MINUTES
THE STATE MEDICAL BOARD OF OHIO
October 14, 2015

Donald R. Kenney, Sr., President, called the meeting to order at 10:50 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.; Amol Soin, M.D.; Sushil Sethi, M.D.; Robert P. Giacalone; Andrew P. Schachat, M.D.; Michael Schottenstein, M.D.; and Richard Edgin, M.D.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; Michael Miller, Assistant Executive Director for Licensure and Renewal; David Fais, Assistant Executive Director; Sallie J. Debolt, Senior Counsel; William Schmidt, Chief of Investigations; 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, Angela McNair, Cheryl Pokorny, Gregory Taposci, James Roach, and Kimberly Lee, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and James Wakley, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Danielle Bickers, Compliance Supervisor; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Mitchell Alderson, Administrative Officer; Chantel Scott, Chief of Renewal; Stuart Nealis, Project Manager; Christine Schwartz, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Saferin moved to approve the draft minutes of the September 9, 2015, Board meeting, as written. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.
APPLICANTS FOR LICENSURE

Dr. Saferin moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the acupuncturist applicants listed in Exhibit “A,” the anesthesiologist assistant applicants listed in Exhibit “B,” the genetic counselor applicants listed in Exhibit “C,” the massage therapist applicants listed in Exhibit “D,” and the physician and physician assistant applicants listed in Exhibit “E,” and to approve the results of the September 25 and October 2, 2015 Cosmetic Therapy Examinations and to certify as passing and license those receiving a score of 75 or greater on their examination, and to certify as failing and deny licensure to those who received a score of less than 75 on the examination, as listed in the handout. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:  
Dr. Rothermel - aye  
Dr. Saferin - aye  
Mr. Giacalone - aye  
Dr. Steinbergh - aye  
Mr. Gonidakis - aye  
Mr. Kenney - abstain  
Dr. Sethi - aye  
Dr. Soin - aye  
Dr. Schottenstein - aye  
Dr. Schachat - aye  
Dr. Edgin - 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: Brian J. Altman, D.P.M.; Clinton James Cornell, P.A.; Anthony Vernon Dallas, Jr., M.D.; Mark E. Hostettler, M.D.; Hassan Imanpoor Tahsildar, M.D.; and Nathan Buchanan Frantz, D.O. A roll call was taken:

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

BRIAN J. ALTMAN, D.P.M.

Mr. Kenney directed the Board’s attention to the matter of Brian J. Altman, D.P.M. No objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Blue’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Brian J. Altman, D.P.M. Dr. Sethi seconded the motion.

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

Dr. Schachat stated that the case involves a false statement and a felony committed in the course of practice. In December 2012, Dr. Altman was charged in Indiana with voyeurism, a class D felony. In July
2014 Dr. Altman pled guilty to a lesser offense of attempted voyeurism. The Medical Board alleges that Dr. Altman made a false statement on his Ohio license review application and that he failed to cooperate with a Board investigation by not replying to interrogatories.

Dr. Schachat continued that according to the charges in Indiana, Dr. Altman had been peeping into an area where a patient was reasonably expected to disrobe. A hidden video camera had been installed in an employee restroom and there was in icon on Dr. Altman’s computer marked with the same name as the camera. In July 2014 Dr. Altman pled guilty to the lesser offense of attempted voyeurism and was sentenced to 18 months in prison, which was reduced to 256 days of time served. Dr. Altman was also subject to probation and was required to pay court costs.

Dr. Schachat stated that in July 2013, Dr. Altman was charged with violation of a protective order, a first-degree misdemeanor. The protective order had been in response to Dr. Altman’s ex-girlfriend’s allegation that he had been harassing her by telephone. Dr. Altman violated the protective order by going to his ex-girlfriend’s house in order to, according to Dr. Altman, say goodbye. In January 2014 Dr. Altman pled guilty to a lesser offense of aggravated disorderly conduct, a fourth-degree misdemeanor, and was ordered to pay a fine and court costs.

Dr. Schachat stated that in his October 2013 Ohio license renewal application, Dr. Altman answered “no” to a question relating to whether there were any charges, allegations, or complaints against him. The Board sent interrogatories to Dr. Altman on three occasions and there is evidence that he received the interrogatories on one or two of those occasions. However, there were no replies to the interrogatories.

Dr. Schachat stated that Dr. Altman failed to disclose the serious felony charges against him on his Ohio license renewal application. Dr. Altman has not offered any answers or rebuttals to the Board’s allegations. Dr. Schachat agreed with the Hearing Examiner’s Proposed Order to permanently revoke Dr. Altman’s license to practice podiatric medicine in Ohio.

ROLL CALL:

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<td>Mr. Giacalone</td>
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<td>Dr. Steinbergh</td>
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<td>Mr. Gonidakis</td>
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The motion to approve carried.
Mr. Kenney directed the Board’s attention to the matter of Clinton James Cornell, P.A. No objections have been filed. Ms. Clovis was the Hearing Examiner.

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

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

Ms. Collis stated that she and Mr. Cornell fully support the Hearing Examiner’s Report and Recommendation. Ms. Collis stated that in 2012 Mr. Cornell pled guilty to one count of payment of receipt of healthcare kickbacks in a federal court in Michigan. The evidence showed that Mr. Cornell had accepted $350 in payback for referring patients to his former employer. Mr. Cornell was required to pay $38,000 back to the government and he was incarcerated for 14 months. The State Medical Board of Ohio imposed a sanction of a stayed 30-day suspension and probationary terms for two years.

Ms. Collis continued that in April 2014, while Mr. Cornell was still incarcerated, the Michigan Board of Medicine issued an administrative complaint proposing to take action on Mr. Cornell’s Michigan license based on his conviction, as well as four additional charges related to billing and prescribing. However, Ms. Collis stated that Mr. Cornell never received a copy of the Michigan Board’s complaint. Mr. Cornell was contacted by his Michigan attorney, Thomas Sparks, who advised that he had been provided with a copy of the proposed Consent Agreement by the Michigan Board. The Consent Agreement, which Mr. Cornell reviewed, stated that Mr. Cornell admits to the allegations in the administrative complaint, but it did not outline the specific allegations. Ms. Collis stated that in Mr. Cornell’s Ohio hearing, Mr. Sparks testified that he did not believe he had received the Michigan complaint and he had never provided it to Mr. Cornell. Ms. Collis noted that the Hearing Examiner found Mr. Sparks to be credible in this respect.

Ms. Collis stated that Mr. Cornell had had evidence to rebut the allegations in the Michigan complaint. Mr. Cornell testified that he would never have signed the Michigan Consent Agreement if he had realized the scope of the allegations. However, by signing the Michigan Consent Agreement, Mr. Cornell was bound by that Order and no further evidence could be introduced in Michigan to rebut the allegations.

Mr. Cornell stated that he had thought he had put this nightmare behind him by paying his restitution and serving more than one year in prison. Mr. Cornell stated that when he read the Notice from the Ohio Board he was devastated because it was the first time he had read the additional allegations that Michigan had made regarding billing and prescribing, allegations he had erroneously admitted to by signing the Michigan Consent Agreement. Mr. Cornell stated that he was never given a copy of the Michigan complaint and neither Mr. Sparks nor anyone from the Michigan Board ever reviewed the allegations with him. Mr. Cornell stated that Mr. Sparks had been adamant that the Michigan Consent Agreement was based solely on the conviction. Mr. Cornell stated that had he been aware of the additional allegations, he would have fought them vigorously and he had ample evidence to refute the allegations. Mr. Cornell stated that he never committed wrongdoing pertaining to billing or prescribing; he had only unintentionally and unknowingly violated the federal kickback statute.
Mr. Cornell stated that he has finally gotten back on his feet and he currently works with an urgent care group. Mr. Cornell stated that he is a husband, a father, and is active in his community. Mr. Cornell stated that his current role in healthcare is extremely limited, but he wakes up every day excited and thankful to still be part of that profession. Mr. Cornell hoped the Board will decide in his favor today.

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

Mr. Wakley stated that this is the second time in relatively recent memory that Mr. Cornell has appeared before the Board and this is the second time Mr. Cornell has denied understanding what has happened. Mr. Wakley noted that Mr. Cornell’s Michigan attorney, Mr. Sparks, had testified at the hearing in support of Mr. Cornell’s claims that he had never seen the Michigan Board’s allegations. Mr. Wakley opined that Mr. Sparks had essentially “[fallen] on his sword” for Mr. Cornell.

Mr. Wakley continued that the allegations of the Michigan Board included lying about being supervised by a physician, billing Blue Cross for treatment for which he was allegedly being supervised by another physician, and billing for injections that he could not have provided because the facility did not have the correct machine. Mr. Wakley stated that these are substantial allegations for a physician assistant. Mr. Wakley opined that the idea that Mr. Cornell would agree to these allegations without knowing what they were is preposterous. Mr. Wakley further opined that the idea that Mr. Sparks, who presents himself as a very experienced attorney, did not see these as serious charges is also preposterous.

Mr. Wakley stated that the State agrees that Mr. Cornell’s application for authority to prescribe as a physician assistant in Ohio should be denied. Mr. Wakley added that the State also believes that a suspension of Mr. Cornell’s Ohio license is warranted.

**Dr. Steinbergh moved to approve and confirm Ms. Clovis’ Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Clinton James Cornell, P.A. Dr. Sethi seconded the motion.**

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

Dr. Steinbergh stated that it is clear to her that the Michigan Board bifurcated the allegations against Mr. Cornell. The Michigan Board initially disciplined Mr. Cornell for his criminal conviction, and then in October 2014 it entered into a Consent Order and Stipulation with Mr. Cornell regarding minimal standards issues. Dr. Steinbergh stated that the Hearing Examiner felt that the allegations against Mr. Cornell were small and were part of the original Order in Michigan. However, Dr. Steinbergh opined that the additional allegations were significant and were separate from the original Order.

Dr. Steinbergh noted that under the Michigan Order, if Mr. Cornell wishes to reinstate his physician assistant license in that state then he must demonstrate “by clear and convincing evidence, good moral character … the ability to practice the profession with reasonable skill and safety … and that it is in the public interest for the license to be reinstated.” Dr. Steinbergh stated that these stipulations indicate that the Michigan Board considers its concerns to be significant.
Dr. Steinbergh suggested that the Proposed Order be amended so that, in addition to denying Mr. Cornell’s certificate to prescribe as a physician assistant, his license to practice will be suspended indefinitely. Dr. Steinbergh stated that one of the conditions for reinstatement would be evidence that Mr. Cornell’s Michigan license is unrestricted and not under probation. Dr. Steinbergh further suggested that upon reinstatement, Mr. Cornell’s license should be subject to probationary terms for a minimum of three years. The probationary terms will include requirements for a professional ethics course, a controlled substance prescribing course, an office management/medical billing course, and a practice plan to be approved by the Board. Dr. Steinbergh stated that she is offering this amendment because Mr. Cornell had made significant errors that were below minimal standards in terms of billing and that this was a fraudulent activity.

A written version of Dr. Steinbergh’s proposed amendment was provided to the Board members.

Dr. Steinbergh moved to amend the Proposed Order so that Mr. Cornell’s license to practice as a physician assistant in Ohio will be suspended indefinitely. Dr. Steinbergh further moved that the conditions for reinstatement of Mr. Cornell’s license will include evidence of an unrestricted license in Michigan, but that that requirement will be deemed satisfied if the Michigan probation continues only due to the action on Mr. Cornell’s Ohio license. Dr. Steinbergh further moved that upon reinstatement, Mr. Cornell’s Ohio license will be subject to probationary terms for a minimum of three years and include requirements to have a practice plan approved by the Board and to take courses in professional ethics, controlled substance prescribing, and office management/medical billing practices. Dr. Sethi seconded the motion.

ROLL CALL:

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<td>Dr. Steinbergh</td>
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<td>Mr. Gonidakis</td>
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<td>Mr. Kenney</td>
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<td>Dr. Sethi</td>
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<td>Dr. Schottenstein</td>
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<td>Dr. Edgin</td>
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The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Clovis’ Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Clinton James Cornell, P.A. Dr. Soin seconded the motion.

Mr. Giacalone noted Mr. Wakley’s comments that Mr. Cornell’s Michigan attorney, Mr. Sparks, had “[fallen] on his sword.” Mr. Giacalone comments that attorney’s do not typically “fall on their sword” and stated that Mr. Sparks had testified that he did not review the allegations with Mr. Cornell prior to advising
him to sign the Consent Agreement. Mr. Giacalone stated that this was tantamount to Mr. Sparks admitting to legal malpractice and questioned why Mr. Sparks would admit to such an act if it were not true. Mr. Giacalone speculated that Mr. Cornell may have been truthful when he claimed he had not seen the Michigan Board’s allegations and that Mr. Cornell had thought that the Michigan Consent Agreement had been based solely on his criminal conviction. Mr. Giacalone further noted that the testimony had very little discussion of the Vicodin issue, which was the basis of Michigan’s minimal standards complaints.

The Board discussed this matter thoroughly. Dr. Steinbergh stated that the Michigan Board found the minimal standards violations to be significant enough to warrant bifurcating it from the previous action which was based on Mr. Cornell’s criminal conviction. Dr. Steinbergh opined that it is incumbent upon the Ohio Board to recognize and take action on the minimal standard concerns raised by the Michigan Board. Further, Dr. Steinbergh questioned why Mr. Cornell would sign something that he has not read. Dr. Steinbergh stated that it is clear to her that by signing the Consent Agreement, Mr. Cornell had indicated that he understood the allegations against him.

