

**MINUTES****THE STATE MEDICAL BOARD OF OHIO****September 10, 2014**

Krishnamurthi Ramprasad, M.D., President, called the meeting to order at 9:55 a.m. in the Administrative Hearing Room, 3<sup>rd</sup> Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Donald R. Kenney, Vice-President; Mark A. Bechtel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Michael L. Gonidakis; Amol Soin, M.D.; Sushil Sethi, M.D.; Robert P. Giacalone; Kim G. Rothermel, M.D.; and Andrew P. Schachat, M.D.

Also present were: Jonathan Blanton, Interim Executive Director; Kimberly Anderson, Assistant Executive Director; Susan Loe, Assistant Executive Director, Human Resources and Fiscal; Michael Miller, Assistant Executive Director for Licensure and Renewal; Sallie J. Debolt, Senior Counsel; David Katko, Assistant Legal Counsel; Mary Courtney Ore, Deputy Director of Communications; Joan K. Wehrle, Education and Outreach Program Manager; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; K. Randy Beck, Acting Chief of Investigations; Michael Giar, Investigator; William Schmidt, Senior Counsel for Investigations; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Angela McNair, Cheryl Pokorny, Greg Taposci, and James Roach, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and James Wakley, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Christine Schwartz, Legal Services Contractor; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones and Angela Moore, Compliance Officers; Kay Rieve, Administrative Officer; Mitchell Alderson, Chief of Licensure; Barbara Jacobs, Senior Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; Judith Rodriguez, Legal Department Secretary; and Benton Taylor, Interim Executive Assistant.

**MINUTES REVIEW**

**Dr. Rothermel moved to approve the draft minutes of the July 10, 2014 Board Retreat Meeting and the August 13, 2014, Board meeting, as written. Dr. Saferin seconded the motion.** All members voted aye, except Dr. Steinbergh, who abstained. The motion carried.

**REPORTS AND RECOMMENDATIONS**

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

Dr. Ramprasad 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: Precious LaYon Barnes, D.O.; Harry N. Bernard, D.P.M.; Barry Howard Brooks, M.D.; Jessop Mark McDonnell, M.D.; and Cassandra Rose Parrott, D.O.

A roll call was taken:

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

Dr. Ramprasad 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. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

Dr. Ramprasad 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. Bechtel served as Secretary and Dr. Saferin served as Supervising Member.

Dr. Ramprasad 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.

PRECIOUS LAYON BARNES, D.O.

Dr. Ramprasad directed the Board's attention to the matter of Precious LaYon Barnes, D.O. Objections have been filed and were previously distributed to Board members. Ms. Shamansky was the Hearing

Examiner. Dr. Ramprasad noted that this matter is non-disciplinary in nature, and therefore the Secretary and Supervising Member may vote.

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

Dr. Barnes was represented by her attorney, Nathaniel Jackson. Mr. Jackson stated that Dr. Barnes has passed all of her required examinations, but she exceeded Ohio's limit on the number of attempts to pass each step of the examinations of the National Board of Osteopathic Medical Examiners (NBOME). Mr. Jackson asked the Board to either waive the requirement that all examinations be passed with a minimum of five failures, or to grant a good-cause exception in such extraordinary circumstances where the NBOME erred by denying reasonable accommodations for proven learning disabilities. Mr. Jackson stated that such an exception does exist in the Board's statutory framework, as the Board's rules allow for a good-cause exemption for applicants who go over the 10-year limit for passing all of the NBOME's examinations. Mr. Jackson proposed that a similar good-cause exception should exist for the Board's rules on the number of attempts.

Mr. Jackson observed that in the Report and Recommendation, Hearing Examiner Shamansky noted in regrettable fashion that she was bound to a strict interpretation of the rules, but she also advanced that the Board is not so bound. In the hearing it was established that Dr. Barnes' learning disabilities are legitimate, as indicated by letters of support from LaSalle University, the Philadelphia College of Osteopathic Medicine, and the Pennsylvania College of Optometry. Mr. Jackson stated that the NBOME was incorrect in denying Dr. Barnes' request for accommodations in taking the examinations.

Mr. Jackson stated that although the NBOME denied Dr. Barnes' request for accommodations, she still passed all of the examinations. Mr. Jackson also pointed to the testimony of Dr. Tran and Dr. Rowane, who both raved about Dr. Barnes' clinical abilities and the fact that she had been involved in the most demanding rotations during her residency. In particular, Dr. Rowane felt that Dr. Barnes had limitless potential; Mr. Jackson noted that Dr. Rowane was President of the Cleveland Academy of Osteopathic Medicine, serves on the Board of Trustees of the American Academy of Osteopathy, and is the Director of Medical Education at University Hospitals Regional Hospitals where Dr. Barnes was Chief Resident.

Mr. Jackson stated that one of the reasons the Board increased the attempt limit from four to six attempts was to avoid denying licensure to good, competent physicians, and this case represents a chance for the Board to stand behind that goal. Mr. Jackson stated that Dr. Barnes' supervisor, peers, the Assistant Attorney General, and the Hearing Examination agree that Dr. Barnes is an exceptional doctor. Mr. Jackson stated that an exception should be made and Dr. Barnes should be granted licensure.

Dr. Barnes stated that she loves being a physician and giving patients a chance to extend their lives and the quality of their lives. Dr. Barnes stated that her attending physicians chose her as the only family medicine resident to go out to a critical care hospital because they trusted her to make good evidence-based decisions to provide the best care. Dr. Barnes stated that the attending physicians have not only offered her a position with the hospital, but they also want her to be a residency director and train the next generation of physicians.

Dr. Barnes asked the Board to make a good-cause exception because she is not a danger to society; rather, she will only help with both patient care and the education of future physicians.

Dr. Ramprasad asked if the Assistant Attorney General would like to respond. Mr. Wakley stated that he would like to respond.

Mr. Wakley stated that when the Board changed its physician licensure rules to allow six attempts to pass any step of the NBOME examination instead of four, it did not provide itself the ability to grant an exception if the physician is not specialty board-certified. Mr. Wakley also stated that the Board lacks the ability to go back and determine whether the NBOME was correct when it denied Dr. Barnes' request for accommodations while taking the examinations.

Mr. Wakley stated that the Board must follow its rules and deny Dr. Barnes' licensure. Mr. Wakley noted that a denial today will not preclude Dr. Barnes from being granted licensure in the future if she becomes certified by her specialty board.

**Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Precious LaYon Barnes, D.O. Dr. Saferin seconded the motion.**

Dr. Ramprasad stated that he would now entertain discussion in the above matter.

Dr. Ramprasad stated that Dr. Barnes has had a good education, but she has struggled. While attending LaSalle University, Dr. Barnes was tested and was discovered to have a learning disability. After this learning disability was discovered, Dr. Barnes' grades increased substantially. However, when Dr. Barnes' requested testing accommodations from the NBOME, her request was denied because her disability had not been diagnosed from childhood. Dr. Barnes passed the Level 1 examination on the seventh attempt, the Level 2 CE examination on the fifth attempt, the Level 2 PE examination on the first attempt, and the Level 3 examination on the second attempt. Dr. Ramprasad noted that on the Level 1 examination, which requires a score of 75 to pass, Dr. Barnes scored a 74 on the fourth, fifth, and sixth attempts.

Dr. Ramprasad stated that Dr. Barnes is capable of practicing medicine. Dr. Ramprasad noted that Dr. Tran, who sometimes supervised Dr. Barnes during residency, did not know that she had a learning disability because she practiced medicine so well. Dr. Ramprasad further noted that Dr. Rowane considered Dr. Barnes to be a role model for other physicians. However, Dr. Ramprasad stated that according to the rule adopted by the Board, an exception to the attempt limit can only be granted if the applicant is certified by a specialty board; unfortunately, Dr. Barnes lacks such certification at this time.

Dr. Soin stated that he is very pleased with what Dr. Barnes has been able to accomplish through hard work. Dr. Soin opined that Dr. Barnes' practice would not represent a danger to patients, and in fact would be a benefit to Ohio. Dr. Soin questioned why this matter has come before the Board if the Board is bound by rule to only make one decision. Dr. Ramprasad explained that when Dr. Barnes was informed that she did not qualify for a medical license in Ohio, she had the right to ask for a hearing to contest that

decision. Dr. Barnes asked for a hearing, and now the matter has come to the Board for final disposition.

Dr. Steinbergh briefly reviewed the history of the Board's rules concerning qualifications for medical licensure, noting that amendments adopted within the last two years increased the number of allowed failures on any step from three to five. Dr. Steinbergh noted that some medical schools will not graduate students who fail the licensure examinations more than three times. Dr. Steinbergh stated that the Board must follow its own rules, and those rules do not allow the Board to grant a good-cause exception in this case. Dr. Steinbergh stated that the Board cannot second-guess the NBOME's decision to not grant testing accommodations to Dr. Barnes. Dr. Steinbergh further stated that there is no evidence that Dr. Barnes would have passed within the allowable number of attempts if the accommodations had been granted.

Dr. Steinbergh continued that Dr. Barnes is obviously clinically prepared in her residency program, which she will presumably complete in April 2015 and become qualified to sit for the American College of Osteopathic Family Physicians (ACOFP) certification examination. Dr. Steinbergh stated that if Dr. Barnes passes the ACOFP examination, she will become eligible for licensure in Ohio. Dr. Steinbergh stated that she personally would encourage the ACOFP to grant Dr. Barnes accommodations for taking the examination and to grade the examination quickly in order to facilitate the process of Dr. Barnes' licensure. Dr. Steinbergh also stated that Dr. Barnes has the option of obtaining a medical license from another state with different licensure rules and then reapplying for an Ohio license. Dr. Steinbergh stated that she supports the Proposed Order to deny Dr. Barnes' request for licensure.

Dr. Rothermel stated that she agrees that the Board must follow its rules. Dr. Rothermel noted that learning disabilities are developmental in nature and she was disappointed that the NBOME's stated reason for denying accommodation was that the condition was not diagnosed in childhood. Dr. Rothermel joined Dr. Steinbergh in encouraging the ACOFP to grant accommodations when Dr. Barnes takes their certification examination. Dr. Rothermel hoped that Dr. Barnes passes the ACOFP certification on her first attempt and reapplies for medical licensure in Ohio.

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

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

The motion to approve carried.

HARRY N. BERNARD, D.P.M.

Dr. Ramprasad directed the Board's attention to the matter of Harry N. Bernard, D.P.M. He advised that no objections were filed. Mr. Mayton was the Hearing Examiner.

**Dr. Sethi moved to approve and confirm Mr. Mayton's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Harry N. Bernard, D.P.M. Dr. Soin seconded the motion.**

Dr. Ramprasad stated that he would now entertain discussion in the above matter.

Dr. Sethi briefly reviewed Dr. Bernard's career, including his practice in Illinois beginning in 1974. In 1978, Dr. Bernard allowed his license to practice podiatric medicine in Ohio to lapse for non-renewal. In November 2013, Dr. Bernard applied for restoration of his Ohio podiatric medical license.

Dr. Sethi stated that the major issue in this matter is the repeated episodes of forgery regarding Dr. Bernard's professional liability insurance coverage. Dr. Sethi noted that Dr. Bernard presented a fraudulent insurance certificate five times annually from 2004 to 2008. Dr. Bernard has indicated that his wife is responsible and had taken these actions without his knowledge or consent. Dr. Sethi found this claim to be rather odd, stating that he may understand one such occurrence but not five. Dr. Bernard had alleged that in 2000, his wife showed him a letter purportedly from the Centers for Medicare and Medicaid Services demanding payment of \$361,940.00. Dr. Bernard later learned that that letter was forged by his wife to defraud him of money and to convince him to grant her Power of Attorney over both himself and his practice. Dr. Bernard also testified that he had developed a mild anxiety disorder at this time. Dr. Bernard stated that subsequently, his wife sold \$350,000.00 of Dr. Bernard's real estate in Arizona without his knowledge. According to Dr. Bernard, he only became suspicious of his wife's activities within the last few months.

Dr. Sethi stated that ultimately, it is Dr. Bernard's responsibility to see that his certificate of malpractice insurance is filed correctly. Dr. Sethi was surprised that Dr. Bernard did not file any criminal charges against his wife, whom he alleges committed these fraudulent acts. Dr. Sethi stated that as a podiatric physician, Dr. Bernard makes important decisions regarding patient care. However, Dr. Sethi questioned how Dr. Bernard can manage patient care when he has no control over simple matters in his practice.

Dr. Sethi opined that Dr. Bernard's contention that his wife had filed the fraudulent insurance certificate does not relieve him of his responsibility in this important matter. Dr. Sethi supported the Proposed Order to deny Dr. Bernard's application for restoration of his Ohio podiatric medical license.

Dr. Steinbergh agreed with Dr. Sethi and noted that with a denial, Dr. Bernard would be able to apply for another license in the future. Dr. Steinbergh asked the Board to consider what program or condition Dr. Bernard could fulfill that would demonstrate his competence to be relicensed. Dr. Steinbergh also asked if the Board should consider permanently denying Dr. Bernard's application for restoration. Mr. Kenney asked whether the Board, in the event of a non-permanent denial, could require certain conditions to be met before Dr. Bernard can reapply for a license. Ms. Anderson replied that if the Board wants to require Dr. Bernard to fulfill certain requirements, it will need to grant his application for restoration so it would

have jurisdiction to do that.

Dr. Ramprasad acknowledged that some find it difficult to believe that someone would not pay attention to their finances. However, Dr. Ramprasad accepted Dr. Bernard's account of these events for two reasons. First, Dr. Bernard filed a court document detailing how he had been defrauded; and second, Dr. Bernard came to learn that he was being defrauded because he found out his Social Security had not been paid during the years in question. Further, Dr. Ramprasad stated that Dr. Bernard may not have pressed criminal charges against his wife simply because she was his wife, someone he had loved and trusted, and perhaps he could not bring himself to take that action. Dr. Ramprasad stated that Dr. Bernard may or may not have participated in these activities, but the American judicial system is predicated upon certainty. Dr. Ramprasad stated that he is not absolutely certain that Dr. Bernard intended to commit fraud and opined that Dr. Bernard should have an avenue to return to the practice of podiatric medicine. Dr. Ramprasad suggested that Dr. Bernard's application for restoration should be granted, his license should be immediately suspended for a minimum of one year, and he should be required to complete ethics training before the reinstatement of his license.

