MINUTES
THE STATE MEDICAL BOARD OF OHIO
March 11, 2015

Donald R. Kenney, Sr., President, called the meeting to order at 9:50 a.m. in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Michael L. Gonidakis, Vice-President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Krishnamurthi Ramprasad, M.D.; Amol Soin, M.D.; Sushil Sethi, M.D.; Robert P. Giacalone; and Andrew P. Schachat, M.D.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; Susan Loe, Human Resources and Fiscal; Michael Miller, Assistant Executive Director for Licensure and Renewal; Sallie J. Debolt, Senior Counsel; David Katko, Assistant Legal Counsel; Joan K. Wehrle, Education and Outreach Program Manager; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Cheryl Pokorny, Angela McNair, Greg Taposci, James Roach, and Kimberly Lee, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and James Wakley, Assistant Attorneys General; Akmal Yacoub, Attorney General Intern; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; William Schmidt, Senior Counsel for Investigations; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones and Angela Moore, Compliance Officers; Mitchell Alderson, Chief of Licensure; Chantel Scott, Chief of Renewal; Christine Schwartz, Legal Services Contractor; Cathy Hacker, P.A. Program Administrator; Judith Rodriguez, Legal Department Secretary; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the February 11, 2015, Board meeting, as written. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL: 

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<td>Dr. Rothermel</td>
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<td>Dr. Saferin</td>
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<td>Dr. Ramprasad</td>
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<td>Dr. Steinbergh</td>
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<tr>
<td>Mr. Gonidakis</td>
<td>aye</td>
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<tr>
<td>Mr. Kenney</td>
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<td>Dr. Sethi</td>
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<td>Dr. Soin</td>
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<tr>
<td>Mr. Giacalone</td>
<td>aye</td>
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<td>Dr. Schachat</td>
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The motion carried.
APPLICANTS FOR LICENSURE

Dr. Steinbergh 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 anesthesia 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. Rothermel seconded the motion. A vote was taken:

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

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Mr. Kenney 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: Timmappa P. Bidari, M.D.; Paul Edward Jackson, M.D.; Marwan Massouh, M.D.; Dennis S. Momah, M.D.; and Michael J. O’Brien, D.O.

A roll call was taken:

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

Mr. Kenney 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. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

Mr. Kenney 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.

**TIMMAPPA P. BIDARI, M.D.**

Mr. Kenney directed the Board’s attention to the matter of Timmappa P. Bidari, M.D. No objections were filed. Mr. Porter was the Hearing Examiner.

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

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

Mr. Plinke stated that Dr. Bidari is before the Board today due to having pleaded guilty to a misdemeanor. Mr. Plinke stated that the federal judge in Dr. Bidari’s case understood the totality of the circumstances and acted accordingly by handing down only a probationary measure, as did the Hearing Examiner who has recommended that the Board issue a reprimand to Dr. Bidari.

Mr. Plinke stated that Dr. Bidari’s motivations in this matter were not driven by greed and suggested that every mitigating factor in the Board’s disciplinary guidelines may be present in this case. Mr. Plinke
stated that the Hearing Examiner found no evidence of adverse impact on others and that this incident is unlikely recur since Dr. Bidari is retired from practice. Mr. Plinke further noted that Dr. Bidari fully cooperated with the Board’s investigation and, as found by the Hearing Examiner, has demonstrated sincere remorse. Mr. Plinke added that Dr. Bidari has spent 35 years serving his community and his patients, many of whom are among the most seriously ill, and has had no prior Board actions.

Mr. Plinke stated that he agrees with the Hearing Examiner’s recommendations, findings, and identification of mitigating factors.

Dr. Bidari stated that he would like to read a brief prepared statement:

I had a solo practice in medical oncology and hematology for 35 years. I was respected and admired by my patients and their families. My colleagues were grateful for whatever little I did. My career was very satisfactory and fulfilling. This is one issue which I made a mistake and very much regret it, and I sincerely apologize.

Mr. Kenney recognized Mr. Giacalone. Mr. Giacalone noted the exhibits and testimony in the hearing record and asked Dr. Bidari if he had had any concerns about the authenticity of the medications he was administering to his patients. Dr. Bidari replied that he had had no concerns. Mr. Giacalone asked why Dr. Bidari believed the individuals who approached him would be providing him legitimate medications instead of illegitimate or counterfeit medications since the drugs were coming from outside the United States. Dr. Bidari stated that he immigrated to the United States from an undeveloped country and his impression since arriving here was that the quality of medicine and drug approval procedures in Canada were very similar to those in the United States. Dr. Bidari noted that there is a great deal of interaction between the medical communities of Canada and the United States. Dr. Bidari also stated that many of his former patients would purchase medications in Canada where they were more affordable and he did not question the authenticity or quality of Canadian medications.

Mr. Plinke objected to the questioning of Dr. Bidari by Board members in this forum. Mr. Plinke stated that the Board has a mechanism for introducing evidence into the record and he opined that this questioning is not compliant with that mechanism.

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

Mr. Wakley noted that there is no evidence in the record regarding the identity or license status of the Texas company that procured the Canadian medications, and therefore those aspects of this case should not be considered by the Board. Mr. Wakley further noted that Dr. Bidari’s case is the first of seven similar cases that will appear before the Board today and in the future. Mr. Wakley stated that these seven physicians were charged and prosecuted separately, and therefore should be considered separately by the Board.

Mr. Wakley stated that Dr. Bidari testified that he had been unaware of the regulations involved in this case. Mr. Wakley stated that this does not excuse Dr. Bidari’s actions and stated that Dr. Bidari had been
aware that the medications were coming from outside the United States. However, Mr. Wakley agreed with the Hearing Examiner’s opinion that the likelihood of re-offense is minimal in light of Dr. Bidari’s retirement. Mr. Wakley stated that there is no evidence of ill motive or ill intent on Dr. Bidari’s part and he agreed with the Hearing Examiner’s recommendation of a reprimand.

Dr. Steinbergh moved to approve and confirm Mr. Porter’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Timmappa P. Bidari, M.D. Dr. Ramprasad seconded the motion.

Dr. Ramprasad briefly reviewed Dr. Bidari’s career and stated that he retired from the practice of medicine in July 2013. In August 2013, Dr. Bidari pleaded guilty to one count of Misbranding, a misdemeanor, due to having purchased oncology drugs from a foreign-based distributor located in Canada. As indicated by the Food and Drug Administration (FDA), even a drug identical in composition to an FDA-approved drug is considered to be misbranded. Dr. Bidari had indicated he had purchased these medications because other drugs cost more than he was paid for giving the medications. Dr. Bidari testified that once he was informed by the FDA that this was improper, he stopped purchasing the medications immediately.

Dr. Ramprasad stated that he had been uncertain if a reprimand is adequate in this case. However, in view of Dr. Bidari’s presentation today and his response to Mr. Giacalone’s questions, Dr. Ramprasad was satisfied with this recommendation. Dr. Ramprasad acknowledged that sometimes patients do obtain medications from outside the United States, particularly Canada, and he could understand how a physician may think such medications were legitimate.

Dr. Steinbergh stated that obtaining medications without FDA approval is a very dangerous practice. Dr. Steinbergh stated that Dr. Bidari never inspected the medications and did not truly know what he was giving his patients. Dr. Steinbergh stated that when a patient agrees to a chemotherapy regimen, they are relying on the physician to use proper medications.

Dr. Steinbergh stated that she agrees with the Proposed Order of reprimand because Dr. Bidari is retired and there is no other evidence of practicing below the minimal standards of care. Dr. Steinbergh reiterated that she is very concerned about these types of practices.

Mr. Giacalone stated that, despite Mr. Plinke’s statement during the hearing of December 12, 2014, that suppliers are not licensed and that Mr. Plinke is not aware of there being any licensure process for medication suppliers and salespeople, Mr. Giacalone stated there is in fact a licensure process for wholesale drug distributors in Ohio and every state of the United States. Mr. Giacalone also stated that while people may purchase items on the Internet that are supposedly originating from Canada, they may in fact be coming from places other than Canada and may be counterfeit. Mr. Giacalone observed that, despite statements being made that these drugs were the same as FDA-approved medications sold in the United States, they were found in the court case to not be FDA approved products and Dr. Bidari was convicted because they were not so. Given that these products were deemed to be unapproved, Mr. Giacalone stated that these medications may have been inadequate or sub-potent. If so, they could have affected the life expectancy and quality of life of Dr. Bidari’s patients. Mr. Giacalone also noted that Dr. Bidari billed Medicare at the full rate even though he had paid a discounted rate for the medications.
Mr. Giacalone stated that if patients choose to purchase medications online that purport to be from Canada, then they assume that responsibility. However, when a patient goes into a physician’s office, then their expectation is that the medications they receive are legitimate and not something that the physician is importing and guessing whether or not they are legitimate.

Mr. Giacalone stated that he would not disagree with the Proposed Order of reprimand because Dr. Bidari has been through the criminal process and he is retired.

Dr. Soin opined that a physician who owns their own practice and decided to shoulder the responsibility of purchasing pharmaceutical compounds or any medical equipment must also accept the responsibility of making sure everything is approved by the FDA and appropriate authorities. Dr. Soin stated that he does not appreciate it when a person uses beneficence as a guise to mask the obscene, which is what Dr. Soin believes occurred in this case. Dr. Soin stated that he will support the Proposed Order of reprimand only because Dr. Bidari is retired and it will not impact society any further.

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

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<td>Dr. Rothermel</td>
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<tr>
<td>Mr. Giacalone</td>
<td>aye</td>
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<td>Dr. Schachat</td>
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The motion to approve carried.

**PAUL EDWARD JACKSON, M.D.**

Mr. Kenney directed the Board’s attention to the matter of Paul Edward Jackson, M.D. No objections were filed. Ms. Shamansky was the Hearing Examiner.

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

Dr. Jackson was represented by his attorney, Elizabeth Collis.

Ms. Collis agreed with the Hearing Examiner that Dr. Jackson never tried to evade the Board’s investigation process. Ms. Collis noted that Dr. Jackson had allowed his Ohio medical license to lapse in 2010 and he never received any of the correspondence that was sent to his previous address in West
Ms. Collis stated that today the only evidence introduced before the State Medical Board of Ohio is the certified order from the Texas Board and Dr. Jackson’s testimony; there were no medical records reviewed and no expert testimony. Ms. Collis asked the Board to issue a sanction that would allow Dr. Jackson to reinstate his Ohio medical license in the future with appropriate conditions.

Dr. Jackson stated that after successfully completing a 22-year career in the Air Force, he attended medical school followed by a residency program at Akron General Hospital. When Dr. Jackson was recruited to work at Culberson Hospital, he was only issued a two-year temporary medical license by the Texas Board because he did not meet certain requirements for a permanent license. Dr. Jackson explained that Culberson Hospital was a small rural hospital and the next nearest hospital was 120 miles away. Dr. Jackson left Texas in 2007 when he was unable to obtain a permanent medical license.

Dr. Jackson continued that in 2010 he was notified of a complaint that had been filed against him by the daughter of Patient A, one of his patients in Texas. Dr. Jackson stated that he should have returned to Texas to defend himself, but instead he simply sent a letter explaining his actions. Dr. Jackson stated that Patient A was a 92-year-old female who had been bed-ridden for 15 years. Patient A suffered a stroke and was initially taken to a hospital 125 miles away. Patient A was in a coma for nine days without any form of nutrition because her daughter, who had presumed medical power of attorney, refused feeding. Patient A was transferred back to her hometown where Dr. Jackson accepted her as a patient at Culberson Hospital, expecting to provide only terminal care. Patient A’s daughter tried to take her out of the hospital, but Adult Protective Services determined that the daughter was unable to properly care for Patient A. Dr. Jackson stated that at one point, Patient A’s daughter was caught trying to force food into her mother’s mouth. For this reason, Patient A was ordered to remain in the hospital.

Dr. Jackson stated that he provided comfort care to Patient A in her last days. Dr. Jackson stated that Patient A episodically received some pain medications, some antibiotics, and was given IV fluids to overcome a severe hypernatremia. Patient A also suffered aspiration pneumonia secondary to feeding by her daughter. Dr. Jackson stated that he disagrees with the Texas Board’s findings and stated that he had to give Patient A fluids because of her critically-high sodium levels.

