

MINUTES**THE STATE MEDICAL BOARD OF OHIO****March 13, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 1:05 p.m. in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Kris Ramprasad, M.D., Vice President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Darshan Mahajan, M.D.; Laurie O. Elsass; Donald R. Kenney, Sr.; and Michael L. Gonidakis. The following members did not attend the meeting: Lance A. Talmage, M.D.; and Dalsukh Madia, M.D.

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Michael Miller, Interim Assistant Executive Director, Licensure and Renewal; Sallie J. Debolt, General Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Karen Mortland, Mark Blackmer, Angela Scott, Dan Zinsmaster, Cheryl Pokorny, and Dennis Tenison, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, Heidi Dorn, and Henry Appel, Assistant Attorneys General; Gregory Porter, Acting Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kay Rieve, Administrative Officer, Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; and Benton Taylor, Executive Assistant to the Executive Director.

MINUTES REVIEW

Dr. Madia moved to approve the draft minutes of the February 13-14, 2013, Board meeting, as written. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

EXECUTIVE SESSION

Dr. Bechtel moved that the Board declare Executive Session to confer with the Attorney General's representatives on matters of pending or imminent court action. Dr. Mahajan seconded the motion.

A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Madia	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Ms. Anderson, Ms. Loe, Ms. Debolt, Ms. Wehrle, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Bickers, Ms. Jones, Ms. Rieve, Ms. Weaver, Ms. Jacobs, Ms. Moore, Ms. Brooks, and Mr. Taylor in attendance.

The Board returned to public session.

APPLICANTS FOR LICENSURE

Dr. Mahajan moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician applicants listed in Exhibit "A," the physician assistant applicants listed in Exhibit "B," the massage therapy applicants listed in Exhibit "C," and the acupuncturist applicants listed in Exhibit "D"; and to approve the results of the March 2013 Cosmetic Therapy Examination and to certify as passing and license those receiving a score of 75 or greater on their examination, 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 Supplement
Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

Dr. Steinbergh announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Dr. Steinbergh 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 matters of: Phillip L. Cardwell, P.A.; Alan Arnold Godofsky, M.D.; Cecil Curtis Graham, M.D.; Raffi Gurunluoglu, M.D.; Derek Wyman Thomson, D.O.; and Robert Davis Williams, M.D.

A roll call was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

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

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

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

Dr. Steinbergh reminded all parties that no oral motions may be made during these proceedings.

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

PHILLIP L. CARDWELL, P.A., Case No. 12-CRF-081

Dr. Steinbergh directed the Board's attention to the matter of Phillip L. Cardwell, P.A. She advised that objections were filed and were previously distributed to Board members. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Mr. Cardwell. Five minutes will be allowed for that address.

Mr. Cardwell was represented by his attorney, Elizabeth Collis.

Ms. Collis stated that she wished to highlight portions of Mr. Cardwell's written objections. First, Ms. Collis stated that Mr. Cardwell has taken full responsibility for his conduct and pleaded guilty to attempted pandering of sexually-oriented material involving a minor. Ms. Collis also noted that Mr. Cardwell fully cooperated with the police and with the Medical Board. Ms. Collis stated that the record is confused somewhat by the fact that the State repeatedly introduced information for which Mr. Cardwell did not plead guilty and for which he was not convicted. Ms. Collis stated that Mr. Cardwell was not found guilty of possession of, or intentionally downloading, child pornography. Ms. Collis stated that Mr. Cardwell's conviction is based on the fact that he entered the term "Lolita" into the search box on his computer and that he knew, or should have known, that the search term would have downloaded videos involving children. Ms. Collis stated that the Medical Board cannot revoke Mr. Cardwell's license based on the allegation of possession of child pornography.

Second, Ms. Collis asked the Board to carefully consider the testimony of David J. Tennenbaum, Ph.D. Ms. Collis stated that Dr. Tennenbaum is a nationally-recognized expert with 30 years of experience in forensic psychology and his testimony is regularly relied upon by the courts. Dr. Tennenbaum performed a thorough evaluation of Mr. Cardwell and found that he does not pose any harm to his patients or the public. Ms. Collis noted that the Assistant Attorney General's argument that Dr. Tennenbaum's assessment should be discounted because Mr. Cardwell told Dr. Tennenbaum that he did not intentionally download the videos onto his computer. However, Ms. Collis reiterated that Mr. Cardwell was not convicted of possessing or intentionally downloading child pornography. Ms. Collis stated that it is inconceivable that Mr. Cardwell would have been able to mislead or dupe Dr. Tennenbaum in a way that would invalidate his findings.

Third, Ms. Collis argued that permanent revocation of Mr. Cardwell's license is an inappropriate sanction. Ms. Collis stated that Mr. Cardwell has never harmed a patient, has never been disciplined by the Medical Board, and has no prior convictions. Ms. Collis opined that an appropriate sanction in this case would be a 90-day suspension of Mr. Cardwell's license, continuing education, and a limitation that he not be able to provide care to pediatric patients.

Mr. Cardwell stated that he has been a physician assistant in Ohio since 1998 and he has never before been the subject of discipline by the Board. Mr. Cardwell stated that he downloaded a program called Limewire onto his computer that allowed him to share computer files and videos with others. Mr. Cardwell stated that his intent was to share music files and, on a few occasions, exercise videos. Mr. Cardwell stated that in rare instances, he downloaded pornography. Mr. Cardwell stated that it was never his desire or intent to download pornography involving children and he has no sexual interest in children. Mr. Cardwell stated that he is in a committed, long-term relationship with a caring and beautiful woman whose support during this time has meant the world to him.

Mr. Cardwell continued that to download a file, he would enter a search term into the search box. This would return results related to the search term and Mr. Cardwell would select files to be downloaded. Mr. Cardwell stated that at times, he unfortunately used the "download all" feature instead of examining the search results before downloading. Mr. Cardwell further stated that, on occasion, he entered the term "Lolita" into the search box. Mr. Cardwell stated that his intention was to search for videos involving younger women, college-age women, and women in their 20's, not pornography involving minors. Mr.

Cardwell stated that, frequently, the titles of the files did not reflect the actual file contents, and he was unfamiliar with the terms and abbreviations used in the file titles that indicated that they were potentially child pornography. Mr. Cardwell stated that on rare occasions, videos with children were downloaded onto his computer. Mr. Cardwell stated that if he ever came upon an inappropriate video involving a child, he would immediately delete it.

Mr. Cardwell stated that in August 2012, he pleaded guilty to one felony count of attempted pandering sexually-oriented matter involving a minor. Mr. Cardwell stated that the conduct that led to this conviction was the entry of the term "Lolita" into the search box of Limewire after that search term had returned results that included child pornography. Mr. Cardwell stated that he takes full responsibility for his conduct and does not blame anyone else. Mr. Cardwell noted that he fully cooperated with the police and with the Medical Board. Mr. Cardwell stated that he grieves for the exploited and abused children in the videos and he sympathizes with anyone who has been abused or exploited in any way.

Mr. Cardwell stated that he has been a hardworking, stable member of society his whole life. Mr. Cardwell stated that he worked as a physician assistant for the same medical practice for ten years, but resigned because the law does not allow someone with a felony conviction to work in a pain treatment clinic. Mr. Cardwell stated that he fully disclosed his conviction to his current employer, where he has been employed since November 2012. Mr. Cardwell stated that he has never harmed any of his patients.

Mr. Cardwell stated that he sincerely and openly apologizes for his actions. Mr. Cardwell asked the Medical Board not to revoke his physician assistant license. Mr. Cardwell stated that he loves what he does and wants to continue practicing.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Snyder stated that she would like to respond.

Ms. Snyder stated that Mr. Cardwell pled guilty to a felony which involves possession of child pornography. By pleading guilty, Mr. Cardwell admitted that he purposely searched for and tried to exchange child pornography. Ms. Snyder noted that the phrase "tried to exchange" is in the language of statute which Mr. Cardwell pled guilty to violating. Today, just as at his hearing, Mr. Cardwell stated that he had not been looking for child pornography, but had merely entered the search term "Lolita" and did not know what it meant. Ms. Snyder stated that this is not true, as shown by the testimony of John Priest, an Investigator for the Upper Arlington Division of Police and Task Force Officer for the Franklin County Sheriff's Department of Internet Crimes Against Children.

Ms. Snyder stated that Mr. Cardwell has not taken responsibility for his actions. Ms. Snyder stated that today Mr. Cardwell said that he grieves for the victims he found in the videos, but at his hearing he only grieved for himself and how his life has changed. Ms. Snyder stated that if the police found child pornography on a computer whose owner truly had not been aware of it, that owner would express shock and dismay. However, when Mr. Cardwell found himself in that situation, he told the police that he guessed that he downloaded it out of curiosity.

Ms. Snyder noted that Mr. Cardwell is now a registered sex offender for 25 years, which he knew would

happen when he pled guilty. According to state law, Mr. Cardwell cannot live within 1,000 feet of a school. According to the Board's rules, Mr. Cardwell cannot work in a pain treatment clinic. Yet, as of today, Mr. Cardwell is a physician assistant in a family practice.

Ms. Snyder stated that in his objections, Mr. Cardwell claims that the Board should not consider evidence that he actually possessed child pornography because he pled guilty only to trying to possess and exchange child pornography. Ms. Snyder stated that this shows that Mr. Cardwell is being dishonest with the Board and he was dishonest with his expert, Dr. Tennenbaum. Ms. Snyder stated that the Board should not consider Dr. Tennenbaum's opinions because they were based on the "fact" that Mr. Cardwell never purposely downloaded the videos, never opened them, and never viewed them. Ms. Snyder stated that it is important for the Board to know the underlying evidence of Mr. Cardwell's conviction in order to protect the public safety. Ms. Snyder noted that the documents that the State used to prove Mr. Cardwell's possession of child pornography were provided by Mr. Cardwell to Dr. Tennenbaum. Ms. Snyder further noted that there was no objection at hearing to admitting those documents as evidence.

Ms. Snyder stated that working with patients requires compassion, empathy, and caring. Ms. Snyder stated that no one who has the desire to exchange or seek out child pornography has any of those qualities. Ms. Snyder asked the Board to adopt the Proposed Order of permanent revocation.

Dr. Mahajan moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Phillip L. Cardwell, P.A. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Gonidakis stated that as the father to two young children, he found the facts of this case difficult to review. Mr. Gonidakis stated that law enforcement recovered multiple videos from Mr. Cardwell's computer depicting young girls between ages 8 and 11 being sexually assaulted, which should shock the conscience of the Board and of society in general. Mr. Gonidakis further noted that, according to law enforcement, there was no chance that Mr. Cardwell downloaded the child pornography accidentally. Mr. Gonidakis stated that Mr. Cardwell is now registered as a Tier II sex offender for the next 25 years and must do in-person verification every 180 days.

Regarding Dr. Tennenbaum's testimony, Mr. Gonidakis noted that Dr. Tennenbaum admitted that he did not perform a thorough review of the computer forensic analysis and did not address the search terms that were inputted into Limewire. Mr. Gonidakis opined that this calls into question Dr. Tennenbaum's review of Mr. Cardwell.

Mr. Gonidakis stated that he supports the Proposed Order of permanent revocation, noting that being a licensed medical professional in Ohio is a privilege and not a right.

Dr. Ramprasad agreed with Mr. Gonidakis and opined that the videos in question were not downloaded accidentally. Dr. Ramprasad could not see how patients could find themselves to be safe with Mr. Cardwell after what has happened. Dr. Ramprasad also could not understand what "curiosity" means when there are such young children involved. Dr. Ramprasad stated that he cannot consider any sanction other

than permanent revocation.

Dr. Steinbergh reiterated that Mr. Cardwell pled guilty to the charges he was convicted on. Dr. Steinbergh stated that it is very difficult for the Board, as medical professionals, to understand how the downloading of the videos could have been accidental. Dr. Steinbergh stated that one incident may be an accident, but more than that is no accident. Dr. Steinbergh stated that the concept of a person going to a child pornography site is morally offensive to her.

Dr. Steinbergh stated that she read Dr. Tennenbaum's comments, but felt that this case is not a matter of recidivism or the thought that Mr. Cardwell might attack someone. Rather, this case is about the moral and ethical dilemma. Dr. Steinbergh stated that when the Board issues its order, it will be because Mr. Cardwell pled guilty to, and was found guilty of, one felony count of attempted pandering sexually-oriented matter involving a minor. Dr. Steinbergh stated that she agrees with the Proposed Order of permanent revocation.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

ALAN ARNOLD GODOFSKY, M.D., Case No. 12-CRF-082

Dr. Steinbergh directed the Board's attention to the matter of Alan Arnold Godofsky, M.D. She advised that no objections were filed. Ms. Blue was the Hearing Examiner.

