Ohio Revised Code.
 - c. Dr. Entsuah shall ensure that the written Assessment Report by the PLAS includes the following:
 - A detailed plan of recommended practice limitations, if any;
 - Any recommended education;
 - Any recommended mentorship or preceptorship;
 - Any reports upon which the recommendation is based, including reports of physical examination and psychological or other testing.
- Moreover, Dr. Entsuah shall ensure that, within 14 days of its completion, the written Assessment Report by the PLAS is submitted to the Board.
- d. Any Learning Plan recommended by the PLAS shall have been developed subsequent to the issuance of a written Assessment Report, based on an assessment and evaluation of Dr. Entsuah by the PLAS. Dr. Entsuah shall

State Medical Board of Ohio Meeting Minutes –August 10, 2022

successfully complete the educational activities as recommended in the Learning Plan, including any final assessment or evaluation.

- e. At the time he submits his application for reinstatement or restoration, Dr. Entsuah shall submit to the Board satisfactory documentation from the PLAS indicating that he has successfully completed the recommended educational activities.

3. **Medical Records Course(s)**: At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Entsuah shall submit acceptable documentation of successful completion of a course or courses on maintaining adequate and appropriate medical records. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

4. **Payment of Fine**: Dr. Entsuah shall have fully paid the fine as set forth in Paragraph B of this Order.
5. **Additional Evidence of Fitness To Resume Practice**: In the event that Dr. Entsuah has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

- D. **PROBATION**: The license of Dr. Entsuah, to practice medicine and surgery in the State of Ohio shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least three years:

1. **Obey the Law**: Dr. Entsuah shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Declarations of Compliance**: Dr. Entsuah shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances**: Dr. Entsuah shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur as directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

4. **Post-Licensure Assessment Program**: Dr. Entsuah shall practice in accordance with the Learning Plan developed by the PLAS, unless otherwise determined by the Board. Dr. Entsuah shall cause to be submitted to the Board quarterly declarations from the PLAS documenting Dr. Entsuah's continued compliance with the Learning Plan.

Dr. Entsuah shall obtain the Board's prior approval for any deviation from the Learning Plan.

If, in a manner not authorized by the Board, Dr. Entsuah fails to comply with the Learning Plan, Dr. Entsuah shall cease practicing medicine and surgery beginning the day following Dr. Entsuah's receiving notice from the Board of such violation and shall refrain from practicing until the PLAS provides written notification to the Board that Dr. Entsuah has reestablished compliance with the Learning Plan. Practice during the period of noncompliance shall be considered practicing medicine without a license, in violation of Section 4731.41, Ohio Revised Code.

5. **Practice Plan and Monitoring Physician**: Within 30 days of the date of Dr. Entsuah's reinstatement or restoration, or as otherwise determined by the Board, Dr. Entsuah shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Entsuah's activities will be directly supervised and overseen by a monitoring physician approved by the Board. The practice plan shall, as determined by the Board, reflect, but not be limited to, the PLAS Learning Plan. Dr. Entsuah shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

The monitoring physician shall monitor Dr. Entsuah and his medical practice, and shall review Dr. Entsuah's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

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

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Entsuah shall immediately so notify the Board in writing. In addition, Dr. Entsuah shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Dr. Entsuah shall further ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove any physician proposed to serve as Dr. Entsuah's monitoring physician, or may withdraw its approval of any physician

State Medical Board of Ohio Meeting Minutes –August 10, 2022

previously approved to serve as Dr. Entsuah's monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

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

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

E. **REQUIRED REPORTING TO THIRD PARTIES; VERIFICATION:**

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

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

Further, within 30 days of the date of each such notification, Dr. Entsuah shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

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

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Entsuah shall provide a copy of this Order by certified mail to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Entsuah shall provide a copy of this Order by certified mail at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license.

Additionally, within 30 days of the effective date of this Order, Dr. Entsuah shall provide a copy of this Order to any specialty or subspecialty board of the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists under which he currently holds or has previously held certification.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Further, within 30 days of the date of each such notification, Dr. Entsuah shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

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

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

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

Dr. Johnson seconded the motion.

Dr. Johnson was in agreement with Dr. Schottenstein and noted that under the proposed amendment Dr. Entsuah would be required to have a practice plan and a monitoring physician as probationary terms, so he would be supervised. Ms. Montgomery added that the proposed amendment includes a suspension of Dr. Entsuah's license, which is absent in the Proposed Order.

The Board continued to discuss whether PLAS has the ability to simulate colonoscopies and EGD's to ensure competence in those procedures. Dr. Feibel stated that if it was known that PLAS had that capability, he would be in favor of Dr. Schottenstein's amendment. Dr. Kakarala supported the amendment. Dr. Kakarala stated that the Board has referred licensees to PLAS before and the program seems very good at determining what a person needs to reenter practice or if they should reenter practice.

Ms. Montgomery noted that the Board has the right to determine whether Dr. Entsuah has met the requirements for reinstatement or restoration following his PLAS program. Dr. Feibel disagreed, opining that if the Board adopts the proposed amendment and Dr. Entsuah completes the program adequately, the Board would not have the right to restrict his license at that time.

The Board briefly discussed the requirement for a practice plan and monitoring physician and what that specifically entails. Ms. Anderson stated that the Board's standard practice plan and monitoring physician does not mean every single procedure is overseen by the monitor; rather, the practice as a whole is overseen and the monitor provides reports to Board.

Following further discussion, Dr. Schottenstein suggested tabling this matter so that the Board staff can research the PLAS program, as well as other items of discussion, and provide answers to the Board's questions at a later time. Ms. Anderson stated that if the Board tables this discussion, the staff can research the capability of PLAS to evaluate competency in performing gastroenterology procedures including colonoscopy, EGD, and percutaneous endoscopic gastrostomy (PEG). The staff will also seek clarification on the specifics of how practice plans and monitoring physicians operate.

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

Jordan P. Fitzpatrick

Ms. Montgomery directed the Board's attention to the matter of Jordan P. Fitzpatrick. No objections have been filed. Ms. Lee was the Hearing Examiner.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

A request to address the Board has been filed on behalf of Mr. Fitzpatrick. Five minutes will be allowed for that address.

Mr. Fitzpatrick identified himself as an applicant for licensure as a massage therapist and he stands before the Board today as a person, not a piece of paper that has come before the Board at least twice. Mr. Fitzpatrick thanked the Board because had he been practicing massage therapy all this time, he would have missed out on something that he has found very valuable, namely stretch therapy. While the working conditions of stretch therapy are identical to massage therapy, the practice is not. Mr. Fitzpatrick has been able to help many people using stretch therapy, so he was thankful for that opportunity.