Dr. Steinbergh stated that if the Board wished to follow Dr. Ramprasad's suggestion, then this matter should be tabled so that the Board's staff can draft an amended order to that effect.

**Dr. Steinbergh moved to table this matter.** No Board member seconded the motion. The motion to table was lost for want of a second.

Dr. Soin stated that when physicians make a decision to have their own practice, they must assume a great deal of responsibility for that practice. Dr. Soin found the fact that Dr. Bernard may not have been aware of the fraud to be irrelevant because, as a business owner, he should be responsible for all parts of his practice. Responding to an inquiry from Dr. Steinbergh, Dr. Soin stated that he would support a permanent denial of Dr. Bernard's application.

**Dr. Steinbergh moved to amend the Proposed Order to a permanent denial of Dr. Bernard's application for restoration. Dr. Sethi seconded the motion.** A vote was taken:

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

The motion to amend carried.

**Dr. Steinbergh moved to approve and confirm Mr. Mayton's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Harry N. Bernard, D.P.M. Dr. Soin seconded the motion.**

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Mr. Giacalone noted that the Illinois Licensing Department indefinitely suspended Dr. Bernard's license to practice podiatric medicine in Illinois, at which time Dr. Bernard retired. Mr. Giacalone found it curious that Dr. Bernard now wants to return to practice. Dr. Ramprasad did not know why Dr. Bernard wants to return to practice at this time, but speculated that it could be for financial reasons or other personal reasons.

A vote was taken on Dr. Steinbergh's motion to approve as amended:

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

The motion to approve as amended carried.

**BARRY HOWARD BROOKS, M.D.**

Dr. Ramprasad directed the Board's attention to the matter of Barry Howard Brooks, M.D. No objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Schachat noted that he has a professional relationship with the Cleveland Clinic, and entity which is also involved in this matter. Therefore, Dr. Schachat is recusing himself in the matter of Dr. Brooks.

Dr. Ramprasad stated that a request to address the Board has been timely filed on behalf of Dr. Brooks. Five minutes will be allowed for that address.

Dr. Brooks was represented by his attorney, John Irwin, J.D., M.D. Dr. Irwin stated that this is an interesting case involving the modernization of the medical profession with electronic medical records and electronic billing. Dr. Irwin stated that Dr. Brooks has accepted responsibility for both the clinical and administrative aspects of his practice. Dr. Irwin stated that all those in the medical profession continue to learn that they cannot necessarily rely upon the biggest and best software.

Dr. Brooks felt very strongly that he owes his life to the Board, explaining that he has the fatal, chronic, progressive disease of alcoholism. Dr. Brooks stated that the Board was instrumental in his sobriety and as of November 19, he will have been sober for 31 years. Dr. Books thanked the Board for this.

Regarding the current matter, Dr. Brooks stated that he takes full responsibility for what happened. Dr. Brooks stated that his billing was handled by the Cleveland Clinic and he had not been paying attention to that aspect of his practice. An audit uncovered the billing irregularities in question. Dr. Brooks stated that he consulted close friends and found that they had also been caught up in a similar situation. Dr. Brooks opined that the state was very fair to him, noting that there was no fine and no jail time. Dr. Brooks observed that the Hearing Record states that he had paid a fine of \$11,000.00, but stated that that payment was for the investigation costs and was not a fine.

Dr. Brooks stated that this has been very painful for him because he is no longer practicing medicine. Dr. Brooks stated that he is currently performing missionary work in inner cities and abroad, and he hoped to go to Africa within two weeks. Dr. Brooks stated that he is too well-trained to not use his skills. Dr. Brooks stated that he will most likely not practice medicine again, noting that he is 66 years old and is excluded from Medicare and Medicaid for five years.

Dr. Brooks reiterated that he accepts full responsibility in this matter and the he did not knowingly do something wrong.

Dr. Ramprasad asked if the Assistant Attorney General would like to respond. Mr. Wakley stated that he would like to respond.

Mr. Wakley stated that one important fact was left out of the Report and Recommendation. Specifically, when a random audit was conducted by the State of Ohio, 200 of Dr. Brooks' charts were audited and 200 examples of upcoding were found. Mr. Wakley stated that 200 errors out of 200 samples is substantial. Mr. Wakley stated that Dr. Brooks had not paid attention to how his practice had been billing patients, which is easy to do when the practice is billing the federal government and state programs because there is less oversight.

Mr. Wakley expressed appreciation for Ms. Blue's work as Hearing Examiner, but the State felt that a more substantial sanction than the Proposed Order would be appropriate. Mr. Wakley appreciated that Dr. Brooks has dedicated himself to public service at this point, but stated that this is a substantial problem which the Board should take seriously.

**Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Barry Howard Brooks, M.D. Dr. Rothermel seconded the motion.**

Dr. Ramprasad stated that he would now entertain discussion in the above matter.

Mr. Giacalone briefly reviewed Dr. Brooks' career, including his training in the fields of psychiatry and internal medicine. From 1979 to May 2013, Dr. Brooks maintained a private practice as an internal

medical physician in the Cleveland area. From May to November 2013, Dr. Brooks was employed by One Health Ohio as a primary care physician. Since 2013, Dr. Brooks has worked as a *locum tenens* physician in Ohio. On or about July 24, 1986, Dr. Brooks came before this Board on a separate matter, namely his conviction on 13 felony counts involving attempted illegal processing of drug documents associated with his prescribing Dilaudid for individuals he knew to be drug addicts. At that time, the Board issued an order revoking Dr. Brooks' Ohio medical license, but stayed the revocation and imposed probationary terms for a minimum of five years.

Mr. Giacalone stated that this current matter has resulted from Dr. Brooks' plea of No Contest to and conviction of Medicare fraud, a first-degree misdemeanor. Although the sentence entry indicates that no fine or court costs were assessed against Dr. Brooks, Dr. Brooks testified at hearing that he paid a fine of \$11,000.00. A letter dated February 28, 2014, from the U.S. Department of Health and Human Services, Office of the Inspector General, notified the Board that Dr. Brooks was excluded in any and all capacities from Medicare, Medicaid, and all federal health programs due to his conviction.

Mr. Giacalone stated that Dr. Brooks maintains that he was not directly responsible for overbilling Medicaid, but rather a computer program error at the Cleveland Clinic was the cause. According to Dr. Brooks' testimony, the Cleveland Clinic managed his practice from 2009 to 2012, including his billing and financial services. Dr. Brooks further testified that, to his knowledge, no other physicians have had convictions or exclusions from federal health programs, even though many other physicians used the same billing program that Dr. Brooks used.

Based on the foregoing facts, Mr. Giacalone recommended accepting the Hearing Examiner's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Dr. Brooks. The Proposed Order, if adopted, would suspend Dr. Brooks' medical license for a minimum of 90 days, require him to take courses in medical billing and professional ethics as conditions for reinstatement or restoration, and then impose probationary conditions on his license for at least two years.

Dr. Ramprasad stated that in medical practice all billings usually generate from the physician, even when an electronic medical record is being used. Dr. Ramprasad did not know of any situation where the physician is not in charge of billing because the physician must record the level of the service being rendered. Dr. Ramprasad characterized the terms of the Proposed Order as a "gift" in this situation.

Dr. Steinbergh concurred that the Proposed Order was a gift, one which she disagreed with. Dr. Steinbergh stated that when someone defrauds Medicaid, they defraud everyone because the program is funded by tax revenue. Dr. Steinbergh agreed with Dr. Ramprasad that a physician is responsible for properly billing for his or her services. Dr. Steinbergh stated that it is very significant that Medicaid auditors sampled 200 of Dr. Brooks' cases and found 200 errors.

Dr. Steinbergh reiterated that being convicted of Medicaid fraud is very serious. Dr. Steinbergh stated that in the past, the Board has suspended physician's licenses for a year or more for Medicaid and Medicare fraud. Dr. Steinbergh offered an amended Order for the Board's consideration; a written version was provided to the Board members by the staff. Dr. Steinbergh's proposed amended Order mirrors the Proposed Order, except that it includes an additional probationary term that Dr. Brooks must have a

practice plan approved by the Board. The practice plan will require Dr. Brooks to not only have a monitoring physician to review his medical records, but also another individual, separate from the monitoring physician, to monitor Dr. Brooks' billing practices. Dr. Steinbergh stated that the individual monitoring Dr. Brooks' billing need not be a physician, but must be someone with auditing abilities, such as a certified public accountant.

Dr. Steinbergh further commented that, though she thinks the 90-day suspension should be longer, she has left the time of suspension unchanged in her proposed amendment. Dr. Steinbergh stated that she will acquiesce to the judgment of the Board regarding the proper length of suspension.

**Dr. Steinbergh moved to amend the Proposed Order as presented to the Board members. Dr. Soin seconded the motion.**

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Soin stated that he approved of the concept that Dr. Brooks should have a practice plan approved by the Board, but also agreed that a minimum 90-day suspension is a gift considering Dr. Brooks' violations. Dr. Soin stated that physicians should not use ignorance as an excuse for gross incompetence or negligence. Dr. Soin added that physicians must be accountable for all parts of their practices.

Mr. Gonidakis commented that three of his colleagues on the Board have now described the proposed minimum 90-day suspension of Dr. Brooks' license as a "gift." Mr. Gonidakis questioned why the Board should grant a gift in this case. Mr. Gonidakis agreed with Dr. Steinbergh's comments that Medicaid fraud is fraud against everyone. Mr. Gonidakis questioned whether a 90-day suspension should become the new standard in such cases. Dr. Sethi opined that a minimum one-year suspension would be appropriate.

Ms. Anderson commented that under the Board's applicable disciplinary guidelines, based on a misdemeanor committed in the course of practice, the minimum discipline is an indefinite suspension of no less than 180 days followed by a minimum probation of two years; the maximum discipline under the guidelines is permanent revocation. Dr. Steinbergh noted that the proposed 90-day minimum suspension is below the Board's guidelines. Mr. Kenney agreed with Dr. Sethi's recommendation of a minimum one-year suspension.

Mr. Giacalone stated that as a non-physician member of the Board, he had not appreciated the fact that the practicing physician would, by necessity, be intricately involved in the billing process. Mr. Giacalone thanked the physician members of the Board for clarifying this point and agreed that the minimum suspension of Dr. Brook's license should be longer than 90 days.

**Dr. Steinbergh wished to alter her proposed amendment so that the minimum suspension of Dr. Brooks' license will be one year.** No Board member objected to the change to the amendment. The change to the amendment was accepted.

The proposed amended Order before the Board read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** The certificate of Barry Howard Brooks, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than one year.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Brooks' certificate to practice medicine and surgery in Ohio until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Brooks shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Medical Billing Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Brooks shall submit acceptable documentation of successful completion of a course or courses dealing with medical billing. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Brooks 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 medicine in the future.

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

In addition, at the time Dr. Brooks submits the documentation of successful completion of the course(s) dealing with 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 medicine in the future.

4. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Brooks 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 pursuant to Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

- C. **PROBATION:** Upon reinstatement or restoration, Dr. Brooks' certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two years:
1. **Modification of Terms:** Dr. Brooks shall not request modification of the terms, conditions, or limitations of probation for at least one year after the imposition of these probationary terms, conditions, and limitations.
  2. **Obey the Law:** Dr. Brooks shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
  3. **Declarations of Compliance:** Dr. Brooks 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 his 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.
  4. **Personal Appearances:** Dr. Brooks shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which his certificate has been 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.
  5. **Practice Plan:** Within 30 days of the date of Dr. Brooks' reinstatement or restoration, or as otherwise determined by the Board, Dr. Brooks 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. Brooks' activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Brooks shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Brooks 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. Brooks and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Brooks and his medical practice, and shall review Dr. Brooks' 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. Brooks and his medical practice, and on the review of Dr. Brooks' patient charts. Dr. Brooks 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. Brooks' declarations of compliance.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Brooks shall immediately so notify the Board in writing. In addition, Dr. Brooks 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. Brooks 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. Brooks' monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Brooks' monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

6. **Billing Monitor:** Within 30 days of the date of Dr. Brooks' reinstatement or restoration, or as otherwise determined by the Board, Dr. Brooks shall submit for prior written approval by the Secretary and Supervising Member of the Board the name and curriculum vitae of an individual to monitor Dr. Brooks' medical billing. The billing monitor shall monitor Dr. Brooks' medical billing practices to ensure that they comply with the law and standard billing practices, and provide the Board with reports concerning Dr. Brooks' billing. Dr. Brooks 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. Brooks' declarations of compliance.

In the event that the designated billing monitor becomes unable or unwilling to serve in this capacity, Dr. Brooks shall immediately so notify the Board in writing. In addition, Dr. Brooks shall make arrangements acceptable to the Board for another billing monitor within 30 days after the previously designated billing monitor becomes unable or unwilling to serve, unless otherwise determined by the Board. Dr. Brooks shall further ensure that the previously designated billing monitor 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 individual proposed to serve as Dr. Brooks' billing monitor, or may withdraw its approval of any individual previously approved to serve as Dr. Brooks' billing monitor, in the event that the Secretary and Supervising Member of

the Board determine that any such billing monitor has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

7. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Brooks is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
  8. **Required Reporting of Change of Address:** Dr. Brooks shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
- D. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Brooks' certificate will be fully restored.
- E. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Brooks 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.
- F. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Brooks 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. Brooks shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments. This requirement shall continue until Dr. Brooks receives from the Board written notification of the successful completion of his probation.
- In the event that Dr. Brooks provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Brooks receives from the Board written notification of the successful completion of his probation.
2. **Required Reporting to Other State Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Brooks shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Dr. Brooks 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. Brooks receives from the Board written notification of the successful completion of his probation.

3. **Required Documentation of the Reporting Required by Paragraph F:** Dr. Brooks 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.

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

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

The motion to amend carried.

**Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Barry Howard Brooks, M.D. Mr. Kenney seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- abstain
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to approve as amended carried.

JESSOP MARK MCDONNELL, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Jessop Mark McDonnell, M.D. No objections have been filed. Mr. Porter was the Hearing Examiner.

