

**MINUTES****THE STATE MEDICAL BOARD OF OHIO****December 11, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 1:00 p.m. in the Administrative Hearing Room, 3<sup>rd</sup> Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Kris Ramprasad, M.D., Vice-President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Lance A. Talmage, M.D.; Donald R. Kenney, Sr.; Michael L. Gonidakis; Amol Soin, M.D.; Sushil M. Sethi, M.D.; Bruce R. Saferin, D.P.M.; and Robert P. Giacalone.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Assistant Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Michael Miller, Assistant Executive Director for Licensure and Renewal; Sallie J. Debolt, General Counsel; David Katko, Assistant Legal Counsel; William Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; K. Randy Beck, Interim Chief of Investigations; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Karen Mortland, Mark Blackmer, Angela McNair; and Cheryl Pokorny, Enforcement Attorneys; Kyle Wilcox, Heidi Dorn, Assistant Attorneys General; Sana Ahmed, Attorney General Intern; Gregory Porter, Interim Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones and Angela Moore, Compliance Officers; Vickie Oldham, Fiscal Officer; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; Christine Schwartz, Enforcement Intern; Caren McCann, Medical Records Documents Specialist; and Benton Taylor, Executive Assistant to the Executive Director.

MINUTES REVIEW

**Dr. Sethi moved to approve the draft minutes of the November 13-14, 2013, Board meeting, as written. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

EXECUTIVE SESSION

**Dr. Strafford moved that the Board declare Executive Session to confer with the Attorney General's representatives on matters of pending or imminent court action. Dr. Saferin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye

Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Haslam, Ms. Anderson, Mr. Miller, Ms. Loe, Ms. Debolt, Mr. Katko, Ms. Wehrle, Mr. Schmidt, Mr. Beck, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Ahmed, Ms. Rieve, Ms. Jacobs, Ms. Moore, Ms. Brooks, Ms. Schwartz, and Mr. Taylor in attendance.

The Board returned to public session.

#### EXECUTIVE SESSION

**Dr. Strafford moved that the Board declare Executive Session to discuss a matter of discipline of a public employee. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

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

The Board returned to public session.

#### APPLICANTS FOR LICENSURE

**Dr. Talmage 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,” the genetic counselor applicants listed in Exhibit “D,” and to approve the results of the December 2013 Cosmetic Therapy Examination in Exhibit “E” 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 Handout. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- 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: John D. Ammon, M.D.; Waleed Nasr Mansour, M.D.; and Tony E. Noland.

A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- 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. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- 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 matters before the Board today, Dr. Strafford served as Secretary and Dr. Bechtel served as Supervising Member. Dr. Steinbergh noted that Dr. Talmage also served as Secretary on the case of Waleed Nasr Mansour, M.D.

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.

JOHN D. AMMON, M.D. Case No. 13-CRF-062

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

**Dr. Soin moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of John D. Ammon, M.D. Dr. Talmage seconded the motion.**

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

Dr. Talmage noted that Dr. Ammon had initially claimed that he had been a *locum tenens* physician at Kentucky Bariatric and Pain Management; as such, Dr. Ammon had only acted as a caretaker for the practice, continuing prescriptions and seeing only one new patient. However, Dr. Talmage stated that in reviewing the hearing record, Dr. Ammon was not a typical *locum tenens* physician. Dr. Ammon had practiced in that office a number of times, and therefore was more like a *per diem* worker for the practice than a *locum tenens* physician. Therefore, Dr. Ammon's prescribing was subject to his review. Dr. Talmage further commented that the concept that Dr. Ammon was just following the protocols of the clinic is a principle that was rejected in World War II; orders are not to be followed if they are not proper orders.

Dr. Talmage stated that, although Dr. Ammon did some things right, he also did some things wrong, including continuing large prescriptions for opioids. Dr. Talmage stated that after 28 years of practice, Dr. Ammon should have been aware of how to practice appropriately with opioids. Dr. Talmage commented that the protocols and procedures of Kentucky Bariatric and Pain Management had been obviously behind the times in terms of opioid prescribing. Dr. Talmage opined that the controlled substances prescribing course required by the Proposed Order would be beneficial to Dr. Ammon.

Dr. Talmage stated that he is in favor of the Proposed Order, which includes probationary terms that will allow the Board to make sure Dr. Ammon practices better medicine if he chooses to return to Ohio. Dr. Talmage stated that he is aware that another Board member intends to amend the Proposed Order to make it slightly more punitive, which Dr. Talmage did not object to.

Mr. Giacalone agreed with Dr. Talmage that Dr. Ammon was not a typical *locum tenens* physician, having practiced at Kentucky Bariatric and Pain Management from July 2011 to July 2012. Mr. Giacalone stated that the Stipulated Facts in the Kentucky Board's Agreed Order included Dr. Ammon's use of combinations of controlled substances favored by those who abuse or divert controlled substances, long-term use of controlled substances when short-term use is indicated, family members obtaining the same or similar controlled substances, and patients traveling long distances for medication. Mr. Giacalone also opined that it made no sense that a clinic would combine the practices of bariatric medicine and pain management. Mr. Giacalone further noted that Dr. Ammon is board certified in neither bariatric medicine nor pain management. Mr. Giacalone pointed out instances of improper prescribing found in the Kentucky Board's review.

Mr. Giacalone continued that the most disheartening aspect of this case is Dr. Ammon's inability to take responsibility for his actions, having stated that he was simply following what the clinic told him to do. Mr. Giacalone stated that if this was proper, then a physician would not be needed since a receptionist could just as easily provide the same exorbitant amount of narcotics. Mr. Giacalone observed the following passage from the Kentucky Board's consultant on this case: "In conclusion, I find this case most troubling for what I consider an unwillingness to acknowledge his role or gross ignorance in participating in a healthcare situation where high doses of a single opioid were prescribed." Mr. Giacalone questioned why the Kentucky Board's Order for Dr. Ammon only restricts Dr. Ammon from prescribing controlled substances for a minimum of one year, noting that he would still be allowed to prescribe Tramadol and other medications.

Mr. Giacalone suggested an amendment to the Proposed Order in which Dr. Ammon's Ohio medical license will remain suspended until at least 180 days following the removal of the Kentucky Board's restrictions on his ability to prescribe in that state. Mr. Giacalone noted that Dr. Ammon did not appear at his Ohio hearing. Mr. Giacalone acknowledged that Dr. Ammon was within his right to not appear, but opined that this is an additional indication that Dr. Ammon does not take responsibility for his actions. Therefore, Mr. Giacalone further suggested that Dr. Ammon be required to appear before the Board to explain his actions and that his appearance not occur on the same day as other probationary appearances. Mr. Giacalone also offered an amendment to Paragraph 3 of the Summary of the Evidence in the Report and Recommendation.

**Mr. Giacalone moved to amend Paragraph 3 of the Summary of the Evidence of the Report and Recommendation to read as follows:**

3. The Kentucky Order was based on Stipulations of Fact that concerned Dr. Ammon's conduct while working as a *locum tenens* physician at Kentucky Bariatric and Pain Management, a clinic in Winchester, Kentucky. In July 2012, as part of its inspection of the clinic, the Kentucky Office of the Inspector General, Division of Health Care, requested a review of Dr. Ammon's prescribing practices. On or about July 8, 2012, Paula York, R.Ph., of the Kentucky Drug Enforcement and Professional Practices Branch of the Cabinet for Health Services reviewed Dr. Ammon's KASPER records dated from July 10, 2011, through July 9, 2012. As set forth in the Stipulations of Fact:

[Ms. York] noted several patterns which may indicate inappropriate prescribing, including:

- Long-term use of one or more controlled substances;
- Combinations of controlled substances favored by persons who abuse or divert controlled substances;
- Long-term use of a controlled substance for which short-term use is generally indicated;
- Family members obtaining the same or similar controlled substances; and
- Patients traveling long distances to obtain their medication.

Ms. York identified several patient names and recommended that their Kentucky Bariatric and Pain Management Clinic records be reviewed to determine whether the licensee provided appropriate medical care. \* \* \*

(St. Ex. 2 at 1-2)

Subsequently, the Kentucky Board subpoenaed 16 patient records of patients seen at the clinic by Dr. Ammon, and sent them to a Kentucky Board consultant for review. (St. Ex. 2 at 2-3)

As set forth in the Stipulated Facts, the Kentucky Board consultant's findings included the following:

... The number of times this physician saw each patient varies between 1-5 visits total. He saw only 1 of the patients as a new patient with completion of a history and physical, evaluation of diagnostics, medical decision-making and treatment plan development. Most often he was refilling medication at the same dose as previously prescribed. He did increase benzodiazepines on several patients, he did not increase opioid medications, but most often he refilled current medications at current doses.

I have reviewed the entire chart to get a sense of the overall care of patients, their initial presenting symptoms, diagnostic work ups and treatment outside the [care] provided by Dr. Ammon. This was important to understand what care had been provided prior to and in between visits with Dr. Ammon. I then carefully reviewed the individual care provided by [Dr. Ammon]. In the overall review, I found concerns regarding patient selection, the

clinic's use of a combination of addictive medications including opioids and benzodiazepines, prescribing short acting oxycodone in 15mg and 30mg doses almost exclusively and the prescribing of these medications at doses not supported by documentable pathology... It would be my supposition that, given [Dr. Ammon's] 28 years of medical practice, it would be virtually impossible to see patient after patient on the same opioid—oxycodone, either 15mg or 30mg—and not think that he was participating in something less than appropriate. I fault the physician mostly for gross ignorance.

Dr. Ammon did provide the initial history and physical, as well as medical decision making for one patient (...). His attorney asserts his care of that patient was appropriate. \* \* \* I would argue differently. He was continued [on] high doses of medication (oxycodone 30mg QID<sup>1</sup> #120 and oxycodone 15mg TID<sup>2</sup> #90) with minimal documentation, and with no notes from the previous pain clinic in this patient's file. The patient was referred to a neurosurgeon, and when the patient failed to make this appointment his doses were decreased. The physician decreased oxycodone 15mg to BID<sup>3</sup> #60 and left the oxycodone 30mg at the same frequency. The patient was taken on as a new patient, presumably knowing that he had no insurance and that additional medical care would be difficult to obtain at best and potentially impossible. The patient cited financial reasons for not seeking neurosurgical consultation.

As Dr. Ammon provided follow up care for most of these patients, there is documentation of KASPER being reviewed. There is handwritten documentation of functional outcomes as it is related to the treatment of the pain using opioids. A pain scale is obtained for efficacy of medication. Urine drugs screens are performed on some of the clinic visits. This level of medical documentation meets the minimal standards necessary when it comes to prescribing controlled substances.

In conclusion, I find this case most troubling for what I consider an unwillingness to acknowledge his role or gross ignorance in participating in a health care situation where high doses of a single opioid were being prescribed. However, in the discrete patient visits conducted by Dr. Ammon appropriate use of KASPER and urine drug screen is documented and there is documentation of therapeutic effect as it relates to the controlled medications. ...

(St. Ex. 2 at 3-4) (Period ellipses (...) in original. Asterisk ellipsis (\* \* \*) added)

**Mr. Giacalone further moved to amend the Proposed Order of the Report and Recommendation to read as follows:**

It is hereby ORDERED that:

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<sup>1</sup> "QID" is a standard abbreviation that means "four times per day."

<sup>2</sup> "TID" is a standard abbreviation that means "three times per day."

<sup>3</sup> "BID" is a standard abbreviation that means "twice per day."