Mr. Fitzpatrick continued that he has been waiting 26 days short of two years for his massage therapist license to be approved. Mr. Fitzpatrick stated that the State has presented a case that he is only his mental illness and not a whole, complicated person, but this is not factually accurate. The Board has been made aware of two instances where bipolar disorder has affected Mr. Fitzpatrick's life in a negative way, but as Mr. Fitzpatrick's father said, he is batting 1.000 for two out of 32 years. Mr. Fitzpatrick has been working as a stretch therapist for two years, which is the same amount of time the Hearing Examiner has proposed as the probationary period. Mr. Fitzpatrick works in a room alone with a client, just as he would as a licensed massage therapist, and therefore his work environment would not change if his application is approved today.

Mr. Fitzpatrick stated that mental illness is not an indication of who someone is. Mr. Fitzpatrick acknowledged that it is a part of himself that will never fully go away, but it is far from all he is. Mr. Fitzpatrick added that conflating his mental illness to his personality is not only wrong, but factually inaccurate. Mr. Fitzpatrick stated that the closing statement of Assistant Attorney General Kyle Wilcox is a perfect example of harmful, uneducated prejudice against someone with a mental illness. Mr. Fitzpatrick stated that Mr. Wilcox had stated, "Well, since the bipolar will never go way, we shouldn't license him at all." Mr. Fitzpatrick did not feel this was the correct approach, but it was a wonderful example of an incorrect approach. Mr. Fitzpatrick stated that his generation and those that follow are far more open and aware of the presence of mental illness in daily life and have the highest rate of recognized mental illness in the history of the world because it is more readily noticed and diagnosed.

Mr. Fitzpatrick had presented his case based on the Americans with Disabilities Act, but he found out from Mr. Wilcox that the 10th District of Ohio decided to exempt the Board from Title II, which prevents discriminatory practices in titling agencies. Mr. Fitzpatrick noted that Congress itself has refused to exempt this Board from that very title in a case brought in 2013 by the Federation of State Medical Boards, which was led at the time by the Chair of the Ohio Medical Board.

Mr. Fitzpatrick reiterated that he currently works in an environment that is identical to the one he would work in as a massage therapist. Mr. Fitzpatrick stated that he has seen experts to determine whether he is capable of practicing safely, and the Board has done everything it can to see that he is safe for the public. Mr. Fitzpatrick stated that further penalizing him today will not change the fact that he can work safely with the public.

Ms. Montgomery asked if the Assistant Attorney General wished to respond. Mr. Puckett stated that he wished to respond.

Mr. Puckett, who was involved with Mr. Fitzpatrick's hearing along with Mr. Wilcox, supported the Hearing Examiner's Proposed Order to grant the licensure application and institute terms of probation. Mr. Puckett was encouraged that Mr. Fitzpatrick is displaying some greater insight into the nature of his bipolar I disorder. Mr. Puckett noted that the incidents in question were some years ago and Mr. Fitzpatrick is gaining greater insight into how to approach his illness, but he felt that Mr. Fitzpatrick needs to do more.

Mr. Puckett continued that Mr. Fitzpatrick has prior convictions related to threatening coworkers in one instance, and suicidal ideation involving police action in another instance. Mr. Puckett opined that Mr. Fitzpatrick has the capacity to manage his condition so such incidents do not occur again and he can meet the standard of care for massage therapists if certain steps are required of him. Two experts testified at hearing

State Medical Board of Ohio Meeting Minutes –August 10, 2022

that bipolar disorder is a chronic, relapsing condition and that Mr. Fitzpatrick had symptoms that meet the criteria for mania. While Mr. Fitzpatrick testified about his current efforts to get in touch with medical professionals, he was not seeing a psychiatrist at that time. The experts indicated in their testimony that Mr. Fitzpatrick should be treated by a Board-approved psychiatrist so the Board can monitor his progress and ensure he can meet the standard of care. Mr. Puckett observed that Mr. Fitzpatrick made no mention today of additional steps to seek psychiatric care. Mr. Puckett opined that the Hearing Examiner's Proposed Order is reasonable and puts the onus on Mr. Fitzpatrick to comply with the terms.

Dr. Reddy moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Mr. Fitzpatrick. Dr. Johnson seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein commented that this case should be a non-controversial matter. Mr. Fitzpatrick agrees that he has bipolar disorder, he acknowledges his past behavior when he threatened to kill himself and others, and he has had legal consequences for that behavior. Dr. Schottenstein further observed that the recommendations in the psychiatric assessment and the Proposed Order are standard. However, Mr. Fitzpatrick contends that the recommendations would conflict with the Americans with Disabilities Act (ADA).

Dr. Schottenstein continued that the Medical Board and its staff are very respectful of the ADA and the Board has never taken action on a licensee based solely on diagnosis or treatment history. Dr. Schottenstein stated that it is not appropriate to use the ADA as a shield to absolve oneself of the responsibility for one's behavior; that is not the purpose of the ADA, and the ADA is not an issue in this case. Rather, Mr. Fitzpatrick is before the Board because of his behavior, for which he is ultimately responsible, and the Medical Board is responsible for making sure its licensees are safe to practice.

Dr. Schottenstein noted the video which Mr. Fitzpatrick had submitted for the hearing record regarding the challenges inherent in receiving a mental health diagnosis relatively late in life. The video portrays a woman who owns an old Chevette automobile that breaks down often and requires much maintenance. For a long time, the woman does not realize she has the option of getting a new car that works. Dr. Schottenstein found the video to be compelling, but not in the way Mr. Fitzpatrick perceives. Dr. Schottenstein felt the video actually makes the Board's case as to why Mr. Fitzpatrick is here today, because the Board would never take action against the Chevette driver portrayed in the video. Carrying the analogy further, Dr. Schottenstein asked those present to suppose the Chevette driver had an alcohol use disorder, which is a legitimate medical condition, and to further suppose that the driver had gotten into her car while intoxicated and caused a fatal accident. Mr. Fitzpatrick's contention seems to be that prosecuting the driver would violate the ADA. Dr. Schottenstein did not believe an average, reasonable person would think the driver should avoid legal or administrative consequences simply because she has a legitimate medical condition.

Dr. Schottenstein reiterated that people are responsible for their behavior and a medical condition is not exculpatory; it is, at best, mitigating. Common sense and the law are consistent with the recommendations of the psychiatric assessment and the Proposed Order. Dr. Schottenstein therefore supported the Proposed Order.