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

Dr. McDonnell was represented by his attorney, Daniel Zinsmaster. Mr. Zinsmaster stated that he has filed no objections to the Report and Recommendation, in which Hearing Examiner Porter accurately summarized the evidence and testimony from the May hearing. Mr. Zinsmaster stated that after Dr. McDonnell left the state of Washington to practice at a Veteran's Affairs hospital in Fargo, North Dakota, the Medical Quality Assurance Commission for the Department of Health in the State of Washington (Washington Board) filed a citation against Dr. McDonnell alleging deviations from the minimal standards of care. That matter was ultimately settled between the Washington Board and Dr. McDonnell. The settlement called for a fine, probation of not less than five years, and a restriction from prescribing hormone medications. The settlement also required Dr. McDonnell to complete a clinical skills assessment at the Center for Personalized Education for Physicians (CPEP) in Denver, Colorado, and to comply with any recommendations that CPEP proposes. Dr. McDonnell self-reported these facts to the State Medical Board of Ohio.

Mr. Zinsmaster continued that the Proposed Order imposes the same terms as the Washington settlement, as well as the imposition of a practice plan with a monitoring physician approved by the Board before commencing practice in Ohio. Mr. Zinsmaster stated that he and Dr. McDonnell agree with the Proposed Order.

Dr. McDonnell stated that about 15 years ago, he and his daughter, who is a nurse, went on an orthopedic medical mission in Mexico, where he was amazed that he could perform orthopedic surgery and have so few infections in such unsanitary conditions. Upon his return, Dr. McDonnell wanted to maximize his patients' ability to resist infection, which he attempted to do with diet education and the use of supplements. Dr. McDonnell stated that he studied with the American Academy of Anti-Aging Medicine, passed their examinations, and began to use bioidentical hormones to make his patients more anabolic instead of catabolic. Dr. McDonnell stated that he did not do a good enough job using the bioidentical hormones and, in retrospect, he wished he had referred those patients to other physicians and simply practiced orthopedics.

Dr. McDonnell stated that he has always tried to do what is best for his patients. Dr. McDonnell stated that his heart had been in the right place and he had been trying to maximize his patients' conditions so they could better tolerate surgery and have fewer orthopedic injections.

Dr. McDonnell continued that since his situation with the Washington Board, he has not prescribed any bioidentical hormones and instead refers patients to other physicians for such treatment. Dr. McDonnell stated that he continues to encourage his patients with supplementation and diet maximization in an effort to help them prepare for surgery. Dr. McDonnell stated that due to his health, he has no intention of returning to operative orthopedic care, though he would like to be involved with non-operative orthopedic care. Dr. McDonnell also felt that he could be helpful in the treatment of osteoporosis, a subject he has been published on.

Dr. Ramprasad asked if the Assistant Attorney General would like to respond. Mr. Wilcox stated that he would like to respond.

Mr. Wilcox stated that on October 4, 2013, the Washington Board entered into Stipulated Findings of Fact, Conclusions of Law, and Agreed Order with Dr. McDonnell. This agreement was based on many deficiencies in Dr. McDonnell's practice as a general orthopedic surgeon in Washington. The Agreed Order permanently restricts Dr. McDonnell from prescribing, administering, or otherwise providing hormone medications. The Washington Board also found that Dr. McDonnell's management of wound problems and surgical complications, his failure to use a tourniquet during surgery, and his failure to consistently use an assistant during surgery placed patients at risk. The Agreed Order required Dr. McDonnell to enroll in CPEP and placed him on probation for five years. Mr. Wilcox stated that during the hearing, Dr. McDonnell testified that he had not yet enrolled in CPEP.

Mr. Wilcox opined that the Proposed Order will protect the citizens of Ohio because it will not allow Dr. McDonnell to practice in Ohio without a practice plan and a monitoring physician approved by the Board. Mr. Wilcox suggested that the Board consider an additional term requiring Dr. McDonnell to complete the CPEP evaluation process and any training the program recommends prior to commencing practice in Ohio.

**Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Jessop Mark McDonnell, M.D. Dr. Rothermel seconded the motion.**

Dr. Ramprasad stated that he would now entertain discussion in the above matter.

Dr. Steinbergh briefly summarized Dr. McDonnell's training and career as an orthopedic surgeon. In October 2013, Dr. McDonnell entered into Stipulated Findings of Fact, Conclusions of Law, and Agreed Order with the Medical Quality Assurance Commission for the Department of Health in the State of Washington ("Washington Board"), which is the basis of the current action being considered by the State Medical Board of Ohio. The Washington Board had found the following:

- Dr. McDonnell treated patients with testosterone at times without a testosterone laboratory study for diagnosis

- Dr. McDonnell did not adequately assess the risks of testosterone in discussion with patients
- Dr. McDonnell overstated the cardiac benefits of testosterone which are not supported in literature
- Dr. McDonnell treated patients with thyroid hormone with marginal or no evidence of hypothyroidism in laboratory testing
- Dr. McDonnell recommended treatment with progesterone for anxiety/nerves, cardiac protection, migraine prevention, cancer prevention, and overstated the safety of progesterone
- Dr. McDonnell failed to consistently use an assistant during surgery, placing patients at risk
- Dr. McDonnell showed a lack of understanding of accepted practice for prophylaxis in treatment in his use of antibiotics
- Dr. McDonnell placed patients at risk by his management of wound problems and surgical complications
- Dr. McDonnell failed to use a tourniquet during surgery, placing patients at risk of unnecessary blood loss
- Dr. McDonnell failed to recognize the dangers of the immunosuppressive nature of oral and inter-articular steroids and the presence of possible infection for large orthopedic implants.

Dr. Steinbergh suggested amendments to the Hearing Examiner's Proposed Order, some of which incorporate aspects of the Washington Board Order. Members of the staff provided a written copy of Dr. Steinbergh's proposed amendment to the Board members. Specifically, Dr. Steinbergh suggested that Dr. McDonnell's license be suspended for an indefinite period of time until conditions for reinstatement or restoration are fulfilled. Like the Washington Board Order, the proposed amendment would require Dr. McDonnell to be assessed by the Center for Personalized Education for Physicians (CPEP) program. Dr. Steinbergh commented that the involvement of CPEP in Dr. McDonnell's remediation is a recognition that this is a significant minimal standards case and the Board must feel comfortable with Dr. McDonnell's practice if he returns to Ohio. Following the reinstatement or restoration of Dr. McDonnell's license, he will be subject to probationary terms for at least five years which include the requirement that Dr. McDonnell have a monitoring physician and a practice plan approved by the Board. In addition, Dr. McDonnell's license will be permanently restricted so that he shall not prescribe, administer, dispense, or otherwise provide hormone medications to patients. This permanent restriction is consistent with the Washington Board Order.

Dr. Steinbergh noted that the Washington Board issued its order in October 2013, but as of May 2014 Dr. McDonnell still had not registered for the CPEP program. Dr. Steinbergh commented that had she been in a similar position, she would have registered as soon as possible.

Ms. Anderson stated that, as the proposed amendment presented to the Board is currently drafted, the permanent restriction on Dr. McDonnell's license would not become effective until after he has completed his probationary period. Dr. Steinbergh stated that she had intended the permanent restriction on Dr. McDonnell's license to become effective when his license is reinstated at the beginning of his probationary period. Ms. Anderson stated that the proposed amendment can be redrafted to reflect Dr. Steinbergh's intended amendment.

**Dr. Steinbergh moved to amend the Proposed Order as presented to the Board members, with the**

**exception that the permanent restriction on Dr. McDonnell's Ohio medical license will become effective upon the reinstatement or restoration of his license. Dr. Rothermel seconded the motion.**

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Sethi stated that he is very concerned that Dr. McDonnell's pattern has been to practice in relative seclusion in small places where no one is watching him, noting that Dr. McDonnell had performed bad and unnecessary treatments for nine years before he was discovered. Dr. Sethi also expressed concern that Dr. McDonnell intends to treat osteoporosis when he returns to practice; Dr. Sethi stated that osteoporosis should be treated by an internal medicine practitioner and he questioned what an orthopedic surgeon would know about that condition. Dr. Sethi asked how the Board will protect the public in this matter. Dr. Steinbergh stated that Dr. McDonnell will be required have a practice plan approved by the Board and the Board will be able to use the CPEP assessment to judge what an appropriate practice plan would be.

Regarding the proposed permanent restriction, Dr. Schachat noted that Dr. McDonnell "...shall not prescribe, administer, dispense or otherwise provide hormone medications to patients, including, but not limited to the following: thyroid, estrogen, progesterone, testosterone, and DHEA." Dr. Schachat asked if this is a sufficiently clear definition of "hormone medications." Dr. Rothermel noted that the order will also require Dr. McDonnell to refer any patients in need of such treatment to an endocrinologist. Dr. Rothermel opined that this requirement will account for any hormone treatment that Dr. McDonnell may propose. Dr. Steinbergh agreed.

Mr. Kenney expressed concern about preventing Dr. McDonnell from using non-hormone medications inappropriately as well. Dr. Ramprasad opined that requiring Dr. McDonnell to have practice plan approved by the Board, based on the CPEP assessment, will adequately address those concerns. Dr. Ramprasad commented that CPEP performs a very thorough assessment of a physician's knowledge and cognitive skills, and this will help the Board determine an appropriate practice plan for Dr. McDonnell. Dr. Steinbergh agreed and stated that going through the CPEP program is a significant remediation.

Dr. Sethi stated that he is very concerned that Dr. McDonnell had inappropriately prescribed vancomycin on a routine basis. Dr. Rothermel agreed, stating that Dr. McDonnell's use of antibiotics, especially vancomycin, was not the standard of care in the United States. Mr. Giacalone agreed and commented on Dr. McDonnell's questionable administration of thyroid and testosterone medications, as well as his failure to use a tourniquet during surgery. Mr. Giacalone stated that these seem to be basic concepts and he wondered if Dr. McDonnell may have a fundamental deficiency. Mr. Giacalone asked the physicians on the Board if they felt the CPEP program can successfully rehabilitate Dr. McDonnell. Dr. Rothermel stated that CPEP will perform a very thorough assessment and will indicate if they find Dr. McDonnell to be unfit to return to practice. Dr. Ramprasad agreed and commented that Dr. McDonnell will be going through the CPEP program in any case by order of the Washington Board.

Ms. Anderson pointed out that under the Order currently being considered Dr. McDonnell will be eligible for reinstatement of his license once he has enrolled in any educational plan that may be recommended by CPEP, but he will not be required to complete that education prior to reinstatement. Dr. Steinbergh speculated that Dr. McDonnell will fulfill his educational requirements in Ohio since he lives in this state

now.

Dr. Ramprasad suggested that this matter be tabled so the Order can be rewritten to incorporate the contents of the Board's discussion.

**Dr. Steinbergh moved to table this topic. Mr. Kenney seconded the motion.** All members voted aye. The motion to table carried.

CASSANDRA ROSE PARROTT, D.O.

Dr. Ramprasad directed the Board's attention to the matter of Cassandra Rose Parrott, D.O. Objections have been filed and were previously distributed to Board members. Mr. Porter was the Hearing Examiner.

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

Dr. Parrott was represented by her attorney, Steven Sindell. Mr. Sindell stated that seven and eight years ago, Dr. Parrott had a serious drinking problem which resulted in two arrests for Driving Under the Influence (DUI). Mr. Sindell asked the Board to remember that seven or eight years is a long time. At that time, Dr. Parrott was diagnosed with alcohol dependence. Mr. Sindell stated that although Dr. Parrott was never told that she must forever abstain from alcohol, she did abstain for five-and-a-half years. Mr. Sindell noted that these events occurred before Dr. Parrott attended medical school.

Mr. Sindell stated that Dr. Parrott attended medical school in Arizona, where her record indicates stellar performance. Following graduation, Dr. Parrott did a radiology residency at the Cleveland Clinic. Between October 2013 and January 2014, Dr. Parrott felt that there would be no problem if she had a glass of wine once a month with her family, and in fact there were no problems. Mr. Sindell stated that when the Medical Board ordered Dr. Parrott to an examination, she stopped drinking immediately with no treatment. Mr. Sindell noted that the Hearing Examiner found Dr. Parrott to be very credible in her testimony.

Mr. Sindell stated that when Dr. Parrott applied for renewal of her training certificate, the Board ordered Dr. Parrott to an examination at Shepherd Hill. Mr. Sindell stated that Dr. Parrott was not given the opportunity to choose a Board-approved facility for the examination which may have been closer to her home and covered by her insurance. Mr. Sindell stated that Glenbeigh Hospital is an excellent place for such an evaluation, but Dr. Parrott was ordered to go to Shepherd Hill and Dr. Whitney.

Mr. Sindell stated that, according to statute, the Board can only order a summary suspension of a certificate if there is danger of immediate and serious harm to the public. Mr. Sindell stated that there is no evidence that Dr. Parrott was ever intoxicated or had any problems with alcohol for eight years. Mr. Sindell questioned how the Board could arrive at the conclusion that Dr. Parrott was a danger to the public. Mr. Sindell stated that for a physician to be considered impaired, he or she must have an impaired ability to practice according to acceptable standards due to habitual or excessive use of drugs or alcohol. Mr. Sindell opined that the Board has made rules in this regard that are contrary to the law. Specifically, Mr. Sindell opined that the Board has adopted a one-drop-of-alcohol rule in regards to relapse, and that standard is not

in the Ohio Administrative Code. Mr. Sindell stated that if a physician “relapses,” even if it is just one drink, they are ordered to a 28-day intervention. Mr. Sindell opined that it is not a good idea to treat someone who is not actually impaired, and even if it is a good idea it is beyond the authority of the Board.

Mr. Sindell continued that if there is no evidence that a physician is habitually and excessively using alcohol resulting in an inability to practice according to standards, then the Board has no right to do more than monitor that physician and cannot summarily suspend their certificate. Mr. Sindell stated that if this matter is not resolved before the Board, then the Supreme Court may have to consider it.

Dr. Ramprasad asked if the Assistant Attorney General would like to respond. Mr. Wakley stated that he would like to respond.

Mr. Wakley stated that an extensive and detailed account of Dr. Parrott’s history with alcohol was presented at the hearing. Mr. Wakley stated that at one point, Dr. Parrott was drinking 12 beers per day, but she supposedly did not know she was an alcoholic. Mr. Wakley stated that Dr. Parrott was arrested for DUI with a blood alcohol content (BAC) over 0.2, was arrested again for DUI with a BAC over 0.2, and was even sent to Alcoholics Anonymous (AA); at all of these points, Dr. Parrott supposedly did not know that she was an alcoholic. Mr. Wakley reiterated that Dr. Parrott has been told repeatedly that she is behaving outside the norm when she drinks alcohol, but she does not “get it.”