- A. **SUSPENSION OF CERTIFICATE:** The certificate of John D. Ammon, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than 180 days following the effective date that the Kentucky Board of Medical Licensure removes its restriction on Dr. Ammon prescribing controlled substances in Kentucky.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Ammon's certificate to practice medicine and surgery until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration:** Dr. Ammon shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
  2. **Evidence of Kentucky Board Lifting its:** No fewer than 180 days prior to submitting his application for reinstatement or restoration, Dr. Ammon shall provide the Board with acceptable documentation evidencing that the Kentucky Board of Medical Licensure has removed its restriction on Dr. Ammon prescribing controlled substances in the Commonwealth of Kentucky, as set forth in a March 7, 2013, Agreed Order of Indefinite Restriction between Dr. Ammon and the Kentucky Board of Medical Licensure.
  3. **Personal Appearance:** Dr. Ammon shall appear in person for an interview before the full Board prior to the reinstatement of his certificate.
  4. **Controlled Substances Prescribing Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Ammon shall provide acceptable documentation of successful completion of a course or courses dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed. **The Board may consider any course(s) completed by Dr. Ammon pursuant to the March 7, 2013, Agreed Order of Indefinite Restriction between Dr. Ammon and the Kentucky Board of Medical Licensure toward the fulfillment of this condition.**

In addition, at the time Dr. Ammon submits the documentation of successful completion of the course(s) dealing with the prescribing of controlled substances, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

5. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Ammon has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

- C. **PROBATION:** Upon reinstatement or restoration, Dr. Ammon's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least three years:
1. **Obey the Law:** Dr. Ammon shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in the state in which he is practicing.
  2. **Declarations of Compliance:** Dr. Ammon shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Ammon's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
  3. **Personal Appearances:** Dr. Ammon shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Ammon's certificate is restored or reinstated, 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. **Refrain from Commencing Practice in Ohio:** Dr. Ammon shall refrain from commencing practice in Ohio without prior written Board approval. Moreover, should Dr. Ammon commence practice in Ohio, the Board may place his certificate under additional probationary terms, conditions, or limitations, including the following:
    - a. **Practice Plan:** Prior to Dr. Ammon's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Ammon shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Ammon's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Ammon shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

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

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

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

The Board, in its sole discretion, may disapprove any physician proposed to serve as Dr. Ammon's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Ammon's monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

- b. **Controlled Substances Log**: Dr. Ammon shall keep a log of all controlled substances he prescribes, orders, administers, or personally furnishes. Such log shall be submitted in a format of Dr. Ammon's choosing and approved in advance by the Board. All such logs required under this paragraph must be received in the Board's offices no later than the due date for Dr. Ammon's declarations of compliance, or as otherwise directed by the Board. Further, Dr. Ammon shall make his patient records with regard to such controlled substances available for review by an agent of the Board upon request.
  5. **Required Reporting of Change of Address**: Dr. Ammon shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
  6. **Tolling of Probationary Period While Out of Compliance**: In the event Dr. Ammon 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**: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Ammon's certificate will be fully restored.
- E. **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. Ammon 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. Ammon shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Ammon 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.

These requirements shall continue until Dr. Ammon receives from the Board written notification of the successful completion of his probation.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Ammon 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 Administration, through which he currently holds any professional license or certificate. Also, Dr. Ammon 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. Ammon receives from the Board written notification of the successful completion of his probation.
  3. **Required Documentation of the Reporting Required by Paragraph E:** Dr. Ammon 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.
- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Ammon violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.

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

**Mr. Gonidakis seconded the motion.**

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

Dr. Soin noted the report made by Dr. Ammon's expert witness, Dr. James Patrick Murphy, to the Kentucky Board. Dr. Soin stated that Dr. Murphy's report, which was somewhat favorable to Dr. Ammon, opined that Dr. Ammon had met the expectations of a *locum tenens* physician in terms of continuity of care. However, Dr. Soin opined that any physician who is working *locum tenens* for what appears to be a pill mill should be questioning themselves about what they are doing. Dr. Soin stated that the Board has seen other cases in which a physician not trained in pain management find themselves in situations where they are overprescribing medications. Dr. Soin stated that it is a problem whenever every patient of a practice is receiving high quantities of the same opioid or same class of drug at every visit.

Dr. Steinbergh stated that, although Dr. Ammon was employed intermittently from July 2011 to July 2012, he saw each patient a variety of times. Dr. Steinbergh agreed with earlier comments that physicians in any situation must be responsible for their decision-making and not simply continue a patient's previous care if it is not appropriate. Dr. Steinbergh supported Mr. Giacalone's proposed amendment and noted that it included a requirement that Dr. Ammon present a practice plan for approval by the Board prior to commencing practice in Ohio.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to amend carried.

**Dr. Saferin moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of John D. Ammon, M.D. Dr. Talmage seconded the motion.** A vote was taken:

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

Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to approve carried.

WALEED NASR MANSOUR, M.D., Case No. 13-CRF-081

Dr. Steinbergh directed the Board's attention to the matter of Waleed Nasr Mansour, M.D. Objections have been filed and were previously distributed to Board members. 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 Waleen Masr Mansour, M.D. Dr. Saferin seconded the motion.**

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

Dr. Ramprasad stated that on June 3, 2010, Dr. Mansour submitted an online renewal application to the Board. On that application, Dr. Mansour answered "no" to Question #4, which asked, "Has any board, bureau, department, agency, or any other body, including those in Ohio, other than this Board, filed any charges, allegations or complaints against you?" In fact, on or about April 14, 2010, Dr. Mansour was charged with 66 counts of trafficking in drugs, 18 counts of aggravated trafficking in drugs, and two counts of tampering with evidence in the Common Pleas Court of Mahoning County. Dr. Mansour testified that he had answered "no" to Question #4 because he had not believed that the indictment would necessitate an affirmative response to that question and he believed that the Board was already aware of the indictment.

Dr. Ramprasad continued that in August 2013, Dr. Mansour was admitted to the Lindner Center for Hope for a three-day evaluation which resulted in a diagnosis of alcohol abuse, pathological gambling, and adjustment disorder with mixed anxiety and depressed mood. The Lindner Center recommended a 28-day inpatient treatment, which Dr. Mansour did not complete. Dr. Mansour also did not sign an authorization form for the release of his records from the Lindner Center, and therefore the State was unable to obtain those records. Dr. Mansour subsequently went to Glenbeigh Hospital, where he was evaluated and diagnosed with depressive disorder. Dr. Mansour was prescribed Lexapro and he stayed an additional week to stabilize the dosage. Glenbeigh did not diagnose alcohol abuse, alcohol dependence, or pathological gambling, and therefore those issues are not under consideration by the Board due to insufficient evidence.

Dr. Ramprasad stated that the only question remaining is why Dr. Mansour marked "No" to Question #4 on his license renewal application. Dr. Ramprasad stated that he supports the Proposed Order, which reprimands Dr. Mansour and places him on probationary terms for a minimum of one year. Dr. Ramprasad noted that Dr. Mansour's medical license was summarily suspended in September, and therefore he has already been suspended for three months.

Dr. Steinbergh agreed with Conclusion of Law #1 of the Report and Recommendation and felt strongly that the Board was justified in summarily suspending Dr. Mansour's medical license. Dr. Steinbergh also expressed concerns that Dr. Mansour went to one Board-approved treatment provider, was found to be impaired, did not authorize the release of those records to the Board, and then subsequently went to another Board-approved treatment provider which did not find that he was impaired. Dr. Steinbergh also expressed concerns about the level of Dr. Mansour's depression.

Dr. Steinbergh agreed that Dr. Mansour did not answer Question #4 correctly, stating that there is very little doubt in her mind that physicians can read that question and understand its meaning. Dr. Steinbergh agreed with the Proposed Order's reprimand, but opined that the probationary terms should be effective for a minimum of two years based, in part, on concerns regarding Dr. Mansour's depression.

**Dr. Saferin moved to amend the Proposed Order of the Report and Recommendation so that, upon reinstatement or restoration, Dr. Mansour's certificate shall be subject to the probationary terms, conditions, and limitations for a period of at least two years. Dr. Sethi seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to amend carried.

**Dr. Soin moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Waleen Masr Mansour, M.D. Dr. Saferin seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye

Mr. Giacalone - aye

The motion to approve carried.

TONY E. NOLAND, Case No. 13-CRF-055

Dr. Steinbergh directed the Board's attention to the matter of Tony E. Noland. Objections have been filed and were previously distributed to Board members. Ms. Blue was the Hearing Examiner.

**Dr. Soin moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Tony E. Noland. Dr. Saferin seconded the motion.**

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

Dr. Saferin stated that in April 2012, Mr. Noland obtained an associate of applied science degree in massage therapy from Miami-Jacobs Career College. On June 2, 2012, Mr. Noland filed an application for a license to practice massage therapy in Ohio; that application is still pending. On his application, Mr. Noland disclosed that in 1995 he was arrested in Franklin County, Ohio, and charged with No Operator's License, Possession/Use of Marijuana, Drug Paraphernalia, and Carrying Concealed Firearms. The first three charges were subsequently dismissed and Mr. Noland pleaded guilty to the lesser included offense of Improper Handling of a Firearm in a Motor Vehicle, a first-degree misdemeanor.

Dr. Saferin recounted that the Board sent Mr. Noland a set of interrogatories on three separate occasions via certified mail, two of which he signed for. At no time did Mr. Noland provide answers to the interrogatories. At his hearing, Mr. Noland testified that he received the interrogatories, but he did not respond because he was unable to fully complete them because he was unable to secure a certified copy of his prior criminal charges. Mr. Noland admitted that he had been charged with a criminal offense. Mr. Noland stated he did not contact the Board to advise them that the background check had been held up by the Piedmont Licensing Bureau because every time he talked to the Board staff, it was someone with a snooty attitude.

Mr. Noland testified that he had had no criminal violations since 1995 and that he currently does not smoke marijuana. Mr. Noland further testified that he had perfect attendance at Miami Jacobs Career College, graduated with a 3.57 grade point average, and passed the Massage and Bodywork Licensing Examination at the top of this class.

Dr. Saferin stated that the Proposed Order is to grant Mr. Noland's application for a license to practice massage therapy with a reprimand. Dr. Saferin suggested an amended order which would grant Mr. Noland's application and immediately suspend the license for 30 days. Upon reinstatement or restoration, the proposed amended order will impose probationary terms until he provides documentation of successful completion of a course or courses dealing with personal and professional ethics.

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

It is hereby ORDERED that:

- A. **GRANT OF CERTIFICATE; SUSPENSION OF CERTIFICATE:** The application of Tony E. Noland, for a certificate to practice massage therapy in the State of Ohio is GRANTED, provided that he otherwise meets all statutory and regulatory requirements. That certificate shall be immediately SUSPENDED for a period of 30 days.
- B. **PROBATION:** Upon reinstatement or restoration, Mr. Noland's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations until Mr. Noland meets Paragraph (B)(2) set forth below:
1. **Obey the Law:** Mr. Noland shall obey all federal, state, and local laws, and all rules governing the practice of massage therapy in Ohio.
  2. **Personal/Professional Ethics:** Mr. Noland shall provide acceptable documentation of successful completion of a course or courses dealing with personal/professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee.

In addition, at the time Mr. Noland submits the documentation of successful completion of the course(s) dealing with personal/professional ethics, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of massage therapy in the future.

- C. **VIOLATION OF THE TERMS OF THIS ORDER:** If Mr. Noland 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.
- D. **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, Mr. Noland 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, Mr. Noland 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.

For massage therapists, the term "healthcare services" includes massage-therapy services, and the term "healthcare center" includes but is not limited to entities that may be referred to as a wellness center, exercise center, health club, spa, salon, or gymnasium.

These requirements shall continue until Mr. Noland 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, Mr. Noland 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, Mr. Noland 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 Mr. Noland receives from the Board written notification of the successful completion of his probation.
  
3. **Required Documentation of the Reporting Required by Paragraph D:** Mr. Noland 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. Soin seconded the motion.**

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

Dr. Saferin stated that it is obvious that Mr. Noland did not follow the rules and was disrespectful to the Board. For not following the Board's requirements, Dr. Saferin felt that Mr. Noland should have a more significant consequence than a reprimand. Dr. Steinbergh agreed and felt that the personal/professional ethics courses will focus Mr. Noland on the fact that being licensed by the Board means maintaining a level of professionalism.

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye

Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to amend carried.

