

**MINUTES****THE STATE MEDICAL BOARD OF OHIO****November 14, 2018**

Robert P. Giacalone, R.Ph., J.D., President, called the meeting to order at 10:08 a.m. in the Administrative Hearing Room, 3<sup>rd</sup> Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Andrew P. Schachat, Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Michael L. Gonidakis, Esq.; Michael Schottenstein, M.D.; Richard Edgin, M.D.; Ronan M. Factora, M.D.; Mark A. Bechtel, M.D.; and Sherry L. Johnson, D.O. The following members did not attend: Amol Soin, M.D.; and Betty Montgomery.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; David Fais, Assistant Executive Director; Sallie Debolt, Senior Counsel; Susan Loe, Director of Human Resources and Fiscal; Teresa Pollock, Director for Communications; Joseph Turek, Deputy Director for Licensure; Nathan Smith, Staff Attorney; Rebecca Marshall, Chief Enforcement Attorney; James Roach, Assistant Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Cheryl Pokorny, Angela McNair, Adam Meigs, and Timothy Norris, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and Emily Pelphrey, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Kimberly Lee, Hearing Examiner; Roxy Brown, Hearing Unit Assistant; Alexandra Murray, Managing Attorney, Standards Review and Compliance; Annette Jones and Angela Moore, Compliance Officer; Colin DePew, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

**MINUTES REVIEW**

**Dr. Bechtel moved to approve the draft minutes of the October 10, 2018, Board meetings, as written. Dr. Saferin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

**APPLICANTS FOR LICENSURE**

**Dr. Bechtel moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician applicants listed in**

**Exhibit “A” and the allied professional applicants in Exhibit “B,” as listed in the Agenda Materials and handouts; and to approve the results of the October 22, 2018 Cosmetic Therapy Examination and to certify as passing and license those receiving a score of 75 or greater on their examination in Exhibit “D”, and to certify as failing and deny licensure to those who received a score of less than 75 on the examination, as listed in the Agenda Materials. Dr. Edgin seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

**Dr. Schottenstein moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the applicants listed in Exhibit “C” for the Certificate to Recommend Medical Marijuana, as listed in the Agenda Supplement and handouts. Dr. Schachat seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- abstain
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- 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. Schottenstein seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye

Dr. Schachat	- aye
Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Dr. Edgin	- aye
Dr. Factora	- aye
Dr. Johnson	- aye
Dr. Bechtel	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, Mr. Fais, Ms. Loe, Ms. Pollock, Ms. Debolt, Ms. Marshall, Mr. Roach, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Murray, Mr. Smith, Ms. Moore, Mr. DePew, and Mr. Taylor in attendance.

The Board returned to public session.

#### RATIFICATION OF SETTLEMENT AGREEMENTS

##### HARLEY M. BLANK, M.D. – PERMANENT RETIREMENT/SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

**Dr. Schottenstein moved to ratify the proposed Permanent Retirement/Surrender with Dr. Blank. Dr. Factora seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- abstain
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- abstain

The motion to ratify carried.

##### WILLIAM MIDIAN, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

**Dr. Schottenstein moved to ratify the proposed Permanent Surrender with Dr. Midian. Dr. Schachat seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye

Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Dr. Edgin	- aye
Dr. Factora	- aye
Dr. Johnson	- aye
Dr. Bechtel	- abstain

The motion to ratify carried.

**ERIN ENGEL, D.P.M. – ONE-BITE REINSTATEMENT CONSENT AGREEMENT**

**Dr. Schottenstein moved to ratify the proposed One-Bite Reinstatement Consent Agreement with Dr. Engel. Mr. Gonidakis seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

**JAMES CAMERON JOHNSON, D.O. – STEP II CONSENT AGREEMENT**

**Dr. Schottenstein moved to ratify the proposed Step II Consent Agreement with Dr. James Johnson. Mr. Gonidakis seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- abstain

The motion carried.

**TINA DAVIS, L.M.T. – CONSENT AGREEMENT**

**Dr. Schottenstein moved to ratify the proposed Consent Agreement with Ms. Davis. Dr. Schachat**

**seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

KERMIT RAY ERWIN, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE  
MEDICINE AND SURGERY

**Dr. Schottenstein moved to ratify the proposed Permanent Surrender with Dr. Erwin. Dr. Schachat seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

KEVIN ALLAN HORVATH, M.D. – CONSENT AGREEMENT

**Dr. Schottenstein moved to ratify the proposed Consent Agreement with Dr. Horvath. Dr. Schachat seconded the motion.** A vote was taken:

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

Dr. Bechtel - aye

The motion carried.

NATHAN BUCHANAN FRANTZ, D.O. – SETTLEMENT AGREEMENT

**Dr. Schottenstein moved to ratify the proposed Settlement Agreement with Dr. Frantz. Dr. Schachat seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- abstain

The motion carried.

CITATIONS AND ORDERS OF SUMMARY SUSPENSION, IMMEDIATE SUSPENSION, AND AUTOMATIC SUSPENSION

Ms. Marshall briefly reviewed the proposed citations. Mr. Giacalone questioned why Citation #2 for Paul M. Hoover, M.D., was a normal Notice of Opportunity for Hearing instead of a Summary Suspension, noting that the Pennsylvania State Board of Medicine had summarily suspended Dr. Hoover's medical license in that state. Ms. Marshall noted that Dr. Hoover is currently living in California. Ms. Marshall further noted that Dr. Hoover's Ohio medical license lapsed for non-renewal in October 2016, and therefore he would have to apply for restoration of his license to practice in Ohio. Mr. Giacalone thanked Ms. Marshall for the information.

**Dr. Schottenstein moved to send the Notice of Immediate Suspension and Opportunity for Hearing to Tod Hagins, M.D. Dr. Schachat seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion to send carried.

**Dr. Schottenstein moved to send the Notices of Opportunity for Hearing to Paul M. Hoover, M.D.; and Stephen P. Meese, D.O. Dr. Schachat seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- abstain

The motion to send carried.

**Dr. Schottenstein moved to send the Notices of Opportunity for Hearing to Edward J. S. Picardi, M.D.; and Zeljko Stjepanovic, M.D. Dr. Schachat seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion to send carried.

#### REPORTS AND RECOMMENDATIONS

Mr. Giacalone announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Mr. Giacalone asked whether each member of the Board had received, read and considered the hearing records, the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matter of Jessica Alyse Carpenter. A roll call was taken:

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

Dr. Edgin	- aye
Dr. Factora	- aye
Dr. Johnson	- aye
Dr. Bechtel	- aye

Mr. Giacalone stated that this matter is non-disciplinary in nature, and therefore all Board members may vote.

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

#### JESSICA ALYSE CARPENTER

Mr. Giacalone directed the Board's attention to the matter of Jessica Alyse Carpenter. No objections have been filed. Ms. Lee was the Hearing Examiner.

**Dr. Schottenstein moved to approve and confirm Ms. Lee's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Jessica Alyse Carpenter. Dr. Schachat seconded the motion.**

Mr. Giacalone stated that he will now entertain discussion in the matter of Ms. Carpenter.

Dr. Edgin stated that in a Notice of Opportunity for Hearing dated June 4, 2018, the State Medical Board of Ohio notified Jessica Alyse Carpenter that it proposed to deny her application for a certificate to practice massage therapy in Ohio because she does not hold a diploma or certificate from a school, college or institution in good standing as determined the Board; or a diploma or certificate from a school, college or institution in another state or jurisdiction that meets the Board's required course of instruction; or does not hold a current license, registration or certificate of good standing to practice massage therapy in another state for at least the preceding five years, as required by Ohio Revised Code Section 4731.19. Accordingly, the Board advised Ms. Carpenter of her right to request a hearing.

Dr. Edgin stated that Ms. Carpenter submitted an application for an Ohio massage therapy license in January 2018, which currently remains pending. In her application, Ms. Carpenter indicated she had obtained her massage therapy training at the Atlanta School of Massage in Atlanta, Georgia, and graduated in September 2014. In October 2014, Ms. Carpenter was licensed to practice massage therapy in the state of Georgia and her Georgia license is current through October 31, 2018. Ms. Carpenter passed the Massage and Bodywork Licensing Examination ("MBLEx") on December 23, 2017.

Dr. Edgin continued that Ms. Carpenter's courses at the Atlanta School of Massage failed meet the course requirements of 4731-1-16, Ohio Administrative Code (OAC), in several subjects. Dr. Edgin noted that the OAC requires 325 hours in Anatomy and Physiology, including Pathology, but Ms. Carpenter only had 213 hours. Dr. Edgin further noted that the OAC requires 25 hours in the Ethics section with 10 hours being exclusively in ethics, but Ms. Carpenter had only six hours in that section. Dr. Edgin further noted that the OAC requires 25 hours in Business and Law, but Ms. Carpenter had only 24 hours in that section. Dr. Edgin pointed out that Ms. Carpenter did meet the OAC's 325-hour requirement for Massage Theory and Practical, including Hygiene, of which Ms. Carpenter had 351 hours.

Dr. Edgin stated that Chantel Scott, the Board's Chief of Allied Licensure, CME, Records and Renewals, testified that Ms. Carpenter did not meet the statutory requirements for a license as set out in R.C. 4731.19(A)(3), Ohio Revised Code (ORC), for the following reasons:

- The Atlanta School of Massage is not in good standing with the State Medical Board of Ohio;
- Ms. Carpenter's courses do not fulfill the required hours in 4731-1-16, OAC, pursuant to 4731.05, ORC; and
- Ms. Carpenter has not held an active license in good standing for at least five years prior to her application.

Ms. Scott further testified that there is no language in the Board's statutes or rules that would allow the Board to consider equivalent training or education to satisfy these requirements.

Ms. Carpenter testified that she understood that the curriculum at the Atlanta School of Massage did not meet the Ohio Board's requirements, but that she believed she has "prior and equivalent training that would specifically meet the standards that Ohio requires." Ms. Carpenter also testified to the following:

- She is taking courses at Fort Hays State University;
- She has taken many continuing education courses, was required for her continued licensure in Georgia;
- She is a certified yoga therapist and had completed continuing education and testing in that field;
- She is employed at Summit Natural Wellness Center in Akron, Ohio, where she teaches classes in yoga;
- She worked as a Holistic Health Practitioner at Pure Vitality and completed some education there;
- She has volunteered with Wellspring Living, a residential facility for adolescent girls who have been commercially sexually exploited; and
- She had been a transformational coach through the Holistic MBA Mastery.

Dr. Edgin stated that Ms. Carpenter also provided character references.

Dr. Edgin stated that the Board's statutes are very specific with regard to the requirements for a massage therapy license. Dr. Edgin stated that neither 4731.19, ORC, nor 4731-1-16, OAC, allow for the Board to accept or consider equivalent or supplemental training which occurred outside of a massage therapy course of instruction. Consequently, the Board does not have a way to apply the credentials that Ms. Carpenter's supplied to make up for her deficiencies despite the great lengths that she has gone through to try to meet the Board's requirements. Dr. Edgin stated that the Proposed Order would deny Ms. Carpenter's application at this time.

