



**Medical Board of Ohio Meeting Minutes
May 11, 2022**

Sherry Johnson, D.O., Acting President, called the meeting to order at 10:00 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: Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Michael Gonidakis, Esq.; Amol Soin, M.D.; Robert Giacalone, R.Ph., J.D.; Michael Schottenstein, M.D.; Jonathan Feibel, M.D.; Harish Kakarala, M.D.; Yeshwant Reddy, M.D.; and Mark A. Bechtel, M.D.

MINUTES REVIEW

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

REPORTS AND RECOMMENDATIONS

Dr. Johnson asked the Board to consider the Reports and Recommendations appearing on the agenda: Dillon Williams; David Wulff, P.A.; Dominick D. Crescenzo; and Mark A. White, M.D.

Dr. Johnson 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. Soin	- aye
	Dr. Schottenstein	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Dr. Bechtel	- aye
	Dr. Johnson	- aye

Dr. Johnson 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

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served as Secretary and Dr. Saferin served as Supervising Member. In addition, Dr. Bechtel served as Secretary and/or Supervising Member in the matter of Dr. White.

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

Dillon Williams

Dr. Johnson directed the Board's attention to the matter of Dillon Williams. No objections have been filed. Ms. Lee was the Hearing Examiner.

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

Mr. Williams stated that the year 2019 was a rough time for him. Because of these events, Mr. Williams and his fiancée lost the money they had been saving to purchase a home. Though they did not know it at the time, Mr. Williams' fiancée had been pregnant and she miscarried as a result of this incident. Afterwards, Mr. Williams' fiancée decided to give him another chance and stay by his side during this time.

Mr. Williams continued that when one has something like this on their record, it is difficult to find employment. Since this incident, Mr. Williams was forced into self-employment and he became an independent fitness trainer. Though slow at first, Mr. Williams' business became successful and his schedule is currently full. Mr. Williams wanted a massage therapist license so he can provide his clients with a recovery aspect as well as a workout aspect. Mr. Williams is appearing before the Board today to prove that he will not embarrass the Board and he can be an asset to the massage therapy profession.

Mr. Williams stated that he graduated as valedictorian of his massage therapy class. Mr. Williams made sacrifices to get through massage therapy school, including taking time away from his business and his family, but he felt it was worth it. Mr. Williams enjoyed learning the materials and he enjoys helping his clients, and he felt a massage therapist license would be the final key to move forward in his career.

Mr. Williams stated he will accept whatever the Board decides today. Mr. Williams thanked the Assistant Attorney General, Mr. Puckett, and the Hearing Examiner, Ms. Lee. Mr. Williams also thanked Ms. Lee for her recommendation to the Board.

Dr. Johnson asked if the Assistant Attorney General wished to respond. Mr. Puckett stated that he wished to respond.

Mr. Puckett stated that this is a difficult decision because the Board is weighing Mr. Williams' application against one criminal conviction. Mr. Puckett noted that Mr. Williams is a father and is trying to obtain a massage therapist license to better provide for his family.

Mr. Puckett wished to touch on three areas of this case. First, Mr. Williams has a third-degree felony drug trafficking conviction, which carries a presumption of prison time. This means the sentencing judge had to start from the presumption that Mr. Williams will be sentenced to prison unless he heard something compelling enough to put him on probation instead. Mr. Williams did overcome that presumption and was placed on probation. Mr. Puckett felt it was important to keep in mind the level of severity involved, that the Ohio Revised Code puts this conviction in the category of presumptive prison time. Mr. Williams is unlikely to receive early termination of his probation while his \$5,000 fine is pending.

Second, Mr. Puckett stated that the judge ordered the seizure of \$2,275 in cash from Mr. Williams. During his hearing, Mr. Williams testified that this money was loose cash that he had on hand to help him start saving for a house. However, the forfeiture entry contains a legal finding from the judge that the money was contraband that came from the offense, and Mr. Williams' criminal attorney signed off on that as well. Mr. Puckett submitted that this is not a small amount of contraband.

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Third, Mr. Puckett wished to discuss the nature of Mr. Williams' criminal conviction and whether it would relate closely to his practice. Mr. Williams currently works at a gym providing training services for clients, which Mr. Puckett found to be not entirely unlike a massage therapist having clients. The person to whom Mr. Williams had sold drugs was an individual experiencing chronic pain. Mr. Puckett asked the Board to consider whether a person receiving massage therapy from Mr. Williams and experiencing chronic pain would be in a vulnerable position where Mr. Williams could reoffend, perhaps taking advantage of that relationship.

Mr. Puckett opined that Mr. Williams has displayed a remarkable amount of candor and honesty throughout this process and he did not offer excuses for his behavior. Mr. Puckett stated that any decision the Board makes would be appropriate, but he suggested that Mr. Williams should at least be monitored.

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

Dr. Johnson stated that she will now entertain discussion in the above matter.

Dr. Schottenstein stated that it is uncontested that Mr. Williams pleaded guilty to trafficking and possession of fentanyl, and therefore this is a case of mitigation. Dr. Schottenstein noted the following mitigating circumstances:

- Mr. Williams has no prior disciplinary record.
- This appears to be an isolated incident that is unlikely to recur.
- Mr. Williams has made full and free disclosure to the Board.
- Mr. Williams is compliant with the terms of his criminal probation.
- Mr. Williams acknowledges the wrongful nature of his conduct and takes responsibility for it.
- Dr. Schottenstein felt that Mr. Williams appears to be genuinely remorseful.

Dr. Schottenstein stated that, regrettably, there are aggravating circumstances as well:

- Mr. Williams had a dishonest and selfish motive.
- The conduct was reckless because Mr. Williams knew better but he engaged in the behavior anyway.
- There was an adverse impact of Mr. Williams' misconduct on others, including his family and the former friend to whom he had attempted to sell drugs.

Dr. Schottenstein continued that the crimes to which Mr. Williams pleaded guilty, specifically two felony drug convictions including trafficking, are very serious and the guilty plea was only a little over one year ago in January 2021. Mr. Williams continues to be on probation and Dr. Schottenstein did not perceive that there has been any remediation in terms of the behavior. While respectful of the Hearing Examiner's position that Mr. Williams will not have authority to possess or prescribe opioids, Dr. Schottenstein pointed out that that was also true when the crime occurred.

Dr. Schottenstein expressed concern about the nature of the criminal activity, which occurred in the context of an opioid epidemic and could have contributed to a worsening of his former friend's opioid use disorder. Dr. Schottenstein was also concerned about the general lack of judgment, stating that to this day Mr. Williams does not really understand why he engaged in this behavior.

Dr. Schottenstein felt it would be asking a lot for the Board to grant Mr. Williams' license today while he is still on probation for his criminal offense, while there is a lack of remediation for the behavior, and with the offense

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being so recent. However, Dr. Schottenstein did not favor permanent denial of Mr. Williams' application because he felt Mr. Williams should get a second chance. Dr. Schottenstein suggested a non-permanent denial of the application, stating that he would be glad to see Mr. Williams come back after some time has passed, he is free and clear of his criminal probation, and perhaps has taken an ethics course to gain additional judgment and insight regarding matters of this nature.

Dr. Schottenstein moved to amend the Proposed Order to a non-permanent denial. Dr. Feibel seconded the motion.

Dr. Feibel agreed with Dr. Schottenstein, stating that these crimes are quite serious and the Board should take trafficking of fentanyl exceedingly seriously. Dr. Feibel also agreed that Mr. Williams deserves a second chance and he hoped Mr. Williams can come back to the Board after he has completed his criminal probation so he can potentially be granted a license at that time.

Dr. Soin stated that he also takes trafficking fentanyl very seriously and that everyone on the Board understands the implication of trafficking fentanyl. Dr. Soin was also persuaded by the fact that Mr. Williams is a massage therapist applicant and not a physician, noting the many differences in those professions. Dr. Soin found Mr. Williams to be credible and genuinely remorseful, and he was persuaded by Mr. Williams' testimony. Mr. Williams clearly understands and recognizes what happened and takes ownership of it, and he has not displayed behavior that would cause Dr. Soin to be concerned that he would do it again. Dr. Soin understood the concerns voiced by Drs. Schottenstein and Feibel, stating that he had also had concerns when he read the case.

Dr. Soin was in favor of granting Mr. Williams licensure. Dr. Soin also approved of the probationary terms in the Proposed Order to protect the public, but he opined that the probation should be a minimum of two years instead of one year.

Mr. Gonidakis agreed that there is a serious fentanyl problem in Ohio. Mr. Gonidakis asked what practical effect would result from Dr. Schottenstein's motion to non-permanently deny Mr. Williams' application. Dr. Schottenstein replied that the Board cannot impose conditions for re-application, but he stated that if Mr. Williams applied again after completing his criminal probation, paying his criminal fine, and taking an ethics course, he would be inclined to vote in favor of granting licensure. Dr. Soin commented that it could take Mr. Williams years to meet those condition, and practically speaking the denial of his application could ultimately be permanent or severely impact his ability to practice.

Mr. Giacalone found Mr. Williams to be very credible. Mr. Williams has taken ownership of his actions and has so many things at stake that Mr. Giacalone questioned whether he will stumble and fall. Mr. Giacalone did not feel a denial of Mr. Williams' application would be helpful. Rather, Mr. Giacalone favored granting Mr. Williams' license and suspending it for six months to give him time and incentivize him to continue on the right path. Mr. Giacalone stated that Mr. Williams is trying to do the right thing and he should be rewarded for that.