**Dr. Saferin moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Tony E. Noland. Dr. Talmage seconded the motion.**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

REMAND IN THE MATTER OF ALI KHAN, M.D., Case No. 10-CRF-040

Dr. Steinbergh directed the Board's attention to the Remand in the Matter of Ali Khan, M.D. Dr. Steinbergh explained that on September 12, 2012, the Medical Board entered an Order permanently revoking Dr. Khan's license to practice medicine and surgery in Ohio. Dr. Khan appealed the Board's decision to the Franklin County Court of Common Pleas. On April 2, 2013, the Court affirmed the Board's Order in part, but remanded the matter back to the Board for consideration as to Conclusion of Law 3 and Finding of Fact 5 of the Hearing Examiner's Report and Recommendation on the question of whether the equipment used by the nurse in treating Patient 7 was a "light based medical device" as defined in Rule 4731-18-02, Ohio Administrative Code, and whether the exception provided in Rule 4731-18-04(B), Ohio Administrative Code, is applicable to the treatment of Patient 7.

**Mr. Giacalone moved to reconsider Conclusion of Law 3 and Finding of Fact 5 of the Hearing Examiner's Report and Recommendation in Case No. 10-CRF-040 on the question of whether the equipment used by the nurse in treating Patient 7 was a "light based medical device" as defined in Rule 4731-18-02, Ohio Administrative Code, and whether the exception provided in Rule 4731-18-04(B), Ohio Administrative Code, is applicable to the treatment of Patient 7. Dr. Saferin seconded the motion.** All members voted aye, except Dr. Strafford, Dr. Bechtel, and Dr. Talmage, who abstained. The motion to reconsider carried.

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

Mr. Giacalone stated that after Dr. Khan filed his appeal, the Court stayed the Board's Order of permanent revocation pending a final resolution. The court has remanded this matter back to the Board to determine if the device used by Dr. Khan's nurse to treat Patient 7 was a light-based medical device and, if so, whether an exception which would allow the nurse to use the device was applicable to Patient 7's treatment. The Board must then issue a new Order, which may or may not be permanent revocation of Dr. Khan's medical license.

Mr. Giacalone reviewed the background and facts on which the Board had based its original decision. Since 2006, Dr. Khan had been CEO and medical director of Pure MD Lasers & Cosmetics [Pure MD]. The Board's Notice of Opportunity for Hearing included several allegations regarding Dr. Khan's practice, including that he had violated the Board's prior Order issued in December 2007. On September 10, 2012, the Board considered this case and issued an Order to permanently revoke Dr. Khan's medical license. The Board based its decision on several Findings, including that Dr. Khan did not personally supervise the laser skin treatment of Patient 7 and that he allowed a non-physician, specifically his nurse, to administer that treatment. Other Findings included that Dr. Khan had accepted delivery of Botox which had not been approved by the FDA and administered that Botox to a number of his patients; that Dr. Khan tampered with medical records and falsified information in those records; that Dr. Kahn violated the Board's Order of December 12, 2007; and that Dr. Khan had reused single-use medical equipment, specifically liposuction canisters.

Mr. Giacalone outlined three options before the Board today:

- 1.) Find that there is insufficient evidence to determine whether the device used to treat Patient 7 was a light-based medical device, then issue an Order based on the other Findings.
- 2.) Relying on the Board's expertise, find that the device used to treat Patient 7 was a light-based medical device and that the exception on the use of that device by a non-physician does not apply, then reconsider the findings and issue an Order.
- 3.) Remand the matter back to the Hearing Examiner to analyze the issue of whether the device used on Patient 7 was a light-based medical device and, if so, whether the exception applies, then issue an Order based on the Hearing Examiner's subsequent Report and Recommendation.

Mr. Giacalone favored the first option, finding that there is insufficient evidence to determine whether the device in question was a light-based medical device. Mr. Giacalone also favored issuing an order, based on the remaining Findings, permanently revoking Dr. Khan's license to practice medicine and surgery in Ohio.

**Mr. Giacalone moved to issue the following Order and Entry on Remand:**

On September 12, 2012, the State Medical Board of Ohio issued its Findings and Order in the Matter of Ali Khan, M.D., whereby Dr. Khan's license to practice medicine and surgery in

the State of Ohio was permanently revoked. A copy of the Findings and Order is attached hereto and incorporated herein.

Pursuant to Section 119.12, Ohio Revised Code, Dr. Khan appealed the Medical Board's Order to the Franklin County Court of Common Pleas. By Decision and Judgment Entry on April 2, 2013, the Franklin County Court of Common Pleas affirmed the Medical Board's Order in part, and remanded the matter for further proceedings concerning Conclusion of Law 3 and Finding of Fact 5 of the Hearing Examiner's Report and Recommendation on the question of whether the equipment used by the nurse in treating Patient 7 was a "light based medical device" as defined in Rule 4731-18-02, Ohio Administrative Code, and whether the exception provided in Rule 4731-18-04(B), Ohio Administrative Code, is applicable to the treatment of Patient 7.

WHEREFORE, pursuant to the instructions of the Franklin County Court of Common Pleas and upon consideration of the findings and conclusions made by this Board on September 12, 2012 and affirmed by the Franklin County Court of Common Pleas on April 2, 2013, and upon approval and confirmation by vote of the Medical Board on December 11, 2013, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for that date.

**RATIONALE FOR ORDER ON REMAND:** The allegation concerning the treatment on Patient 7's face is dismissed for insufficient evidence.

It is hereby ORDERED that:

1. The allegation that on or about June 2, 2008, Dr. Khan permitted an unlicensed person to perform a laser skin treatment on Patient 7's face is hereby dismissed.
2. The certificate of Ali Khan, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

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

**Dr. Sethi seconded the motion.**

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

Dr. Ramprasad stated that he agrees with Mr. Giacalone and supports the proposed Order and Entry on Remand. However, Dr. Ramprasad opined that the device in question was a light-based device. Dr. Ramprasad also noted Section 4731-18-02, Ohio Administrative Code, which specifies that a physician may not delegate the use of a light-based medical device in a procedure to a non-physician. Dr. Ramprasad further noted that Section 4731-18-04, Ohio Administrative Code, states that exceptions to

Section 4731-18-02 are florescent lamp phototherapy devices for the treatment of psoriasis and similar skin diseases, which indicates more of an epithelial treatment rather than a deep treatment. Dr. Ramprasad stated that Patient 7 possibly did have moderately deep treatment because she developed violaceous changes in her skin. Dr. Ramprasad also observed that the September 2012 Report and Recommendation includes Dr. Khan's testimony that he had allowed his nurse to perform the procedures when he thought the law in this matter was vague, but that he did the procedures himself "as soon as it was black and white to us"; Dr. Ramprasad asked why Dr. Khan would have taken over the procedures if he did not think it was a deep laser treatment.

Dr. Steinbergh agreed with Dr. Ramprasad and stated that there was no question in her mind that Dr. Khan had been using a laser and that it did not fall outside the Board's rule. Mr. Giacalone opined that there is some question whether the direct supervision provision of the Board's rule applied to the use of the device in question. Dr. Steinbergh and Dr. Ramprasad agreed with Mr. Giacalone.

A vote was taken on Mr. Giacalone's motion:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

#### FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Steinbergh advised that in the following matters, the Board issued Notices 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. Dr. Steinbergh stated that the matter of Dr. Crespo is non-disciplinary in nature, and therefore all Board members may vote in that matter.

#### JOSE CRESPO, M.D., Case No. 13-CRF-100

Dr. Steinbergh directed the Board's attention to the matter of Jose Crespo, M.D. Dr. Steinbergh noted that after the proposed Findings, Order, and Journal Entry in the matter of Dr. Crespo was completed and added to the agenda materials, a request for hearing was received from Dr. Crespo's attorney. While that request was not received in a timely manner, an amended proposed Findings, Order, and Journal Entry reflecting the receipt of the request for hearing has been provided to Board members.

**Dr. Saferin moved to find that the allegations as set forth in the October 25, 2013 Notice in the matter of Dr. Crespo have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, approving his application for a license to practice medicine and surgery in Ohio, provided that he successfully completes one year of additional training in a residency or fellowship program. Dr. Soin seconded the motion.**

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

Mr. Gonidakis stated that on September 11, 2013, the Board voted to approve Dr. Crespo's application for a license to practice medicine in Ohio, provided that he obtain an additional year of training since he had not practiced medicine for more than two years. As noted, Dr. Crespo's request for a hearing on this matter was not made within 30 days of mailing of the Notice, and therefore that request is insufficient. Mr. Gonidakis supported the Proposed Order.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

MARSHA JOAN STEIN, M.D., Case No. 13-CRF-084

Dr. Soin stated that on or about May 22, 2013, the Pennsylvania Department of State, State Board of Medicine, issued a Memorandum Order indefinitely suspending Dr. Stein's medical license in that state due to her failure to submit to a mental and physical examination. Based on the findings in this case, Dr. Soin opined that Dr. Stein's Ohio medical license should be suspended indefinitely, with a condition for reinstatement being that she present evidence of holding a full and unrestricted license to practice medicine in Pennsylvania.

**Dr. Soin moved to suspend Dr. Stein's Ohio medical license for an indefinite period of time, with a condition for reinstatement being her ability to show that she holds a full and unrestricted license to practice medicine in Pennsylvania. Dr. Ramprasad seconded the motion.**

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

Dr. Steinbergh opined that the Ohio Medical Board should have an opportunity to evaluate Dr. Stein before reinstating her Ohio medical license, independent of any evaluation she undergoes in Pennsylvania. Dr. Soin agreed. Dr. Steinbergh suggested that Dr. Stein's Ohio medical license be revoked, thus allowing the Ohio Medical Board to evaluate her if and when she reapplies for an Ohio license.

**Dr. Soin wished to change his motion to a revocation of Dr. Stein's license to practice medicine and surgery in Ohio.** No Board member objected to the change in the motion. The change in the motion was accepted.

A vote was taken on Dr. Soin's motion to revoke:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

Mr. Gonidakis exited the meeting at this time.

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

SYED JAWED AKHTAR-ZAIDI, M.D. – CITATION LETTER

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

**Dr. Saferin moved to send the Citation Letter to Dr. Akhtar-Zaidi. Dr. Sethi seconded the motion.**

A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Kenney	- aye
Mr. Giacalone	- aye

The motion to send carried.

KURT WILLIAM FROEHLICH, M.D. – CITATION LETTER

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

**Dr. Ramprasad moved to send the Citation Letter to Dr. Froehlich. Dr. Saferin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Giacalone	- aye

The motion to send carried.

KASSEM M. HALLAK, M.D. – CITATION LETTER

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

**Dr. Saferin moved to send the Citation Letter to Dr. Hallak. Dr. Sethi seconded the motion.** A vote was taken:

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

Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Giacalone	- aye

The motion to send carried.

Mr. Giacalone asked why this matter did not result in a summary suspension of Dr. Hallak's medical license. Ms. Marshall replied that under normal circumstances, a felony sexual conviction of this nature would trigger an automatic suspension. However, this physician's Ohio medical license has been lapsed since 1998. Despite that fact that Dr. Hallak's license has been inactive for nearly 16 years, the Board still has jurisdiction over the license and can revoke or permanently revoke it.

Mr. Giacalone asked what would happen if Dr. Hallak reapplies for his license during this process. Ms. Marshall explained that Dr. Hallak is outside the timeframe in which his license could be renewed automatically, and therefore he would have to apply for a restoration of his license, at which time another citation could be issued.

Mr. Gonidakis returned to the meeting at this time.

NOOR U. HASSAN, M.D. – CITATION LETTER

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

**Dr. Saferin moved to send the Citation Letter to Dr. Hassan. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to send carried.

RICHARD BRUCE KARSH, M.D. – CITATION LETTER

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

**Dr. Saferin moved to send the Citation Letter to Dr. Karsh. Dr. Sethi seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to send carried.

BRIANNA NICOLE LASKY – 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. Saferin moved to send the Citation Letter to Ms. Lasky. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to send carried.

Dr. Sethi exited the meeting at this time.

CLIFFORD M. PEREZ, M.D. – CITATION LETTER

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

**Dr. Soin moved to send the Citation Letter to Dr. Perez. Dr. Saferin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to send carried.