Dr. Mahajan moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Alan Arnold Godofsky, M.D. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Kenney stated that Dr. Godofsky was issued an Agreed Order from the Kentucky Board of Medical Licensure which indefinitely restricted his license to practice medicine in Kentucky. Mr. Kenney briefly reviewed Dr. Godofsky's training and career.

Mr. Kenney continued that in or about July 2011, the Kentucky Board received a complaint that Central Kentucky Bariatric and Pain Management, which employed Dr. Godofsky, was operating a pill mill and

was charging \$450.00 for prescriptions which local pharmacists refused to fill. Several concerns were noted, including the following: Long-term use of one or more controlled substances; patients traveling long distances to obtain medications, 100 to 200 miles in some cases; young patients on large doses of narcotic medications; prescribing high doses of narcotics on initial patient visits; and family members of patients receiving the same or similar controlled substances.

The Kentucky Board reviewed 19 patient charts and found the Dr. Godofsky only provided layman's diagnoses, most notably "low back pain." Patient histories were completely absent from the charts. The treatments of the patients were the same, prescribing 15 to 30 mg doses usually combined with Valium. The practice was found to be a cash-only, non-referral environment. Mr. Kenney stated that he would consider such a practice to be a pill mill. Mr. Kenney stated that Dr. Godofsky, although denying wrongdoing, acknowledges that he entered into an Agreed Order with the Kentucky Board that indefinitely restricted his license to practice medicine in Kentucky.

Mr. Kenney stated that based on these facts, there appears to be no question that Dr. Godofsky's license to practice medicine in Ohio should be permanently revoked. However, the Hearing Examiner noted that this is an unusual case and suggested that the Board consider the following: Dr. Godofsky had had a long and distinguished career in Cincinnati with no prior disciplinary history; Dr. Godofsky was paid a flat fee for his services, and therefore had no financial incentive to inappropriately prescribe; there is evidence that there could be some question of the Agreed Order's reliability; the Kentucky Board's expert admitted that his worksheets only represented a general assessment of all the physicians of the practice and was not targeted on Dr. Godofsky; and the expert further admitted that he had difficulty determining which physician in the practice treated a patient on any particular day.

Mr. Kenney stated that, in light of this additional information, he proposed an amendment to the Proposed Order, copies of which were provided to the Board. Mr. Kenney's proposed amendment would suspend Dr. Godofsky's license to practice in Ohio, stay the suspension, and impose the same probationary terms as in the Proposed Order. In addition, the amendment would indefinitely restrict Dr. Godofsky's license as follows: Dr. Godofsky shall practice anesthesiology solely in the perioperative environment and only dispense and otherwise professionally utilize controlled substances on patients undergoing surgical and/or diagnostic procedures. This restriction will continue until the Board issues an order lifting the restrictions based on receipt of documents from the Kentucky Board that it has lifted all restrictions from Dr. Godofsky's Kentucky Medical License.

Ms. Debolt noted that some other procedural changes to the Order were necessitated by the indefinite limitation and restriction. Notably, it is made clear that upon the termination of probation, the limitation on Dr. Godofsky's license will continue until lifted by order of the Board.

Mr. Kenney moved to amend the Proposed Order to read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE, STAYED; PROBATION:** The certificate of Alan Arnold Godofsky, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an

indefinite period of time. Such suspension is STAYED, subject to the following LIMITATION/RESTRICTION and PROBATIONARY REQUIREMENTS.

- B. **LIMITATION/RESTRICTION:** The certificate of Dr. Godofsky to practice medicine and surgery in the State of Ohio shall be LIMITED and RESTRICTED for an indefinite period of time as follows: Dr. Godofsky shall practice anesthesiology solely in a perioperative practice environment and shall only dispense or otherwise professionally utilize controlled substances on patients undergoing surgical and/or diagnostic procedures. This limitation and restriction shall remain in effect until the Board issues an order lifting the limitation and restriction upon Dr. Godofsky's Ohio medical license based upon the receipt of documents from the Kentucky Board of Medical Licensure that it has lifted the indefinite restriction upon Dr. Godofsky's Kentucky medical license in Case No. 1398.
- C. **PROBATION:** The certificate of Dr. Godofsky to practice medicine and surgery in the State of Ohio shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two years:
1. **Obey the Law:** Dr. Godofsky shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 2. **Declarations of Compliance:** Dr. Godofsky shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 3. **Personal Appearances:** Dr. Godofsky shall appear in person for an interview before the full Board or its designated representative during the sixth month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
 4. **Evidence of Compliance with the Order of the Kentucky Board:** At the time he submits his declarations of compliance, Dr. Godofsky shall also submit declarations under penalty of Board disciplinary action and/or criminal prosecution stating whether he has complied with all terms, conditions, and limitations imposed by the Kentucky Board, Case No. 1398. Moreover, Dr. Godofsky shall cause to be submitted to the Board copies of any reports that he submits to the Kentucky Board whenever and at the same time the Kentucky Board requires submission.
 5. **Notification of Change in Terms of Probation by the Kentucky Board:** Dr. Godofsky shall immediately notify the Board in writing of any modification or change to any terms, conditions,

or limitation imposed by the Kentucky Board in Case No. 1398, including termination of the Agreed Order.

6. **Required Reporting of Change of Address:** Dr. Godofsky shall notify the Board in writing of any change of address and/or principal practice address within 30 days of change.
7. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Godofsky is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

- D. **TERMINATION OF PROBATION; LIMITATION/RESTRICTION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Godofsky's certificate will be restored, but the LIMITATION/RESTRICTION placed upon his license as set forth in Paragraph B shall remain in effect until the Board issues an order lifting the limitation and restriction in the manner specified in Paragraph B.
- E. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Godofsky violates the terms of this Order in any respect, the Board, after giving his notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- F. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**

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

In the event that Dr. Godofsky provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Bowers receives from the Board written notification of the successful completion of his probation.

2. **Required Reporting to Other State Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Godofsky shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Dr. Godofsky shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Godofsky receives from the Board written notification of the successful completion of his probation.

3. **Required Documentation of the Reporting Required by Paragraph F:** Dr. Godofsky shall provide this Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

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

Dr. Mahajan seconded the motion.

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

Dr. Ramprasad stated that he agreed with Mr. Kenney's proposed amended Order. Dr. Ramprasad questioned the notion that Dr. Godofsky had no financial incentive, stating that he was employed on a salary basis to do exactly what he was doing. Dr. Ramprasad stated that the question arises as to whether Dr. Godofsky knew what it was he was doing. Dr. Ramprasad stated that Dr. Godofsky was employed at the practice for nine to ten months and he knew what kind of patients were coming in.

Dr. Steinbergh stated that she agrees with the Finding of Fact and Conclusion of Law in the Report and Recommendation. Dr. Steinbergh disagreed with the concept that there are mitigating factors in this case. Dr. Steinbergh agreed with Dr. Ramprasad and stated that no one does what Dr. Godofsky did without a financial incentive. Dr. Steinbergh imagined that Dr. Godofsky made a great deal of money seeing a lot of patients. Dr. Steinbergh stated that she was astounded to learn that Dr. Godofsky saw 14 to 20 new patients every day, as well as 40 to 50 follow-up patients daily. Regarding the reliability of the Kentucky Board's expert, Dr. Steinbergh stated that the Ohio Board is taking action based on the fact that Dr. Godofsky entered into an Agreed Order with the Kentucky Board, and that is the issue that the Ohio Board's order will address.

Dr. Steinbergh stated that she supports Mr. Kenney's proposed amendment.

Dr. Mahajan stated that he will support Mr. Kenney's proposed amendment, but opined that it is very lenient for someone prescribing that amount of medications to that many patients over such a long period. Mr. Kenney agreed that the proposed amendment is lenient, but stated that he offered the amendment in light of the Hearing Examiner's information questioning the reliability of the Kentucky case. Dr. Steinbergh reiterated that the Board's Order will be based on the fact that Dr. Godofsky has an Agreed Order with the Kentucky Board and that the merits of the case are not being relitigated.

A vote was taken on Mr. Kenney's motion to amend:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to amend carried.

Dr. Mahajan moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Alan Arnold Godofsky, M.D. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

CECIL CURTIS GRAHAM, M.D., Case No. 12-CRF-083

Dr. Steinbergh directed the Board's attention to the matter of Cecil Curtis Graham, M.D. She advised that no objections were filed. Ms. Clovis was the Hearing Examiner.

Dr. Ramprasad moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law,

and Proposed Order in the matter of Cecil Curtis Graham, M.D. Ms. Elsass seconded the motion.

Dr. Steinbeigh stated that she will now entertain discussion in this matter.

Dr. Mahajan briefly reviewed Dr. Graham's training and career, noting that after his fellowship he engaged in the private practice of anesthesia and pain management. As part of his practice, Dr. Graham formed a company called The Know Pain Clinic, Inc, as well as two other companies through which he provided anesthesia services. In 2001, Dr. Graham moved to Arizona and began practice there, making arrangements for another physician to assume the day-to-day practice at The Know Pain Clinic in West Virginia. Dr. Mahajan noted that Dr. Graham continued to be the owner of The Know Pain Clinic, which continued under the direction of Narciso Rodriguez-Cayro, M.D., until August 2009.

Dr. Mahajan continued that the events surrounding the closure of the clinic precipitated action against Dr. Graham by the West Virginia Board of Medicine. In November 2009, the West Virginia Board received a complaint alleging that The Know Pain Clinic abandoned patients by failing to adequately staff the facility with a physician. In April 2011, a report from a physician who conducted an independent review of the allegations concluded that Dr. Graham had not properly supervised physician assistants at The Know Pain Clinic, had not personally evaluated the patients, had not assessed patients to determine the appropriateness of prescribing controlled substances for them, and had not ensured that patient records met the standard of care for a practicing pain physician.

In response to the report, the West Virginia Board reprimanded Dr. Graham for unprofessional conduct and failure to fulfill the legal obligations placed on a licensed physician. Dr. Graham was also assessed a fine of \$5,000.00. Dr. Graham's West Virginia medical license was allowed to expire in June 2012 upon the West Virginia Board's determination that he was in full compliance with the terms and conditions of a Consent Order.

Dr. Mahajan stated that during the days following Dr. Rodriguez-Cayro's departure in 2009, physician assistants continued refilling prescriptions for patients despite lack of authorization from Dr. Rodriguez or Dr. Graham. Dr. Mahajan stated that he agrees with the Findings of Fact and Conclusions of Law of the Report and Recommendation, as well as the Proposed Order. Dr. Mahajan stated that the Proposed Order will reprimand Dr. Graham and impose a permanent limitation against supervising physician assistants when practicing in Ohio.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

RAFFI GURUNLUOGLU, M.D., Case No. 12-CRF-114

Dr. Steinbergh directed the Board's attention to the matter of Raffi Gurunluoglu, M.D. She advised that no objections were filed. Mr. Porter was the Hearing Examiner.

Dr. Ramprasad moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Raffi Gurunluoglu, M.D. Dr. Mahajan seconded the motion.

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

Dr. Ramprasad stated that this non-disciplinary case involves the question of whether to grant Dr. Gurunluoglu licensure in Ohio. Dr. Gurunluoglu is a plastic reconstructive surgeon who had his initial surgery residency in Istanbul, Turkey. After practicing in Istanbul for a time, Dr. Gurunluoglu did a fellowship at the Cleveland Clinic. Dr. Ramprasad noted that Dr. Gurunluoglu has participated in ovarian transplantation in patients who have received chemotherapy radiation and had their ovaries removed and transplanted so that they would be able to conceive in the future. Dr. Gurunluoglu also practiced in Innsbruck, Austria, from 2002 to 2003 in a prestigious institution which performed a double forearm transplantation. Dr. Gurunluoglu's clinical training in Innsbruck was confirmed by Dr. Gerhard Pierer of Innsbruck Medical University.

Dr. Ramprasad stated that Dr. Gurunluoglu has completed Step III of the United States Medical Licensing Examination (USMLE), obtained a medical license in Colorado, and is being considered for a full professorship. Dr. Gurunluoglu is currently Chief-Director of Plastic and Reconstructive Surgery at Denver Health Medical Center, a position he has held for six years. Dr. Ramprasad noted that, among other things, Dr. Gurunluoglu has done functional lower lip reconstruction in a series of gunshot wound patients, which according to Dr. Gurunluoglu is unknown in the plastic surgery literature. Dr. Gurunluoglu has also participated in redundant skin surgeries for patients who lose a great deal of weight following bariatric surgery, as well as performed reconstructive microsurgery on patients who have had basal cell cancer, squamous cell cancer of the face, and other malignant lesions.