Dr. Jackson stated that at about the same time Patient A was in Culberson Hospital, he was also caring for Patient B, an 86-year-old male with severe dementia whom Dr. Jackson had successfully treated about three times before. On this admission Patient B had severe decubitus and aspiration pneumonia. Dr.
Jackson stated that morphine was not given to Patient B before a Comfort Care status was provided.

Dr. Jackson stated that he had a stroke in November 2011 and surgery for temporomandibular joint syndrome (TMJ) at the Mayo Clinic in 2012. Dr. Jackson stated that when the Ohio Board sent him interrogatories he was in Florida recovering from those two conditions and not at his West Virginia address. Dr. Jackson stated that he was not aware of the Ohio Board’s investigation until he applied for a Florida medical license.

Dr. Jackson stated that he has been cleared by his primary care physician and by the Mayo Clinic as fit to return to work. Dr. Jackson stated that he would like to return to Ohio where he has family. Dr. Jackson stated that he has completed over 270 hours of continuing medical education (CME) and he is willing to take all appropriate steps to return to practice.

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

Ms. Snyder stated that the proposed action on Dr. Jackson’s Ohio medical license is based on the order from the Texas Medical Board, as well as an order from the West Virginia Board of Medicine which was based on the Texas order. Ms. Snyder stated that the Texas order contains a good deal of information about the treatment of Patient A and Patient B. Ms. Snyder noted that Dr. Jackson did not challenge or appeal the Texas order, and therefore that order is the most credible source of evidence available.

Ms. Snyder added that the Ohio Board also alleged that Dr. Jackson failed to cooperate with its investigation. Ms. Snyder stated that numerous interrogatories were sent to Dr. Jackson’s address of record and were returned unanswered. Ms. Snyder stated that Dr. Jackson eventually answered the questions in the interrogatories, but they were not answered in a timely manner.

Ms. Snyder opined that the biggest issue in this case is the fact that Dr. Jackson has not practiced medicine since 2011 due to his health conditions. Ms. Snyder stated that she supports the Proposed Order of revocation. Ms. Snyder stated that if the Board is inclined to impose a sanction other than revocation, she encouraged the Board to adopt some of the conditions mentioned by Ms. Collis to ensure that Dr. Jackson’s knowledge is current.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Paul Edward Jackson, M.D. Mr. Gonidakis seconded the motion.

Mr. Gonidakis stated that Dr. Jackson served in the United States Air Force for 22 years and attained the rank of colonel. Mr. Gonidakis thanked Dr. Jackson for his service. Mr. Gonidakis briefly reviewed Dr. Jackson’s career and his practice in Texas and West Virginia, as well as Dr. Jackson’s health conditions and the fact that he has not practiced medicine since 2011. Mr. Gonidakis stated that according to his testimony, Dr. Jackson did not learn of the Texas Board’s investigation until 2010 while he was living in West Virginia. The Texas Board’s investigation related to two of Dr. Jackson’s patients and end-of-life care. Dr. Jackson did not appear at his Texas hearing and did not appeal the Texas order because he could
not obtain assistance from his insurance carrier and he had no intention of returning to Texas. Dr. Jackson also did not appear at his hearing with the West Virginia Board, perhaps due to a confused timeline and complications from his stroke. The West Virginia Board subsequently revoked his medical license in that state and required him to pay costs and fines up to $10,000.00.

Mr. Gonidakis continued that starting in October 2011, the Ohio Board made multiple attempts to send interrogatories to Dr. Jackson, all of which were returned or had no response. Dr. Jackson claims that he was unaware that the Ohio Board was attempting to contact him until 2014 while he was living in Florida.

Mr. Gonidakis stated that Dr. Jackson has received praise from his colleagues in Texas and he has, according to his testimony, kept current on his CME’s. Dr. Jackson has expressed an interest in practicing in Ohio in the future. Mr. Gonidakis noted that the Hearing Examiner found Dr. Jackson’s lack of responsiveness understandable due his medical condition at that time. However, Mr. Gonidakis also noted that it is clear what happened in Texas and West Virginia and that Dr. Jackson chose not to fully participate in those states’ processes.

Mr. Gonidakis stated that he supports the Proposed Order of non-permanent revocation of Dr. Jackson’s Ohio medical license.

Dr. Steinbergh stated that she understands the issues with Dr. Jackson’s illnesses and recovery, but stated that all physicians assume a level of responsibility to make certain their address is correct and that they can be reached. Dr. Steinbergh stated that revocation of Dr. Jackson’s medical license is appropriate and that the only other option would involve suspension, detailed conditions for reinstatement, and educational requirements. Dr. Steinbergh stated that the Texas order is clear regarding the minimal standards of care issues and that she is respectful of that order.

Mr. Giacalone stated that the Texas Board made a determination based on an investigation and review of the facts. Mr. Giacalone suggested that it would be appropriate to require Dr. Jackson to have his Texas medical license reinstated before granting reinstatement of his Ohio medical license. Mr. Giacalone stated that the Board’s duty is to protect the public and it is difficult to do that in light of the details in the Texas Board order.

Dr. Ramprasad reviewed aspects of the Texas Board order that concerned him. The Texas order stated that Dr. Jackson did not find out whether Patient A’s daughter truly had power of attorney; Dr. Ramprasad questioned why a power of attorney was necessary and stated that requiring it infringed on family life. Dr. Ramprasad reiterated that Patient A was 92-years-old, was terminal, and had a Do Not Resuscitate status. Dr. Ramprasad stated that Patient B was on two feeds and died of aspiration. Dr. Ramprasad commented that even a normal patient could aspirate with two feeds. Dr. Ramprasad stated that a physician cannot prevent someone who is lying down from aspirating and it is not a function of a physician’s error. Dr. Ramprasad opined that Dr. Jackson should have argued his case in Texas.

Dr. Ramprasad stated that he sees nothing in this case the rises to the level of revocation of license and, for him, there is not enough evidence that Dr. Jackson is a dangerous physician. Dr. Ramprasad also noted that Dr. Jackson is a veteran and added that, having worked with veterans, he is perhaps biased.
Ramprasad recommended referring Dr. Jackson to a thorough physician assessment program to determine his physical fitness, mental status, and competency.

Ms. Anderson noted that Dr. Jackson’s Ohio medical license is expired and he has not filed an application to restore that license. Ms. Debolt stated that the Board can revoke an expired license because that license could be reinstated or restored.

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

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

The motion to approve did not carry.

Dr. Soin commented that he abstained from this case because he did his intern year with Dr. Jackson. Mr. Giacalone stated that he abstained because he had wanted the expert opinion of the Board and the experts were divided. Dr. Schachat stated that he voted nay because he found Dr. Ramprasad’s arguments to be persuasive. Mr. Gonidakis opined that, with his Ohio license expired, the path of least resistance for Dr. Jackson would be to simply revoke his license and give him the opportunity to reapply in the future. Dr. Steinbergh agreed with Mr. Gonidakis.

Ms. Anderson requested an opportunity for staff to determine if Dr. Jackson has an application on file and, if not, if there is a procedure by which the Board could grant restoration of his license without an application.

Dr. Steinbergh moved to table this topic. Dr. Sethi seconded the motion. A vote was taken:

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

The motion to table carried.

MARWAN MASSOUSH, M.D.

Mr. Kenney directed the Board’s attention to the matter of Marwan Massouh, M.D. Objections have been filed and were previously distributed to Board members. Mr. Porter was the Hearing Examiner.

Mr. Kenney stated that a request to address the Board has been timely filed on behalf of the State. Five minutes will be allowed for that address.

The State was represented by Assistant Attorney General James Wakley.

Mr. Wakley stated that, despite similarities, Dr. Massouh’s case is quite different from the case of Dr. Bidari which the Board heard earlier today. Specifically, Mr. Wakley stated that Dr. Massouh knew that ordering drugs from outside the United States was illegal because he received two detainer notices from the Food and Drug Administration (FDA), one in 2006 and one in 2007. These detainer notices indicated that drugs ordered by Dr. Massouh had been detained by customs because they were not properly labeled for sale in the United States. Mr. Wakley stated that the detainer notices were sent to Dr. Massouh’s then-current address, though Dr. Massouh has claimed he did not receive the notices. Mr. Wakley stated that though the Hearing Examiner rejected these documents, the Board can choose to accept them.

Mr. Wakley continued that another indication that Dr. Massouh knew the medications were illegal is that he has them delivered to his home instead of his office. Though Dr. Massouh has testified that he had the medications delivered to his home because someone needed to be present for the delivery, Mr. Wakley stated that this is extremely suspicious behavior. Mr. Wakley stated that Dr. Massouh did no testing on the medications to ensure that they were what they purported to be. Dr. Massouh also never obtained informed consent from his patients before giving them these drugs.

Mr. Wakley suggested that a lengthy suspension of Dr. Massouh’s medical license would be appropriate. Mr. Wakley further asked the Board to reject the Hearing Examiner’s conclusion that the FDA detainer notices should not be considered by the Board.

Mr. Kenney asked if Dr. Massouh or his counsel would like to respond. Daniel Zinsmaster, attorney for Dr. Massouh, stated that he and Dr. Massouh would like to respond.

Mr. Zinsmaster stated that he and Dr. Massouh have not filed objections to the Hearing Examiner’s Report and Recommendation. Mr. Zinsmaster stated that Dr. Massouh pleaded guilty to misbranding, a misdemeanor, and was sentenced to one year of probation by the federal judge. At the behest of the federal government, Dr. Massouh’s probation was reduced to about six months.

Mr. Zinsmaster stated that, as in the case of Dr. Bidari, Dr. Massouh had unwittingly relied on the assurances of a Texas company which purchased medications sourced from Canada in order to lower a
small portion of his practice costs and enable him to continue providing cancer treatment to impoverished patients. Mr. Zinsmaster stated that the aspects of this case has resonated with the Hearing Examiner, the federal judge, the Montana Board of Medical Examiners which chose to take no action on Dr. Massouh, the Missouri Board of Registration for the Healing Arts which issued Dr. Massouh a reprimand, the Cleveland-area hospitals which have allowed Dr. Massouh to remain credentialed, and with the numerous physicians who wrote letters of support on behalf of Dr. Massouh. Mr. Zinsmaster encouraged the Board to rely on the opinions of the Hearing Examiner and the federal judge in deciding the appropriate resolution to this case.

Mr. Zinsmaster stated that, despite Mr. Wakley’s opinions, there is no evidence that the FDA’s detainer notices were received at any time before federal charges were brought against Dr. Massouh in August 2013. Mr. Zinsmaster opined that if Dr. Massouh had received the notices, the federal court would have issued a harsher sanction than the one year of probation which was subsequently reduced.

Mr. Zinsmaster stated that, based upon numerous mitigating circumstances, the Hearing Examiner has recommended a reprimand; the Hearing Examiner also suggested that the Board consider taking no further action. Mr. Zinsmaster stated that Dr. Massouh understands the seriousness of his actions and that what he did was wrong.

Dr. Massouh stated that he has had a hematology/oncology practice in Cleveland since 1991 and he had been influenced to enter this field because he had lost his father to cancer. Dr. Massouh serves as the Chief of Hematology/Oncology at one hospital and ran the hospital’s cancer committee and cancer program for several years. Dr. Massouh stated that he has about 1,400 active patients, which is a small practice but allows for a special level of care.

Dr. Massouh stated that he did not knowingly engage in misbranding activity and called it a stupid mistake. Dr. Massouh stated that the Texas company, as well as other physicians, had advised him that it was not inappropriate. Dr. Massouh stated that he does not excuse his actions, but he would not have taken these actions if he had known they were improper. Dr. Massouh stated that once the FDA informed him in March 2009 that importing these drugs was not allowed, he stopped immediately. Dr. Massouh stated that he fully cooperated with the FDA and he self-reported to all medical boards with which he held licenses. Dr. Massouh stated that he did not profit from his actions. Dr. Massouh stated that most of his patients are poor and the savings from the medications allowed him to deliver care that they would not have received otherwise.

Dr. Massouh apologized for this situation and stated that he had let down the Board, his patients, his children, and himself. Dr. Massouh stated that something like this will never happen again.