Dr. Soin asked about the rationale for a six-month suspension, whether it is for punishment or if there will be a functional benefit from it. Dr. Soin noted that Mr. Williams has already been through criminal court and punishment has already occurred. Mr. Giacalone replied that it is punitive to a certain extent because a crime was committed, but it is less punitive than a denial. Mr. Giacalone added that the suspension will also give Mr. Williams a timeframe within which to get things done, though he was flexible as to the length of the suspension.

Dr. Schottenstein suggested that Mr. Williams' license, once granted, could be suspended until he completes an ethics course, followed by probationary terms for two years. Dr. Feibel opined that a five-year probation would allow the Board to monitor Mr. Williams for a longer period and would be more appropriate given the egregious nature of Mr. Williams' offense.

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Dr. Soin commented that when he initially reviewed this case he had intended to be more heavy handed. However, Dr. Soin found Mr. Williams' address to the Board today to be persuasive.

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

It was noted that Mr. Williams' criminal probation was for five years. Dr. Feibel suggested that the Board's probation run the course of the criminal probation and the Board could release Mr. Williams from its probation if he is released from the criminal probation early. The Board agreed.

Dr. Feibel moved to amend the Proposed Order to grant Mr. Williams' application for licensure and suspend the license until Mr. Williams can provide documentation of completion of a personal/professional ethics course(s); upon reinstatement or restoration of the license, Mr. Williams will be subject to the terms, conditions, and limitations as outlined in the Report and Recommendation until Mr. Williams can provide the Board with evidence of release from his criminal probation. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion to amend carried.

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

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

The motion to approve carried.

David Wulff, P.A.

Dr. Johnson directed the Board's attention to the matter of David Wulff, P.A. No objections have been filed. Ms. Shamansky was the Hearing Examiner.

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

Dr. Johnson stated that she will now entertain discussion in the above matter.

Dr. Schottenstein stated that this is a case of mitigation, noting that Mr. Wulff had an action taken against his license in another state and he pleaded guilty to battery and to forgery. In mitigation, Dr. Schottenstein perceived that Mr. Wulff has been forthcoming and has provided full and free disclosure to the Board; the behavior is remote in time, occurring around 2013; and Mr. Wulff has fulfilled his obligations to the court and to the Indiana Physician Assistant Committee and has regained his Indiana license.

However, regarding the use of pre-signed prescriptions, Dr. Schottenstein added that it is not mitigating to say that everyone else was doing it and that he was unaware of the law. Dr. Schottenstein stated that this is essentially the definition of negligent behavior because Mr. Wulff should have known better. Also, it is not mitigating to plead guilty to the crime of battery and then proclaim innocence of that crime by explaining that he had bad legal representation. Dr. Schottenstein found it to be an aggravating circumstance that Mr. Wulff refused to acknowledge the wrongful nature of the conduct. When asked at hearing whether he'd learned from his mistake, Mr. Wulff answered very technically and essentially stated that the point was moot because he is now able to prescribe on his own; Mr. Wulff did not indicate that he understands why the behavior was unethical and illegal. Dr. Schottenstein noted that the Hearing Examiner found Mr. Wulff's attitude during the hearing to be flippant and cavalier.

Dr. Schottenstein continued that Mr. Wulff's behavior surrounding the battery conviction is also concerning. Mr. Wulff administered prescription medication to someone who is not his patient, outside his scope of practice, and in a non-clinical setting. Dr. Schottenstein stated that this is the definition of reckless behavior; Mr. Wulff knew better but he did it anyway, and he said as much at his hearing. Dr. Schottenstein asked everyone to imagine how frightening that would be to Mr. Wulff's former friend to have been administered an injection without a discussion of the risks, benefits, and alternatives, to be in a state of dehydration, feeling severely ill, and having recently used alcohol. Dr. Schottenstein had a sense of the former friend's feelings of vulnerability and how the Phenergan could have felt sedating and provoked a feeling of disorientation, which led him to draw conclusions about Mr. Wulff's behavior. Dr. Schottenstein did not perceive Mr. Wulff expressing empathy for the former friend's traumatizing experience or remorse for having provoked it.

Dr. Schottenstein stated that because of his concerns about Mr. Wulff's judgment and his rationalization for his behavior, he agreed with the Proposed Order to permanently deny his application for licensure.

Dr. Soin agreed with Dr. Schottenstein, stating that having an entire pad of pre-signed prescription blanks which he used to prescribe controlled substances was odd. Dr. Soin was particularly concerned regarding the incident in which Mr. Wulff gave a tablet of Zofran to his friend and roommate who had had a few drinks and a bad meal and was vomiting. Dr. Soin read from the Report and Recommendation:

...and then drawing up 12.5 mg of Phenergan into a syringe from a vial of medication intended for use in livestock, and injecting his friend with that drug, in the setting of his parents' farm.

Dr. Soin noted that the friend felt he had been "roofied" and accused Mr. Wulff of sexual assault. Dr. Soin agreed with the Proposed Order of permanent denial.

Dr. Bechtel also agreed with permanent denial of Mr. Wulff's application due to the many issues involved in this case, starting with having been charged with forgery in October 2013 for using pre-signed prescription blanks. Also during that period, Mr. Wulff prescribed a Schedule IV drug, namely phentermine, to the wife of his supervisor without examining her. Mr. Wulff apparently did not learn his lesson because he was charged with forgery again in 2015. Mr. Wulff does not appear to have remorse for his former friend's experience and he refers to using pre-signed prescription blanks by commenting that everyone does it. For these reasons, Dr. Bechtel opined that permanent denial of the application is appropriate.

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Mr. Giacalone agreed with the previous comments, stating the Mr. Wulff has lost credibility and only offers excuses. Mr. Giacalone expressed surprise that the Indiana Physician Assistant Committee reinstated Mr. Wulff's Indiana license.

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

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

The motion to approve carried.

Dominick D. Crescenzo

Dr. Johnson directed the Board's attention to the matter of Dominick D. Crescenzo. No objections have been filed. Mr. Porter was the Hearing Examiner. This matter is non-disciplinary, and therefore all Board members may vote.

Dr. Rothermel moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Mr. Crescenzo. Dr. Saferin seconded the motion.

Dr. Johnson stated that she will now entertain discussion in the above matter.

Dr. Schottenstein stated that the matter of Mr. Crescenzo is very similar to several others heard by the Board in recent months. As in the other cases, Mr. Crescenzo presents as a substantially qualified applicant to practice massage therapy in Ohio, but regrettably does not meet Ohio's stringent criteria for eligibility. Mr. Crescenzo is licensed in two other states, but not for the five-year timeframe required under Ohio law for reciprocal licensure. Mr. Crescenzo also has a deficiency in Ohio's clock hour requirement for ethics instruction.

Dr. Schottenstein speculated that for each case like Mr. Crescenzo's that becomes before the Board, there are probably many applicants who decide to withdraw their applications rather than go to hearing. As has been mentioned before, Ohio is arguably an outlier in terms of massage therapist licensure requirements. Dr. Schottenstein briefly discussed legislative options to address such cases, such as lowering the curriculum requirements for licensure. Language to allow the Board to grant equivalency is also an option, but it would remove standardization and objectivity from the requirements and could inject bias into the process, and would still require the licensure staff to spend time and effort to prepare the applications individually for Board consideration.

Dr. Schottenstein stated that currently there is occupational licensing reciprocity legislation working through the legislative process. The proposed legislation would require an out-of-state applicant to hold a license in another state for one year as a condition for reciprocal licensure. Dr. Schottenstein speculated that if this legislation becomes law, it will likely significantly reduce the number of ineligible but substantially qualified massage therapist applicants. Dr. Schottenstein noted that Mr. Crescenzo would be eligible for licensure if that legislation was effective today.

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Dr. Schottenstein observed that one of the practical impacts of Ohio's stringent curriculum requirements is that massage therapy students who want to practice in Ohio are essentially compelled to attend an Ohio school because an out-of-state school with a lesser curriculum requirement would render the student ineligible for Ohio licensure. Because of Ohio's arguably artificially high curriculum standards, Ohio schools do not need to compete with out-of-state schools. Dr. Schottenstein stated that if the occupational licensing legislation is approved, Ohio schools will want to be competitive with other schools and that may reduce the advocacy for strict curriculum requirements in Ohio.

Dr. Schottenstein stated that, regrettably, he will vote to approve the Proposed Order to deny Mr. Crescenzo's application because it does not meet the eligibility requirements.

Dr. Soin agreed with Dr. Schottenstein. Dr. Soin stated that this does not reflect on Mr. Crescenzo's skills or professionalism, but on the lack of the required 25 hours of ethics instruction under current law. Dr. Soin noted that under current requirements, Mr. Crescenzo will be eligible for licensure in October 2025 if he continuously maintains his New York license, or June 2026 if he continuously maintains his Kentucky license.

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

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Dr. Bechtel	- aye
	Dr. Johnson	- aye

The motion carried.

Mark A. White, M.D.

Dr. Johnson directed the Board's attention to the matter of Mark A. White, M.D. Objections have been filed and were previously distributed to Board members. Ms. Lee was the Hearing Examiner.

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

Dr. White was represented by his attorney, Larry James.

Mr. James stated that Dr. White has been practicing medicine for 25 years and this is the first infraction he has had of any type. Dr. White has a practice of approximately 3,000 patients in an underserved community. Mr. James noted the additional activities in which Dr. White has been engaged, as outlined in the Report and Recommendation.