Dr. Bechtel agreed with Dr. Edgin's comments and with the Proposed Order to deny Ms. Carpenter's application. Dr. Bechtel stated that if the Board approves someone who fails to meet the basic minimum requirements of statutory law, then every application would have to be looked at in the same way. Dr. Bechtel stated that although it is unfortunate for Ms. Carpenter, the Board must follow its guidelines that are set in statutory regulations.

Dr. Schottenstein stated that there were two questions implied in this case. First, does Ms. Carpenter's

education, training, and experience outside of her massage therapy school curriculum constitute a body of knowledge that is equivalent to those areas in which she is lacking the required number of credit hours to meet State Medical Board of Ohio criteria for licensure? Second, is the State Medical Board of Ohio, under the law, able to grant an application for licensure that does not meet criteria noted in statute by determining that Ms. Carpenter has prior equivalent training that makes up for deficiencies based on the Board's standards? Dr. Schottenstein stated that if the answer to the first question is "no," then the second question is moot. Dr. Schottenstein opined that the answer to the first question is, in fact, "no" because there is no standardized mechanism in place whereby the Board can determine the equivalencies that Ms. Carpenter is asking for.

Dr. Schottenstein appreciated that Ms. Carpenter is dedicated to her education and her craft, and that she clearly has a great deal of experience in many areas. However, Dr. Schottenstein felt that it is very difficult, if not impossible, to clearly translate that experience into the categorical deficiencies of clock hours that have been noted, nor is it the Board's place to do so.

Mr. Giacalone agreed with the comments that have been previously made. Mr. Giacalone commented that this case is like comparing apples and oranges, but unfortunately the statute does not allow the Board to compare apples to oranges. Mr. Giacalone noted that if Ms. Carpenter maintains her Georgia massage therapy license, she can reapply for an Ohio license in November 2019, as stated in the Rationale for Proposed Order in the Report and Recommendation.

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

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion to approve carried.

## RULES AND POLICIES

### PHYSICIAN ASSISTANT RULES FOR FINAL ADOPTION

**Dr. Saferin moved that current rules 4730-2-04 and 4730-2-05 be rescinded and new rules 4730-2-04 and 4730-2-05 be adopted, with an effective date of November 30, 2018. Dr. Schottenstein seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye

Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Dr. Edgin	- aye
Dr. Factora	- aye
Dr. Johnson	- aye
Dr. Bechtel	- aye

The motion carried.

#### PROPOSED LIMITED BRANCH RULES

Ms. Debolt stated that comments have been received on proposed Rule 4731-1-05 (scope of practice for massage therapy) and 4731-1-10 (distance education). Ms. Debolt asked that the Board not take any action on proposed Rule 4731-1-05 because the comments received on it were not relevant to the version of the rule that is currently with the Common Sense Initiative (CSI) office.

Regarding proposed Rule 4731-1-10, Ms. Debolt asked that the Board adopt language suggested by Mr. Turek in his memorandum to the Board, which was based on comments received about that Rule.

**Dr. Saferin moved to approve the amendments as discussed so that Rule 4731-1-10 can be revised and re-filed with JCARR. Dr. Schottenstein seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

Ms. Debolt stated that two issues were raised about proposed Rule 4731-1-17 (instructional staff in Ohio cosmetic therapy and massage therapy programs). The first issue dealt with the ethics requirements for ethics instructors, and the second issue dealt with the requirements for business instructors.

Following discussion, the Board agreed that language concerning criteria for ethics instructors should be deleted to make it consistent with requirements for other licensees. The Board further agreed that a business instructor should be required to own or manage a business, rather than just own a business.

**Dr. Saferin moved to approve the amendments as discussed so that Rule 4731-1-17 can be revised and re-filed with JCARR. Dr. Schottenstein seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye

Dr. Schottenstein - aye  
Dr. Schachat - aye  
Mr. Giacalone - aye  
Mr. Gonidakis - aye  
Dr. Edgin - aye  
Dr. Factora - aye  
Dr. Johnson - aye  
Dr. Bechtel - aye

The motion carried.

## OPERATIONS REPORT

**Human Resources:** Mr. Groeber stated that the Board staff is working to fill a number of vacancies.

**Investigator Firearms:** Mr. Groeber stated that the Board staff is continuing to work with the union to implement the changes directed by the Board. Management has continued to work with the union to prepare for the return of firearms should the Board vote to rescind investigator authority to carry firearms at the December 2018 meeting. Mr. Groeber stated that until such time as the Board takes a formal vote, the Board will maintain the investigators' authority to carry firearms.

**Budget Update:** Mr. Groeber stated that the Board's budget looks very good and more detail will be provided in the Finance Committee report.

**Board Document and Meeting Management Software:** Mr. Groeber stated that a decision point is approaching on the Board meeting management software.

**Agency Operations:** Mr. Groeber stated that issuance of licenses is up 20% over last year and they are being issued 25% faster. Mr. Groeber noted that there has been a minor decrease of 6% in the number of new MD and DO licenses issued, but that does not take into account the increase in licenses issued through the expedited licensure process.

Mr. Groeber stated that there has been a slight increase in the cases and the current number of open cases is 1,275.

**Board Meeting Materials Project:** Mr. Groeber stated that materials have been sent for the Board Meeting Materials project, which constituted thousands of pages. Mr. Giacalone and Ms. Montgomery continue to work on the project and will provide an update at a later meeting on opportunities to reduce the size of the packet.

**Holiday Luncheon:** Mr. Groeber stated that the Board's annual Holiday Luncheon will be next month. Mr. Groeber thanked the Board members for providing the luncheon for the staff.

**Election of Officers, 2019:** Mr. Groeber stated that the election of Board officers for 2019 will occur at the next Board meeting, December 12, 2018. Mr. Groeber stated that unless there are nominations or suggested changes, the Board will likely continue with the traditional practice of electing a President and Vice President based on seniority and re-electing the current Secretary and Supervising Member.

**OARRS/ICD-10 Code Compliance Update:** Mr. Groeber stated that the Board issued the first round of email notifications to licensees related to compliance with both the Ohio Automated Rx Reporting System (OARRS) Rules and the ICE-10 Code Reporting Rules. The email essentially stated that based on data provided by the Board of Pharmacy, the licensee had had issues of non-compliance. It has since been learned that there had been some minor issues with the Board of Pharmacy data related to how the licensee name was linked to other information. Mr. Groeber stated that this issue is being corrected. Mr. Groeber stated that the number of errors was not large, but the mis-identified licensees were rightly upset for having received the communication.

Mr. Groeber added that there were also issues with electronic medical records (EHR's) not communicating ICD-10 codes to their respective pharmacies. Among the EHR's effected was the Epic system, one of the largest EHR's in the state. Mr. Groeber stated that that issue is being addressed.

Mr. Groeber stated that it will be a number of months before this information is issued again, though the ICD-10 code data will continue to be utilized and reviewed by the ICD-10 Code Data Review Committee.

**Annual Ethics Training:** Mr. Groeber reminded the Board members that the annual ethics training must be completed by December 15.

**Meeting with Food and Drug Administration:** Mr. Groeber stated that the meeting with the Food and Drug Administration (FDA) went very well. Mr. Giacalone agreed. Mr. Groeber noted that the FDA was particularly interested in the Board's ICD-10 code data, which may have had a level of granularity that the FDA had not seen before.

## PROPOSED BOARD MEETING DATES, 2020

**Dr. Saferin moved to approve the proposed Board meeting dates for the calendar year 2020. Dr. Schottenstein seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

## APPOINTMENT TO DIETETICS ADVISORY COUNCIL

**Dr. Saferin moved to appoint Dr. Mary Jon-Ludy to the Dietetics Advisory Council to fill the remainder of the terms ending on April 10, 2021. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.**

## RESPIRATORY CARE ADVISORY COUNCIL REPORT

Dr. Factora stated that the Respiratory Care Advisory Council met on November 13, 2018, and approved the draft minutes of the September 11 meeting. The Council was given updates regarding Board action on respiratory care rules and scope of practice inquiries since the September 11 meeting. The Council also discussed the differences between the National Board of Respiratory Care's continued competency policy and licensure renewal for respiratory care professionals in Ohio. The Council also advised on an inquiry related to interpretation of the L1 Limited Permit Verification of Education form. Lastly, the Council discussed various issues surrounding the topic of respiratory care protocols.

## REPORTS BY ASSIGNED COMMITTEES

### FINANCE COMMITTEE

#### FISCAL UPDATE

Dr. Schottenstein stated that the Board's revenue in September 2018 was \$1,296,800, a substantial increase from the \$810,142 of revenue from the previous month. Dr. Schottenstein noted that in even-numbered fiscal years, the month of September is the biggest month for revenue; it is the largest month for physician license renewal based on the group that comes due. In addition, there is a 24% year-to-date increase in revenue. The Board's case balance is \$5,539,228, a record cash balance for the Board. The net revenue for September 2018 of \$599,456 is not a record, but it is on the high side of what the Board usually sees. The net fiscal year revenue for Fiscal Year 2019 is \$1,073,098, which is also on the high end of what the Board sees.

Expenditures have decreased 0.2% year-to-date. Dr. Schottenstein stated that this decrease is unusual and is partly a function of the fact that the Board currently has about ten staff vacancies. Dr. Schottenstein stated that some vacated positions are not filled immediately so that it can be determined if increases in operational efficiency will allow the Board to manage without the need to replace staff that have left.

#### ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that the Board has collected fine payments of \$4,000 since the last Board meeting.

#### STATE AUDIT

Dr. Schottenstein stated that the Board underwent a routine audit. In a letter dated October 10, 2018, David Yost, the Auditor of State, indicated that there were no instances of noncompliance or internal control weaknesses that needed to be communicated to the Board members. Dr. Schottenstein congratulated Ms. Loe on the results of the audit.

#### COMMUNICATIONS UPDATE

Dr. Schottenstein stated that the Board has obtained estimates from State Printing for the cost of creating the Board magazine if the Board bears 100% of the cost. The cost to print and mail 10,000 24-page magazines would cost about \$14,000; the cost to print and mail 10,000 12-page magazines would cost

about \$11,000.

Dr. Schottenstein stated that another option would be to work with a company called Publishing Concepts, which creates, prints, and mails the Ohio Board of Nursing's magazine. Under this option, the Medical Board would provide all of the editorial content for the magazine and have final review and approval of advertisements and mailing lists. Dr. Schottenstein stated that there would be a supplemental cost to the Board for the first four issues, with a zero-cost publishing agreement starting with the fifth issue. Dr. Schottenstein stated that the supplemental cost could potentially be \$5,000 per edition for a total of \$20,000. Dr. Schottenstein stated that samples of magazines produced by Publishing Concepts are being obtained for review.

#### BOARD DOCUMENT AND MEETING MANAGEMENT SOFTWARE

Dr. Schottenstein stated that the leading contender for Board document and meeting management software is Passageways OnBoard. Passageways has submitted a proposal for \$7,100, which includes a \$6,600 annual fee and a \$500 one-time activation fee. Dr. Schottenstein stated that Passageways would be agreeable to engage in training for Board members and staff.