Mr. Kenney recognized Mr. Giacalone. Mr. Giacalone asked Dr. Massouh if he had been concerned about the authenticity of these medication products. Dr. Massouh reiterated that he had been assured that the medications were safe and he had made a stupid mistake. Dr. Massouh stated that the medications looked identical to American drugs and, according to the Texas company, they had been manufactured in the same factory as American drugs. Dr. Massouh stated that he tried the medications on his patients and observed the same results.
Mr. Giacalone asked if Dr. Massouh received any communication from the FDA prior to 2009. Dr. Massouh replied that he did not receive any communication from the FDA prior to 2009. Dr. Massouh expressed gratitude that the Hearing Examiner found him credible.

Mr. Zinsmaster reiterated earlier objections to the questioning of respondents in this forum that had been made by Mr. Plinke in the matter of Dr. Bidari.

Dr. Steinbergh moved to approve and confirm Mr. Porter’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Marwan Massouh, M.D. Dr. Ramprasad seconded the motion.

Mr. Kenney stated that he would now entertain discussion in the above matter.

Dr. Soin briefly reviewed Dr. Massouh’s career and stated that Dr. Massouh currently practices full-time as an oncologist. On September 3, 2013, Dr. Massouh pleaded guilty to one count of Introduction of Misbranded Prescription Drugs into Interstate Commerce, a Class A misdemeanor. Dr. Soin quoted the federal judge in Dr. Massouh’s case: “… I am impressed with the evidence that you have immediately taken responsibility, and beyond saying that you are remorseful, you have taken steps to address the consequences of your offense.” Dr. Massouh was subsequently discharged from his one-year probation after serving approximately six months.

Dr. Soin continued that Dr. Massouh purchased the drugs in question from 2006 to 2009 and stopped when he was visited by agents from the FDA. Dr. Soin noted that the Missouri Board of Registration for the Healing Arts issued a reprimand to Dr. Massouh, while Montana Board of Medical Examiners took no action. Dr. Massouh has testified that he will not use medications again without proper FDA labeling. Dr. Soin noted evidence proffered by the State showing two FDA notices sent in 2006 and 2007; the notices indicate that shipments of drugs to Dr. Massouh from outside the United States had been detained. The State also stated that Dr. Massouh did no testing on the drugs prior to providing them to his gravely ill patients.

Dr. Soin stated that he appreciates that Dr. Massouh self-reported and cooperated with the Board’s investigation. Dr. Massouh has testified that he will not do this again and Dr. Soin stated that, assuming that is so, there theoretically would not be any future harm to the public. However, Dr. Soin found Dr. Massouh’s comment that he did not profit from this to be disingenuous since the savings went directly to him as the owner of the practice. Dr. Soin stated that if a physician takes on the responsibility of acquiring medications for their patients, then it is the physician’s responsibility to ensure that the medications are appropriate.

Dr. Soin stated that he would not be averse to imposing a lengthy suspension on Dr. Massouh’s license. Dr. Soin asked for other Board members’ thoughts on this matter.

Mr. Giacalone stated that he supports the State’s objections. Mr. Giacalone questioned why the FDA Notices of Violation, which were exhibits in Dr. Massouh’s criminal case, were not given more weight by the Hearing Examiner. Mr. Giacalone noted the following quote from the Hearing Examiner:
I’m going to stop this line of questioning now because, quite frankly, we’ve heard this testimony from the doctor and I personally have seen similar cases where it was the same drug, same factory. I’m sure it’s the ones that he would buy if they were coming through an American supplier rather than a Canadian supplier.

Mr. Giacalone questioned the basis for the Hearing Examiner’s statement, observing that the medications were detained at the border and that counterfeit products were rampant during that time period. Mr. Giacalone agreed with Dr. Soin that Dr. Massouh put his patients at risk.

Dr. Steinbergh stated that she also agrees with the State’s objections. Dr. Steinbergh disagreed with the Hearing Examiner’s statement that “There is no evidence of any harm or adverse impact on others that resulted from Dr. Massouh’s conduct.” Dr. Steinbergh stated that a patient death does not necessarily need to occur in order for one to understand the ramifications of using unapproved medications. Dr. Steinbergh stated that this case involves the minimal standards of care and opined that a more stringent sanction than a reprimand would be appropriate.

Dr. Ramprasad also supported the State’s objections. Dr. Ramprasad stated that he appreciates the Hearing Examiner’s reasons for not admitting the FDA notices into evidence. Dr. Ramprasad questioned how Dr. Massouh could not understand that there was a problem with the way he was obtaining medications when he had received two notices from the FDA on the subject.

Dr. Steinbergh suggested that an order for a minimum 90-day suspension would be appropriate, with requirements for a professional ethics course and other standard stipulations. Mr. Kenney recommended that this matter be tabled so that staff can draft a proper amended order.

**Dr. Steinbergh moved to table this topic. Dr. Sethi seconded the motion.** A vote was taken:

**ROLL CALL:**

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<tr>
<td>Dr. Rothermel</td>
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<td>Dr. Saferin</td>
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<td>Dr. Ramprasad</td>
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<td>Dr. Steinbergh</td>
<td>aye</td>
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<tr>
<td>Mr. Gonidakis</td>
<td>aye</td>
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<td>Mr. Kenney</td>
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<tr>
<td>Dr. Sethi</td>
<td>aye</td>
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<tr>
<td>Dr. Soin</td>
<td>aye</td>
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<tr>
<td>Mr. Giacalone</td>
<td>aye</td>
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<tr>
<td>Dr. Schachat</td>
<td>aye</td>
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The motion to table carried.

**DENNIS S. MOMAH, M.D.**

Mr. Kenney directed the Board’s attention to the matter of Dennis S. Momah, M.D. No objections have
been filed. Ms. Shamansky was the Hearing Examiner.

**Dr. Soin moved to approve and confirm Ms. Shamansky’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Dennis S. Momah, M.D. Dr. Steinbergh seconded the motion.**

Mr. Kenney stated that he will now entertain discussion in the above matter.

Mr. Giacalone stated that on or about January 10, 2013, Dr. Momah was indicted on one count of Distribution and Dispensation of a Controlled Substance and one count of Aiding and Abetting in the U.S. District Court for the Southern District of Georgia. Dr. Momah had previously been indicted by a federal grand jury on May 9, 2012, where he and others were charged with Conspiracy to Unlawfully Dispense Controlled Substances. Dr. Momah was sentenced to 36 months in prison and was barred from being employed as a physician or otherwise dispense controlled substances during his probation without the advance written consent of his probation officer. Dr. Momah’s sentence was later reduced to 15 months based upon his cooperation in the investigation and prosecution of his alleged co-conspirators. Dr. Momah admitted to his own role in unlawfully dispensing controlled substances at a clinic known as "Brunswick Wellness" and described various aspects of the clinic that caused him to realize that it was not a legitimate medical clinic.

Mr. Gonidakis exited the meeting at this time.

Mr. Giacalone continued that at the trial of one of his co-conspirators, Dr. Momah testified about the operation of the Brunswick Wellness and identified various aspects of that clinic that made it clear that it was not legitimate. Dr. Momah described, among other things, the lack of any medical equipment, the lack of medical training of the staff, the appearance and demands of the patients, alcohol containers in the waiting area out back, and smokers loitering in and around the premises.

Mr. Giacalone stated that on September 26, 2013, Dr. Momah voluntarily surrendered his Georgia medical license. On December 24, 2013, the Medical Quality Assurance Commission of the State of Washington Department of Health issued an Ex Parte Order of Summary Suspension and, on January 24, 2014, issued a Final Order of Default indefinitely suspending Dr. Momah’s Washington medical license.

Mr. Giacalone quoted a portion of the Hearing Examiner’s Report and Recommendation:

> During the criminal trials of the individuals involved, [Respondent] acknowledged that he knew at the start of his employment with Brunswick Wellness that it was not a legitimate medical clinic. He observed that the staff had no medical training, and the clinic had no medical equipment.

Mr. Giacalone stated that in the trial of one of Dr. Momah’s co-conspirators, Dr. Momah “conceded that the clinic's patients were obvious drug-seekers who were not suffering from legitimate medical conditions that required treatment with narcotic pain medications” and that he had prescribed narcotics for these individuals. Mr. Giacalone stated that by turning a blind eye and contributing to the operation of a pill mill, Dr. Momah disregarded his responsibility to his patients and to the community. For these reasons,
Mr. Giacalone supported permanent revocation of Dr. Momah’s medical license.

ROLL CALL:

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

The motion to approve carried.

MICHAEL J. O’BRIEN, D.O.

Mr. Kenney directed the Board’s attention to the matter of Michael J. O’Brien, D.O. Objections have been filed and were previously distributed to Board members. Ms. Shamansky was the Hearing Examiner.

Mr. Kenney stated that a request to address the Board has been timely filed on behalf of Dr. O’Brien. Five minutes will be allowed for that address.

Dr. O’Brien was represented by his attorney, Daniel Zinsmaster.

Mr. Zinsmaster stated that the objections filed in this matter center on whether the State’s case and evidence presented satisfy the burden of proof. Mr. Zinsmaster opined that the State did not satisfy the burden of proof.

Dr. O’Brien stated that he originally stood before the Board in 2002 when he was new to sobriety and just starting his journey of recovery from chemical dependency. Dr. O’Brien stated that, while difficult at times, he completed everything that the Board asked of him so he could regain the privilege of practicing medicine. The Board reinstated Dr. O’Brien’s medical license in 2007. In 2013, Dr. O’Brien began a retraining fellowship at the Cleveland Clinic, after which he was hired by the Cleveland Clinic as an attending physician in the Department of General Anesthesiology. Dr. O’Brien stated that everything was going well until the unfortunate events of August 2014.

Dr. O’Brien stated that the events of August 2014 were a consequence of his failure to be vigilant about wearing gloves while handling controlled substances. Dr. O’Brien stated that he did not relapse and he did not use drugs. Dr. O’Brien noted that he has been suspended since September 2014 and asked the Board to give him a chance to practice clinical medicine. Dr. O’Brien opined that he still has much to offer the medical profession and he understood that he may not be meant to practice in the field of anesthesiology. Dr. O’Brien stated that he will do whatever it takes to ensure the Board’s confidence in him.

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

Mr. Wilcox stated that Dr. O’Brien is an opiate addict and alcoholic. Mr. Wilcox noted that Dr. O’Brien has a history of using Fentanyl, Versed, and Diprivan which he stole from his workplace and used while he was on duty and had patient care responsibilities. Mr. Wilcox stated that Dr. O’Brien used drugs to the point that he became incapacitated at work. Mr. Wilcox stated that following the first such incident, Dr. O’Brien essentially lied to his next employer and was able to obtain a new job within a few months. At his new place of employment, Dr. O’Brien relapsed at work again and put patients in danger again.

Mr. Wilcox continued that in July 2014, the Cleveland Clinic hired Dr. O’Brien as an anesthesiologist and instituted a program of drug monitoring for him. In August 2014, Dr. O’Brien tested positive for Fentanyl on two occasions. Dr. O’Brien checked into a 28-day inpatient treatment program at Glenbeigh Hospital. Dr. O’Brien could not explain why his drug screens were positive.

Mr. Wilcox stated that Dr. O’Brien has lied repeatedly in the past and he now has a significant incentive to continue being deceitful. Mr. Wilcox noted that in 2002 the Board suspended Dr. O’Brien’s medical license for a virtually unprecedented length of four years. By imposing this sanction, the Board sent a message to Dr. O’Brien that the Board took this seriously and that that was his last chance.

Mr. Wilcox found Dr. O’Brien’s defense, that the positive screen was due to occupational or incidental exposure, to be dubious. Mr. Wilcox noted the testimony of Nykolai Pidhorodeckyj, M.D., who served as Dr. O’Brien’s treating physician at Glenbeigh Hospital, a physician in Dr. O’Brien’s position who had exposure to a medication would thoroughly document it and immediately inform as many people as possible. In this case, however, there is no evidence that Dr. O’Brien took such actions. Regarding Dr. O’Brien’s statements that he sometimes did not wear gloves in the operating room, Mr. Wilcox stated that he will leave it to the physician members of the Board to determine the credibility of that statement.