Mr. Wakley continued that Dr. Parrott had given up drinking in college because she felt that she was drinking too much. However, Dr. Parrott resumed drinking a few years later with 12 beers per day three to five times a week. It was during this period that Dr. Parrott had her two DUI arrests. After abstaining for a few years, Dr. Parrott decided she wanted to drink again and enjoy that experience with her family. Mr. Wakley stated that two addictionologists, both of whom are considered the gold-standard in Ohio in that field, testified at Dr. Parrott’s hearing. Both Dr. Whitney and Dr. Parrott’s own expert, Dr. Collins, agreed that Dr. Parrott needs a 28-day inpatient treatment and aftercare. Mr. Wakley opined that Dr. Parrott’s certificate should be suspended for a period of time following the completion of her treatment, but otherwise Mr. Wakley agreed with the Proposed Order.

**Dr. Steinbergh moved to approve and confirm Mr. Porter’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Cassandra Rose Parrott, D.O. Dr. Soin seconded the motion.**

Dr. Ramprasad stated that he would now entertain discussion in the above matter.

Mr. Gonidakis stated that Dr. Parrott received a training certificate from the Medical Board in 2013. In a letter dated April 2, 2014, the Board ordered Dr. Parrott to a 72-hour treatment program at Shepherd Hill. On June 11, 2014, the Board summarily suspended Dr. Parrott’s training certificate.

Mr. Gonidakis stated that the record clearly demonstrates that Dr. Parrott has a long history of various abuses. Dr. Parrott admits to starting drinking and smoking marijuana at age 15. Dr. Parrott later experimented with cocaine, mushrooms, and ecstasy, though never regularly. In college, Dr. Parrott engaged in binge drinking which led to memory loss and passing out. After seeing a counselor, Dr. Parrott gave up alcohol during her junior and senior years, but resumed drinking heavily after graduation. Dr.

Parrott admitted she could not control her drinking at age 25. Dr. Parrott abstained when she was in medical school from 2007 to 2012, but started using alcohol again sparingly in 2012, drinking one or two glasses of wine or beer on special occasions socially or with family. Dr. Parrott feels that she does not have any problems or issues and claims complete abstinence since getting the letter from the Board in April 2014.

Mr. Gonidakis stated that the psychiatric evaluation at Shepherd Hill was negative. However, Dr. Whitney determined that Dr. Parrott was unable to practice medicine at acceptable standards and that Dr. Parrott's prognosis is poor if she does not seek treatment. Dr. Parrott obtained a second opinion from Dr. Collins, who claimed that Dr. Parrott was free of intoxication. Dr. Collins recommended a 28-day inpatient treatment, stating that there is a difference between sobriety and the absence of intoxication.

Mr. Gonidakis noted that in her testimony, Dr. Parrott disagreed with both Dr. Whitney and Dr. Collins regarding the need for a 28-day program. Dr. Parrott claimed that she is not an alcoholic. Dr. Parrott admitted that she never completed a 12-step program, but she attended AA meetings and relied on her church for help.

Mr. Gonidakis opined that the evidence clearly demonstrates that Dr. Parrott has a serious history of alcohol abuse and dependency. Mr. Gonidakis agreed with the Proposed Order to suspend Dr. Parrott's certificate indefinitely but for no less than 90 days from June 11, 2014, the date her certificate was summarily suspended. The Proposed Order also contains provisions for interim monitoring, conditions for reinstatement of Dr. Parrott's certificate, and probationary terms for at least five years.

Dr. Steinbergh stated that she thoroughly agrees with the Findings of Fact, Conclusions of Law, and Proposed Order. Dr. Steinbergh stated that, as with any disease, physicians must understand the disease parameters. Dr. Steinbergh stated that it is important for Dr. Parrott to begin to recognize what the disease of alcoholism looks like. Dr. Steinbergh likened this to diabetes in that a patient must accept and believe that they are diabetic so they can make lifestyle choices to reduce their chances of morbidity, heart disease, and blindness. Likewise, accepting the disease of alcoholism will be beneficial to Dr. Parrott's health. Dr. Steinbergh stated that if Dr. Parrott simply goes through the motions of the program without accepting the disease, then she will relapse and be back before the Board once again.

Dr. Ramprasad felt it was very salient that two different expert physicians came to the same conclusion, namely that Dr. Parrott should have a 28-day inpatient treatment program. Dr. Ramprasad noted Dr. Whitney's statement that he has never seen any of his patients go back to drinking socially who did not relapse. Dr. Ramprasad stated that a physician who started using alcohol at a very young age and abusing other substances will, without help, relapse at some point and cause public harm. Dr. Ramprasad agreed with Dr. Steinbergh that a 28-day treatment program will be very beneficial to Dr. Parrott and her future, as well as ensure the Board that the public is protected. Dr. Ramprasad stated that, given the history of other impaired physicians, Dr. Parrott's drinking is of great concern to him no matter the frequency.

Dr. Ramprasad commended Hearing Examiner Porter for including in his Report and Recommendation a discussion of the pertinent legal issues regarding impairment and the Board's right to take action. Dr. Steinbergh agreed, noting that, per Mr. Porter's discussion, there is no requirement that a physician be

intoxicated at the specific moment that the Board issues a Notice of Opportunity for Hearing.

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

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

The motion to approve carried.

#### FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Ramprasad stated 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. The matters are therefore before the Board for final disposition. Dr. Ramprasad noted that the matter of Dr. Dahlsten is disciplinary in nature. Therefore the Secretary, Dr. Bechtel, and Supervising Member, Dr. Saferin, may not vote in that matter.

#### JOHN ANDREW DAHLSTEN, M.D.

Dr. Ramprasad stated that the allegations concerning Dr. Dahlsten are as follows:

- In June 2014 he was convicted in U.S. District Court, Southern District of Ohio, on one felony count of Conspiracy to Acquire or possess Controlled Substances by Misrepresentation, Fraud, Forgery, Deception, or Subterfuge, and
- Dr. Dahlsten executed a Voluntary Surrender of Controlled Substances Privileges to the Drug Enforcement Administration.

**Mr. Giacalone moved to find that the allegations as set forth in the July 9, 2014 Notice of Immediate Suspension and Opportunity for Hearing have been proven by a preponderance of the evidence, and to enter an Order, effective immediately upon mailing, permanently revoking Dr. Dahlsten's license to practice medicine and surgery in Ohio. Dr. Steinbergh seconded the motion.**

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Steinbergh noted a discrepancy in the record. Specifically, Dr. Steinbergh stated that the respondent is referred to as “John Andrew Dahlsten, M.D.,” a designation for an allopathic physician. However, Dr. Dahlsten seems to have graduated from Des Moines University Osteopathic Medical Center, which would indicate that he is an osteopathic physician. Dr. Steinbergh suggested that this incongruity should be clarified before any order is adopted by the Board. Dr. Ramprasad suggested that this matter be tabled so that the staff can research this issue.

**Dr. Rothermel moved to table this topic. Dr. Soin seconded the motion.** All members voted aye. The motion to table carried.

ADBULKARIM HANNA ASLO, M.D.

Dr. Ramprasad stated that Dr. Aslo has applied for a license to practice medicine and surgery in Ohio. On July 17, 2014, the Board notified Dr. Aslo that it proposed to deny his application because he has not completed an examination sequence acceptable to the Board and he does not hold specialty board certification. Specifically, Dr. Aslo passed the United States Medical Licensing Examination (USMLE) Step 3 examination on his 22<sup>nd</sup> attempt, exceeding the Board’s limit of five failures for any step of the USMLE. Also, Dr. Aslo’s 10-year period of eligibility to pass all steps of the USMLE ended in September 2003.

**Dr. Soin moved to find that the allegations set forth in the July 17, 2014 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, denying Dr. Aslo’s application for licensure. Dr. Rothermel seconded the motion.** A vote was taken:

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

The motion carried.

Mr. Gonidakis exited the meeting at this time.

AMY LYNN KAHL, M.T.

Dr. Ramprasad stated that Ms. Kahl has applied for restoration of her license to practice massage therapy

in Ohio. The Board notified Ms. Kahl that it proposed to approve her application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination due to the fact that she has not engaged in the active practice of massage therapy for more than two years.

**Dr. Steinbergh moved to find that the allegations set forth in the July 1, 2014 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Kahl's application for restoration of her license, provided that she takes and passes the Massage and Bodywork Examination within six months of July 1, 2014. Dr. Saferin seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye

The motion carried.

CATHERINE ANN KILEY, M.D.

Dr. Ramprasad stated that Dr. Kiley has applied a license to practice medicine and surgery Ohio. The Board notified Dr. Kiley that it proposed to approve her application, provided that she takes and passes the Special Purpose Examination due to the fact that she has not engaged in the active practice of medicine for more than two years.

**Dr. Saferin moved to find that the allegations set forth in the July 11, 2014 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Dr. Kiley's application for licensure, provided that she takes and passes the Special Purpose Examination within one year of July 11, 2014. Dr. Rothermel seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye

Dr. Schachat - aye  
Mr. Giacalone - aye

The motion carried.

CHELSEA FAITH OWENS, M.T.

Dr. Ramprasad stated that Ms. Owens has applied for restoration of her license to practice massage therapy in Ohio. The Board notified Ms. Owens that it proposed to approve her application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination due to the fact that she has not engaged in the active practice of massage therapy for more than two years.

**Dr. Saferin moved to find that the allegations set forth in the July 11, 2014 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Owens' application for restoration of her license, provided that she takes and passes the Massage and Bodywork Examination within six months of July 11, 2014. Dr. Bechtel seconded the motion. A vote was taken:**

ROLL CALL:

Dr. Bechtel	- aye
Dr. Saferin	- aye
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Giacalone	- aye

The motion carried.

The Board recessed at 12:10 p.m. and resumed the meeting at 1:05 p.m. Mr. Gonidakis was present when the meeting resumed.

REPORTS AND RECOMMENDATIONS

JESSOP MARK MCDONNELL, M.D.

**Dr. Steinbergh moved to remove the topic of Jessop Mark McDonnell, M.D., from the table. Mr. Kenney seconded the motion. All members voted aye. The motion to remove from the table carried.**

Dr. Steinbergh wished to slightly alter her previous proposed amendment to the Proposed Order to read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** The certificate of Dr. McDonnell to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. McDonnell's certificate to practice medicine and surgery until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration:** Dr. McDonnell shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
  2. **Assessment by CPEP; Compliance with Education Plan:** Prior to the reinstatement or restoration of his certificate, or as otherwise determined by the Board, Dr. McDonnell shall contact the Center Personalized Education for Physicians ("CPEP") for the purposes of an assessment, as ordered by the Medical Quality Assurance Commission for the Department of Health in the State of Washington ("Washington Board") in an October 4, 2013 Stipulated Findings of Fact, Conclusions of Law and Agreed Order in Case No. M2009-1285 ("Washington Order").  
  
Dr. McDonnell shall complete the CPEP assessment in compliance with the Washington Order.  
  
Upon completion of the assessment, Dr. McDonnell shall ensure that CPEP issues a written assessment, in which CPEP states whether Dr. McDonnell should undergo an education plan. Dr. McDonnell shall complete and sign the written assessment. Further, Dr. McDonnell shall provide this Board with a copy of the signed written assessment and any education plan along with his application for reinstatement or restoration.
  3. **Certification of Compliance with the Washington Order:** At the time he submits his application for reinstatement or restoration, Dr. McDonnell shall submit to the Board certification from the Washington Board, dated no earlier than 60 days prior to Dr. McDonnell's application for reinstatement or restoration, that Dr. McDonnell has maintained full compliance with the Washington Order.
  4. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. McDonnell 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. **PERMANENT LIMITATION/RESTRICTION:** Upon reinstatement or restoration of Dr. McDonnell's certificate to practice medicine and surgery in the State of Ohio, said certificate shall be permanently **LIMITED** and **RESTRICTED** as follows:
1. Dr. McDonnell shall not prescribe, administer, dispense or otherwise provide hormone medications to patients, including, but not limited to the following: thyroid, estrogen, progesterone, testosterone,

and DHEA. If a patient in Dr. McDonnell's care is in need of treatment with hormone medication, Dr. McDonnell shall refer the patient to an endocrinologist.

- D. **PROBATION:** Upon reinstatement or restoration, the certificate of Dr. McDonnell to practice medicine and surgery in the State of Ohio shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
1. **Obey the Law and Terms of Washington Order:** Dr. McDonnell shall obey all federal, state, and local laws; all rules governing the practice of medicine and surgery in the state in which he is practicing; and all terms, conditions, and limitations imposed by the Washington Board in the Washington Order.
  2. **Declarations of Compliance:** Dr. McDonnell shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
  3. **Personal Appearances:** Dr. McDonnell shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every **six** months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
  4. **Evidence of Compliance with the Washington Order; Provide Reports:** At the time he submits his declarations of compliance, Dr. McDonnell shall also submit declarations under penalty of Board disciplinary action and/or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed in the Washington Order. Moreover, Dr. McDonnell shall cause to be submitted to the Board copies of any reports that he submits to the Washington Board whenever and at the same time the Washington Board requires such submission.
  5. **Notification of Change in Terms of Probation by the Washington Board:** Dr. McDonnell shall immediately notify the Board in writing of any modification or change to any term, condition, or limitation imposed in the Washington Order, including termination of that order.
  6. **Refrain from Commencing Practice in Ohio:** Dr. McDonnell shall refrain from commencing practice in Ohio without prior written Board approval. Moreover, should Dr. McDonnell commence practice in Ohio, the Board may place his certificate under additional probationary terms, conditions, or limitations, including the following:

- a. **CPEP Education Plan:** In the event that the written assessment by CPEP indicates that Dr. McDonnell should undergo an education plan, Dr. McDonnell shall enroll in a CPEP education plan prior to commencing practice in Ohio, or as otherwise determined by the Board.

Dr. McDonnell shall practice in accordance with the education plan developed by CPEP, unless otherwise determined by the Board. Dr. McDonnell shall cause to be submitted to the Board quarterly declarations from CPEP documenting Dr. McDonnell's continued compliance with the education plan.

Dr. McDonnell shall obtain the Board's prior approval for any deviation from the education plan.

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

Dr. McDonnell shall successfully complete the education activities set out in the education plan, including any final evaluation, within the time periods set forth by CPEP, unless otherwise determined by the Board.