Mr. Giacalone stated the he puts a good deal of credence into Mr. Sparks’ testimony that he did not forward or discuss these allegations with Mr. Cornell. Mr. Giacalone noted that the Consent Agreement signed by Mr. Cornell did not include copies of the complaint which listed the allegations. Dr. Schachat agreed with Mr. Giacalone that Mr. Cornell did not know what he was agreeing to when he signed the Consent Agreement. Dr. Schachat also agreed that there was probably legal malpractice on the part of Mr. Sparks. Mr. Kenney stated that after hearing this discussion, he also agrees with Mr. Giacalone and Dr. Schachat.

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

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<td>Dr. Saferin</td>
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<td>Mr. Giacalone</td>
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<td>Dr. Steinbergh</td>
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<td>Mr. Gonidakis</td>
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<td>Mr. Kenney</td>
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The motion to approve did not carry.

**Mr. Gonidakis moved to approve and confirm Ms. Clovis’ Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Clinton James Cornell, P.A.** Mr. Giacalone seconded the motion.

A vote was taken:

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<td>Dr. Rothermel</td>
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Dr. Saferin - abstain
Mr. Giacalone - aye
Dr. Steinbergh - nay
Mr. Gonidakis - aye
Mr. Kenney - aye
Dr. Sethi - nay
Dr. Soin - nay
Dr. Schottenstein - aye
Dr. Schachat - aye
Dr. Edgin - aye

The motion to approve carried.

ANTHONY VERNON DALLAS, JR., M.D.

Mr. Kenney directed the Board’s attention to the matter of Anthony Vernon Dallas, Jr., M.D. 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. Dallas. Five minutes will be allowed for that address.

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

Mr. Plinke stated that this case is based on a Consent Order which Dr. Dallas had entered into with the Mississippi State Board of Medical Licensure. Mr. Plinke noted that Dr. Dallas does not reside or practice in Ohio. Mr. Plinke stated that a number of other state boards have reviewed this matter because Dr. Dallas has several medical licenses as part of his position as Chief Medical Officer of CareHere, a company which provides on-site health services at places of employment. Mr. Plinke asked the Board to consider the mitigating factors identified in the filed objections to the Report and Recommendation.

Dr. Dallas briefly recounted his educational and employment history. Dr. Dallas began work with CareHere in 2004 and became Chief Medical Officer several years later. Dr. Dallas stated that under the company policy of that time, whenever CareHere opened a clinic in a new state the initial supplies and medications would be ordered under Dr. Dallas’ name and medical license until a local physician had been recruited and could fulfill that function. Dr. Dallas stated that due to an error, this transfer of responsibility did not occur for one clinic in Mississippi. Dr. Dallas stated that a second error occurred in Mississippi when Tramadol was not removed from the site when it became a controlled substance in that state. Dr. Dallas stated that CareHere’s policy is to not have controlled substances in the clinics, but the company was unaware that Mississippi had reclassified Tramadol as a controlled substance. Dr. Dallas stated that he did not have a Mississippi Drug Enforcement Administration license, and therefore ordering the controlled substance Tramadol under his name was improper.

Dr. Dallas acknowledged that it is his responsibility to know what his medical license is being used for.
Dr. Dallas stated that the Mississippi Board has significantly disciplined him and some of the other states in which he holds a medical license have also disciplined him to varying degrees. Dr. Dallas stated that he has complied with all the terms of the Mississippi Order.

Dr. Dallas stated that as a result of this incident, he has overseen changes in CareHere’s policies to ensure that it operates compliantly with all regulations. Dr. Dallas added that steps have also been taken to ensure that CareHere is aware of any new state regulations regarding medications.

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 the Mississippi Order is very detailed regarding the incident in question. Mr. Wilcox noted that Dr. Dallas did not appear for his hearing and had instead provided a written statement. Mr. Wilcox opined that Dr. Dallas’ written statement was arrogant and did not admit responsibility in this matter. Mr. Wilcox stated that because Dr. Dallas was not present at his hearing, Mr. Wilcox did not have the opportunity to ask Dr. Dallas pertinent questions. For example, Mr. Wilcox wished to question Dr. Dallas’ claim that no entity in Mississippi released a statement on the reclassification of Tramadol as a controlled substance in that state. Mr. Wilcox did not find this claim to be credible.

Mr. Wilcox stated that he agrees with the Hearing Examiner’s Proposed Order. Mr. Wilcox stated that Dr. Dallas, like any physician, is responsible for knowing the rules, regulations, and laws.

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

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

Mr. Kenney stated that the matter of Dr. Dallas is based on the fact that he entered into a Consent Order with the Mississippi State Board of Medical Licensure. The Consent Order with the Mississippi Board suspended Dr. Dallas’ Mississippi medical license for three months, imposed a one-year probationary term, and required Dr. Dallas to complete continuing medical education in the areas of proper prescribing, medical ethics, and Mississippi medical jurisprudence. The Consent Order resulted from the Mississippi Board’s findings that Dr. Dallas had violated rules pertaining to prescribing, administering, and dispensing medication.

Mr. Kenney stated that Dr. Dallas has served as Chief Medical Officer of CareHere Management, PLLC, in Tennessee since January 2004. CareHere owns many clinics throughout the United States and consequently, due to his position with the company, Dr. Dallas holds a medical license in about 20 states, including Mississippi. However, Dr. Dallas has no physical presence in Mississippi. Michelle Anglea, Chief Clinical Officer for CareHere, had stated that Dr. Dallas served as back-up to the two advanced practice nurses in the Mississippi facility while he worked in Nashville, Tennessee. Mr. Kenney stated that this is not an appropriate distance for Dr. Dallas to be considered a collaborative physician for the advanced practice nurses.
Mr. Kenney continued that medications were shipped to the Mississippi clinic on the authority of Dr. Dallas’ Mississippi medical license, though there was no legitimate transfer of control or responsibility for the medications. In addition to routine medications such as flu vaccine, 44 bottles of Tramadol representing 1,320 doses were shipped to the Mississippi clinic between January 1 and January 31, 2013. Mr. Kenney noted that Tramadol became a controlled substance in Mississippi on July 1, 2011. The two physicians whom the advanced practice nurse identified as her collaborating physicians, John Lee, M.D., and William Lewis, M.D., had been unaware that she had been dispensing medications. Dr. Lee and Dr. Lewis also did not recognize Dr. Dallas as a local practicing physician.

Mr. Kenney noted the Findings of Fact that Dr. Dallas was in violation of four counts of the laws and rules governing Mississippi physicians, as follows:

- Violated rules of prescribing, administering, and dispensing medications by failing to obtain a Drug Enforcement Administration (DEA) Uniform Controlled Substance Registration Certificate.
- Delegated to another person the authority to dispense controlled substances acquired through his medical license.
- Administered, dispensed, and prescribed any narcotic drug or other drugs that have addiction-forming or addiction-sustaining properties other than in the course of a legitimate practice.
- Unprofessional conduct including dishonorable and unethical conduct to deceive, defraud, or harm a patient.

Mr. Kenney stated that in addition to Mississippi, Dr. Dallas has also entered into consent orders in Alabama, Arizona, Colorado, Florida, Georgia, Kentucky, North Carolina, and Texas. Mr. Kenney noted that the medical boards of these states generally did not impose additional sanctions above those imposed by the Mississippi Board.

Mr. Kenney found it difficult to understand how any physician could be so irresponsible as to allow his medical license to be used in so many facilities throughout the United States and not be responsible for the administrative need to ensure that the controlled substances were not distributed to patients without his consent. Mr. Kenney stated that patients could have been harmed by this practice.

Mr. Kenney stated that the Proposed Order will suspend Dr. Dallas’ Ohio medical license for 90 days and impose probationary terms and conditions for a minimum of one year. Mr. Kenney suggested that the Proposed Order be amended to suspend Dr. Dallas’ Ohio medical license for 120 days. Mr. Kenney further suggested that the probationary terms and conditions include the requirement that Dr. Dallas complete a controlled substance prescribing course and pass an examination on Ohio law relating to the practice of medicine.

**Dr. Schottenstein moved to amend the Proposed Order so that Dr. Dallas’ Ohio medical license will be suspended for 120 days and that the probationary terms and conditions include the requirement**
that Dr. Dallas complete a controlled substance prescribing course and pass an examination on Ohio law relating to the practice of medicine. Dr. Steinbergh seconded the motion.

Dr. Steinbergh stated that a company the size of CareHere should have a compliance officer to ensure compliance with the laws and regulations of all the jurisdictions in which it has a presence. Dr. Steinbergh hoped that Dr. Dallas and CareHere have acquired a compliance officer since these incidents.

Dr. Steinbergh opined that the suspension of Dr. Dallas’ Ohio medical license should be stayed. Dr. Steinbergh noted that Dr. Dallas has met the requirements of the Mississippi Board and the medical boards in other states. Dr. Steinbergh further noted that some states declined to take any additional action against Dr. Dallas. Dr. Steinbergh agreed with Mr. Kenney that Dr. Dallas should pass an examination on Ohio law relating to medical practice and a course on controlled substance prescribing.

Dr. Soin stated that he favors the Proposed Order without staying the suspension. Dr. Soin questioned what would be accomplished by extending Dr. Dallas’ suspension from 90 days to 120 days. Dr. Soin appreciated that Dr. Dallas has owned up to his mistakes and stated that there was no intention to purposely harm anyone. Dr. Soin opined that Dr. Dallas’ actions had been primarily motivated by a desire to grow his company and to have a larger presence. However, Dr. Soin stated that there is significant potential for misuse and abuse when one’s medical license is overextended in this fashion. Dr. Soin agreed with Mr. Kenney that Dr. Dallas should take a controlled substance prescribing course and an examination on Ohio medical law. Mr. Kenney agreed with Dr. Soin that a suspension of 90 days, as stipulated in the Hearing Examiner’s Proposed Order, would be sufficient.

Mr. Giacalone agreed with Dr. Steinbergh’s comments. Mr. Giacalone stated that the sites of Dr. Dallas’ clinics did not historically store controlled substances, and in fact there was a policy to not do so. Mr. Giacalone noted that the State of Mississippi made Tramadol a controlled substance before the DEA did, and therefore the change was not nationally publicized. Mr. Giacalone stated that Dr. Dallas’ Mississippi medical license was suspended for 90 days and he has completed the courses that had been required by the Mississippi Board. Mr. Giacalone pondered whether Dr. Dallas has already been disciplined enough and noted that Dr. Dallas has taken remedial measures in his practice to address this issue. Mr. Giacalone further noted that Ohio has not been affected in this matter.

Mr. Kenney appreciated Mr. Giacalone’s comments, but stated that Dr. Dallas should have been aware that more than 1,000 doses of a controlled substance were dispensed to patients on the authority of his medical license. Mr. Kenney appreciated Dr. Dallas’ desire to expand his business, but stated that it was Dr. Dallas’ responsibility to ensure the integrity of his medical licenses. Mr. Kenney opined that the suspension of Dr. Dallas’ Ohio medical license should not be stayed.

Dr. Schottenstein agreed with Dr. Soin and Mr. Kenney that a suspension of 90 days would be appropriate.

Dr. Schottenstein wished to change his motion to amend so that the Order will 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 Anthony Dallas, Jr., M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for a period of 90 days.

B. **PROBATION:** Upon reinstatement or restoration, Dr. Dallas’s certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least one year:

1. **Obey the Law in Jurisdictions WhereLicensed:** Dr. Dallas shall obey all federal, state, and local laws; all rules governing the practice of medicine and surgery in Ohio; and all laws and rules governing the practice of medicine in any other state or jurisdiction where he is licensed to practice.

2. **Declarations of Compliance:** Dr. Dallas 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. Dallas’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. **Evidence of Compliance With the Terms of Mississippi Order:** At the time he submits his declarations of compliance, Dr. Dallas shall also submit declarations under penalty of Board disciplinary action and/or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed by the Mississippi Board in its Consent Order.

4. **Provide Documentation of Courses Completed for Mississippi Board:** Prior to his release from probation, or as otherwise determined by the Board, Dr. Dallas shall submit to the Board documentation of successful completion of the course(s) he completed as ordered by the Mississippi Board.

5. **Personal Appearances:** Dr. Dallas shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Dr. Dallas shall also appear in person upon his request for termination of the probationary period, and/or as otherwise directed by the Board.

6. **Pass Exam on Law Relating To Practice:** Prior to his release from probation, or as otherwise determined by the Board, Dr. Dallas shall take and pass an examination to be administered by the Board or its designee related to the content of Ohio statutes and Board rules relating to the practice of medicine and surgery in Ohio. If Dr. Dallas fails this examination, he must wait at least 30 days between re-examinations.
7. **Controlled Substances Prescribing Course(s):** Prior to his release from probation, or as otherwise determined by the Board, Dr. Dallas shall submit acceptable documentation of successful completion of a course or courses dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

8. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Dallas 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.

9. **Required Reporting of Change of Address:** Dr. Dallas shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Dallas’s certificate will be fully restored.

D. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Dallas 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.

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. Dallas 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. Dallas shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments. This requirement shall continue until Dr. Dallas receives from the Board written notification of the successful completion of his probation.
In the event that Dr. Dallas provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Dallas receives from the Board written notification of the successful completion of his probation.

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

3. **Required Documentation of the Reporting Required by Paragraph E:** Dr. Dallas 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.

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 the motion to amend.** The change in the motion to amend was accepted.

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

**ROLL CALL:**

- Dr. Rothermel - abstain
- Dr. Saferin - abstain
- Mr. Giacalone - abstain
- Dr. Steinbergh - nay
- Mr. Gonidakis - aye
- Mr. Kenney - aye
- Dr. Sethi - aye
- Dr. Soin - aye
- Dr. Schachat - aye
- Dr. Schachat - aye
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 Anthony Vernon Dallas, Jr., M.D. Mr. Gonidakis seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to approve carried.

MARK E. HOSTETTLER, M.D.