NAJA NORLISHIA TUCKER – 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. Saferin moved to send the Citation Letter to Ms. Tucker. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to send carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

ERIC PAUL AMATO, M.T. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE  
MASSAGE THERAPY

**Dr. Saferin moved to ratify the Proposed Permanent Surrender of Certificate with Mr. Amato. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

STEPHEN AUSTIN CULLINAN, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO  
PRACTICE MEDICINE AND SURGERY

**Dr. Saferin moved to ratify the Proposed Permanent Surrender with Dr. Cullinan. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

Dr. Sethi returned to the meeting at this time.

GOVINDARAJU SUBRAMANI, M.D. – CONSENT AGREEMENT

**Dr. Saferin moved to ratify the Proposed Consent Agreement with Dr. Subramani. Dr. Soin**

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

FRANK LAWRENCE AMPRIM, JR., M.D. – PERMANENT SURRENDER AND REQUEST FOR PERMANENT WITHDRAWAL OF APPLICATION FOR RESTORATION OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

**Dr. Saferin moved to ratify the Proposed Permanent Surrender and Request for Permanent Withdrawal of Application with Dr. Amprim. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

KEVIN GORDON BALDIE, M.D. – PROBATIONARY CONSENT AGREEMENT

**Dr. Saferin moved to ratify the Proposed Probationary Consent Agreement with Dr. Baldie. Dr. Soin seconded the motion.** A vote was taken:

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

Dr. Saferin	- aye
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to ratify carried.

LEIGH ALLISON JUDGE, P.A. – PROBATIONARY CONSENT AGREEMENT

**Dr. Saferin moved to ratify the Proposed Probationary Consent Agreement with Ms. Judge. Dr. Sethi seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

ERIC ALEXANDER STRIFLER, D.P.M. – REQUEST FOR PERMANENT WITHDRAWAL OF APPLICATION FOR PODIATRIC MEDICINE LICENSURE

**Dr. Saferin moved to ratify the Proposed Request for Permanent Withdrawal of Application with Dr. Strifler. Dr. Sethi seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye

Dr. Talmage - aye  
Mr. Kenney - aye  
Mr. Gonidakis - aye  
Mr. Giacalone - aye

The motion to ratify carried.

M.H.B., D.O. – STEP I CONSENT AGREEMENT

Mr. Kenney commented that there seems to be a lot of problems in this matter that the proposed Consent Agreement does not address. Mr. Wilcox stated that under this proposed Consent Agreement, the physician's alcohol impairment will be addressed. Mr. Wilcox explained that the physician was not cited for alcohol abuse, and therefore that issue cannot be addressed except by consent agreement. The physician was only cited for mental impairment because it was based on a forensic psychiatric examination of his mental health.

Dr. Steinbergh asked why a summary suspension was not offered to the Board at the time of this physician's citation. Ms. Marshall stated that this physician has not worked since December 2012 and his license is currently inactive due to non-renewal. Ms. Marshall stated that one of the legal criteria that must be present for a summary suspension is immediate and serious harm to patients, which cannot exist if the physician's license is already inactive. Dr. Steinbergh asked if this physician would be able to renew his license during this process. Ms. Marshall replied that the physician could possibly renew his license online, but that would then trigger a summary suspension when the staff discovered the renewal.

Mr. Giacalone stated that, based on the physician's history, he cannot support the proposed Consent Agreement. Mr. Giacalone opined that this physician should appear before a Hearing Examiner so he can testify on the record as to his past dealings, which can be taken into account when the Board's makes a decision.

The Board engaged in an extensive discussion of its options in this matter, including the possibility that the physician could renew his license online and how the staff would detect this in a timely manner. Dr. Saferin asked if there is a downside to the Board rejecting this proposed Consent Agreement. Ms. Marshall opined that the biggest potential downside is that the matter will come back to the Board following a hearing and the Board would not be able to consider the physician's chemical dependency because it was not included in the citation. Ms. Marshall stated that outside of this proposed Consent Agreement, the Board may only consider chemical dependency if the physician signs an Eastway Waiver, which he may not wish to do.

Mr. Wilcox stated that, as a post-citation matter, this proposed Consent Agreement was negotiated by an Assistant Attorney General. However, the Assistant Attorney General still works with the Board's Secretary and Supervising member when negotiating a settlement, including this settlement.

Dr. Talmage noted that if this proposed Consent Agreement is ratified, then the physician's license would not be reinstated unless an addictionologist has evaluated him; if the addictionologist finds that the

physician as relapsed, then the matter could be brought back to the Board for possible revocation of license. Ms. Marshall stated that if the addictionologist finds that the physician is impaired, he will not meet the criteria for reinstatement and his license will remain suspended until he can prove to the Board's satisfaction that he is fit to return to practice.

Mr. Giacalone stated that this physician has a history of aberrant behavior from 1987 to 2012, and therefore he cannot support the proposed Consent Agreement. Mr. Giacalone opined that the Board should consider whether this individual should even be practicing medicine in this state. Mr. Giacalone strongly suggested that this proposed Consent agreement be rejected so that the matter goes to a hearing, and that a summary suspension be pursued if his renews his license online. Mr. Giacalone opined that this physician is a menace and a threat to the citizens of Ohio.

**Mr. Giacalone moved to deny ratification of the Proposed Step I Consent Agreement with M.H.B., D.O. Dr. Sethi seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- nay
	Dr. Soin	- aye
	Dr. Ramprasad	- nay
	Dr. Steinbergh	- aye
	Dr. Sethi	- nay
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

DEBORAH S. LUBITZ, M.D. –CONSENT AGREEMENT

**Dr. Saferin moved to ratify the Proposed Consent Agreement with Dr. Lubitz. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

Mr. Giacalone - aye

The motion to ratify carried.

ROBERT JAMES ROSENSTEIN, D.P.M. – CONSENT AGREEMENT

**Dr. Soin moved to ratify the Proposed Consent Agreement with Dr. Rosenstein. Dr. Sethi seconded the motion.**

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

Dr. Steinbergh stated that, although she approves this proposed Consent Agreement, she has a good deal of trouble with physicians who make unethical decisions like those in this case. Dr. Steinbergh stated that she could have agreed to a longer suspension time than what is provided in this proposed Consent Agreement. Dr. Steinbergh noted that this physician was convicted of one count of conspiracy to commit bank fraud of almost \$2,000,000.0. Dr. Steinbergh stated that this individual must understand his responsibility and hoped that the required courses will help him.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

BRADLEY E. DICKSON, M.D. – CONSENT AGREEMENT

Dr. Steinbergh asked why the decision was made for a 45-day suspension in the proposed Consent Agreement. Ms. Marshall replied that it was based on the directive of the Secretary and Supervising Member and it reviewing roughly similar cases the Board has addressed in the past.

**Dr. Saferin moved to ratify the Proposed Consent Agreement with Dr. Dickson. Dr. Soin seconded the motion.** A vote was taken:

Mr. Giacalone and Mr. Kenney opined that a 45-day suspension is insufficient to convey that the Board

takes this situation seriously. The Board engaged in a general discussion on this topic and considered the possibility of rejecting the proposed agreement so that an agreement with a longer suspension time may be negotiated.

Dr. Talmage opined that the probationary terms are more important than the suspension time, noting that in his experience, physicians who are disciplined for prescribing to family members never do so again. Dr. Talmage stated that by being out of practice for 45 days, the physician will pay a monetary penalty and that three years of probation will ensure that they get the message. Dr. Ramprasad agreed and commented that for a physician, a 45-day suspension is very significant. Dr. Ramprasad opined that it will be very difficult for this physician to explain to his patients that his license has been suspended and many of his patients may not return to him. Mr. Kenney found Dr. Talmage's and Dr. Ramprasad's statements persuasive.

Ms. Marshall commented that the minimum discipline for this violation under the Board's disciplinary guidelines is a reprimand with no suspension and two years of probation, so this agreement is significantly higher than the minimum.

Dr. Steinbergh opined that this is a very reasonable Consent Agreement because it identifies the problem, suspends the physician for a relatively significant time, and requires him to take courses in prescribing controlled substances and medical record-keeping. Dr. Steinbergh also agreed with Dr. Talmage that this type of violation sees very little recidivism.

Dr. Talmage opined that future consent agreements for such a violation should include a requirement that the physician give a lecture on this topic to the medical staff of any hospital at which they maintain privileges. Dr. Steinbergh and Dr. Ramprasad agreed.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

**Dr. Sethi moved to table this topic until tomorrow for possible additional consent agreements. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

The Board took a brief recess at 3:15 p.m. and resumed at 3:35 p.m. Mr. Gonidakis was not present when the meeting resumed.

#### PROBATIONARY APPEARANCES

##### LARRY J. LITTLE, M.D.

Dr. Little was appearing before the Board pursuant to his request for release from the terms of the Board's Order of December 10, 2008. Ms. Bickers reviewed Dr. Little's history with the Board.

Dr. Steinbergh noted that during his appearances before the Secretary and Supervising Member, Dr. Little stated that he has learned that if something is not documented, then it did not happen. Dr. Little stated that he now takes digital photographs of everything, which has helped a great deal in his dermatological practice. In addition, all notes are typed instead of handwritten.

Dr. Steinbergh opined that Dr. Little seems re-invigorated. Dr. Little agreed and stated that he likes his work. Dr. Steinbergh asked Dr. Little to describe his current practice. Dr. Little stated that he has a full-time, mostly geriatric practice in Newark, Ohio. Dr. Little stated that he has a staff of eight and the practice is busy.

**Dr. Saferin moved to release Dr. Little from the terms of the Board's Order of December 10, 2008, effective immediately. Dr. Talmage seconded the motion.** All members voted aye. The motion carried.

##### BRETON LEE MORGAN, M.D.

Dr. Morgan was appearing before the Board pursuant to his request for release from the terms of his November 20, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Morgan's history with the Board.

Mr. Gonidakis returned to the meeting at this time.

Dr. Steinbergh noted that things seem to be going better in Dr. Morgan's personal life. Dr. Morgan agreed, stating that his children and ex-wife are moving and will now be only 23 miles from him instead of more than 500 miles away.

Dr. Steinbergh asked Dr. Morgan to describe his current process of healing and what he will do to stay well following his release. Dr. Morgan stated that he is thankful to be here and that he has been through a lot in the last nine years. Dr. Morgan stated that throughout his troubles, including losing his Drug Enforcement Administration license and his ability to bill Medicare and Medicaid, he has maintained his sobriety. Dr. Morgan was thankful for his ability to help others and to continue to look to others to help himself. Dr. Morgan stated that he has started a Caduceus meeting in his area and it is a good process for him to continue to see new people in recovery and be able to share what he has learned over the years. Dr. Morgan stated that he reopened his practice in May 2009 in the town in which he grew up.

Dr. Morgan continued that many issues came up with his divorce and that, unfortunately, he turned to

something he remembered from his back surgery, which was narcotics. Dr. Morgan stated that his life and his relations with his family have improved, particularly since his ex-wife got a job at Marshall University and moved back to West Virginia from Florida with their children. Dr. Morgan commented that before his suspension, he had lived within eyesight of his mother's house but never visited her because he worked late and was too busy. Since Dr. Morgan was out of practice for over three years, he spent a lot of time with his mother and renovated his house with her. Within months of his returning to practice, Dr. Morgan's mother died. Dr. Morgan felt that God had wanted him to slow down so he could spend time with his mother. Dr. Morgan commented that if were stupid enough to relapse in the future, then he would deserve whatever he gets.

Dr. Soin noted that Dr. Morgan started taking hydrocodone following back surgery and asked how Dr. Morgan currently deals with flare-ups of pain. Dr. Morgan replied that he now uses ibuprofen for pain. Dr. Morgan stated that he is fearful of exposure to anything that may remind him of narcotics. Dr. Morgan stated that now he will not even drink wine with an evening meal.

Dr. Morgan recalled that when he first arrived at the Atlanta airport to go to Talbot Recovery Center, he had a seizure and had to be transported by ambulance. After that, Talbot changed their rules so that at least one doctor goes to pick up arriving patients, and Dr. Morgan served Talbot in that capacity for five weeks.