Dr. Feibel also supported the Proposed Order. However, Dr. Feibel expressed concern about Mr. Fitzpatrick's apparent need for psychiatric care during his practice. Dr. Feibel recommended extending the probationary period from a minimum of three years to at least five years, including the requirement for psychiatric treatment in an effort to protect both the public and Mr. Fitzpatrick. Dr. Feibel opined that Mr. Fitzpatrick has a long, robust career ahead of him and Dr. Feibel was hopeful that he will continue to receive the psychiatric care he needs so he can be a productive massage therapist.

Dr. Feibel moved to amend the Proposed Order to extend the probationary terms and conditions to a minimum of five years. Mr. Giacalone seconded the motion.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Schottenstein was respectful of the proposed amendment, but he also wished to be fair. Dr. Schottenstein observed that a probationary term of a minimum of three years is the typical range for similar cases, and he is comfortable with that timeframe. Dr. Feibel stated that he would be more respectful of the standard three-year probation if Mr. Fitzpatrick had expressed an understanding of his condition today. Instead, Dr. Feibel perceived that Mr. Fitzpatrick was somewhat denying of the need for care. Dr. Feibel had offered his amendment in an effort to protect the public and that an extra two years will not be an unnecessary burden.

Mr. Giacalone stated that the Board is not trying to place a roadblock between Mr. Fitzpatrick and a massage therapy license. The Board has a duty to protect the public and it has concerns given Mr. Fitzpatrick's history, including suicidal tendencies and threatening coworkers. Mr. Giacalone noted that psychiatrists have evaluated Mr. Fitzpatrick and have recommended treatment. Mr. Giacalone stated that this is not about the ADA, but about making certain that both Mr. Fitzpatrick and the public are safe.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- nay
	Dr. Johnson	- nay
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion to amend carried.

Dr. Feibel moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Mr. Fitzpatrick. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion to approve carried.

Shannon Quigley

Ms. Montgomery directed the Board's attention to the matter of Shannon Quigley. No objections have been filed. Mr. Porter was the Hearing Examiner.

Dr. Johnson moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Ms. Quigley. Dr. Reddy seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Schottenstein stated that he understands Ms. Quigley’s viewpoint, namely that her cocaine use is behind her and she wants to use marijuana when has down time and not during business hours. Ms. Quigley sees nothing wrong with this and does not understand why it is not acceptable.

Dr. Schottenstein continued that no one at the Board would judge someone for saying that they like marijuana, but it is different for those who want to practice health care. Dr. Schottenstein stated that the regular use of marijuana leads to impairment for those with substance use disorder and that is not acceptable for a health care provider. Ms. Quigley has substance use disorder and therefore has an addictive brain, which is not her fault and is something one is born with. However, when someone with an addictive brain uses an addictive drug like marijuana it increases the risk of progression of the disease and the risk of relapse on substances like cocaine. Regular use of marijuana by someone with substance use disorder substantially increases the risk of impairment in the work setting, and it is not acceptable to have impaired health care practitioners treating patients and thus endangering them.

Dr. Schottenstein stated that it is common for those with substance use disorder to experience denial about their condition and to minimize the negative impact the condition has on their lives and the lives of those around them. It is also common for those with substance use disorder to become angry when someone tells them they cannot use.

Dr. Schottenstein stated that having a license to practice health care is a privilege and not a right. Dr. Schottenstein noted that the Board often sees licensees who surrender their licenses because they do not want to be sober anymore, they do not want to work their program anymore, and they simply wish to be able to use their drugs and not be bothered. Dr. Schottenstein stated that this is everyone’s right, but if someone wants to practice health care and has substance use disorder they must be abstinent. This is the rule for everyone because the Board is not a licensee protection board; it is a patient protection board and it puts patients first. Most licensees feel it is a fair trade-off to give up their drug of choice to be able to practice in their profession. Often, following a year of treatment and maintaining sobriety, licensees will express gratitude to the Board for insisting that they stop using drugs.

Dr. Schottenstein was respectful of whatever choice Ms. Quigley is inclined to make and he opined that she deserves a chance to be monitored and obtain a license. Dr. Schottenstein therefore supported the Proposed Order.

A vote was taken on Dr. Johnson’s motion to approve:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion to approve carried.

Brenda A. Wilps, R.C.P.

Ms. Montgomery directed the Board’s attention to the matter of Brenda A. Wilps, R.C.P. No objections have been filed. Ms. Lee was the Hearing Examiner.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

A request to address the Board has been filed on behalf of Ms. Wilps. Five minutes will be allowed for that address.

Ms. Wilps was thankful for the opportunity to address the Board regarding her respiratory care license of 35 years.

Ms. Wilps stated that the matter began due to her noncompliance. At her hearing, Ms. Wilps presented emails that indicated confusion. Ms. Wilps stated that she completed every task that was asked of her, and the hearing involved many interruptions and more confusion. Ms. Wilps stated that it was her responsibility, having been diagnosed as an alcoholic, to complete her duties and many contracts, and it was everyone's responsibility to complete and stand by her contacts and meetings of communication.

Ms. Wilps stated that she takes full responsibility for becoming noncompliant, but that does not make her a drunk per Mr. Puckett at her hearing. Ms. Wilps stated that her diagnosis has nothing to do with her job. Ms. Wilps tried to better herself and become closer to her children, and her job was her joy. Ms. Wilps stated that she is getting treatment and has stayed sober for three years and nine months.

Ms. Wilps asked how she could stay compliant when she completed everything that was asked of her but was then told it was a mistake and everything she was told was changed. Ms. Wilps stated that when her Spectrum account was continuously being locked because they would not except her payment, it immediately made her noncompliant. Ms. Wilps was unable to do her daily check-ins to be monitored or log in for meetings. Ms. Wilps had asked for all her records to show her compliance, but there was no response.

Ms. Wilps stated that everyone made a judgment of her without any proof that she is or ever was intoxicated in the last three years. Ms. Wilps stated that she has never failed a drug test and had always been compliant with her meetings, and she was never asked for a toxicology test to prove she was not intoxicated to continue work. Instead, everyone went by what a piece of paper said. Ms. Wilps stated that she cannot be called a drunk by what a piece of paper says. Ms. Wilps stated that for the rest of her life she will be labeled a drunk by being put into the State of Ohio's database for being a threat to the public.

Ms. Wilps thanked the Board for allowing her to practice and to be more sympathetic and understanding with her patients. Ms. Wilps stated that she is alive and will continue as a beautiful person because her God is great.

Ms. Montgomery asked if the Assistant Attorney General wished to respond. Mr. Puckett stated that he wished to respond.