Dr. Schottenstein stated that it has been suggested that Board members use the Passageways OnBoard system for the December Board meeting so they can provide feedback before a final decision is made. Dr. Schottenstein commented that he has looked at this product and found it to be very intuitive to use.

#### TRAUMA-INFORMED CARE TRAINING

Dr. Schottenstein stated that the Ohio Department of Mental Health and Addiction Services conducted a two-hour trauma-informed care training for the Board's investigators and attorneys October 23. Dr. Schottenstein stated that the Board wants to ensure that it is not re-traumatizing victims during investigations related to sexual boundary issues. Dr. Schottenstein stated the training received a lot of positive feedback and it may be expanded to other staff members who potentially have contact with these victims.

#### POLICY COMMITTEE

#### RULES FOR PHARMACY CONSULT AGREEMENTS

Mr. Giacalone stated that the Policy Committee's dialogue on pharmacy consult agreements was very helpful. Ms. Anderson will work on drafting rules based on the Committee's discussion.

#### LEGISLATIVE REVIEW

Ms. Anderson stated that Mr. LaCross provided a legislative report to the Board members. Ms. Anderson commented that the Legal staff continues to go through hundreds of pages of the new federal opioid legislation to see if it contains anything that would require statute or rules changes in Ohio.

Mr. Groeber stated that Mr. LaCross is currently as a legislative hearing for the Physician Assistant bill.

### RULE REVIEW UPDATE

Ms. Anderson stated that there will be a meeting of the Joint Committee on Agency Rule Review (JCARR) tomorrow and the Board's pending rules on the treatment of subacute and chronic pain will be considered. Ms. Anderson stated that if the rules come out of JCARR without comment, the Board can vote to approve them at the December 12 meeting with an effective date at the end of December.

Ms. Anderson continued that the Medical Board may be one of the agencies called to explain why some of its rules are not in compliance with the five-year review requirement. Ms. Anderson stated that the Board has nine rules under Chapter 4731 that outside the five-year review timeframe. Five of those rules have been pending at the Common Sense Initiative (CSI) office since August 2017; one rule has been pending at CSI since June 2018; and three rules on light-based medical devices have been pending at CSI for an anti-trust review since June 2018.

Ms. Anderson added that there are 30 respiratory care rules that the Medical Board inherited from the January 2018 merger with the Ohio Respiratory Care Board which were overdue at the time of the merger. Ms. Anderson stated that 25 of these rules were released from CSI on October 31 and the Legal staff is working on filing them with JCARR; the other five rules had additional elements that were more complicated and needed to be routed through the Respiratory Care Advisory Council for appropriate input.

Mr. Groeber noted that three years ago the Medical Board had 160 rules that were out of compliance with the five-year rule review requirement. Mr. Groeber and Ms. Anderson thanked the Board members and staff for moving so many rules along the process to get them back in compliance.

### PROTOCOLS FOR MEDICATION ADMINISTRATION

Ms. Anderson stated that the Board of Pharmacy has a rule which includes five specified reasons for a protocol, as well as patient-specific dose-specific protocols that are approved by the Board of Pharmacy. The Board of Pharmacy is now proposing to make that rule into a stand-alone rule, and that process would include removing the pre-approval requirement for the patient-specific dose-specific protocols and replacing it with a review process. Ms. Anderson stated that this would allow those protocols to be utilized without being pre-approved.

Ms. Anderson stated that if any Board member to reach out to her if they wished to provide feedback about the Board of Pharmacy's proposed rule change.

Mr. Gonidakis exited the meeting at this time.

### LICENSURE COMMITTEE

#### LICENSURE APPLICATION REVIEWS

#### KATRINA KEMEN, M.T.

Dr. Saferin stated that Ms. Kemen has applied for restoration of her Ohio massage therapy license. Ms. Kemen has not held an active massage therapy license since her license, originally issued in July 2004, expired on August 31, 2007.

**Dr. Bechtel moved to approve Ms. Kemen's request for Ohio licensure pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Schottenstein seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

ALLAN EDWARD GETTYS, M.T.

Dr. Saferin stated that Mr. Gettys has applied for restoration of his Ohio massage therapy license. Mr. Gettys has not held an active massage therapy license since his license, originally issued in October 2009, expired on January 1, 2015.

**Dr. Bechtel moved to recommend approval of Mr. Gettys' request for Ohio licensure pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Johnson seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

HAMID RAZAVI, M.D.

Dr. Saferin stated that Dr. Razavi is requesting graduate medical education (GME) equivalency. Dr. Razavi graduated from Iran University of Medical Sciences in Tehran, Iran, in 2009. Dr. Razavi successfully completed a six-year residency in neurosurgery at Clemens Hospital in Germany from 2010 to 2016. Dr. Razavi holds both German Board of Neurosurgery and European Board of Neurological Surgery certification.

Dr. Saferin continued that from 2016 to 2017, Dr. Razavi participated in a one-year research fellowship at the University of Pittsburgh Medical Center in neurological surgery/skull base surgery. Dr. Razavi then transferred to Cleveland Clinic and participated in a clinical fellowship in neurological surgery/oncology, followed by advanced endoscopic and open skull base surgery, a total of seventeen months. While these clinical fellowships are non-accredited, according to the Accreditation Council for Graduate Medical Education (ACGME), there is an accredited residency program in neurological surgery at the Cleveland Clinic.

**Dr. Edgin moved to recommend approval of Dr. Razavi's request that the Board deem his training and experience in Germany and the United States be equivalent to the twenty-four months of graduate medical education through the second-year level of GME so that he may be granted a license. Dr. Bechtel seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

#### STREAMLINE APPLICATION REVIEW PROCESS

Dr. Saferin stated that the Licensure Committee is proposing to streamline the licensure application review process and reduce the time it takes to issue a license to eligible applicants. Dr. Saferin commented that streamlining this process can have a positive economic and healthcare impact in Ohio. Dr. Saferin asked the Board to approve the staff to pursue legislative amendments to eliminate the six-vote requirement to issue a license. Dr. Saferin noted that currently, a qualified applicant who completes the licensure process today would have to wait until next month's Board meeting to be licensed. Dr. Saferin stated that the Licensure Committee voted to support this proposal.

Mr. Gonidakis returned to the meeting at this time.

Dr. Bechtel stated that the Licensure section does an excellent job vetting applicants. Dr. Bechtel stated that patient safety is the Board's primary concern and most Board members feel very comfortable approving the applicant lists each month because of the robust vetting process. Dr. Bechtel stated that it is unfortunate to wait four weeks to licensure someone who has been well-vetted and well-researched. Dr. Schachat agreed that the Board feels comfortable approving the applicant list each month. Dr. Schachat suggested that if the legislative initiative is successful, then perhaps the Board could approve applicants electronically between Board meetings. Mr. Gonidakis suggested that if there is a desire to remove the six-vote requirement for licensure, then the form of the process that would replace it can be discussed later. Dr. Schottenstein opined that shortening the licensure process would be good for applicants, for the Board, and for the public. Dr. Schottenstein stated that the current approval process

has a very routine quality and he does not recall an applicant ever being pulled out for discussion from the list before approval.

**Dr. Factora moved to approve Board staff to pursue legislative amendments to eliminate the six-vote requirement to issue a license. Dr. Schottenstein seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

#### LICENSURE APPLICANTS BOARD LIST PROCESS

Dr. Saferin stated that the Licensure Committee voted to approve a proposal whereby the Licensure Applicants list will only be provided to Board members at the Board meeting instead of sending it out ahead of time. The proposal, if approved, would also eliminate the applicants' education and training information from the list, which will reduce the time needed to create the list.

Dr. Schachat stated that there could be confusion about names because some people can have the same name. Dr. Schachat also stated that he often looks at the training information on the list so that he knows to abstain on the applicants whose training he had been involved with. Mr. Groeber asked if it would be acceptable to Dr. Schachat if the Licensure staff generated that training information for his review. Dr. Schachat agreed.

**Dr. Saferin moved to approve that the Board's applicant list process be changed so that the applicant lists are provided as a handout on Board meeting day, and to eliminate the applicants' education and training information from the list. Dr. Schottenstein seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- abstain
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

#### COMPLIANCE COMMITTEE REPORT

Dr. Schottenstein stated that on October 10, 2018, the Compliance Committee met with Bryan D. Borland, D.O.; Michael W. Jones, D.O.; and Julie Anne Krause, M.D., and moved to continue them under the terms of their respective Board actions. The Compliance Committee also accepted Compliance staff's report of conferences on September 10 & 11, 2018.

#### MEDICAL MARIJUANA EXPERT REVIEW COMMITTEE REPORT

Ms. Murray stated that the Committee met on October 10, 2018, and approved the draft minutes of the August 8 meeting. The Committee reviewed They reviewed all the questionnaires and *Curriculum Vitae* that had thus far been submitted from potential experts to review the petitions to add new conditions for treatment with medical marijuana. The Committee discussed the need for more experts from outside Ohio who have first-hand experience using medical marijuana for certain conditions.

Ms. Murray stated that she is in the process of drafting a statement regarding conflicts of interest for any potential experts. Ms. Murray stated that all the potential experts were provisionally approved, with the understanding that they would be then matched with conditions and fully vetted and approved by the Committee once the Committee starts reviewing petitions in January.

#### PROBATIONARY REQUESTS

Mr. Giacalone advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Mr. Giacalone asked if any Board member wished to discuss a probationary request separately. No Board member wished to discuss a probationary request separately.

**Dr. Schottenstein moved to accept the Compliance staff's Reports of Conferences and the Secretary and Supervising Member's recommendations as follows:**

- **To grant Michael T. Bangert, M.D.'s request for acceptance of Kristen L. Vanderhoef, M.D., to serve as the monitoring physician;**
- **To grant Thomas G. Bering, M.D.'s request for approval of the Physicians' Health Program, through the Foundation of the Pennsylvania Medical Society, to conduct monitoring while the doctor resides in Pennsylvania;**
- **To grant Courtney D. Bonner, D.O.'s request approval of David L. Klein, M.D., to serve as the new monitoring physician;**
- **To grant Regis P. Burlas, D.O.'s request for reduction in recovery meeting attendance to two per week with a minimum of ten per month;**
- **To grant Cari R. Corfman, M.T.'s request for extension of the professional ethics course completion deadline requirement by six months;**
- **To grant Ernest B. de Bourbon, III, M.D.'s request for release from the terms of the Board's**

**Order of July 13, 2016;**

- To grant Anshuli Gupta, M.D.'s request for reduction in meeting attendance to two meetings per week with a minimum of ten meetings per month;
- To grant Michael J. Howkins, D.O.'s request for approval of David Stroom, M.D., to serve as the treating psychiatrist; and approval of Richard Schiller, C.P., Ph.D., to serve as the treating psychologist;
- To grant Mary Sackett, L.D.'s request for release from the terms of her July 15, 2006 Consent Agreement;
- To grant Cyma Khalily, M.D.'s request for release from the terms of her November 8, 2017 Consent Agreement;
- To grant Julie Anne Krause, M.D.'s request for release from the terms of her July 11, 2018 Consent Agreement; and
- To grant Michael J. Palma, M.D.'s request for discontinuance of psychiatric treatment sessions; release from the terms of his May 14, 2014 Step II Consent Agreement; and a waiver of his April 2019 personal appearance.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- abstain

The motion to approve carried.