Dr. Ramprasad stated that the original question was whether Dr. Gurunluoglu had training at the Cleveland Clinic which encompassed some clinical training. Upon further checking, it was noted that Dr. Gurunluoglu did have clinic training during residency in addition to being research-oriented.

Dr. Ramprasad stated that he agrees with the Findings of Fact and Conclusions of Law of the Report and Recommendation. Dr. Ramprasad supported the Proposed Order to grant Dr. Gurunluoglu's application for licensure, provided he otherwise meets all other requirements.

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

ROLL CALL: Dr. Strafford - aye

Dr. Bechtel	- aye
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to approve carried.

DEREK WYMAN THOMSON, D.O., Case No. 12-CRF-090

Dr. Steinbergh directed the Board's attention to the matter of Derek Wyman Thomson, D.O. She advised that objections were filed and were previously distributed to Board members. Ms. Clovis was the Hearing Examiner.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Thomson. Five minutes will be allowed for that address.

Dr. Thomson was represented by his attorney, Eric Plinke.

Mr. Plinke stated that Dr. Thomson, an applicant for licensure in Ohio, is currently licensed in Virginia. Therefore, under the Ohio Board's procedures this would be an endorsement application. Mr. Plinke noted a few errors that he had made in his written objections regarding references to the Ohio Administrative Code.

Mr. Plinke stated that the purpose that the Board serves and the purpose of the authority granted to it by the General Assembly is to ensure that licensed physicians are fully trained, competent, and ready to practice medicine at a high level in order to protect the citizens of Ohio. Mr. Plinke opined that when the Board reads the report, it will conclude that Dr. Thomson is of that class and caliber of person.

Mr. Plinke continued that the record is replete with references to Dr. Thomson's abilities, not only from his former classmates but also from the attending physicians who trained him. Mr. Plinke stated that Dr. Thomson is an Ohio native, his father currently practices as a physician in Ohio, and he wants to serve a community in need. Mr. Plinke asked the Board to use the statutory authority granted by the General Assembly to grant Dr. Thomson's licensure application by endorsement, stating that it cannot be denied under the rules cited.

Dr. Thomson stated that growing up in southwestern Ohio, he was able to admire his father's rural family practice in a healthcare provider shortage area. Dr. Thomson stated that seeing the impact his father's practice had on the community fueled his desire to go into family medicine. Dr. Thomson stated that prior to pursuing a medical degree, he served as a nuclear engineer on a fast attack submarine, the *U.S.S. Providence*, during Desert Storm. Dr. Thomson stated that these experiences refined his ability to work under stressful conditions for extended period of time.

Dr. Thomson stated that while excelling in medical school, he managed to maintain part-time employment to support his wife and three young children. Near the end of medical school, marital problems compounded the stressors of studying and supporting a family. Consequently, Dr. Thomson had great difficulty studying for and passing Level I and Level II of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX). Dr. Thomson stated that his marriage eventually ended, but he continued to pursue his dreams of becoming a family physician.

Dr. Thomson stated that he worked in construction after medical school to continue supporting his children. When Dr. Thomson had accumulated enough resources, he enrolled in a six-week comprehensive review course in Chicago to prepare him for the examinations. Following the course, Dr. Thomson passed Level I and Level II of the COMLEX, each on his first attempt. Dr. Thomson was accepted into a residency program in Bristol, Tennessee. Dr. Thomson stated that he has numerous letters of recommendation confirming that he served as a role model, teacher, and excellent physician for three years during his residency. Dr. Thomson stated that while serving as a resident he obtained a Virginia medical license, allowing him to moonlight during residency.

Dr. Thomson stated that while finishing his residency, he agreed to a contract with a local hospital in which he agreed to serve the surrounding community. Dr. Thomson stated that he was supposed to begin work in August 2012 but he is currently in breach of his contract. Dr. Thomson stated that prior to completing residency, he added approximately 3,500 square feet to his father's existing practice in Preble County, a healthcare provider shortage area, at a cost of approximately \$800,000.00. Dr. Thomson stated that this facility currently sits empty while he awaits Ohio licensure.

Dr. Thomson felt that denying his licensure application would be denying the American dream. Dr. Thomson stated that he is a veteran who came home to pursue his education while supporting a family. Dr. Thomson stated that he has completed his education and all requirements to make him an excellent physician. Dr. Thomson noted that he is currently licensed in Virginia and Indiana, but he has always dreamed of serving his hometown in rural southwest Ohio.

Dr. Thomson stated that the two examinations he had difficulties with were approximately 10 years ago and he has done nothing but excel since that time, as evidenced by his letters of recommendation. Dr. Thomson stated that he did not want to move to Virginia to practice medicine and he preferred to stay in Ohio and serve the community he grew up in. Dr. Thomson asked the Board to use its authority to grant his licensure application.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Snyder stated that she would like to respond.

Ms. Snyder stated that Dr. Thomson does not meet the Board's testing criteria because he failed Level I and Level II of the COMLEX four times each. Ms. Snyder stated that it is difficult when the Board is presented with a candidate who otherwise appears to be qualified for licensure. Ms. Snyder encouraged the Board to treat all applicants uniformly and to follow its rule. Ms. Snyder stated that when the rule in question was adopted, it defined what the Board believed to be a qualified candidate. Ms. Snyder noted

that the Board is currently considering changing that rule, but stated that the Board should treat all applicants uniformly while the rule is in place.

Ms. Snyder noted that there is an error in the Board's endorsement rule. Ms. Snyder stated that when one of the rules was modified, a cross reference was not modified with it. As a consequence, instead of referring to the COMLEX requirements, the rule refers to the Federal Licensing Examination (FLEX). Ms. Snyder opined that this error does not change the Board's consideration of Dr. Thomson's application, noting that everyone in Dr. Thomson's hearing knew what the hearing was about. Ms. Snyder stated that Dr. Thomson testified that he did not look at the Board's rule or do anything to learn about Ohio's requirements and just assumed that he was qualified because he was practicing in Virginia. Dr. Thomson did not testify that he looked at the rule and believed he might be qualified because of the error.

Ms. Snyder stated that errors are never good, but errors happen. Ms. Snyder noted that Mr. Plinke also made some errors in referring to rules in his written objections, but everyone knew nevertheless that Mr. Plinke was talking about the testing requirements. Ms. Snyder opined that the Hearing Examiner correctly applied the Board's rule. Ms. Snyder supported the Proposed Order to deny Dr. Thomson's licensure application.

Dr. Ramprasad moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Derek Wyman Thomson, D.O. Dr. Mahajan seconded the motion.

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

Dr. Steinbergh stated that Dr. Thomson attended medical school at Ohio University and completed his requirements for graduation in 2004, except that he had not passed Level I or Level II of the COMLEX. However, after taking a review course, Dr. Thomson passed Levels I, II, and III, all on his first attempts and within the Board's 10-year limit. Dr. Thomson was later accepted into an Accreditation Council for Graduate Medical Education (ACGME) approved residency program in family medicine in Tennessee. Dr. Thomson also obtained licensure in Virginia.

Dr. Steinbergh referred to Section 4731.29, Ohio Revised Code, which allows for endorsement of Dr. Thomson's Virginia medical license. Dr. Steinbergh stated that Section 4731.29 grants the Medical Board discretion to issue licenses to physicians licensed in another state without requiring them to sit for an Ohio examination when certain requirements are met. The Board exercised this discretion by adopting rules that recognize acceptable examinations sequences. Section 4731-6-16, Ohio Administrative Code, is the rule which sets the examination requirements for physicians already licensed in another state. That rule refers to Section 4731-6-14, Ohio Administrative Code, for the attempt limits for both the United States Medical Licensing Examination (USMLE) and the COMLEX.

Dr. Steinbergh noted that the attempt limits were placed in paragraph (C)(3) of rule 4731-6-14. However, Rule 4731-6-16 refers to paragraph (C)(4) of Rule 4731-6-14 for the examination attempt limits for the COMLEX. The language of paragraph (C)(4) pertains to the FLEX examination, not the COMLEX. As a result, there is no link between Rule 4731-6-16 and the attempt limit set in Rule 4731-6-14 as it relates to

the passage of all levels of the COMLEX.

Dr. Steinbergh stated that the Medical Board's discretion is not limited to determining whether Dr. Thomson has passed an acceptable examination sequence, as defined in Rule 4731-6-14(C). Dr. Steinbergh stated that the Medical Board also has full discretion to determine whether Dr. Thomson's application and supporting documents establish that he meets the requirements for licensure under Section 4731.29, Ohio Revised Code.

Dr. Steinbergh read from Section 4731.29, Ohio Revised Code:

When a person licensed to practice medicine and surgery or osteopathic medicine and surgery by the licensing department of another state ... wishes to remove to this state to practice, the person shall file an application with the state medical board. The board may, in its discretion, by an affirmative vote of not less than six of its members, issue its certificate to practice medicine and surgery or osteopathic medicine and surgery without requiring the applicant to submit to examination, provided the applicant submits evidence satisfactory to the board of meeting the same age, moral character, and educational requirements individuals must meet under sections 4731.08, 4731.09, 4731.091, and 4731.14 of the Revised Code.

Dr. Steinbergh stated that one letter of recommendation for Dr. Thomson was written by Dr. Keith Watson, who in 2004 was a Senior Associate Dean at the Ohio University Heritage College of Osteopathic Medicine. The letter was written in 2004, the year Dr. Thomson would have graduated had he passed Level I and Level II of the COMLEX. Dr. Steinbergh stated that she knows Dr. Watson well and he is a fine man of high character. Dr. Steinbergh stated that the Board also received at least 10 letters of support from Dr. Thomson's professors and trainers from East Tennessee State University. Dr. Steinbergh highlighted some comments from the letters:

- "He's an excellent, caring, thoughtful, industrious, and compassionate physician who serves as a wonderful role model and teacher."
- "He has excellent clinical skills and is a thoroughly competent diagnostician, as well as being complete and compassionate in his care of all patients as any physician I know."
- "I would be comfortable having him take care of myself or members of my family. He is a fine family physician overall."
- "I've had the distinct pleasure of working with Derek for over three years in a supervising role as a faculty member. He is an outstanding physician. His interactions with patients, colleagues, and supervisors are notable for hard work, candor, and insight. He is the epitome of a team player. As for clinical skills, I have observed him first-hand to be capable of a very high level of work, both in terms of medical knowledge and patient care. Further, his clinical acumen is terrific. He really gets it when it comes to patient care. Certainly, any past issues with board tests are not reflected in his clinical knowledge today."

Dr. Steinbergh proposed an amended Finding of Fact #2 and amended Conclusion of Law. Dr. Steinbergh also proposed an amended Proposed Order to grant Dr. Thomson's licensure by endorsement of his Virginia medical license. Mr. Kenney agreed with Dr. Steinbergh's proposal.

Mr. Kenney moved to amend Finding of Fact #2 of Ms. Clovis' Report and Recommendation to read as follows:

2. Dr. Thomson has completed an examination sequence acceptable to the Board.

Mr. Kenney further moved to amend the Conclusions of Law of Ms. Clovis' Report and Recommendation to read as follows:

Derek Wyman Thompson, D.O., meets the requirements of Sections 4731.14 and/or 4731.29, Ohio Revised Code, and Rule 4731-6-16, Ohio Administrative Code. The requirements of Rule 4731-6-14, Ohio Administrative Code, are not applicable.

Mr. Kenney further moved to amend the Proposed Order of Ms. Clovis' Report and Recommendation to read as follows:

The application of Derek Wyman Thomson, D.O., for a license to practice osteopathic medicine and surgery in the State of Ohio is granted.

Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Gonidakis asked if the Board could reach the same conclusion without amending Finding of Fact #2. Ms. Debolt replied that, for the amendment to be valid, the Finding of Fact will need to say that Dr. Thomson has completed an examination sequence acceptable to the Board.

Dr. Mahajan noted that there are many good physicians who are unable to pass the examinations. The fact the Dr. Thomson passed Level III, the clinical portion, on his first attempt gave Dr. Mahajan confidence in his ability to practice good medicine. Dr. Mahajan noted that Dr. Thomson is already licensed to practice medicine in Virginia and has a temporary license in Indiana.

Dr. Ramprasad stated that he agrees with the proposed amendment, but expressed concern about the Board's consistency. Dr. Ramprasad noted that other applicants have appeared before the Board recently and have been denied licensure, even when they were licensed in another state and had specialty board certification. Ms. Debolt stated that because of the misplaced reference in the Board's rules noted by Dr. Steinbergh, an osteopathic physician can be licensed in this manner. Ms. Debolt noted that the Board's rules regarding licensure of allopathic physicians has a correct reference, and therefore would not be able to be licensed in this manner. Dr. Ramprasad responded that this is a discrimination between physicians that he cannot accept and that the rule should apply equally to all physician applicants. Dr. Ramprasad favored granting licensure to Dr. Thomson.