Mr. James observed that the Proposed Order provides for a 30-day winddown period in which to conclude his practice and refer his patients before the recommended suspension is effective. Mr. James stated that it will be next to impossible for Dr. White to conclude his practice in 30 days if he is going to ensure that his patients' care is maintained. Mr. James instead requested that Dr. White be given one year to wind down his practice, whereupon he will surrender his license.

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Mr. James further noted that the Report and Recommendation indicates that Dr. White did not have remorse. However, Mr. James stated that Dr. White is of a personality such that he is monotone and speaks in a very straight-forward manner without any emphasis.

Dr. White stated that he made a serious mistake that violates physician/patient boundaries and he deeply regrets that mistake. Dr. White thinks every day about the impact this matter will have on his patients and his employees. Dr. White has practiced medicine in Columbus for about 25 years and has never had trouble with the Medical Board or any disciplinary board. Dr. White stated that it has been difficult maintaining his busy practice while having full custody of his son.

Dr. White stated that he would like to make certain his patients are transferred to other physicians who can continue to provide quality care, but that will take time. Dr. White asked the Board to give him time to make sure his patients can continue to get the quality of care they have received over the last 25 years.

Dr. Johnson asked if the Assistant Attorney General wished to respond. Ms. Snyder stated that she wished to respond.

Ms. Snyder noted that despite the comments about empathy and remorse, Dr. White did not even mention the patient in this case or the impact this had on him and his family. Ms. Snyder stated that this was a case of exploitation of a vulnerable patient, and she asked the Board to put themselves into Patient 1's shoes to truly understand the gravity of the situation. Ms. Snyder stated that this is important because Patient 1 is not here.

Ms. Snyder continued that Patient 1 was intelligent and a talented writer with strong religious convictions. Patient 1 was also deeply troubled. Patient 1 was an African-American gay college student who did not feel accepted by his community, his religion, or his family, and consequently he was lonely and vulnerable. Dr. White, on the other hand, is a pillar of his community and was 35 years older than Patient 1. Dr. White mentored and befriended Patient 1, introduced him to Dr. White's friends, took him out, took him on a trip, and gave him driving lessons in his expensive car. And then Dr. White used Patient 1 for casual sex. However, it was not casual for Patient 1, who felt used and told Dr. White, "You raped me."

Ms. Snyder stated that this kind of case is the reason for the Board's prohibition on physicians having sex with their patients. Ms. Snyder stated that Dr. White has worked very hard throughout this process to make this look like a consensual relationship, but, beyond the fact that a patient can never consent to a sexual relationship with their physician, there was nothing consensual about this relationship because there was an imbalance of power. Even after taking the boundaries course, when Ms. Snyder asked at hearing if Dr. White understood that there was an imbalance of power between him and Patient 1, he answered, "no." When Ms. Snyder asked if Dr. White understood that he had harmed Patient 1, he answered, "no."

Ms. Snyder stated that Dr. White used his position of trust and power to manipulate a vulnerable patient for his own sexual gratification, and opined that this does not deserve the minimum sanction for sexual misconduct, nor does it deserve a year to wind down his practice. Ms. Snyder stated that Dr. Craig Johnson, who paraded his 23-year-old patient naked around his medical office, received a two-year suspension from the Board. Further, Dr. Atta Asef, who placed his hands on the buttocks of a patient in the guise of medical treatment and made her march up and down, had his license permanently revoked; Ms. Snyder noted, however, that Dr. Asef had had prior disciplinary action from the Board, which is not the case with Dr. White.

Ms. Snyder stated that the State does not support the Proposed Order, though the State does not necessarily advocate for permanent revocation of Dr. White's medical license.

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

Dr. Johnson stated that she will now entertain discussion in the above matter.

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Dr. Schottenstein noted that at his hearing, Dr. White had described his sexual interactions with Patient 1 as not being a “big deal,” stating that sex between two men is completely different from sex between a woman and a man. Dr. Schottenstein opined that Dr. White had been projecting and stereotyping when he said that, and that what Dr. White was really saying is that sex with another man is not a big deal for him and so he presumes that that is universally true for other men. As the Board has seen, Dr. White was certainly wrong to apply that characterization of sexual activity to Patient 1.

Dr. Schottenstein continued that Patient 1 spoke to a therapist in 2017 and the notes reflect that he felt, in his words, “diminished” before God because he had wanted to save himself sexually for marriage, and he wondered if this sexual history had “ruined” him. Clearly, for Patient 1 sex was a very big deal. Dr. Schottenstein observed that Dr. White’s view of sexual activity as essentially a physical indulgence and Patient 1’s view of sexual activity as sacred are incompatible. When Dr. White and Patient 1 engaged in sexual activity it was not in the context of a romantic relationship, and as a result it left patient 1 feeling used. Dr. Schottenstein stated that, contrary to Dr. White’s testimony, that arguably caused Patient 1 harm.

Dr. Schottenstein agreed with the Assistant Attorney General that, based on his testimony, Dr. White never put himself into Patient 1’s shoes. Dr. Schottenstein therefore asked those at the meeting to put themselves into Patient 1’s shoes. Patient 1 was a young man with many gifts who felt rejected by his family, his community, and his church because of his sexual orientation. Patient 1 had been trying to process that rejection by reaching out to other gay, Black men for support. Dr. White, who is well-respected in the community, took Patient 1 under his wing. Patient 1 perceived that this was because Dr. White saw his potential and his worth, and he was gratified by that. However, Patient 1 realized in the aftermath of the sexual encounters that the real reason Dr. White took an interest in him was because he wanted something from Patient 1. Patient 1 came to feel like he had been groomed and that Dr. White’s interest in him had been subterfuge. This was a devastating realization for Patient 1; it caused him to feel diminished and it reinforced all the negative feelings he had about himself that he had been trying to overcome.

Patient 1 went to Dr. White’s house to confront him because the sexual activity they had engaged in had been eating at him and he wanted to process it. Patient 1 had wanted to let Dr. White know how it had made him feel, but Dr. White did not give him that opportunity. Rather than hear him out, Dr. White testified that he told Patient 1 to get out of his house. Dr. Schottenstein stated that even if Dr. White disagreed with Patient 1’s characterization, he could have let Patient 1 vent and then express remorse that Patient 1 is suffering and for having played a role in that suffering.

Dr. Schottenstein stated that this case gets to the heart of why it is unethical for physicians to have sex with their patients. Dr. Schottenstein agreed that the imbalance of power makes such activity inherently unacceptable, but opined that the most compelling reason is because it is psychologically damaging to patients, and physicians harm their patients when they engage in this activity. Patients walk away from such encounters feeling diminished, small, and used, even when the patient shows an interest in the physician. When such interest is shown, the physician has an opportunity to inform the patient that they have value and worth that is inherent and not a function of their sexuality. Even when patients seem to desire sexual activity with a physician, Dr. Schottenstein promised that they do not desire it, and even when patients seem gratified by it, he promised that they are not gratified. Rather, these patients come to feel the same way Patient 1 characterized himself: “dirty.”

Dr. White’s counsel made the point in closing arguments that the Board has seen more egregious cases of sexual misconduct. Dr. Schottenstein argued that this case is its own kind of egregious. The State has recommended revocation of Dr. White’s medical license. Dr. Schottenstein appreciated the State’s recommendation, but stated that there is some mitigation that gives him pause in that regard. Dr. Schottenstein was also respectful of the Proposed Order, but questioned whether it was adequate in addressing the Board’s concerns about Dr. White’s boundaries. Dr. Schottenstein observed the fact that Dr. White engaged in remediation in the form of a physician/patient boundaries course, but his testimony shows that he did not internalize the core concepts of the course in a satisfactory way.

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Dr. Schottenstein considered the possibility of referring Dr. White to the Acumen Institute in Lawrence, Kansas, noting that licensees have sought treatment there in the past. The Acumen Institute offers a longitudinal day treatment program for physicians, and their specialties include professional boundary problems and sexual misconduct. Dr. Schottenstein briefly described the Acumen Institute's three-phase process: The first phase is three weeks long; the second phase includes a one-week follow-up at three months and another one-week follow-up at six months; the third phase occurs at the end of one year and is three days long. This is a total of five-and-a-half weeks over a one-year period and the treatment is in person. At the end of each phase, the Acumen Institute will render an opinion regarding the physician's fitness to practice and work with the physician to construct a return-to-work plan which would be submitted to the Medical Board for approval.

Dr. Schottenstein wished to amend the Proposed Order to remove the requirement for a personal ethics course and a boundaries course and replace it with a referral to the Acumen Institute. Other aspects of the Proposed Order, including the suspension of Dr. White's medical license for a minimum of one year, a \$6,000 fine, the professional ethics course, and a chaperone as a condition of probation, would remain. Mr. Giacalone stated that he will second the motion to amend for purposes of discussion.

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

It is hereby ORDERED that:

A. SUSPENSION OF LICENSE; NO NEW PATIENTS DURING THIRTY-DAY INTERIM PERIOD:

Commencing on the thirty-first day following the date on which this Order becomes effective, the license of Mark A. White, M.D., to practice) medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than one year. During the thirty-day interim, Dr. White 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. White shall remit payment in full of a fine of six thousand dollars (\$6,000). 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.

The failure of Dr. White to timely remit full payment shall constitute a violation of this Order. Should such a violation occur, the Board, after giving Dr. White 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.