Mr. Kenney directed the Board’s attention to the matter of Mark E. Hostettler, 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. Hostettler. Five minutes will be allowed for that address.

Dr. Hostettler was represented by his attorney, Ryan Williams.

Mr. Williams stated that Dr. Hostettler is a fantastic person and an even better clinician based on comments from his friends, family members, patients, and professional colleagues. Mr. Williams also noted that Dr. Hostettler has a thriving practice with very high patient satisfaction scores. Mr. Williams stated that Dr. Hostettler has taken complete responsibility for his actions and that Dr. Hostettler understands the severity and significance of his mistake. Mr. Williams stated that Dr. Hostettler has taken proactive steps to ensure that this behavior never manifests again. Specifically, Dr. Hostettler has reached out to a nationally-known psychiatrist and he continues to treat with a local psychologist. Dr. Hostettler has also completed a course on professionalism, ethics, and patient boundaries at Case Western Reserve University.

Dr. Hostettler stated that he takes full responsibility for his actions and that he has no one to blame except himself for his significant mistake. Dr. Hostettler stated that to ensure he does not repeat his mistake, he
sought out Stephen Levine, M.D., a psychiatrist specializing in sexual issues, and is following his recommendations. Dr. Hostettler stated that he has completed a professional ethics and boundaries course and is currently in treatment with a psychoanalyst. Dr. Hostettler stated that he is willing to take any additional actions or courses that the Board recommends.

Dr. Hostettler stated that this experience has been humbling. Dr. Hostettler stated that he has prided himself on being the best physician he can be, but he failed significantly in his obligation to a single patient. Dr. Hostettler stated that having the Board address this matter and having the patient tell him he has violated the trust of the physician/patient relationship has deeply affected his personal and professional perception of himself. Dr. Hostettler stated that he is learning from this experience and he is growing daily as a person and as a physician.

Dr. Hostettler apologized to the Board, his profession, his peers, his community, his family, and his life partner Michael, who is accompanying Dr. Hostettler today, for his actions. Dr. Hostettler stated that most importantly, he apologizes to the patient who was affected by his actions. Dr. Hostettler stated that his daily devotions include insight into his person, his character, and his calling to be a physician. Dr. Hostettler stated that he will never repeat these actions again.

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

Mr. Wilcox stated that the Report and Recommendation focuses a good deal on Patient 1’s story and motivations. Mr. Wilcox opined that the focus should be on Dr. Hostettler and his credibility. Mr. Wilcox stated that cases concerning sexual interaction and inappropriate conduct with a patient often include testimony on both sides which may not be completely accurate. With that in mind, Mr. Wilcox stated that the power in the relationship lay with the physician, Dr. Hostettler, and he exerted that power over Patient 1 to the detriment of Patient 1.

Mr. Wilcox stated that even if the Board believes that the sexual contact was limited to the few incidents which Dr. Hostettler admitted to, the pattern shows that Dr. Hostettler initiated those contacts. Mr. Wilcox stated that there was no reason for Dr. Hostettler to call Patient 1 to ask to be picked up at the airport, which led to one admitted sexual encounter. Mr. Wilcox also questioned why Dr. Hostettler called Patient 1 wanting to drop by his condominium, where the second sexual contact occurred. Mr. Wilcox stated that Dr. Hostettler was driving these interactions and that Patient 1’s behavior should not be at issue today. Mr. Wilcox stated that physicians have a responsibility to not take advantage of their patients in this manner and to avoid or redirect any behavior a patient may show towards the physician.

Mr. Wilcox opined that Dr. Hostettler understands that what he did was wrong and he is taking steps to ensure these actions are not repeated. Mr. Wilcox felt that the Proposed Order of a minimum 120-day suspension is appropriate, though he noted that some similar cases before the Board involving a single patient have resulted in a 180-day suspension. Mr. Wilcox also supported Mr. Williams’ request that any suspension be preceded by a 30-day wind-down period before the suspension takes effect.

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

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

Dr. Soin stated that the matter of Dr. Hostettler is based on the allegation that from approximately 2011 until July 2013 Dr. Hostettler engaged in sexual misconduct with Patient 1 on multiple occasions despite an ongoing physician/patient relationship. Dr. Soin noted that many facts are in dispute in this matter. For instance, Dr. Hostettler testified that Patient 1 had told him that he had found Dr. Hostettler after networking in the gay community to find a gay medical provider, while Patient 1 testified that he had selected Dr. Hostettler as a medical provider solely for geographic reasons. Dr. Soin stated that while details are disputed, the salient fact remains that a sexual relationship developed between Dr. Hostettler and Patient 1. In 2013 Patient 1 ended the physician/patient relationship with Dr. Hostettler. Patient 1 had provided a letter he had written to Dr. Hostettler delineating some of their encounters.

Dr. Soin noted that in 31 years of practice Dr. Hostettler has never been the subject of disciplinary action. Dr. Soin further noted that Dr. Hostettler has proactively taken courses in medical ethics and physician/patient boundaries. Dr. Hostettler has also been in therapy with Stephen Levine, M.D., a psychiatrist who works with professionals concerning sexual issues. Dr. Soin stated that Dr. Hostettler conceded in his testimony, and again today before the Board, that there can be no justification for becoming sexually involved with a patient and that he should refrain from such conduct regardless of who initiates it.

Dr. Soin stated that Dr. Hostettler violated the Medical Practices Act by becoming sexually involved with a patient. Dr. Soin opined that Dr. Hostettler is remorseful and that he will not appear before the Board again for a similar situation. Dr. Soin agreed with the Proposed Order, which will suspend Dr. Hostettler’s Ohio medical license for a minimum of 120 days with conditions for reinstatement, followed by probationary terms and conditions for a minimum of 2 years. Dr. Soin also agreed with Dr. Hostettler’s attorney that a 30-day wind-down period prior to Dr. Hostettler’s suspension would be appropriate. Dr. Steinbergh agreed.

**Dr. Steinbergh moved to amend the Proposed Order so that the suspension of Dr. Hostettler’s medical license will commence on the 31st day following the effective date of the Order. Dr. Steinbergh further moved that Dr. Hostettler will not accept any new patients in the 30 days prior to the suspension. Dr. Soin seconded the motion.**

Dr. Steinbergh stated that she finds cases involving sexual boundaries to be very egregious. Dr. Steinbergh was offended by the concept that a physician would take advantage of a patient and of the power that he or she holds in that relationship. Dr. Steinbergh was pleased that Dr. Hostettler recognizes these issues and she opined that Dr. Hostettler will not repeat these mistakes. Dr. Steinbergh agreed with the suspension of Dr. Hostettler’s medical license for a minimum of 120 days because a physician should be out of practice for a significant time in order to properly give thought to what has occurred, as well as to pay a penalty for such actions.

Mr. Gonidakis agreed that a 30-day wind-down period is appropriate. Mr. Gonidakis stated that in his years on the Medical Board, the typical suspension time for sexual boundary issues has been a minimum of
180 days. Mr. Gonidakis opined that the Board should remain consistent and predictable in its Orders, and that the facts of Dr. Hostettler’s case do not warrant an exception. Dr. Steinbergh, Dr. Sethi, and Dr. Soin agreed.

Dr. Steinbergh wished to change her motion to amend to add the stipulation that on the 31st day following the effective date of the Order, Dr. Hostettler’s medical license will be suspended for a minimum of 180 days. No Board member objected to the change in the motion to amend. The change in the motion to amend was accepted.

Dr. Schottenstein stated that often in these situations the physician does not conceptualize himself for herself as taking advantage of a patient and they see the relationship as consensual. However, Dr. Schottenstein stated that such physicians are indeed taking advantage of the patient. Dr. Schottenstein stated that whenever a physician responds approvingly to a patient’s flirting it is deeply wounding to the patient; while the physician may think they are gratifying the patient, the patient often feels very diminished and at some point starts to feel like an object. Dr. Schottenstein noted that Patient 1 in the matter of Dr. Hostettler reacted with aggravation and frustration.

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

ROLL CALL:

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

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 Mark E. Hostettler, M.D. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel - abstain
Dr. Saferin - abstain
Mr. Giacalone - abstain
Dr. Steinbergh - nay
Mr. Gonidakis - aye
Mr. Kenney - aye
Dr. Sethi - aye
The motion to approve carried.

HASSAN IMANPOOR TAHSILDAR, M.D.

Mr. Kenney directed the Board’s attention to the matter of Hassan Imanpoor Tahsildar, M.D. No objections have been filed. Mr. Porter was the Hearing Examiner.

Dr. Sethi moved to approve and confirm Mr. Porter’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Hassan Imanpoor Tahsildar, M.D. Dr. Soin seconded the motion.

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

Mr. Gonidakis briefly reviewed Dr. Tahsildar’s medical career. In 1995 Dr. Tahsildar joined a private oncology practice in the Cleveland area. Dr. Tahsildar was an employee of the practice until 1998 when he became a junior partner with 49% interest in the practice. Dr. Tahsildar’s partner, Dr. Fishman, retained a controlling 51% interest in the practice. Mr. Gonidakis observed that Dr. Fishman also received a 3% management fee for running the day-to-day operations of the business. Mr. Gonidakis noted that Dr. Tahsildar’s Ohio license is currently inactive and he has been practicing in Wisconsin since 2010.

Mr. Gonidakis stated that according to Dr. Tahsildar’s testimony, Dr. Fishman handled all business matters in the Cleveland practice, including the purchasing of medications. Dr. Tahsildar testified that there was only one occasion, when Dr. Fishman was sick, that he had to arrange for the purchase of medications.

Mr. Gonidakis continued that in August 2013 a Bill of Information was filed in federal court in Ohio alleging that Dr. Tahsildar and Dr. Fishman had purchased oncology drugs from a Canadian company from 2006 to 2009. The oncology drugs had not been approved by the Food and Drug Administration (FDA). The Bill of Information further alleged that the oncology drugs were misbranded and had been used for off-label purposes. Soon thereafter, Dr. Tahsildar entered into a plea agreement and pleaded guilty to one count of Misbranding, a Class A misdemeanor. Dr. Tahsildar was sentenced to one year of probation and was fined $25.00. Mr. Gonidakis noted that Dr. Tahsildar’s probation was later reduced to six months. In addition to this, Dr. Tahsildar concluded a civil settlement with the Department of Justice and paid a $179,000 fine, which was twice the amount that Medicare calculated had been billed under Dr. Tahsildar’s name. Mr. Gonidakis stated that Dr. Tahsildar was never excluded from participation with Medicare or Medicaid.

Mr. Gonidakis reiterated that the senior partner was solely responsible for the business side of the practice and there is no evidence that Dr. Tahsildar knew or should have known what was happening, though he did take responsibility in court. Mr. Gonidakis agreed with the Hearing Examiner’s Proposed Order to take no further action.
Dr. Soin agreed with Mr. Gonidakis and opined that Dr. Tahsildar has already suffered for these incidents. Dr. Soin noted that some of the letters from federal entities regarding this matter were addressed to the business manager and not to Dr. Tahsildar. Dr. Soin opined that the public would be adequately protected by accepting the Proposed Order of no further action.

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

ROLL CALL:

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The motion to approve carried.

NATHAN BUCHANAN FRANTZ, D.O.

Mr. Kenney directed the Board’s attention to the matter of Nathan Buchanan Frantz, D.O. Objections have been filed and were previously distributed to Board members. Ms. Blue 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.

Ms. Snyder stated that Dr. Frantz has had five alcohol-related legal incidents. Dr. Frantz also admits that he continues to drink up to six drinks two to four times per month. Ms. Snyder stated that what Dr. Frantz is essentially asking, and what the Proposed Order essentially does, is for the Board to change the standard it uses for impairment cases. Ms. Snyder stated that the Board’s standards for impairment cases is set by statute and does not require a diagnosis from the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV) or Fifth Edition (DSM-V). Ms. Snyder stated that the Board’s statute allows it to find a physician impaired if the physician has habitually or excessively used or abused alcohol, which is different from a DSM diagnosis. Ms. Snyder stated that Dr. Frantz would like the Board to ignore its statute and to ignore the fact that he has had alcohol-related legal issues. However, Ms. Snyder stated that the Board cannot take the risk of waiting to see if Dr. Frantz outgrows his propensity for abusing alcohol.

Ms. Snyder stated that three years ago in the Jaime Gladden, M.D., case, the Board agreed that a DSM diagnosis was not needed in order to find the physician impaired. In addition, in the matter of Jack Bennett, M.D., five years ago, the Board also stated that a DSM diagnosis was not required to make a
finding of impairment and the Tenth District Court agreed.

Ms. Snyder stated that three addictionologists from Glenbeigh Hospital have found Dr. Frantz to be impaired. Contrary to the contentions of Dr. Frantz and his attorney, Ms. Snyder opined that Glenbeigh Hospital did nothing wrong in this case and that the team approach to evaluating possible cases of impairment is routinely used by both Glenbeigh Hospital and Shepherd Hill Hospital. Ms. Snyder stated that the fact that Theodore Parran, M.D., of Glenbeigh Hospital did not personally talk to Dr. Frantz during the evaluation is irrelevant because Dr. Parran relied on information provided to the Glenbeigh staff by Dr. Frantz. Ms. Snyder stated that there is no evidence the Dr. Parran would have learned any additional information by talking to Dr. Frantz personally.

Ms. Snyder continued that Richard Whitney, M.D., who performed a separate evaluation at Shepherd Hill Hospital, had concluded that Dr. Frantz is not impaired because Dr. Whitney had used the incorrect standard. Specifically, Dr. Whitney stated that the DSM-V standard must be used to diagnosis impairment. Ms. Snyder expressed surprise that Dr. Whitney would make that assertion because last year in the matter of Cassandra Parrott, D.O., Dr. Whitney had opined that Dr. Parrott was impaired based on her legal issues and current level of drinking.