A vote was taken on Mr. Kenney's motion to amend:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to amend carried.

Ms. Elsass moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Derek Wyman Thomson, D.O. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

ROBERT DAVIS WILLIAMS, M.D., Case No. 12-CRF-049

Dr. Steinbergh directed the Board's attention to the matter of Robert Davis Williams, M.D. She advised that no objections were filed. Ms. Davidson was the Hearing Examiner.

Dr Mahajan moved to approve and confirm Ms. Davidson's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Robert Davis Williams, M.D. Dr. Ramprasad seconded the motion.

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

Ms. Elsass stated that the allegations against Dr. Williams include that he has been found guilty of receiving child pornography and that his license to practice medicine in Florida has been revoked. In November 2010, the Florida Department of Health filed an administrative complaint against Dr. Williams alleging that in April 2010, the Georgia Composite Medical Board had entered an interim consent order

against Dr. Williams' Georgia medical license. Under the Georgia order, Dr. Williams was not allowed to practice medicine in Georgia until pending criminal charges against him had been resolved. Dr. Williams failed to notify the Florida Board of Medicine of the Georgia action, as required by Florida law.

Ms. Elsass continued that in February 2011, an Information was filed in federal court in which Dr. Williams was charged with one count of receipt of child pornography. Dr. Williams signed a plea agreement in which he acknowledged the elements of the offense, including knowingly receiving visual depictions of at least one minor child engaged in sexually explicit conduct and that he knew that at least one of the performers in such depiction was a minor child.

Ms. Elsass stated that a second administrative action by the Florida Board alleged that Dr. Williams had pled guilty and had been found guilty of receipt of child pornography and that that crime is related to the ability to practice medicine. The Florida Board further stated, "Dr. Williams, by supporting such heinous acts to be inflicted upon another human being, has demonstrated his disregard for the health, safety, and well-being of human life as well as the law. Further, his ability to practice is impaired as witnessed by his lack of judgment and disregard for the welfare of a child."

In September 2011, Dr. Williams entered into a settlement agreement which included a reprimand, suspension of his Florida medical license subject to reinstatement under certain conditions, ethics education, a fine, and payment of costs. However, in January 2012, the Florida Board rejected the settlement agreement and offered a counter proposal in which Dr. Williams agreed to revocation of his Florida medical license.

Regarding Dr. Williams' criminal proceedings, Ms. Elsass stated that Dr. Williams was sentenced to 60 months of imprisonment and 10 years of supervised released probation. The court also ordered that Dr. Williams register as a sex offender, participate in mental health treatment for sex offenders, and have no direct contact with minors without prior written approval.

Ms. Elsass noted that there was a prior administrative action by the State Medical Board of Ohio which alleged violation of Section 4731.22(B)(22), Ohio Revised Code, and a Notice of Opportunity for Hearing was issued for Case No. 10-CRF-139. However, the Board dismissed that case in September 2012 due to lack of service and due to subsequent administrative action commenced in Case No. 10-CRF-049.

In the current matter, Ms. Elsass stated that she agrees with the Findings of Fact and Conclusions of Law in the Report and Recommendation. Ms. Elsass also agreed with the Proposed Order to permanently revoke Dr. Williams' Ohio medical license.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye

Ms. Elsass - aye
Mr. Kenney - aye
Mr. Gonidakis - aye

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Steinbergh advised that in the following matters, the Board issued a Notice of Opportunity for Hearing, and documentation of service was received for each. There were no requests for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. The matters are therefore before the Board for final disposition. Dr. Steinbergh stated that these items are non-disciplinary in nature. Therefore, all Board members may vote.

SUSAN KERINS KLEIN, M.D., Case No. 12-CRF-095

Dr. Ramprasad moved to find that the allegations as set forth in the November 9, 2012 Notice in the matter of Susan Kerins Klein, M.D., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, approving her application for a license to practice medicine and surgery in Ohio, provided that she takes and passes the Special Purpose Examination (SPEX) or the recertification examination in pediatrics or Psychiatry and Neurology (Child Neurology) within one year of November 9, 2012. Dr. Bechtel seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Mahajan stated that Dr. Klein has not engaged in the active practice of medicine for more than two years. Dr. Mahajan agreed with the motion to grant Dr. Klein's application for a license to practice medicine and surgery in Ohio, provided that she takes and passes the SPEX or the recertification examination in pediatrics or Psychiatry and Neurology (Child Neurology) within one year of November 9, 2012.

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

ROLL CALL:

Dr. Strafford - aye
Dr. Bechtel - aye
Dr. Mahajan - aye
Dr. Ramprasad - aye
Dr. Steinbergh - aye
Ms. Elsass - aye
Mr. Kenney - aye
Mr. Gonidakis - aye

The motion carried.

HONG-GUANG GAO, M.D., Case No. 13-CRF-007

Dr. Bechtel moved to find that the allegations as set forth in the January 22, 2013 Notice in the matter of Hong-Guang Gao, M.D., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying his application for a license to practice medicine and surgery in Ohio. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Ramprasad stated that Dr. Gao passed Step I of the United States Medical Licensing Examination (USMLE) on the second attempt, passed Step II on the fifth attempt, and passed Step III on the fifth attempt. According to the Board's rules, Dr. Gao's application was denied because he failed to pass all steps of the USMLE with no more than three failures. Dr. Ramprasad noted that Dr. Gao holds a medical license in another state and is certified by the American Board of Pathology. Dr. Ramprasad speculated that Dr. Gao had trouble passing Step III because of his specialty of pathology. Dr. Ramprasad expressed concern that Dr. Gao, who may be a well-qualified pathologist, may be denied licensure in Ohio.

Dr. Steinbergh stated that Dr. Gao was given Notice of the proposed denial of his licensure application and he did not request a hearing. Ms. Debolt advised the Board that a decision to grant licensure to Dr. Gao, an allopathic physician, when all other similarly-situated allopathic physicians have been denied would leave the Board open to the charge of making arbitrary decisions.

Dr. Ramprasad asked why Dr. Gao does not qualify for licensure under Section 4731.29, Ohio Revised Code. Ms. Debolt responded that that statute actually refers to an examination statute.

Dr. Steinbergh opined that this matter should be tabled for further discussion by the Board. Dr. Ramprasad agreed.

Dr. Ramprasad moved to table this matter. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to table carried.

RACHEL M. WOODS, M.T., Case No. 13-CRF-006

Dr. Ramprasad moved to find that the allegations as set forth in the January 11, 2013 Notice in the matter of Rachel M. Woods, M.T., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, approving her application for restoration of her license to practice massage therapy in Ohio, provided that she takes and passes the Massage and Bodywork Licensing Examination (MBLEx) within six months of January 11, 2013. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that she agreed with the motion to approve Ms. Woods' application for restoration, provided that she passed the MBLEx within six months of January 11, 2013.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

RONGBI DUAN, Case No. 12-CRF-103

Dr. Ramprasad moved to find that the allegations as set forth in the November 6, 2012 Notice in the matter of Rongbi Duan have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying her application for a license to practice massage therapy in Ohio. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Ms. Elsass stated that Ms. Duan graduated from ASM Beauty World Academy in Davie, Florida, in September 2011. Ms. Duan documented completion of 750 hours of training over 8 months of instruction and was granted a license to practice massage therapy in Florida in November 2011. Ms. Elsass stated that Ms. Duan does not meet the Board's requirements for licensure because she did not graduate from a school or institution in good standing with the State Medical Board of Ohio, had not held a massage therapy license in another state for at least the preceding five years, had course work over an eight-month period instead of the required nine-month period, and her coursework failed to meet the required number of clock hours in several areas.

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

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion carried.

KELLI ANNE JOHNSON, Case No. 12-CRF-138

Dr. Bechtel moved to find that the allegations as set forth in the November 20, 2012 Notice in the matter of Kelli Anne Johnson have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying her application for a license to practice massage therapy in Ohio. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Kenney stated that Ms. Johnson's application for a license to practice massage therapy in Ohio was denied because she does not hold a diploma or certificate from a school in good standing with the State Medical Board of Ohio and she has not held a massage therapy license in another state for at least the preceding five years. Mr. Kenney stated that he supports the motion to deny.

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

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion carried.

JIAN WANG, Case No. 12-CRF-139

Dr. Bechtel moved to find that the allegations as set forth in the November 20, 2012 Notice in the matter of Jian Wang have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying his application for a license to practice

massage therapy in Ohio. Ms. Elsass seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Gonidakis stated that Mr. Wang graduated from ASM Beauty World Academy in Davie, Florida. Mr. Gonidakis stated that Mr. Wang did not receive a diploma or certificate from a school in good standing with the Board, fails to meet the Board's required course of instruction, and has not held a license to practice massage therapy in another state for at least the preceding five years. Mr. Gonidakis stated that he supports the motion to deny.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

LI MEI ZHAO, Case No. 12-CRF-137

Dr. Ramprasad moved to find that the allegations as set forth in the November 20, 2012 Notice in the matter of Li Mei Zhao have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying her application for a license to practice massage therapy in Ohio. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Mahajan stated that Ms. Li Mei Zhao has not received a diploma or certificate from a school with a Certificate of Good Standing from the State Medical Board of Ohio. Also, Ms. Li Mei Zhao has not held a license to practice massage therapy in another state for at least the preceding five years.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye

Mr. Kenney - aye
Mr. Gonidakis - aye

The motion carried.

LIJUAN ZHAO, Case No. 12-CRF-136

Dr. Ramprasad moved to find that the allegations as set forth in the November 20, 2012 Notice in the matter of Lijuan Zhao have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying her application for a license to practice massage therapy in Ohio. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Ramprasad stated that Ms. Lijuan Zhao graduated from ASM Beauty World Academy in Davie, Florida in December 2011. Dr. Ramprasad stated that Ms. Lijuan Zhao does not qualify for a massage therapy license in Ohio because she has not received a diploma or certificate from a school with a Certificate of Good Standing from the State Medical Board of Ohio. Also, Ms. Lijuan Zhao's instruction fails to meet the required number of clock hours and she has not held a license to practice massage therapy in another state for at least the preceding five years

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

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion carried.

The Board took a recess at 2:55 p.m. and resumed at 3:25 p.m.

CITATIONS, PROPOSED DENIALS, DISMISSALS, ORDERS OF SUMMARY SUSPENSION & NOTICES OF IMMEDIATE SUSPENSION

Dr. Steinbergh noted for the record that the issuance of a citation does not constitute the imposition of discipline. Therefore, the Revised Code does not require an affirmative vote of six members of the Board for the issuance of citations. Because a quorum is present, action may be taken by a majority of the members voting on a particular motion, excluding those who abstain.

PATRICK EUGENE MUFFLEY, D.O. – CITATION LETTER

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

Dr. Mahajan moved to send the Citation Letter to Dr. Muffley. Mr. Kenney seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- abstain
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

HEATHER NICOLE NIXON, L.M.T. - CITATION LETTER

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

Dr. Mahajan moved to send the Citation Letter to Ms. Nixon. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

EDWARD J. PAPES - CITATION LETTER

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

Dr. Mahajan moved to send the Citation Letter to Mr. Papes. Dr. Ramprasad seconded the motion.

A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

GARY ALLAN DUNLAP, D.O. – NOTICE OF OPPORTUNITY FOR HEARING ON FAILURE TO SUBMIT TO AN EXAMINATION AND NOTICE OF SUMMARY SUSPENSION BASED UPON PRESUMPTION OF AN ADMISSION OF INABILITY TO PRACTICE

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

Dr. Mahajan moved to send the Notice of Opportunity for Hearing and Notice of Summary Suspension to Dr. Dunlap. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

JAMES RICHARD FREDE, M.D. – PERMANENT SURRENDER OF CERTIFICATE AND REQUEST FOR PERMANENT WITHDRAWAL OF APPLICATION FOR LICENSURE RESTORATION

Dr. Mahajan moved to ratify the Proposed Permanent Surrender and Permanent Withdrawal with Dr. Frede. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain

Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to ratify carried.