**NON-PROBATIONARY REQUESTS**

Mr. Giacalone advised that at this time he would like the Board to consider the non-probationary requests on today's consent agenda. Mr. Giacalone asked if any Board member wished to discuss a non-probationary request separately. No Board member wished to discuss a non-probationary request separately.

**Dr. Schottenstein moved to accept the Compliance staff's Reports of Conferences and the Secretary and Supervising Member's recommendations as follows:**

- To grant Steven Mark Oyakawa, M.D.'s request for approval of *Intensive Course in Controlled*

**Substance Prescribing: Pain, Anxiety, Insomnia, administered by Case Western Reserve University, to fulfill the controlled substances prescribing course requirement;**

- **To grant Sherif A. Salama, M.D.'s request for acknowledgement of completion of the terms of his January 10, 2018 Consent Agreement and that the reprimand shall not terminate; and**
- **To grant Heather D. Strawbridge, M.D.'s request for acknowledgement of complete of the terms of her December 13, 2017 Consent Agreement and that the reprimand shall not terminate.**

**Dr. Schachat seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- abstain

#### FINAL PROBATIONARY APPEARANCES

##### NICHOLAS ATANASOFF, D.O.

Dr. Atanasoff was appearing before the Board pursuant to his request for release from the terms of his October 9, 2013 Consent Agreement. Mr. Giacalone reviewed Dr. Atanasoff's history with the Board.

In response to questions from Mr. Giacalone, Dr. Atanasoff stated that he is currently practicing full-time in addiction medicine providing buprenorphine treatment in multiple clinics that he owns. Dr. Atanasoff stated that his personal experience gives him tremendous insight into what all of his patients go through. Dr. Atanasoff stated that his work/life balance is much better than it was several years ago. Dr. Atanasoff stated that he continues to attend recovery meetings and see his sponsor, and he hoped that he could maintain his sobriety and stress level going forward. Dr. Atanasoff stated that he is not currently sponsoring anyone. Following his release from probation, Dr. Atanasoff stated that he will continue to attend meetings and work with his sponsor. Dr. Atanasoff stated that he may also sponsor someone and he has started to lead some meetings. Dr. Atanasoff commented that he has a better team approach around him to minimize stress than he did six years ago.

Dr. Schottenstein noted that Dr. Atanasoff had a substantial mental health history and need for psychiatric care. Dr. Schottenstein asked how Dr. Atanasoff was doing in this regard. Dr. Atanasoff replied that he had had some depression in the past, mostly precipitated by legal and financial issues. Dr. Atanasoff stated that the key is to have a good balance in his live and a good team around him. Dr. Atanasoff stated that he continues to see a psychiatrist, but has discontinued seeing a counselor. Dr. Schottenstein asked if Dr. Atanasoff currently takes any psychotropic medications. Dr. Atanasoff replied that he does not take any psychotropic medications and his psychiatrist is fine with that.

**Dr. Schottenstein moved to release Dr. Atanasoff from the terms of his October 9, 2013 Consent Agreement, effective immediately. Dr. Edgin seconded the motion.** All members voted aye. The motion carried.

Dr. Atanasoff thanked the Board and the Compliance Committee for helping him get things back on track over the last several years.

JOHN R. KERNS, D.O.

Dr. Kerns was appearing before the Board pursuant to his request for release from the terms of his November 14, 2012 Consent Agreement. Mr. Giacalone reviewed Dr. Kerns' history with the Board.

Responding to questions from Mr. Giacalone, Dr. Kerns stated that he practices emergency medicine and has just started at a new hospital. Dr. Kerns stated that he attends three rehabilitation meetings per week and he chairs the caduceus meeting in Newark, Ohio. Dr. Kerns stated that he has a sponsee who has been sober for almost four years and he sees his own sponsor regularly. Dr. Kerns stated that his family is very supportive of his recovery. Dr. Kerns stated that when he is released from probation, his recovery program will remain the same. Dr. Kerns stated that he has developed wonderful lifestyle, he enjoys attending the meetings, and he enjoys speaking with his sponsor.

**Dr. Schottenstein moved to release Dr. Kerns from the terms of his November 14, 2012 Consent Agreement, effective immediately. Dr. Johnson seconded the motion.** All members voted aye. The motion carried.

ERIK J. KRAENZLER, M.D.

Dr. Kraenzler was appearing before the Board pursuant to his request for release from the terms of his November 13, 2013 Consent Agreement. Mr. Giacalone reviewed Dr. Kraenzler's history with the Board.

In response to questions from Mr. Giacalone, Dr. Kraenzler stated that he currently works full-time as a cardiac anesthesiologist at a clinic and also functions as one of the clinic's medical directors. Dr. Kraenzler stated that his work/life balance is best that it has ever been and it continues to get better. Dr. Kraenzler stated that he attends four to five meetings per week and contacts his sponsor regularly. Dr. Kraenzler also has three sponsees and he acts as a consultant or "buddy" to new people coming into caduceus. In addition, Dr. Kraenzler attends sessions with medical students twice per year. Dr. Kraenzler stated that he will continue to attend caduceus meetings after his release from probation.

Dr. Schottenstein asked if the medical students Dr. Kraenzler meets with twice per year are general medical students or if they are individuals who have addiction issues. Dr. Kraenzler replied that they are first and second year medical students and it is part of their chemical dependency and addiction rotations.

**Dr. Edgin moved to release Dr. Kraenzler from the terms of his November 13, 2013 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion.** All members voted aye. The motion carried.

CHARLES W. REYES, M.D.

Dr. Reyes was appearing before the Board pursuant to his request for release from the terms of his

August 14, 2013 Consent Agreement. Mr. Giacalone reviewed Dr. Reyes' history with the Board.

Responding to questions from Mr. Giacalone, Dr. Reyes stated that he is not currently practicing medicine and is contemplating whether he wants to return to medicine, though he would like to return to practice for another six to eight years. Dr. Reyes commented that he is 68 years old and he is considering moving to the West, probably Nevada. Dr. Reyes stated that his son is currently a reconstructive surgeon in Las Vegas and he is familiar with the area. Dr. Reyes stated that he attends rehabilitation meetings three to four times per week, though he could have reduced his attendance if he had wanted to. Dr. Reyes stated that he has a sponsor but he is not currently sponsoring anyone. Dr. Reyes stated that he is very close to his caduceus group.

Dr. Schottenstein recalled that insomnia had been a trigger for Dr. Reyes and he asked how Dr. Reyes sleeps currently. Dr. Reyes replied that his sleep is about the same and he has accepted it as a chronic process. Dr. Reyes stated that his insomnia had been based on his stress level and as his stress level improved his insomnia improved to an acceptable level. Dr. Reyes added that he also has rheumatoid arthritis which causes chronic pain at night. Dr. Schottenstein noted that Dr. Reyes had been diagnosed with spastic dystonia and asked if that is under control. Dr. Reyes answered that he has not had a case of spastic dystonia since the first occurrence. Dr. Schottenstein asked if Dr. Reyes is taking any controlled substances for sleep, anxiety, or stress. Dr. Reyes replied that he is not taking any controlled substances, but he sometimes takes Advil PM in the evening if he needs it.

**Dr. Schottenstein moved to release Dr. Reyes from the terms of his August 14, 2013 Consent Agreement, effective immediately. Dr. Edgin seconded the motion.** All members voted aye. The motion carried.

The Board meeting was recessed at 11:43 a.m. The meeting resumed at 12:47 p.m.

#### EXECUTIVE SESSION

**Dr. Rothermel moved to go into Executive Session for the purpose of preparing for, conducting, or reviewing negotiations or bargaining sessions with public employees concerning their compensation or other terms and conditions of their employment; and to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official. Dr. Factora seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, Mr. Fais, and Ms. Loe in attendance.

The Board returned to public session.

PRESENTATION BY SHAWN RYAN, M.D., M.B.A., F.A.S.A.M., PRESIDENT OF THE OHIO SOCIETY OF ADDICTION MEDICINE

Mr. Groeber thanked Dr. Ryan to agreeing to provide this presentation to the Board. Mr. Groeber stated that the Board's Secretary and Supervising member asked that the Board routinely invite an addictionologist to give the Board an update on the current state of addiction medicine. Dr. Ryan was grateful for the opportunity to address the Board.

Dr. Ryan provided an overview of addiction medicine in Ohio. Dr. Ryan thoroughly reviewed the medical basis of the disease of addiction, risk factors, and current treatments. Dr. Ryan noted that substance use disorders are not afforded the same amount of attention or resources as diabetes or cancer, despite the fact that a similar number of people are impacted. Dr. Ryan also discussed the Cincinnati Project, a cohesive effort by multiple stakeholders to address addiction through many different actions such as distributing Naloxone and expanding needle exchange programs. Dr. Ryan answered the Board members' questions regarding his program and additional ways to address substance use disorders among licensees.

The Board members applauded Dr. Ryan's presentation.

ADJOURN

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

Thereupon, at 1:58 p.m., the November 14, 2018 session of the State Medical Board of Ohio was adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on November 14, 2018, as approved on December 12, 2018.



Robert P. Giacalone, President

  
Kim G. Rothermel, M.D., Secretary

24526

November 14, 2018

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(SEAL)

State Medical Board of Ohio

**LICENSURE COMMITTEE MEETING**  
**November 14, 2018**  
**30 E. Broad St., Columbus, OH Room 318**

<b>Members:</b> Bruce R. Saferin, D.P.M., Chair Kim G. Rothermel, M.D. Richard Edgin, M.D. Ronan M. Factora, M.D.  Other Board members present: Michael Schottenstein, M.D. Mark A. Bechtel, M.D.	<b>Staff:</b> Joseph Turek, Deputy Director of Licensure/Renewal Mitchell Alderson, Chief of Physician Licensure Chantel Scott, Chief of Allied Licensure and Renewal Colin DePew, Assistant Attorney
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Dr. Saferin called the meeting to order at 8:00 a.m.

**MINUTES REVIEW**

**Dr. Edgin moved to approve the draft minutes of October 10, 2018. Dr. Factora seconded the motion.** The motion carried.

**LICENSURE APPLICATION REVIEWS**

**Katrina Kemen, M.T.**

Dr. Saferin stated that Ms. Kemen has applied for restoration of her Ohio massage therapy license. Ms. Kemen has not held an active massage therapy license since her license, originally issued in July 2004, expired on August 31, 2007.

**Dr. Edgin moved to recommend approval of Ms. Kemen's request for Ohio licensure pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Factora seconded the motion.** The motion carried.

**Allan Edward Gettys, M.T.**

Dr. Saferin stated that Mr. Gettys has applied for restoration of his Ohio massage therapy license. Mr. Gettys has not held an active massage therapy license since his license, originally issued in October 2009, expired on January 1, 2015.