Mr. Wilcox noted that Dr. O’Brien once stated that if you put him around opiates, bad things happen. Mr. Wilcox stated that, unfortunately, bad things did happen. Mr. Wilcox disagreed with the Hearing Examiner’s Proposed Order and recommended that Dr. O’Brien’s medical license be permanently revoked.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Michael J. O’Brien, D.O. Dr. Ramprasad seconded the motion.

Mr. Kenney stated that he would now entertain discussion in the above matter.

Dr. Sethi briefly reviewed Dr. O’Brien’s history. Dr. Sethi noted that Dr. O’Brien has passed out twice at work due to drug use and asked how anyone could trust him. Dr. Sethi stated that since Dr. O’Brien’s initial Board action, he has had many employment opportunities at small hospitals. Dr. O’Brien eventually obtained employment at the Cleveland Clinic, but tested positive for Fentanyl shortly thereafter. Dr. Sethi, a certified medical review officer (MRO), stated that when someone tests positive for drugs, the tester will interview the subject before reporting the positive screen. Dr. Sethi opined that Dr. O’Brien is being intellectually dishonest and that Dr. O’Brien is being untruthful when he denies that he relapsed. Dr. Sethi
stated that one cannot test positive by inhaling Fentanyl or getting it on one’s hands. Further, if the exposure was incidental, Dr. Sethi questioned how only Dr. O’Brien had tested positive when other anesthesiologists did not test positive. Dr. Sethi added that stealing medication from the hospital is absolutely wrong.

Dr. Sethi opined that permanently revoking Dr. O’Brien’s medical license would be appropriate.

**Dr. Sethi moved to amend the Proposed Order to permanently revoke Dr. O’Brien’s license to practice osteopathic medicine and in Ohio. Dr. Steinbergh seconded the motion.**

Dr. Steinbergh recalled Dr. O’Brien’s first appearance before the Board in 2002, when the Board issued an order permanently revoking Dr. O’Brien’s medical license, stayed that permanent revocation, and imposed a suspension of at least four years. Dr. Steinbergh stated that the 2002 Order was a message to Dr. O’Brien that if he exhibits such behavior again, his license would be permanently revoked. Dr. Steinbergh did not question Dr. O’Brien’s academic strength and she noted that Dr. O’Brien was able to overcome many obstacles and obtain a fine job with the Cleveland Clinic. Unfortunately, Dr. O’Brien continued to be an addict. Dr. Steinbergh stated that addicts lie and she believed that Dr. O’Brien has lied in this case.

Dr. Steinbergh noted that on Page 11 of the Report and Recommendation, in Paragraph 38, “September 26, 2015” should be corrected to “September 26, 2014.” Dr. Steinbergh further noted that on Page 17 of the Report and Recommendation, Dr. O’Brien’s name is incorrectly rendered as “Michael J. O’Brien, M.D.” when it should be “Michael J. O’Brien, D.O.”

Dr. Steinbergh stated that Dr. O’Brien had had a bright career before him and lamented that Dr. O’Brien has allowed himself to come to this point. Dr. Steinbergh supported Dr. Sethi’s amendment to permanently revoke Dr. O’Brien’s license.

Mr. Giacalone stated that Dr. O’Brien seems very intelligent. However, Mr. Giacalone was troubled that Dr. O’Brien is making excuses, such as saying that he does not wear gloves in the operating room, rather than owning up to his actions.

Mr. Gonidakis returned to the meeting at this time.

Dr. Soin opined that the worst thing an addict can do is to become an anesthesiologist due to the easy access to medications that field entails. Dr. Soin wondered if Dr. O’Brien would be here today if he had gone into another field of medicine. Dr. Soin stated that Dr. Steinbergh’s reiteration of Dr. O’Brien’s prior history with the Board has convinced him to support the amendment for permanent revocation.

Regarding the issue of wearing gloves in the operating room, Dr. Soin stated that there are some situations in which an anesthesiologist may go into an operating room without gloves, such as if an anesthesiologist is monitoring multiple rooms simultaneously. However, Dr. Soin stated that it would be very atypical to actually handle a medication without gloves except possibly in cases of extreme emergency.

A vote was taken on Dr. Sethi’s motion to amend:
ROLL CALL:  
Dr. Rothermel  - abstain  
Dr. Saferin   - abstain  
Dr. Ramprasad - aye  
Dr. Steinbergh - aye  
Mr. Gonidakis  - aye  
Mr. Kenney    - aye  
Dr. Sethi     - aye  
Dr. Soin      - aye  
Mr. Giacalone - aye  
Dr. Schachat  - abstain  

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky’s Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Michael J. O’Brien, D.O. Dr. Sethi seconded the motion. A vote was taken:

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

The motion to approve carried.

EXECUTIVE SESSION

Dr. Steinbergh moved that the Board declare Executive Session to confer with the Attorney General's representatives on matters of pending or imminent court action and for the purpose of deliberating on proposed consent agreements in the exercise of the Medical Board’s quasi-judicial capacity. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, Mr. Miller, Ms. Loe, Ms. Debolt, Mr. Katko, Ms. Wehrle, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Mr. Yacoub, Mr. Alderson, Ms. Scott, Ms. Moore, Ms. Schwartz, and Mr. Taylor in attendance.

The Board returned to public session. Dr. Ramprasad was not present when the Board returned to public session.

REPORTS AND RECOMMENDATIONS

PAUL EDWARD JACKSON, M.D.

Dr. Steinbergh moved to remove the subject of Paul Edward Jackson, M.D., from the table. Dr. Sethi seconded the motion. A vote was taken:

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

The motion carried.

Dr. Steinbergh stated that the Medical Board staff has confirmed that Dr. Jackson does not have a pending application for restoration of his Ohio medical license. The Hearing Examiner’s Proposed Order is to non-permanently revoke Dr. Jackson’s license.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Paul Edward Jackson, M.D. Mr. Gonidakis seconded the motion. A vote was taken:

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

MARWAN MASSOUH, M.D.

Dr. Steinbergh moved to remove the topic of Marwan Massouh, M.D., from the table. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

Dr. Steinbergh stated that copies of her amendment to the Proposed Order have been provided to the Board members. The amendment, if accepted, will suspend Dr. Massouh’s medical license indefinitely, but not less than 90 days. The conditions set forth for reinstatement or restoration of Dr. Massouh’s license are standard, including an ethics course. Following reinstatement or restoration of his license, Dr. Massouh will be under standard probationary terms for a minimum of two years. Dr. Steinbergh stated that she is offering this amendment due to the seriousness of this case and her feeling that a reprimand is too lenient.

Dr. Steinbergh moved to amend the Proposed Order as detailed in the handout. Mr. Gonidakis seconded the motion.

Dr. Ramprasad returned to the meeting at this time.

Mr. Giacalone stated that he does not disagree with the amendment, but questioned whether the suspension of Dr. Massouh’s license should be for a minimum of 60 days rather than 90 days. Dr. Soin and Dr. Sethi stated that they would feel comfortable with a minimum 60-day suspension. Dr. Steinbergh agreed.

Dr. Steinbergh wished to change her motion to amend so that Dr. Massouh’s suspension will be for a
minimum of 60 days. The amended order would read as follows:

It is hereby ORDERED that:

A. SUSPENSION OF CERTIFICATE: Commencing on the thirty-first day following the date on which this Order becomes effective, the certificate of Marwan Massouh, 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 60 days.

B. CONDITIONS FOR REINSTATEMENT OR RESTORATION: The Board shall not consider reinstatement or restoration of Dr. Massouh’s certificate to practice medicine and surgery until all of the following conditions have been met:

1. Application for Reinstatement or Restoration: Dr. Massouh shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.

2. Professional Ethics Course(s): At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Massouh shall provide acceptable documentation of successful completion of a course or courses dealing with professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed. The Board may consider the course Dr. Massouh attended on September 11 and 12, 2014, at Case Western Reserve University School of Medicine entitled, “Intensive Course in Medical Ethics, Boundaries and Professionalism” as full or partial fulfillment of this requirement.

   In addition, at the time Dr. Massouh 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.

3. Additional Evidence of Fitness To Resume Practice: In the event that Dr. Massouh has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.
C. **PROBATION**: Upon reinstatement or restoration, Dr. Massouh’s certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two years:

1. **Obey the Law**: Dr. Massouh shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.

2. **Declarations of Compliance**: Dr. Massouh shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board’s offices on or before the first day of the third month following the month in which Dr. Massouh’s certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board’s offices on or before the first day of every third month.

3. **Personal Appearances**: Dr. Massouh shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Massouh’s certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

4. **Tolling of Probationary Period While Out of Compliance**: In the event Dr. Massouh 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.

5. **Required Reporting of Change of Address**: Dr. Massouh 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. Massouh’s certificate will be fully restored.

E. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER**:

1. **Required Reporting to Employers and Others**: Within 30 days of the effective date of this Order, Dr. Massouh 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. Massouh 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. Massouh 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. Massouh 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. Massouh 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. Massouh 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. Massouh receives from the Board written notification of the successful completion of his probation.

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

F. **VIOLATION OF THE TERMS OF THIS ORDER**: If Dr. Massouh 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.
This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

**No Board member objected to the change in Dr. Steinbergh’s motion to amend. The change was accepted.**

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

**ROLL CALL:**

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<td>Dr. Soin</td>
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<td>Mr. Giacalone</td>
<td>aye</td>
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<td>Dr. Schachat</td>
<td>aye</td>
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The motion 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 Marwan Massouh, M.D. Dr. Sethi seconded the motion.** A vote was taken:

**ROLL CALL:**

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<td>aye</td>
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<td>Dr. Schachat</td>
<td>aye</td>
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The motion carried.

Dr. Saferin exited the meeting at this time.
RATIFICATION OF SETTLEMENT AGREEMENTS

ALDDO ANTONIO MOLINAR, M.D. – PROBATIONARY CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Probationary Consent Agreement with Dr. Molinar. Mr. Giacalone seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to ratify carried.

Dr. Saferin returned to the meeting at this time.

AIMEE LYNN HAWLEY, M.D. – CONSENT AGREEMENT

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

ROLL CALL:

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

The motion to ratify carried.

THOMAS MICHAEL BENDER, A.A. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Mr. Bender. Dr. Sethi seconded the motion. A vote was taken:
ROLL CALL:

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

The motion to ratify carried.

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

PAUL P. CHU, 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. Chu. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:

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

The motion to send carried.

DUSTIN WEBB DILLON, 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. Dillon. Dr. Soin seconded the motion.** A vote was taken:

ROLL CALL:

Dr. Rothermel - abstain
Dr. Saferin - abstain
Dr. Ramprasad - aye
Dr. Steinbergh - aye
Mr. Gonidakis - aye
Mr. Kenney - aye
Dr. Sethi - aye
Dr. Soin - aye
Mr. Giacalone - aye
Dr. Schachat - aye
WALEED NASR MANSOUR, 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. Mansour. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to send carried.

TIMOTHY FRANKLIN MYNES, D.O.

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.

Mr. Giacalone asked why this citation does not contain an Order of Summary Suspension, given the Board’s allegations and the number of patients involved. Ms. Marshall replied that the physician does not live or work in Ohio and the proposed citation is based on an out-of-state action. Mr. Giacalone noted that the physician is still licensed in Ohio and could come here and practice at any time. Ms. Marshall
explained that in order to support an Order of Summary Suspension, the Secretary and Supervising Member of the Board must find that two criteria are met: First, that there is a clear violation; and second, that there is a risk of immediate and serious harm to patients in Ohio. Ms. Marshall stated that this physician is currently in Virginia.

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

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<td>Mr. Giacalone</td>
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<td>Dr. Schachat</td>
<td>aye</td>
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</table>

The motion to send carried.

**LAWRENCE ROTHENBERG, 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. Rothenberg. Dr. Ramprasad seconded the motion.** A vote was taken:

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<td>Mr. Giacalone</td>
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<td>Dr. Schachat</td>
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The motion to send carried.
PAUL SRESTHADATTA, D.O. — CITATION LETTER

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

Dr. Steinbergh moved to send the Citation Letter to Dr. Sresthadatta. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:

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The motion to send carried.