Mr. Puckett stated that Ms. Wilps self-reported a history of alcohol abuse and voluntarily entered the One-Bite program conducted by the Ohio Physicians Health Program (OPHP). However, Ms. Wilps was terminated from that program and her license has been summarily suspended. Mr. Puckett opined that during her hearing Ms. Wilps displayed a significant amount of confusion about what her requirements had been under that program. Ms. Wilps had presented a number of emails between herself and her OPHP case worker, and the Hearing Examiner accurately described the case worker as "bending over backwards" in an effort to keep Ms. Wilps in the program.

Mr. Puckett stated that the One-Bite program takes confidentiality seriously, wants to give people second chances, and is very respectful of the struggles that people go through. However, instead of following the advice of her case worker, Ms. Wilps entered into an aftercare program that was not Board-approved and the release to allow information to be shared with OPHP was not completed. The case worker made it abundantly clear in the emails that Ms. Wilps was not in compliance.

Mr. Puckett noted Ms. Wilps' acknowledgement that she had not attended Alcoholics Anonymous or Narcotics Anonymous meetings since at least 2020, nor has she had aftercare treatment since 2021. Mr. Puckett stated that he will not call Ms. Wilps a "drunk" and did not do so at the hearing. The concern is that there are no

State Medical Board of Ohio Meeting Minutes –August 10, 2022

monitored or verified assurances that Ms. Wilps has maintained her sobriety since receiving the diagnosis of alcohol use disorder in 2019.

Mr. Puckett supported the continued suspension of Ms. Wilps' license and the reinstatement terms proposed by the Hearing Examiner. Mr. Puckett stated that a period of monitoring is needed in order to know the status of Ms. Wilps' condition and how she is progressing.

Dr. Reddy moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Ms. Wilps. Mr. Gonidakis seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein stated that Ms. Wilps entered inpatient treatment at Glenbeigh Hospital on February 1, 2019 for treatment of alcohol use disorder and was discharged on March 1, 2019. Prior to discharge, Ms. Wilps entered into an aftercare contract which, among other things, strongly recommended that she apply for monitoring by the Ohio Physicians Health Program (OPHP). Ms. Wilps was resistant to OPHP referral and, according to her testimony, she was clear with Glenbeigh that she would not pursue it. Dr. Schottenstein stated that, respectfully, that is when Glenbeigh should have made a report to the Medical Board. Dr. Schottenstein opined that a licensee's refusal of an OPHP referral should be automatic grounds to report the case.

The Hearing Examiner described Ms. Wilps' initial refusal to engage with OPHP as "inscrutable." Dr. Schottenstein perceived that the licensee believed an OPHP referral was tantamount to a tacit admission that her alcohol use was impacting her quality of her work as a respiratory care professional. Ms. Wilps was unwilling to stipulate to that and she would only agree that her alcohol use was negatively impacting her personal life. That specious distinction led to a cascade of negative repercussions in terms of the frustration Ms. Wilps has experienced.

Dr. Schottenstein speculated that it is rare for a licensee to refuse an OPHP referral because an OPHP referral for the One-Bite program is a gift to the licensee, allowing them to continue to work while being monitored instead of being reported to the Board, taken out of practice, and disciplined. Dr. Schottenstein felt that when Ms. Wilps resisted the OPHP referral, this case fell through the cracks.

Ultimately, Ms. Wilps did formally enter into a One-Bite program monitoring agreement with OPHP on August 12, 2020. On February 21, 2021, OPHP sent Ms. Wilps a letter indicating a need for either a discharge summary from the aftercare provider or proof of enrollment in aftercare. However, the letter did not mention the requirement that the aftercare program be Board-approved. Dr. Schottenstein opined that anytime OPHP or a rehabilitation facility recommends that a licensee seek treatment, it is imperative that the licensee knows the treatment must be through a Board-approved facility.

Additionally, Ms. Wilps indicated that she had been locked out of her compliance app due to non-payment, which translated to perceived non-compliance because she could not use the app to verify meetings and drug screens. To Dr. Schottenstein's understanding, this is unusual because OPHP works with licensees regarding payment.

Dr. Schottenstein continued that Ms. Wilps perceived that being monitored by OPHP was like one-stop shopping. Ms. Wilps did not seem to appreciate the distinction that OPHP is the monitoring agency for the One-Bite program but that she still needed to undergo more treatment with a Board-approved treatment provider such as Glenbeigh. Ms. Wilps testified that she thought her participation with OPHP would void her contract with Glenbeigh. Dr. Schottenstein noted, in fairness, that there is no testimony from either Glenbeigh or OPHP, and it could be the case that such testimony would paint things in a different light.

Dr. Schottenstein stated that he would like to have a better understanding of the Medical Board's role in this process. The Board received a letter from OPHP dated June 1, 2021 indicating that Ms. Wilps was in

State Medical Board of Ohio Meeting Minutes –August 10, 2022

noncompliance with the One-Bite monitoring agreement, which fulfilled OPHP’s duty to report. Almost a year later, the Board received a letter dated April 21, 2022 indicating the Ms. Wilps had been discharged from OPHP due to noncompliance, and that is when the Board issued a summary suspension of Ms. Wilps’ license. Dr. Schottenstein was unclear why the Board did not take action when the 2021 letter was received, stating that receiving a letter from OPHP identifying a licensee by name with a report of noncompliance is arguably actionable.

Dr. Schottenstein stated that this case is something of a “one-off” due to its unusual nature, and such cases can stress the system and reveal vulnerabilities. Dr. Schottenstein wondered if the Board could implement additional fortifications into the system and build redundancy to avoid such issues in the future. Dr. Schottenstein noted that currently all treatment provider applications have a page entitled “Agreement of Applicant” which outlines the responsibility to train their staff on the requirements of Ohio law. One-Bite treatment providers in particular are asked to verify that they have a process in place to train staff on eligibility for One-Bite on a quarterly basis. Dr. Schottenstein suggested that the “Agreement of Applicant” page could include a statement that the provider understands the need to refer licensees to the Board if the licensee declines to participate in the One-Bite program.

Dr. Schottenstein stated that Proposed Order is standard and appropriate. Dr. Schottenstein hoped the experience will be much more streamlined for Ms. Wilps going forward.

Ms. Montgomery thanked Dr. Schottenstein for his comments and stated that Ms. Loucka has already taken steps to implement what Dr. Schottenstein has suggested.

A vote was taken on Dr. Johnson’s motion to approve:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion to approve carried.

Amber Buell

Ms. Montgomery directed the Board’s attention to the matter of Amber Buell. No objections have been filed. Ms. Shamansky was the Hearing Examiner.