Ms. Snyder stated that Dr. Frantz wants the Board to believe that his drinking was normal college drinking. Ms. Snyder stated that there is nothing normal about binge drinking 15 to 20 beers. Ms. Snyder also stated it is not normal to get arrested for an alcohol-related offense, spend two nights in jail, and then get arrested again for Driving Under the Influence (DUI) three weeks later.

Ms. Snyder asked the Board to uphold its standards regarding impairment.

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

Mr. Zinsmaster stated that in the matter of Dr. Bennett which was referenced by Ms. Snyder, Dr. Adelman of Glenbeigh Hospital actually evaluated Dr. Bennett, unlike what happened in this case. Mr. Zinsmaster also stated that Dr. Bennett had current manifestations of his alcohol abuse and current legal issues related to alcohol abuse at the time of his evaluation, while the arrest of Dr. Frantz that Ms. Snyder cited was from 2009. Mr. Zinsmaster further noted that Dr. Frantz is 27 years old, while Dr. Bennett was 47 years old at the time of his case and was not a successful physician at that point.

Mr. Zinsmaster stated that when Dr. Frantz applied for his training certificate he fully disclosed his history of arrests. Mr. Zinsmaster stated that the Board granted Dr. Frantz’s application and it did not begin investigating the matter until five months later. Five months after the beginning of the investigation, the Board ordered Dr. Frantz to an evaluation at Glenbeigh Hospital. Mr. Zinsmaster stated that the Board often sends residents to Glenbeigh for evaluation because its evaluations are considerably cheaper than Shepherd Hill’s and residents often do not have the financial resources that most practicing physicians have. Mr. Zinsmaster stated that nothing adverse had happened during Dr. Frantz’s training and his training had been going very well according to this training advisors and residency director. Mr. Zinsmaster stated that events in 2015 will determine the outcome of this matter, not events in 2009.
Mr. Zinsmaster continued that just before Dr. Frantz’s scheduled evaluation, Glenbeigh’s medical director abruptly departed. Mr. Zinsmaster stated that Glenbeigh did not provide the Board with notice of its medical director’s departure, as is required under Ohio law. Mr. Zinsmaster further noted that the Board did not reevaluate Glenbeigh’s Certificate of Good Standing as a Treatment Provider for Impaired Practitioners. Mr. Zinsmaster stated that according to testimony, the Board’s staff was aware of the rule regarding reevaluation of treatment providers when there is a change in medical directors, but they did not follow the rule because they thought it was optional. Mr. Zinsmaster submitted that Glenbeigh’s Certificate of Good Standing as a Treatment Provider for Impaired Practitioners was not in effect at the time of Dr. Frantz’s evaluation.

Mr. Zinsmaster characterized Glenbeigh’s team approach to evaluation as a “sham” and opined that the evaluation was not meaningful. Mr. Zinsmaster stated that the two addictionologists in this matter, Dr. Parran and Dr. Adelman, did not meet with or speak with Dr. Frantz. Mr. Zinsmaster commented that even in telemedicine more interaction than this is required. Mr. Zinsmaster noted Dr. Whitney’s testimony that one cannot practice behavior health medicine from paper. Dr. Whitney further testified as to why DSM-V is the current standard for diagnosing alcohol abuse and he supported his statement with medical literature. Mr. Zinsmaster stated that Glenbeigh used the outdated DSM-IV for its diagnosis. According to Dr. Whitney’s testimony, Dr. Frantz does not meet the criteria for substance abuse disorders.

Mr. Zinsmaster stated that Dr. Frantz has been suspended since May 2015. Mr. Zinsmaster asked the Board not to perpetuate a situation based on an evaluation in which Dr. Frantz was never personally evaluated by the physicians. Mr. Zinsmaster pointed out that when Dr. Frantz returns to his residency program he will be monitored because he will be in training for the next five years. Mr. Zinsmaster asked the Board not to label Dr. Frantz with medical conditions which the Board’s best expert and best treatment center say he does not have.

**Dr. Steinbergh moved to approve and confirm Ms. Blue’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Nathan Buchanan Frantz, D.O. Dr. Soin seconded the motion.**

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

Dr. Schottenstein stated that in March 2015 the Medical Board ordered Dr. Frantz to a 72-hour inpatient examination because there was reason to believe that he was in violation of Section 4731.22(B)(26), Ohio Revised Code. The Board’s determination was based on the fact that Dr. Frantz had been charged multiple times with criminal offenses related to his abuse of alcohol. Dr. Schottenstein summarized Dr. Frantz’s criminal offenses:

- In 2007 at the age of 18, Dr. Frantz was arrested for disorderly conduct and obstructing official business after consuming 15 to 20 beers and two shots of vodka.

- In May 2009, Dr. Frantz was arrested for using fake identification to get into a night club after drinking throughout the day.
In June 2009, Dr. Frantz was found walking in middle of a road after consuming ten beers and three to four mixed drinks. Dr. Frantz was arrested and spent two days of jail.

Later in June 2009, Dr. Frantz was arrested for Operating a Motor Vehicle while Intoxicated (OMVI) after drinking several beers.

In December 2011 while in medical school, Dr. Frantz was arrested for public urination after consuming twelve beers plus three to four shots of liquor. Dr. Frantz spent the night in jail.

Dr. Schottenstein continued that the Board sent its first set of interrogatories to Dr. Frantz in January 2015. At that time Dr. Frantz indicated that he was continuing to use alcohol approximately two to four times per month and about six drinks on each occasion. Dr. Frantz denied any additional episodes of loss of control. Dr. Frantz estimated that since January 2012 he had consumed more than two alcoholic drinks about 40 to 50 times.

In a letter dated March 27, 2015, the Board ordered Dr. Frantz to submit to a 72-hour inpatient examination at Glenbeigh Hospital due to his prior alcohol-related incidents. The examination resulted in a diagnosis of alcohol abuse and medication misuse or inconsistent use. The staff at Glenbeigh was concerned that Dr. Frantz’s impulsive behavior with substance use had ongoing potential for legal, personal, and workplace repercussions. Dr. Frantz was found to be impaired and not capable of practicing as a physician at that time and a 28-day inpatient treatment at a Board-approved facility was recommended.

Dr. Schottenstein stated that Theodore Parran, Jr., M.D., the State’s expert and staff psychiatrist at Glenbeigh, opined that Dr. Frantz meets the criteria for a diagnosis of alcohol abuse under the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Dr. Parran based the diagnosis on Dr. Frantz’s lifetime history of loss of control over alcohol abuse resulting in repetitive adverse consequences to him. Dr. Parran indicated that Dr. Frantz appeared to have an abnormal level of tolerance and was at a very high risk of developing further problems with alcohol over the next few to 15 years.

Dr. Schottenstein stated that Dr. Frantz attended a second 72-hour evaluation at Shepherd Hill Hospital. That evaluation, conducted by Richard Whitney, M.D., indicated that Dr. Frantz’s clinical and personal history failed to suggest or support a diagnosis of an active substance use disorder. Dr. Whitney found no significant issues related to alcohol since 2009, with the exception of a disorderly conduct charge related to public urination in 2011. Dr. Schottenstein was uncertain why Dr. Frantz’s disorderly conduct charge in 2011 is considered an exception rather than part of a pattern.

In a letter, Dr. Whitney indicated that since 2009 Dr. Frantz had a maximum of three to five beers weekly. Dr. Schottenstein stated that this differs from the six beers two to four times per month that Dr. Frantz indicated in his answers to the Board’s interrogatories. The Shephard Hill evaluation noted that Dr. Frantz’s recent alcohol use was without intoxication, blackouts, changes in tolerance, withdrawal symptoms, continued use despite adverse consequences, failed attempts to control, or concern expressed by others close to him. The Shepherd Hill evaluation indicated insufficient evidence to support a diagnosis of an active alcohol or drug use disorder and there was no recommendation for treatment.
Dr. Whitney indicated that he used the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-V) to make his determination. Dr. Whitney stated that Dr. Frantz did not fulfill any of the eleven criteria of alcohol use disorder in DSM-V, with the possible exception of tolerance. With Dr. Frantz’s attention deficit disorder in mind, Dr. Whitney had opined that Dr. Frantz had been an immature male in college making impulsive decisions. Dr. Whitney felt that given the number of years with no significant indication of abnormal use of alcohol, it was very difficult to support a diagnosis of alcohol use disorder.

Dr. Schottenstein noted that the Hearing Examiner, while finding that the Board was substantially justified in issuing the Notice of Summary Suspension to Dr. Frantz, felt that the evidence is insufficient to support finding that Dr. Frantz is impaired. The Hearing Examiner’s Proposed Order is to dismiss the case.

Dr. Schottenstein expressed significant concern about the judgment Dr. Frantz had displayed over time. Dr. Schottenstein stated that any one of the five incidents of loss of control of alcohol should have been a sufficient wake-up call to Dr. Frantz. Instead, Dr. Frantz has shown a pattern of abusing alcohol, suffering consequences, indicating that he thinks he should cut back on alcohol use, and then repeating the cycle. According to his testimony, Dr. Frantz even had a beer with dinner the night before his alcohol impairment evaluation at Glenbeigh Hospital, indicating to Dr. Schottenstein either substantial denial or a passive/aggressive nature.

Dr. Schottenstein questioned why Dr. Frantz did not stop drinking after one of his previous alcohol-related incidents when there was so much at stake, not merely in terms of his career but also in terms of his safety and public safety. Dr. Schottenstein wondered, in the event that the Board dismissed this case, whether anyone would be surprised to see Dr. Frantz before the Board in the future. Dr. Schottenstein also speculated that Dr. Frantz could return in the future and accuse the Board of having failed to help him long ago.

Dr. Schottenstein stated that he is very respectful of Dr. Whitney’s opinion and the thoroughness of his conclusions. However, Dr. Schottenstein stated that when Dr. Whitney says Dr. Frantz has no active substance abuse disorder, the operative word is “active.” Dr. Schottenstein noted that Dr. Whitney makes two points: That retrospective diagnosis of alcohol abuse is insufficient to suggest a current diagnosis of alcohol use disorder; and that there is no clear correlation between abuse and dependence. Dr. Schottenstein stated that while both of these statements may be true, it is not the same as saying that a history of alcohol abuse is irrelevant or is not a risk factor.

Dr. Schottenstein stated that Dr. Frantz’s counsel has raised numerous objections to the Report and Recommendation, all concerning the legitimacy of the Glenbeigh assessment. The Hearing Examiner also has reservations about the Glenbeigh assessment. Dr. Schottenstein stated that he understands these concerns, but none of the objections are sufficient to render Glenbeigh’s findings untrue. Dr. Schottenstein stated that there are two assessments which contradict each other and the Board must decide which findings are more credible.
Dr. Schottenstein stated that an individual does not have to be intoxicated in order to be impaired. Dr. Schottenstein opined that every time Dr. Frantz drinks alcohol it is like rolling dice. Dr. Schottenstein feared that without intervention the Board will see Dr. Frantz again.

Dr. Steinbergh agreed with Dr. Schottenstein’s comments. Dr. Steinbergh stated that when asked what he had learned from the incident on his 21st birthday when he was arrested and stayed in jail for the weekend until his mother bailed him out, Dr. Frantz replied as follows:

This was the point where I feel I finally understood the risks I was taking with my drinking habits, and that I was jeopardizing my future. I was in the middle of my MCAT studying at the time, and finally realized that I ran the serious risk of not getting into med school due to my legal issue, despite my grades and accolades. I also realized the risky situation I put myself in while drinking, as I was arrested while walking down the middle of a country road, and it could have ended much worse.

However, Dr. Steinbergh stated that Dr. Frantz did not learn his lesson on that occasion. Dr. Steinbergh, noting that Dr. Frantz was a pre-medical student at the time and is now a physician, was very reluctant to call this “immature behavior.”

Dr. Steinbergh continued that Dr. Frantz was later arrested for OMVI. When asked what he learned from that incident, Dr. Frantz responded, “It’s never a good idea to get behind the wheel of a car after drinking.” Yet when asked if he believed he had a problem with alcohol after that incident, Dr. Frantz responded, “No … I thought I was using it more than I should, but I didn’t think it was problematic.” Dr. Steinbergh opined that this is the answer of a young person who does not recognize the disease of alcoholism.

Dr. Steinbergh stated that in 2011 when Dr. Frantz was a second-year medical student, he was arrested for a minor misdemeanor and spent the night in jail. When asked what he had learned from this incident, Dr. Frantz answered, “I learned that I can no longer drink like I did when I was in college, and it was a wake-up call to remind me that although I was in medical school I had not accomplished anything yet, and have a lot to lose by making poor decisions.”

Dr. Steinbergh stated that despite these incidents, Dr. Frantz was still drinking in 2012 and even drank alcohol the night before his Glenbeigh assessment. This caused Dr. Steinbergh to question Dr. Frantz’s decision-making. Dr. Steinbergh felt deeply that Dr. Frantz has a problem with alcoholism and impairment. Dr. Steinbergh opined that Dr. Frantz’s pattern of behavior cannot be called anything but alcohol abuse. Dr. Steinbergh noted that the portion of this case regarding Adderall is not a concern for her.

Mr. Giacalone stated that Dr. Schottenstein and Dr. Steinbergh have raised good points. However, Mr. Giacalone opined that this is not a substance abuse issue, but is instead a matter of stupidity and immaturity. Mr. Giacalone opined that Dr. Frantz’s legal issues with using fake identification, public urination, and doing something stupid after getting drunk on his 21st birthday are not egregious. Mr. Giacalone commented that this history is much less significant than that of a previous respondent, Dr. Parrott, whose history included cocaine, ecstasy, and binge drinking. Mr. Giacalone also felt that the
quality of the evaluation conducted by Shepherd Hill was far superior to the one conducted by Glenbeigh.