HAYLEE BRIANNE WILLIAMS, M.T. — CITATION LETTER

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

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

ROLL CALL:

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<th>Dr. Rothermel</th>
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The motion to send carried.
OPERATIONS REPORT

**Human Resources:** Mr. Groeber stated that interviews have been held for the position of Deputy Director for Investigations and Enforcement and a decision will hopefully be reached by the next Board meeting. Mr. Groeber commented that an impressive group of individuals had applied for that position. Mr. Groeber also stated that an attorney position is being developed to oversee the Quality Intervention Panels and Standards Review, as well as to manage experts for hearings.

**Budget:** Mr. Groeber stated that there was a slight decrease in revenue in January due to a cyclical issue, but that was recouped in February. Mr. Groeber stated that the budget looks very good overall and the Board continues to underspend about $80,000.00 per month. Ms. Loe performed an analysis that showed that if all the Board’s vacant positions were filled the budget would still be in fine shape.

**Information Technology:** Mr. Groeber stated that the Board’s new website has been launched and a preview of it features will be given to the Board at tomorrow’s retreat. Dr. Schachat agreed to test the Board member’s secured page for agenda materials and it worked well. Mr. Groeber stated that discs and paper documents of the agenda materials will continue to be sent to any Board member who wishes it.

Regarding the E-License 2.0 system, Mr. Groeber stated that it will be an integrated platform that combines the content of the website with functionality for the Board’s licensees. Mr. Groeber opined that the system will help people engage with the Board in more productive and efficient manner.

Mr. Groeber stated that LeanOhio came to the Board’s offices for a two-day event with the Licensure and Fiscal sections. This event addressed many issues and the potential for increased efficiency in the near future.

**Communications and Outreach:** Mr. Groeber stated that a number of meetings and presentations were conducted by the Medical Board, as noted on the Operations Report. Mr. Groeber particularly noted a meeting concerning Office-Based Opioid Treatment (OBOT) held with the Ohio Board of Pharmacy, the Drug Enforcement Administration, and representatives from the Attorney General’s office. Mr. Groeber stated that the meeting was attended by 85 to 90 people and was a good example of Medical Board leadership on a position and sharing information with outside parties.

**Agency Operations:** Mr. Groeber directed the Board’s attention to the Agency Operations flow chart in the Operations Report which showed the number of licensees, open complaints, and current compliance probationers. Mr. Groeber noted a decrease in the number of open complaints from about 3,200 in January to 2658 and credited this to the efforts of the staff.

Mr. Groeber stated that the time to process applications for allopathic and osteopathic licensure has decreased by 36 days from this time last year, and that is with a concurrent 9% increase in number of applications. Mr. Groeber stated that 14 expedited licenses have been issued, three of which had many problems due to lack of required documentation from the applicants. The other 11 expedited licenses were issued within an average of 31 days, which is very near the benchmark of 28 days. Mr. Groeber stated that there are opportunities to shorten this time further. Dr. Ramprasad credited the licensure staff for their
hard work on these issues.

Mr. Groeber stated that measures have been taken to help maximize employee time in the licensure department, such as maintaining workflow by occasionally allowing calls to go to voicemail to be returned later in the day. Dr. Steinbergh expressed concerns about difficulty some people have in contacting a live person at the Board and recommended that a live person inform callers that their calls will be returned at a specific time. Mr. Groeber stated that that can be the next progression in the process.

Mr. Groeber stated that in Enforcement there has been a 20% reduction in open complaints in the last three months.

Mr. Groeber stated that the Board’s Quality Intervention Program (QIP) is being fundamentally changed and streamlined so that the two QIP panels will physically meet less frequently and more reviews will be done by panel members remotely. For each case, materials will be sent to the appropriate expert on the panels and a recommendation will be made regarding disposition of the case. The QIP panels will continue to meet when necessary. If the expert wishes to interview the respondent, that can be conducted by telephone or, if the expert feels it is necessary, in person at a panel meeting. Mr. Groeber noted that currently the panels accept the recommendation of the expert in about 90% of cases. Mr. Groeber stated that Dr. O’Day and Dr. Amalfitano, the chairs of the two QIP panels, are supportive of these changes.

Mr. Groeber stated that the Hearing Unit has agreed to standard case management schedules based on complaint type to provide predictability to the Unit’s resource requirements.

**Speed and Ease Initiative:** Mr. Groeber stated that the Speed and Ease Initiative continues to look for opportunities to streamline the Board’s processes. Mr. Groeber noted that processes involving massage therapist complaints have already improved thanks to efforts from the Licensure, Investigations, Enforcement, and Legal Sections.

**Financial Disclosure Forms:** Mr. Groeber reminded the Board members that their financial disclosure forms are due at the Ohio Ethics Commission no later than April 15, 2015.

**DRAFT CORRESPONDENCE FOR BOARD APPROVAL**

**LETTER TO FEDERATION OF STATE MEDICAL BOARDS**

Dr. Steinbergh stated that she supported the draft letter to the Federation of State Medical Boards (FSMB) concerning the Board’s position that physicians under probationary terms should be eligible for specialty board certification. Dr. Steinbergh recommended some grammatical corrections, as well as the suggestion that the letter refer to both license suspension and revocation instead of just revocation. Dr. Steinbergh also suggested referencing the American Osteopathic Association in addition to the American Board of Medical Specialties.

**Dr. Saferin moved to approve the draft letter to the FSMB, with Dr. Steinbergh’s suggestions. Dr. Schachat seconded the motion.** A vote was taken:
ROLL CALL:

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

The motion carried.

LETTER TO MASSAGE THERAPY AND COSMETIC THERAPY SCHOOLS

Dr. Steinbergh approved of the draft letter to massage therapy and cosmetic therapy schools advising the programs that, as stipulated in Section 4731-1-15, Ohio Administrative Code, they must inform applicants that a criminal background could impede their ability to obtain licensure following graduation. Dr. Steinbergh suggested some grammatical corrections. Dr. Steinbergh also suggested that since massage therapy is the Board’s primary concern in this matter, “massage therapy” should precede “cosmetic therapy” when mentioned together in the letter.

Dr. Steinbergh suggested that the massage therapy schools should be required to include this information with all application materials prior to the applicants making any payment to the school. The Board discussed this issue thoroughly. Mr. Kenney stated that this discussion is important and should be continued at a later time.

Dr. Saferin moved to approve the draft letter to the schools of massage therapy and cosmetic therapy, with Dr. Steinbergh’s suggestions. Dr. Soin seconded the motion. A vote was taken

ROLL CALL:

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

The motion carried.
MEDICAL BOARD VACANCIES

Dr. Steinbergh asked about efforts to fill the current vacancies on the Board. Mr. Groeber stated that he reaches out to the Governor’s office often regarding these gubernatorial appointments, but there is no definitive news yet. Dr. Steinbergh noted that the Board still has two vacancies from Dr. Talmage’s departure in May 2014 and Dr. Bechtel’s resignation in December 2014, as well the upcoming end of Dr. Ramprasad’s term on the Board. The Board briefly discussed that matter and its implications to the Board’s ability to reach a quorum to do business.

REPORTS BY ASSIGNED COMMITTEES

POLICY COMMITTEE

LEGISLATIVE UPDATES

Mr. Gonidakis exited the meeting at this time.

House Bill 40, Fining Authority: Mr. LaCross stated that this legislation passed out of the House Government Accountability Committee unanimously and will hopefully reach the House floor by March 30. Mr. LaCross thanked Mr. Kenney, Mr. Gonidakis, and Dr. Rothermel for their efforts on this bill.

Podiatric Licensure: Mr. LaCross stated that a bill has been drafted regarding the podiatric licensure process. Mr. LaCross noted that Dr. Saferin has read the bill and approves of its provisions, as does the Ohio Foot and Ankle Medical Association. Mr. LaCross stated that this bill also allows expedited licensure applications to be approved by the Secretary and Supervising Member of the Board and provides for an administrative certificate that will allow otherwise unlicensed physicians to take an administrative medical position in Ohio.

Senate Bill 55, Physician Assistants Law: Mr. LaCross stated that this bill has been introduced into the Senate. The bill contains a clarification of the audit process the Board will use to audit physician assistant supervision agreements, specifying what the Board can and cannot look at. The bill will also combine the physician assistant certificate to prescribe with the regular physician assistant license.

House Bill 64, Operating Budget: Mr. LaCross stated that House Bill 64, which references the Board’s anticipated fining authority, is moving smoothly through the legislature.

One-Bite Reporting Exemption: Mr. LaCross stated that there will be a final product on revisions to the one-bite reporting exemption soon. Mr. Groeber commented that conversations with the Ohio Physician’s Health Program and with Justice Stratton have gone well and the goal is to have a quality, workable program.

Expeditied Partner Therapy: Mr. LaCross stated that a bill for expedited partner therapy (EPT) is being drafted. Mr. LaCross explained that the bill will allow a physician whose patient has been diagnosed with chlamydia, gonorrhea, or trichomoniasis to write prescriptions for up to two of the patient’s sexual partners
for those conditions. The prescription(s) for the sexual partner(s) does not require the name of the individual, but must say “EPT.” The physician may choose to not contact the sexual partner(s), but must document that in the patient record. The physician will provide information to the patient, to be given to the sexual partner(s), on the condition, the medication, and possible side-effects. The sexual partner(s) will bring the prescription to a pharmacist, who will fill the prescription and further advise the individual about the medication and possible side-effects. The bill exempts the physician and the pharmacist from liability for any adverse interactions that may occur.

Dr. Saferin asked how the EPT process will occur with e-prescribing. Mr. LaCross stated that that issue will be addressed by the Ohio Board of Pharmacy.

Dr. Steinbergh asked if there has been discussion of excluding gonorrhea from this legislation, noting that that was suggested by new infectious disease guidelines. Mr. LaCross stated that that issue was discussed with an obstetrics and gynecology association and it was recommended keep gonorrhea in the legislation.

**Discontinuance of Wallet Cards:** Mr. LaCross stated that legislation is being drafted for the discontinuance of wallet cards and will be shared with the Board members. Mr. LaCross stated that this legislation will apply to all licensees who receive wallet cards and not just physicians.

**Naloxone-Opioid Overdose:** Mr. LaCross stated that this bill passed the House unanimously and has been sent to the Senate.

**Prescribe-Delegate Authority:** Mr. LaCross stated that this legislation will authorize registered nurses to delegate certain non-scheduled drugs for administration to patients under certain circumstances.

**COMMENTS RECEIVED ON 4731-11-09 & 4731-11-11, OAC**

Ms. Anderson stated that Rule 4731-11-09 has been tabled by the Policy Committee due to concerns of how physician assistants and nurse practitioners relate to the measure. Ms. Anderson stated that new language will be developed, with the help of Dr. Steinbergh and Dr. Schachat, and will be presented to the Policy Committee in the future.

Ms. Anderson stated that Rule 4731-11-11 will be brought back to the Policy Committee after references to red flags are added back into the language.

**APPROVAL OF FREQUENTLY ASKED QUESTIONS FOR WEBSITE COMMON CONTROLLED SUBSTANCES PRESCRIPTIONS FAQ’S**

Ms. Anderson stated that this Frequently Asked Questions (FAQ) document will be brought back to the Committee in April with links to the Ohio Automated Rx Reporting System (OARRS) and additional information on OARRS.
SHORT-TERM WEIGHT LOSS ANOREXIANTS FAQ'S

Dr. Soin moved to approve the Short-Term Weight Loss Anorexiants Frequently Asked Questions document. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

DISCUSSION OF ACUTE PAIN DEFINITION

Ms. Anderson stated that the Opioid and Other Controlled Substance Committee of the Governor’s Cabinet Opiate Action Team (GCOAT) has developed a definition of acute pain, which was discussed by the Policy Committee. Ms. Anderson stated that she and Dr. Soin are on that GCOAT committee and will continue to bring updates to the Board.

Dr. Steinbergh noted that in its current form, the definition of acute pain does not include an exacerbation of underlying chronic conditions. Dr. Steinbergh opined that exacerbation of a chronic pain condition should be treated as acute pain until the patient’s condition returns to its normal state. Dr. Soin stated that such an exacerbation may be placed in another category, acute-on-chronic pain, which has yet to be defined by the Committee. Dr. Steinbergh reviewed the document and opined that the phrases “related to tissue damage” and “significantly alters a patient’s typical function” could also cover an acute-on-chronic pain scenario.