A request to address the Board has been filed on behalf of Ms. Buell. Five minutes will be allowed for that address.

Ms. Buell stated that she has had a long and tedious journey and that some have said she was wasting her time and money. Ms. Buell noted that if she listened to everyone who had negative feedback, she would never have accomplished everything she has so far in her life.

Ms. Buell continued that she decided to enter the field of massage therapy due to the influence of her mother who suffers from dementia. Ms. Buell had wanted to find a way to help her mother because she was not getting the help she needed through regular medical doctors. Many people have asked why Ms. Buell would take the time to help her mother because her mother, whose dementia is alcohol-induced, had not helped Ms.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Buell much in her childhood. Nonetheless, Ms. Buell loves her mother and is doing everything she can to help her because that is her duty as a daughter.

Ms. Buell continued that she has had to fight for everything in which she has had success. Massage therapy has been Ms. Buell's world and support system for the last few years and she has wonderful mentors. Ms. Buell's massage therapy teacher has urged her through the process even though it was an uphill battle. Ms. Buell recognized that her case does not look good on paper, but she wishes to focus on the positive and not just what has happened in the past.

Ms. Buell stated that she has been in treatment for four to five years and she has continued treatment because she likes the counseling, and other aspects of treatment like drug screens help continue her recovery. Ms. Buell is very involved in her church and with Young Life, a nationwide Christian-based youth group. Through this group, Ms. Buell has been able to mentor a couple of girls who now call themselves her goddaughters.

Ms. Buell stated that she is willing to do whatever is required to gain her license and she did not come this far to quit now. Ms. Buell stated that massage therapy is her life now and she would appreciate the opportunity to practice.

Ms. Montgomery asked if the Assistant Attorney General wished to respond. Mr. Puckett stated that he wished to respond.

Mr. Puckett found it encouraging that Ms. Buell is continuing to seek drug treatment and that she had no objections to the Hearing Examiner's Report and Recommendation. Mr. Puckett felt that Ms. Buell is displaying insight into what needs to happen next. Mr. Puckett opined that the Proposed Order is reasonable. The Proposed Order would grant Ms. Buell's license and suspend it until she demonstrates that she is in compliance with acceptable and prevailing standards of care. Ms. Buell would have the burden of showing that her past is behind her.

Mr. Puckett noted that Ms. Buell was cited for prior felony convictions, some of which involved crimes of dishonesty. One questionable aspect is the fact that Ms. Buell tested positive for fentanyl when she was diagnosed in June 2021. That positive test may be explained by treatment she had received following an automobile accident. However, Mr. Puckett observed that the accident had occurred a month before the blood test. Mr. Puckett questioned whether this was possible, though the physicians on the Board would know more about that than he would.

Mr. Puckett stated that if Ms. Buell is to practice massage therapy, the Report and Recommendation outlines the steps she can take to ensure compliance with her treatment.

Dr. Reddy moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Ms. Buell. Dr. Feibel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Ms. Montgomery stated that as a former prosecutor, she would feel, based on Ms. Buell's record, that Ms. Buell should not be a massage therapist. However, Ms. Buell has been impressive in her perseverance. Ms. Buell's perseverance and her heart indicate that she has a good chance if she stays on her current path. Ms. Montgomery commended Ms. Buell for her efforts.

Dr. Reddy favored granting Ms. Buell's application for licensure. Dr. Reddy observed that Ms. Buell had a poor childhood, an absent father, an alcoholic mother, two abusive relationships, and a childhood pregnancy. Fighting addiction, Ms. Buell graduated from massage therapy school. Ms. Buell is rebuilding relationships with her children, remaining sober, and she has a husband who is very supportive. Dr. Reddy felt that society should support Ms. Buell so she can achieve her full potential in life, and that the Board should give her an

State Medical Board of Ohio Meeting Minutes –August 10, 2022

opportunity to practice as a massage therapist. The Proposed Order provides for monitoring for at least three years in order to protect the public.

Dr. Feibel agreed with Dr. Reddy, commenting that it is heartwarming to see someone except full responsibility for where they are and where they have been, and to realize where they are going. Dr. Feibel was hopeful for Ms. Buell's future.

Dr. Johnson noted the obstacles Ms. Buell has overcome. Dr. Johnson stated that if Ms. Buell continues on her path, the Board will look forward to her being a massage therapist.

Dr. Schottenstein stated that it has been conclusively demonstrated that the allegations of violations of 4731.22(B)(26), (B)(9), and (B)(13) have been shown to be true. There are mitigating factors in this case: It has been five years since Ms. Buell has had a legal issue; Ms. Buell has corrected her misconduct; and she is working a medication-assisted treatment program to address her opioid use disorder. Dr. Schottenstein felt that Ms. Buell deserves a lot of credit for extricating herself from an abusive and psychologically damaging background, and that she has made the case that her legal infractions occurred in the context of emotional and physical abuse and substance abuse. Ms. Buell is now in a healthier social environment and she persevered through adversity to obtain her massage therapy degree and pass the Massage and Bodywork Licensing Examination (MBLEx).

Dr. Schottenstein also noted aggravating factors in this case. Ms. Buell's criminal activity was reckless and had an adverse impact on others. Dr. Schottenstein was also concerned about the positive laboratory finding for fentanyl. Contrary to Ms. Buell's theory that the positive fentanyl test was due to medication administered to her one month earlier following an automobile accident, Dr. Schottenstein could not envision a scenario in which that would be possible.

Dr. Schottenstein opined that the correct presumption at this time is that Ms. Buell is in active relapse and time will tell with regard to future laboratory screens as to the level of care she needs. Dr. Schottenstein stated that substance use disorder is well-known as a chronic relapsing condition and people are not always forthcoming about that, so Dr. Schottenstein did not consider this to be disqualifying. Dr. Schottenstein further opined that Ms. Buell has shown substantial grit and determination to move in a positive forward direction in her life.

Regarding the Proposed Order, Dr. Schottenstein noted that the probationary terms and conditions is for a minimum of three years. Dr. Schottenstein stated that for chemical dependency concerns, the Board usually monitors the licensee for a minimum of five years and he felt that would be appropriate in this case.

Dr. Schottenstein moved to amend the Proposed Order to extend the probationary terms and conditions to a minimum of five years. Mr. Gonidakis seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion to amend carried.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Feibel moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Ms. Buell. Dr. Reddy seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion to approve carried.

The Board recessed at 10:41 a.m. The meeting resumed at 10:55 a.m.

PROPOSED FINDINGS AND PROPOSED ORDERS

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

Mitchell J. Curtiss, M.T.