Upon successful completion of the education plan, including any final assessment recommended by CPEP, Dr. McDonnell shall provide the Board with satisfactory documentation from CPEP indicating that Dr. McDonnell has successfully completed the education plan.

Dr. McDonnell's participation in the CPEP shall be at his own expense.

- b. **Practice Plan:** Prior to Dr. McDonnell's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. McDonnell 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. McDonnell's activities will be directly supervised and overseen by a monitoring physician approved by the Board. **The practice plan shall, as determined by the Board, reflect, but not be limited to, the CPEP education plan.** Dr. McDonnell shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. McDonnell 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. McDonnell and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. McDonnell and his medical practice, and shall review Dr. McDonnell'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. McDonnell and his medical practice, and on the review of Dr. McDonnell's patient charts. Dr. McDonnell 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. McDonnell's declarations of compliance.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. McDonnell shall immediately so notify the Board in writing. In addition, Dr. McDonnell 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. McDonnell 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. McDonnell's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. McDonnell'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.

7. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. McDonnell is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
  8. **Required Reporting of Change of Address:** Dr. McDonnell shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
- E. **TERMINATION OF PROBATION; PERMANENT LIMITATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. McDonnell's certificate will be restored, but shall thereafter be permanently LIMITED and RESTRICTED as specified in paragraph C, above.
- F. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. McDonnell 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. McDonnell 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. McDonnell 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. McDonnell 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. McDonnell 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. McDonnell 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. McDonnell receives from the Board written notification of the successful completion of his probation.
3. **Required Documentation of the Reporting Required by Paragraph F:** Dr. McDonnell 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.

G. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. McDonnell 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.

**No Board member objection to the change in the motion to amend.** The change to the motion to

amend was accepted.

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

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

The motion to amend carried.

**Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Jessop Mark McDonnell, M.D. Dr. Rothermel seconded the motion.** A vote was taken:

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

The motion to approve as amended carried.

#### FINDINGS, ORDERS, AND JOURNAL ENTRIES

##### JOHN ANDREW DAHLSTEN, M.D.

**Dr. Steinbergh moved to remove the matter of John Andrew Dahlsten, M.D., from the table. Dr. Soin seconded the motion.** All members voted aye. The motion carried.

Ms. Jacobs reported that, according to the American Medical Association profile of Dr. Dahlsten, he

graduated from the University of Iowa College of Medicine, an allopathic medical school, and not the Des Moines University Osteopathic Medical Center. Ms. Jacobs could not explain the error in the Medical Board's records regarding Dr. Dahlsten's medical school, but speculated that it may be related to an imperfect data conversion when the Board moved to a new operating system some years ago. Ms. Jacobs stated that the error in the Board's records has been corrected.

Dr. Steinbergh asked why the federal court documents also listed Dr. Dahlsten's medical school as the Des Moines University Osteopathic Medical Center. Ms. Jacobs stated that the Board's public website draws information from the Board's internal system, including medical school, and the federal court most likely got that information from the Board's website.

A vote was taken on Mr. Giacalone's motion to permanently revoke Dr. Dahlsten's Ohio medical license:

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

The motion carried.

#### EXECUTIVE SESSION

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

A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schachat	- 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. Blanton, Ms. Anderson, Mr. Miller, Ms. Loe, Ms. Debolt, Mr. Katko, Ms. Ore, Ms. Wehrle, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Rieve, Mr. Alderson, Ms. Jacobs, Ms. Moore, Ms. Brooks, Ms. Rodriguez, and Mr. Taylor in attendance.

The Board returned to public session.

#### RATIFICATION OF SETTLEMENT AGREEMENTS

##### ANNE P. STEINER – PERMANENT WITHDRAWAL OF APPLICATION TO PRACTICE MASSAGE THERAPY

**Dr. Steinbergh moved to ratify the Proposed Permanent Withdrawal with Ms. Steiner. Dr. Soin seconded the motion.** A vote was taken:

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

The motion to ratify carried.

##### JOSE KATZ, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to ratify carried.

HARRY F. HOWELL, II, L.M.T. – CONSENT AGREEMENT

**Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Mr. Howell. Dr. Soin seconded the motion.** A vote was taken:

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

The motion to ratify carried.

CAROL G. RYAN, M.D. – CONSENT AGREEMENT

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

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

The motion to ratify carried.

CITATIONS AND ORDERS OF SUMMARY SUSPENSION

ALLAN BELCHER, D.O. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

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. Steinbergh moved to send the Notice of Summary Suspension and Opportunity for Hearing to Dr. Belcher. Dr. Soin seconded the motion.** A vote was taken:

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

The motion to send carried.

JAMES PATRICK BRESSI, D.O. – CITATION LETTER

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

Ms. Marshall noted that this physician is currently under a suspension, and this is why this current matter is being presented as a regular citation letter instead of a summary suspension.

**Dr. Steinbergh moved to send the Citation Letter to Dr. Bressi. Dr. Rothermel seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

DEBORAH LYNN COOK, D.P.M. – 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. Steinbergh moved to send the Citation Letter to Dr. Cook. Dr. Soin seconded the motion.** A vote was taken:

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

The motion to send carried.

RICHARD ANTHONY GREENE, 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. Steinbergh moved to send the Citation Letter to Dr. Greene. Dr. Rothermel seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

ARIF HUSAIN HAKIM, 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. Steinbergh moved to send the Citation Letter to Dr. Hakim. Dr. Soin seconded the motion. A vote was taken:**

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

The motion to send carried.

GLENN ALLAN IBEN, 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. Steinbergh moved to send the Citation Letter to Dr. Iben. Dr. Soin seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

NILESH B. JOBALIA, 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. Steinbergh moved to send the Citation Letter to Dr. Jobalia. Dr. Rothermel seconded the motion.** A vote was taken:

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

The motion to send carried.

RICHARD M. KINCAID, 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. Steinbergh moved to send the Citation Letter to Dr. Kincaid. Dr. Rothermel seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

MICHAEL J. O'BRIEN, D.O. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

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. Steinbergh moved to send the Notice of Summary Suspension and Opportunity for Hearing to Dr. O'Brien. Dr. Rothermel seconded the motion.** A vote was taken:

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

The motion to send carried.

DOUGLAS SCOTT TRUBIANO, D.O. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

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. Steinbergh moved to send the Notice of Summary Suspension and Opportunity for Hearing to Dr. Trubiano. Dr. Rothermel seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye

Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

FREEDA J. FLYNN, 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. Steinbergh moved to send the Citation Letter to Dr. Flynn. Dr. Soin seconded the motion. A vote was taken:**

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

The motion to send carried.

APPLICANTS FOR LICENSURE

**Dr. Saferin moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the acupuncturist applicants listed in Exhibit “A,” the anesthesiologist assistant applicants listed in Exhibit “B,” the genetic counselor applicants listed in Exhibit “C,” the massage therapist applicants listed in Exhibit “D,” the physician assistant applicants listed in Exhibit “E,” and the physician applicants listed in Exhibit “F.” Dr. Steinbergh seconded the motion. A vote was taken:**

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

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

The motion carried.

### PROBATIONARY REQUESTS

Dr. Ramprasad advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Dr. Ramprasad asked if any Board member wished to discuss a probationary report or probationary request separately. Dr. Steinbergh stated that she wished to make comments on a probationary request.

Dr. Steinbergh stated that Raymond C. Gruenther, M.D., is a family physician asking for approval of a new practice plan, approval of Bashar Brijawi, M.D. to serve as the monitoring physician, and determination of the frequency of chart review. Dr. Steinbergh approved of the proposed practice plan and the Secretary's recommendation of reviewing 10 charts per week. However, Dr. Steinbergh did not agree with Dr. Brijawi serving as monitoring physician because his specialties are sleep medicine and clinical neurophysiology. Dr. Steinbergh observed that Dr. Brijawi is the medical director at the urgent care center where Dr. Gruenther will work, but there is no evidence that Dr. Brijawi will be able to appropriately monitor the records of someone in primary care. Dr. Steinbergh opined that Dr. Gruenther should submit another physician who is in family practice or another primary care specialty. Dr. Steinbergh stated that she would agree to Dr. Brijawi serving as monitoring physician if there is evidence that he also practices urgent care medicine. Dr. Steinbergh emphasized that Dr. Gruenther's case involved violations of the minimal standards of care, making it more important that the monitoring physician be of the same specialty to ensure that Dr. Gruenther is practicing appropriately.

**Dr. Steinbergh moved to grant Raymond C. Gruenther, M.D.'s request for approval of a new practice plan and determination of the frequency and number of charts to be reviewed at 10 charts per week. Dr. Rothermel seconded the motion. All members voted aye. The motion carried.**

**Dr. Rothermel moved to table the matter of Raymond C. Gruenther, M.D.'s request to approve Bashar Brijawi, M.D., to serve as the monitoring physician. Dr. Soin seconded the motion. All members voted aye. The motion carried.**

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

- **To grant Ajay Bhatia, M.D.'s request for approval for reduction in appearances from every**

three months to every six months; and reduction in psychiatric appointments from every three weeks to every six weeks;

- In the matter of Regis P. Burlas, D.O., to approve the Secretary and Supervising Member's recommendation to reduce appearances to every six months, with continued monitoring in Arizona;
- To grant Theodore R. Cubbison, D.O.'s, request for approval of Jeffrey R. Cohen, D.O., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviews at 10 charts per month;
- To grant Lynne A. Eaton, M.D.'s request for reduction in required Alcoholics Anonymous meetings to two meetings per week with a minimum of ten meetings per month;
- To grant Ewa Hansen, M.D.'s request for reduction of personal appearances to once per year;
- To grant Brian D. Hesler, M.D.'s request for approval of the Illinois Professionals Health Program to conduct the monitoring while residing and practicing in Illinois;
- To grant Michael S. Insler, M.D.'s request for release from the terms of his May 12, 2010 Consent Agreement, effective immediately;
- To grant John R. Kerns, D.O.'s request for discontinuation of the breathalyzer requirement; discontinuance of the controlled substances log requirement; and discontinuance of the assay report requirement;
- To grant Ronica A. Neuhoff, M.D.'s request for approval of Lance A. Talmage, M.D., to serve as the new monitoring physician;
- To grant Juliana J. Oak, M.D.'s, request for reduction in appearances to every six months;
- To grant Kurt J. Palazzo, M.D.'s request for discontinuance of the drug log requirement;
- To grant William Popovich, M.D.'s request for discontinuance of the controlled substances log requirement; discontinuance of the chart review requirement; reduction in appearances to every six months; reduction in psychiatric treatment sessions to every six months; and reduction in drug and alcohol rehabilitation meetings to wo per week with a minimum of 10 per month;
- To grant Jerry G. Purvis, Jr., M.D.'s request for approval of a new practice plan; and approval of James M. Persky, M.D., to serve as the new monitoring physician;
- To grant Lawrence Gene Ratcliff, M.D.'s request for reduction in appearances to every six months; and approval of Edward Hubach, D.O., to serve as the new monitoring physician;
- To grant Alan D. Sabino, M.D.'s request for approval of Michael W. Smith, M.D., to serve as the new treating psychiatrist; and

- **To grant Ronald G. Verrilla, D.P.M.’s request for approval of a personal and professional ethics course specifically tailored by Donna F. Homenko, Ph.D.**

**Dr. Soin seconded the motion.** All members voted aye on all matters, except Dr. Steinbergh, who abstained in the matters of Dr. Ratcliff and Dr. Verrilla. The motion carried.

REINSTATEMENT REQUESTS

CHRISTOPHER L. DEMAS, M.D.

**Dr. Steinbergh moved that the request for the reinstatement of the license of Christopher L. Demas, M.D., be approved effective immediately, subject to the probationary terms and conditions as outlined in the May 5, 2013 Board Order for a minimum of two years. Dr. Soin seconded the motion.** A vote was taken:

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

The motion carried.

DONALD R. SAVAGE, JR., M.D.

**Dr. Steinbergh moved that the request for the reinstatement of the license of Donald R. Savage, Jr., M.D., be approved, effective September 17, 2014, subject to the probationary terms and conditions as outlined in the March 12, 2014 for a minimum of one year. Dr. Soin seconded the motion.**

Dr. Steinbergh commented that Dr. Savage’s report on the physician/patient boundaries course he took in Atlanta was excellent, detailing what he learned from the course and how it will affect his practice.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye

Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

### PAIN MANAGEMENT UPDATE

Dr. Soin took this opportunity to update the Board on ongoing discussions concerning pain management education legislation, rules, and policies. Dr. Soin stated that over the last two months he has been in contact with several state legislators and key interested parties regarding their thoughts and ideas on regulating the prescribing of extended-release opioids. Upon speaking with Representative Sprague, the focus of this effort became the education of physicians on the current rules and guidelines.

Dr. Soin stated that there are great programs in Ohio on this subject, including the annual Don't Get Me Started opioids pain summit, for which Dr. Soin serves on the planning committee. In addition to working with various medical associations, the Board staff is working on possibly creating a slide deck of speaking points that can be delivered at various organizations' conferences. Dr. Soin also stated that there is potential to produce a short webinar which could be accessed on the Medical Board's website. Representative Sprague also discussed Risk Evaluation and Mitigation Strategies (REMS) as an educational tool to provide guidance on extended-release opioids.

Dr. Soin stated that the Governor's Cabinet Opiate Action Team (GCOAT) has a new committee on acute pain rules. Dr. Soin was involved in the first conference call for that committee and he looks forward to working with the committee in the future.

Dr. Soin stated that the Medical Board has invited all interested parties to a meeting to discuss enhancing programs and educational events on opioid prescribing. Dr. Soin stated that the Ohio State Medical Association (OSMA) has developed the SMART Rx program that includes a physician toolkit that explains the current laws and regulations, as well as educational materials for physicians and patients. Dr. Soin stated that he is not endorsing this product, but he wanted to make the Board aware that such products exist.

Dr. Soin noted that Tim Maglione of OSMA was present and asked if he could briefly address the Board. Mr. Maglione provided the Board members with a handout describing the SMART Rx program. Mr. Maglione stated that the SMART Rx program is an effort to involve prescribers in solutions that get to the root of this problem. Mr. Maglione described SMART Rx as interactive, dynamic 15-minute modules that address various components that are important for providers to know when they prescribe these medications. Mr. Maglione stated that OSMA's goal is to make the program available through hospital systems, specialty societies, and other organizations. OSMA is seeking sponsorship so they can make the

program available at no cost.