**Dr. Rothermel moved to recommend approval of Mr. Gettys' request for Ohio licensure pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Edgin seconded the motion.** The motion carried.

**Hamid Razavi, M.D.**

Dr. Saferin stated that Dr. Razavi is requesting graduate medical education (GME) equivalency. Dr. Razavi graduated from Iran University of Medical Sciences in Tehran, Iran, in 2009. Dr. Razavi successfully completed six years of residency in neurosurgery at Clemens Hospital in Germany from 2010 to 2016. Dr. Razavi holds both German Board of Neurosurgery and European Board of Neurological Surgery certification.

Dr. Saferin continued that from 2016 to 2017, Dr. Razavi participated in a one-year research fellowship at the University of Pittsburgh Medical Center in neurological surgery/skull base surgery. Dr. Razavi then transferred to Cleveland Clinic and participated in a clinical fellowship in neurological surgery/oncology, followed by advanced endoscopic and open skull base surgery, a total of seventeen months. While these clinical fellowships are non-accredited, according to the Accreditation Council for Graduate Medical Education (ACGME), there is an accredited residency program in neurological surgery at the Cleveland Clinic.

**Dr. Edgin moved to recommend approval of Dr. Razavi's request that the Board deem his training and experience in Germany and the United States be equivalent to the twenty-four months of graduate medical education through the second-year level of GME so that he may be granted a license. Dr. Rothermel seconded the motion. The motion carried.**

## **STREAMLINE APPLICATION REVIEW PROCESSES**

Dr. Saferin stated that shortening the time required to issue licenses to eligible applicants can lead to positive economic and health care impact in Ohio. To that end, the Licensure staff has made proposals for the Committee's consideration to further reduce the Board's licensing time.

Mr. Turek asked the Committee to discuss the possibility of eliminating the requirement that at least six Board members vote to approve applicants. Mr. Turek stated that under the current system, a qualified applicant ready to be licensed today would have to wait 30 days until the next Board meeting to actually be licensed. Mr. Turek suggested that the Board consider real-time licensure or licensure by approval of the Secretary and Supervising Member of the Board.

Dr. Saferin opined that it seems unnecessary to delay licensing a qualified applicant, especially considering that the Board members cannot look at every application anyway. Dr. Saferin stated that the Board relies on its excellent Licensure staff to verify applicants' qualifications. Dr. Saferin noted that currently expedited licensure is approved by the Secretary and Supervising members, so there is precedent for not requiring six votes for licensure. Mr. Turek added that training certificates and special certificates also do not require six votes from the Board.

Dr. Edgin asked if this proposal would require a change in statute. Mr. Turek replied that if the Committee and Board approves the proposal, it would need to seek a change in statute.

Dr. Factora asked what the original rationale was for requiring six votes to license an applicant. Dr. Saferin answered that the requirement was put in place many years ago. Dr. Factora stated that the six-vote requirement seems to be a part of the statute that is now obsolete. Dr. Factora asked if any Board member objected to an applicant on the applicant list that the Board approves each month. Dr. Rothermel replied that in her years on the Board, there has been only one instance of a Board member asking questions about an applicant. In that instance, the Board member had known the applicant when the applicant was in medical school. Dr. Rothermel noted that the Board approved that applicant. Dr. Rothermel opined that the only

way a Board member would have questions about an applicant is if they personally knew the applicant.

Dr. Schottenstein asked what kind of system for approval of licensure would be put into place if the Legislature removed the six-vote requirement. Dr. Saferin replied that there are two choices for a new system: 1) Real-time licensure, in which licensure is approved upon verification of qualifications by the Licensure staff, or 2) approval by the Secretary and Supervising Member on a weekly or twice-weekly basis. Dr. Saferin stated approval by the Secretary and Supervising Member involves simply looking at and approving a list provided by the Licensure staff. Dr. Saferin stated the real-time licensure could greatly reduce licensure time, which would lead to economic impact and greater access to patient care.

Dr. Schottenstein commented that he had envisioned a process whereby licensure is provisionally approved by the staff and that provisional approval is later ratified by the Board. Mr. Turek stated that such a system was considered, but it produces an awkward period between the provisional approval and the Board approval. Dr. Schottenstein opined that if six votes will not be required, then he would support a real-time approach.

Dr. Bechtel stated that the Board's primary goal is to protect the public. Dr. Bechtel stated that as long as public protection is not compromised in any way, he is supportive of the proposal. Dr. Bechtel stated that there is a conflict or concern with an application, it would still go to the Licensure Committee and the full Board. Mr. Turek agreed and added that the Board will still retain the ability to vote to deny a license.

**Dr. Edgin moved to approve Board staff to pursue legislative amendments to eliminate the six-vote requirement to issue a license. Dr. Factora seconded the motion.** The motion carried.

Mr. Turek stated that if the Legislature approves the change and the Board chooses a real-time licensing system, then there would need to be consideration of whether the expedited licensure statute needs to be revised. Mr. Turek stated that expedited licensure will become less appealing as the time for regular licensing processing is reduced, but expedited licensure could continue as a concierge service in which the staff does most of the legwork for the applicant.

## LICENSURE APPLICANTS BOARD LIST PROCESS

Dr. Saferin stated that the Licensure staff has proposed alterations to the Board applicant lists process so that the lists will only be provided as a handout to Board members at the Board meeting and not before. The proposal also recommends eliminating the medical school and residency information on the list. Dr. Bechtel commented that it is interesting for Board members to review the list and look at the medical schools, but listing that information has no impact of significance. Dr. Bechtel stated that it takes time for the staff to list that information and it would be more efficient to eliminate that requirement. Dr. Factora agreed.

**Dr. Saferin moved to approve that the Board's applicant list process be changed so that the applicant lists are provided as a handout on Board meeting day, and to eliminate the applicants' education and training information from the lists. Dr. Factora seconded the motion.** All members voted aye. The motion carried.

## ADJOURN

**Dr. Edgin moved to adjourn meeting. Dr. Factora seconded the motion.** The motion carried.

The meeting adjourned at 8:29 a.m.

Bruce R. Saferin, D.P.M.  
Chair

blt

DRAFT

State Medical Board of Ohio

**FINANCE COMMITTEE MEETING**  
**November 14, 2018**  
**30 E. Broad St., Columbus, OH Room 318**

<b>Members:</b> Michael Schottenstein, M.D., Chair Bruce R. Saferin, D.P.M. Richard A. Edgin, M.D. Michael L. Gonidakis, J.D.	<b>Staff:</b> A.J. Groeber, Executive Director Susan Loe, Director of Fiscal and Human Resources Tessie Pollock, Director of Communications
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Dr. Schottenstein called the meeting to order at 8:35 a.m.

### MINUTES REVIEW

**Dr. Saferin moved to approve the draft minutes of October 10, 2018. Dr. Edgin seconded the motion.** The motion carried.

### FISCAL UPDATE

Dr. Schottenstein stated that the Board's revenue in September 2018 was \$1,296,800, a substantial increase from the \$810,142 of revenue from the previous month. Dr. Schottenstein noted that due to the renewal schedule, the September of even-numbered years is the Board's highest revenue month. Dr. Schottenstein further noted that the Board now sends renewal reminders to licensees three months in advance instead of six months, which has compacted the revenue schedule and contributed to the Board's 24% year-to-date increase in revenue.

Dr. Schottenstein stated that the Board's cash balance is \$5,539,228, which is a record for the Board. The net revenue for September 2018 was \$599,456, which is not a record but is on the high end of the range that the Board usually sees per month. The net revenue since the beginning of Fiscal Year 2019 is \$1,073,098.

Dr. Schottenstein stated that there has been a 0.2% decrease in the Board's expenditures year-to-date. Dr. Schottenstein stated that this decrease is partially a function of the fact that the Board currently has ten staff vacancies. Dr. Schottenstein stated that at this time, about 40% of the Board's staff is eligible for some form of retirement and some staff members are taking advantage of that. Dr. Schottenstein stated that some positions that are vacated may not be filled immediately and that increased levels of efficiency can minimize the need for additional staff.

In response to a question from Mr. Gonidakis, Mr. Groeber and Ms. Loe briefly outlined the issues involved with hiring a new staff member to replace one who is retiring. Mr. Groeber stated that a new person who is not already employed by a State agency would be paid at a lower rate than who had retired at or near the top of the pay range for that position.

### ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that the Board has collected \$4,000 in fine payments since the last meeting. The Board has also received \$56.67 in collections from a payment plan from one of the Board's licensees. Dr. Schottenstein noted that non-disciplinary fines from continuing medication education (CME) violations have become a substantial source of review and virtually all of those fines are paid in

full. Dr. Schottenstein further noted that only two licensees have been fined for pain clinic violations and those fines are not expected to be paid; one of the licensees went to Pakistan and the others has gone bankrupt.

## **STATE AUDIT**

Dr. Schottenstein stated that the Medical Board underwent a routine audit by the State Auditor's office. In a letter dated October 10, 2018, Auditor of State David Yost indicated that there were no instances of noncompliance or internal control weaknesses that needed to be communicated to the Board members.

Mr. Gonidakis congratulated Mr. Groeber and the staff on having a clean audit. Dr. Saferin agreed. Mr. Groeber noted that it is the third clean audit in a row for the Board.

## **EDUCATION AND OUTREACH**

Ms. Pollock stated that the Board has ended its agreement with the CityScene Publishing Group, and the Board members are generally supportive of continuing the magazine in some form. Ms. Pollock stated that after reviewing a number of possibilities, two main options have been identified for further discussion. One option is for the Board to publish the magazine itself, printing and mailing it through the State Printing Office. This option would give the Board complete editorial control and there would be no advertisements in the magazine. Ms. Pollock stated that this option is quite expensive, at \$14,000 for 10,000 copies per edition. Mr. Groeber noted that a digital copy of the previous magazine had been emailed to all the Board's licensees and a paper copy was sent to all licensee business addresses.

Ms. Pollock continued that the second option involves the vendor Publishing Concepts, which produces the Nursing Board's magazine as well as magazines for other regulatory agencies in other states. Ms. Pollock stated that Publishing Concepts will print the magazine at zero cost to the Board and they will sell advertising in the magazine. Ms. Pollock stated that Publishing Concepts would evaluate addresses and bundle deliveries of multiple issues to a single business address. Ms. Pollock stated although this would be a zero-cost magazine, Publishing Concepts has asked that the Board contribute financially to the first four editions since it would be a new publication and advertisers have not yet been identified. Responding to a question from Dr. Saferin, Ms. Pollock opined that an appropriate cost to the Board would be \$5,000 per edition, totally \$20,000 for the first year, after which it would be zero cost to the Board.

Mr. Groeber commented that one of the positive aspects of the magazine produced by CityScene was the high-quality paper stock and the glossy cover, both of which encouraged people to pick it up and read it. Ms. Pollock stated that Publishing Concepts uses high-quality paper stock, while the stock used by the State Printing Office could be upgraded. Ms. Pollock stated that she will obtain samples of paper stock from each of the publishers.