C. CONDITIONS FOR REINSTATEMENT OR RESTORATION: The Board shall not consider reinstatement or restoration of Dr. White's license to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. White shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Payment of Fine:** Dr. White shall have fully paid the fine as set forth in Paragraph B of this Order.
3. **Professional Ethics Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. White shall provide acceptable documentation of successful completion of a course or courses dealing with professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any 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. White submits the documentation of successful completion of the course(s) dealing with professional ethics, he shall also submit to the Board a written report

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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. **Acumen Institute Program**: Prior to submitting his application for reinstatement or restoration, Dr. White shall have successfully completed the three-phase longitudinal day treatment program at the Acumen Institute in Lawrence, Kansas. Dr. White's participation in the program shall be at his own expense.
 - a. Upon scheduling the dates of Phase I of the Acumen Institute longitudinal day treatment program, Dr. White shall furnish the Acumen Institute with 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 program.
 - b. Should the Acumen Institute request patient records maintained by Dr. White, Dr. White shall furnish copies of the patient records at issue in this matter along with any other patient records he submits. Dr. White shall further ensure that the Acumen Institute maintains patient confidentiality in accordance with Section 4731.22(F)(5), Ohio Revised Code.
 - c. At the time he submits his application for reinstatement or restoration, Dr. White shall submit to the Board satisfactory documentation from the Acumen Institute indicating that he has successfully completed each phase of the longitudinal treatment program, including copies of reports that indicate he is fit to return to work as well as a return to work plan and any amendments thereto.
 5. **Additional Evidence of Fitness To Resume Practice**: In the event that Dr. White 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**: Upon reinstatement or restoration, Dr. White's license shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two years:
1. **Return to Work Plan**: The return to work plan from the Acumen Institute shall constitute terms of this Order, and Dr. White shall comply with the return to work plan unless otherwise determined by the Board.
 2. **Third-Party Presence During Exam/Treatment**: Dr. White shall have a third party present while examining or treating patients. The particular qualifications of the chaperone and the specific conditions related to Dr. White's utilization of such chaperone must be acceptable to the Secretary and Supervising Member of the Board, who shall consider the "Guidelines for the Use of Medical Chaperones" utilized by the Board's Compliance section in making their determination.
 3. **Obey the Law**: Dr. White shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 4. **Declarations of Compliance**: Dr. White 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 Dr. White's license is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

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5. **Personal Appearances**: Dr. White shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. White's license is restored or reinstated, 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.
 6. **Modification of Terms; Exception**: Dr. White shall not request modification of the terms, conditions, or limitations of probation for at least one year after imposition of these probationary terms, conditions, and limitations, except that Dr. White may make such request with the mutual approval and joint recommendation of the Secretary and Supervising Member.
 7. **Tolling of Probationary Period While Out of Compliance**: In the event Dr. White is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
 8. **Required Reporting of Change of Address**: Dr. White shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
- E. **TERMINATION OF PROBATION**: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. White's license will be fully restored.
- F. **VIOLATION OF THE TERMS OF THIS ORDER**: If Dr. White 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.
- G. **REQUIRED REPORTING TO THIRD PARTIES; VERIFICATION**:
1. **Required Reporting to Employers and Others**: Within 30 days of the effective date of this Order, Dr. White 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. White 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. White 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. White 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. White 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. White 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. White shall provide a copy

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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. White 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.

Further, within 30 days of the date of each such notification, Dr. White 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. White receives from the Board written notification of the successful completion of his probation.

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

Mr. Giacalone seconded the motion.

Dr. Soin noted the request from Dr. White's attorney that the 30-day winddown period before the suspension of Dr. White's license be extended to one year so that Dr. White has adequate time to properly refer his patients to other providers. Dr. Soin recalled similar circumstances when the Board dealt with a number of physicians who operated pain management clinics. These physicians often requested longer winddown periods for various reasons, including having many patients or practicing in an underserved area. Dr. Soin noted that although continuity of care that involves narcotics and opioids can be critical due to the risk of patients going through withdraw, maintaining a 30-day winddown standard proved to be a non-factor in that situation. Dr. Soin stated that if Dr. White acts properly and keeps his patient's best interests in mind, 30 days should be sufficient to allow for transfer of care.

Mr. Giacalone stated that he was disturbed by this situation and more disturbed by Dr. White's statement today, which Mr. Giacalone found to be robotic and included no mention of Patient 1. Mr. Giacalone reiterated that Patient 1 had been a vulnerable young man and that he and Dr. White referred to each other as mentor and mentee, yet Patient 1 ultimately felt abused. Mr. Giacalone quoted from a portion of the hearing transcript:

Q (by Ms. Snyder): No, let me make sure you understand my question. My question to you is do you think you harmed him by having a concurrent sexual relationship with a physician/patient relationship, do you think you harmed him, not did you cause him to commit suicide?

A (by Dr. White): Okay. No. No, I don't.

Mr. Giacalone stated that Patient 1 was a troubled young man and Dr. White still cannot seem to see that this was an issue. Mr. Giacalone expressed concern about any future troubled patients who may be treated by Dr. White if there is no remorse for, or even acknowledgement of, the situation with Patient 1.

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

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

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Dr. Kakarala	- aye
Dr. Feibel	- abstain
Dr. Reddy	- aye
Dr. Bechtel	- abstain
Dr. Johnson	- aye

The motion to amend carried.

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

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

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Johnson stated that in the following matters, the Board issued a Notice of Opportunity for Hearing. No timely request for hearing was received. This matter was reviewed by a hearing examiner, who prepared a Proposed Findings and Proposed Orders, and it is now before the Board for final disposition. This matter is disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In this matter, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

Erin J. Neilson, L.D.

Dr. Bechtel moved to find that the allegations as set forth in the November 10, 2021 Notice of Opportunity for Hearing in the matter of Ms. Neilson have been proven to be true by a preponderance of the evidence and to adopt Mr. Madden's Proposed Findings and Proposed Order. Dr. Kakarala seconded the motion.

Dr. Johnson 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. Bechtel's motion:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye

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Dr. Reddy	- aye
Dr. Bechtel	- aye
Dr. Johnson	- aye

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Johnson stated that in the following matter, the Board issued a Notice of Opportunity for Hearing, and documentation of Service was received. There was no timely request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter is therefore before the Board for final disposition. This matter is non-disciplinary in nature, and therefore all Board members may vote.

Sonya M. Rollins

Dr. Schottenstein moved to approve the Legal staff recommendations in the matter of Sonya M. Rollins. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Dr. Bechtel	- aye
	Dr. Johnson	- aye

The motion carried.

EXECUTIVE SESSION

Dr. Saferin 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. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Dr. Bechtel	- aye
	Dr. Johnson	- aye

The motion carried.

The Board went into Executive Session at 11:04 a.m. and returned to public session at 11:26 a.m.

SETTLEMENT AGREEMENTS

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

Michael Glenn McMannis, M.D.

Dr. Reddy moved to ratify the proposed Permanent Surrender/Retirement with Dr. McMannis. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Marika Ruschmeyer, L.M.T.

Dr. Reddy moved to ratify the proposed Consent Agreement with Ms. Ruschmeyer. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Milagros R. Rivera, M.D.

Dr. Reddy moved to ratify the proposed Permanent Surrender with Dr. Rivera. Dr. Kakarala seconded the motion. A vote was taken:

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

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Dr. Kakarala	- aye
Dr. Feibel	- aye
Dr. Reddy	- aye
Dr. Bechtel	- aye
Dr. Johnson	- aye

The motion carried.

Jeffrey Vandeusen, M.D.

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

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

The motion carried.

Joseph Alan Cook, D.O.

Dr. Reddy moved to ratify the proposed Consent Agreement with Dr. Cook. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Cara Derck, D.O.

Dr. Bechtel moved to ratify the proposed Consent Agreement with Dr. Derck. Dr. Reddy seconded the motion. A vote was taken:

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

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Dr. Schottenstein	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Kakarala	- aye
Dr. Feibel	- aye
Dr. Reddy	- aye
Dr. Bechtel	- aye
Dr. Johnson	- aye

The motion carried.

Benjamin Tancinco, M.D.

Dr. Reddy moved to ratify the proposed Permanent Surrender with Dr. Tancinco. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Joseph A. Golish, M.D.

Dr. Reddy moved to ratify the proposed Non-Permanent Surrender with Dr. Golish. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

William Scott Husel, D.O.

Dr. Bechtel moved to ratify the proposed Permanent Surrender with Dr. Husel. Dr. Kakarala seconded the motion. A vote was taken:

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ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Mr. Giacalone	- aye
Dr. Schottenstein	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Kakarala	- aye
Dr. Feibel	- abstain
Dr. Reddy	- aye
Dr. Bechtel	- aye
Dr. Johnson	- 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. Michael Fletcher, M.D.: Based on action against the physician's Kentucky license based on an indictment for distributing controlled substances.
2. Kendall Hansen, M.D.: Based on action against the physician in Kentucky based on an indictment.
3. Virgil Waid McMillion, D.O.: Based on the physician having had several state actions against his licenses in those states.
4. Dennis Min, D.O.: Based on a conviction for a health care fraud crime.
5. Citation #5 was removed from the agenda.
6. Eskender Getachew, M.D.: Based on a suspension imposed by Medicaid.
7. Muhammad Asad Mirza, M.D.: Based on several out-of-state actions, which were based on an initial out-of-state action.
8. Daniel Pearson, M.D.: Based on a revocation invoked by the Department of Defense.
9. David Bruce Schwartz, M.D.: Based on allegations of sexually-inappropriate statements to patients.
10. Clinton J. Cornell, P.A.: Based on a host of allegations, the most serious of which is a criminal conviction for a federal felony.
11. Asa Dominic Ferraro, L.M.T.: Based on allegations of improper touching.
12. Heather Jagoda, M.D.: Based on a third relapse; the physician is currently under a prior suspension.
13. Geoffrey L. Kamen, M.D.: Based on an out-of-state action and an allegation of failing to cooperate with a Board investigation.
14. James P. Mima, P.A.: To be issued to an applicant for license restoration, based on a history of dishonest actions.
15. Daniel Sharfal, L.M.T.: Based on allegations of improper touching of two patients.
16. Thomas Traikoff, D.O.: Based on allegations of a sexual relationship with a patient.