Dr. Ramprasad asked if Dr. Morgan began abusing medications because it gave him a high or if he had been working too many hours. Dr. Morgan stated that he did not want to minimize his addiction, but stated that he got involved with abusing after his back surgery and after problems in his marriage began. Dr. Morgan stated that he took more and more narcotics because he kept putting more and more pressure on himself. Dr. Morgan commented that he has learned who anonymously turned him in initially and that person saved his life. Dr. Morgan stated that if not for that person's intervention, he would have ended up dying in a car accident or a drug overdose. Dr. Morgan opined that the most important thing the Medical Board can do is to have a very strong self-reporting system to allow physicians to seek help without fear of retribution. Dr. Morgan stated that he had wanted to get off narcotics for years, but he feared what reporting himself would do to his life.

Dr. Steinbergh thanked Dr. Morgan for his comments and suggested that he share his suggestions with Ms. Bickers so that the Board can learn from them. Dr. Steinbergh hoped that the medical students in attendance have listened to Dr. Morgan's statements.

**Dr. Soin moved to release Dr. Morgan from the terms of his November 20, 2008, Consent Agreement, effective December 20, 2013. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

PHILICIA S. DUNCAN, M.D.

Dr. Duncan was making her initial appearance before the Board pursuant to the terms of her October 9, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Duncan's history with the Board.

Dr. Steinbergh observed that Dr. Duncan was currently on Paxil, which was also one of her drugs of

choice. Dr. Steinbergh asked Dr. Duncan to explain how it was decided to keep her on Paxil. Dr. Duncan replied that the Paxil was continued because it is working for her and it is not mind-altering in the sense of other controlled substances. Dr. Duncan stated that she is taking Paxil under the direction of her physician and is following all guidelines.

Dr. Steinbergh asked Dr. Duncan to comment on why she had been prescribing Paxil to herself and how it is different now. Dr. Duncan replied that at the time she began, she had been very depressed. Dr. Duncan stated that she had always been taking Paxil as prescribed, but she became dependent on Ritalin. Dr. Duncan began abusing Ritalin because she was depressed and was constantly comparing herself to her fellow residents. Dr. Duncan had believed that the Ritalin would help her overcome her symptoms of depression and give her the focus to continue her work.

Dr. Steinbergh asked if Dr. Duncan could have sought help from a primary care physician or a psychiatrist. Dr. Duncan stated that at that time, she was looking for a new psychiatrist because her previous psychiatrist had ended her practice. Dr. Duncan's primary care physician at that time was also an assistant director of her residency program and Dr. Duncan did not want her to know that she had depression and attention deficit disorder. Dr. Duncan supposed that that was due to her pride.

Dr. Steinbergh asked how Dr. Duncan is doing now that she is back in her residency program. Dr. Duncan replied that she had had a rough start, but is doing much better now. Dr. Duncan stated that some of her co-residents know what happened, while others only know that she took some time off. Dr. Duncan stated that the support she is getting, especially from her program director, is phenomenal. Dr. Duncan stated that she has been allowed a schedule in which she does not have overnight call for now. Dr. Duncan commented that she likes her residency, whereas before she had hated her job and her life. Dr. Duncan stated that she attends Alcoholics Anonymous meetings and is now a much happier person.

Dr. Steinbergh asked about Dr. Duncan's personal support from family and friends. Dr. Duncan responded that she has a lot of support from her friends, who are also her co-workers. Dr. Duncan stated that she used to isolate herself, but now her friends do not let her isolate and will call or text if they do not hear from her.

Dr. Steinbergh asked if Dr. Duncan understands her Consent Agreement. Dr. Duncan replied that she understands her Consent Agreement.

Dr. Talmage asked if Dr. Duncan ever came to an accommodation with her family, noting that there had been concern that they would not accept the concept of an emotional illness. Dr. Duncan stated that she is still not certain that her family understands or agrees with her condition, but they are supportive nonetheless.

**Dr. Soim moved to continue Dr. Duncan under the terms of her October 9, 2013 Consent Agreement. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

BRUCE S. KAY, M.D.

Dr. Kay was making his initial appearance before the Board pursuant to the terms of the Board's Order of

July 11, 2012. Ms. Bickers reviewed Dr. Kay's history with the Board.

Dr. Soin asked Dr. Kay to describe his current practice environment. Dr. Kay replied that he is practicing orthopedic surgery in an outpatient surgery center. Dr. Soin asked if Dr. Kay is still seeing patients with chronic pain. Dr. Kay answered that he is only seeing a few chronic pain patients and that his practice now has a pain physician to see those patients. Dr. Kay stated that he may prescribe non-narcotics following a procedure for up to three months, then refers patients to other physicians if they need anything longer than that. Dr. Soin observed that Dr. Kay's prior practice environment was essentially a pain clinic. Dr. Kay agreed.

Dr. Soin asked what Dr. Kay got out of the intensive controlled substance prescribing course. Dr. Kay replied that it was a great course and opined that every physician who prescribes narcotics should take it. Dr. Steinbergh asked if Dr. Kay is still using narcotics to control post-operative pain. Dr. Kay replied that he does use narcotics for that purpose. Dr. Soin asked if Dr. Kay checks the Ohio Automated Rx Reporting System (OARRS) on his post-operative patients. Dr. Kay replied that he checks OARRS on all of his patients who receive narcotics, even post-operative patients. Dr. Soin asked if Dr. Kay performs urine screens on his patients. Dr. Kay replied that he does urine screens occasionally. Dr. Kay commented that in his previous practice as an orthopedic surgeon, he never knew that his patients were receiving additional medications elsewhere. Dr. Kay stated that most orthopedic surgeons today don't know their patients obtain medications elsewhere because they do not perform urine screens and do not check OARRS.

Dr. Soin asked if Dr. Kay understands the terms of his Consent Agreement. Dr. Kay replied that he understands the terms of his Consent Agreement.

Dr. Steinbergh asked Dr. Kay to comment on his medical record-keeping course. Dr. Kay answered that it was a good course and he learned a lot. Dr. Kay stated that the key is to make sure you don't get too busy so you have time to document properly.

Mr. Giacalone asked Dr. Kay to briefly explain how he first came to the attention of the Board. Dr. Kay explained that he had joined a practice that was supposedly orthopedic medicine, but it turned into a pain management clinic. Dr. Kay stated that he should have left the practice, but he found that very difficult since he had children in college. Dr. Kay stated that he practiced interventional pain management, but he had not followed the rules. Dr. Kay commented that he is glad he is out of that situation. Dr. Kay opined that pain management is an impossible practice and the patients are impossible to deal with. Dr. Steinbergh observed that Dr. Kay got into trouble when he stepped outside the field in which he was trained. Dr. Steinbergh stated that this is an important lesson for the medical students in attendance.

Dr. Soin commented that, as a pain management physician, he does not find his practice impossible and that he loves his patients. Dr. Soin stated that the best teaching point for the medical students is that sometimes you have to say "no" to your patients, especially when they are requesting a lot of narcotics.

**Dr. Soin moved to continue Dr. Kay under the terms of the Board's Order of July 11, 2012. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

VINCENT JAMES KEISER, M.D.

Dr. Keiser was making his initial appearance before the Board pursuant to the terms of his September 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Keiser's history with the Board.

Dr. Saferin asked how Dr. Keiser feels now that he is back in practice. Dr. Keiser stated that, even though his medical license was reinstated in September, his first day back to work was just yesterday because he was waiting for his status as a Medicare provider to be reinstated. Dr. Keiser stated that his sobriety is going very well. Dr. Keiser stated that he practices out of three hospitals and numerous outpatient centers in the Toledo area.

Dr. Steinbergh asked what Dr. Keiser is doing in terms of recovery and his healing process. Dr. Keiser replied that his recovery is going well and he has been actively working the 12-step program since March. Dr. Keiser stated that his sobriety is the most important thing in his life and as long as he maintains that, everything else falls into place.

Dr. Steinbergh asked about Dr. Keiser's family support. Dr. Keiser responded that his family and friends are supportive. Dr. Keiser stated that he had been able to hide his drinking for a long time, even from his wife, because he did not have issues and work and never had a DUI. However, Dr. Keiser found that, despite desperately wanting to quit drinking, he was unable to on his own. In March, he decided that he had had enough and entered treatment.

Dr. Ramprasad asked how Dr. Keiser's most recent treatment differed from the treatment he had in 2005. Dr. Keiser answered that he had an entirely different mindset in 2005. Dr. Keiser stated that, in retrospect, he realizes that he began self-medicating with alcohol at the time that his wife attempted suicide. Dr. Keiser stated that he only went to treatment at Hazelton in 2005 at the insistence of his wife and he did not think he had a problem at that time. Dr. Keiser stated that he wrote off the entire situation and thereafter carefully hid his drinking habits for years. Dr. Keiser's situation became real to him when he realized that he was unable to quit on his own.

Dr. Steinbergh asked how Dr. Keiser's wife is doing currently. Dr. Keiser replied that his wife is doing well now, though she had been angry when she discovered that she had not known about Dr. Keiser's drinking. Dr. Keiser stated that his wife is currently undergoing treatment for neurologic Lyme disease, but their relationship is better now than it has been in a long time.

**Dr. Saferin moved to continue Dr. Keiser under the terms of his September 12, 2013 Consent Agreement. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.**

HEATHER N. NIXON, M.T.

Ms. Bickers stated that Ms. Nixon is not present in the meeting.

KENDRA N. VON DER EMBSE, D.O.

Dr. von der Embse was making her initial appearance before the Board pursuant to the terms of her September 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. von der Embse's history with the Board.

Dr. Ramprasad asked if Dr. von der Embse has returned to her residency. Dr. von der Embse replied that she is back in her residency. Dr. Ramprasad asked how her anxiety is controlled on the medication Wellbutrin. Dr. von der Embse answered that her anxiety is well-controlled.

Dr. Talmage asked if Dr. von der Embse has family lived near her. Dr. von der Embse answered that her closest family is about two hours away from where she lives in Sandusky, but they are very supportive. Dr. Talmage asked if Dr. von der Embse had a good circle of friends to socialize with. Dr. von der Embse replied that she is close with some residents whom she had known prior to residency, as well as others that she has met during residency. Dr. von der Embse stated that her closest friends are from college and, although they now live far apart, they stay in contact via email and phone calls. Dr. Talmage commented that it is important to maintain a good peer group of understanding friends.

Dr. Saferin asked if Dr. von der Embse feels comfortable in her residency. Dr. von der Embse replied that she feels comfortable. Dr. Saferin asked what Dr. von der Embse is doing for her sobriety. Dr. von der Embse answered that she attends three meetings per week, including a caduceus meeting. Dr. von der Embse also stated that she has started attending a different church which she likes a great deal.

Mr. Gonidakis exited the meeting at this time.

Dr. Ramprasad asked if Dr. von der Embse is in the first or second year of her family practice residency. Dr. von der Embse responded that she is in her first year. Dr. Talmage asked what interests Dr. von der Embse has outside medicine. Dr. von der Embse replied that she likes to work out, bike, and read. Dr. von der Embse also stated that she makes jewelry as a new hobby.

Dr. Steinbergh stated that she is abstaining from this case because she knew Dr. von der Embse as a medical student. However, Dr. Steinbergh stated that she is pleased that Dr. von der Embse has a good program director who is very supportive.

Dr. Sethi exited the meeting at this time.

**Dr. Saferin moved to continue Dr. von der Embse under the terms of her September 12, 2013 Consent Agreement. Dr. Sojin seconded the motion.** All members voted aye, except Dr. Steinbergh, who abstained. The motion 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 if any Board member wished to discuss a probationary report or probationary request separately. No Board member wished to discuss a

probationary report or probationary request separately.

Dr. Saferin stated that he will abstain in the matter of the probationary report of William G. Martin, M.D.