## **BOARD DOCUMENT AND MEETING MANAGEMENT SOFTWARE**

Ms. Pollock stated that she has been in discussions with Passageways OnBoard regarding a system for organization of Board meeting materials on a secure website for Board members. The proposal from Passageways is for \$7,100, which includes a \$6,600 annual fee and a one-time \$500 activation fee. Ms. Pollock stated that if the Board chose to contract with Passageways, they would team up with the Board's staff to train Board members in using the OnBoard system.

The Committee thoroughly discussed the OnBoard system as compared to the current SharePoint system that is used by most Board members. Ms. Pollock recommended entering into a one-year contract with Passageways and continue to use SharePoint as a back-up in case the OnBoard system does not work out. Ms. Pollock noted that the Board is currently in a three-month free trial with OnBoard.

Dr. Schottenstein commented that he has seen the OnBoard system and found it to be a fairly efficient process and more intuitive than SharePoint. Dr. Schottenstein further recalled that OnBoard is a less expensive system than SharePoint. Dr. Schottenstein opined that Board members should have an opportunity to use OnBoard before the Board commits to a contract.

After further discussion, the Committee agreed that Board members should use OnBoard for an upcoming Board meeting to see if it suits their needs.

### **TRAUMA-INFORMED CARE TRAINING**

Ms. Pollock stated that the Board investigators and attorneys have undergone trauma-informed care training, which concerns how to have appropriate interactions with individuals who have experienced trauma such as sexual assault. Mr. Groeber stated that the Attorney General's office is now recommending that all Board staff who may interact with individuals who have experienced trauma undergo this training as well.

### **FDA MEETING**

Mr. Groeber stated that the meeting with the Commissioner of the Food and Drug Administration (FDA) went very well. Mr. Groeber stated that the FDA is very intrigued by the ICD-10 data that the Board is now gathering, which they have not seen from another state. Mr. Groeber stated that the Board will have follow-up discussions with the FDA.

### **ADJOURN**

**Dr. Saferin moved to adjourn meeting. Dr. Edgin seconded the motion.** The motion carried.

The meeting adjourned at 9:00 a.m.

Michael Schottenstein, M.D.  
Chair

blt

State Medical Board of Ohio

**POLICY COMMITTEE MEETING**

**November 14, 2018**

**30 East Broad Street, Columbus, OH 43215, Room 336**

<p><b>Members:</b> Andrew P. Schachat, MD Robert Giacalone Mark. A. Bechtel, MD</p> <p><b>Other Board Members present:</b> Kim G. Rothermel, MD Michael Schottenstein, MD Sherry Johnson, DO Ronan Factora, MD Bruce Saferin, DPM Richard Edgin, MD</p>	<p><b>Staff:</b> A.J. Groeber, Executive Director Kimberly Anderson, Chief Legal Counsel Sallie J. Debolt, Senior Counsel Nathan Smith, Senior Legal and Policy Counsel Tessie Pollock, Director of Communication Joan Wehrle, Education &amp; Outreach Program Manager Jonithon LaCross, Director of Public Policy and Government Affairs David Fais, Assistant Executive Director Tim Norris, Enforcement Attorney Rebecca Marshall, Chief Enforcement Attorney</p>
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Mr. Giacalone called the meeting to order at 9:15 a.m. He said we were changing the agenda sequence today as we have representatives from the Pharmacy Board present to discuss the Pharmacy Consult Agreement rules.

### **PHARMACY CONSULT AGREEMENT RULES**

Guests attending the meeting from the State of Ohio Pharmacy Board included Steven Schierholt, Executive Director; Cameron McNamee, Director of Policy and Communications, and Jenni Wai, R.Ph., Chief Pharmacist. Ms. Wai explained that she is the Chief Pharmacist for the Board of Pharmacy. Before this position she had worked in the institution setting for about 20 years. She also has experience in the retail setting as well as a consulting pharmacist. Mr. McNamee said that he is the Director of Policy and Communications for the Board of Pharmacy. He drafted the rules and works through the rules process to the final end point.

Ms. Anderson said that the agenda materials include information from Dr. Schottenstein and Dr. Factora asking some questions following our discussion of the draft rules last month.

Ms. Anderson said that it would be helpful to talk about examples of consult agreement used in the institutional setting versus the retail setting, particularly the types of drugs used, and the types of diagnosis or conditions treated through consult agreements.

Ms. Wai reported that consult agreements between the physician and pharmacist are used more frequently in the institutional setting than the retail setting. Within the institutions there is a usually a group of physicians that can work with the pharmacist. Renal dosing and Vancomycin dosing are common. Since Joint Commission standards address antimicrobial stewardship, making sure that appropriate antibiotics are used according to cultures and sensitivity results are very common. Total parenteral nutrition (TPN) management and Coumadin management are other examples as well.

In the ambulatory care setting, the Pharmacy Board has seen anti-coagulant (Coumadin) dosing, diabetes education and management, hypertension clinics, and smoking cessation clinics. She said

they are not seeing consult agreements used as much in the retail setting except in a rural setting where there may be one physician practice working with a pharmacist. Otherwise each pharmacy would have to have its own consult agreement with each physician. That's why consult agreements are used more in institutional or ambulatory care settings.

Mr. McNamee said that the reason you don't see consult agreements in the retail setting very much is that prior to the law change a few years ago, the law had been structured for institutional facilities. It was not structured to go beyond that, but the law change that occurred did open it up. Practically speaking, it is hard to implement in the retail setting.

Dr. Bechtel reported that he is in an institutional setting at Ohio State and they work with institutional pharmacists and they work with community as well as they have a large outpatient practice. In an institutional setting it is very easy to communicate between the physician and the pharmacist through the electronic medical record and it is all protected information. He asked how HIPAA info is protected if you are just sending it back and forth through regular email. Dr. Bechtel said that when the same EHR is used you have access to lab reports and test results so that it is easy to communicate. However, he has concerns about HIPAA violations in the retail setting and whether the retail pharmacist has access to lab studies to make dosing decisions.

Dr. Schottenstein asked if we were viewing the pharmacy consult rules as encompassing both the institutional and the retail setting or are we going to need to have additional criteria for the institutional setting.

Mr. McNamee said the desire of the legislature was to allow the consult agreement to cross any setting so that you have the physician/pharmacist relationship then you set any boundaries for it. With respect to HIPAA, all pharmacies are required to follow HIPAA. The Board of Pharmacy has specific rules addressing patient confidentiality.

Mr. McNamee said that the Board of Pharmacy felt that one set of rules would define the parameters for institutional and retail settings. Ultimately, it is the doctor's responsibility to define what the pharmacist can do, how it is to be done, how to communicate with doctor, and how frequently to communicate with doctor.

Dr. Schachat asked if the consult agreements are with a pharmacist or are they with a pharmacy at a specific address, such as CVS, or can the patient go to any pharmacist at any CVS. Mr. McNamee said it is structured so that the doctor can consult with a pharmacist or a physician group practice can consult with a group practice of pharmacists.

Ms. Wai commented that a consult agreement can be structured to include any pharmacist employed in an institution that has had specific training, and that often requires approval of the training by the institution's Pharmacy and Therapeutics Committee or a credentialing process.

Mr. McNamee said that the Pharmacy Board rules state the consult agreement can be between an individual physician and pharmacist; physician or pharmacist practice groups; or identification based on institutional credentialing or privileging.

Dr. Bechtel said that if you look at the documents, it implies that the pharmacist involved in the consult agreement has expertise or training in the specific disease process they are working with. He asked how the expertise or training could be vetted. Ms. Wai said that in most institutions, the training is usually determined by the institution's Pharmacy and Therapeutics (P&T) Committee. The P&T

Committee determines the relative experience and training required. For instance, for diabetes medication management, the pharmacist may have to complete diabetes education training. In other situations, such as palliative care, national guidelines are followed, and completion of the required training is clearly documented. The consult agreement will spell out the resources, define the guidelines, specify any testing required, and define the training required which may include some type of recognized certification, institutional in-service training, or institutional credentialing and privileging. Some larger institutions may require the pharmacist to have a PGY-1 or PGY-2 pharmacy residency or some other type of requirement.

Dr. Bechtel said the pharmacists at Ohio State go through a one-year internship/residency in specific areas such as infectious disease control. He understands how consult agreements can work in an institution, but he has more concern with the retail setting. He asked if a retail pharmacist has similar training and credentials.

Mr. McNamee responded that the physician would set the training requirements for the pharmacist. Rule 4729: 1-6-02 (k) requires that the consult agreements include training and experience criteria for managing pharmacists. The criteria may include privileging or credentialing, board certification, continuing education or other training requirements. The consult agreement shall include a process to verify that the managing pharmacist meets the specified criteria. He reported that the Ohio Board of Pharmacy recognizes many pharmacist specialties.

Dr. Rothermel said that there are several EHR systems, and lab results would be needed to help a patient with diabetes management. Is it expected that the pharmacy computer system will talk with the practice EHR in order to access the lab information for that patient? Will the patient will be allowed to take a printed lab slip to the pharmacist to show what the patient's lab values are that month? She sees this as a potential obstacle in communication.

Mr. McNamee said these are the types of challenges that would have to be addressed in the retail setting. He reported that the pharmacist has authority to order blood and urine testing if it is authorized in the agreement then the lab results could be sent to the pharmacist. But the agreement can specify how the information is handled between the physician and the pharmacist.

Dr. Bechtel asked if the Pharmacy Board has identified any conditions or diagnosis that the Pharmacy Board would feel uncomfortable with a pharmacist manage such as pain management? Are there any DEA restrictions?

Mr. McNamee reported that the rules contemplate the ability for a pharmacist to become a midlevel practitioner, but they would have to obtain their own DEA number. A pharmacist can't use the institutional DEA as it is prohibited in DEA regulations. A pharmacist could only do pain management as a midlevel practitioner; however, the Pharmacy Board does put a bit more scrutiny on that. Mr. McNamee said that the Pharmacy Board requires the pharmacist to obtain a controlled substance registration from the Pharmacy Board and to submit the consult agreement for review. If the consult agreement is approved by the Pharmacy Board, then the pharmacist can apply for a DEA registration as a midlevel practitioner. They are required to comply with the Medical Board's prescribing rules, just like PAs. Although this is an option for pharmacists, it may not be practical in certain settings as the pharmacist must issue their own prescription and many insurance companies do not recognize pharmacists as providers. He said there are pain and palliative care pharmacists, but they are usually in hospice and institutional care settings.

Dr. Saferin asked if the pharmacist would bill the insurance company for their portion of care. He asked how they are getting paid for their medication management services in a retail pharmacy versus an institution submitting the billing for services.

Mr. McNamee said some insurance companies recognize the service, but the Pharmacy Board does not get involved with the economic aspects.

Dr. Schachat commented that the institutions may like the consult agreements as it could save the physician's time and a less expensive employee doing the work. Ms. Wai said that usually the institution does not bill separately for inpatient management. In the outpatient ambulatory setting affiliated with a hospital/institution there are codes that can be used for billing but there are minimum reimbursements and they are usually considered as part of population health management.