Dr. Reddy moved to approve and issue proposed Citations #'s 1 through 16, excepting Citation #5. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain

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Mr. Giacalone	- aye
Dr. Schottenstein	- aye
Dr. Soin	- aye (abstain on #2)
Mr. Gonidakis	- aye
Dr. Kakarala	- aye
Dr. Feibel	- aye
Dr. Reddy	- aye
Dr. Bechtel	- aye (abstain on #'s 6, 9, and 14)
Dr. Johnson	- aye (abstain on #9)

The motion carried.

OPERATIONS REPORT

FSMB Annual Meeting: Ms. Loucka stated that she, Dr. Reddy, Chief of Investigations Mr. McCafferty, and head of Communications Ms. Stewart attended the Annual Meeting of the Federation of State Medical Boards (FSMB) in New Orleans last week. The meeting involved four to five days of great discussions with colleagues from across the country and many relevant topics such as sexual misconduct, opiate prescribing, and telemedicine. Dr. Reddy served as Ohio's voting delegate in the House of Delegates.

Ms. Loucka commented that Ohio is seen as a leader not only in discipline efforts, but also remediation and policy. Dr. Reddy echoed Ms. Loucka's comments. Dr. Bechtel stated that he has attended previous FSMB meetings and has always been impressed with how Ohio has been seen as a major leader among medical boards. Dr. Bechtel felt this should be communicated to the Governor's office so they can appreciate how the Board is seen as a leader on a national level.

Human Resources: Ms. Loucka stated that the hiring process continues for some new positions and for positions that have been repurposed post-resignation.

Compliance: Ms. Loucka stated that Compliance statistics remain steady. Ms. Loucka commented that the new breakdown is helpful in understanding who the probationers are.

Licensure: Ms. Loucka stated that Licensure continues to be very busy with a continued increase in training certificate applications. Licensure is also working diligently on the operationalization of the Interstate Medical Licensing Compact (IMLC). Ohio is projected to go live with the IMLC on August 2. The workload with IMLC is expected to be significant and the Board will likely hire temporary staff so that work in Licensure's other areas does not slow down.

Quality Assurance Committee: Ms. Loucka stated that this month's Operations Report includes a report from the Quality Assurance Committee. Because the Committee has only operated for one quarter, there is not much data yet.

RULES & POLICIES

Rule Review Update

Ms. Anderson stated that the Rule Review Update has been provided to Board members for their review.

Interstate Medical Licensing Compact Rule for Adoption

Ms. Anderson stated that this rule will clarify that the Board's fees for licensure and renewal apply to Interstate Medical Licensure Compact (IMLC) licensure and renewal, plus the IMLC's other fees.

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Dr. Kakarala moved to adopt Rule 4731-38-01, OAC, and to assign an effective date of May 31, 2022. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Examination Rules

Ms. Anderson stated that the Board no longer gives examinations, so the examination rules are no longer necessary.

Dr. Saferin moved to approve the proposed rescission of rules for initial circulation to interested parties. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

Rules 4731-2-01 and 4731-6-04, Five-Year Review

Ms. Anderson stated that no changes are proposed for Rule 4731-2-01 (public notice of rules) or Rule 4731-6-04 (demonstration of proficiency in English).

Dr. Saferin moved to approve the proposed no-change rules for initial circulation to interested parties. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Quality Intervention Panel Pilot Project

Ms. Marshall briefly described the Board's prior Quality Intervention Panel (QIP) program, which involved two panels of medical specialists meeting on alternating months to review and propose appropriate actions related to alleged violations of minimal standards of care. Following review by the LeanOhio process, it was recommended that QIP be discontinued due to lack of efficiency. Ms. Marshall agreed that the QIP panels had been slow to produce recommendations. Due to conducting all its business in in-person meetings every other month, the panel often took many months to conclude review of a case.

Since that time, experience has shown that QIP acted as a middle ground between closing a complaint and sending it to Enforcement; without the option of sending a complaint to QIP, the Secretary and Supervising Member have been forced to choose between those two extremes. Over time, this has resulted in more cases being funneled to Enforcement and has contributed that backlog.

Consequently, there is now an opportunity to reinvent and modernize the QIP program. Under the new conception, QIP will be a much larger pool of experts from across a very broad spectrum of specialties that work independently. Thus far Ms. Marshall has spoken to 169 physicians who have shown interest, the vast majority of which simply want an opportunity to help improve the profession.

Ms. Marshall stated that QIP will also help the process of obtaining experts. Ms. Marshall stated that the legal requirements for expert witness who can testify at a hearing are very rigid because the expert must be similarly-situated and similarly-experienced with the respondent. Since the physicians in QIP are not going to testify, there is much more latitude. Also, unlike experts, QIP can utilize physicians who are recently-retired, which is a benefit because recently-retired physicians are very knowledgeable, have time, are experienced, and are happy to be involved. QIP will also alleviate the problem of Enforcement and Standards Review competing over the same small group of experts and improve the speed of both sections. Ms. Marshall stated that the vast majority of Standards Review complaints can be resolved without referring to Enforcement if they have a large enough pool of experts, and Enforcement will become less burdened.

Ms. Marshall stated that QIP will be relatively expensive at \$200 per hour, though not relative to the Board's total budget. Ms. Marshall opined that the cost of getting up-to-date is an excellent investment, but the beginning costs will not be permanent. Ms. Marshall saw QIP as a rescue tool to get caught up and to stay caught up afterwards. An updated contract has been written for QIP that carries through the entire biennium, so there will be time savings from not having to have a new contract for every case reviewed.

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Ms. Marshall continued that work is being done on a portal where subpoenaed records can be sent electronically and the certification of records process will be automatic. This will eliminate paper records and the burden of scanning them and keeping track of them, as well as managing flash drives that arrive with subpoenaed records and are sometimes not certified.

Ms. Marshall hoped that this program will result in a much smaller backlog of cases.

The Board briefly discussed the process of obtaining experts for review, the legal requirements for those experts, and the difficulties these entail.

Dr. Feibel opined that the Board may use too strict of a definition of what constitutes the same specialty, which can result in not being able to move a case forward due to an inability to find an appropriate expert. Dr. Feibel felt that the Board can use an expert who is board-certified in the same specialty as the respondent but not necessarily the same exact practice pattern. Dr. Feibel advocated for expanding these definitions somewhat. Dr. Schottenstein asked if there have been instances in which a case has not proceeded due to lack of an expert. Ms. Marshall replied that there have been such cases, but only in instances in which it was already questionable whether the case rose to the level of warranting expenditure of Board resources. Ms. Marshall was unaware of any cases involving something atrocious that failed to move forward due to lack of an expert, although the expert process can lengthen the time it takes to resolve the case.

Dr. Feibel reiterated that he would like the Board's attorney to review the definition of what an expert is and try to expand that. Ms. Marshall stated that that can be looked into and this is another area in which QIP will be helpful by making it easier to find experts.

Dr. Schottenstein opined that the QIP program sounds like money well-spent, addressing the case backlog and increasing efficiency.

Telehealth Rules

Mr. Smith asked for the Board's guidance on several small revisions related to two of the telehealth rules, 4731-37-01 and 4731-11-09. Just before filing the telehealth rules as authorized by the Board last month, the Board received an extensive comment from the Ohio Hospital Association (OHA). The comment deals with technical language issues that from OHA's perspective would help in functionality of the rules. Though consideration of this comment may delay Common Sense Initiative (CSI) filing for a short time, Mr. Smith stated that in the long-run it will actually speed up the process of moving through the rule-promulgation process.

The comment has been provided in the meeting materials for the Board members' review. The comment relates mostly to technical language issues, such as the term "consent for treatment" and paring that language back to be less a legal term of art and more of a practical term.

Dr. Schottenstein recommended a small change in 4731-11-09(D) to clarify that the phrase "valid prescriber number" refers to physician assistants and that physicians do not have prescriber numbers. Mr. Smith agreed.

Dr. Saferin moved to accept the revisions outlined in the memo to the Board and as discussed today, and file the revised rules with CSI along with the other telehealth rules. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Legislative Update

Senate Bill 261: Mr. Mabe stated that this bill would make changes to the medical marijuana law, including transferring portions of the medical marijuana program from the Board of Pharmacy to the Department of Commerce; expand the types of qualifying conditions; allow for recommendation through telehealth; and allow

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a physician with a certification to recommend the medical use of marijuana (CTR) doctor to be the medical director of a dispensary. A fourth hearing on this bill was held by the House Government Oversight Committee on April 27. Mr. Mabe continues to have meetings with the Governor's office and in the House about some of the Board's concerns.

House Bill 203 and Senate Bill 131: Mr. Mabe stated that these bills would require automatic licensure for out-of-state applicants who are licensed in another state. House Bill 203 was reported out of the House State and Local Committee on April 6 and it is currently awaiting a floor vote. Senate Bill 131 had a third hearing in the Workforce and Higher Education Committee on March 22.