Mr. Giacalone continued that Glenbeigh’s report of assessment, which contained questionable comments regarding Adderall, was essentially drafted by a social worker and appeared to him to have been rubber-stamped by the two physicians. Mr. Giacalone stated that the Glenbeigh assessors also made inappropriate comments to Dr. Frantz’s collaterals suggesting that it was a foregone conclusion that Dr. Frantz would go into treatment. Mr. Giacalone also noted that Glenbeigh failed to contact Dr. Frantz’s psychiatrist during the assessment. By contrast, Mr. Giacalone found Shepherd Hill’s assessment to be complete and detailed. Mr. Giacalone opined that the question of the diagnostic standards of DSM-IV versus DSM-V is not material, as is the issue of whether the Board staff properly followed the rule regarding the medical directors of treatment facilities.

Mr. Giacalone stated that he supports the Proposed Order to dismiss. Mr. Giacalone commented that if Dr. Frantz appears before the Board again under similar circumstances, the consequences would be significant.

Dr. Soin stated that he appreciates Mr. Giacalone’s comments, but opined that Dr. Frantz’s behavior is not simply a matter of immaturity. Dr. Soin stated that being criminally charged would have a long-lasting effect on a typical college student who simply makes a mistake on occasion. Dr. Frantz, however, has faced multiple criminal charges including Disorderly Conduct, Obstructing Official Business, Underage Consumption of Alcohol, and Disorderly Conduct by Intoxication. Dr. Soin opined that the number of Dr. Frantz’s violation clearly indicates a problem. Dr. Soin worried about Dr. Frantz’s patients because he has demonstrated an inability to restrain himself on many occasions. Mr. Giacalone commented that the number of violations could be “luck of the draw” and asked how many college students get drunk but are never caught.

Dr. Schottenstein stated that he struggled with the same thoughts that concern Mr. Giacalone. However, Dr. Schottenstein stated that his concern was not simply the fact that Dr. Frantz was caught, but the substantial degree to which Dr. Frantz had been using alcohol. Dr. Schottenstein noted that Dr. Frantz, rather than just consuming a few beers, was drinking very large quantities of alcohol to the point of multiple legal consequences. Dr. Schottenstein noted Dr. Frantz’s testimony which indicates he has recognized on some level that he should probably reduce his consumption, but then the cycle repeats. Dr. Schottenstein stated that Dr. Frantz also spends large amounts to time drinking and, in some cases, drinks all day. Dr. Frantz also used alcohol in potentially hazardous situations, such as OMVI and walking down the middle of a road. Dr. Frantz’s drinking has also caused some interpersonal issues with his family. Dr. Schottenstein stated that these are all DSM-V red flags and he was not sure why they were not noted in Shepherd Hill’s assessment.

Mr. Giacalone reiterated that he found the Shepherd Hill evaluation much more thorough and credible than the Glenbeigh assessment and questioned how two addiction experts could arrive at such significantly different conclusions concerning Dr. Frantz. Mr. Giacalone stated that the addiction physicians at Glenbeigh, rather than evaluating Dr. Frantz, simply read a report written by a social worker. By contrast, the physician at Shepherd Hill met with Dr. Frantz, evaluated him, and called Dr. Frantz’s psychiatrist.

Dr. Steinbergh noted page 27 of the Report and Recommendation which indicates that alcohol use disorder
is defined by DSM-V as meeting at least two specified criteria within a 12-month period. Dr. Steinbergh noted that the method of calculating the 12-month period is not addressed. Dr. Steinbergh noted criterion 6, “Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effected of alcohol.” Dr. Steinbergh further noted criterion 8, “Recurrent alcohol use in situations in which it is physically hazardous.”

Dr. Schottenstein stated that he had a written amendment for the Board’s consideration. The written amendment was provided to Board members.

**Dr. Schottenstein moved to amend the Report and Recommendation’s Findings of Fact to read as follows:**

**FINDINGS OF FACT**

1. By letter dated March 27, 2015, the Board notified Nathan B. Frantz, D.O., of its determination that it had reason to believe that he was in violation of R.C. 4731.22(B)(26), and ordered him to undergo a 72-hour inpatient examination to determine if he is in violation of R.C. 4731.22(B)(26). The Board’s determination was based upon one or more of the reasons outlined in such letter, which included that Dr. Frantz had been involved in multiple instances wherein he was charged with criminal offenses that were related to his use and/or abuse of alcohol. The criminal offenses that he had been charged with included: Disorderly Conduct and Obstructing Official Business in or around 2007; Obstruction by a Disguised Person in or around May 2009; Underage Consumption of Alcohol and Disorderly Conduct by Intoxication in or around June 2009; and Disorderly Conduct by Intoxication in or around December 2011. Dr. Frantz also reported that, since 2012, his alcohol use consisted of two to four times per month, consuming about six drinks per night of consumption.

2. By letter dated May 12, 2015, from Christopher Adelman, M.D., and Richard Zinni, D.O., at Glenbeigh Hospital, a Board-approved treatment provider, the Board was notified that, following the Board-ordered evaluation beginning on May 5, 2015, Dr. Frantz was determined to be impaired in his ability to practice according to acceptable and prevailing standards of care and to require residential treatment for his diagnoses of alcohol abuse and current medication misuse/inconsistent use. It was further recommended that he complete a minimum of 28 days of inpatient treatment at a Board-approved treatment provider.

3. Dr. Frantz did not enter into treatment; did not complete the recommended/required treatment; and/or has not entered into an aftercare contract with a Board-approved treatment provider.

**Dr. Schottenstein further moved to amend the Report and Recommendation’s Conclusion of Law to read as follows:**

**CONCLUSION OF LAW**
The acts, conduct, and/or omissions of Nathan B. Frantz, D.O., as set forth in the Findings of Fact, individually and/or collectively, constitutes “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice,” as set forth in R.C. 4731.22(B)(26)

Dr. Schottenstein further moved to amend the Report and Recommendation’s Proposed Order to read as follows:

It is hereby ORDERED that:

A. **SUSPENSION OF CERTIFICATE**: The training certificate of Nathan Buchanan Frantz, D.O., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.

B. **INTERIM MONITORING**: During the period that Dr. Frantz’s certificate to practice medicine and surgery in Ohio is suspended, Dr. Frantz shall comply with the following terms, conditions, and limitations:

1. **Obey the Law**: Dr. Frantz 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. Frantz shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board’s offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board’s offices on or before the first day of every third month.

3. **Personal Appearances**: Dr. Frantz shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every three 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. **Sobriety**:

   a. **Abstention from Drugs**: Dr. Frantz shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed, or administered to him by another so authorized by law who has full knowledge of Dr. Frantz’s history of chemical dependency and/or abuse and who may lawfully prescribe for him (for example, a physician who is not a family member). Further, in the event that Dr. Frantz is so prescribed, dispensed, or administered any controlled substance or tramadol, Dr. Frantz shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Frantz received,
the medical purpose for which he received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use. Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Frantz shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

b. **Abstention from Alcohol:** Dr. Frantz shall abstain completely from the use of alcohol.

5. **Drug and Alcohol Screens; Drug Testing Facility and Collection Site:**

a. Dr. Frantz shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Frantz shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Frantz’s drug(s) of choice.

b. Dr. Frantz shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term “toxicology screen” is also used herein for “urine screen” and/or “drug screen.”)

All specimens submitted by Dr. Frantz shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

c. Dr. Frantz shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Frantz shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen, and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result on a toxicology screen is prohibited under this Order.

d. All urine screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and Board-approved collection site pursuant to the global contract between the approved facility and the Board, which provides for the Board to maintain ultimate control over the urine-screening process and to preserve the confidentiality of positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code.
The screening process for random testing shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph B.6, below, to approve urine screenings to be conducted at an alternative drug-testing facility, collection site, and/or supervising physician, such approval shall be expressly contingent upon the Board’s retaining ultimate control over the urine-screening process in a manner that preserves the confidentiality of positive screening results.

e. Within 30 days of the effective date of this Order, Dr. Frantz shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug-testing facility and/or collection site (“DFCS”) in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Frantz shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Frantz and the Board-approved DFCS. Dr. Frantz’s failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

f. Dr. Frantz shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Frantz and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening result.

g. Dr. Frantz shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.

h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Frantz shall immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph B.6, below, as soon as practicable. Dr. Frantz shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.

i. The Board, in its sole discretion, may withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
6. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Frantz shall submit urine specimens to the Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Frantz, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Frantz.

a. Within 30 days of the date on which Dr. Frantz is notified of the Board’s determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Frantz, he shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Frantz shall submit the required urine specimens.

   In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Frantz’s residence or employment location, or to a physician who practices in the same locale as Dr. Frantz. Dr. Frantz shall ensure that the urine-screening process performed through the alternative DFCS or through the supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Frantz shall ensure that the alternative DFCS or the supervising physician maintains appropriate control over the specimen and immediately informs the Board of any positive screening result.

b. Dr. Frantz shall ensure that the alternative DFCS or the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.

c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Frantz shall immediately notify the Board in writing. Dr. Frantz shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Frantz shall, in order to ensure that there will be no interruption in his urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Frantz.

d. The Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Dr. Frantz’s designated alternative DFCS or any person proposed to serve as his supervising physician, or may withdraw its approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
7. **Reports Regarding Drug and Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board’s offices no later than the due date for Dr. Frantz’s declarations of compliance. It is Dr. Frantz’s responsibility to ensure that reports are timely submitted.

8. **Additional Screening Without Prior Notice:** Upon the Board’s request and without prior notice, Dr. Frantz shall provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Frantz, or for any other purpose, at Dr. Frantz’s expense. Dr. Frantz’s refusal to submit a specimen upon the request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary and Supervising Member of the Board.

9. **Rehabilitation Program:** Dr. Frantz shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval.

   Dr. Frantz shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board’s offices no later than the due date for Dr. Frantz’s declarations of compliance.

10. **Comply with the Terms of Aftercare Contract:** Dr. Frantz shall maintain continued compliance with the terms of the aftercare contract(s) entered into with his treatment provider(s), provided that, where terms of an aftercare contract conflict with terms of this Order, the terms of this Order shall control.

11. **Releases:** Dr. Frantz shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Frantz’s chemical dependency and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43, Ohio Revised Code, and are confidential pursuant to statute.

   Dr. Frantz shall also provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event Dr. Frantz fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

12. **Absences from Ohio:** Dr. Frantz shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the suspension/probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or
by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have discretion to waive part or all of the monitoring terms set forth in this Order for occasional periods of absence of 14 days or less.

In the event that Dr. Frantz resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Dr. Frantz may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Frantz is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

13. **Required Reporting of Change of Address**: Dr. Frantz shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

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

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

2. **Compliance with Interim Conditions**: Dr. Frantz shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.

3. **Demonstration of Ability to Resume Practice**: Dr. Frantz shall demonstrate to the satisfaction of the Board that he can practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:

   a. Certification from a treatment provider approved under Section 4731.25, Ohio Revised Code, that Dr. Frantz has successfully completed a minimum of 28 days of inpatient/residential treatment for chemical dependency/abuse at a treatment provider approved by the Board.

   b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but shall not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.

   c. Evidence of continuing full compliance with this Order.

   d. Two written reports indicating that Dr. Frantz’s ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependency/abuse.
The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Frantz. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Frantz shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Frantz, and any conditions, restrictions, or limitations that should be imposed on Dr. Frantz’s practice. The reports shall also describe the basis for the assessor’s determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. Additional Evidence of Fitness To Resume Practice: In the event that Dr. Frantz 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.

D. PROBATION: Upon reinstatement or restoration, Dr. Frantz’s certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. Terms, Conditions, and Limitations Continued from Suspension Period: Dr. Frantz shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.

2. Tolling of Probationary Period While Out of Compliance: In the event that Dr. Frantz 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.

E. TERMINATION OF PROBATION: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Frantz’s certificate will be fully restored.

F. VIOLATION OF THE TERMS OF THIS ORDER: If Dr. Frantz 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.
G. 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. Frantz 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. Frantz shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments. This requirement shall continue until Dr. Frantz receives from the Board written notification of the successful completion of his probation.

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

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

3. Required Reporting to Treatment Providers/Monitors: Within 30 days of the effective date of this Order, Dr. Frantz shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Frantz. This requirement shall continue until Dr. Frantz receives from the Board written notification of the successful completion of his probation.

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

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

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

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

The motion to amend carried.

**Dr. Steinbergh moved to approve and confirm Ms. Blue’s Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Nathan Buchanan Frantz, D.O. Dr. Sethi seconded the motion.** A vote was taken:

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

The motion to approve carried.
REPORT AND RECOMMENDATION ON REMAND

JOSHUA LONG

Mr. Kenney directed the Board’s attention to the matter of Joshua Long. Mr. Kenney explained that on January 14, 2015, the Medical Board considered the Report and Recommendation in the matter of Joshua Long. Based upon the Board’s discussion, the Board remanded the matter of Mr. Long to the Hearing Examiner. The matter was remanded in order to give Mr. Long an opportunity to obtain a new assessment for chemical dependency at Glenbeigh Hospital because a urine toxicology screen taken during his evaluation had suffered a broken seal in transit and was rejected by the laboratory, and for an additional day of hearing concerning this new assessment. No objections to the current Report and Recommendation have been filed. Ms. Blue was the Hearing Examiner.

Mr. Taylor 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 Mr. Long. A roll call was taken:

ROLL CALL:

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

Mr. Taylor 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
Mr. Giacalone - aye
Dr. Steinbergh - aye
Mr. Gonidakis - aye
Mr. Kenney - aye
Dr. Sethi - aye
Dr. Soin - aye
Dr. Schottenstein - aye
Dr. Schachat - aye
Dr. Edgin - aye
Mr. Kenney stated that a request to address the Board has been timely filed on behalf of Mr. Long. Five minutes will be allowed for that address.