**Dr. Talmage moved to accept the Compliance staff's Reports of Conferences on November 12 & 14, 2013, with: Sohail Aman, M.D.; Andrew J. Beistel, D.O.; Valentino J. Bianco, III, D.O.; Craig L. Bierer, D.O., Kory D. Brownlee, D.P.M.; Lisa Ellen Burgan, M.T.; Sean A. F. Buturla, M.D.; Franklin D. Demint, D.O.; Mark E. DiLuciano, M.D.; Gary Allan Dunlap, D.O.; John Mark Hatheway, M.D.; Nilesh B. Jobalia, M.D., Deborah A. Jorgensen, P.A.; Steven J. Kaz, M.D.; Krzysztof J. Kubicki, M.D.; Eric P. MacDonald, M.D.; William G. Martin, M.D.; Zev R. Maycon, M.D.; Crystal L. Miller, M.T.; Jeffery T. Nelson, M.D.; Michael J. Oser, M.T.; William Popovich, M.D.; Bud E. Quintana, D.O.; Lawrence Gene Ratcliff, M.D.; Thomas E. Reilley, D.O.; Anthony M. Ruffa, D.O.; Genevieve A. Salvaggio, M.T.; Timothy A. Scroggins, M.D.; Denise J. Signs, M.D.; Jon Berkley Silk, Jr., M.D.; Joseph P. Sitarik, D.O.; Arthur H. Smith, M.D.; Rick D. St. Onge, M.D.; Richard Mark Weil, M.D.; Randall G. Whitlock, Jr., P.A.; and Carmen L. Woolums, P.A.**

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

- To grant Nicholas A. Atanasoff, D.O.'s request for approval of Aaron Billowitz, M.D., to serve as the treating psychiatrist; and approval of Michael Pavlak, Ph.D., to conduct psychotherapy;**
- To grant Ajay Bhatia, M.D.'s request for approval of Mahmoud El-Said Shehata, M.D., to serve as the treating psychiatrist; approval of K. Prasad Potaraju, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per week;**
- To grant Thomas A. Gibbs, D.O.'s request for discontinuance of the drug log requirement;**
- To grant Brian G. Griffin, M.D.'s request for approval of George C. Skandamis, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per week;**
- To grant David C. Kirkwood, M.D.'s request for approval of Daniel L. Whitmer, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per week;**
- To grant Paul D. Lopreato, P.A.'s request for approval of Kentucky Physician's Health Program to conduct monitoring while Mr. Lopreato resides in Kentucky;**
- To grant David A. McMaken, M.D.'s request for reduction in appearances from every six months to annually;**
- To grant Lawrence M. Rubens, M.D.'s request for approval of Fred P. Romeo, M.D., to serve as**

the treating psychiatrist;

- To grant Dan Ryu, M.D.'s request for discontinuance of the controlled substance log requirement;
- To grant David A. Tracy, M.D.'s request for permission to travel to Michigan without prior notification; and
- To grant Robert C. Turner, M.D.'s request for approval of a proposed practice plan; approval of Robert N. Steenson, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per week.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye (abstain in the matter of Dr. Martin)
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Giacalone	- aye

The motion carried.

#### ELECTION OF OFFICERS

Dr. Steinbergh stated that there is information in the agenda materials on how the election of officers has been conducted historically. In 1991, Dr. Kaplansky at that time made a recommendation to the Board that has been followed. Therefore, officers are elected by seniority. Previously elected Drs. Strafford and Bechtel as Secretary and Supervising Member, respectively, have agreed to continue their roles. Dr. Ramprasad has been Vice-President in 2013 and will become the President in 2014. Dr. Talmage has been asked, due to his seniority, to serve as the Board's Vice-President for 2014, and he has agreed to do so. Dr. Steinbergh stated that she will entertain a motion to this effect.

**Dr. Saferin moved to approve Dr. Ramprasad to serve as President, Dr. Talmage to serve as Vice-President, Dr. Strafford to serve as Secretary, and Dr. Bechtel to serve as Supervising Member, for terms beginning January 1, 2014, and ending December 31, 2014. Dr. Soin seconded the motion. All members voted aye. The motion carried.**

Dr. Steinbergh thanked the new officers for 2014, and offered special thanks to the Secretary and Supervising Member for their dedicated service to the Board. Dr. Steinbergh noted that Dr. Talmage had previously served as Vice-President in 2003, but stepped down from that position to serve as the Board's

Secretary for nine years, followed by a term as Chair of the Federation of State Medical Boards. Dr. Steinbergh thanked Dr. Talmage for his continued service to the Board.

Thereupon, at 4:35 p.m., the December 11, 2013 session of the State Medical Board of Ohio was adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on December 11, 2013, as approved on January 8, 2014.

  
\_\_\_\_\_  
Krishnamurthi Ramprasad, M.D., President

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

(SEAL)



**MINUTES****THE STATE MEDICAL BOARD OF OHIO****December 12, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 8:00 a.m., in Administrative Hearing Room, 3<sup>rd</sup> Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: J. Craig Strafford, Secretary; Mark A. Bechtel, M.D., Supervising Member; Lance A. Talmage, M.D.; Donald R. Kenney, Sr.; Amol Soin, M.D.; Sushil M. Sethi, M.D.; Bruce R. Saferin, D.P.M.; and Robert P. Giacalone. The following member arrived at a later time: Michael L. Gonidakis. The following member did not attend the meeting: Kris Ramprasad, M.D., Vice-President.

Also present were: Aaron Haslam, Executive Director; 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; David Katko, Assistant Legal Counsel; William Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Randy Beck, Interim Chief of Investigations; Rebecca Marshall, Chief Enforcement Attorney; Angela McNair, Enforcement Attorney; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Danielle Bickers, Compliance Supervisor; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Mark Barr, Data Systems Manager; Patrick Randall, Systems Chief; Cathy Hacker, Physician Assistant Program Administrator; Gary Holben, Operations Manager; Caren McCann, Medical Records Specialist; Christine Schwartz, Legal Intern; and Benton Taylor, Executive Assistant to the Executive Director.

ADOPTION OF RULES

**Dr. Talmage moved to approve the Findings and Order rescinding the current version of Rule 4731-27-01, adopting new Rules 4731-27-01, 4731-27-02, and 4731-27-03, and adopting amended rules 4731-4-01 and 4731-4-02. Dr. Talmage further moved that the adopted and rescinded rules be final filed with an effective date of December 31, 2013. Dr. Strafford seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye
	Mr. Giacalone	- aye

The motion carried.

Ms. Debolt stated that a Frequently Asked Questions (FAQ's) document has been drafted which puts these new rules into language that everyone can understand. The FAQ's explain that there are rules regarding the termination of a patient from a physician's practice and outlines new requirements, which were mandated by recent legislation.

Mr. Gonidakis entered the meeting at this time.

The Board engaged in a discussion of the new rules and the FAQ's. Ms. Debolt answered the Board member's questions regarding abusive patients who are pregnant and will deliver soon, patients who will not sign for the certified letter informing them of their dismissal from the practice, notices that are sent to the patient electronically, and issues of service of notice. Ms. Debolt reviewed what the Board's new rules and FAQ's say and commented that physicians should consult with private legal counsel regarding specific instances because the Board cannot provide legal advice.

Dr. Strafford commented that, by necessity, the rules of the Board cannot address every possible situation in a practice. Dr. Talmage stated that if the rules were rigid, then the Board could be replaced by a computer. Dr. Talmage stated that the Board is capable of making judgments when a practitioner has made a good-faith effort to comply with the Board's rules. Dr. Steinbergh agreed and stated that the Secretary and Supervising Member will apply their expertise and common sense to any complaint against a physician.

**Dr. Strafford moved to accept the Frequently Asked Questions document as drafted. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

Ms. Debolt stated that the FAQ's will be posted on the Board's website with the new rules.

#### ADMINISTRATIVE REPORT

**Staffing Updates:** Mr. Haslam stated that David Katko has moved from the Enforcement Section and joined the Legal and Policy Division as Assistant Legal Counsel to Ms. Debolt. In his new position, Mr. Katko will be working on administrative rules and public records reviews.

Mr. Haslam continued that Jonithon LaCross joined the Board about two weeks ago as the new Public Policy and Governmental Affairs Program Administrator. Prior to joining the Board, Mr. LaCross had been a public information officer for the Public Utilities Commission of Ohio and had also served with Van Meter, Ashbrook and Associates.

Mr. Haslam stated that the second interviews for the Enforcement Attorney position have been completed and an offer will be made to one of the candidates very soon. Another Enforcement Attorney position has come open and will be posted in the very near future. Mr. Haslam hoped to have both positions filled by the middle of January 2014.

**Agency Recognition:** Mr. Haslam stated that on November 21, 2013, the Board received recognition from

the Governor's office for its efforts in exceeding the state's 15% minority business enterprise set-aside goal in purchasing. The program requires agencies, including the Medical Board, to set aside at least 15% of certain discretionary spending for minority-owned businesses in Ohio. This year, the Board attained 32%. Mr. Haslam stated that the program is administrated by Ms. Loe and Mr. Holben, who are doing a great job making sure the Governor's goal is met. Mr. Gonidakis stated that this is very significant because very few agencies or boards actually reach the 15% goal. Mr. Gonidakis thanked the staff for embracing the concept. Ms. Loe noted that the Board has meet the goal every year for the last five years.

**Meetings:** Mr. Haslam stated that he wanted to highlight some of the meetings that members of the staff are attending with outside groups, especially the investigators, who are actively reaching out into the community.

Mr. Haslam stated that investigator Chad Yoakam attended the Hancock County Opiate Prescription Drug Abuse Task Force meeting on November 14. Mr. Haslam stated that he and Mr. Yoakam will also attend a similar meeting tomorrow at a hospital in the Hancock County area. Mr. Haslam will sit on a panel at the meeting and discuss pending legislation regarding prescription drug abuse and how the Medical Board is handling the issue.

Mr. Haslam stated that Ms. Anderson, Ms. Bickers, and he met with representatives from the Ohio Physicians Health Program (OPHP) as part of ongoing meetings on the subjects of impairment and the one-bite rule.

Mr. Haslam stated that on November 20, the Medical Board hosted its first investigator in-service training since he became Executive Director. All investigators except one were able to attend. Internal functions were discussed, as well as efforts at more outreach and more community involvement. That same afternoon, all Board investigators and attorneys attended mandatory training on human trafficking, provided by the State Highway Patrol. Responding to questions from the Board, Mr. Beck stated that the human trafficking training was very valuable. As a result of the training, older massage therapy cases are being reviewed and some have been identified as potentially involving human trafficking.

Mr. Beck stated that he and another investigator will meet with Columbus Vice on December 17 to discuss the possibility of building a model between the two agencies. Mr. Beck stated that if the model works, it may be initiated statewide. Mr. Haslam stated that the staff is currently working on protocols on how to recognize and deal with signs of human trafficking. Dr. Sethi asked if anyone from the Board would be available to talk to a medical society meeting. Mr. Haslam stated that if Dr. Sethi makes arrangements through Ms. Wehrle, the staff would be happy to provide a presentation to a medical society.

Mr. Haslam stated that Ohio has one of the highest rates for human trafficking in the country, particularly the Toledo area. There is a big push by the entire state to eradicate this problem and the Medical Board has been working with the Attorney General's office and organized crime bureaus to get involved.

Mr. Haslam stated that the Attorney General's office has announced a new heroin task force. Representatives from the Board have attended meetings and are working with the Attorney General's office to play a role in the new task force, particularly since one of the precursors to heroin abuse is

prescription drug abuse.

Mr. Haslam stated that he, investigator Dawn Smith, and others from the Medical Board attended a Heroin Summit held in Cuyahoga County on November 25. Mr. Haslam served on a panel and was a keynote speaker at the Summit. About 700 people from the Cuyahoga County area attended the Summit. Mr. Haslam stated that Cuyahoga County has some of the highest heroin overdose rates in the state, which have doubled over the last year-and-a-half.

Mr. Gonidakis stated that Representative Sprague recently indicated that he will introduce a major anti-heroin initiative involving hundreds of millions of dollars. Mr. Gonidakis strongly suggested that the Board become involved early in the process. Mr. Haslam agreed and stated that the Board has had a great deal of contact with Representative Sprague. Mr. Haslam stated that the Board is already very involved in Representative Sprague's efforts.