SAMUEL J. BRACKEN, JR, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE
MEDICINE AND SURGERY

Dr. Mahajan moved to ratify the Proposed Permanent Surrender with Dr. Bracken. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

CHRISTOPHER S. CROOM, M.D. – STEP I CONSENT AGREEMENT

Dr. Ramprasad moved to ratify the Proposed Step I Consent Agreement with Dr. Croom. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

CRYSTAL LYNNE MILLER, L.M.T. – CONSENT AGREEMENT

Dr. Mahajan moved to ratify the Proposed Consent Agreement with Ms. Miller. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

DEAN J. WICKEL, M.D. – REQUEST FOR WITHDRAWAL OF APPLICATION FOR MEDICAL LICENSURE

Dr. Mahajan moved to ratify the Proposed Request for Withdrawal of Application with Dr. Wickel. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

JOSEPH EDWARD BAUS, M.D. – STEP II CONSENT AGREEMENT

Dr. Mahajan moved to ratify the Proposed Step II Consent Agreement with Dr. Baus. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

LEONARD G. QUALLICH, JR., M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Mahajan moved to ratify the Proposed Permanent Surrender with Dr. Quallich. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

REGIS BURLAS, D.O. – SUPERSEDING STEP I CONSENT AGREEMENT

Dr. Mahajan moved to ratify the Proposed Superseding Step I Consent Agreement with Dr. Burlas. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Kenney asked how many relapses Dr. Burlas has had. Ms. Marshall replied that this is his second relapse, which requires a minimum of one year suspension under the Board's rules. Mr. Kenney asked how long the treatment had been. Ms. Marshall answered that the treatment had been at least 28 days. Mr. Kenney expressed continued concern regarding consent agreements for practitioners who relapse multiple times.

A vote was taken on Dr. Mahajan's motion to ratify:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

ALEXANDER CLARK HALKIAS, M.D. – STEP I CONSENT AGREEMENT

Dr. Mahajan moved to ratify the Proposed Step I Consent Agreement with Dr. Halkias. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

DAVID C. KIRKWOOD, M.D. – CONSENT AGREEMENT

Dr. Mahajan moved to ratify the Proposed Consent Agreement with Dr. Kirkwood. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

REINSTATEMENT REQUESTS

JOSEPH F. DAUGHERTY, III, M.D.

Dr. Ramprasad moved that the request for the reinstatement of the license of Joseph F. Daugherty, III, M.D., be approved, subject to the probationary terms and conditions as outlined in the December 12, 2012 Consent Agreement for a minimum of three years. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
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Dr. Bechtel	- abstain
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion carried.

ROY W. HARRIS, D.O.

Dr. Ramprasad moved that the request for the reinstatement of the license of Roy W. Harris, D.O., be approved, effective March 23, 2013, subject to the probationary terms and conditions as outlined in the August 11, 2010 Board Order for a minimum of three years. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

PROBATIONARY APPEARANCES

AMBER D. CRAWFORD, M.T.

Ms. Crawford was making her final appearance before the Board pursuant to her request for release from the terms of her February 9, 2011 Consent Agreement. Ms. Bickers reviewed Ms. Crawford's history with the Board.

Dr. Ramprasad asked if Ms. Crawford has had a chance to reflect on what has happened. Ms. Crawford replied that she has had a lot of time to reflect. Dr. Ramprasad commented that sometimes under difficult circumstances, people do things they would not normally do. Ms. Crawford agreed. Dr. Ramprasad asked what Ms. Crawford learned from Dr. Homenko's ethics course. Ms. Crawford replied that she learned not compromise her own beliefs for someone else's.

Dr. Ramprasad asked if Ms. Crawford is currently working. Ms. Crawford answered that she is not currently working as a massage therapist, but she plans to in the future.

Dr. Ramprasad asked if Ms. Crawford had any questions for the Board. Ms. Crawford replied that she had no questions.

Dr. Ramprasad moved to release Ms. Crawford from the terms of her February 9, 2011 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

BOBBY C. LENOX, JR., D.O.

Dr. Lenox was making his final appearance before the Board pursuant to his request for release from the terms of his January 9, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Lenox's history with the Board.

Responding to a question from Dr. Ramprasad, Dr. Lenox stated that he had mainly suffered from depression. Dr. Ramprasad noted that Dr. Lenox is currently on Effexor and asked if that medication is working well for him. Dr. Lenox replied that Effexor is working very well for him.

Dr. Ramprasad observed that Dr. Lenox had had problems with his medical records and had not wanted to switch to electronic medical records (EMR). Dr. Lenox stated that his resistance to EMR is because he is simply old-fashioned. Responding to Dr. Steinbergh, Dr. Lenox stated that he is a solo practitioner. Dr. Ramprasad asked how Dr. Lenox keeps his records. Dr. Lenox answered that his practice is looking at EMR programs and is currently doing dictation daily from his handwritten notes.

Dr. Mahajan asked if the local hospital system is helping solo practitioners switch to EMR. Dr. Lenox stated that he is one of about three solo practitioners left in his county and that he relinquished his hospital privileges in 1996. Dr. Ramprasad noted that hospitals are willing to help with the conversion, even for physicians who do not have privileges.

Dr. Steinbergh asked how often Dr. Lenox sees his psychiatrist. Dr. Lenox replied that he has seen his psychiatrist every other week for the last five years. Dr. Lenox also commented that for the last three years, he has also seen a psychologist every other week between psychiatrist appointments.

Dr. Steinbergh asked if the Board's intervention was helpful to Dr. Lenox. Dr. Lenox replied that it was very helpful and advised the medical students in attendance not to be afraid to ask for help. Dr. Lenox stated that being a physician is noble work, but can be very time consuming. Dr. Lenox advised the students to not allow themselves to become overwhelmed with their work.

Dr. Ramprasad moved to release Dr. Lenox from the terms of his January 9, 2008 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

JOSEPH COOPER SIMONE, D.O.

Dr. Simone was making his final appearance before the Board pursuant to his request for release from the terms of his March 13, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Simone's history with the

Board.

Dr. Steinbergh asked Dr. Simone to describe his current practice. Dr. Simone stated that he is practicing urgent care and some addiction medicine. Dr. Steinbergh asked if Dr. Simone is working full-time. Dr. Simone answered that he works about 30 hours per week and he is comfortable with that schedule.

Dr. Steinbergh asked if Dr. Simone expects to change anything about his recovery when he is released from his Consent Agreement. Dr. Simone replied that having attended meetings and spoken with other addicts, it is evident that the first road to relapse is stopping your program. Dr. Simone stated that he intends to continue attending 10 meetings per month. Dr. Simone commented that he has a lot of family support and exercises almost daily.

Dr. Ramprasad asked if Dr. Simone's next step is to discontinue Suboxone. Dr. Simone confirmed that that is his next step. Dr. Ramprasad asked if Dr. Simone is able to function well on Suboxone. Dr. Simone replied that he takes Suboxone for chronic pain and he is able to function well. Dr. Simone stated that Suboxone is far superior to other medications because it does not build up a tolerance and does not cause euphoria. Dr. Ramprasad asked what Dr. Simone will do if his chronic pain returns after discontinuing Suboxone. Dr. Simone replied that he can continue on Suboxone if he needs to.

Dr. Steinbergh asked how long Dr. Simone has been on Suboxone. Dr. Simone answered that he has been on Suboxone for four or five years. Dr. Mahajan asked if Dr. Simone was ever on methadone. Dr. Simone stated that he has never taken methadone.

Dr. Ramprasad asked if Dr. Simone had any questions or comments. Dr. Simone advised the medical students in attendance that addiction is an insidious disease that knows no boundaries regarding profession, family, or income. Dr. Simone stated that the worst part of addiction is the denial. Dr. Simone stated that one can go for years believing that they are in control of the situation, only to discover that, in fact, their addiction is in control and something must be done about it. Dr. Simone stated that treatment is always good, whether it is sought voluntarily or results from intervention by the Medical Board.

Dr. Ramprasad moved to release Dr. Simone from the terms of his March 13, 2008 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

JOSEPH F. DAUGHERTY, III, M.D.

Dr. Daugherty was making his initial appearance before the Board pursuant to the terms of his December 12, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Daugherty's with the Board. Ms. Bickers noted that Dr. Daugherty's license was reinstated earlier in the meeting.

Dr. Ramprasad asked about Dr. Daugherty's plans now that his license has been reinstated. Dr. Daugherty stated that he will resume the practice of internal medicine in Cincinnati.

Dr. Ramprasad observed that Dr. Daugherty had had problems with documentation. Dr. Daugherty stated that his documentation problems were related to his work as an independent contractor for Wellington Pain

Associates. Dr. Daugherty stated that he is no longer associated with Wellington Pain Associates and he does not have a nurse practitioner. Dr. Ramprasad asked if the courses Dr. Daugherty took in Massachusetts and at Case Western Reserve University were helpful. Dr. Daugherty replied that the courses were very helpful.

Dr. Ramprasad asked if Dr. Daugherty could explain what he has learned to the medical students in attendance. Dr. Daugherty informed the students that it is important to ensure that appropriate documentation is in each medical chart.

Dr. Ramprasad asked if Dr. Daugherty had any questions for the Board. Dr. Daugherty replied that he had no questions.

Dr. Ramprasad moved to continue Dr. Daugherty under the terms of his December 12, 2012 Consent Agreement. Ms. Elsass seconded the motion. All members voted aye. The motion carried.

SHEILA S. REDDY, M.D.

Dr. Reddy was making her initial appearance before the Board pursuant to the terms of her December 12, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Reddy's history with the Board.

Dr. Steinbergh asked if Dr. Reddy is currently on any medications. Dr. Reddy replied that she does not take any medications at this time. Dr. Steinbergh asked Dr. Reddy to describe her counseling. Dr. Reddy answered that she attends aftercare in Cleveland and those sessions include a counselor. In addition, Dr. Reddy has one-on-one sessions with the same counselor about every two months.

Dr. Steinbergh asked how Dr. Reddy is doing with her alcohol addiction. Dr. Reddy stated that she is doing well and her program is solid. Dr. Reddy stated that she keeps in touch with her sponsor, attends meetings, and makes sure to remember who her support system is.

Dr. Ramprasad asked if Dr. Reddy has resumed her internal medical residency in Cleveland. Dr. Reddy replied that she will resume her residency sometime in the next few months.

Dr. Ramprasad asked if Dr. Reddy has a family history of alcoholism. Dr. Reddy answered that she does not have any family history of alcoholism that she is aware of. Dr. Ramprasad asked how Dr. Reddy got into abusing alcohol. Dr. Reddy stated that she had been young, had not thought things through, and had not taken responsibility.

Dr. Ramprasad asked if Dr. Reddy gets help from her family. Dr. Reddy replied that her family in Columbus is part of her support network. Dr. Steinbergh asked if Dr. Reddy has a support network in Cleveland. Dr. Reddy stated that she has some extended family in Cleveland as well as personal friends that she sees regularly. Dr. Steinbergh asked if Dr. Reddy has friendships in the residency program and if she anticipates being comfortable with them when she returns. Dr. Reddy stated that she does have friends in her residency program who are part of her support system.

Dr. Steinbergh asked if Dr. Reddy has kept up with her education and if she feels she will be prepared when she returns to her residency program. Dr. Reddy answered that her education has been a worry, but she has kept up with her reading. Also, Dr. Reddy's program director has discussed her preparations to take Step III of the United States Medical Licensing Examination.

Dr. Ramprasad noted that Dr. Reddy has a diagnosis of depression, which is associated with alcoholism, but is not taking any medications. Dr. Ramprasad asked who was directing Dr. Reddy's treatment for depression. Dr. Reddy responded that she sees her primary care physician regularly and they have discussed the possibility of starting a medication. Dr. Steinbergh stated that the relapse rate for those with dual diagnoses is very high and strongly advised her to seek out help from an addiction specialist to keep on the right track. Dr. Ramprasad stated that Dr. Reddy's youth is also a risk factor for relapse. Dr. Ramprasad noted that Dr. Reddy had a DUI in 2009 and another in 2011, another bad sign. Dr. Ramprasad urged Dr. Reddy to pay attention to her recovery. Dr. Steinbergh stated that the Board wants to see Dr. Reddy succeed.

Dr. Ramprasad moved to continue Dr. Reddy under the terms of her December 12, 2012 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

REPORT AND RECOMMENDATION

DEREK WYMAN THOMSON, D.O., Case No. 12-CRF-090

Dr. Ramprasad moved to reconsider the matter of Derek Wyman Thomson, D.O. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to reconsider carried.

Dr. Steinbergh stated that, at Mr. Gonidakis' suggestion, it is proposed that the Finding of Fact #2 be further amended. Copies of the proposed amendment were provided to the Board members. Dr. Mahajan stated that he favored the proposed amendment. Ms. Elsass agreed.