Mr. Long stated that he fully agrees with the Hearing Examiner’s Proposed Order to grant his application for a massage therapist license. Mr. Long stated that this process began in 2013 when he was evaluated for possible impairment at Glenbeigh Hospital. During that evaluation Mr. Long provided a urine specimen for screening, but the seal on that specimen was subsequently broken and it could not be tested. In January 2015, the Board remanded this case back to the Hearing Examiner so that he could have a second evaluation. The results of the second evaluation stated that Mr. Long is impaired.

Mr. Long stated that Dr. Parran at Glenbeigh Hospital seemed to have based his diagnosis on the 2013 evaluation. Mr. Long noted that Dr. Parran did not support his diagnosis with any current drug screens. Mr. Long stated that he had to personally reach out to Glenbeigh in order to obtain these records. When Mr. Long received the records from Glenbeigh, he learned that Glenbeigh had botched his test results for a second time by losing the specimen during transit. Mr. Long also learned that Glenbeigh was holding him accountable for not following through with their recommendation from the 2013 evaluation to attend an intensive outpatient program. Mr. Long felt that he has been treated unfairly by Glenbeigh. Mr. Long stated that Glenbeigh has no accountability for its mistakes while negatively impacting Mr. Long’s future.

Mr. Long stated that he has learned a lot since 2013 regarding the need to meet the standards of the Medical Board in his chosen field of massage therapy. Mr. Long stated that he is currently working toward a job opportunity with a cruise ship line. Mr. Long stated that he will leave on a ship on November 1; he will be drug tested before boarding the ship and will undergo random drug screens throughout his nine-month contract. Mr. Long stated that he can supply the results of this testing to the Board. Mr. Long stated that he wishes to return to Ohio and share the skills he will learn.

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

Ms. Snyder acknowledged that Glenbeigh Hospital made a mistake and lost Mr. Long’s urine specimen. Ms. Snyder found it inexcusable that Glenbeigh mishandled Mr. Long’s specimen for a second time. However, Ms. Snyder opined that this does not affect Dr. Pidhorodeckyj’s opinion from 2013 or Dr. Parran’s opinion from the more recent evaluation. Ms. Snyder stated that those opinions were based on Mr. Long’s admission that he had smoked a good deal of marijuana. Ms. Snyder noted that Mr. Long even smoked marijuana just before his first evaluation, as shown in the rapid screen test and admitted to by Mr. Long.

Dr. Steinbergh moved to approve and confirm Ms. Blue’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Joshua Long. Dr. Soin seconded the motion.

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

Mr. Giacalone briefly reviewed Mr. Long’s education and experience in massage therapy. In February
Mr. Long submitted to the Board an application for a license to practice massage therapy. On his application, Mr. Long identified two events that prompted the Board to order him to submit to a chemical dependency assessment at Glenbeigh Hospital in December 2013. The first event was a 2011 conviction for Operating a Vehicle while Intoxicated (OVI), a first-degree misdemeanor. In the second event in 2012, Mr. Long was stopped for driving with a suspended driver’s license and a marijuana pipe with marijuana residue was discovered in the vehicle. Mr. Long pleaded guilty to a reduced offense of Disorderly Conduct, a minor misdemeanor. Based on these events, Dr. Pidhorodeckij found Mr. Long to be impaired and not capable of practicing as a massage therapist at acceptable and prevailing standards of care due to cannabis use disorder. As a result of the evaluation, Glenbeigh recommended Mr. Long attend an intensive outpatient program.

Mr. Giacalone continued that at its January 2015 meeting, the Medical Board remanded this matter back to the Hearing Examiner so that Mr. Long could have the opportunity to obtain a new assessment at Glenbeigh and to have another hearing based on the results of the new assessment. The reasons for the Board’s decision to remand were as follows:

- Mr. Long’s urine toxicology screen suffered a broken seal in transit and was subsequently rejected by the laboratory.

- Mr. Long believed, based on his discussions with Dr. Pidhorodeckij, that had the sample tested negative, the final evaluation from Glenbeigh Hospital would likely have been in his favor.

- The Board had concerns about these events and whether Mr. Long’s evaluation by Glenbeigh Hospital had been fair and adequate.

Mr. Giacalone favored accepting the Hearing Examiner’s Proposed Order to grant Mr. Long’s application for a license to practice massage therapy. Mr. Giacalone based his rationale on the following:

- Mr. Long’s rapid drug screen conducted during the second evaluation was negative for cannabis.

- The chain of custody for the urine toxicology screen specimen that Mr. Long provided to Glenbeigh Hospital was again invalidated due to an issue with the handling of the specimen.

- Rather than conducting a new assessment of Mr. Long as requested by the Board, Glenbeigh chose to rely on its prior assessment from 2013.

- Dr. Parran’s letter to the Hearing Examiner stated that Mr. Long’s failure to complete an intensive outpatient program was a consideration in Glenbeigh’s decision, even though the Board did not require Mr. Long to complete such a program.

- It appears that Glenbeigh chose to ignore the Board’s Order which directed that Mr. Long be given an opportunity to obtain a new assessment and an additional hearing concerning that new assessment. Despite the fact that The Board did not accept Glenbeigh’s 2013 evaluation as
sufficient, Glenbeigh chose to “rubber stamp” the original findings and offer them again as new. Mr. Giacalone noted Mr. Long’s testimony that the second evaluation did not include a physician examination and he had only spoken to Dr. Parran for about ten minutes.

In addition to the above, Mr. Giacalone found it extremely disconcerting that Dr. Parran’s letter to the Hearing Examiner regarding Mr. Long’s assessment made no mention of the fact that Mr. Long’s urine specimen had been misplaced. In fact, the misplacement the urine specimen only came to light when Mr. Long made an inquiry to Glenbeigh. Mr. Giacalone questioned why this incident was not mentioned in Dr. Parran’s letter to the Hearing Examiner when a similar issue with the first evaluation was the reason for the Board’s remand in the first place.

Mr. Giacalone stated that deference to experts may be appropriate at times, but he is not inclined to grant blind deference in this case to experts who appear to not have lived up to their responsibilities. Mr. Giacalone noted Mr. Long’s question at his hearing, “At what point does Glenbeigh get held accountable for their mistakes and wasting my money?” Mr. Giacalone agreed with this view and further questioned whether the Board should blindly accept a recommendation from Glenbeigh in light of what appears to be problematic processes, questionable omissions, and a disregard to do what the Board has asked in its assessment of Mr. Long.

Mr. Giacalone opined that Mr. Long does not need to be in an intensive outpatient program. Mr. Giacalone urged the Board to grant Mr. Long’s application for a license to practice massage therapy in Ohio.

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

**ROLL CALL:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Vote</th>
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<tbody>
<tr>
<td>Dr. Rothermel</td>
<td>abstain</td>
</tr>
<tr>
<td>Dr. Saferin</td>
<td>abstain</td>
</tr>
<tr>
<td>Mr. Giacalone</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Steinbergh</td>
<td>aye</td>
</tr>
<tr>
<td>Mr. Gonidakis</td>
<td>aye</td>
</tr>
<tr>
<td>Mr. Kenney</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Sethi</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Soin</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Schottenstein</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Schachat</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Edgin</td>
<td>aye</td>
</tr>
</tbody>
</table>

The motion to approve carried.

The Board took a recess at 12:30 p.m. and returned at 1:30 p.m.

**EXECUTIVE SESSION**

Dr. Steinbergh moved to go into Executive Session to confer with the Medical Board’s attorneys on
matters of pending or imminent court action, and for the purpose of deliberating on proposed consent agreements in the exercise of the Medical Board’s quasi-judicial capacity. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:  Dr. Rothermel - aye  Dr. Saferin - aye  Mr. Giacalone - aye  Dr. Steinbergh - aye  Mr. Gonidakis - aye  Mr. Kenney - aye  Dr. Sethi - aye  Dr. Soin - aye  Dr. Schachat - aye  Dr. Schottenstein - aye  Dr. Edgin - 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. Schmidt, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Schwartz, Mr. Nealis, Ms. Murray, and Mr. Taylor in attendance.

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTS

ROBERT JOHN MILLER, M.D. – PERMANENT SURRENDER

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

ROLL CALL:  Dr. Rothermel - abstain  Dr. Saferin - abstain  Mr. Giacalone - aye  Dr. Steinbergh - aye  Mr. Gonidakis - aye  Mr. Kenney - aye  Dr. Sethi - aye  Dr. Soin - aye  Dr. Schachat - aye  Dr. Schottenstein - aye  Dr. Edgin - aye
The motion to ratify carried.

ELISE REGINE HOFF, M.D. – CONSENT AGREEMENT

Dr. Sethi moved to ratify the Proposed Consent Agreement with Dr. Hoff. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

JAKE PAUL HEINEY, M.D. – CONSENT AGREEMENT

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

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

The motion to ratify carried.

ERIC PAUL MACDONALD, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Dr. MacDonald. Dr. Schachat seconded the motion. A vote was taken:
ROLL CALL: Dr. Rothermel - abstain
Dr. Saferin - abstain
Mr. Giacalone - aye
Dr. Steinbergh - aye
Mr. Gonidakis - aye
Mr. Kenney - aye
Dr. Sethi - aye
Dr. Soin - aye
Dr. Schachat - aye
Dr. Schottenstein - aye
Dr. Edgin - aye

The motion to ratify carried.

RICHARD J. SHRAMO, D.P.M. PERMANENT SURRENDER

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

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

The motion to ratify carried.

NON-DISCIPLINARY SETTLEMENT AGREEMENT

HONG-GUANG GAO, M.D. – REQUEST FOR WITHDRAWAL OF APPLICATION

Dr. Saferin moved to ratify the Proposed Withdrawal of Application with Dr. Gao. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion to ratify carried.

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

Dr. Schottenstein moved to send the Notice of Automatic Suspension and Opportunity for Hearing to Marcio Alejandro Castillo, L.M.T. Dr. Soin seconded the motion. A vote was taken:

**ROLL CALL:**

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

The motion to send carried.

Dr. Soin moved to send the Opportunity for Hearing on Failure to Submit to an Examination and Notice of Summary Suspension Based upon Presumption of an Admission of Inability to Practice to Edward Arthur Cutler, D.O. Dr. Sethi seconded the motion. A vote was taken:

**ROLL CALL:**

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

The motion to send carried.

Dr. Steinbergh moved to send the Notice of Summary Suspension and Opportunity for Hearing to Narinder N. Khosla, M.D. Dr. Soin seconded the motion. A vote was taken:

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

The motion to send carried.

Dr. Soin moved to send the Notices of Opportunity for Hearing to the following: Marc Nathan Adato, L.M.T.; Javaid Mohammad Bashir, M.D.; Arthur Howard Bell, D.O.; Kelly Kaye Elenniss, L.M.T.; Steven Craig Mann, D.O.; and Meghan Joy O'Keefe. Mr. Gonidakis seconded the motion. A vote was taken:

ROLL CALL:  
Dr. Rothermel - abstain  
Dr. Saferin - abstain  
Mr. Giacalone - aye  
Dr. Steinbergh - aye (abstain in the matter of Dr. Mann)  
Mr. Gonidakis - aye  
Mr. Kenney - aye  
Dr. Sethi - aye  
Dr. Soin - aye  
Dr. Schachat - aye  
Dr. Schottenstein - aye  
Dr. Edgin - aye  

The motion to send carried.
RULES AND POLICIES

COMMENTS ON PROPOSED RULE 4731-11-03

Ms. Debolt stated that the Joint Committee on Agency Rule Review (JCARR) had received comments on proposed amendments to Rule 4731-11-03 from Shire, the maker of the medication Vyvanse. Comments were also received questioning the Board’s proposal to prohibit the prescription of Schedule II controlled substances for a patient who is pregnant. These comments had been previously provided to the Board members for their discussion today.

Ms. Debolt noted that language has been added permitting the prescription of a Schedule II controlled substance for the treatment of binge eating disorder. The Board agreed with the addition of this language.

Regarding the prohibition on prescribing Schedule II controlled substance stimulants for a pregnant patient, Dr. Steinbergh felt that the language was overly broad and restrictive. Dr. Rothermel agreed and opined that the physician should have leeway to make a proper decision in a given circumstance. The Board discussed this matter and agreed that the language should allow a physician to prescribe a Schedule II controlled substance stimulant to a pregnant patient after properly weighing the risks and benefits and with appropriate documentation.

Ms. Anderson requested that one Board member be given the authority to approve the language incorporating the Board’s comments regarding the treatment of pregnant patients. Ms. Anderson stated that this would allow the Rule to be refiled with JCARR prior to the Board’s November meeting. The approval of the Board member could then be ratified by the full Board in November. The Board agreed.

Mr. Gonidakis moved to authorize Dr. Rothermel to approve the language which will be drafted incorporating the Board’s comments regarding proposed amendments to Rule 4731-11-03. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

AMENDMENTS TO PROPOSED RULES 4731-11-04 AND 4731-11-04.1

Ms. Debolt stated that comments have been received regarding Proposed Rules 4731-11-04 and 4731-11-04.1 and were previously provided to the Board members. As of yet, the Board’s staff has made no changes to the draft language of the proposed rules except to change the term “behavior modification” to “intensive behavioral therapy” throughout both proposed rules.

Dr. Steinbergh acknowledged that the Ohio Academy of Nutrition and Dietetics had requested the change from “behavior modification” to “intensive behavioral therapy.” However, Dr. Steinbergh stated that she has not seen a definition of the term “intensive behavioral therapy” beyond the diagnostic billing code. Dr. Steinbergh also noted comments by bariatric physicians that they would like to have more leeway in selecting short-term weight-loss drugs for their patients. Dr. Steinbergh further noted that the Board of Pharmacy supports leaving the current rule unchanged.