Dr. Johnson moved to find that the allegations as set forth in the January 12, 2022 Notice of Opportunity for Hearing in the matter of Mr. Curtiss have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee's Proposed Findings and Proposed Order. Dr. Kakarala seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Speaking generally, Dr. Feibel asked if the Board should fine the maximum amount under the fining guidelines instead of the minimum amount when a respondent does not comply with coming before the Board. Dr. Feibel stated that a greater fine would be punishment for not coming to the Board and creating more work and problems for the Board own the road.

Dr. Schottenstein was respectful of Dr. Feibel's concerns, but was somewhat concerned that in substance abuse cases the lack of cooperation is influenced by the respondent's condition. Dr. Feibel stated that Dr. Schottenstein had a valid point, but felt that cases that do not involve substance abuse should probably receive the maximum fine.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Kakarala	- aye
Dr. Feibel	- aye
Dr. Reddy	- aye
Ms. Montgomery	- aye

The motion carried.

Jamal Lovette Jones, M.T.

Dr. Johnson moved to find that the allegations as set forth in the February 9, 2022 Notice of Opportunity for Hearing in the matter of Mr. Jones have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Kakarala seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

Cecily Snyder-Sandy

Dr. Johnson moved to find that the allegations as set forth in the February 9, 2022 Notice of Opportunity for Hearing in the matter of Ms. Snyder-Sandy have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Kakarala seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

State Medical Board of Ohio Meeting Minutes –August 10, 2022

The motion carried.

Huazhen Yan, L.M.T.

Dr. Johnson moved to find that the allegations as set forth in the March 9, 2022 Notice of Opportunity for Hearing in the matter of Ms. Yan have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Feibel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Feibel opined that this case, which does not involve substance abuse, should warrant the maximum fine under the Board’s fining guidelines.

Dr. Feibel moved to amend the Proposed Order to increase the fine to \$5,000. Dr. Kakarala seconded the motion.

Mr. Giacalone noted that this case involves a failure to cooperate with a Board investigation, specifically a failure to appear for a deposition. Mr. Giacalone stated that the nature of the underlying violations is not yet known to the Board members and it could involve substance abuse. Dr. Feibel agreed and stated that it would be useful in the future to know if these cases involve substance abuse.

Dr. Feibel wished to withdraw his motion to amend. No Board member objected to the withdraw. The motion to amend was withdrawn.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

EXECUTIVE SESSION

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

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Feibel - aye
Dr. Reddy - aye
Ms. Montgomery - aye

The motion carried.

The Board went into Executive Session at 12:06 p.m. and returned to public session at 12:25 p.m.

SETTLEMENT AGREEMENTS

Mr. Roach briefly reviewed the settlement agreements for the Board's consideration.

Michael Leroy Seng, M.D.

Dr. Kakarala moved to ratify the proposed Permanent Surrender with Dr. Seng. Mr. Gonidakis seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Mr. Giacalone	- aye
Dr. Schottenstein	- aye
Dr. Johnson	- aye
Mr. Gonidakis	- aye
Dr. Kakarala	- aye
Dr. Feibel	- aye
Dr. Reddy	- aye
Ms. Montgomery	- aye

The motion carried.

David Charles Hartman, L.M.T.

Dr. Johnson moved to ratify the proposed Permanent Surrender with Mr. Hartman. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Mr. Giacalone	- aye
Dr. Schottenstein	- aye
Dr. Johnson	- aye
Mr. Gonidakis	- aye
Dr. Kakarala	- aye
Dr. Feibel	- aye
Dr. Reddy	- aye
Ms. Montgomery	- aye

The motion carried.

Timothy J. Drehmer, M.D.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Drehmer. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
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State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Saferin	- abstain
Mr. Giacalone	- aye
Dr. Schottenstein	- aye
Dr. Johnson	- aye
Mr. Gonidakis	- aye
Dr. Kakarala	- aye
Dr. Feibel	- nay
Dr. Reddy	- aye
Ms. Montgomery	- aye

The motion carried.

Christopher R. Seman, D.O.

Dr. Johnson moved to ratify the proposed Step I Consent Agreement with Dr. Seman. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

Jessica S. Suber, M.D.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Suber. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

NOTICES OF OPPORTUNITY FOR HEARING, ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, AND ORDERS OF AUTOMATIC SUSPENSION

Ms. Pokorny presented the following Citations to the Board for consideration:

1. Assad Farrukh Amin, M.D.: A summary suspension, based on impairment due to a relapse.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

2. Nicholas Atanasoff, D.O.: A summary suspension, based on impairment and relapse.
3. Mark Andrew Brown: To be issued to a respiratory care professional license applicant, based on failure to appear for a Board-ordered examination.
4. Angel Aujrie Colber. To be issued to a massage therapist license applicant, based on a felony conviction for Medicaid fraud and an order from the Ohio Board of Nursing.
5. Gerald Conners, M.D.: Based on action by the Kentucky Board of Medical Licensure regarding continuing medical education (CME) requirements, and also his failure to cooperate with requests for information on his CME's in Ohio.
6. Daniel Garritano, M.D.: Based on acts constituting a misdemeanor involving soliciting.
7. Glenda G. Hucker: To be issued to a massage therapist license applicant, based on a prior Board order finding her not capable of practicing as a massage therapist.
8. Heather Jagoda, M.D.: Based on violation of a Board Order. Ms. Pokorny emphasized that the physician is not being charged with impairment.
9. Felix Eugene Shepard, M.D.: To be issued to a medical license applicant, based on actions by the Virginia Board of Medicine and a felony conviction. This physician has not practiced medicine for at least five years.
10. Innocent Nonyelum Ubunama, D.O.: Based on allegations of violations of the minimal standards of care involving six patients, including improper prescribing to one patient, and also false claims.

Dr. Johnson moved to approve and issue proposed Citation #1, a summary suspension. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

Dr. Johnson moved to approve and issue proposed Citation #2, a summary suspension. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Dr. Johnson moved to approve and issue proposed Citation #'s 3 through 10. Dr. Reddy seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

Dr. Feibel exited the meeting at this time.

OPERATIONS REPORT

Ms. Loucka stated that the staff has been documenting the use of Salesforce to develop a standardization of how complaints are handled so that data can be reported consistently. Ms. Loucka noted that the latest issue of the Journal of Medical Regulation was devoted to the issue of recidivism. The North Carolina Medical Board had attempted a study on recidivism for prescribers, but were unable to because the quality of their data was not sufficient. Ms. Loucka felt that as the Ohio Board's data becomes more nuanced and sophisticated, it will be able to perform similar research. This will require the different groups within the Board to use the system in a manner consistent with each other.