Ms. Elsass moved to amend the approved Finding of Fact #2 to read as follows:

2. Dr. Thomson passed Level 1 on his fifth attempt on June 8 2004; he passed Level 2 (CE) on his fifth attempt in September 19, 2008; Level 2 (PE) on his first attempt on February 19, 2009; and Level 3 on his first attempt on February 24, 2011.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to amend carried.

PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Steinbergh advised that at this time she would like the Board to consider the probationary reports and probationary requests on today's consent agenda. Dr. Steinbergh asked whether any Board member wished to consider a probationary report or request separately. Regarding Ericka L. Davis, P.A., Ms. Bickers noted that the documents in the agenda materials indicate that the Secretary's recommendation is to reduce personal appearances to every three months. Ms. Bickers stated that, in fact, the Secretary's recommendation is to reduce personal appearances to every six months.

Dr. Ramprasad moved to accept the Compliance staff's Reports of Conferences on February 11 & 12, 2013, with: Franklin H. Baker, P.A.; Michael R. Baum, M.D.; Andrew J. Beistel, D.O.; Thomas M. Bender, A.A.; Valentino J. Bianco, III, D.O.; Terrance R. Conti, M.D.; Franklin D. Demint, D.O.; Mary Jo Foote, P.A.; Christine M. Graham, L.M.T.; Brian F. Griffin, M.D.; Carey K. Gross, D.O.; Timothy Ross Halstead, P.A.; William Clark Harlan, D.O.; John Mark Hatheway, M.D.; Allison C. Heacock (Grauer), M.D.; Deborah A. Jorgensen, P.A.; Krzysztof J. Kubicki, M.D.; Howard C. Larkey, D.O.; Carol E. Lewis, M.D.; Paul D. Lopreato, P.A.; Randi J. McVety, M.T.; Imran Raza Naqvi, M.D.; Jeffery T. Nelson, M.D.; Ronica A. Neuhoff, M.D.; Kurt J. Palazzo, M.D.; William Popovich, M.D.; Paul D. Reikowski, Jr., L.M.T.; Richard J. Ryan, M.D.; Alan D. Sabino, M.D.; Neil A. Salas, M.D.; Siraj A. Siddiqui, M.D.; Denise J. Signs, M.D.; Rick Skibicki, M.D.; Rodney E. Stone, M.D.; Gregory M. Thomas, M.D.; Randall G. Whitlock, Jr., P.A.; Adil Y. Yamour, M.D.; and Dawn M. Zacharias, M.D.

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

- To grant Mark L. Allen, M.D.'s request for reduction in appearances from every three months to every six months;

- To grant Nicholas A. Atanasoff, D.O.'s request for approval of *Prescribing Controlled Drugs*, administered by the Medical Association of the State of Alabama;
- To grant Craig L. Bierer, D.O.'s requests for approval of James J. Canfield, LISW, to conduct psychotherapy, and approval of Helen A. Holtman, M.D., to serve as the treating psychiatrist;
- To grant Steven F. Brezny, M.D.'s request for approval of David W. Scandinaro, M.D., to serve as the treating psychiatrist;
- To grant Paul P. Chu, M.D.'s request for discontinuance of the controlled substances log requirement;
- To grant Ericka L. Davis, P.A.'s request for reduction in appearances to every six months;
- To grant Jennifer S. Dyer, M.D.'s request for reduction in appearances to biannually;
- To grant Kelly Kaye Elenniss, L.M.T.'s request for Approval of the *Personal and Professional Ethics in Medicine Course* tailored by Donna F. Homenko, Ph.D., to fulfill the personal ethics course required for reinstatement;
- In the matter of Matthew D. Kellems, M.D., to approve the Secretary's recommendation to reduce appearances to every six months and discontinuance of the chart review requirement;
- To grant Thomas D. Kramer, Jr., M.D.'s request for Approval of Gregory Collins, M.D., to serve as the treating psychiatrist; approval of Joseph Janesz, Ph.D., to conduct psychotherapy, approval of Bradford L. Borden, M.D., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at 10 charts per month;
- To grant Mark C. Leeson, M.D.'s request for discontinuance of the chart review requirement and discontinuance of the controlled substance log requirement;
- To grant Eric P. MacDonald, M.D.'s request for approval of Matthew S. Schwamburger, M.D., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at 10 charts per month;
- To grant William G. Martin, M.D.'s request for reduction in required drug and alcohol rehabilitation meetings to two per week with a minimum of 10 per month, and discontinuance of the chart review requirement;
- To grant Wendy A. Millis, M.D.'s request for approval of Carlos G. Lowell, D.O., to serve as the treating psychiatrist and to conduct one of the two required return-to-work psychiatric assessments, and approval of Catherine A. Holladay, D.O., to conduct the second return-to-work psychiatric assessment;
- To grant Sudhir S. Polisetty, M.D.'s request for approval of Baljit Singh, M.D., to serve as the

treating psychiatrist;

- To grant Lawrence Gene Ratcliff, M.D.'s request for discontinuance of the drug log requirement; and
- To grant Stephen A. Straubing, M.D.'s request for reduction of required drug and alcohol rehabilitation meeting attendance to two per week with a minimum of 10 per month.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

EXECUTIVE SESSION

Dr. Mahajan moved that the Board declare Executive Session to consider the discipline of a public employee. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

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

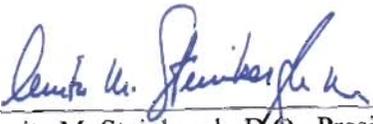
The Board returned to public session at 4:55 p.m.

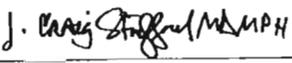
Thereupon, at 4:55 p.m., the March 13, 2013 session of the State Medical Board of Ohio was adjourned by

March 13, 2013

Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on March 13, 2013, as approved on April 10, 2013.


Anita M. Steinbergh, D.O., President


J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)



MINUTES**THE STATE MEDICAL BOARD OF OHIO****March 14, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 8:00 a.m., in the Administrative Hearing Room of the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Kris Ramprasad, M.D., Vice-President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Darshan Mahajan, M.D.; Laurie O. Elsass; and Donald R. Kenney, Sr. The following members did not attend the meeting: Lance A. Talmage, M.D.; Dalsukh Madia, M.D.; and Michael Gonidakis.

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Michael Miller, Interim Assistant Executive Director, Licensure and Renewal; Rebecca Marshall, Chief Enforcement Attorney; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kyle Wilcox, Melinda Snyder, and Heidi Dorn, Assistant Attorneys General; Gregory Porter, Acting Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; Cathy Hacker, P.A. Program Administrator; Patrick Randall, Systems Chief; and Fonda Brooks, Public Information Assistant.

ADMINISTRATIVE REPORT

E-License System: Ms. Anderson stated that the staff will be meeting with the vendor for the new e-Licensing system next week. The goal is to be converted to the new system by the end of 2013. Ms. Anderson commented that the Board of Pharmacy, which has already had meetings with the vendor, reports that the new system seems to have capabilities that the current system lacks.

Audit: Ms. Anderson stated that the results of the Board's audit were released last week. Ms. Anderson stated that the audit had no cites, but did contain two management recommendations. First, the audit recommended that the Board make efforts to ensure the timely deposits of checks for licensure fees. Second, the audit recommended that the Board continue to provide annual reports and post them on the website. Ms. Anderson stated that she has filed a response to the audit.

Regarding the first recommendation, Ms. Anderson stated that when the audit was performed, there was a rule that required checks to be deposited two business days after receipt and the process to deposit a check required approval from three people. Ms. Anderson stated that some people in the approval process were on extended leave during that time. Ms. Anderson further noted that this rule has been changed to give agencies three business days to deposit a check instead of two. In addition, two additional staff people have been trained to be part of that process.

Regarding the annual report, Ms. Anderson stated that an annual report was issued in December 2012 and another will be issued in 2013, thereby bringing the Board up-to-date.

Workplace Violence Training: Ms. Anderson stated that workplace violence training has been provided for all employees by the Employee Assistance Program (EAP) at no cost to the Board. Ms. Anderson stated that the training has been well-received by the employees and that a workplace violence policy will be presented to the Board for approval in the near future. EAP will provide additional training for the Board's investigators in May.

Assistant Attorneys General: Ms. Anderson stated that she met with Art Marziale, Chief of the Health and Human Services Section of the Attorney General's Office, to discuss the Board's financial issues and the fact that the Board is not able to have a contract to fund its assistant attorneys general (AAG) at this time. Ms. Anderson stated that Mr. Marziale was understanding of the Board's situation and that he did not anticipate significant changes to the Board's representation at this point. However, this will shift the AAG's from self-funded to General Revenue Fund (GRF) funded, which may cause a problem for the Attorney General's office in filling other positions and may result in the Board's AAG's being used for work with other agencies. Ms. Anderson stated that if the Board's funding is stabilized, the issue of funding AAG's can be revisited.

Mr. Kenney questioned why the issue would need to be revisited, noting that the Attorney General's office is required by statute to represent the Board. The Board discussed this issue thoroughly, including the merits of having AAG's dedicated solely to working with the Medical Board. Dr. Ramprasad noted that the Ohio State Medical Association has expressed great concern that the lack of dedicated AAG's will affect the quality of the Board's legal representation.

LeanOhio: Ms. Anderson stated that staff will meet with representatives from LeanOhio tomorrow to discuss where the Board stands in the implementation of their recommendations. Ms. Anderson stated that many items have already been implemented. Ms. Anderson stated that the proposed changes to the complaint triaging process is proving more difficult than originally thought, but they should be in place this week or next week.

Personnel: Ms. Anderson reported that the Board's new enforcement attorney, Dennis Tenison, began in his new position a couple of weeks ago.

Renewal Applications: Ms. Anderson stated that the Executive Committee discussed license renewal applications and the importance of having good demographic information that can be cross-checked against other databases. Ms. Anderson stated that the proposal is to start collecting Drug Enforcement Agency (DEA) numbers and National Provider Identifier (NPI) numbers on renewal applications, as well as a notice that physicians should sign up for the Ohio Automated Rx Reporting System (OARRS). Ms. Anderson stated that draft language for this proposal has been included in the Administrative Report.

Dr. Bechtel moved to approve the draft language for changes to the physician renewal licensure applications and to implement the changes in April 2013. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

Ohio Council of Medical School Deans: Ms. Anderson invited Mr. Miller to discuss the recent meeting

with the Ohio Council of Deans regarding licensure rules. Mr. Miller stated that the Council discussed the proposed changes to the Board's rules on the United States Medical Licensing Examination (USMLE) and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX), specifically the number of attempts that will be allowed for each step or level of the examinations. Mr. Miller stated that diverse views on this topic were represented on the Council and there was not a clear majority in favor of or against the proposed changes.

Dr. Steinbergh commented that it is critical that the Council of Deans has input on the Board's consideration of the licensure rules.

Treatment Advisory Panel: Ms. Anderson stated that the Board's Treatment Advisory Panel met for the first time to begin working on proposed impairment rules. Ms. Anderson stated that that effort is being led by Ms. Bickers and is assisted by Ms. Elsass as a Board representative. Ms. Elsass commented that the meeting went very well and all members of the panel contributed.

Proposed Statement on Prescribing Threshold: Ms. Anderson stated that the Board is continuing to meet with cabinet agencies, the Ohio Department of Health, the Ohio Department of Aging, the Ohio Department of Alcohol and Drug Addiction Services, the Dental Board, and the Optometry Board regarding the prescribing threshold issue. Ms. Anderson stated that all involved are committed to have a position statement in place by July 1 and there should be a draft for the Board's consideration in April. Ms. Anderson stated that they continue to struggle with determining how to measure the success of the policy.

Ms. Anderson stated that the staff has reached out to the Bureau of Workers Compensation (BWC) because of their data on injured workers, as well as the Board of Pharmacy regarding using data from the Ohio Automated Rx Reporting System (OARRS). Dr. Bechtel commented that looking at the Medicaid population would also provide insight into this matter.

Dr. Steinbergh expressed concern with the portion of the proposal involving collection of physicians' Drug Enforcement Agency (DEA) numbers on license renewal applications. Dr. Steinbergh stated that exposure of a physician's DEA number should be minimized. Dr. Strafford observed that the DEA number is used as a provider identifier. Dr. Ramprasad also commented that physicians' DEA numbers can be found on the internet. Ms. Anderson stated that it will be crucial to have DEA numbers as a common identifier for other types of demographic data.

The Board continued to thoroughly discuss the merits and drawbacks of utilizing DEA numbers, as well as other issues with physician identification. The Board also discussed the difficulties in obtaining information from private insurance companies and the lack of a centralized point from which to do so.

Ms. Anderson stated that the staff will continue to work on these issues and provide the Board with updates.