Dr. Soin emphasized the importance of the Board, the legislature, and the various organizations delivering a consistent message to physicians and patients.

Dr. Soin noted that Jon Wills of the Ohio Osteopathic Association (OOA) was present and invited him to address the Board as well. Mr. Wills stated that over the last few years, the OOA has devoted blocks of time on its symposium program to education on prescribing practices and addiction drug abuse programs. Mr. Wills also noted that a member of the OOA, Representative Terry Johnson, D.O, was the sponsor of the bill which regulates pain management clinics. Mr. Wills stated that the OOA has also worked with the Food and Drug Administration (FDA) to encourage as many osteopathic physicians as possible to go through the REMS program. Mr. Wills stated that the OOA is interested in working in any way it can on this issue.

Mr. Wills agreed with Dr. Soin that it is vital that the professional organizations and the Medical Board speak with one voice and one message. Mr. Wills stated that such a partnership is very important because physicians pay attention when the Medical Board is involved.

Dr. Soin stated that during the conversation with Representative Sprague, there was significant discussion about making pain management education a mandatory part of physicians' continuing medical education (CME) requirements. Dr. Soin was not in favor of mandatory CME and requested to make 2015 the year of voluntary pain management education to see what could be accomplished through medical associations and the Medical Board. Dr. Soin stated that if efforts at voluntary education on pain management are not successful, it is possible that the legislature will make it mandatory. Dr. Soin stated that he will spend 2015 working to get as many physicians as possible to take pain management education.

Dr. Rothermel agreed with these efforts and also stated that malpractice insurance carriers may be another avenue to provide such education.

Dr. Ramprasad asked if pain management education will also include alternatives to pain medication. Dr. Soin speculated that a module on alternatives to pain medication will certainly be one of the educational modules. Dr. Soin opined that education will be key in this effort. By way of example, Dr. Soin stated that fentanyl patches come in micrograms, as opposed to milligrams. Dr. Soin stated that, while 25 micrograms may seem like a low dose, it will put the patient at the 80 Morphine Equivalent Dose (MED) threshold in the Medical Board's guidelines; a dose of 100 micrograms would be four times the threshold. Dr. Soin used this example to demonstrate how quickly such prescribing can get out of hand without proper education.

Dr. Ramprasad suggested that the program may be more successful if CME credits could be offered for completing the modules. Dr. Soin and Dr. Sethi agreed that that would be a good model.

#### FINAL PROBATIONARY APPEARANCES

ARTURO J. BONNIN, M.D.

Dr. Bonnin was appearing before the Board pursuant to his request for release from the terms of his September 12, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Bonnin's history with the Board.

Dr. Steinbergh asked if Dr. Bonnin would share his experiences and what he has learned with the Board and with the medical students present. Dr. Bonnin explained that he had had a practice with four sites, in addition to other activities like teaching residents and writing papers. Dr. Bonnin stated that he had spread himself too thin and had forgotten about the legal aspects of practicing medicine. Dr. Bonnin stated that his practice manager had brought to his attention that the Medical Board now allowed physician assistants to give medical orders without prior authorization from their supervising physician. Dr. Bonnin accepted the practice manager's proposal to presign some prescriptions for the physician assistant to use when he was not in the office. Dr. Bonnin stated that these prescriptions were usually for antibiotics or prednisone. Dr. Bonnin stated that he had been sloppy and did not see that it was clearly stated that these changes did not mean that physician assistants had prescriptive authority. Dr. Bonnin stated that he did not treat his prescriptions with the solemnity they require and that laws are made in order to protect people. Dr. Bonnin advised the medical students to always consider the legal aspects of their practice.

Mr. Giacalone exited the meeting at this time.

Dr. Steinbergh asked if Dr. Bonnin still has physician assistants in his practice. Dr. Bonnin replied that he still has the same physician assistant, who now has prescriptive authority. Dr. Bonnin also stated that his practice has now established electronic medical records, so this problem will hopefully disappear. Dr. Steinbergh asked if Dr. Bonnin understands the supervision agreement he has with his physician assistant. Dr. Bonnin answered that he does understand the agreement and he often reviews the Board's decisions regarding what physician assistants can and cannot do.

**Dr. Steinbergh moved to release Dr. Bonnin from the terms of his September 12, 2012 Consent Agreement, effective September 12, 2014. Dr. Rothermel seconded the motion.** All members voted aye. The motion carried.

Mr. Giacalone returned to the meeting at this time.

MATTHEW S. COHEN, D.O.

Dr. Cohen was appearing before the Board pursuant to his request for release from the terms of his September 9, 2010 Consent Agreement. Ms. Bickers reviewed Dr. Cohen's history with the Board.

Dr. Steinbergh asked Dr. Cohen how his Consent Agreement has worked for him and what he is doing regarding his Attention Deficient Hyperactivity Disorder (ADHD) as it relates to his practice. Dr. Cohen responded that his Consent Agreement has given him an opportunity to look forward. Dr. Cohen uses medication and psychotherapy to deal with day-to-day strains that may occur. Dr. Cohen stated that he currently practices in an urgent care center.

Dr. Steinbergh asked how many physicians Dr. Cohen practices with him at the urgent care center. Dr.

Cohen estimated that about 11 other physicians practice in the urgent care center, including three or four who are family medicine physicians. Dr. Steinbergh asked if Dr. Cohen's colleagues understand what he is going through with the Medical Board. Dr. Cohen replied that they understand and are very supportive of him. Dr. Steinbergh asked if adjustments are made within the group when Dr. Cohen has personal concerns related to his ADHD. Dr. Cohen answered that he has not had to make any such adjustments, but he does ask questions if he feels that he's gotten beyond his bounds. Dr. Cohen stated that he is not "shooting from the hip," which is a tendency in those with ADHD.

**Dr. Steinbergh moved to release Dr. Cohen from the terms of his September 9, 2010 Consent Agreement, effective immediately. Dr. Rothermel seconded the motion.** All members voted aye. The motion carried.

AMY R. WEIDMAN, M.D.

Dr. Weidman was appearing before the Board pursuant to her request for release from the terms of the Board's Order of March 14, 2012 Board Order. Ms. Bickers reviewed Dr. Weidman's history with the Board.

Dr. Steinbergh noted that Dr. Weidman has taken the personal/professional ethics course as well as the patient boundaries course. Dr. Steinbergh asked how Dr. Weidman's practice is going and how it has been affected by the Board's Order. Dr. Weidman replied that she is a busy solo practitioner since her partner retired in May.

Dr. Steinbergh asked Dr. Weidman to clarify the following sentence, which appears in the report given to the Board members: "the doctor believes that she should not offer to help anyone in the future because she will be punished for it." Dr. Weidman stated that since the incident in question, she is very gun shy about offering charitable care. Dr. Weidman stated that she had offered charitable care to a person who had a problem and no insurance. Dr. Weidman had offered to see this individual a couple of times so that he could apply for patient assistance medicine. Dr. Weidman stated that, ultimately, this turned against her and that one must be very cautious when offering care to someone. Dr. Weidman stated that she would never have considered crossing or violating a boundary with an established patient, but this individual was someone she considered to be a friend.

Dr. Soin, having read the report, commented that the individual was more than a friend to Dr. Weidman at some point. Dr. Soin asked if that relationship occurred before or after he was a patient. Dr. Weidman answered that she knew the individual before he was a patient.

Mr. Giacalone opined that Dr. Weidman is making it sound like she was the victim in this situation. Dr. Weidman responded that she was the victim in many ways. Mr. Giacalone asked Dr. Weidman to describe what happened. Dr. Weidman stated she moved her horses to a boarding barn and met an individual who managed the barn who did not have medical insurance. This person had what appeared to be a severe cough asthma or allergy asthma. Dr. Weidman stated that she offered to bring him into her office as essentially a one-time patient to perform the minimal testing required for him to apply for medication from pharmaceutical companies.

Mr. Giacalone noted that he was not on the Medical Board when this case came before it. Mr. Giacalone asked if there was any more to this story and expressed confusion as to why Dr. Weidman had been disciplined by the Board. Dr. Weidman stated that after she made the offer to this individual, she recognized that he probably had some borderline mental or personality disorder issues. When he did not get what he wanted as far as a personal relationship with Dr. Weidman, that was seen as a rejection for which there had to be payback.

Dr. Soin stated that he also was not a member of the Medical Board when this matter was first reviewed. Dr. Soin stated that in reading the report, he had assumed that Dr. Weidman had been in some sort of relationship with the patient. Dr. Weidman stated that she and the patient were friends. Dr. Soin asked for further clarification on why Dr. Weidman came to the attention of the Board. Dr. Weidman stated that after this incident, the individual spent months stalking her physically, over the phone, through the mail, and electronically. Dr. Weidman added that the individual also threatened her and she made police reports at the time. Dr. Weidman stated that she found that the individual was much more ill than she had realized when he told her they were soul mates from a different life in World War II and that they belong together. Dr. Weidman stated that the situation was very frightening and disturbing.

Dr. Soin wanted to make certain that Dr. Weidman understood the boundary issues in question. Dr. Soin believed that Dr. Weidman had stepped out of bounds, but that Dr. Weidman does not believe that she did. Dr. Weidman stated that she is fine moving forward and she will think more than twice about offering care to anyone she knows.

Mr. Kenney asked if Dr. Weidman had had a sexual relationship with the patient. Dr. Weidman replied that she did not have a sexual relationship with the individual.

Dr. Steinbergh briefly reviewed this matter, stating that Dr. Weidman was the subject of a March 2012 Board Order which suspended her license for a minimum of 180 days followed by a minimum of two years of probationary terms. The Board Order also required Dr. Weidman to take a personal/professional ethics course and a patient boundaries course. Dr. Steinbergh stated that testimony cannot be taken in this forum, but she wanted Dr. Weidman to understand the importance of following the Medical Practices Act, the rules and regulations of the Medical Board, and the code of ethics of the American Medical Association, which she had been found to have violated.

**Dr. Steinbergh moved to release Dr. Weidman from the terms of the Board's Order of March 14, 2012, effective September 13. Dr. Rothermel seconded the motion.**

Mr. Giacalone noted that the material provided to the Board members state that the underlying basis for the Board Order was Dr. Weidman's inappropriate sexual conduct with a patient. However, today Dr. Weidman says that no such thing occurred. Mr. Giacalone asked Dr. Weidman to comment on the sexual conduct referred to in the report. Dr. Weidman stated that the patient had pushed her against a barn door and kissed her. Mr. Giacalone reiterated that, according to the report, Dr. Weidman had engaged in inappropriate sexual conduct. Mr. Giacalone asked if the patient had imposed himself on Dr. Weidman and if this was the reason the Board took action. Dr. Weidman replied that that is why the Board took

action. Mr. Giacalone was doubtful that the Board took action against Dr. Weidman because she had been the victim of sexual imposition.

Mr. Giacalone stated that Dr. Weidman is asking the Board to release her from the terms of the Board Order, but a release is made on the assumption that the respondent understands what happened and takes responsibility. Dr. Weidman stated that she understands and she takes responsibility because nothing would have happened if she had not offered medical care to a friend. Mr. Giacalone stated that Dr. Weidman was not disciplined for offering medical care free of charge, but because of inappropriate conduct with a patient.

Dr. Ramprasad remembered Dr. Weidman's case and recalled that there had been some kissing and other activity between Dr. Weidman and the patient, but it is not known exactly what else had happened. Dr. Ramprasad stated that the problem was that Dr. Weidman had prescribed controlled substances for the patient and did not keep records of it, in addition to inappropriate conduct with a patient.

Ms. Anderson referred to the Report and Recommendation from Dr. Weidman's case, which describes testimony from the hearing that from June 11, 2009, to August 15, 2009, there had been sexual contact with the patient three to four times and the relationship was described as an affair.

Dr. Ramprasad stated that Dr. Weidman has never accepted what happened and always felt that the patient was at fault. Dr. Ramprasad hoped that Dr. Weidman would never do this again. Dr. Weidman commented that the patient had emotional and personality disorder issues, and as such this was not his fault. Dr. Ramprasad stated that the Board is asking Dr. Weidman to reflect on her role in this situation, but it seems that she is saying she had nothing to do with it. Dr. Weidman agreed that she had a role because it all started when she offered medical care to the individual. Dr. Ramprasad stated that Dr. Weidman had obviously taken some wrong steps by having a relationship with someone and providing him with medication. Dr. Weidman agreed and stated that she has reflected on her role.

A vote was taken on Dr. Steinbergh's motion to release:

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

The motion did not carry.

**Dr. Steinbergh moved that Dr. Weidman appear before the Board's Secretary or designee in three months, and then appear again before the full Board in six months. Dr. Schachat seconded the motion.**

Dr. Weidman asked the Board what she can say differently the next time she appears before the Board. Dr. Steinbergh advised Dr. Weidman to contemplate this situation and try to understand it. Dr. Steinbergh stated that Dr. Weidman has taken the required courses and if she does not understand the situation, perhaps a focused conversation with the Secretary and Supervising member in three months will be helpful. Dr. Weidman commented that she does understand the Board's points.

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

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

The motion carried.

#### ADMINISTRATIVE REPORT

Mr. Blanton stated that it has been a very busy month, made possible by the great work of the Board staff as well as the Board members.

**Staffing Updates:** Mr. Blanton stated that interviews will be held next week for the vacant enforcement attorney position, which has been narrowed down to five applicants.

Mr. Blanton stated that over 600 applications were received for the receptionist position. After sorting out those applicants who do not meet the minimum requirements, more than 400 remained. Mr. Blanton stated that Ms. Ore will sort the remaining applicants to a manageable number and interviews will begin soon.

Mr. Blanton stated that Christine Schwartz, who had previously been with the Board as a volunteer intern, is now working for the Board on a contract. Mr. Blanton stated that Ms. Schwartz had done a great job as an intern and it is good to have her back doing special projects for the Board's legal unit and enforcement unit.

**Meetings:** Mr. Blanton stated that Mr. Beck and Mr. LaCross have attended four meetings of the

Legislative Study Committee regarding law enforcement perspectives on the drug epidemic and its impact on families. Mr. Beck and Mr. LaCross have discussed the Board's role in this area and their talks have been well-received.

On August 15, Mr. Blanton, Mr. Schmidt, and Mr. LaCross met with Representative Johnson to discuss prescription drug issues, including Suboxone.