Mr. Mabe stated that the Board's preference is Senate Bill 131, which included some changes in the previous General Assembly that allowed licensing authorities to take disciplinary action against applicants, deny applications for disciplinary reasons, and determine an applicants' fitness to practice. The Governor's office has reached out to the Board for comment, and those comments were provided.

Senate Bill 322: Mr. Mabe stated that this language came as a result of the Strauss Working Group and was introduced on April 12. Mr. Mabe expected it to be assigned to a committee within a couple of weeks.

COMMITTEE BUSINESS

Medical Marijuana Committee Report

Dr. Soin stated that the Medical Marijuana Committee met this morning and had a very robust discussion of petitions to add two qualifying conditions to the list of conditions that can be treated with medical marijuana. Dr. Soin commented that all Committee members prepared significantly for this meeting in terms of reviewing and reading materials.

The conditions in question are autism spectrum disorder and opioid use disorder. Dr. Soin will briefly review the expert reviews and comments and the Committee's discussion. The Board will vote on these petitions in June once the members have had a chance to digest the information.

Autism Spectrum Disorder

Craig Erickson, M.D., provided an expert review of the petition for autism spectrum disorder and related materials. Dr. Erickson had expressed concerns about the harm that could occur to potential patients, including cognitive decline, the impact on social behavior that would be contraindicated in this group of patients, and some psychosis that may occur, in addition to many other concerns.

The Committee discussed this matter thoroughly. The Committee appreciates the experiences that parents are undergoing, as well as anecdotal reports of success with medical marijuana. However, the lack of randomized clinical trials, coupled with the evidence from experts and all materials reviewed, led the Committee recommended rejection of the petition to approve use of medical marijuana for autism spectrum disorder.

Opioid Use Disorder

Theodore Parran, M.D., provided an expert review of the petition for opioid use disorder and related materials. Dr. Parran's report was quite extensive and very thorough. There are some concerns about using a drug like medical marijuana, which can induce euphoria, in patients with opioid use disorder who may be vulnerable to such effects. In addition, there is a lack of evidence of efficacy. More importantly, there are many approved treatments for opioid use disorder which have very robust data and evidence that seem to be working quite well. All of these factors led the Committee recommended rejection of the petition to approve use of medical marijuana for opioid use disorder.

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Finance Report

Dr. Schottenstein state that revenue for March 2022 increased substantially to \$1,302,374. This is a very good number, even considering that April 1 was a license renewal deadline. Net revenue was \$442,343, another good number. The Board's cash balance was \$7,090,214, which is a record high. Dr. Schottenstein noted that this cash balance occurs in the context of an 8.9% increase in expenditures year-to-date. 6.5% of that increase in expenditures is due to payroll increases; the return of staff to the office, which has increase office supply expense from about \$30,000 to roughly \$64,000; travel expenses, which have increased substantially from about \$2,000 to about \$22,000; Department of Administrative Services (DAS) billing for rent, IT, eLicense, and other services increase from about \$849,000 to about \$972,000; and, due to the previous extension of licensure renewal deadlines, bank credit card processing fees increase from about \$108,000 to about \$220,000. Dr. Schottenstein noted that much of the increase in expenditures year-to-date is a function of the fact that expenditures were artificially low during the pandemic, plus inflationary pressures that were not present last year.

The Board received \$19,500 in disciplinary fines and \$135 in collections. The Board has received \$153,886 in total fines year-to-date.

Massage Therapy Advisory Council Report

Dr. Saferin stated that the Massage Therapy Advisory Council met virtually on May 10. Ms. Loucka spoke to the Council and Mr. Mabe gave a legislative update about items relevant to massage therapy. The Council was provided with the Board's rule status spreadsheet and an update was given on the status of the limited branch rules. Council Member Heather Roenker gave a brief presentation on her career as a massage therapist. An update was provided by Christine Hoover, Legislative Affairs Manager for the American Massage Therapy Association (AMTA). Melissa Ryan, President of AMTA, also gave comments.

PROBATIONARY REPORTS AND REQUESTS

Reinstatement Request

Dr. Schottenstein moved to approve the request for the reinstatement of the license of Randall Krawcheck, D.O., subject to the probationary terms and conditions as outlined in the July 14, 2021 Consent Agreement for a minimum of two years. Dr. Reddy seconded the motion. A vote was taken:

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

The motion carried.

Office Conference Reviews

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

Probationary Requests

Dr. Schottenstein noted the probationary request of Alan Knull, M.D. whose documentation indicates that his probation is the result of a Board Order issued in 1989. It appears that Dr. Knull has not be participating in his probation because he has been practicing in another state, but he now needs to be free and clear in Ohio due to an employment situation. Ms. Dorcy that that this is correct and that Dr. Knull is asking for restoration of his Ohio license after a prolonged period of time.

Dr. Reddy moved to approve the Secretary and Supervising Member’s recommendations for the following probationary requests:

- a) Jennifer D. Bahner, M.D.: Request for reduction in appearances to every six months.
- b) Mathew D. Bauer, D.O.: Request for discontinuance of the drug log requirement.
- c) Dale A. Harris, M.D.: Request for reduction in psychiatric treatment to every six months; and discontinuance of the mental health sessions with Mikel Wallschlaeger, M.A.
- d) Robert J. Keating, M.D.: Request for release from the terms of the October 13, 2021 Consent Agreement.
- e) Alan Knull, M.D.: Request for approval of the course *Prescribing Controlled Drugs*, offered by Vanderbilt, to fulfill the pharmacology course requirement.
- f) Richard Ray Mason, D.O.: Request for release from the terms of the April 12, 2017 Step II Consent Agreement.
- g) Jaydutt Patel, M.D.: Request for reduction in appearances from every three months to every six months.
- h) Krista M. Rubosky, P.A.: Request for reduction in appearances from every three months to every six months.
- i) Jon B. Silk, Jr., M.D.: Request for reduction in mental health sessions from monthly to quarterly; and permission to administer, personally furnish or possess controlled substances, including a quarterly log of all controlled substances prescribed, administered or personally furnished.
- j) Scott R. Welden, M.D.: Request for reduction in psychiatric sessions from every three months to every six months.
- k) David M. Yin, M.D.: Request for release from the terms of the January 12, 2022 Consent Agreement.

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

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

The motion carried.

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ADJOURN

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

The meeting adjourned at 12:31 p.m.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on May 11, 2022, as approved on June 8, 2022.


Betty Montgomery, President


Kim G. Rothermel, M.D., Secretary

(SEAL)





State Medical Board of Ohio

MEDICAL MARIJUANA COMMITTEE MEETING

May 11, 2022

30 E. Broad Street, Room 336, Columbus, OH 43215

<p>Members: Amol Soin, M.D., Chair Mark Bechtel, M.D. Robert Giacalone, R.Ph., J.D. Michael Schottenstein, M.D. Yeshwant Reddy, M.D.</p> <p>Other Board Members Present: Sherry Johnson, D.O., Acting President Kim Rothermel, M.D.</p>	<p>Staff: Stephanie Loucka, Executive Director Kimberly Anderson, Chief Legal Counsel Brandi Dorcy, Chief of Compliance Benton Taylor, Board Parliamentarian</p>
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The meeting was called to order at 8:30 a.m.

Minutes Review

Dr. Bechtel moved to approve the draft minutes of the Committee's March 9, 2022 meeting. Dr. Reddy seconded the motion. All members voted aye. The motion carried.

Petitions to Add New Qualifying Conditions – Expert Review

Autism Spectrum Disorder

Craig Erickson, M.D., the Board's expert for review of the petitions to add autism spectrum disorder to the list of qualifying conditions for treatment with medical marijuana, joined the meeting by video conference. Dr. Soin thanked Dr. Erickson for appearing. Dr. Soin asked for Dr. Erickson's thoughts and opinions on the proposed use of medical marijuana to treat autism spectrum disorder.

Dr. Erickson stated that his overall opinion is that there is insufficient evidence to support the use of medical marijuana for this condition. While there have been a number of papers written on this topic, all the available data is from open-label studies that have no placebo control and are descriptive in nature. Dr. Erickson stated that "open-label" studies involve simply giving someone a treatment and seeing how they do. In his 20 years as a clinical trialist and a treatment-developing academic physician in autism, Dr. Erickson has often seen the same pattern: Early reports of 60% to 90% "success" in early phase studies, but when tested under placebo control with more systematic prospective studies it does not meet the criteria for clinical use or improvement over placebo.

Dr. Erickson stated that there are a number of publications describing marijuana use in autism, many of which he has reviewed as editor of the Journal of Autism and Developmental Disorders. Many such

studies were rejected for publication because of the supposition the success has been overstated given the early phase of the research. Dr. Erickson opined that placebo-controlled, rigorous studies on the safety and effectiveness of marijuana products are needed to address the unmet medical needs of autism. Current research is not at the point that any broad recommendations for marijuana use in autism.

Dr. Soin understood the concern about the lack of randomized placebo-controlled trials, and he also understood and appreciated that there are parents who are struggling and see this as an opportunity to help their child succeed. Dr. Soin asked Dr. Erickson to explain the potential risks of medical marijuana use in treating autism, specifically regarding exacerbation of psychiatric disorders.