Dr. Steinbergh stated that at the Board’s request, Mr. Schmidt has provided a brief history of the Medical
Board’s regulation of weight-loss medications beginning in 1986. The current rule prohibits the use of medications as a first-line treatment for weight-loss and sets other technical requirements. Dr. Steinbergh stated that she does not want to see a resurgence of the abuse and diversion of these medications that existed in Ohio prior to 1986.

Mr. Gonidakis moved to approve Rules 4731-11-04 and 4731-11-04.1, as amended, to be re-filed with the Joint Committee on Agency Rule Review (JCARR). Dr. Soin seconded the motion.

Dr. Steinbergh reiterated that the amended rule includes the term “intensive behavioral therapy,” the definition of which the Board is uncertain of. Dr. Steinbergh stated that it behooves the Board to understand what a rule says before approving it. The Board engaged in discussion of this matter and of the process of drafting and approving rules. Dr. Schottenstein opined that the letter from the Ohio Academy of Nutrition and Dietetics implied that the change in terms was a formality and that the term “intensive behavioral therapy” was effectively the same as “behavior modification” with the goal of weight loss.

Mr. Gonidakis wished to withdraw his previous motion. No Board member objected. The motion was withdrawn.

Mr. Gonidakis moved to approve Rules 4731-11-04 and 4731-11-04.1, as amended with the term “intensive behavioral therapy” replacing the term “behavior modification,” to be re-filed with the Joint Committee on Agency Rule Review (JCARR). Dr. Soin seconded the motion.

Dr. Saferin asked if the term “intensive behavioral therapy” made sense to Dr. Schottenstein. Dr. Schottenstein replied that he finds the term acceptable.

A vote was taken on Mr. Gonidakis’ motion:

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<tr>
<th>ROLL CALL:</th>
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<tbody>
<tr>
<td>Dr. Rothermel</td>
<td>- aye</td>
</tr>
<tr>
<td>Dr. Saferin</td>
<td>- aye</td>
</tr>
<tr>
<td>Mr. Giacalone</td>
<td>- aye</td>
</tr>
<tr>
<td>Dr. Steinbergh</td>
<td>- nay</td>
</tr>
<tr>
<td>Mr. Gonidakis</td>
<td>- aye</td>
</tr>
<tr>
<td>Mr. Kenney</td>
<td>- aye</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>Dr. Schachat</td>
<td>- aye</td>
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<tr>
<td>Dr. Schachet</td>
<td>- aye</td>
</tr>
<tr>
<td>Dr. Schottenstein</td>
<td>- aye</td>
</tr>
<tr>
<td>Dr. Edgin</td>
<td>- aye</td>
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</tbody>
</table>

The motion carried.

OPERATIONS REPORT

Human Resources: Mr. Groeber announced that Shawn McCafferty has accepted the position of Central
Area Investigator Supervisor. Mr. Groeber stated that there is a working plan regarding the backfill of the investigator positions to align with where complaints are originating geographically.

**Budget:** Mr. Groeber stated that the Board’s cash balance was down for the month due to a number of factors, including a one-time $750 per employee bonus mandated by the State’s collective bargaining agreement and a third pay period for the month.

**Information Technology:** Mr. Groeber stated that the E-License 3.0 project continues at a good pace. Mr. Groeber stated that the system will let the Board operate much more efficiently and serve the public and the Board’s licensees better through a dynamic web-based interface.

Mr. Groeber stated that the development of the SharePoint site continues. The SharePoint site is designed to let investigators work virtually in the cloud. Mr. Groeber speculated that the system will be operational within the next couple of weeks.

**Communications and Outreach:** Mr. Groeber stated that a list of the Board’s publications and presentations are included in the Operations Report. Mr. Groeber stated that he attended the Federation of State Massage Therapy Board’s (FSMTB) conference and identified several opportunities for the Board to work on its human trafficking efforts through the FSMTB. Mr. Groeber opined that there is not a human trafficking problem with licensed massage therapists, but it is recognized that the massage industry in general has a significant problem in this area.

Dr. Saferin commented that he attended a pain management meeting in the Toledo area where Ms. Anderson was presenting. Dr. Saferin stated that Ms. Anderson did an excellent job at the meeting.

**Agency Operations:** Mr. Groeber stated that the number of overall complaints has decreased for a ninth consecutive month. Mr. Groeber noted that the number of open complaints in February was about 3,300 and the current number is 2,101. Mr. Groeber hoped to have that number below 2,000 by the end of 2015.

Mr. Groeber also noted the following portions of the Operations Report:

- The Hearing Unit, which had had a significant backlog, has now reduced its docket for the fourth month in a row, representing an overall 20% reduction.
- About 15 months ago Mr. Miller and the Licensure staff corrected several issues that had been inflating the time it took to issue a license. At that time a significant backlog of license applications were processed. For this reason, there appears to be a 24% drop in the number of medical licenses issued versus the same time last year. Mr. Groeber noted that the current numbers are actually comparable with the same time two years ago, indicating that these numbers are normalizing. Mr. Groeber noted that licenses are now being issued 28% faster than last year.
- The Investigations and Enforcement Sections saw decreases in their number of complaints.
- The Standards and Review Intervention Section has reduced its complaints by 5%.
Speed and East Initiative: Mr. Groeber stated that the Fiscal Section is in the process of eliminating paper checks from physician assistants for initial licensure and license renewal. Mr. Groeber stated that once this project as proven successful, it will be expanded to all license types. The Section is also looking at using e-signature for documents.

Retreat: Mr. Groeber suggested that the Board consider scheduling a retreat for January or February 2016, rather than the initial proposal of December 2015.

Board Meeting Date for October 2016: Mr. Groeber stated that the original date for the October 2016 Board meeting was October 12. However, Mr. Groeber noted that is also the date of Yom Kippur. Mr. Groeber suggested that the Board consider a new date for that month’s meeting to avoid conflicts.

Dr. Saferin moved to move the date of the October 2016 Board meeting to October 19. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

FINING GUIDELINES

Mr. Kenney stated that the Finance Committee has approved amendments to the fining guidelines that the Board had approved last month. Specifically, the proposed amendments remove the proposed fines for categories IX(A) through IX(I), which involve impairment. If the amendments are adopted, then the Board will not impose fines for those violations.

Dr. Rothermel asked if the Board would fine a practitioner who is subject to a consent agreement in another state and is now applying for initial licensure in Ohio. Mr. Marshall replied that under the Board’s guidelines, the possibility of an out-of-state physician being fined when applying for an Ohio medical
license would depend on the underlying conduct of the out-of-state action. For instance, the Board could potentially fine an applicant for out-of-state action based on felonious conduct.

**Dr. Saferin moved to approve the Finance Committee’s recommended amendments to the Board’s fining guidelines. Mr. Gonidakis seconded the motion.** A vote was taken:

**ROLL CALL:**

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<th>Name</th>
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<tr>
<td>Dr. Rothermel</td>
<td>aye</td>
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<tr>
<td>Dr. Saferin</td>
<td>aye</td>
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<tr>
<td>Mr. Giacalone</td>
<td>aye</td>
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<tr>
<td>Dr. Steinbergh</td>
<td>aye</td>
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<tr>
<td>Mr. Gonidakis</td>
<td>aye</td>
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<tr>
<td>Mr. Kenney</td>
<td>aye</td>
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<tr>
<td>Dr. Sethi</td>
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<td>Dr. Soin</td>
<td>aye</td>
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<tr>
<td>Dr. Schachat</td>
<td>aye</td>
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<tr>
<td>Dr. Schottenstein</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Edgin</td>
<td>aye</td>
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</tbody>
</table>

The motion carried.

**PUBLICATION**

Mr. Kenney stated that work on the Board’s proposed publication continues and it will not contain any inappropriate advertising. Mr. Kenney stated that the publication will include points of interest about the medical community and what the Board does in the community. Mr. Kenney hoped that the publication will help people see the Board as more than simply an enforcement tool.

**FINANCIAL COMPLIANCE GUIDELINES**

Ms. Marshall stated that the proposed financial compliance guidelines have been developed to provide consistency in the collection of fines from respondents. Ms. Marshall stated that under the proposed guidelines, respondents will have 30 days to pay a fine or to enter into an acceptable payment plan with the Attorney General’s office. If payment is not timely received or if a payment plan is defaulted on, a new complaint against the respondent will be generated. Ms. Marshall stated that the fine must be paid in full before the respondent’s license is reinstated or released from probation.

**Dr. Steinbergh moved to adopt the proposed financial compliance guidelines. Dr. Saferin seconded the motion.**

In response to questions from Mr. Giacalone, Ms. Marshall stated that the language that has been developed for use in Board orders and consent agreements states that payment must be remitted within 30 days “or as otherwise directed by the Board.” Ms. Marshall stated that this gives the Board leeway to specify a time period other than 30 days if it feels the circumstances warrant it. Mr. Kenney opined that this language should not be used and that the Board should adhere to the 30-day standard. The Board
members agreed with Mr. Kenney. Ms. Marshall stated that she and Mr. Porter will adjust the draft language accordingly.

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

ROLL CALL:

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

The motion carried.

POLICY COMMITTEE

DISCUSSION OF HOUSE BILL 157

Mr. Gonidakis stated that Representative Jim Butler, Chairman of the House Judiciary Committee, spoke to the Policy Committee today regarding House Bill 157 and what he is trying to accomplish with this legislation. Mr. Gonidakis stated that the members of the Policy Committee were supportive of Representative Butler’s efforts. Mr. LaCross will attend interested party meetings and will keep the Board members apprised on the legislation’s progress.

ACUTE PAIN PRESCRIBING GUIDELINES

Dr. Saferin moved to approve the Acute Pain Prescribing Guidelines as modified by the Governor’s Cabinet Opioid Action Team. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

RULE 4731-2-01, PUBLIC HEARING ON RULES

Dr. Steinbergh moved to approve the proposed amendments to Rule 4731-2-01, Ohio Administrative Code, for circulation to interested parties. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

INTERSTATE LICENSURE COMPACT

Mr. Groeber informed the Board that those states participating in the Interstate Licensure Compact will have their first meeting in Chicago later this month. Mr. Groeber noted that Ohio is not participating in the Compact. Dr. Steinbergh noted that the October issue of the Journal of the American Osteopathic Association includes an article on the Compact entitled “Pernicious Myths and Inescapable Facts.” Dr. Steinbergh opined that all Board members should read the article. Mr. Groeber stated that he will circulate the article among the Board members.

Mr. Gonidakis exited the meeting at this time.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

FORMULARY REVIEW

THROMBOLYTIC AGENTS

Dr. Sethi moved to approve the Physician Assistant/Scope of Practice Committee’s recommendations regarding thrombolytic agents. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

ENTRESTO

Dr. Sethi noted that the Physician Assistant Policy Committee (PAPC) recommended not considering the request to add Entresto to the physician assistant formulary because the request came from a pharmaceutical company. The Physician Assistant/Scope of Practice Committee agreed and opined that requests for changes to the physician assistant formulary should come from physicians or physician assistants.

**Dr. Sethi moved that the Board approve the PAPC’s recommendation that requests to change the physician assistant formulary should only be entertained if they come from a physician or physician assistant. Dr. Schottenstein seconded the motion.** A vote was taken:

**ROLL CALL:**

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

The motion carried.

COLONY STIMULATING FACTORS

**Dr. Sethi moved to approve the Physician Assistant/Scope of Practice Committee’s recommendations regarding colony stimulating factors. Dr. Saferin seconded the motion.** A vote was taken:

**ROLL CALL:**

          Dr. Rothermel - aye
          Dr. Saferin - aye
The motion carried.

**ANTIEMETICS**

Dr. Sethi noted that currently Compazine is the only medication listed in the physician assistant formulary under the “antiemetic” classification. Dr. Sethi stated the Physician Assistant Policy Committee (PAPC) has recommended removing Compazine as a specific medication and adding it to the “CPT may prescribe” category for antiemetic purposes only. The Physician Assistant/Scope of Practice Committee agreed with the PAPC’s recommendations.

**Dr. Sethi moved to approve the Physician Assistant/Scope of Practice Committee’s recommendations regarding antiemetics. Dr. Schottenstein seconded the motion.** A vote was taken:

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

The motion carried.

**LICENSURE COMMITTEE**

**LICENSURE APPLICATION REVIEWS**

**KIMBERLY A. GRAHAM, M.T.**

Dr. Saferin moved to approve Ms. Graham’s request for Ohio licensure, pending successful completion of the Massage and Bodywork Licensing Examination. Dr. Steinbergh seconded the motion. A vote was taken:

Mr. Giacalone  - aye  
Dr. Steinbergh  - aye  
Mr. Kenney  - aye  
Dr. Sethi  - aye  
Dr. Soin  - aye  
Dr. Schachat  - aye  
Dr. Schottenstein - aye  
Dr. Edgin  - aye

The motion carried.
ROLL CALL:

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

The motion carried.

Mr. Gonidakis returned to the meeting at this time.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that in October 14, 2015, the Compliance Committee met with Rhonda L. Bever, M.T.; Maneesh L. Mehra, M.D.; and Mary Elizabeth Mudd, M.D., and moved to continue them under the terms of their respective Board actions. Dr. Steinbergh stated that the Compliance Committee accepted Compliance staff’s report of conferences on September 8th and 11th, 2015.

Dr. Steinbergh stated that the Compliance Committee recommended that the applications for Certificate of Good Standing from Promises Professional Treatment Program, Saint Thomas – Ignatia Hall, and Talbott Hall be approved in accordance with Section 4731.25, Ohio Revised Code, and Chapter 4731-16, Ohio Administrative Code.