YOUTH SPORTS CONCUSSION AND HEAD INJURY RETURN-TO-PLAY GUIDELINES COMMITTEE

Dr. Rothermel stated that this Committee was formed by House Bill 487 and was charged with developing guidelines related to youth sports concussions, including establishing minimum educational requirements to qualify a physician or licensed healthcare provider to independently clear an athlete for return to practice or play. Committee met several times and heard testimony from multiple sources.

Dr. Rothermel continued that after much debate, the Committee guidelines will state that allopathic physicians, osteopathic physicians, diplomates in chiropractic neurology or chiropractic sports medicine, and certified chiropractic sports physicians who are on the American Chiropractic Board of Sports Medicine’s National Concussion Registry will be considered qualified to clear youth athletes for return to
play.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE REPORT

PHYSICIAN ASSISTANT LICENSURE APPLICATION REVIEW

JENNIFER PARVU, P.A.-C.

Dr. Steinbergh moved to approve Ms. Parvu’s application for a certificate to practice, based upon her holding a current and valid license or other form of authority to practice as a physician assistant issued by another jurisdiction prior to January 1, 2008. Dr. Sethi seconded the motion. A vote was taken:

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

The motion carried.

PHYSICIAN ASSISTANT FORMULARY REVIEW

Dr. Sethi stated that the Committee discussed Vyvanse and the Food and Drug Administration’s (FDA) approval for use of that medication to treat binge eating. This matter was tabled by the Committee in anticipation of upcoming changes to the Board’s rules regarding weight-loss medications.

Dr. Sethi stated that discussion of multiple sclerosis medications was tabled by the Physician Assistant Policy Committee.

SPECIAL SERVICES REVIEW

ORTHOPAEDIC SPECIALISTS AND SPORTS MEDICINE

Dr. Sethi moved to approve the special services application of Orthopaedic Specialists and Sports Medicine for pesanserine injection and CMC thumb joint injection. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:
Dr. Rothermel - aye
Dr. Saferin - aye
The motion carried.

PHYSICIAN ASSISTANT POLICY COMMITTEE APPOINTMENT

Dr. Steinbergh stated that Mr. Kenney has appointed Curtis L. Gingrich, M.D., to the Physician Assistant Policy Committee.

LICENSURE COMMITTEE

LICENSURE APPLICATION REVIEWS

JEFFERY CARLETON NORTHRUP, D.O.

Dr. Saferin stated that Dr. Northrup has applied for a medical license in Ohio. Dr. Northrup has held lifetime certification in obstetrics and gynecology since 1980 and has held physician executive certification from the Certifying Commission of Medical Management since 2011. Dr. Northrup has not engaged in clinical medicine since July 2007. Dr. Northrup has stated that he has no intention of practicing clinical medicine in Ohio, but he requires an active Ohio medical license for his current position as Chief Medical Officer of Knox Community Hospital.

Dr. Saferin moved to grant Dr. Northrup’s application for licensure and to immediately limit and restrict the license to the practice of administrative, non-clinical medicine. All limitations shall terminate upon evidence acceptable to the Board or its designee that Dr. Northrup has successfully recertified his American Osteopathic Association specialty board certification in obstetrics and gynecology and completed a Board-approved preceptorship. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she supports the motion in principle, but would like Dr. Northrup to also have the option to take and pass the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX) rather than specialty board recertification.

The Board discussed this issue thoroughly. Dr. Rothermel expressed concern about whether Dr. Northrup, should he chose to return to the practice of clinical medicine, would demonstrate competency to perform gynecologic surgery simply by passing the COMVEX. Dr. Steinbergh stated that providing the option of taking the COMVEX would allow Dr. Northrup to practice general medicine without having to recertify in obstetrics and gynecology. Dr. Steinbergh also stated that the Medical Board issues a general medical license, not a specialty license. Dr. Steinbergh added that Hospitals and other credentialing bodies would
not allow OB or surgical privileges without appropriate board certification. Dr. Sethi opined that requiring a preceptorship is an undue burden and that if Dr. Northrup has the proper fund of medical knowledge he should be allowed to practice as a general physician.

**Dr. Steinbergh moved to amend the motion so that Dr. Northrup may either pass the specialty board recertification examination or the COMVEX. Dr. Saferin seconded the motion.** A vote was taken:

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

The motion carried.

**Dr. Steinbergh moved to approve the motion as amended. Dr. Saferin seconded the motion.** A vote was taken:

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

The motion carried.

**LING GAO, M.D.**

**Dr. Saferin moved to approved the good-cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accept Dr. Gao’s examination sequence in order to grant her a license. Dr. Steinbergh seconded the motion.** A vote was taken:

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

The motion carried.
Mr. Kenney - aye
Dr. Sethi - aye
Dr. Soin - aye
Mr. Giacalone - aye
Dr. Schachat - aye

The motion carried.

STEVEN M. PAP, M.D.

Dr. Saferin stated that Dr. Pap is applying for restoration of his Ohio medical license. Dr. Pap has not engaged in the practice of clinical medicine since 2006 and has held lifetime certification in obstetrics and gynecology since 1983. Dr. Pap personally appeared at the Licensure Committee meeting and indicated that, if approved, he will work at an obstetrics and gynecology practice twice per week and will only focus on non-surgical gynecologic care. Dr. Pap has worked in the medical field administratively since 2006 and is current with Category I continuing medical education requirements. Dr. Saferin stated that the Committee tabled this topic for further discussion.

Dr. Saferin stated that the Committee had discussed the possibility of granting Dr. Pap’s application and requiring him to complete an eight-month preceptorship, to include two months of being observed and six months of 100% chart review. Dr. Saferin stated that Dr. Pap’s partner has already agreed to be a preceptor. Dr. Steinbergh suggested that Dr. Pap also be required to pass the Special Purpose Examination (SPEX). Dr. Schachat opined that Dr. Pap should only be required to pass the SPEX.

Dr. Steinbergh moved to approve Dr. Pap’s application for restoration of his license, conditional upon his taking and passing the SPEX, and to restrict that license to require an eight-month preceptorship, to include two months of close observation followed by six months of periodic chart review by a board-approved preceptor. Dr. Saferin seconded the motion.

The Board discussed this matter thoroughly. Dr. Rothermel opined that Dr. Pap should have the option of either passing the SPEX or the recertification examination for obstetrics and gynecology. Dr. Steinbergh accepted Dr. Rothermel’s suggestion. Dr. Sethi opined that there was no purpose in requiring Dr. Pap to participate in a preceptorship. Dr. Ramprasad disagreed and stated that Dr. Pap has not practiced for nine years.

Dr. Steinbergh wished to change her motion in order to give Dr. Pap the option of either passing the SPEX or the recertification examination for obstetrics and gynecology. No Board member objected to the change in the motion. The change to the motion was accepted.

The Board discussed this matter further and questioned when Dr. Pap’s license would become active in relation to his preceptorship. Mr. Miller suggested that this topic be tabled until next month so that he and the licensure staff can research this and develop language to accomplish the Board’s goal.

Dr. Steinbergh moved to table this topic. Dr. Soin seconded the motion. A vote was taken:
ROLL CALL:

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

The motion to table carried.

Dr. Sethi exited the meeting at this time.

FINANCE COMMITTEE

DRUG ENFORCEMENT ADMINISTRATION MEETING

Dr. Steinbergh moved to approve A.J. Groeber, Executive Director, or a designee, to attend the DEA meeting, and that participation in the meeting is in connection with his/her responsibilities and position with the Board. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on February 11, 2015, the Compliance Committee met with Martin P. Ambrose, M.D.; Kyle F. Mills, M.D.; David O’Connell, M.D.; Mark A. Weiner, D.O.; and moved to continue them under the terms of their respective Board actions. The Committee further moved to bring Kyle F. Mills, M.D., in before the Committee again in March 2015. The Compliance Committee accepted Compliance staff’s report of conferences on January 12th and 13th, and further approved the draft minutes from the January 14, 2015 Compliance Committee.
PROBATIONARY REQUESTS

Mr. Kenney advised that at this time he would like the Board to consider the probationary requests on today’s consent agenda. Mr. Kenney asked if any Board member wished to discuss a probationary request separately. Dr. Steinbergh stated that she wished to discuss probationary requests of Anil C. Nalluri, M.D., and Shannon Lee Swanson, D.O., separately.

Dr. Steinbergh stated that Dr. Nalluri is requesting approval of an online course called Challenger Coding and Compliance, among other requests. Dr. Steinbergh recommended denying Dr. Nalluri’s request regarding that course because the course outline stated that the information is from 1995 to 1997. Dr. Steinbergh recommended approval of Dr. Nalluri’s other requests.

Regarding Dr. Swanson, Dr. Steinbergh stated that she approves of the proposed practice plan, but it was not clear which hospitals Dr. Swanson would be practicing at. Ms. Bickers stated that Dr. Swanson’s practice plan would allow her to work for 4M Emergency Systems, which provides services at multiple hospitals.

Dr. Steinbergh moved to accept the Compliance staff’s Reports of Conferences and the Secretary and Supervising Member’s recommendations, except for the modification to Dr. Nalluri’s request as discussed, as follows:

- To grant Kevin Scott Balter, M.D.’s request for approval of John E. Cook, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per month;
- To grant Courtney D. Bonner, D.O.’s request for approval of Michael D. Bobb, D.O., to serve as the new monitoring physician;
- To grant John S. Henry, M.D.’s, request for approval of Jason L. Gessel, D.O., to serve as the new monitoring physician;
- To grant Kavita A. Kang, D.O.’s request for approval of Narinder K. Saini, M.D., to serve as an additional monitoring physician;
- To grant Matthew D. Kellems, M.D.’s request for approval of Heather D. McFarland, D.O., to serve as the new monitoring physician;
- To grant Carol E. Lewis, M.D.’s request for reduction in psychotherapy sessions from once per week to twice per month;
- To grant Waleed N. Mansour, M.D.’s request for approval of a personal and professional ethics course tailored by Donna F. Homenko, Ph.D., to fulfill the personal/professional ethics course requirement;
• To grant Anil C. Nalluri, M.D.’s request for approval of Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare, offered by Case Western Reserve University, to fulfill the medical billing course requirement;

• To grant Sheila S. Paul, D.O.’s request for approval of Farid Sabet-Sharghi, M.D., to serve as the new monitoring physician;

• To grant Bernard J. Rose, M.D.’s request for reduction in psychiatric treatment sessions from twice per month to once per month; and discontinuance of the chart review requirement;

• To grant Rick Skibicki, M.D.’s request for reduction in appearances from every three months to every six months;

• To grant Shannon Lee Swanson, D.O.’s request for approval of a new practice plan; approval of Robert T. Moosally, Jr., D.O., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per week;

• To grant Mark Aaron Weiner, D.O.’s request for approval of the Michigan Health Professional Recovery Program to conduct monitoring while the doctor resides in Michigan; and

• To grant Adil Y. Yamour, M.D.’s request for approval of Penelope A. Halliday, M.D., to serve as the new monitoring physician.

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

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

The motion carried.

REINSTATEMENT REQUEST

Dr. Steinbergh moved to approve the request for the reinstatement of the license of James A. Williams, D.O., effective immediately, subject to the probationary terms and conditions as outlined in the July 9, 2014 Board Order for a minimum of five years. Dr. Sethi seconded the motion. A vote was taken:
ROLL CALL: 
Dr. Rothermel - abstain  
Dr. Saferin - abstain  
Dr. Ramprasad - aye  
Dr. Steinbergh - aye  
Mr. Kenney - aye  
Dr. Sethi - aye  
Dr. Soin - aye  
Mr. Giacalone - aye  
Dr. Schachat - aye  

The motion carried.

FINAL PROBATIONARY APPEARANCES

AIMEE V. CHAPPELOW, M.D.

Dr. Schachat exited the meeting at this time.

Dr. Chappelow was appearing before the Board pursuant to her request for release from the terms of her January 13, 2010 Consent Agreement. Ms. Bickers reviewed Dr. Chappelow’s history with the Board.

In response to questions from the Board, Dr. Chappelow stated that her most essential truth is that she has the disease of addiction and will have for rest of her life. Dr. Chappelow stated that she must treat her disease on a daily basis by staying close to her support group, working a strong 12-step program, and prioritizing her recovery above everything else. Consequently, Dr. Chappelow stated that very little will change after her release from her Consent Agreement.