Mr. Haslam continued that investigators Mike Staple, Chad Yoakam, and Chris Forshey attended the *Intensive Course on Prescribing Controlled Substances* at Case Western Reserve University from December 4 to December 6. Mr. Haslam stated that he and Mr. Beck felt that all the Board's investigators should attend the course since many of the Board's probationers are required to attend it. The rest of the Board's investigators will cycle through the course so that they have a better understanding of prescribing issues.

**2013 Mental Health and Addiction Conference:** Mr. Haslam stated that the E-Report announcing the December 16, 2013 Mental Health and Addiction Conference has been sent to licensees. Mr. Haslam stated that some spots for the conference are still open if anyone is interested in attending.

**Presentations:** Mr. Haslam stated that the staff has given a large number of presentations recently, as listed in the Administrative Report. Mr. Haslam stated that there was no time to discuss each presentation individually, but he would be glad to answer any questions the Board may have.

**Fiscal Report:** Mr. Haslam stated that monthly revenue totaled \$1,218,421.00 and monthly expenditures were \$602,617.00.

**Licensure:** Mr. Haslam stated that the average days for completion of a licensure application decreased this month to 86 days. Mr. Haslam stated that the Licensure section is doing well considering that it is currently short-staffed. Mr. Haslam stated that this number is expected to rise next month. Mr. Haslam stated that he and the staff are working to understand why this statistic fluctuates in this way. Mr. Haslam also stated that the Board's key performance measures in general are also being reviewed to ensure that they are truly measuring the Board's performance.

**Customer Service:** Dr. Steinbergh noted that at yesterday's Board meeting, a licensee was noted to have made comments that it was difficult to call the Board for information because the staff was less than receptive. This was also a topic at the Board's recent retreat. Dr. Steinbergh asked for the status of the Board's efforts to improve professionalism among the members of the staff. Mr. Haslam replied that the process of improving professionalism continues. Mr. Haslam stated that customer service training is being

sought for the office staff. In addition, customer service is being written into all new job descriptions so that that aspect of their work can be considered as part of their regular evaluations. Dr. Steinbergh opined that anyone answering phones for the Board should behave as if they themselves or a family member are the ones in need of the information. Dr. Steinbergh felt that both the office staff and the investigators should focus on being pleasant when interacting with the public.

**Legislative Report:** Mr. LaCross introduced himself as the Board's new Public Policy and Governmental Affairs Program Administrator, for those Board members who have not yet met him.

Mr. LaCross stated that the legislation is very concerned about opioids and drug addiction, as reflected in several bills that have been introduced. Mr. LaCross stated that an 11-bill package will be considered in January 2014 that will specifically deal with opioids. Mr. LaCross stated that he and other staff members have been meeting with legislators and interested parties to put forth the Board's ideas regarding best practices.

Mr. LaCross and Mr. Haslam attended a subcommittee meeting regarding House Bill 314, which will require informed consent from the parents anytime a prescription for a controlled substance is written for a minor. Mr. LaCross stated that the current version of the bill includes a mandatory \$20,000.00 fine and six-month suspension for a violation. Mr. Haslam had testified that the Board needs discretion because there may be circumstances in which such a penalty would not be the optimal resolution. Mr. Haslam had also testified that requiring informed consent for every opioid prescription for a minor, even for refills and changes in dosage, may be burdensome to some physicians' practices.

Dr. Steinbergh outlined her general practice regarding prescribing controlled substances for treating Attention Deficit Disorder in minors. Dr. Steinbergh stated that when a patient is established, it is her clinical judgment that she can change the dosage of medication based on reports from the parents and the school without actually seeing the minor patient. Dr. Steinbergh stated that she is not opposed to appropriate monitoring, but felt that there should be caution about putting pressure on physicians to do things that are not common sense. Mr. Haslam stated that he has met twice with Representative Baker, the sponsor of the legislation, and she is open to discussing changes that will make it more functional. Mr. Haslam opined that in the rewrite of the legislation, there will be a requirement for informed consent for a continuing course of treatment and if there is a new diagnosis or a new medication is being prescribed. Dr. Steinbergh stated that she would not oppose that. Mr. LaCross commented that some legislators have concerns that some parents are not involved in their child's treatment and this legislation is an attempt to correct that.

Mr. Giacalone opined that House Bill 314 seems burdensome because it applies to all controlled substances, not just narcotic analgesics. Dr. Steinbergh commented that there are concerns that any controlled substance could be diverted. Mr. Giacalone observed that if the parent is using a minor to obtain controlled substances for diversion, then they will gladly sign a consent form. Mr. Haslam stated that House Bill 314 came about because a constituent informed a traveling subcommittee that her two teenage children under 18 had become addicted to opiates which they had been receiving from a physician without her knowledge. Mr. Giacalone replied that that situation would be addressed if the legislation only referred to narcotic analgesics instead of all controlled substances, which is something he would support.

Mr. Giacalone stated that he is struggling with the legislation's broad-brush approach.

Dr. Sethi stated that he has seen minors become addicted from medications prescribed for minor football injuries and similar circumstances. Dr. Sethi also commented that narcotics are becoming more of a party drug among the young and that needs to be prevented. Dr. Soin commented that as a pain management physician, he often sees minor teenagers trying to obtain drugs for parties or similar events. Dr. Soin stated that the theory behind requiring an informed consent from the parent is so that the parent is aware of what the minor child is trying to obtain. In practice, however, Dr. Soin opined that it will be difficult to implement.

Mr. LaCross continued that work continues with Representatives Johnson, Sprague, and Smith, as well as the Board of Pharmacy, on legislation regarding Suboxone. Mr. LaCross stated that the Board has drafted a set of rules on Suboxone clinics and those rules will be used as a standard in the legislation. Mr. Haslam stated that the drafted rules were the result of work with the Board's panel of treatment experts, as recently authorized by the Board. Once the panel's work concludes, that draft will be presented to the Board.

Mr. LaCross continued to House Bill 332, concerning chronic pain treatment standards. Dr. Soin asked if the 50-year-old age requirement in the current version of House Bill 332 will be changed. Mr. Haslam stated that he was present during testimony on House Bill 332 and there was a great deal of discussion on the 50-year-old requirement. Mr. Haslam stated that it did not appear that there will be any flexibility on that, but he agreed with Mr. Miller that the bill will undergo a great deal of change as it moves through the legislative process. Mr. Haslam stated that he will seek input from the Board, particularly Dr. Soin, as he and the staff continue to address that legislation.

Mr. LaCross stated that other pending legislation will limit the amount of medication that can be prescribed for acute situations. Dr. Talmage asked if these various bills concerning prescribing also address dentists. Mr. Miller replied that dentists are included in some of the bills, but not all of them.

Dr. Bechtel asked for the status of House Bill 123, which would expand telemedicine for Medicaid. Mr. Miller replied that that legislation has slowed down considerably in the Senate. Mr. Miller stated that he has had conversations with Medicaid about this bill, which would require Medicaid to allow more telemedicine to occur. Mr. Miller anticipated that the bill will move forward with little change.

Mr. Gonidakis asked if Mr. Haslam and the staff have considered a proactive legislative agenda, rather than reactive, in order to promote the Board's vision for the medical community in Ohio. Mr. Haslam replied that the staff has sent proposed legislation to the Legislative Service Commission; once it is returned, it will be introduced to the Board for discussion. Mr. Haslam agreed that a more proactive legislative agenda is needed. Mr. Haslam stated that he will provide an outline of the Board's 2014 legislative goals before the end of this year.

Dr. Steinbergh asked about the status of legislation that will allow physician assistants and advanced practice nurses to admit patients to hospitals. Mr. Miller answered that the legislation is currently stalled for reasons that are not known. Mr. Miller confirmed that the legislation would allow, but not require, hospitals to credential physician assistants and advanced practice nurses to admit patients if their

supervising physicians are on the hospital's staff or have privileges at the hospital.

**Staff Recognition:** Mr. Haslam recognized the service of Gary Holben, who has served that State of Ohio for 20 years. Mr. Haslam also recognized Caren McCann, who has served the State of Ohio for 30 years. Mr. Haslam presented certificates of appreciation to Mr. Holben and Ms. McCann.

Mr. Gonidakis wished to recognize Ms. Debolt, who, as the Board's General Counsel, has worked to ensure that all Board Members are compliant with various legal requirements of disclosure and conflicts of interest. Mr. Gonidakis noted that problems in these areas have caused a member of the State Board of Education to resign and another member of that board to face a possible Ethics Commission investigation.

## REPORTS BY ASSIGNED COMMITTEES

### EXECUTIVE COMMITTEE

#### FINANCIAL COMMITTEE REPORT

Mr. Haslam stated that, at the request of some Board members, a document was produced outlining the Board's current fining authority and how it is being utilized. Mr. Haslam stated that the Board currently has fining authority in three major areas: Pain clinic violations, continuing medical education (CME) violations, and mini-Stark violations. Mr. Haslam stated that the Board has never issued a fine for a mini-stark violation. Regarding fines for CME violations, Mr. Haslam stated that this has not been exercised very much recently because it represents a great deal of work for very little reward. Mr. Haslam noted that one of the Board's goals is to explore the possibility of a non-disciplinary CME violation fine which would not be reportable to the National Practitioner Databank. Mr. Haslam stated that the Board has not yet issued any fines for violation of pain clinic rules because that authority is very new. Mr. Haslam noted that the Board issued its first citation for violating the pain clinic rules yesterday and, if a violation is found to have occurred, the Board could choose to issue a fine in that case.

Mr. Haslam stated that in 2012, the Board spent slightly over \$6,000,000.00 in relation to disciplinary actions, representing approximately 70% of the Board's budget.

### TRAVEL REQUESTS

Dr. Steinbergh stated that she is requesting approval of her travel to the January 2014 meeting of the American Association of Osteopathic Examiners (AAOE), which is comprised of all osteopathic physicians who serve on state medical boards. Dr. Steinbergh stated that the American Osteopathic Association (AOA) supports the organization by providing funds for travel and two nights of lodging. Dr. Steinbergh requested Board approval for an additional night of lodging and *per diems*.

**Dr. Saferin moved to approve Dr. Steinbergh's travel request regarding the January 2014 meeting of the AAOE, in conjunction with her responsibilities related to her position with the State Medical Board of Ohio. Dr. Strafford seconded the motion.** All members voted aye. The motion carried.

YOUR REPORT NEWSLETTER

Dr. Steinbergh stated that a draft of the *Your Report* newsletter has been provided to Board members for their approval.

**Dr. Saferin moved to approve the draft of the *Your Report* newsletter, pending final proofreading. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

FEDERATION OF STATE MEDICAL BOARDS 2014 ANNUAL MEETING

Dr. Steinbergh stated that the Executive Committee recommends appointing Mr. Haslam as an associate member of the Board, thus allowing him to receive scholarship funds for travel to the Federation of State Medical Boards (FSMB) 2014 Annual Meeting.

**Dr. Saferin moved to appoint Mr. Haslam as an associate member so he can receive scholarship funds to travel to the FSMB 2014 Annual meeting. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh stated that the FSMB has called for committee recommendations for anyone interested in serving on an FSMB committee or being elected to an FSMB elective office. Ms. Wehrle stated that following discussion by the Executive Committee, it was determined that Dr. Steinbergh is interested in serving on the By-Laws Committee or any other committee, Dr. Sethi is interested in serving on the Education Committee or the Ethics and Professionalism Committee, and Dr. Bechtel is interested in serving on the Editorial Committee.

**Dr. Strafford moved that serving on FSMB committees is related to Board member responsibilities, and to approve the applications to serve on the committees for that purpose. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

GENERAL PROCEDURES IN IMPAIRMENT CASES

Dr. Strafford stated that the Group 1 Committee discussed the current disciplinary parameters for impairment cases and the need to review the one-bite rule. The Committee expressed the desire that the Board be more operationally involved in how consent agreements are constructed for practitioners with recurrent relapses. Dr. Strafford stated that, as Secretary and Supervising Member, he and Dr. Bechtel would welcome such input. Dr. Steinbergh stated that the Board can begin the process of amending the disciplinary guidelines according to what the current membership of the Board would like to see.