Dr. Steinbergh moved to approve the Renewal Application for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Talbott Hall. Dr. Steinbergh further moved to approve the Application for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Promises Professional Treatment Program and Saint Thomas – Ignatia Hall. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel - aye
Dr. Saferin - aye
Mr. Giacalone - aye
Dr. Steinbergh - aye
Mr. Gonidakis - aye
Mr. Kenney - aye
Dr. Sethi - aye
Dr. Soin - aye
Dr. Schachat - aye
Dr. Schottenstein - aye
The motion carried.

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. No Board member wished to discuss a probationary request separately.

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

- To grant Kevin Scott Balter, M.D.’s request for approval of PACE Program: Anger Management for Healthcare Professionals, offered by the University of California, San Diego, to meet the distressed physicians program requirement;

- To grant Dustin M. Clark, M.D.’s request for reduction in drug and alcohol recovery meetings attending to two per week with a minimum of ten per month;

- To grant Amanda S. Conn, M.T.’s request for approval of the online professional ethics course The Ethics of Touch Continuing Education: Ethical Foundations Module, offered by Sohnen – Moe Associates, Inc.; and approval of The Ethics of Touch Continuing Education: Practice Management Module, offered by Sohnen-Moe Associates, Inc.;

- To grant Micah Shawn Crouse, M.D.’s request for approval of Stephen Gregory Escue, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per week;

- To grant Thuan Duc Dang, M.D.’s request for approval of a new practice plan; approval of Mbaga Walusimbi, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per week;

- To grant Raymond C. Gruenther, M.D.’s request to reduction in personal appearances to every six months;

- To grant Rebecca E. Johnson, M.D.’s request for approval of David W. Streem, M.D., to serve as the new treating psychiatrist;

- To grant Ben Lomas, M.D.’s request for approval of a new practice plan; approval of Neil Stanford Dubin, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per week;

- To grant Maneesh L. Mehra, M.D.’s request for approval of Timothy James Crone, M.D., to
serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per month;

- To grant John E. Ratliff, D.O.’s request for approval of *Intensive Course in Controlled Substance Prescribing*, offered by Case Western Reserve University, to fulfill the prescribing course requirement for reinstatement;

- To grant John A. Ross, M.D.’s request for approval of *Practice Management Boot Camp*, offered by the American Academy of Medical Management and Physician Career Advisor, to fulfill the office management course requirement for reinstatement;

- To grant Anthony M. Ruffa, D.O.’s request for approval of David Y. Hahn, M.D., to serve as the new treating psychiatrist;

- To grant Carol G. Ryan, M.D.’s request for reduction in probationary appearances to every six months; and reduction in the chart review requirement to ten charts per month;

- To grant Elizabeth S. Unk, M.D.’s request for reduction in the drug testing frequency from four per month to twice per month; reduction in drug and alcohol rehabilitation meeting attendance from three per week to two per week with a minimum of then per month; and reduction in personal appearances from every three months to ever six months; and

- To grant Mark Aaron Weiner, D.O.’s request for approval of a new practice plan; approval of Donato J. Borrillo, M.D., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at ten charts per month.

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

**ROLL CALL:**

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

The motion carried.
REINSTATEMENT REQUESTS

NICHOLAS L. PESA, M.D.

Dr. Steinbergh moved that the request for the reinstatement of the license of Nicholas L. Pesa, M.D., be approved, effective immediately, subject to the return to work recommendations that include the doctor taking opiate blocker medications for at least two years, quarterly psychiatric sessions, and the probationary terms and conditions as outlined in the April 9, 2014 Board Order for a minimum of five years. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

FLORENCIA A. RIEL-GUZMAN, M.D.

Dr. Steinbergh moved that the request for the reinstatement of the license of Florencia A. Riel-Guzman, M.D., be approved, effective immediately, subject to the probationary terms and conditions as outlined in the July 8, 2015 Board Order for a minimum of three years. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.
FINAL PROBATIONARY APPEARANCES

MICHAEL T. BANGERT, M.D.

Dr. Bangert was appearing before the Board pursuant to his request for release from the terms of his October 9, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Bangert’s history with the Board.

Dr. Soin asked Dr. Bangert to describe the incident which brought him to the Board’s attention and how he is managing his mental illness. Dr. Bangert stated that in January 2013 he was having trouble concentrating in his residency program, prompting him to go on leave for four weeks. Dr. Bangert stated that he was initially diagnosed with brief psychotic disorder and had symptoms for less than a week. Dr. Bangert stated that he has been seeing psychiatrists since that time. Dr. Bangert stated that he has been weaned off medications and he has not had symptoms.

Dr. Soin asked Dr. Bangert to describe his practice environment. Dr. Bangert replied that he works as an anesthesiologist in private practice in Troy, Ohio. Dr. Bangert stated that his practice does its own cases for general anesthesia as well as provides services including obstetric anesthesia, endoscopy, and supervising nurse anesthetists. Dr. Bangert stated that his work hours vary and probably averages about 50 hours per week.

Dr. Soin asked what coping mechanisms Dr. Bangert has to handle the stresses of anesthesiology. Dr. Bangert answered that he gets support from his practice partners and he is in constant communication with them about how things are going.

Dr. Steinbergh asked if Dr. Bangert continues to see a counselor. Dr. Bangert replied that he sees a psychologist about once per month and a psychiatrist about once every two to three months.

Dr. Schottenstein asked if Dr. Bangert ever identified a trigger for his mental illness. Dr. Bangert replied that he could not identify any specific trigger and opined that it was stress-induced. Dr. Schottenstein asked how long Dr. Bangert has been off of medication and if there has been any return of his symptoms. Dr. Bangert replied that he has been off the medication for about a month and there has been no return of symptoms.

Dr. Steinbergh moved to release Dr. Bangert from the terms of his October 9, 2013 Consent Agreement, effective immediately. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

LISA ELLEN BURGAN, M.T.

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

Dr. Steinbergh asked Ms. Burgan to describe her recovery program. Ms. Burgan stated that she is currently on her third sponsor due the fact that both she and her first two sponsors moved. Ms. Burgan stated that she has started revisiting the steps with her current sponsor and they meet every Wednesday. Ms. Burgan stated that she reads a flip card about her higher power every morning. Ms. Burgan also writes an intention each day and every night she reviews the day to see if she had harmed anyone or been selfish in any way.

Dr. Steinbergh asked Ms. Burgan to describe her practice. Ms. Burgan replied that she works one day and performs four massages per week. Ms. Burgan stated that the rest of the week she cares for her 13-month-old baby and her 10-year-old child.

Dr. Steinbergh moved to release Ms. Burgan from the terms of her October 13, 2010 Consent Agreement, effective immediately. Dr. Soin seconded the motion. A vote was taken:

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

The motion carried.

AIYAPPAN MENON, M.D.

Dr. Menon was appearing before the Board pursuant to his request for release from the terms of the Board’s Order of June 11, 2014. Ms. Bickers reviewed Dr. Menon’s history with the Board.
In response to questions from Dr. Steinbergh, Dr. Menon stated that his practice is doing well. Dr. Menon stated that he works for University Hospitals in Cleveland, but he is the only nephrologist in his hospital in Geauga County. Mr. Menon stated that his primary responsibility is taking care of a large number of dialysis patients in several units across Geauga and Cuyahoga Counties. Dr. Menon also stated that his office practice has become increasingly busy. Regarding recovery, Dr. Menon attends at least two or three Alcoholics Anonymous (AA) meetings per week and he sees a psychiatrist once per month. Dr. Menon added that he practices meditation, which has made a dramatic change in the way he lives and looks at life.

Mr. Kenney asked if Dr. Menon would address the medical students in attendance regarding his past situation and the effects it had on his practice and his family. Dr. Menon stated that his Board action, which began six years ago, was a culmination of many years of decline in mental function and ability to perform duties in an effective way. Dr. Menon stated that he had been irrational in many of his decisions and he lost the trust of his family. Dr. Menon’s colleagues were also unhappy with the way he was doing things. Dr. Menon developed a spending problem and drove himself into debt. Dr. Menon began to use alcohol and marijuana, indulging freely and spending a great deal of money and time. In retrospect, Dr. Menon stated that it was a blessing that the Medical Board took action and gave him an opportunity to change his life. Dr. Menon stated that he has learned to accept the viewpoint of others and to use their best advice.

Dr. Menon advised the medical students to not overwork themselves or work unreasonable hours. Dr. Menon stated that if the medical students notice they are not able to function properly or things are not working out well in their practice, they should talk to someone about it. Dr. Menon noted that most places now offer employee assistance programs to help in assessing the situation. Dr. Menon stated that he had suffered from mental illness, including depression and manic behavior, but his life improved with appropriate treatment and the support of his family and friends. Dr. Menon stated that he has learned to take one day at a time and to not try to foresee the future or dwell on the past.

Dr. Steinbergh moved to accept the Compliance staff’s Report of Conference of September 8, 2015. Dr. Steinbergh further moved to release Dr. Menon from the terms of the Board’s Order of June 11, 2014, effective immediately. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:  
Dr. Rothermel - abstain  
Dr. Saferin - abstain  
Mr. Giacalone - aye  
Dr. Steinbergh - aye  
Mr. Gonidakis - aye  
Mr. Kenney - aye  
Dr. Sethi - aye  
Dr. Soin - aye  
Dr. Schachat - aye  
Dr. Schottenstein - aye  
Dr. Edgin - aye
The motion carried.

BRADLEY R. WOLF, M.D.

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

Dr. Steinbergh asked Dr. Wolf to describe his current practice. Dr. Wolf replied that things are going well and he has complied with all the terms of his Consent Agreement. Dr. Wolf stated that he has practiced surgical hair restoration for 25 years. Dr. Steinbergh asked about Dr. Wolf’s training background. Dr. Wolf responded that he practiced general surgery for two years and emergency medicine for ten years. Dr. Wolf stated that he had wanted to explore other areas of medicine and he got an opportunity to begin hair transplantation in 1990. Dr. Wolf has been performing surgical hair restoration since that time.

Dr. Wolf continued that, like so many others, his life improved once he found sobriety. Dr. Wolf stated that he had entered treatment voluntarily because he felt it was not fair to his young son to grow up with an impaired father. Dr. Wolf stated that he has learned that drug addiction is a disease which his father had and his sister has as well. Dr. Wolf thanked Ms. Bickers and Ms. Jones for their help.

Dr. Steinbergh asked what Dr. Wolf will do regarding sobriety following his release from his Consent Agreement. Dr. Wolf stated that he will continue doing what he has been doing, including attending meetings

Dr. Soin asked if Dr. Wolf prescribes narcotics for his patients. Dr. Wolf replied that he does prescribe narcotics, though he prescribes much less than he used to. Dr. Wolf stated that he often prescribes a short course of Vicodin for post-surgical patients because the sutures. Dr. Soin asked if Dr. Wolf has controlled substances in his office. Dr. Wolf answered that the only controlled substance in his practice is valium, which is locked up and monitored. Dr. Wolf stated that he keeps himself out of any professional or social situation where he is exposed to anything hazardous.

Dr. Schottenstein asked if Dr. Wolf ever feels triggered when he prescribes narcotics. Dr. Wolf replied that he does not feel triggered and he has no desire to return to addiction. Dr. Schottenstein asked if Dr. Wolf has ever been diagnosed with a mental health issue. Dr. Wolf stated that he has never had a mental health diagnosis.

Dr. Soin moved to release Dr. Wolf from the terms of his October 13, 2010 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:  

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<tr>
<td>Dr. Rothermel</td>
<td>abstain</td>
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<td>Mr. Giacalone</td>
<td>aye</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>
<td>aye</td>
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October 14, 2015

Dr. Sethi - aye
Dr. Soin - aye
Dr. Schachat - aye
Dr. Schottenstein - aye
Dr. Edgin - aye

The motion carried.

REPORTS AND RECOMMENDATIONS

ANTHONY VERNON DALLAS, JR., M.D.

Ms. Anderson stated that Dr. Dallas’ attorney, Mr. Plinke, has filed a motion for reconsideration in the case of Dr. Dallas. Ms. Anderson provided a copy of Mr. Plinke’s motion to the Board members.

Dr. Steinbergh moved to reconsider the matter of Anthony Vernon Dallas, Jr., M.D. Dr. Soin seconded the motion.

A vote was taken:

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

The motion to reconsider carried.

Ms. Anderson stated that in response to Mr. Plinke’s motion, she reviewed the hearing record in the matter of Dr. Dallas. The hearing record states that 1,320 dosage units were ordered under the authority of Dr. Dallas’ Mississippi medical license, but it does not state that those dosage units were dispensed as had been mentioned during the Board’s discussion.

Dr. Steinbergh stated that this information does not change her opinion and that Mr. Kenney’s comments regarding dispensing dosage units had did not influenced her. Dr. Soin also commented that his opinion is unchanged by this information.

Dr. Steinbergh stated that she had initially favored staying Dr. Dallas’ suspension, but she had voted for the final Order, which included a suspension of 90 days and an additional two courses under the probationary terms, because that seemed to have been the consensus of the Board. Dr. Steinbergh stated
she continues to support staying the suspension.

**Dr. Steinbergh moved to adopt an Order identical to the Order approved by the Board earlier in the meeting, with the exception that the 90-day suspension is stayed.** Mr. Giacalone seconded the motion. A vote was taken:

**ROLL CALL:**

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<td>Dr. Edgin</td>
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The motion did not carry.

**Dr. Steinbergh moved to adopt an Order identical to the Order approved by the Board earlier in the meeting. Mr. Gonidakis seconded the motion.** A vote was taken:

**ROLL CALL:**

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The motion carried.

Thereupon, at 4:00 p.m., the October 14, 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 October 14, 2015, as approved on November 4, 2015.