Dr. Factora said the reward goes to the institution. Where the physician and pharmacist work hand in hand they can achieve blood pressure targets, diabetes targets, cholesterol levels quicker because there is more access for patients and medications can be adjusted more quickly. When there is a higher percentage of individuals who have reached these targets the reimbursement reward goes to the institution.

Dr. Factora asked if there were any situations in which the pharmacist would decide to add medication, and do they need the approval of the physician to make this change. Similarly, what if the pharmacist decided a medication could be discontinued based on lab results, what is the communication with the doctor. What is the role of the pharmacist with controlled substances, he thought of a consult agreement with a physician for medication management of a psychiatric illness such as anxiety.

Ms. Wai said the content of the consult agreement will set the parameters regarding adding or discontinuing medications or using a range to determine medication adjustments. In an institutional setting, the terms of the consult agreement may be broader. Additionally, psychiatric patient medication management will be spelled out in the terms of the consult agreement.

Mr. McNamee said that pharmacists can do medication management only per the terms of the consult agreement.

Mr. Groeber said the take away is that the consult agreement has to be drafted in such a way that there are no surprises.

Ms. Anderson commented that the Board is developing rules regarding consult agreements. We can mirror content requirements of the consult agreement required by the Pharmacy Board rules. If there are additional requirements the Medical Board believes should be in place those can be added at this time. Mr. Groeber said it would be helpful if the Medical Board could have some de-identified examples of consult agreements. Mr. McNamee said that consult agreements have been around in the institutional setting for many years and the Pharmacy Board is not aware of any problems with patient management that have occurred.

Dr. Schottenstein asked a question regarding the retail setting. He asked if there was language in the Pharmacy Board rule that minimizes the risk that the pharmacy visits essentially substitute for physician visits. He could see where it could potentially be a transfer of that patient's care to the pharmacist which may be not advisable.

Mr. Schierholt said a similar proposal had been submitted to the Pharmacy Board from a hospital system in the state, but the Pharmacy Board rejected the proposal. The Pharmacy Board recognized the risk of lack of patient interaction with the physician.

Dr. Schottenstein had a question about the ethics of the consult agreements. He could potentially see a tendency to engage in some trading of services or potentially see some advertising take place to send business to each other through referrals, especially at the retail level.

Mr. Giacalone noted that Stark laws are specific regarding referrals. Mr. McNamee said that the Pharmacy Board rules are clear on patient choice as well.

Mr. Schierholt reported that a health system in Ohio submitted a proposal that would have patients steered to a specific pharmacy. The Pharmacy Board rejected that proposal as well.

Ms. Wai reported that from a compliance perspective, the Pharmacy Board shares the Medical Board's concerns. They don't want pharmacists to substitute for physicians. They have concern regarding referrals as well. As far as advertisement issues, there is a fine line between creating access to healthcare and how to best provide medication management for patients.

Mr. McNamee said that the law requires the physician to have an ongoing doctor/patient relationship, but that terminology is not defined. That could be defined by the Medical Board. In terms of the Pharmacy Board rules, if a pharmacist is managing a patient with a chronic condition, the patient must have a follow-up consultation with the physician at least once a year. This was included in the Pharmacy Board rule to deter "refill mill" type practice.

Dr. Bechtel commented that one of the Medical Board's top priority is patient safety. One of the positive aspects of the consulting agreements is helping with dosing of medications especially with pediatric patients, oncology patients, and others with chronic disorders such as renal failure. Small mistakes in dosing can have horrific consequences to patients. He thought there could be some strong virtues for these types of agreements especially for patient safety.

Mr. McNamee said that CQI and QA focused on patient care are required in consult agreements.

Dr. Rothermel asked where does malpractice come in with respect to the consult agreements. If something happens, does the physician have all the responsibility?

Mr. McNamee said that the law specifies.

- (a) A pharmacist acting in accordance with a consult agreement regarding a physician's change in a drug for a patient whose drug therapy the pharmacist is managing under the agreement is not liable in damages in a tort or other civil action for injury or loss to person or property allegedly arising from the change.
- (b) A physician acting in accordance with a consult agreement regarding a pharmacist's change in a drug for a patient whose drug therapy the pharmacist is managing under a consult agreement is not liable in damages in a tort or other civil action for injury or loss to person or property allegedly arising from the change unless the physician authorized the specific change.

Dr. Schachat asked what happen if there is a valid consult agreement but the Medical Board does not believe the agreement meets minimal standards of care. Ms. Anderson said that the Pharmacy Board

is reviewing these agreements, so we could put it in rule that the Medical Board may review the agreements as well. The Pharmacy Board has had some experience with proposed agreements that were rejected because of patient care concerns.

Mr. McNamee said that when the Pharmacy Board learned of a situation that appeared to be a refill mill, and they were pushing the bounds of what the Pharmacy Board deemed acceptable, the Board rejected the consult agreement but also added additional safeguards to the Pharmacy Board rule.

Dr. Schachat asked if a doctor is following the terms of the consult agreement, does that immunize the doctor from a minimal standards of care violation. Ms. Anderson responded that she did not believe that it would, as the particular situation would have to be reviewed. Complying with a consult agreement rule does not waive the responsibility to comply with other rules.

Mr. Giacalone said that the bottom line is that consult agreements are part of the law. The question is how to manage this and what do we do. He sees a dichotomy between ambulatory, or retail, versus institutions. We could draw up something in our rule to address expectations for each of these settings. He didn't think that the Medical Board wanted to review the consult agreements as that could be laborious.

Dr. Schottenstein suggested that the consult agreement must meet minimal standards of care for the agreement to be considered valid.

Mr. McNamee said that the Pharmacy Board will be doing some cleanup of their rules because some of the cross references are changing but they could add a minimal standards reference if the Medical Board provided the language.

Mr. Giacalone said that the pharmacist can't substitute for the physician so perhaps we can craft something to address this in the rule. Ms. Anderson referred to page 11-50, paragraph G of the draft Medical Board rules that states, "patient interactions with a pharmacist are not a substitute for interactions with a doctor." Committee members agreed with this statement.

Mr. Schierholt said the Pharmacy Board welcomes the feedback from the Medical Board.

Dr. Schottenstein had an additional comment regarding managing controlled substances through the consult agreement. He said it sounds like there is a lot of latitude in terms of the pharmacist adjusting the doses, perhaps we could include language that the approval of the physician has to be obtained before adjusting any controlled substance dosages. Committee members agreed with Dr. Schottenstein's suggestion.

Dr. Rothermel asked if it is possible to eliminate a diagnosis or condition, such as managing controlled drugs, from the consult agreement so that a retail pharmacist cannot do that. Ms. Anderson suggested that we talk with the Pharmacy Board further about this issue, but she noted that there is an ability to eliminate a particular diagnosis or particular drugs from being managed by a consult agreement.

In summary, Ms. Anderson said we are continuing to work on the Medical Board's rules and today's discussion has been very helpful. This information will be used to revise the draft and bring it back to committee next month. She said it would also be helpful to obtain some sample consult agreements and to find out about concerns the Pharmacy Board has found when reviewing proposed consult agreements.

Mr. McNamee said some additional issues may arise once the Pharmacy Board starts receiving controlled substance registration requests. He also reported that the Pharmacy Board has received an inquiry from an institution related to diet drugs. Mr. Giacalone said that the Medical Board will have ongoing conversations with the Pharmacy Board as we work through the consult agreement rules.

Dr. Schachat had a general question regarding refilling a prescription. He relayed a situation regarding a patient's prescription being valid for one year, but the doctor must see the patient before the medication would be refilled. A patient contacts the doctor to schedule an appointment about 45 days before the refill is required, but there are no appointments available until after the prescription expires. What happens as the patient needs to continue the medication.

Mr. Schierholt relayed he had a personal experience like the situation Dr. Schachat outlined and his physician prescribed a limited amount of the medicine to carry over until his appointment.

Mr. McNamee said that Pharmacy Board rules state that prescriptions for schedule III and IV controlled substances may be refilled not more than five times in a six-month period from the date the prescription was issued by the prescriber. Refills may be authorized for up to one year from the date of issuance for schedule V controlled substances and for prescription drugs that are not controlled substances.

Mr. Schierholt said that when he referred to a potential refill mill, it appeared to the Pharmacy Board that the pharmacist was getting deep into the physician-patient and there seemed to be a mechanism in place where the pharmacist would substitute for long term interaction with the physician and the Pharmacy Board did not accept it. He said it seemed as if the Medical Board and Pharmacy Board are on the same page with this situation.

Mr. Giacalone thanked the Pharmacy Board attendees for their input.

## MEETING MINUTES REVIEW

Mr. Giacalone reported that the draft of the minutes of the October 10, 2018 meeting had been distributed to the committee and were included in the agenda materials.

**Dr. Bechtel moved to approve the draft revised minutes of the October 10, 2018 Policy Committee meeting. Dr. Schachat seconded the motion. Motion carried.**

Mr. Giacalone announced that due to time constraints, all other Policy Committee agenda topics would be discussed by the full Board during the Board meeting.

## ADJOURN

**Dr. Schachat moved to adjourn the meeting. Dr. Bechtel seconded the motion. Motion carried.**  
The meeting adjourned at 9:59 a.m.

jkw

State Medical Board of Ohio

**COMPLIANCE COMMITTEE MEETING**

**November 14, 2018**

**30 E. Broad St., Columbus, OH Administrative Hearing Room**

<p><b>Members:</b> Michael Schottenstein, M.D., Chair Robert Giacalone Ronan M. Factora, M.D.</p> <p>Member absent: Amol Soin, M.D.</p> <p>Other Board member present: Kim G. Rothermel, M.D.</p>	<p><b>Staff:</b> Alexandra Murray, Managing Attorney Annette Jones, Compliance Officer Angela Moore, Compliance Officer Benton Taylor, Board Parliamentarian</p>
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Dr. Schottenstein called the meeting to order at 11:47 a.m.

**INITIAL PROBATIONARY APPEARANCES**

**Marvin M. Baula, M.D.**

Dr. Baula is making his initial appearance before the Committee pursuant to the terms of his August 8, 2018 Consent Agreement. Dr. Schottenstein reviewed Dr. Baula's history with the Board.

In response to questions from Mr. Giacalone, Dr. Baula stated that he is not doing much during his license suspension, though he did take a trip to Yellowstone National Park. Dr. Baula stated that he is simply waiting for his suspension to end.

Regarding how he came to the attention of the Board, Dr. Baula stated that he had worked in a mental health clinic treating complicated patients, many of whom had a history of child abuse. Dr. Baula commented that past trauma can lead to many complications, including post-traumatic stress disorder (PTSD), panic attacks, depression, and insomnia. Dr. Baula recognized that he got into this situation because he had a difficult time saying "no" to patients. Dr. Baula stated that many of his patients told Dr. Baula that only certain controlled medications would work for them, such as Xanax and Ativan. Mr. Giacalone asked if the controlled medications Dr. Baula had prescribed had all been benzodiazepines. Dr. Baula responded that a few patients had asked for the opioid Tramadol. Dr. Baula elaborated that the patients had told him they had a difficult time seeing a primary care physician, so he continued prescriptions of Tramadol for a few months. Dr. Baula added that he also prescribed stimulants to treat attention deficit hyperactivity disorder (ADHD).