Mr. Kenney asked how the Board can obtain information from hospitals regarding physician relapse. Dr. Steinbergh stated that such information would be protected peer-review information, and therefore unobtainable by the Board. The Board and staff engaged in a thorough discussion of hospital peer-review processes, a hospital's duty to report when they sanction a physician, and the fact that some hospitals may skirt this duty. Mr. Kenney expressed concern that hospitals may be dealing with physicians who relapse without reporting it to the Board.

Responding to questions from Mr. Giacalone, Ms. Anderson stated that physicians have a duty to self-report or to report if they know of a practitioner who has relapsed, unless they fall into a reporting exemption under federal law. However, although such reporting is required, it does not always happen. Ms. Anderson stated that the Board can take disciplinary action on a physician who fails to report or self-report a relapse.

Mr. Giacalone asked if the Board's consent agreements and board orders can include a provision in which the licensee attests that this is their first instance of substance abuse and, if that attestation is found to be false, their license is immediately revoked. Ms. Marshall replied that a "springing punishment" of this sort is not allowed under Section 119 of the Ohio Revised Code. However, an attestation can be include and if it is found to be false, the Board can issue a citation to the practitioner, which could result in revocation of license if the Board so chooses. Mr. Giacalone opined that if a licensee lies in order to take advantage of the one-bite rule, it is an issue of integrity and the minimum discipline should be revocation. Mr. Giacalone felt that the Board's disciplinary guidelines should be changed accordingly. Mr. Giacalone opined that this would encourage more physicians to come forward, since the alternative would be catastrophic to their careers.

Dr. Steinbergh stated that this discussion will continue in the Disciplinary Guidelines Committee.

#### GROUP 1 COMMITTEE

In the absence of Dr. Ramprasad, Dr. Strafford delivered the report from the Group 1 Committee.

#### LICENSURE APPLICATION REVIEW

##### SHEILA WALL, M.D.

Dr. Strafford stated that Dr. Wall has applied for restoration of her license to practice medicine in Ohio. Dr. Wall has not practiced medicine for more than two years. The Group 1 Committee recommends approval of Dr. Wall's application, pending successful completion of the SPEX examination.

**Dr. Soin moved to approve Dr. Wall's application for restoration of her license to practice medicine and surgery in Ohio, pending successful completion of the Special Purpose Examination (SPEX). Dr. Saferin seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- aye

Mr. Giacalone - aye

The motion carried.

DISCUSSION OF REQUEST OF ROBERT E. WOOD, M.D.

Dr. Strafford stated that Dr. Wood of Cincinnati Children's Hospital has requested help in finding an existing pathway to licensure for a specific urgent need. Dr. Strafford explained that two children from Kuwait are currently received very specialized treatment at Cincinnati Children's Hospital. The hospital would like to train Kuwaiti physicians to perform the treatment so that the children can move back to Kuwait and have their treatment continue there. Mr. Miller stated that he and his staff have identified the most appropriate route for the Kuwaiti physicians to receive the proper certificate to undergo the training. Mr. Miller asked for the general consensus of the Board as to whether the certificates should be approved, stating that Dr. Strafford and Dr. Bechtel will be able to give final approval when the applications and paperwork of the Kuwaiti physicians arrive.

Dr. Steinbergh stated that she has spoken with Dr. Wood and noted that the children have been in Cincinnati for five years and the physicians have been waiting for the children to mature to the point where the lavage procedure can be performed. Dr. Steinbergh stated that the children are not returning to Kuwait in the near future and there is no urgent need, except for the need to accommodate the Kuwaiti physicians' travel itinerary.

Dr. Strafford stated that the Group 1 Committee's concern is that the Board is essentially doing the applicants' homework and it does not want to set a precedent. However, due to the human kindness component of this situation, the Committee felt it was acceptable to address the question and ask for the Board's approval of the concept.

**Dr. Saferin moved to authorize approval of the Clinical Research Faculty Certificate applications of the physicians in question, pending receipt of the proper documentation and approval by the Secretary and Supervising Member. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

Dr. Strafford noted that this is an exception to the Board's usual practices in such cases, for reasons mentioned above. Dr. Steinbergh agreed.

OHIO PHYSICIANS HEALTH PROGRAM

Dr. Strafford stated that the Group 1 Committee also discussed issues relating to the Ohio Physicians Health Program (OPHP), particularly the one-bite rule. Dr. Strafford stated that the one-bite rule represents a great opportunity, but it does not seem to have been applied uniformly. Dr. Strafford stated that some want to eliminate the one-bite rule, but Dr. Strafford opined that the Board should explore ways to monitor the rule.

Responding to questions from Board members, Mr. Haslam stated that OPHP is a non-profit organization

and their relationship with the Board is cordial. Dr. Steinbergh stated that OPHP used to monitor the Board's probationers, but the Board has since assumed that responsibility itself with its monitoring program. Mr. Haslam stated that OPHP would like to resume monitoring probationers, but the Board already does a good job with monitoring. Mr. Haslam stated that OPHP does play a role, noting the OPHP represents physician advocacy and the Board represents patient advocacy. Mr. Haslam agreed with Dr. Strafford that the one-bite rule needs to be reviewed because it is not applied evenly.

#### ADMINISTRATIVE HEARINGS

Mr. Giacalone stated that the Board should always strive to do what is best for the patients and for the physician. However, Mr. Giacalone did not feel that the Board is making informed decisions under their current processes. Mr. Giacalone stated that the hearing transcript provided by the Hearing Examiner for each case gives no information about the respondent's demeanor or what they sound like. Mr. Giacalone stated that the members of the Board represent an incredible amount of expertise, but it cannot be utilized because Board members cannot ask the respondent questions. Mr. Giacalone felt that certain cases, such as relapse or egregious cases, should be heard before the Board. Dr. Sethi agreed, saying that as clinicians, the Board members need to know more about the cases.

The Board engaged in a thorough discussion of the possibility of having some hearings held before the Board instead of a hearing examiner. It was noted that under current processes, a Board member or members could attend an administrative hearing since they are public, but they would not be able to ask questions. Ms. Marshall noted that in the case of summary suspensions, the respondent has the right to have a hearing with seven to fifteen days, and it would be extremely difficult to convene a quorum of the Board on such short notice.

Dr. Bechtel exited the meeting at this time.

Dr. Steinbergh suggested that Mr. Giacalone draft some of his thoughts, with input from the administrative staff, to be presented to the Board for future discussion.

#### PHYSICIAN ASSISTANT MATTERS

##### PROVISIONAL CERTIFICATE TO PRESCRIBE APPLICATION REVIEW

##### JAMES MABE, P.A.-C

Dr. Steinbergh stated that Mr. Mabe completed an approved physician assistant program in 2002 before it was a masters-level program. Mr. Mabe also earned a doctorate of bioscience degree in the United Kingdom. The Group 2 Committee found that Mr. Mabe's courses of study were clinically relevant to the provisional certificate to prescribe and recommends that Mr. Mabe's application be approved.

**Dr. Strafford moved to find that Mr. Mabe's courses of study are clinically relevant to the provisional certificate to prescribe as a physician assistant and to approve his application. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Saferin	- aye
Dr. Soin	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Giacalone	- aye

The motion carried.

#### PHYSICIAN SUPERVISORY PLANS AND PHYSICIAN ASSISTANT SUPERVISION AGREEMENT APPLICATIONS

##### BLAKE WAXMAN, M.D., URGENT CARE SPECIALISTS

Dr. Steinbergh stated that the Group 2 Committee recommends approval of Dr. Waxman's supervisory plan and supervision agreement.

**Dr. Strafford moved to approve Dr. Waxman's physician supervision agreement and physician assistant supervision agreement application. Dr. Talmage seconded the motion.** All members voted aye. The motion carried.

##### DOCTOR'S URGENT CARE OFFICES

Dr. Steinbergh stated that seven physicians from Doctor's Urgent Care Offices submitted identical applications. Janet Youngblood Higgins, M.D., had appeared at yesterday's Group 2 Committee meeting and answered some questions that the committee had had the previous month. Regarding the Committee's concerns about supervision, Dr. Higgins agreed that there would be 100% on-site supervision at all sites. With that stipulation, as well as provisions for quality assurance, the Group 2 Committee recommends approval of the applications.

**Dr. Talmage moved to approve the physician supervisory plans and physician assistant supervision agreement applications of Janet Youngblood Higgins, M.D., Amy Leech, D.O., Letitia Thompson-Hargrave, D.O., Gary Peterson, M.D., Kwabena Oteng, M.D., Richard Ohmer, M.D., and Jennifer McLellan, M.D., based on 100% on-site supervision at all sites and a quality assurance plan. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

##### FORMULARY DISCUSSION

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) has changed the format of the physician assistant formulary and a review and update of the medications on the formulary has begun. The PAPC recommends the following changes: Stribild, Bethkis, Lupaneta Pack, Juxtapid, and Situro have

been placed in the “Physician Initiated” category; and Jetrea, Cystaran, and Gattex Kit have been added to the “CTP May Not Prescribe” category. Dr. Steinbergh stated that the Group 2 Committee approved these recommendations.

**Dr. Strafford moved to approve the recommendations of the PAPC and the Group 2 Committee. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh continued that the PAPC also received a request to review the medications Accutane, Clavaris, Sotret, and Soriatane. The PAPC recommended that Accutane, Clavaris, and Sotret be placed in the “Physician Initiated” category. At Dr. Bechtel’s suggestion, it was recommended that Soriatane be placed in the “CPT May Not Prescribe” category. The Group 2 Committee concurred with the PAPC’s recommendations.

**Dr. Saferin moved to approve the recommendations of the PAPC and the Group 2 Committee regarding the medications Accutane, Clavaris, Sotret, and Soriatane. Dr. Soim seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh stated that the PAPC recommended that the medications Absorica, Clavaris, Sotret, and Zenitane be added to the “Physician Initiated” category, so long as the supervising physician is a dermatologist. The Group 2 committee concurred.

**Dr. Saferin moved to approve the recommendations of the PAPC and the Group 2 Committee regarding the medications Absorica, Clavaris, Sotret, and Zenitane. Dr. Strafford seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh stated that the PAPC recommended that the medications Aldara and Zyclara be added to the “CTP Many Prescribe” category, so long as the supervising physician is a dermatologist. The Group 2 committee concurred.

**Dr. Talmage moved to approve the recommendations of the PAPC and the Group 2 Committee regarding the medications Aldara and Zyclara. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

#### SPECIAL SERVICES APPLICATIONS

##### CARDINAL ORTHOPAEDIC INSTITUTE

Dr. Steinbergh stated that the requests from the Cardinal Orthopaedic Institute all follow the same guidelines. The Physician Assistant Policy Committee and the Group 2 Committee recommend approval of the requests, pending some clarification of the language of the requests. Dr. Steinbergh stated that the supervising physician will see the patient prior to any injection, determine that the injection is needed, and provide 100% on-site supervision to the physician assistant. The physician assistant will observe 25 procedures performed by the physician, then the physician will observe 25 procedures performed by the physician assistant in order to determine competency.

**Dr. Talmage moved to approve Cardinal Orthopaedic Institute's special services applications for carpal tunnel injections, ligament/tendon sheath/trigger digit injections, glenohumeral joint injections, elbow injections, and trigger point injections, pending language clarifying the aspects of the special services as outlined by Dr. Steinbergh. Dr. Sethi seconded the motion.**

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

Dr. Strafford asked if the performance observance requirements will also apply to any physician assistants hired at a later time. Dr. Talmage stated that the agreements are specific to the physician, but not to the physician assistant; any physician assistant, even those hired at a later time, would have to adhere to this plan.

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

DR. STEINBERGH'S SERVICE AS PRESIDENT

Dr. Strafford thanked Dr. Steinbergh for serving as President of the Board for 2013 and for attending to each meeting agenda with such thoroughness. All Board members agreed and applauded Dr. Strafford's statement.

Thereupon at 11:00 a.m. the December 11, 2013, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on December 11-12, 2013, as approved on January 8, 2014.

  
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Krishnamurthi Ramprasad, M.D., President

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

(SEAL)