Budget Issues: Ms. Anderson stated that she gave testimony before the House Health and Human Services Subcommittee in February; the testimony is attached to the Administrative Report. Ms. Anderson

stated that she will meet with Representative Gonzalez tomorrow and will be accompanied by Mr. Kenney and other members of the staff. Ms. Anderson also noted that Dr. Ramprasad has already had a meeting with the House Speaker regarding the budget. Testimony before the Senate is being prepared for April. Ms. Anderson will attempt to meet with the subcommittee chairman, Senator Burke, prior to the testimony. Ms. Anderson noted that the Board was worked well with Senator Burke in the past.

Ms. Anderson continued that the goal is to stabilize the Board's funding. Ms. Anderson stated that proposals for expedited licensure and addressing Continuing Medical Education (CME) violations in a non-disciplinary fashion will help diversify the Board's revenue. Ms. Anderson stated that the proposed increase in physician license renewal fees will still be needed to stabilize funding. Ms. Anderson expressed concern that some subcommittee members may believe that cost recovery efforts should be approved in lieu of the license renewal fee increase. Ms. Anderson stated that cost recovery alone would not provide the stability that the Board needs in its funding.

LEGISLATIVE UPDATES

House Bill 44 and Senate Bill 57, Public Health Emergencies and Emergency Responders: Mr. Miller stated that these bills are moving relatively quickly through the legislature. Mr. Miller stated that House Bill 44 requires the director of the Department of Health to work with regulatory boards to establish protocols for emergency situations. Mr. Miller stated that there are still questions regarding what level of emergency the bill is intended to address and whether the protocols will address controlled substances.

Mr. Miller continued that Senate Bill 57 establishes a pilot program in Lorain County that would allow individuals to administer Naloxone to someone who is in an apparent drug overdose. Mr. Miller commented that there are at least two or three other pending bill regarding administration of Naloxone by emergency responders and possibly law enforcement. Mr. Miller stated that the Department of Health is very much in favor of this trend and already has a program in Scioto County. Dr. Mahajan stated that he was contacted by the Lorain County Coroner and told of instances in which individuals could have survived if they had gotten Naloxone in time.

The Board continued discussed this issue and the question of who would or should be allowed to administer Naloxone and under what circumstances, as well as the role of the Board of Pharmacy.

House Bill 98, Occupational Licensing Law: Mr. Miller opined that this bill will also move quickly through the legislature. The bill will require licensing boards to consider relevant military experience when considering licensure. Mr. Miller stated that the bill in its current form is similar to House Bill 284, which considers military experience in the licensing of physician assistants.

Duty of a Physician to Report Criminal Behavior to Law Enforcement: Mr. Miller stated that Attachment B of the Legislative Report is a draft regulatory statement regarding the duty of a physician to report criminal behavior to law enforcement. Mr. Miller stated that this has come up a number of times in the context of prescription drug abuse. Mr. Miller stated that the regulatory statement is an effort to reduce the various statutes and requirements into something that is understandable to providers.

Ms. Anderson stated that this question has arisen many times and that the draft statement will be very helpful. Ms. Anderson stated that the staff is often asked if there is a duty to report when the patient is being treated for drug addiction and they produce a urine screen that is positive for drugs. Ms. Anderson stated that this situation would probably fall under the physician/patient relationship, but not having a concise statement to point to has been problematic.

Dr. Strafford moved to approve the draft regulatory statement on the duty of a physician to report criminal behavior to law enforcement. Ms. Elsass seconded the motion. All members voted aye. The motion carried.

Determining Applicant's Fitness to Resume Practice: Mr. Miller stated that Attachment C of the Legislative Report has draft statutory language regarding physician reentry to the workplace. Mr. Miller stated that the draft builds on what is already in statute and gives the Board more options for sending applicants for evaluations and assessments. Under the proposed language, the Board would be able to require applicants to obtain an evaluation of their physician skills to assess necessary coordination, fine motor skills, and dexterity to perform evaluations and procedures. The Board will also be able to require an evaluation of cognitive skills and send applicants to a comprehensive physical examination to include assessment of physical abilities, special sensory evaluations, and neurological screening.

Dr. Strafford moved to approve the draft language for determining applicants' fitness to resume practice. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

FEDERATION OF STATE MEDICAL BOARDS ANNUAL MEETING 2013

RESOLUTIONS FOR FSMB ANNUAL MEETING 2013

Dr. Steinbergh stated that the proposed resolutions for the FSMB Annual Meeting 2013 were included in the agenda materials. Dr. Strafford stated that the Board will support Dr. Steinbergh's speaking on its behalf as the voting delegate and suggested that any specific questions that Board members may have on the resolutions be addressed at the Board's April meeting.

Dr. Steinbergh stated that among the resolutions, the only one she questioned was Resolution 13-2, setting higher standards for unrestricted medical licensure. This resolution was submitted by Michigan, which requires successful completion of an Accreditation Council for Graduate Medical Education (ACGME) approved post-graduate training program as a prerequisite for an unrestricted medical license. Dr. Steinbergh stated that she will request that the American Osteopathic Association (AOA) also be included in the resolution.

Dr. Steinbergh noted an email that she and other Board members received from Dr. Hank Chaudhry, President of the FSMB:

Dear colleague, we want you to be aware of the attached bipartisan letter to the FSMB received today from nine U.S. Senators applauding recent efforts of the state medical boards in exploring new mechanisms to expedite state medical

licensure for the multi-state practice of medicine, and its portability to telemedicine access. The FSMB, as you know, supports the state-based licensure of physicians and is opposed to proposals that may subvert the time-honored and constitutionally-protected right of states to regulate the practice of medicine. This letter acknowledges FSMB's efforts to work with state medical boards to address the issue. The FSMB has been grateful for your support in recent years for our license portability project which has encouraged the streamlining of the state medical licensure process through initiatives such as the uniform application and the Federation's Credentials Verification Service (FCVS). More recently, we were gratified by the attendance of so many board executives and chairs at our special meeting in Dallas, co-hosted by the FSMB and AIM to discuss the issue and begin to explore new models that could streamline current state medical licensing processes by preserving the states' rights and autonomy for those physicians interested in the multi-state practice of medicine. The energy and enthusiasm generated at the meeting were positive and constructive.

Dr. Steinbergh commented that information from the Annual Meeting will be made available to all Board members.

REPORTS BY ASSIGNED COMMITTEE

MEDICAL BOARD NEWSLETTER

Ms. Wehrle stated that the Board had asked for more information on the cost that would be involved in producing a paper version of the *Your Report* newsletter for four issues per year. Ms. Wehrle reported that preliminary figures from State Printing indicate that the cost of producing four issues would be \$192,000.00. Due to the cost, the Executive Committee decided not to pursue this matter. At the Board's direction, Ms. Wehrle produced a draft electronic newsletter with a goldenrod background, similar to what had previously been produced on paper. The Executive Committee recommended using that style as the newsletter format. Ms. Wehrle stated that a draft of the May newsletter will be presented to the Board for approval at the May meeting.

Ms. Wehrle continued that the Board's communication plan calls for e-blasts, which are single-topic messages sent electronically to the Board's licenses four times per year. Ms. Wehrle stated that the title of the e-blast will be *e-Report* and will have a similar logo as the *Your Report* newsletter. Ms. Wehrle presented a draft of an *e-Report* on the Board's recent statement regarding follow up on abnormal laboratory results, as well as a draft on the Board's policy on signing death certificates. Dr. Steinbergh asked Board members to share any other ideas for the *e-Report* with Ms. Wehrle.

FISCAL REPORT

Ms. Loe stated that at the beginning of Fiscal Year 2013, the Board was authorized to spend nearly \$9,200,000.00 with the expectation that revenue would be under \$8,000,000.00 for the year. Ms. Loe stated that, in reality, the Board's spending is down significantly due to vacancies that will continue until

the end or near the end of the fiscal year, as well as the elimination of some costs such as funding assistant attorneys general. Ms. Loe stated that the Board is averaging under \$650,000.00 in spending per month and had \$850,000.00 in revenue in February. Ms. Loe noted that normally, odd-numbers fiscal years have higher spending than revenue.

CERTIFICATE OF CONCEDED EMINENCE APPLICATION REVIEW

MOHAMED NAGUIB ATTALA, M.D.

Dr. Ramprasad stated that Dr. Attala's application for a Certificate of Conceded Eminence as approved by the Group 1 Committee in February, but was denied by vote of the full Board because it was felt that he did not meet the criteria for international awards. Dr. Ramprasad stated that it was discovered that Dr. Attala was only required to meet four of the eight criteria. Dr. Ramprasad stated that the Group 1 Committee discussed this issue again yesterday and tabled it for further discussion in April.

TREATMENT PROVIDER APPLICATION REVIEWS

FARLEY CENTER AT WILLIAMSBURG PLACE

Ms. Bickers stated that Farley Center at Williamsburg Place has applied for a Certificate of Good Standing to offer inpatient residential treatment for the Board's licensees, as well as aftercare treatment, 72-hour inpatient assessment, outpatient assessments, and return-to-work evaluations. Ms. Bickers stated that the Farley Center meets all of the Board's requirements for providing treatment.

Dr. Strafford moved to approve the application for the Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from the Farley Center at Williamsburg Place. Ms. Elsass seconded the motion. All members voted aye. The motion carried.

LINDNER CENTER OF HOPE

Ms. Bickers stated that the Lindner Center of Hope has held a Certificate of Good Standing since March 2010 and is applying for renewal of that certificate.

Dr. Bechtel moved to approve the renewal application for a Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Lindner Center of Hope. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

POSSIBLE COMMITTEE REORGANIZATION

Dr. Steinbergh commented that when her presidency commenced at the beginning of 2013, she had wanted to reorganize the Board's committee structure for greater efficiency. However, Dr. Steinbergh noted that some difficulties have arisen regarding the current number of Board members and opined that committee reorganization should be postponed until new Board members have been appointed.

The Board recessed at 9:15 a.m. and resumed at 9:30 a.m.

PRESENTATION BY RICHARD WHITNEY, M.D., REGARDING SUBOXONE TREATMENT FOR ADDICTION

Ms. Anderson introduced Richard Whitney, M.D., medical director at Shepherd Hill, an approved treatment provider for impaired licensees. Dr. Whitney works with the Board's staff evaluating impaired practitioners and providing 28-day treatments. Dr. Whitney presented information to the Board regarding the treatment of addiction with Buprenorphine and its formulations, most notably Suboxone.

Dr. Whitney stated that addiction is a brain-based disorder. More specifically, addiction is an abnormal response in the reward pathway of the brain. Dr. Whitney stated that opiate withdraw can be described as much worse than the worst case of the flu in terms of physical discomfort. Dr. Whitney stated that protracted withdraw from opiates can last weeks or months and only a small amount of opiate can relieve the physical symptoms. This leads many to relapse.

Dr. Whitney continued that in order for patients to get and stay well, comprehensive treatment is needed. Dr. Whitney stated that without learning about the disease of addiction, people relapse at a rate greater than 90%, and those who do not relapse are often in a restricted environment such as prison. Dr. Whitney argued against the notion that addiction treatment must be voluntary to be effective.

Dr. Whitney stated that duration of treatment depends on the specific patient, but noted that those who receive less than 90 days of treatment, including outpatient care, have a very low success rate. Dr. Whitney stated that longer treatment for some patients is frequently indicated. Dr. Whitney comments that the goal of treatment is to get patients well, out of the legal system, and back to a productive life.

Dr. Whitney stated that the use of Suboxone is still considered a controversial subject in the field of addiction treatment due to what Dr. Whitney opined is an anti-medication bias. Dr. Whitney noted that medication to assist treatment is often referred to as a crutch, but opined that there is nothing wrong with a crutch. Regarding criticism that medication-assisted treatment is "replacing one drug for another," Dr. Whitney disagreed and stated that such treatment constitutes the use of a powerful therapeutic tool for a period of time to assist people to arrest their chronic, progressive, relapsing, fatal illness. Dr. Whitney stated that there is a body of medical data which shows that Suboxone is lifesaving if appropriately used.

Dr. Whitney continued the presentation with a review of the history of addiction treatment medications and the chemical nature of Suboxone. Dr. Whitney noted that 97% of patients who have undergone such treatment would recommend it to a friend suffering with opioid addiction.

Dr. Steinbergh asked if Dr. Whitney generally utilizes group therapy or individual therapy. Dr. Whitney answered that individual therapy is notoriously unsuccessful in the treatment of addiction and virtually all programs use groups for initiation and maintenance of treatment. Dr. Steinbergh asked if Dr. Whitney requires his patients to go into counseling as a condition to receive prescriptions. Dr. Whitney responded that he requires some level of treatment, such as an outpatient treatment program specifically for addiction.