Regarding her current practice, Dr. Chappelow stated that she is practicing at about 70% capacity, seeing patients two days per week and performing surgery about two days per week. Dr. Chappelow stated that her current hours are reasonable and her colleagues are very supportive. Dr. Chappelow stated that having her license suspended was a gift because it allowed her to step back from being so focused on her career. Dr. Chappelow stated that during her suspension she had the opportunity to work at the Cleveland Clinic’s alcohol and recovery center.

When asked how Dr. Chappelow felt when her license was first suspended by the Board, Dr. Chappelow answered that it did not seem like a gift at the time, but it caused her to appreciate what a privilege it is to be able to care for patients.

When asked how Dr. Chappelow became addicted to medications, Dr. Chappelow responded that she had initially taken Percocet and oxycodone to help her sleep, but she soon found that it was difficult to sleep without taking those drugs. Dr. Chappelow stated that many people are taught to be self-sufficient and to not reach out for help. However, Dr. Chappelow stated that there is no shame in asking for help and, in fact, some of the most effective people ask for help and other people’s opinions.
Dr. Soin moved to release Dr. Chappelow from the terms of her January 13, 2010 Consent Agreement, effective immediately. Dr. Soin seconded the motion. A vote was taken:

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

The motion carried.

ALAN ARNOLD GODOFSKY, M.D.

Dr. Godofsky was appearing before the Board pursuant to his request for release from the terms of the Board’s Order of March 13, 2013. Ms. Bickers reviewed Dr. Godofsky’s history with the Board.

In response to questions from Dr. Steinbergh, Dr. Godofsky stated that he is retired but sometimes takes a locum tenens position as an anesthesiologist for two to four months at a time. Dr. Godofsky stated that he has allowed his Kentucky medical license to expire.

Dr. Schachat returned to the meeting at this time.

Mr. Giacalone asked Dr. Godofsky how he came to the attention of the Kentucky and Ohio Medical Boards. Dr. Godofsky explained that he accepted a locum tenens position with a chronic pain clinic in Kentucky. Dr. Godofsky stated that this clinic has subsequently been referred to as a “pill mill,” but he disliked that term because it painted all the physicians and patients in the clinic with the same brush. Dr. Godofsky stated that at the time he took the position the Kentucky Board of Medical Licensure had posted an opinion regarding pain clinic guidelines and how they would handle related investigations. Dr. Godofsky stated that in his case the Kentucky Board’s investigation process was accelerated because of pending legislation regarding pill mills.

Dr. Godofsky continued that the Kentucky Board’s expert was given about 80 patient charts for review within a couple of days and the expert never realized that each chart had input from multiple physicians. Dr. Godofsky stated that the expert later retracted all of his opinions in one case. Dr. Godofsky stated that in his case, he was notified of his hearing on a Tuesday or Thursday and the hearing was to be held the following Monday. Upon questioning by Mr. Giacalone, Dr. Godofsky stated that he did attend his hearing and he was represented by an attorney who he had first met the day before.

Mr. Giacalone noted that the name of the clinic had been “the Central Kentucky Bariatric and Pain Management Clinic” and found it odd that those two specialties would be combined in the same clinic. Dr. Godofsky stated that there were not any bariatric patients in the clinic. Dr. Godofsky stated that he had
made sure that he would only be treating pain management patients and he felt qualified to treat those patients appropriately.

Mr. Giacalone noted that the clinic charged $450.00 for prescriptions and that multiple pharmacists refused to fill the prescriptions. Dr. Godofsky stated that there was no charge for the prescriptions and the $450.00 was a fee to arranging MRI’s with an affiliated facility. Dr. Godofsky stated that he was never ordered to treat or not treat patients or to refer patients to specific facilities.

Mr. Giacalone noted the expert’s statement and the Kentucky Board of Medical Licensure in their Agreed Order of Indefinite Restriction had found that that Dr. Godofsky had prescribed oxycodone in 15 and 30 mg doses usually in combination with Valium. Dr. Godofsky stated that that is inaccurate. Dr. Soin noted that the prescriptions were on KASPER, Kentucky’s prescription reporting system. Dr. Godofsky stated that the Valium did not show up in all KASPER reports. Dr. Godofsky stated that he had some patients on Valium because almost all of them were coming from clinics in Florida that had been closed and were already on very high doses.

Mr. Giacalone noted that many patients traveled 100 to 200 miles to Dr. Godofsky’s clinic and asked if that seemed odd. Dr. Godofsky replied that it was not completely odd given the situation and that some patients had a legitimate need to see physicians. Dr. Godofsky stated that in order to determine which patients were legitimate, he had to talk to them.

The Board continued to discuss the numerous red flags present at the clinic and Dr. Godofsky’s continued practice there. Dr. Godofsky maintained that his primary goal had been to appropriately treat the patients and to help them to the best of his ability. Dr. Godofsky contended that a substantial amount of the information in the Kentucky Board Order is inaccurate. Dr. Godofsky stated that he attempted to refer suspected drug abusers to appropriate providers, but getting such referrals was difficult.

Dr. Soin opined that Dr. Godofsky is not taking ownership of this situation and that his comments are disingenuous. Dr. Soin noted that expert’s statement that

In all records reviewed Dr. Godofsky provided a layman’s diagnosis of low back pain and neck pain which demonstrate a lack of critical evaluation of the patient. History of chief complaint was completely absent and not included. There was no evidence of ongoing physical exams.

Dr. Soin commented that if Dr. Godofsky had the patients’ best interests in mind and was trying to get them off drugs, he would have documented an appropriate diagnosis, a chief complaint, and performed a physical examination. Dr. Godofsky reiterated that each patient chart had documentation by multiple physicians and he was not necessarily the one who did the initial history and physical. Dr. Godofsky stated that every chart had a chief compliant, documented as “reason for seeking care.” Dr. Godofsky stated that he sometimes used the term “back pain” when he did not know the specific cause of the patient’s pain. Dr. Godofsky stated that there is a billing code for back pain and he did not think it was inappropriate to use that term as a generalization when a more specific diagnosis is not clear at the time.
Dr. Soin hoped that Dr. Godofsky had situational awareness of what happened at this pill mill and all pill mills, including diversion, death, addiction, crime, and even prostitution, that are the trickle down effects of writing these prescriptions. Dr. Soin asked what positive steps Dr. Godofsky has taken to prevent this from happening again. Dr. Godofsky replied that he has fulfilled all the requirements of his license restriction and probationary terms and he has no intention of returning to a similar practice.

Dr. Sethi expressed concern that Dr. Godofsky is not taking ownership of this issue and that he seemed self-righteous. Dr. Sethi asked how Dr. Godofsky could be trusted to be safe. Dr. Godofsky stated that no one has taken more responsibility for this situation than he has and that his intention had been to try to help the patients in very difficult circumstances. Dr. Godofsky noted that other physicians involved in this have been indicted, some are in jail, and some have had restrictions on their Drug Enforcement Administration (DEA) certificate. Dr. Godofsky stated that none of that happened to him because the DEA reviewed his charts and determined that there was no reason to proceed further. Dr. Godofsky stated that he takes responsibility for his poor judgment.

Mr. Giacalone asked if Dr. Godofsky understands that getting involved in similar circumstances again would be very detrimental to his ability to practice in Ohio. Dr. Godofsky replied that that is perfectly clear.

Dr. Sethi did not feel comfortable releasing Dr. Godofsky from the terms of his Board Order and opined that additional monitoring is needed. Dr. Soin opined that based on the restriction on Dr. Godofsky’s license, he is unlikely to be in a scenario that could harm patients again. Dr. Steinbergh also supported releasing Dr. Godofsky and opined that he will not put himself in this predicament again. Mr. Kenney agreed with other Board members that Dr. Godofsky is not taking ownership of his actions, but also agreed that Dr. Godofsky will not repeat these actions.

**Dr. Steinbergh moved to release Dr. Godofsky from the terms of the Board’s Order of March 13, 2013, effective March 27, 2015, with the license limitation continuing until the similar limitation is lifted from Dr. Godofsky’s Kentucky medical license. Dr. Soin seconded the motion.** A vote was taken:

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

The motion carried.
JULIAN A. GORDON, M.D.

Dr. Gordon was appearing before the Board pursuant to his request for release from the terms of his October 16, 2009 Consent Agreement. Ms. Bickers reviewed Dr. Gordon’s history with the Board.

Dr. Ramprasad asked how Dr. Gordon got into this situation. Dr. Gordon stated that he is a urologist and had been in solo practice for about 25 years when he was recruited to join the Cleveland Clinic. In his private practice, Dr. Gordon’s patients had depended on him for minor primary care, such as treating a cold, in addition to urology. Dr. Gordon stated that if he thought something non-urologic was going on, he would initiate an evaluation to the best of his ability and then refer the patient to the appropriate specialist.

Dr. Gordon continued that in the incident in question, he examined a female patient and became concerned that she may have a liver disease. Dr. Gordon stated that he did a quick examination, including a chest examination and a breast examination. Dr. Gordon stated that he made a mistake by trying to be a general physician rather than a urologist and that he did not take the time to explain to the patient what he was about to do and why. The patient was offended and was advised by a cousin who worked at the Cleveland Clinic that that was not an appropriate examination for a urologist to perform. The patient made a formal complaint, which resulted in his misdemeanor conviction for assault. Dr. Gordon stated that his attorney had advised him to accept the plea for misdemeanor assault because the Cleveland Clinic was supportive of the patient’s complaint. Once Dr. Gordon was found guilty of a misdemeanor in the course of practicing medicine, the Medical Board was required by statute to take action on his medical license. Dr. Gordon was also excluded from Medicare, which made it extremely difficult to find employment.

Dr. Gordon stated that what he did was not well thought-out and was insensitive to the patient’s personal space and modesty. Dr. Gordon faulted himself for being too busy to take the time to explain to the patient what he was about to do. Doing locum tenens work, Dr. Gordon was able to put into practice what he had learned from this experience regarding patients’ personal space and modesty. Dr. Gordon stated that now he always has a chaperone in the room when he is examining female patients.

Mr. Giacalone noted that Dr. Gordon had been charged with sexual imposition and was sentenced to 180 days in jail, which was suspended, and placed on probation. Dr. Gordon stated that the initial charge was sexual imposition, but he pleaded guilty to and was found guilty of assault because this was not a sexual act and he had no history of such acts. Dr. Gordon stated that he had wanted to fight the charge, but he took his attorney’s advice to plead guilty. Dr. Gordon also noted, with no offense to the female members of the Board, that the judge in his case was female and was not very sensitive to the questions raised by his attorney.

Dr. Ramprasad stressed the communication aspect of this matter and how important communication is to patient care. Dr. Ramprasad stated that a urologist examining the breasts seems out of place and he could see how people could misunderstand even if the intentions were good.

**Dr. Soin moved to release Dr. Gordon from the terms of his October 16, 2009 Consent Agreement, effective immediately. Dr. Sethi seconded the motion.** A vote was taken:
ROLL CALL:
Dr. Rothermel - abstain
Dr. Saferin - abstain
Dr. Ramprasad - aye
Dr. Steinbergh - aye
Mr. Kenney - aye
Dr. Sethi - aye
Dr. Soin - aye
Mr. Giacalone - aye
Dr. Schachat - aye

The motion carried.

ZEV R. MAYCON, M.D.

Dr. Maycon was appearing before the Board pursuant to his request for release from the terms of his March 10, 2010 Consent Agreement. Ms. Bickers reviewed Dr. Maycon’s history with the Board.

In response to questions from Dr. Steinbergh, Dr. Maycon stated that he attends rehabilitation meetings and has a sponsor, a good support group, and a very strong family. Dr. Maycon stated that he will continue to utilize these resources after his release from his Consent Agreement. Dr. Maycon stated that he began using alcohol recreationally in college and it got out of control. When Dr. Maycon had an opportunity to obtain prescription drugs, he found that they made him feel good and he continued to use them. Dr. Maycon soon became dependent on the medications and could not function without them. Dr. Maycon stated that he has an addiction and he must deal with it every day.