Mr. Giacalone asked if Dr. Baula had checked the Ohio Automated Rx Reporting System (OARRS) when prescribing to these patients. Dr. Baula responded that he had checked OARRS. Mr. Giacalone asked if Dr. Baula had noticed any red flags on the OARRS report of the patients in question. Dr. Baula answered that some of the patients had a history of illicit drug use. Mr. Giacalone asked if Dr. Baula had taken that history into account when prescribing the controlled substances. Dr. Baula replied that he did take the history into account, but he still prescribed the medications. Dr. Baula stressed that none of the patients were actively using illicit drugs at the time of the prescriptions.

Mr. Giacalone asked what Dr. Baula will do differently when the suspension on his medical license is lifted. Dr. Baula replied that he will have to recognize red flags because controlled substances ending up with the wrong person can be very dangerous. Mr. Giacalone asked what Dr. Baula, in hindsight, thinks he could have done differently. Dr. Baula stated that he has to be more careful and do more drug screens. Dr. Baula stated that going forward, he will have patients sign an agreement form for all controlled medications so that they know what to expect. Mr. Giacalone commented that agreements are not guaranteed Dr. Baula will need to be vigilant. Dr. Baula agreed.

Mr. Giacalone asked if Dr. Baula will be in the same environment as before when he returns to practice. Dr. Baula replied that he will return to practice at the same place. Mr. Giacalone asked if Dr. Baula had taken the required courses in prescribing and medical record-keeping. Dr. Baula answered that he had taken the courses and he found them to be excellent and eye-opening.

Dr. Schottenstein speculated that Dr. Baula learned the value of the need to say “no” to patients. Dr. Baula agreed. Dr. Schottenstein commented that when he reviewed Dr. Baula’s case, he did not just see a physician who had trouble saying “no”; Dr. Schottenstein also saw inadequate histories, a lack of reviewing risks and benefits, and a lack of considering alternative treatments. Dr. Schottenstein had the sense that Dr. Baula’s practice of medicine needed to be “tightened up” in general. Dr. Schottenstein understood that Dr. Baula had had a complicated patient population and that prescribing controlled substances will always be a high-risk endeavor for that population. Dr. Schottenstein wished Dr. Baula well in terms of thinking through these issues when he returns to practice.

Mr. Giacalone advised caution and emphasized that if Dr. Baula comes before the Board again for similar concerns, things may not go well for him.

**Mr. Giacalone moved to continue Dr. Baula under the terms of his August 8, 2018 Consent Agreement, with future appearances before the Board’s Secretary or Designee. Dr. Factora seconded the motion.** The motion carried.

**Saul I. Blecher, M.D.**

Dr. Blecher is making his initial appearance before the Committee pursuant to the terms of the Board’s Order of June 14, 2017. Dr. Schottenstein reviewed Dr. Blecher’s history with the Board.

Responding to questions from Dr. Factora, Dr. Blecher stated that it is difficult for a physician to find work following a license suspension. Dr. Blecher added that it is especially difficult because he has lost his Drug Enforcement Administration (DEA) registration, and therefore he cannot prescribe controlled substances. Dr. Blecher stated that following his suspension, his previous place of employment wanted him back and he practices there one day every two to three weeks. Dr. Blecher stated that he is also looking for part-time work as a primary care physician.

Dr. Blecher elaborated that he currently works one day every two to three weeks in a hormone replacement center that also treats erectile dysfunction. Dr. Blecher’s duties at the clinic are to update patient histories and physicals, as well as to examine new patients and medically clear them for the therapy. Dr. Blecher also addresses problem and adverse effects that existing patients may experience. The clinic also calls Dr. Blecher with problems that may arise between his scheduled days of practice.

Dr. Factora asked if Dr. Blecher addresses any issues not related to hormone replacement therapy during his patient interactions. Dr. Blecher replied that he had been a primary care physician for 35 to

40 years and cannot resist offering information and advice when the patients ask him questions. Dr. Blecher stated that he will give the patients advice and talking-points for when they see their regular family physician or, if appropriate, a specialist. Dr. Blecher stated that he will sometimes recheck a patient's blood pressure and start them on blood pressure medication, if necessary, until they can see their family physician. Dr. Blecher may also treat simple ailments such as a cold or bronchitis. Dr. Factora asked if Dr. Blecher had had occasion to discuss things with patients that may require controlled substances, such as anxiety or pain. Dr. Blecher stated that he had done that in the past, and that is what had brought him to the attention of the Board.

Dr. Factora asked if Dr. Blecher had changed the way he documents following this experience. Dr. Blecher acknowledged that his prior documentation practices had been lacking. Dr. Blecher commented that previously, he had primarily practiced in Kentucky and only worked part-time in Ohio, and that Ohio had more stringent requirements for documentation that he had not been aware of. Dr. Blecher stated that it had been his responsibility to know the documentation rules of any state that he was licensed to practice in. Dr. Blecher stated that he has taken courses in prescribing and medical record-keeping at Case Western Reserve University that were very helpful. Dr. Blecher stated that his documentation is now more elaborate and detailed, and he documents his conversations with patients.

Dr. Factora asked if the Kentucky Board of Medical Licensure had taken any action on his Kentucky medical license. Dr. Blecher replied that when his Ohio license was suspended, he notified the Kentucky Board as required. Dr. Blecher chose not to request a hearing before the Kentucky Board, and his Kentucky license was suspended based solely on the Ohio action. Dr. Blecher stated that he notified the Kentucky Board when the Ohio suspension was lifted, and he was given permission to start seeing patients in Kentucky in August 2018 while the matter is pending.

Dr. Factora asked how the restrictions on Dr. Blecher's Ohio medical license will affect his future practice plans. Dr. Blecher stated that not being able to prescribe controlled substances is a hindrance to finding work, even if the position does not call for prescribing controlled substances because employers want people with a clean record. Dr. Blecher commented that the only controlled substance that the clinic deal with is testosterone, which must be prescribed by Dr. Blecher's supervising physician since Dr. Blecher is restricted from prescribing any controlled substance.

Dr. Schottenstein asked Dr. Blecher if he actually prescribes the treatments for erectile dysfunction and hormone replacement at the clinic, or if he only clears patients medically for the treatments. Dr. Blecher answered that he is able to prescribe the treatments. Dr. Schottenstein commented that some licensees face discipline by practicing outside their area of expertise or training and inadvertently falling below the minimal standards of care. Dr. Schottenstein stated that this can particularly happen when a licensee has limited employment opportunities. Dr. Schottenstein wanted to ensure that Dr. Blecher had experience treating erectile dysfunction and initiating hormone replacement therapy. Dr. Blecher replied that as a family physician he has dealt with many issues, including erectile dysfunction and hormone issues. Dr. Blecher stated that he has gained more experience in those areas in the ten years he has had the part-time position at the clinic. Dr. Blecher commented that he is comfortable with the treatment and that one does not have to be a urologist or endocrinologist to deal with such issues.

**Mr. Giacalone moved to continue Dr. Blecher under the terms of the Board's Order of June 14, 2017, with future appearances before the Board's Secretary or Designee. Dr. Factora seconded the motion. The motion carried.**

**Michael J. Howkins, D.O.**

Dr. Howkins is making his initial appearance before the Committee pursuant to the terms of his September 12, 2018 Consent Agreement. Dr. Schottenstein reviewed Dr. Howkins' history with the Board.

In response to questions from Dr. Schottenstein, Dr. Howkins stated that his medical license has been reinstated but he is not currently practicing. Dr. Howkins stated that he is currently staying at a sober house and is involved in the activities there. Dr. Howkins also attends ten to twelve rehabilitation meetings per week, including Alcoholics Anonymous (AA), caduceus, and aftercare. In addition, Dr. Howkins sees a psychotherapist weekly and a psychiatrist quarterly. Dr. Howkins commented that he has changed many things about himself and he is now actively involved in the lives of his two grown children. Dr. Howkins is also actively looking for full-time employment and he may have to leave Ohio to find a job.

Responding to further questions from Dr. Schottenstein, Dr. Howkins stated that he goal is to stay at the sober house for one year from when he first arrived on July 1, 2018. Dr. Howkins stated that he has had a very good experience at the sober house. Dr. Howkins stated that when he was in Glenbiegh Hospital, he was diagnosed with depression in addition to his previous diagnosis of attention deficit hyperactivity disorder (ADHD). Dr. Schottenstein asked if Dr. Howkins' depression was something he had been historically prone to, or if it was triggered by these events. Dr. Howkins replied that his depression had been triggered by these events; Dr. Howkins stated that he had felt shame and guilt for what he done and how his actions had affected the people he worked with. Dr. Schottenstein asked if Dr. Howkins is currently taking medications. Dr. Howkins answered that he is taking Wellbutrin and it is helpful to him.

Dr. Howkins commented that he is glad this has happened to him and he has made many changes to improve his life. Dr. Howkins stated that despite the fact that he does not currently have a job, he is very happy and content.

**Mr. Giacalone moved to continue Dr. Howkins under the terms of his September 12, 2018 Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Factora seconded the motion. The motion carried.**

## **APPROVAL OF REPORTS OF CONFERENCES**

Responding to questions from Dr. Schottenstein, Ms. Murray explained that RecoveryTrek is a third-party administrator that the Board has contracted with to provide monitoring and drug-screening services to the Board's licensees. Ms. Murray stated that RecoveryTrek is an alternative option to Firstsource Solutions, formerly known as FirstLab, which continues its long-standing relationship with the Board.

Regarding Thomas J. Gantner, P.A., Dr. Schottenstein noted that his December 13, 2017 Consent Agreement included a minimum 150-day suspension, but his license continues to be suspended at this late date. Ms. Murray stated that Mr. Gantner has delayed his reinstatement application because he needs to finish and pass his National Council for Certification of Physician Assistants (NCCPA) certification examination.

Regarding Muyuan Ma, M.D., Dr. Schottenstein noted that her attorney, Beth Collis, also attended Dr. Ma's probationary conference. Dr. Schottenstein stated that Ms. Collis is welcome to attend the conference, but he was curious as to why Ms. Collis chose to attend. Ms. Murray replied some licensees feel more comfortable at the beginning of their probationary period if their counsel attends

the conferences with them. Ms. Murray noted that Dr. Ma had another probationary conference yesterday and Ms. Collis did not attend that conference.

**Dr. Factora moved to approve the Compliance Staff's Reports of Conferences for October 9, 11, and 25, 2018. Mr. Giacalone seconded the motion. The motion carried.**

## **MINUTES REVIEW**

**Dr. Factora moved to approve the draft minutes from October 10, 2018. Mr. Giacalone seconded the motion. The motion carried.**

## **ADJOURN**

**Dr. Factora Giacalone moved to adjourn the meeting. Mr. Giacalone seconded the motion. The motion carried.**

The meeting adjourned at 12:20 p.m.

Michael Schottenstein, M.D.  
Chair

blt