Dr. Steinbergh asked if Dr. Whitney has problems with third-party payors regarding length of treatment. Dr. Whitney replied that he does encounter some resistance from third-party payors, but he almost never gets turned down for a second round of medication.

Dr. Steinbergh asked about life-long treatment, noting that some sufferers of depression often have an onset of symptoms after a period of time off anti-depressant medication. Dr. Whitney stated that his patients almost never need lifelong treatment, but noted that some people have been on the medication methadone for more than 40 years and are doing well. Dr. Whitney stated that each patient must be assessed individually to determine when or if to cease medication. Regarding Suboxone, Dr. Whitney stated that he has been using that medication for only six years.

Mr. Kenney asked if a 50% success rate for treatment of addicts is accurate, defining success as absence of relapse. Dr. Whitney stated that the success rate is at least 50% and the success of each treatment depends on the medication and the patient's motivation. Dr. Whitney stated that the field of addiction treatment is evolving into a chronic disease and harm reduction model. Dr. Whitney stated that in the past, only 100% lifelong abstinence counted as a successful treatment. However, Dr. Whitney opined that cases in which a patient suffers a relapse, returns to treatment, and resumes abstinence should also be considered a therapeutic success, though not perfect. Dr. Whitney likened the situation to that of a diabetic, who may go off their diet and stop exercising, then returns to the physician to get their blood sugar under control again.

Ms. Bickers asked if the success rate is different for physicians. Dr. Whitney replied that the success rate for physicians is about 85% to 90% and attributed this to high motivation, high intelligence, ability to afford high-quality treatment, and close monitoring. Ms. Bickers asked if physicians often require lengthier treatment. Dr. Whitney answered that physicians often get more advanced into the disease before beginning treatment, and therefore often require longer treatment.

Dr. Ramprasad asked if new opioid antagonists can be used at the same time as medications like Suboxone. Dr. Whitney stated that he is not aware of any medication that is contraindicated with Suboxone, except for other addictive drugs.

Dr. Ramprasad asked for comments regarding the Board's rule against physicians practicing while taking Suboxone for treatment of addiction. Dr. Whitney stated that he would feel very comfortable with a surgeon on Suboxone performing surgery on him. Dr. Whitney opined that the depression of the central nervous system on Suboxone is minimal, but if there is any question then the physician should be required to undergo neuropsychological testing before returning to practice. Dr. Whitney was unaware of any literature indicating that Suboxone significantly impairs cognition. Dr. Whitney noted that physicians are allowed to practice while on prescriptions for medications that cause more cognitive impairment, such as valium and Oxycontin.

Ms. Bickers stated that when the Board's rules on Suboxone were first considered, one key point was that a physician with 28 days of inpatient treatment would ideally have been detoxified from all medications. Ms. Bickers asked why Suboxone should be introduced if the physician is free of all substances. Dr. Whitney agreed that physicians should not be placed on Suboxone after 28 days of inpatient treatment, but

stated that many patients are prescribed Suboxone during treatment. Dr. Whitney stated that the completion rate of 28-day treatment is much higher for opioid addicts on Suboxone. Dr. Whitney considered patients who are on Suboxone but off other substances such as heroin and alcohol to be completely detoxified and drug-free.

Dr. Strafford noted that he recently spoke to a licensee who was an opiate addict who commented that they could think clearly and correctly when on Suboxone. Dr. Whitney stated that addicts on Suboxone often report that they feel normal and can think clearly. Dr. Whitney also stated Suboxone reduces the chance of relapse and has no adverse consequences with manual dexterity.

Ms. Elsass asked if Alcoholics Anonymous (AA) is moving towards considering addicts on Suboxone to be drug-free. Dr. Whitney stated that that is the case and that, thanks to increased education, it is becoming more acceptable to sponsor and work with those on therapeutic medications and accept them as part of the recovery community.

Ms. Elsass asked Dr. Whitney to comment on the criticism that the AA model does not specifically address the needs of 18-year-old to 25-year-old patients. Dr. Whitney stated that that is correct and that young patients struggle with treatment. Dr. Whitney commented that during his 10 years at Shepherd Hill, the average age of patients has gone from the 30's to the 20's, with some patients having used drugs since the age of 13 or 14. Dr. Whitney stated that these patients are often emotionally immature and may have personality disorders. Dr. Whitney stated that these patients must first be habilitated before they can be rehabilitated.

Dr. Mahajan asked if Dr. Whitney utilizes mood stabilizers, tranquilizers, or anti-depressants. Dr. Whitney replied that that he does utilize those medications and stated that patients with co-occurring depression, anxiety, bipolar disorder, and thought disorders need to be treated appropriately like anyone else, with the exception that benzodiazepines cannot be used.

Dr. Steinbergh thanked Dr. Whitney for making this presentation to the Board. Responding to a request from Dr. Steinbergh, Dr. Whitney agreed to continue these conversations with members of the staff following the meeting.

Dr. Bechtel exited the meeting during the prior discussion.

RULE 4731-6-14, ELIGIBILITY FOR LICENSURE BY EXAMINATION

Mr. Miller presented a memo regarding 4731-6-14, Ohio Administrative Code, revised to correct some technical errors and to include comments from the American Osteopathic Association to create parallel examination tracks for both osteopathic and allopathic physicians. Mr. Miller stated that if approved, the number of attempts to pass each step of the United States Medical Licensing Examination (USLME) or each level of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) will increase from four attempts to six attempts. Mr. Miller stated that the Board will have the ability to grant good cause exceptions if the applicant has specialty board certification.

Dr. Ramprasad asked about applicants who are licensed in another state. Mr. Miller replied that that issue is not addressed in this proposal, but would fall under the proposal for expedited licensure, which can be granted on the basis of the applicant having had a license in another state for five years, as well as meeting other qualifications.

The Board discussed the relative merits of granting good cause exceptions on the basis of specialty board certification versus licensure in another state. Dr. Strafford stated that he felt more comfortable granting good cause exceptions based on specialty board certification. Dr. Steinbergh agreed, noting that some states have less strict licensure rules than Ohio.

Dr. Ramprasad stated that there is no data to suggest that individuals who do not comply with this testing sequence are inferior physicians than those who do. Dr. Ramprasad noted that pathologists will not pass Step III of the USMLE or COMLEX because they do not participate in direct patient care. Because of this, Dr. Ramprasad opined that the applicants' specialty is more important than their performance on the USMLE or COMLEX. Dr. Ramprasad stated that he would support the proposal.

Dr. Strafford moved to approve the proposal and to begin the process of changing Rule 4731-6-14 accordingly. Ms. Elsass seconded the motion. All members voted aye. The motion carried.

CME COMPLIANCE

Mr. Miller stated that through random audits, the Board has identified at least 45 physicians who have not fulfilled their Continuing Medical Education (CME) requirements. These violations have ranged from being one hour short to failing to complete any hours at all. Mr. Miller noted that the Board has struggled with this issue, especially as other areas such as prescription drug issues have taken a higher priority. In order to encourage greater compliance with CME requirements while utilizing fewer staff resources, Mr. Miller proposed that physicians identified through the audit process as being deficient in CME credits be sent a letter imposing a fine based on the number of hours short and giving them 60 days to come back into compliance. If the physician still fails to comply, the matter can be moved into the enforcement process. The amount of the fine would be \$2,500.00 for being 0 to 10 hours short, and \$5,000.00 for being more than 10 hours short.

Dr. Steinbergh supported the proposal and opined that the number of audits should increase. Mr. Miller stated that the Group 1 Committee also felt that the number of audits should increase from the current 2%. The Board engaged in a discussion of the time and resources involved in conducting audits. Mr. Miller stated that changes in statute would have to be approved by the legislature to alter the percentage of licensees in a random audit.

Dr. Ramprasad commented that he would like to have a system in which all physicians must submit their CME information electronically as a requirement of license renewal. Mr. Kenney agreed and opined that an ideal random audit percentage would be 100%. Dr. Ramprasad agreed that 100% is a level that the Board should strive for. Ms. Anderson questioned if the Board would ever have the resources necessary to perform audits on 100% of physicians.

Ms. Elsass moved to direct the staff to pursue legislation increasing the percentage of physicians that undergo random audit. Dr. Strafford seconded the motion. All members voted aye. The motion carried.

Mr. Kenney exited the meeting at this time.

With the departure of Mr. Kenney, the Board lacked a quorum to conduct further business. The meeting recessed at 11:55 a.m. and resumed at 2:15 p.m. when Dr. Bechtel returned.

FORMULARY REVIEW

Ms. Hacker stated that the proposed changes to the physician assistant formulary reflect the fact that physician assistants will be allowed to prescribe Schedule II medications as of March 22 when House Bill 284 becomes effective.

Dr. Strafford moved to approve the proposed changes to the physician assistant formulary. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

SPECIAL SERVICES APPLICATIONS

DERMATOLOGY ASSOCIATES

Ms. Hacker noted that the Group 2 Committee has recommended denial of the special services application of Dermatology Associates. Ms. Hacker explained that the Board has adopted a model supervisory plan for cryotherapy. Prior to the adoption of the model plan, two physicians from Dermatology Associates were approved for a plan which is not consistent with the current model plan. Dermatology Associates is now asking for approval of two additional physicians for a plan like the one previously approved. Ms. Hacker stated that the Group 2 Committee wanted to be consistent in only approving the model plan. Ms. Debolt noted that the proposed denial is based on patient safety concerns.

Dr. Bechtel stated that the Board's model plan focuses on patient safety and has been the standard by which other proposed plans have been approved. Dr. Bechtel opined that the Board should be consistent with its model plan and not deviate from it.

Dr. Strafford moved to deny the special services application of Dermatology Associates due to patient safety concerns. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

ENCORE DERMATOLOGY

Dr. Steinbergh stated that Encore Dermatology has submitted a special services application for Botox injections to treat facial wrinkles. Dr. Steinbergh stated that this matter was tabled by the Group 2 Committee. Dr. Steinbergh stated that the Board received a letter from Jonathan Bass, M.D., President of the Ohio Dermatological Association (ODA), who felt that this procedure is too complex to be approved

for physician assistants. Dr. Steinbergh stated that the Committee wished to gather more information, noting that Anderson Cosmetics had previously submitted a similar special services application and, after a hearing, the application was granted by vote of the Board.

Dr. Bechtel stated that the ODA feels strongly about this issue. Dr. Bechtel noted that the ODA Board of Trustees, including its physician assistant members, voted unanimously that it did not feel comfortable with physician assistants performing Botox injections due to risk of patient injury. Dr. Bechtel acknowledged that Anderson Cosmetics, after an initial rejection, had a similar application approved following a hearing. Dr. Bechtel stated that the precedent established by Anderson Cosmetics, along with the fact that nurse practitioners, registered nurses, licensed practical nurses are allowed to do the injections, merited a closer look at the issue, and this is why the matter was tabled at committee.

Ms. Debolt noted that at the time the Anderson Cosmetics application was considered, the state did not have an expert opinion to argue for the rejection. However, now an expert opinion has been provided by the ODA.

WESTERVILLE DERMATOLOGY

Dr. Steinbergh stated that the special services application for Westerville Dermatology has been tabled by the Group 2 Committee. Dr. Steinbergh noted that this matter was tabled because it is very similar to the application submitted by Encore Dermatology, which was also tabled.

MEDCENTRAL ORTHOPAEDIC INSTITUTE

Dr. Steinbergh stated that MedCentral Orthopaedic Institute has submitted an application for a special services plan for subacromial bursa injections, with or without ultrasound guidance, with 100% on-site supervision. Dr. Steinbergh observed that the plan stipulates that the physician assistant will observe a physician performing 25 procedures and then will perform 25 procedures under the supervision of a physician. In all cases, a physician will determine the need for the injection. Dr. Steinbergh stated that the Group 2 Committee recommends approval of the plan.

Dr. Bechtel moved to approve the special services application of MedCentral Orthopaedic Institute. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

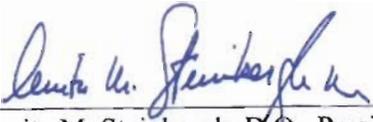
STATEMENT BY DR. MAHAJAN

Dr. Mahajan stated that this meeting is potentially his last since his term expires later this month. Dr. Mahajan stated that he has enjoyed serving on the State Medical Board and he has learned a great deal. Dr. Mahajan also commended the hard work and dedication of the staff. Dr. Steinbergh thanked Dr. Mahajan for his service. The Board and staff applauded Dr. Mahajan.

Thereupon at 2:25 p.m., the March 14, 2013, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Steinbergh.

March 14, 2013

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on March 13-14, 2013, as approved on April 10, 2013.


Anita M. Steinbergh, D.O., President


J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)