On August 20, Mr. Blanton, Ms. Anderson, and Ms. Ore met with representatives from the Ohio Hospital Association. The goal is to roll out a short continuing medical education (CME) program in which representatives from the Medical Board can come in during a lunch or breakfast to talk about prescribing and enforcement issues.

On August 20, Mr. Blanton, Ms. Anderson, and Ms. Bickers met with John McCarthy, Director of Ohio's Medicaid program, to discuss physician disqualification from Medicaid based on action taken by the Medical Board. Another meeting with Director McCarthy will occur on September 12.

On August 21, Dr. Rothermel met with Mr. Blanton and Ms. Anderson to discuss pediatric prescribing issues, including prescribing for Attention Deficient and Hyperactivity Disorder (ADHD). Mr. Blanton stated that this will be important as the Board begins to structure rules around the Ohio Automated Rx Reporting System (OARRS) and for controlled substances that are not opioids or benzodiazepines.

On August 26, Mr. LaCross met with Jennifer Seidel, the Governor's Assistant Policy Director for Health and Human Services, to discuss the Board's proposed budget.

On August 28, Dr. Soin, Mr. Blanton, and Mr. LaCross participated in a conference call with Representative Sprague to discuss risk evaluations, mitigation strategies, and extended-release opioids. Mr. Blanton commented that the conference call was very productive.

On September 4, Mr. Blanton, Mr. Miller, and Mr. LaCross met with Dr. Eshelman and Director Mik Grezda of the ABC Health Foundation of Albania. The goal of the ABC Health Foundation is to set up training programs for Albanian physicians in Ohio hospitals. The meeting was held to discuss the licensing issues involved in this project.

On September 5, Mr. Giacalone and Mr. Blanton took part in a conference call with other state medical boards to discuss Drug Enforcement Administration (DEA) issues.

On September 8, Mr. Blanton, Ms. Anderson, and Mr. LaCross attended a joint meeting of the Opiates and Other Controlled Substances Reforming Practices Committee of the Governor's Cabinet Opiate Action Team. Dr. Soin also participated by conference call.

**Investigative Activity Report:** Mr. Blanton stated that this month, 157 complaints were assigned to Board investigators and nine subpoenas were served by investigators.

**Fiscal Report:** Mr. Blanton stated that in the previous month, the Board's revenue was approximately

\$822,000.00 and expenditures were about \$533,000.00.

**Presentations:** Mr. Blanton stated that on August 19, Dr. Ramprasad and Ms. Anderson made a presentation at a telehealth leadership summit hosted by the Ohio Health Policy Institute (OHPI). The presentation received positive feedback and the OHPI approved of the Board's direction on this issue.

On August 24, Dr. Steinbergh addressed the Board of Trustees of the Ohio Osteopathic Association and provided an update on the Medical Board's activities.

On September 5, Ms. Wehrle traveled to the Ohio University Heritage College of Osteopathic Medicine to meet with and prepare the medical students who are in attendance at today's meeting.

On September 5 and 6, Ms. Ore attend the annual meeting of the Ohio Chapter of the American Academy of Pediatrics and provided an educational display regarding Medical Board initiatives.

On September 6, Mr. Blanton participated in the course *Clinical Challenges in Opioid Prescribing: Balancing Safety and Efficacy*, jointly sponsored by Case Western Reserve University and JBS International, Inc., with support from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. Mr. Blanton's presentation dealt with the Board's regulations on controlled substance prescribing.

Dr. Ramprasad noted that the latest issue of the Board's e-News included an excellent piece on the Board's new rules on new medications, which summarized several pages of material. Dr. Ramprasad thanked Mr. Giacalone for his invaluable input on that piece.

**Information Sharing:** Mr. Blanton stated that he met with Greg Moody, Director of the Governor's Office of Health Transformation, and with representatives from the Ohio Department of Medicaid and the Ohio Bureau of Worker's Compensation, to discuss Ohio's physician workforce and ways to gather and share that data. Mr. Blanton also stated that the Board has been working with the Ohio Department of Administrative Services on a contract to share demographic information with Ohio University's Government Resource Center to develop an overview of Ohio's healthcare workforce, which will ultimately drive policy in this state.

**State Auditor's Report:** Mr. Blanton stated that the State Auditor's Officer has issued its annual report on the Medical Board and there were no findings, no administrative actions against the Board, no recommendations, and no management letter. Mr. Blanton thanked Ms. Loe and her staff for doing an outstanding job managing the Board's records and providing the Auditor's Office with everything they needed during the audit.

**November 2015 Board Meeting:** Mr. Blanton stated that currently, the Medical Board meeting scheduled for November 2015 (fourteen months from now) is scheduled for Thursday, November 12. The Board normally meets on Wednesday, but in 2015 that will be November 11 and the building will be closed for the Veteran's Day holiday. There is some concern about having a meeting the day after such a closure, as well as the fact that the Secretary and Supervising Member rounds will be on Monday and Tuesday, which

will cause some travel concerns between Tuesday and Thursday.

The Board briefly discussed moving the date of the November 2015 Board meeting, then asked that the staff provide a brief memo outlining the available options for discussion at the next meeting.

**DEA National Conference on Pharmaceutical and Chemical Diversion:** Mr. Blanton stated that he has been invited to attend the Drug Enforcement Agency's National Conference on Pharmaceutical and Chemical Diversion on September 30 and October 1 in Kansas City, Missouri. Mr. Blanton stated that this will be an opportunity to meet with representatives from other medical boards, as well as the DEA's prescription drug and diversion units, to discuss areas of common concern. Mr. Blanton asked the Board for permission to attend the meeting and to cover expenses. Mr. Blanton stated that there is no fee to attend the meeting, but the projected cost for airfare, hotel, ground transportation, and *per diem* is about \$1,100.00

**Dr. Saferin moved to approve Mr. Blanton's travel to the DEA's National Conference on Pharmaceutical and Chemical Diversion in Kansas City, Missouri, on September 30 and October 1, 2014, and to cover expenses as discussed. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

**Budget Submission for 2016/2017 Biennium:** Mr. Blanton stated that the current budget being presented for the Board's approval contemplates creating three additional positions, up from the two additional positions that was initially proposed. Mr. Blanton stated that the new positions will be for the licensure section for the purpose of enhancing the Board's ability to bring people into the practice of medicine and effectively regulate them through license renewal and the upcoming changes in the Board's continuing medical education (CME) and continuing education (CE) audit process. Mr. Blanton commented that improving the Board's ability to bring in new people will also improve the Board's ability to ensure a good healthcare workforce.

Mr. Blanton stated that with three additional positions, the expected increase in the Board's rent and approximately \$100,000.00 allocated for maintenance of the new e-Licensure system, the budget will show an increase of slightly over 2% from the last biennial budget.

Mr. Blanton suggested that the Board also promote four goals through its budget:

- Protect and enhance public safety and health
- Focus on customer service
- Effectively regulate Ohio's healthcare workforce
- Diversify the Board's funding sources

To this end, Mr. Blanton recommended that the Board seek some policy changes through its budget. Mr. Blanton stated that these policy changes are already extant in other pending legislation, but the budget can act as another avenue in case the other bills fail to move forward in the legislative process. Specifically, Mr. Blanton discussed the fining authority, restoration language, and administrative CME currently in House Bills 531 and 519. Mr. Blanton commented that the administrative CME language would allow the

Board to deal with some CME violations in a non-disciplinary manner.

Mr. Blanton also discussed including the physician assistant delegation language from House Bill 412 in the Board's budget. This language would allow physician assistant who has properly-delegated authority from a physician to, in turn, delegate that authority to a Licensed Practical Nurse (LPN). Mr. Blanton explained that under current Medical Board and Nursing Board statutes, it is questionable whether a physician assistant can properly delegate certain authority to an LPN; the proposed language will clarify the matter.

Mr. Gonidakis noted that the State of Ohio is currently being sued by the American Civil Liberties Union for violating the Single Subject Rule on the budget. Mr. Gonidakis asked if the Governor's office has commented on these proposed aspects of the Board's budget. Mr. Blanton stated that Mr. LaCross met with Ms. Seidel, the policy advisor from the Governor's office assigned to the Medical Board. Ms. Seidel agreed with these proposed additions to the Board's budget.

Mr. Kenney commented that it is very important that Board members are aware of and have input on such policy proposals, stating that he was unaware of language regarding physician assistant delegation. The Board engaged in an extensive discussion regarding the increased use of physician extenders such as physician assistants and advanced practice nurses, the economic factors involved, and its effects on patient care. Dr. Steinbergh commented that many believe that an advanced practice nurse can do anything that a primary care physician can, though Dr. Steinbergh does not share that opinion.

Regarding the budget, Dr. Saferin asked if an increase of 2% will be enough cover projected costs and to pay enough to obtain and retain good staff members. Mr. Blanton replied that the 2% increase will make the Board solvent for the next two years. After that time, the situation is less clear. Mr. Blanton stated that this is why the need to diversify the Board's funding sources is so important. Regarding pay to staff members, Mr. Blanton stated that pay levels are out of the Board's hands because the State handles labor negotiations for all agencies.

Mr. Gonidakis questioned whether the budget being proposed is sustainable. Mr. Gonidakis stated that the Board's staff does excellent work, but asked if the Board should consider a hiring freeze considering the budget situation. Mr. Blanton stated that the Board is currently short-staffed in Enforcement and Licensure, while the caseload is increasing. Mr. Blanton noted a 12% increase in licensure over the last year. Mr. Blanton stated that the Board is tasked with regulating the medical profession in Ohio and people are needed to do the work.

Mr. Kenney expressed concern about whether the proposed budget is asking for enough to continue the Board's activities. Mr. Kenney opined that an additional full-time staff member would be helpful in administering the expedited licensure process, which will improve the Board's finances. Mr. Kenney also stated that additional fining authority is important. Dr. Sethi agreed and opined that those who are the cause of an investigation should pay that cost.

REPORTS BY ASSIGNED COMMITTEESPHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEEFORMULARY REVIEW

Dr. Sethi stated that a request has been made to changing the status of anti-psychotic medications and hematology medications in relation to the physician assistant formulary.

Mr. Kenney and Mr. Giacalone exited the meeting at this time.

Dr. Steinbergh stated that it had been requested that anti-psychotic medications be moved from the “physician-initiated” category to the “CPT may prescribe category.” The Physician Assistant Policy Committee recommended denying that request, and the Physician Assistant/Scope of Practice Committee agreed with that recommendation due to concerns about side-effects and patient care.

**Dr. Steinbergh moved to approve the recommendation of the Physician Assistant Policy Committee and the Physician Assistant/Scope of Practice Committee to deny the request to put anti-psychotic medications into the “CPT may prescribe” category of the physician assistant formulary. Dr. Rothermel seconded the motion.** All members voted aye. The motion carried.

Ms. Debolt stated that there was a similar request that hematology drugs be moved from the “physician-initiated” category to the “CPT may prescribe category.” The Physician Assistant Policy Committee recommended denying that request, and the Physician Assistant/Scope of Practice Committee agreed with that recommendation due to concerns about complications. In addition, both committees recommended clarifying that all administration routes, including oral and nasal, are to be physician-initiated.

**Dr. Saferin moved to approve the recommendation of the Physician Assistant Policy Committee and the Physician Assistant/Scope of Practice Committee to deny the request to put hematology medications into the “CPT may prescribe” category of the physician assistant formulary. Dr. Saferin further moved to approve the recommendation to clarify that this applies to all administration routes, including oral and nasal. Dr. Schachat seconded the motion.** All members voted aye. The motion carried.

SPECIAL SERVICES PLANSEDWARD WESTERHEIDE, M.D.

Dr. Sethi stated that Dr. Westerheide has made several requests which were somewhat inconsistent and contradictory. Dr. Steinbergh stated that these requests were tabled by the Physician Assistant Policy Committee, which will ask Dr. Westerheide to reorganize his requests to be consistent with the model orthopedic plan.

BEACON ORTHOPAEDICS AND SPORTS MEDICINE

Dr. Steinbergh stated that the requests of Beacon Orthopaedics and Sports Medicine were also tabled by the Physician Assistant Policy Committee. Beach Orthopaedics and Sports Medicine will be asked to reorganize the requests to make them more consistent with the model orthopedic plan.

Mr. Kenney and Mr. Giacalone returned to the meeting at this time.

#### CHANGES TO THE MODEL ORTHOPEDIC PLAN

Ms. Debolt stated that in June 2014, the Board approved the model plan for orthopedic injection special services plans. Ms. Debolt stated that the draft Physician Assistant Model Supervisory Plan Application for orthopedic practices, with instructions, is now before the Board for approval. The only change recommended by the Physician Assistant Policy Committee and the Physician Assistant/Scope of Practice Committee is strike the words “with formal training” regarding the training of the physician assistant. Ms. Debolt noted that in the medical profession, the term “formal training” refers to a residency-type program, which does not exist for physician assistants.

**Dr. Saferin moved to approve the draft Physician Assistant Model Supervisory Plan Application for orthopedic practices, with the amendment recommended by the Physician Assistant Policy Committee and the Physician Assistant/Scope of Practice Committee. Dr. Schachat seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh exited the meeting at this time.

#### PROPOSED MILITARY PERSONNEL RULE

Ms. Debolt stated that this proposed rule regarding military service and qualifications for licensure as a physician assistant is essentially the same as a similar rule approved by the Board at last month’s meeting for other allied medical professionals. Ms. Debolt stated that the rule has been modified because the legislature has adopted a definition of “armed forces” that is slightly different from what the Board had used; the definition has been adjusted to match the legislature’s definition. Other changes that have been made are the removal of a sentence that says there are no military programs for training physician assistants, because there in fact is one; and an added reference to the Coast Guard and the Public Health Service.

Dr. Ramprasad noted that according to this draft, working for three years in a Veteran’s Hospital will be considered equivalent to a master’s degree, even if the person is not a veteran. Ms. Debolt stated that that is consistent with statute.

**Dr. Saferin moved to approve the Military Personnel rule. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh returned to the meeting at this time.

LICENSURE COMMITTEECERTIFICATE OF CONCEDED EMINENCE APPLICATION REVIEWPATRICK YVES CHAUVEL, M.D.

Dr. Saferin stated that the Licensure Committee recommends approval of Dr. Chauvel's application for a Certificate of Conceded Eminence. Dr. Ramprasad commented that Dr. Chauvel seems very well-qualified. Dr. Chauvel has led many programs in Europe, particularly France, and has many publications.