Dr. Erickson replied that it is well-established in medical literature that chronic or frequent marijuana use in youth is associated with higher rates of developing psychosis and exacerbation of psychosis in those who have been psychotic. It has also been associated with worsening of mood and anxiety symptoms, as well as less social engagement. Dr. Erickson stated that autism spectrum disorder is a form of social and communication disability, so that patient population already has deficits in that area. Dr. Erickson expressed concern about these patients being exposed to a product that has been shown to have negative social and volitional effects with chronic use.

Dr. Erickson continued that has marijuana has been legalized for medical use and recreational use in other states, some autism patients have been exposed to it. A number of families have given their children THC-containing products because there is an unmet medical need, and Dr. Erickson has not seen positive behavior reports from these families in his clinics or from his fellows and colleagues at the neurodevelopmental program at Cincinnati Children's Hospital. Rather, Dr. Erickson has seen worsening of agitation and sleep disturbances.

Dr. Erickson stated that in a risk/benefit analysis, there are no established rigorous benefits but there are real risks for an at-risk patient population who, by virtue of their social and communication deficits, are both at more risk of adverse effects from marijuana and are more difficult to evaluate given their communication deficits, which further compounds the risk because they may not be able to state how they are feeling during treatment.

Dr. Soin asked about the risk of cognitive decline with the use of marijuana, which can cause significant harm for these patients. Dr. Erickson agreed that marijuana has negative cognitive effects, as shown in the medical literature. In the autism population a large percentage of individuals have intellectual disability and cognitive challenges, and even higher-functioning individuals with autism have more subtle deficits in executive functioning and processing. Dr. Erickson stated that these individuals would be at increased risk of any form of cognitive decline and detriment, and any treatment that has such risks would be very difficult for that population.

Dr. Schottenstein commented that when this Committee first reviewed autism spectrum disorder, it noted the lack of good quality studies. Now it is a few years later, and there are still no good quality studies. Dr. Schottenstein asked if studies are underway and when results could be expected. Dr. Erickson stated that there are studies going on domestically and in Israel. However, the Covid-19 pandemic delayed recruitment for all clinical trials. Considering the interest in this research, Dr. Erickson estimated that a large phase 2 or phase 3 trial in autism with 10 to 30 sites could be executed in one or two years.

Dr. Schottenstein asked if the endocannabinoid system is implicated in autism spectrum disorder and whether that is a legitimate area of research. Dr. Erickson replied that part of the academic research

is to ascertain if the endocannabinoid system is dysregulated and whether individuals would benefit from potentiating or antagonizing that system. Neurotransmission systems in autism have a number of neurosignaling systems, and Dr. Erickson opined that the future of autism treatment development is personalized medication, determining which individuals have which aspects of signaling dysregulation and giving them targeted treatments. Currently, it is not known which way one should modulate the endocannabinoid system to treat autism spectrum disorder, but that research continues. Dr. Schottenstein commented that it seems like putting the cart before the horse to initial treatment with medical marijuana before answering that basic science question. Dr. Erickson agreed.

Dr. Soin noted that there are essentially no efficacy trials for medical marijuana for any condition, yet it is available for use in Ohio in treatment of many diagnoses. Dr. Soin found it odd to use the lack of good studies as an argument against medical marijuana for autism when that is also true for conditions that are approved for such treatment. Dr. Soin opined that that a persuasive argument would be the harm that medical marijuana could do to autism patients. Dr. Soin asked about the risk of harm, particularly the decline in prosocial behavior.

Dr. Erickson responded that individuals with autism have social deficits which generally manifest as reduced interest in socialization, reduced ability to execute social interactions, and communication deficits. The last thing these patients need is a potential intervention or treatment that further dampens or inhibits social behavior and social interest. Dr. Erickson stated that autism patients are an at-risk population, more so than those with other conditions that have been approved for medical marijuana. Dr. Erickson further noted that while this population has unmet medical needs, they have normal life spans and are not extremely physically debilitated, so their biggest concerns are social communication and, often, cognitive challenges. These concerns line up against the negative risks of the intervention being studied.

Dr. Schottenstein agreed with Dr. Erickson. Dr. Schottenstein appreciated Dr. Soin's thoughts and stated that autism patients are uniquely situated to have their deficits worsen with medical marijuana. Dr. Bechtel also agreed, stating that the goal of the Committee and the Board is to protect the public. It was clear to Dr. Bechtel that medical marijuana has potential adverse effects on this population of patients, especially with cognition, triggering psychotic exacerbations, and social behavior. Dr. Bechtel further observed that patients with autism have difficulty expressing themselves and could have trouble communicating any side effects they may be experiencing. With a lack of good clinical trials and data the Committee must consider the potential harm in moving forward with this petition, and those risks are significant.

Dr. Soin thanked Dr. Erickson for his comments and his very helpful report. Dr. Erickson exited the meeting.

Dr. Soin expressed concern with authorizing use of medical marijuana to treat autism spectrum disorder, despite compelling stories and anecdotal reports of parents who had tried it and found it to be seemingly beneficial. Dr. Reddy agreed that the positive reports are anecdotal in nature. Dr. Schottenstein commented that the problem is that there are no good medical treatments for the core symptoms of autism. Parents are understandably hesitant to use anti-psychotic medications due to their own potential side effects, but they desire help for their children's explosive outbursts. The concerns about social and communication issues may seem less important when one is trying to deal with their child's explosive outbursts and anger.

Dr. Soin stated that another concern is the fact that the child has no voice in whether to take a medication because that choice is made by the parent. Consequently, that child could grow into an

adult with cognitive problems due to treatment they had no say in. Dr. Soin stated that he wants to advocate on behalf of children to not be put into a position in which they have cognitive decline that their parents may not realize could occur.

Mr. Giacalone was interested in Dr. Erickson's comments that anecdotal information on the use of medical marijuana is very positive in studies without placebo control, but this does not hold up under more scientific scrutiny. In the case of autism, Mr. Giacalone felt it is more problematic because the negative effects can be much more pronounced in these patients. Dr. Schottenstein pointed out that family reports are positive, but they are only looking at short-term effects. Dr. Schottenstein was concerned about the long-term effects that cannot be encapsulated in a quick study. Mr. Giacalone agreed and stated that a decision for short-term benefit could lead to long-term permanent disability. Dr. Schottenstein pointed out that even short-term studies have shown explosive anger psychosis and similar effects. Dr. Schottenstein opined that currently, the evidence for moving forward medical marijuana treatment of autism is not compelling.

Dr. Johnson noted that with the waning of the Covid-19 pandemic, there is a good opportunity for parents to have their children involved in good quality trials, which could result in different information in one or two years. Dr. Rothermel expressed concerns even with trials, based on what is already known about the negative effects of marijuana. Dr. Rothermel stated that a trial of 12 to 18 months could produce positive short-term effects, but the long-term effects have not been considered. Dr. Rothermel noted that even teenagers who used marijuana recreationally, to a person, having horrible anger issues and other negative side-effects. Mr. Giacalone opined that long-term studies would be beneficial since some other states are approving this use for medical marijuana and a controlled study by validate it one way or the other. Dr. Bechtel pointed out that the studies that have been cited had a high level of dropouts, so only those that were benefiting were reported at the end, and therefore those studies were seriously flawed.

The Committee continued to discuss this issue thoroughly. Dr. Soin thanked the Committee members for their comments.

Dr. Bechtel moved to continue discussion of these petitions in the full Board meeting, followed by a vote on the petitions. Dr. Reddy seconded the motion. All members voted aye. The motion carried.

Opioid Use Disorder

Dr. Soin noted that Dr. Parran, the Board's expert for review of the petitions to add opioid use disorder (OUD) to the list of qualifying conditions for treatment with medical marijuana, is expected to join the meeting virtually in a short time. Dr. Soin took this opportunity to read the summary of Dr. Parran's expert report:

The disease is opiate use disorder moderate to severe as defined in the DSM-5. I will refer to it as OUD in this report. OUD is still at an epidemic level in Ohio, with overdose fatality rates still unacceptably high. Much of the resistant overdose fatality associated with OUD in Ohio is attributable to the increasing potency of imported fentanyl analogues since 2012. Each year, increasingly potent fentanyl analogues have been imported, offsetting increased access to detox, MAT [medically-assisted treatment] treatment, residential treatment, and harm reduction interventions including naloxone. The stubbornly high fatality rates bely the fact that the numbers of patients with OUD in Ohio is actually going down significantly. National estimates are that OUD peaked in

the early 2010s at about 4.8 million Americans, and is now down to approximately 3 million Americans. Despite this decrease in OUD, as mentioned above the fatality rate has continued to be alarmingly high.

Despite this high mortality rate, there are outstanding, widely available evidence-based best practice treatment modalities available for OUD. In the last 10 years Ohio has increased the number of opiate treatment programs from less than 10 to over 90. The Healing Communities Study (HCS) has intervened in 10 counties with evidence-based multimodal interventions that have substantially increased access to treatment and harm reduction strategies, but sadly due to the increased potency of fentanyl analogues, there has been no decrease in mortality.

Interestingly, the HCS is a federally funded RO1 NIH [National Institutes of Health] funded grant that helps to launch all evidence based harm reduction and treatment interventions for OUD. The HCS does not endorse anything related to medical marijuana with respect to OUD treatment or OUD harm reduction. This is because the National Institute on Drug Abuse has found there to be no credible evidence supporting the use of medical marijuana in the management of OUD.

Drug courts have substantially increased across Ohio, as have outpatient and residential and detox treatment facilities. At this point, treatment capacity does not seem to be the bottleneck with respect to treating individuals with OUD in Ohio, but rather individuals readiness to participate in treatment and the devastating effect of increasingly potent fentanyl analogs.