Ms. Loucka has been participating with the Federation of State Medical Boards (FSMB) on an opioid and addiction workgroup. Ms. Loucka has found this to be an interesting experience and she will help craft the FSMB's next policy on that subject.

The Board's Annual Report has been finalized. The Report is available on the Board's website; a link will be sent to all Board members following the meeting. Mr. Gonidakis asked about how the Annual Report is communicated and publicized, noting that he reads many claims in the media regarding the state of the medical profession in Ohio that are contradicted by the data in the Annual Report. Ms. Loucka stated that the Annual Report is circulated widely, but she was uncertain if it is sent to the media. Ms. Loucka will follow-up on that question.

The Board's licensure system went live with the Interstate Medical Licensing Compact (IMLC) on August 2. The Board has already issued Letters of Qualification so Ohio physicians can be licensed in other states. The Board has also issued licenses to physicians coming into Ohio from out-of-state to practice. The first week's remittance was about \$15,000. In response to a question from Dr. Reddy, Mr. Lininger stated that approximately 60 out-of-state physicians have been licensed in Ohio through the IMLC. Ms. Loucka stated that there will be a new page in the Operations Report breaking down IMLC licensure data. Remittances from IMLC will be reported in the Fiscal Summary.

Dr. Rothermel noted that the Board has already received a letter from the IMLC that was very complimentary of the Board's processes. Ms. Loucka stated that complimentary letters have also been received from other participating states. Mr. Turek had asked for feedback from licensees and the response was overwhelmingly positive, indicating that the process was easy to use and faster than other places.

RULES & POLICIES

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Rule Review Update

Ms. Anderson stated that the Rule Review Update has been provided to Board members for their review. Ms. Montgomery noted that about a dozen rules appear to be due for a five-year review in 2022 and asked if those rules are proceeding appropriately. Ms. Anderson replied that the process is somewhat behind, but the staff is working to meet the deadlines.

Legislative Update

Mr. Mabe stated that the legislature continues to be on recess, so there is very little to update. Per Dr. Feibel's suggestion, the staff developed a newsletter outlining the key provisions of House Bill 193, which requires electronic prescriptions for schedule II controlled substances with some exceptions.

Dr. Feibel returned to the meeting at this time.

COMMITTEE BUSINESS

Finance Committee Report

Dr. Schottenstein stated that gross revenue for June 2022 was \$1,401,443, a 22% increase year-to-date as a result of the July 1 license renewal deadline for many licensees. Net revenue was \$603,928. The Board's cash balance is \$8,337,481, which is another record. Despite the fact that the Board is in the process of hiring for several new positions, revenue is outpacing expenditures. Dr. Schottenstein noted that June is the end of the fourth quarter of an even-numbered fiscal year, which is when all dietitians and respiratory care professionals renew their licenses, representing roughly \$1,000,000 in revenue.

Expenditures have increased 9% year-to-date, a number that has actually come down of the last several months. This substantially reflects the fact that most Board staff are no longer working remotely full-time.

In June, the Board received \$17,000 in disciplinary fines, \$1,339.14 from collections, and \$7,000 in non-disciplinary continuing medical education violation fines. Total fines for Fiscal Year 2022 was \$211,597.14.

Attorney General Memorandum of Understanding

Dr. Schottenstein stated that after a review of the current caseload and hearing schedule currently assigned to the Attorney General's office, it has been determined that it would be beneficial to have additional Attorney General resources dedicated solely to Medical Board cases on a full-time basis. To accomplish this, the Attorney General's office has requested financial assistance to add additional staff members to provide full time support to the Board. The Executive Director is seeking approval to enter into a Memorandum of Understanding (MOU) with the Attorney General's office for these additional dedicated resources for Medical Board work. The agreement specifies a maximum amount for Fiscal Year 2023 in the amount of \$231,964. The Finance Committee has recommended approval of this request.

Dr. Saferin moved to approve the request to enter into an MOU with the Attorney General's office not to exceed \$231,964 in Fiscal Year 2023 for the purpose of acquiring additional full-time Attorney General resources dedicated to Medical Board cases. Dr. Kakarala seconded the motion. All members voted aye. The motion carried.

Licensure Application Reviews

Dr. Reddy moved to approve the Licensure staff recommendations for the request of Misty Brothers. Dr. Kakarala seconded the motion. A vote was taken:

State Medical Board of Ohio Meeting Minutes –August 10, 2022

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Mr. Giacalone	- aye
Dr. Schottenstein	- aye
Dr. Johnson	- aye
Mr. Gonidakis	- aye
Dr. Kakarala	- aye
Dr. Feibel	- aye
Dr. Reddy	- aye
Ms. Montgomery	- aye

The motion carried.

Treatment Provider Application Review

Dr. Saferin moved to approve the application of The Farley Center to become a new One Bite Treatment Provider. Dr. Kakarala seconded the motion. All members voted aye. The motion carried.

Massage Therapy Advisory Council Report

Dr. Saferin stated that the Massage Therapy Advisory Council (MTAC) met yesterday afternoon. Ms. Reardon provided the Council with a Medical Board update.

Mr. Roach gave a presentation regarding the Board's complaint and enforcement processes; the questions-and-answers portion of the presentation was robust and everyone expressed appreciation for Mr. Roach's presentation.

James Spector, Senior Director for Government and Industry Relations with the American Massage Therapy Association, gave an update on the progress of the National Massage Therapy Licensing Compact, which is similar to the Interstate Medical Licensing Compact. The Council members were encouraged to weigh in with their thoughts. Laura Embleton, Government Relations Director for Associated Bodywork and Massage Professionals, added to the updates.

Dr. Saferin stated that Nelson Heise, Clinical Director for the Ohio Physicians Health Program, has been invited to Council's next meeting on November 8, 2022, to speak about the One-Bite program. In addition, Ms. Stewart will discuss the Board's Partners in Professionalism program.

Lastly, Dr. Saferin stated that the Council briefly discussed the fact that Deshaun Watson, quarterback for the Cleveland Browns, has been charged with many issues related to massage therapists. The Council is asking that the National Football League give Mr. Watson a one-year suspension rather than a six-game suspension.

PROBATIONARY REPORTS AND REQUESTS

Office Conference Reviews

Dr. Johnson moved to approve the Compliance staff's Reports of Conferences for July 11, 12, and 14, 2022. Dr. Kakarala seconded the motion. All members voted aye, except Dr. Rothermel and Dr. Saferin, who abstained. The motion carried.