**Dr. Saferin moved to approve Dr. Chauvel's application for a Certificate of Conceded Eminence. Dr. Rothermel seconded the motion.** A vote was taken:

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

The motion carried.

LICENSURE APPLICATION REVIEWSJAIME CHICKLETTS, L.M.T.

Dr. Saferin stated that Ms. Chickletts has applied for restoration of her license to practice massage therapy in Ohio. Ms. Chickletts has not practiced massage therapy since 2007. The Licensure Committee recommends approval of Ms. Chickletts' application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX).

**Dr. Bechtel moved to approve Ms. Chickletts' application for restoration of her license to practice massage therapy in Ohio, pending successful completion of the MBLEX examination. Dr. Rothermel seconded the motion.** A vote was taken:

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

Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

MICHAEL PAK, M.D.

Dr. Saferin stated that Dr. Pak has applied for restoration of his license to practice medicine and surgery in Ohio. Dr. Pak has not practiced medicine since March 2011. Prior to that time, Dr. Pak worked as a radiation oncologist in Ohio, Kentucky, and Indiana. The Licensure Committee recommends approving Dr. Pak's application, pending successful completion of the Special Purpose Examination (SPEX) or recertification in radiation oncology.

**Dr. Saferin moved to approve Dr. Pak's application for restoration of his license to practice medicine and surgery in Ohio, pending successful completion of the SPEX examination or recertification in radiation oncology.**

Dr. Bechtel expressed concern that the field of radiation oncology is very challenging and the technology is changing rapidly. Dr. Bechtel stated that the potential for damaging a patient by practicing improperly is significant. Dr. Bechtel questioned whether allowing Dr. Pak to take the SPEX, which is a general medical examination, will protect the public. Dr. Ramprasad stated that other applicants for restoration have the chance to take the SPEX instead of specialty board certification. Dr. Ramprasad also noted that it is not known that Dr. Pak intends to return to radiation oncology. However, Dr. Ramprasad stated that the Licensure Committee was not necessarily opposed to that.

**Dr. Bechtel moved to amend the motion so that Dr. Pak must recertify in radiation oncology before his application for restoration is approved. Dr. Saferin seconded the motion. A vote was taken:**

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

The motion to amend carried.

**Dr. Saferin moved to approve Dr. Pak's application for restoration, as amended. Dr. Bechtel seconded the motion.** A vote was taken:

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

KIRK T. SCHUMAKER, L.M.T.

Dr. Saferin stated that Mr. Schumaker has applied for restoration of his massage therapy license. Mr. Schumaker has not practiced massage therapy since 2001. Dr. Saferin stated that in 2011, the Board approved the restoration of Mr. Schumaker's license if he took and passed the Massage and Bodywork Licensing Examination (MBLEX) by March 2013. Mr. Schumaker passed the MBLEX in June 2013, beyond the timeline set by the Board. Mr. Schumaker has not reapplied for restoration and is asking that the Board accept his June 2013 passage of the MBLEX.

Dr. Saferin stated that this issue was thoroughly discussed by the Licensure Committee since he did not meet the initial requirements for passing the MBLEX. However, the Licensure Committee recommended granting Mr. Schumaker's application without requiring him to take the MBLEX again.

**Dr. Saferin moved to approve Mr. Schumaker's application for restoration as presented. Dr. Bechtel seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye

Mr. Gonidakis - aye  
Mr. Giacalone - aye

The motion carried.

ANSLEY SPLINTER, M.D.

Dr. Saferin stated that Dr. Splinter is applying for her initial medical license in Ohio. Dr. Splinter currently holds a medical license in California. Dr. Splinter has been board-certified by the American Board of Pediatrics since 2005. Dr. Splinter has not practiced clinical medicine since 2010, but she is teaching residents and doing other activities that are clinically-related. The Licensure Committee recommended approving Dr. Splinter's application without further examination.

**Dr. Saferin moved to approve Dr. Splinter's application for a license to practice medicine and surgery in Ohio. Dr. Rothermel seconded the motion.**

Dr. Steinbergh expressed concern that Dr. Splinter has not practiced clinical medicine since 2010. Dr. Ramprasad noted that Dr. Splinter has been teaching and doing simulation labs. Dr. Ramprasad also pointed out that Dr. Splinter is registered for Maintenance of Certification with the American Board of Pediatrics and is fulfilling those educational obligations. Dr. Steinbergh considered these points and agreed with the Committee.

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

ROLL CALL:

Dr. Bechtel	- aye
Dr. Saferin	- aye
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

PHYSICIAN REENTRY AFTER EXTENDED PERIOD OF NON-PRACTICE

Dr. Saferin stated that at last month's meeting, a document was provided to the Board members for their review regarding physician reentry to the workplace. Dr. Saferin stated that this draft policy is before the Board again for approval. Dr. Ramprasad stated that this proposed gives these applicants three options for licensure: Pass an oral or written examination, obtain additional training and pass an examination after

that, or accept a limitation on the type or scope of their practice.

Dr. Steinbergh commented that the proposal mentions the Special Purpose Examination (SPEX). Dr. Steinbergh suggested that it should also mention the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX).

Dr. Steinbergh further commented that it can be difficult for physicians to find appropriate retraining programs. Dr. Steinbergh opined that preceptorships represent a good model which has been used by the Board in the recent past.

Dr. Rothermel stated that the Board should avoid requiring applicants to complete training programs that do not exist. Dr. Rothermel stated that she discussed this issue with Nationwide Children's Hospital, which has allowed two practitioners to complete retraining programs that were set up specifically for them. However, Nationwide Children's Hospital has no interest in setting up a standing program that anyone can sign up for. Dr. Rothermel commented that children's hospitals are working to establish one-year retraining programs as a result of changes in the American Board of Pediatrics requirements.

**Dr. Steinbergh moved to accept the draft proposal, with the COMVEX being included with the SPEX. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

#### DRAFT APPLICATION FOR RESTORATION OF MEDICAL LICENSE

Dr. Saferin stated that Mr. Miller and Ms. Rieve developed this draft restoration application for the Board's consideration. Mr. Miller stated that the draft application is based on the regular licensure application, with added documentation for a continuing medical education log.

**Dr. Rothermel moved to approve the draft application for restoration of a medical license. Dr. Bechtel seconded the motion.** All members voted aye. The motion carried.

#### POLICY COMMITTEE

#### PROPOSED CHANGES TO RULE 4731-11-04.1, WEIGHT-LOSS RULE

Ms. Debolt stated that this rule concerns prescribing controlled substances for chronic weight management. The rule was also reviewed by the Physician Assistant Policy Committee (PAPC) because it involved physician assistant prescribing. The PAPC, the Physician Assistant/Scope of Practice Committee, and the Policy Committee all agreed on two amendments to the draft rule, as outlined in the handout provided to Board members. The first amendment clarifies that when a physician writes refills for the prescription, the refills can be for up to five times within six months of the initial date of the prescription. Ms. Debolt stated that this is consistent with federal law. The second amendment clarifies that when the patient is receiving care from a physician assistant, the supervising physician shall review the patient chart following each visit.

**Dr. Steinbergh moved to approve, as amended, for filing with the Common Sense Initiative Office.**

**Dr. Sethi seconded the motion.** All members voted aye. The motion carried.

PROPOSED CHANGES TO RULE 4731-11-07, RESEARCH UTILIZING CONTROLLED SUBSTANCES

Ms. Debolt stated that Rule 4731-11-07 puts research using controlled substances outside the Board's controlled substances rules and requires that the research be under the auspices of an Institutional Review Board (IRB) of a hospital accredited by the Joint Commission or an accredited medical school. The Policy Committee recommends adding research under an IRB with a hospital accredited by a healthcare facilities accreditation program, which is recognized by the Centers for Medicare & Medicaid Services (CMS) as an accrediting body for hospitals and other facilities. The Policy Committee also recommended adding research under an IRB accredited by the Association for the Accreditation of Human Research Protection Programs, which accredits independent IRB's and is well-recognized in the research community.

**Dr. Steinbergh moved to approve the proposed changes to rule 4731-11-07 for filing with the Common Sense Initiative Office. Dr. Rothermel seconded the motion.** All members voted aye. The motion carried.

UPDATE ON ONE-BITE REPORTING EXEMPTION FOR IMPAIRMENT

Ms. Anderson stated that members of the staff will meet with representatives from the Ohio Physician Health Program to discuss the survey they have developed. Mr. Kenney, Dr. Steinbergh, and Mr. Gonidakis will also attend that meeting. Ms. Anderson stated that she will make a report at the next Policy Committee meeting.

PROPOSED CHANGES TO RULE 4731-11-09, PRESCRIBING TO PATIENTS NOT SEEN BY PHYSICIAN

Ms. Anderson stated that this topic was tabled by the Policy Committee following an extensive discussion. Ms. Anderson stated that additional language will be developed and brought back to the Policy Committee next month.

PROPOSED UPDATES TO THE JOINT REGULATORY STATEMENT ON NALOXONE

Ms. Anderson stated that the Joint Regulatory Statement on Naloxone currently states that physicians can only prescribe naloxone to their patients. Ms. Anderson commented that naloxone reverses opioid overdoses. However, House Bill 170, passed by the legislature in March 2014, necessitates some changes to the Statement. House Bill 170 allows physicians, physician assistants, and nurse practitioners to prescribe or personally furnish naloxone in two forms to third parties, who can then administer it to individuals having an overdose. The proposed amendment to the Statement reflects this change.

Ms. Anderson noted two other important aspects of House Bill 170. First, the prescriber must instruct the third party they are providing naloxone to call emergency medical services (EMS) because the patient will immediately go into withdraw. Second, naloxone can only be prescribed or personally furnished in two

forms: Intranasal spray or auto-injector.

Ms. Anderson asked for the Board's approval for the changes to the Joint Regulatory Statement on Naloxone so that the updated version can be put on the Board's website and includes in the next edition of the e-newsletter. Ms. Anderson stated that the seals of the Medical Board, the Board of Pharmacy, and the Board of Nursing will be affixed as an indication that it is a joint statement of all three boards.

**Dr. Bechtel moved to approve the proposed updates to the Joint Regulatory Statement on Naloxone. Dr. Saferin seconded the motion.** All members voted aye. The motion carried.

Dr. Ramprasad asked if House Bill 170 makes it mandatory for a physician to provide naloxone to third parties under certain circumstances. Dr. Ramprasad also asked if a physician could be held liable for not providing naloxone to the family members of a patient, for instance. Ms. Anderson stated that the decision to provide naloxone to a third party is within the physician's discretion and the physician would not be held liable for choosing not to provide it.

Dr. Ramprasad asked if the physician is required to teach the third parties about such things as airway breathing assessment, rescue breathing, and recovery position. Ms. Anderson stated that the physician is supposed to do a training for the third parties receiving naloxone.

#### LEGISLATIVE UPDATE

Mr. LaCross stated that Representative Sprague approached the Board about House Bill 501, which concerns the medication Zohydro. House Bill 501 charges the Medical Board with creating rules for the use of extended-release opioids, proper prescribing habits, and interaction with patients. Mr. LaCross also stated that representatives from the Cleveland Clinic may appear before the Board in October to discuss their program for training physicians on extended-release opioids.

Mr. LaCross continued that the Medical Board has been asked to investigate what can be done about rogue Suboxone clinics. Mr. LaCross referenced some proposals for the Medical Board to offer certificates to allow physicians to provide Suboxone treatment. Mr. LaCross stated that under the proposal, hospital systems and hospital-owned practices would be exempt from the requirement to obtain a certificate because they tend to have more stringent programs. For other practices, individual factors may be considered such as the size of the practice. Some consideration will be given to whether it is appropriate for Suboxone to be prescribed by an individual prescriber or a community addiction treatment facility.

Mr. LaCross added that the Board is also working with the Ohio Department of Medicaid on possibly broadening the funding for physician reimbursements.

#### COMPLIANCE COMMITTEE

Dr. Ramprasad stated that on August 13, 2014, the Compliance Committee met with Sohail Aman, M.D.; Gary A. Dunlap, D.O.; Jeffrey C. Maludy, M.D.; and Bradley J. Vargo, D.O.. The Committee moved to continue the physicians under the terms of their respective Board actions. The Committee also accepted

Compliance staff's report of conferences on July 7th and 8th, 2014, and approved the draft minutes from the July 9, 2014 Compliance Committee meeting.

#### FISCAL YEARS 2016/2017 BUDGET

Mr. Kenney asked when the budget has to be submitted. Mr. Blanton replied that the budget must be submitted by September 17. Mr. Blanton stated that amendments to the budget can still be submitted beyond that date, but the budget should be as complete as possible from the beginning. Mr. Blanton reiterated that the current budget proposal includes an additional three positions for the Licensure Section, an increase of just over 2% per year over the two years, and the policy initiatives discussed earlier.

**Dr. Saferin moved to submit the budget as presented. Dr. Bechtel seconded the motion.**

Mr. Kenney expressed concern about whether the amount of the proposed budget is sufficient for what the Board wants to accomplish. Regarding the collection of fines, Mr. Kenney opined that it will not be adequate to simply refer practitioner who have not paid fines to the Attorney General's office. Mr. Kenney suggested that an additional staff member in the Board's fiscal office, tasked with administering the fine collection program, would be appropriate. Mr. Blanton stated that the budget proposal can be amended to increase the number of new positions from three to four, with the additional position reserved for the purpose of collecting fines. Mr. Blanton noted that this would allow the hiring of an additional person, but would not require it. Mr. Blanton stated that if the Board ultimately does not receive fining authority, then that position would not be filled.

**Dr. Saferin wished to change his motion to include an additional position in the fiscal unit, as suggested by Mr. Kenney, for the purpose of administering the collection of fines.** No Board member objected to the change. The change in the motion was accepted.

A vote was taken on Dr. Saferin's motion to submit the proposed budget, as amended:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- nay
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- nay
	Mr. Giacalone	- aye

The motion carried.

September 10, 2014

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Thereupon, at 2:30 p.m., the September 10, 2014 session of the State Medical Board of Ohio was adjourned by Dr. Ramprasad.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on September 10, 2014, as approved on October 8, 2014.

  
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Krishnamurthi Ramprasad, M.D., President

  
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Mark Bechtel, M.D., Secretary

(SEAL)