Upon further questioning, Dr. Maycon stated that he is always concerned about relapse, but he knows what he needs to do to take care of it. Dr. Maycon stated that he will continue to undergo voluntary monitoring because it holds him accountable.

Regarding his practice, Dr. Maycon stated that he had been in a hospital-based practice for about four years, but he recently joined a practice group with three other gastroenterologists. Dr. Maycon currently works about 45 to 55 hours per week doing both inpatient and outpatient care, with some on-call responsibilities. Dr. Maycon commented that this work schedule is very similar to what he had in his prior practice.

Dr. Steinbergh asked if Dr. Maycon feels that he is ready to be released. Dr. Maycon responded that he is ready to be released.

**Dr. Steinbergh moved to release Dr. Maycon from the terms of his March 10, 2010 Consent Agreement, effective immediately.** Dr. Soin seconded the motion. A vote was taken:

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

The motion carried.

GREGORY M. THOMAS, M.D.

Dr. Thomas was appearing before the Board pursuant to his request for release from the terms of his March 14, 2007 Consent Agreement. Ms. Bickers reviewed Dr. Thomas’ history with the Board.

Dr. Thomas was accompanied by his attorney, Steve Hartman.

In response to questions from Dr. Steinbergh, Dr. Thomas stated that he works with four to five colleagues in a group practice which treats addiction patients with Suboxone. Dr. Thomas currently has about 35 patients and also works with Bureau of Workers Compensation (BWC) attorneys who need a second opinion examination. Dr. Thomas stated that he takes full responsibility for his ill-advised prescribing in the past. Dr. Thomas observed that addicts are very good at covering things up and they had fooled him. Dr. Thomas stated that in his current practice, he refers all the patients he can to counseling and encourages them to get involved in a 12-step program.

Dr. Sethi exited the meeting at this time.

Dr. Steinbergh stated that in going from prescribing pain medications to prescribing Suboxone, Dr. Thomas has the same kind of patients, namely addicts. Dr. Steinbergh stated that Dr. Thomas must be adept at understanding his patients and prescribe according to the Board’s guidelines. Dr. Soin agreed. Responding to Dr. Steinbergh, Dr. Thomas stated that he does not prescribe benzodiazepines or any Schedule II medications, though he may substitute Neurontin if needed.

Dr. Soin asked why Dr. Thomas’s registration with the Ohio Automated Rx Reporting System (OARRS) was delayed. Mr. Hartman explained that Dr. Thomas had an agreement with the Drug Enforcement Agency (DEA) which was extended due to a few missing prescriptions on a report. Although the DEA found no misconduct on the part of Dr. Thomas, this led to a delay in Dr. Thomas’ OARRS registration.

Responding to questions from Mr. Giacalone, Dr. Thomas acknowledged that he has had DEA registration throughout this time period and has been prescribing controlled substances, although his OARRS registration has only become active recently. Mr. Giacalone asked how Dr. Thomas would advise the medical students in attendance how to avoid the problems he had. Dr. Thomas advised the medical students not to become everyone’s best friend.

Mr. Giacalone noted that the bases of Dr. Thomas’ actions were his treatment of and over-prescribing to 16
patients, including Patient 14 identified in this Board’s Notice of Hearing dated July 13, 2005, who died from a drug overdose. Dr. Thomas stated that Patient 14 had been referred to him for pain management by his psychiatrist, who was treating Patient 14 for depression. Dr. Thomas stated that according to the coroner’s report, Patient 14 was taking many drugs that Dr. Thomas did not prescribe. Mr. Hartman, Dr. Thomas’ attorney, commented that this experience has taught Dr. Thomas how to improve his practice. Mr. Giacalone asked Mr. Hartman if Dr. Thomas understands that there is an issue of buprenorphine abuse in Ohio. Mr. Harman replied that Dr. Thomas understands the buprenorphine abuse issue.

Mr. Giacalone noted Dr. Thomas’ statements that he can rely on his colleagues now, whereas previously he had been a solo practitioner. However, Mr. Giacalone stated that Dr. Thomas still practices alone in a sense because he treats, examines, and prescribes to his patients by himself without his colleagues being present all the time. Dr. Thomas stated that his monitoring physician has reported a good deal of progress in how Dr. Thomas’ patients and patient records are managed. Dr. Thomas also stated that his colleagues are available for consultation.

Mr. Giacalone expressed reservations about releasing Dr. Thomas from his probationary terms at this time. Mr. Giacalone asked if Dr. Thomas is confident that he has “got it together.” Dr. Thomas replied that he is a work in progress. Mr. Giacalone opined that Dr. Thomas’ response causes him to further question whether Dr. Thomas should be released and stated that Dr. Thomas is not representing himself well today. Mr. Hartman noted that the monitoring physician’s reports have shown that Dr. Thomas has addressed every concern and Dr. Thomas has done everything that has been asked of him. Mr. Harman further noted that Dr. Thomas has some hearing problems and has not heard some of the Board’s questions clearly.

Dr. Steinbergh opined that Dr. Thomas is an honest and earnest individual, but expressed the Board’s concern that Dr. Thomas nearly lost his medical license. Dr. Steinbergh stated that being in a buprenorphine practice puts Dr. Thomas at risk and she wanted to ensure that he is complying with the Board’s prescribing rules. Dr. Steinbergh also offered condolences on the recent unexpected death of Dr. Thomas’ wife.

Dr. Soin strongly recommended that Dr. Thomas obtain an OARRS report on every patient since he had been fooled by patients in the past. Dr. Steinbergh and Mr. Kenney agreed. Mr. Kenney opined that monitoring of Dr. Thomas’ practice by his colleagues will continue even after Dr. Thomas’ release from probation. Mr. Hartman agreed.

Mr. Giacalone reiterated that Dr. Thomas only recently obtained his OARRS registration. Mr. Giacalone opined that Dr. Thomas’ probation should be extended so that the Board can monitor his use of OARRS. Dr. Steinbergh expressed confidence that Dr. Thomas is ready to be released from probation.

Dr. Steinbergh moved to release Dr. Thomas from the terms of his March 14, 2007 Consent Agreement, effective immediately. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:  
Dr. Rothermel - abstain  
Dr. Saferin - abstain  
Dr. Ramprasad - aye
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. Ms. Bickers reviewed Dr. Weidman’s history with the Board.

Dr. Steinbergh commented that Dr. Weidman wrote a very good report on her physician/patient boundaries course and stated that she intends to use it in teaching medical students. Dr. Steinbergh asked Dr. Weidman to describe how she came to the attention of the Board. Dr. Weidman stated that she met an individual who did not have health insurance, no physician, and appeared to be ill. Dr. Weidman offered to bring him into her practice so he could apply to receive patient medication assistance for an allergic asthma problem. Dr. Soin asked if Dr. Weidman had sexual contact with the patient. Dr. Weidman replied that she did have sexual contact.

Dr. Steinbergh asked Dr. Weidman to explain why she was disciplined by the Board, stating that the discipline was not because she was helping someone. Dr. Weidman stated that she terminated her relationship with the individual, which he was not happy with. Mr. Kenney reiterated that Dr. Weidman should describe the actions that warranted the Board’s action. Dr. Weidman stated that she had developed a relationship with the individual and saw that he had some medical needs.

Mr. Kenney observed that Dr. Weidman was not answering the Board’s questions directly. Dr. Weidman stated that she offered care to an individual who she had personal and sexual relationship with. Dr. Weidman stated that she should not have crossed that physician/patient boundary. Dr. Steinbergh asked what medications Dr. Weidman had prescribed to the patient. Dr. Weidman stated that she prescribed inhalers for asthma and he obtained Xolair from the patient medication assistance program. When questioned further by Dr. Steinbergh, Dr. Weidman stated that she also prescribed a small amount of Ambien and Trazadone. Dr. Steinbergh noted that Ambien is a controlled substance.

Dr. Soin noted in the hearing record that Dr. Weidman had brought the patient on rounds with her at the hospital. Dr. Weidman stated that the patient’s grandfather had been a physician and he had occasionally accompanied his grandfather on rounds as a child, so he was interested in it. Dr. Weidman stated that she allowed him to accompany her but he never entered a patient room or looked at a patient chart. Dr. Soin asked if Dr. Weidman had situational awareness at that time that it may not have been appropriate to bring a patient on rounds. Dr. Weidman replied that she had not thought it was wrong because he was not seeing patients or having anything to do with patients.

Dr. Steinbergh commented that the individual would have been exposed to medically-confidential
information on rounds. Dr. Weidman stated that the individual was not looking at charts and was essentially keeping company with her on rounds. Dr. Steinbergh reiterated that the individual would have had access to confidential information, particularly if there was discussion of a patient. Dr. Weidman stated that she rounds alone and there was no discussion with residents or other physicians. Dr. Steinbergh questioned the individual’s right to be on rounds and Dr. Weidman’s right to allow him to go on rounds with her. Dr. Weidman agreed with Dr. Steinbergh.

Dr. Ramprasad found it bothersome that Dr. Weidman does not seem to have reflected on this situation and opined that Dr. Weidman does not feel that she did anything wrong. Dr. Weidman acknowledged that what she did was wrong and that she will never repeat such an act. Dr. Ramprasad commented that even when his son, who is also a physician, wants to accompany him on rounds he always obtains permission from multiple people first. Dr. Ramprasad stated that physicians have tremendous responsibility and are judged by different standards. Dr. Weidman agreed.

Mr. Kenney opined that Dr. Weidman has trouble answering the Board’s questions fully and directly. Mr. Kenney expressed concern that Dr. Weidman is in denial. Dr. Weidman stated that she is not in denial and she realizes that what she did was wrong.

Dr. Soin also expressed concerns, particularly with an incident related in Dr. Weidman’s Report and Recommendation involving nude pictures sent to the patient’s email address. Dr. Weidman denied that she sent such pictures. Dr. Soin advised Dr. Weidman to take ownership of her situation and to respect physician/patient boundaries. Dr. Weidman stated that she made mistakes, she is ashamed, and she promised never to repeat such actions.

Dr. Steinbergh asked Dr. Weidman about her current practice. Dr. Weidman replied that she currently practices internal medicine as a solo practitioner providing outpatient treatment only. Dr. Weidman currently has four staff members in her practice. Dr. Steinbergh asked if Dr. Weidman understands the boundary issues in her practice. Dr. Weidman answered that she has learned a great deal.

**Dr. Steinbergh moved to release Dr. Weidman from the terms of the Board’s order of March 14, 2012, effective immediately. Dr. Ramprasad seconded the motion.** A vote was taken:

**ROLL CALL:**

- Dr. Rothermel: abstain
- Dr. Saferin: abstain
- Dr. Ramprasad: aye
- Dr. Steinbergh: aye
- Mr. Kenney: aye
- Dr. Soin: aye
- Mr. Giacalone: aye
- Dr. Schachat: aye

The motion carried.
DR. RAMPRASAD

Mr. Kenney noted that Dr. Ramprasad’s term on the Board is ending soon. Mr. Kenney stated that Dr. Ramprasad is honest and fair and is one of the best people he knows. Mr. Kenney stated that Dr. Ramprasad has been a great asset to the Board and to him personally. Mr. Kenney presented Dr. Ramprasad with a certificate of appreciation signed by all Board members. The Board members and staff gave Dr. Ramprasad a round of applause.

Dr. Ramprasad stated that it has been a great honor to serve on the Medical Board. Dr. Ramprasad praised the hard work of the Board members and the Board staff. Dr. Ramprasad stated that Mr. Groeber is doing a wonderful job as Executive Director and that Ms. Anderson and Johnathan Blanton did excellent jobs as Interim Executive Directors during his tenure. Dr. Ramprasad also stated that Dr. Steinbergh has been his mentor on the Board.

Dr. Steinbergh thanked Dr. Ramprasad for his friendship, particularly when he served as Vice President during her presidency. Dr. Saferin commented that Dr. Ramprasad is one of the most exceptional people he has known.

ADJOURNMENT

Dr. Steinbergh moved to adjourn the meeting. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Thereupon, at 5:57 p.m., the March 11, 2015 session of the State Medical Board of Ohio was adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on March 11, 2015, as approved on April 8, 2015.

Donald R. Kenney, Sr., President

Kim G. Rothermel, M.D., Secretary

(SEAL)