Probationary Requests

Dr. Reddy moved to approve the Secretary and Supervising Member's recommendations for the following probationary requests, as follows:

State Medical Board of Ohio Meeting Minutes –August 10, 2022

- a) Patsy Buccino, D.O.: To approve the previously-completed course *Medical Record Keeping: Improving Patient Safety Through Effective Record Keeping*, offered by CPEP, to fulfill the medial records course requirement; to approve the previously-completed professional ethics and boundaries course, tailored by Donna Homenko, Ph.D., to fulfill the professional ethics/boundaries course requirement; and to approve of release from the terms of the April 13, 2022 Consent Agreement.
- b) George R. Butler, III, M.D.: To approve Magid Keramati, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per month.
- c) Cara Derck, D.O.: To approve the course *Intensive Course in Medical Ethics, Boundaries and Professionalism*, offered by Case Western Reserve University, to fulfill the professional ethics/boundaries course requirement.
- d) Irene E. Dornauer, R.C.P.: To approve the weekly monitored professional group meeting to fulfill the aftercare requirement while residing in Florida.
- e) Gianmarino Gianfrate, D.O.: To approve release from the terms of the April 14, 2021 Board Order.
- f) Arkadiusz K. Grochowski, M.D.: To approve the course *The PBI Prescribing Course: Opioids, Pain Management and Addiction*, offered by Professional Boundaries Inc., to fulfill the controlled substance prescribing course requirement.
- g) Peter C. Johnson, M.D.: To approve Benjamin A. White, D.O., to serve as the new monitoring physician.
- h) Mark H. Meacham, M.D.: To approve release from the terms of the April 14, 2021 Consent Agreement.
- i) Arthur H. Smith, M.D.: To approve release from the terms of the August 12, 2020 Board Order.
- j) Michelle Yako, L.D.: To approve the professional ethics course, tailored by Donna Homenko, Ph.D., to fulfill the professional ethics course requirement.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Ms. Montgomery	- aye

The motion carried.

ADJOURN

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

The meeting adjourned at 12:54 p.m.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on August 10, 2022, as approved on September 14, 2022.

State Medical Board of Ohio Meeting Minutes –August 10, 2022

Betty Montgomery
Betty Montgomery, President

Kim G. Rothermel MD
Kim G. Rothermel, M.D., Secretary

(SEAL)





State Medical Board of Ohio

FINANCE COMMITTEE MEETING
August 10, 2022

30 E. Broad Street, 3rd Floor, Administrative Hearing Room, Columbus, OH 43215

<p>Members: Michael Schottenstein, M.D., Chair Bruce Saferin, D.P.M.</p> <p>Other Board Members present: Betty Montgomery Sherry Johnson, D.O. Kim Rothermel, M.D. Robert Giacalone, R.Ph., J.D. Yeshwant Reddy, M.D.</p>	<p>Staff: Stephanie Loucka, Executive Director Joel Whetstone, Deputy Director of Operations Cinnamon Pipkin, Human Resources & Fiscal Administrator Kimberly Anderson, Chief Legal Counsel Benton Taylor, Board Parliamentarian</p>
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The meeting was called to order at 9:35 a.m.

Minutes Review

Dr. Saferin moved to approve the draft minutes of the June 8, 2022 Committee meeting. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

Financial Summary

Dr. Schottenstein stated that gross revenue for June 2022 was \$1,401,443, a 22% increase year-to-date as a result of the July 1 license renewal deadline for many licensees. Net revenue was \$603,928. Dr. Schottenstein commented that these numbers are more striking when compared to the figures from June 2020, which had been artificially decreased due to the license renewal deadline delay. The Board's cash balance is \$8,337,481, which is another record. Despite the fact that the Board is in the process of hiring for several new positions, revenue is outpacing expenditures. Dr. Schottenstein noted that June is the end of the fourth quarter of an even-numbered fiscal year, which is when all dietitians and respiratory care professionals renew their licenses, representing roughly \$1,000,000 in revenue.

Dr. Schottenstein noted that the Board went live with the Interstate Medical Licensing Compact (IMLC) on August 2, which will be an additional source of revenue going forward. Ironically, applicants through the IMLC are much less time intensive for staff because there is an automated quality to that process, and it therefore has a higher ratio of revenue to expenditure.

Expenditures have increased 9% year-to-date, a number that has actually come down of the last several months. This substantially reflects the fact that most Board staff are no longer working remotely full-time.

In June, the Board received \$17,000 in disciplinary fines, \$1,339.14 from collections, and \$7,000 in non-disciplinary continuing medical education violation fines. Total fines for Fiscal Year 2022 was \$211,597.14, compared to an informal target of \$150,000 in fines per fiscal year.

Attorney General Memorandum of Understanding

Dr. Schottenstein stated that after a review of the current caseload and hearing schedule currently assigned to the Attorney General's office, it has been determined that it would be beneficial to have additional Attorney General resources dedicated solely to Medical Board cases on a full-time basis. To accomplish this, the Attorney General's office has requested financial assistance to add additional staff members to provide full time support to the Board. The Executive Director is seeking approval to enter into a Memorandum of Understanding (MOU) with the Attorney General's office for these additional dedicated resources for Medical Board work. The agreement specifies a maximum amount for Fiscal Year 2023 in the amount of \$231,964.

Dr. Saferin moved to recommend approval of the request to enter into an MOU with the Attorney General's office not to exceed \$231,964 in Fiscal Year 2023 for the purpose of acquiring additional full-time Attorney General resources dedicated to Medical Board cases. Dr. Schottenstein seconded the motion.

Dr. Schottenstein stated that currently utilizes the services of two assistant attorney's general (AAG) on a full-time basis (Mr. Wilcox and Ms. Snyder) and 1 AAG on a part-time basis (Mr. Puckett). The Board is conceptualizing using four full-time AAG's, with the State paying for two of them and the Board paying for the other two. If approved, Ms. Loucka will operationalize the MOU with the Attorney General's office in terms of how the Board is billed.

Ms. Loucka elaborated that traditionally the Board has had one full-time AAG and two part-time AAG's and have not paid for any of them, while other boards to pay for the AAG services they use. The thought is that if they continue to pay for two full-time resources, the Board can also pay for two full-time resources. Ms. Loucka noted that the MOU would be effective for one year and the large number of citations the Board has approved over the last few months would represent about a year's worth for work for four AAG's.

Dr. Saferin asked who will interview and hire the new AAG's. Ms. Loucka replied that the Attorney General's office does the hiring and the AAG's will be employees of the Attorney General's office. In the past, the Attorney General's office has been very good about asking for input and insight from the Board in hiring AAG's to work with the Board.

A vote was taken on Dr. Saferin's motion. All members voted aye. The motion carried.

Adjourn

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

The meeting adjourned at 9:44 a.m.

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