As briefly mentioned above, there are prospective randomized longitudinal controlled trials supported by the NIH and SAMHSA [Substance Abuse and Mental Health Services] supporting the efficacy of medication assisted treatment in the management of OUD. *In fact, there are more evidence-based treatment interventions for both harm reduction and adjunct to sobriety management of OUD than any other substance use disorder in the world* [emphasis in original]. These include naloxone distribution, needle exchange programs, fentanyl test strips, methadone treatment programs, buprenorphine treatment programs, and naltrexone or Vivitrol treatment programs. Each of these harm reduction and adjunct to sobriety MAT interventions have strong multi-year placebo controlled randomized controlled trials to support their use. These are exactly the criteria that should be used to evaluate proposed additional pharmacotherapy agents in the MAT armamentarium to treat OUD. These are exactly the criteria that medical marijuana fails to meet in every instance.

Specifically, medical marijuana has no randomized placebo control trials demonstrating its efficacy in the treatment of OUD. Not a single one. In order to be considered appropriate, medical marijuana needs to be demonstrated to be superior to placebo at a minimum, and one would hope that it would be demonstrated to be comparable to the existing highly efficacious MAT interventions. There are no scientific studies regarding medical marijuana that meet these criteria.

Since there is a lack of evidence for the effectiveness or efficacy of medical marijuana in the treatment of OUD, proponents might fall back on theoretical reasons for its effectiveness. Unfortunately, there are no theoretical explanations based upon mu

receptor neuropharmacology to hypothesize an effective mechanism of cannabinoids in the treatment of OUD.

There are clear theoretical risks of using a euphoria producing drug like medical marijuana in the management of OUD. OUD is one of the addictive disease disorders, all of which involve the effected individual's loss of control and compulsive use of substances that trigger acute surges of dopamine from the midbrain to the forebrain. This acute surge of dopamine from the VTA [ventral tegmental area] through the NA [nucleus accumbens] to the prefrontal cortex is the common pharmacologic effect of all addictive drugs that have ever been studied. This includes cannabinoids, psychostimulants like cocaine and methamphetamine, opioids like heroin and fentanyl, and sedative hypnotics like alcohol and benzodiazepines.

There is strong epidemiologic data dating back to the early 1970s that long-term exposure of patients who have a history of OUD or any other substance use disorder to substances that trigger dopamine surges markedly increases the risk of relapse of that substance use disorder. As indicated in my report 2 years ago, even the small dopamine surge triggering agent called nicotine increases the risk of relapse of alcohol use disorder and other substance use disorders (including OUD). Clearly long-term exposure to a much stronger dopamine surge triggering agent like THC in medical marijuana endangers the health and safety of anyone with a substance use disorder. *As a consequence, there is no role of euphoria producing drugs in the treatment of substance use disorder in general and opiate use disorder in particular unless those euphoria producing drugs are supported by long-term well-designed placebo-controlled randomized trials [emphasis in original].* The only two euphoria producing drugs that meet these criteria are methadone and buprenorphine, and therefore these are the only control drugs or euphoria producing drugs which are endorsed by the American Society of Addiction Medicine (ASAM), NIDA [National Institute of Drug Abuse] and SAMSHA for the treatment of any substance use disorder.

In summary, there is no scientific evidence that meets appropriate levels of rigor in support of medical marijuana as a treatment for opiate use disorder. At the same time there is strong historical evidence that the use of marijuana by people with opiate use disorder is considered unsafe with respect to methadone maintenance program take-home doses, and with respect to an overall sobriety program. There is also compelling theoretical evidence with respect to the underlying problem of OUD and other substance use disorders indicating that any chemical or drug that triggers an acute surge of dopamine from the midbrain to the forebrain plays a substantial role in making addictive disease unstable and increasing the risk of relapse.

Dr. Soin stated that Dr. Parran's full report has been made available to the Committee members. The report was very detailed and, in Dr. Soin's opinion, very persuasive, particularly with regard to using a euphoria-producing drug to combat OUD. Dr. Bechtel also found Dr. Parran's arguments very persuasive. Mr. Giacalone agreed, stating that MAT treatments are effective because of the accountability in those programs, rather than simply having the patient pick up medicine with no structure, no program, and no counseling.

Dr. Soin was also persuaded by the fact that there are many other treatments for OUD that have been studied rigorously, as well as the increase in the number of opioid treatment programs in Ohio from

less than 10 to over 90 in only about 10 years. Dr. Johnson noted that patients in rural areas can still have difficulty accessing these programs.

Theodore Parran, M.D., joined the meeting by video conference at this time. Dr. Soin thanked Dr. Parran for appearing.

Dr. Soin asked Dr. Parran for his general opinion on the use of medical marijuana in the treatment of OUD. Dr. Parran stated that there are currently outstanding treatments available for OUD, including the most efficacious medications that have been developed in the history of treatment of any addictive disease. The three medications approved by the Food and Drug Administration (FDA), namely injectable vivitrol, buprenorphine, and methadone, all improve sobriety rates from the 20% to 30% range to the 40% to 60% range if they are combined with good addiction treatment. These medications are also very helpful in harm reduction for those who do not want to stop using but they want to use the medications to decrease the risk of fatal overdose. The risk of accidental overdose can be reduced as much as 70% with these treatments. Dr. Parran likened this harm reduction to the harm reduction benefits that diabetics get from diabetes medications.

Dr. Parran noted that there is some criticism that these medications are not available enough. Dr. Parran stated that these are serious medications and giving opioids to a person with OUD must be done in a very careful manner because opioids are addictive and, because they have street value, can be diverted and sold. Dr. Parran observed that Ohio has gone from eight opiate treatment programs 15 years ago to over 90 programs today.

Dr. Parran stated that the challenge in Ohio, according to Ohio Mental Health and Addition Services (OMHAS), is not access. Rather, it is the quality of the physician staff, administrative staff, and counseling staff at treatment centers, which is an inevitable problem when the number of programs increases so much in such a short time. Dr. Parran stated that approving medical marijuana for OUD would not address these problems.

Dr. Parran continued that the number of Americans with opiate addiction went from 4,800,000 in 2012 to 2,800,000 or 3,000,000 today. However, the death rate has remained the same. The reason the death rate remains unchanged is not inadequate access to treatment, but rather the increasing potency of fentanyl analogs that are being imported. Again, this is not a problem that would be addressed by approving medical marijuana.

Dr. Parran opined that the core issue is that, in order to give an addictive drug like marijuana to a person with an addictive brain, one must have strong clinical evidence to support the efficacy of that drug for that indication. There is such evidence for buprenorphine and methadone, which have had strong, prospective, randomized, placebo-controlled trials, including longitudinal trials up to eight years long. Buprenorphine and methadone are the only two controlled, addictive, euphoria-producing drugs that have been endorsed by the American Society of Addiction Medicine, the organization with the most experience in the treatment of addiction in the nation. They are also the only drugs endorsed by NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the two federal research NIH agencies with the most expertise in addiction in the world. These two medications show clear-cut decreased mortality rates and improved sobriety rates.

Dr. Parran believed that the urge on the part of medical marijuana advocates to expand its indication is well-meaning, but misguided. To suggest the use of an addictive drug to treat an addictive disease has a high bar, and there is not a single article cited by the advocates that is a prospective, randomized control trial using medical marijuana as a treatment for OUD. The few epidemiologic

studies that have been submitted have been countered by better epidemiologic studies which indicate that marijuana is not protective when it comes to opiate overdose of OUD.

Dr. Schottenstein asked Dr. Parran to comment on how the treatment of OUD is sometimes conflated with the treatment of chronic pain. Dr. Parran stated that chronic pain has nothing to do with OUD. While anyone can develop a chronic pain syndrome, only one in 10 people are at risk for developing an addictive disease like OUD. Similarly, one in 10 people who smoke marijuana will develop marijuana use disorder, one in 10 who drink beer will develop alcoholism, and so on. Notably, for all these addictive conditions, it is the same 10% of people who are at risk.

Dr. Parran continued that medical marijuana is arguably marginally useful in the management of chronic pain, according to the data, but this is very different from OUD. There are those who have both chronic pain and OUD, and those individuals should go to a methadone program or buprenorphine clinic to treat their OUD, and then a chronic pain clinic to treat their pain with no controlled substances. They should also enter a 12-step biopsychosocial, spiritual recovery program for the existential hole in their soul called addiction. About 20% to 30% of chronic pain patients also have OUD, and those are overrepresented with overdose. If the addiction does not go into remission and continued to magnify their pain symptoms, then giving them medical marijuana is only providing another addictive drug to someone with an addictive brain who happens to also have chronic pain.

Dr. Soin thanked Dr. Parran for his comments and his very helpful report. Dr. Parran exited the meeting.

Dr. Bechtel moved to continue discussion of this petition in the full Board meeting, followed by a vote on the petition. Dr. Reddy seconded the motion. All members voted aye. The motion carried.

Final Recommendations

Dr. Reddy moved to recommend that the full Board reject the petitions to add autism spectrum disorder to the list of qualifying conditions for treatment with medical marijuana. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Dr. Bechtel moved to recommend that the full Board reject the petitions to add opioid use disorder to the list of qualifying conditions for treatment with medical marijuana. Dr. Reddy seconded the motion. All members voted aye. The motion carried.

Adjourn

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

The meeting adjourned at 9:15 a.m.

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