



AGENDA

**STATE MEDICAL BOARD OF OHIO
ASSIGNED COMMITTEES**

August 9, 2017

NOTE: Items listed on Committee agendas may also be discussed during the “Reports of Assigned Committees” on the Board’s Agenda

ALSO, Additions or deletions to this agenda may become necessary after publication. Please check the agenda appearing on the Board’s website for the most current version.

Start times are approximate and agenda items and committee meetings may be taken out of order, at the discretion of the Board President.

**PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE
7:30 a.m. – Conference Room #345**

- I.) Minutes Review
- II.) Physician Assistant Formulary Review
 - a.) Requests for Review of Drugs
 - i. Buprenorphine
 - ii. Zinplava
 - iii. Taltz
 - iv. Immune-Suppressants
 - v. Immune-Modulators
 - vi. Interferon
 - vii. Monoclonal Antibodies
 - viii. Potassium Channel Blockers
 - ix. HCG
 - b.) Proposal for Exclusionary Formulary

LICENSURE COMMITTEE**8:00 a.m. – Conference Room #318**

- I.) Minutes Review
- II.) Licensure Application Reviews
 - a.) Amanda Jean Gamache, M.T.
 - b.) Muhammad Anjum, M.D.
 - c.) Meghan Renee Bunker, M.T.
 - d.) Raj Grewal, M.D.
 - e.) Jennifer Lynn Kinney, M.T.
 - f.) Leann Theresa Poston, M.D.
 - g.) Per Nils Johan Fredrik Wierup, M.D.
- III.) Chapter 4731-10, OAC, Physician CME Rules

POLICY COMMITTEE**8:30 a.m. – Conference Room # 336**

- I.) Minutes Review
- II.) Legislative Update
- III.) One-Bite Reporting Exemption Legislation
- IV.) Medical Marijuana Rules
- V.) Right-to-Try Informed Consent Form
- VI.) Acute Prescribing Rules
- VII.) Draft FAQs for Proposed Rule 4731-11-09
- VIII.) FSMB Resolution for Acute Prescribing Work Group
- IX.) Confidential Monitoring Program for Mental and Physical Illness

FINANCE COMMITTEE**9:00 a.m. – Conference Room # 335**

- I.) Minutes Review
- II.) Officer or Staff Reports
 - h.) Medical Board Fiscal Update
 - i.) Other Reports
- III.) Existing Medical Board Fiscal Matters
- IV.) New Medical Board Fiscal Matters
- V.) Action Item



PHYSICIAN'S ASSISTANT POLICY COMMITTEE

AGENDA

James A. Rhodes State Office Tower
Room 336, 3rd Floor
30 E. Broad St., Columbus, Ohio 43215
August 8, 2017
1:30 p.m.

TOPIC

PAGE NO.

- I. Review minutes of the June 11, 2017 meeting**
- II. Elect a new Chair**
- III. Request for review of drugs**
 - i. buprenorphine**
 - ii. Zinplava**
 - iii. Taltz**
 - iv. Immune-suppressants**
 - v. Immune-modulators**
 - vi. Interferon**
 - vii. Monoclonal antibodies**
 - viii. Potassium channel blockers**
 - ix. HCG**
- IV. Proposal for Exclusionary Formulary**
- V. New business matters**



AGENDA

James A. Rhodes State Office Tower
30 E. Broad St., Columbus, OH 43215, 3rd Floor
August 9, 2017 - 9:45 a.m.

**NOTE: Additions to this agenda may become necessary.
Please check the agenda appearing on the Board's website for the most current version.**

Agenda items may be discussed out of order, at the discretion of the Board President.

- I. ROLL CALL
- II. MINUTES REVIEW
July 12, 2017 Board Meeting
- III. APPLICANTS FOR LICENSURE
 - a.) Genetic Counselors
 - b.) Massage Therapists
 - c.) Oriental Medicine Practitioners
 - d.) Physician Assistants
 - e.) Physicians
- IV. REPORTS AND RECOMMENDATIONS
 - a.) Robert Edward Marsico, Jr., M.D. (Akron, OH)
 - b.) Laurie Anne Quattro, P.A. (Struthers, OH)
- V. PROPOSED FINDINGS AND PROPOSED ORDERS
 - a.) Heidi Davidson, L.M.T. (Londonderry, OH)
 - b.) Sonney P. Johnson (Cincinnati, OH)
 - c.) Jennifer Evans McClellan (Columbus, OH)
 - d.) Callie Yip, L.M.T. (Fairview Park, OH)
- VI. FINDINGS, ORDERS, AND JOURNAL ENTRIES
 - a.) Antoinette Lashawn Carter, L.M.T. (Youngstown, OH)
 - b.) Steven Joseph Ernst, L.M.T. (Cincinnati, OH)
 - c.) Colleen A. Lanzaretta, L.M.T. (Lakewood, OH)
 - d.) David William Simmons, L.M.T. (Fairborn, OH)
- VII. EXECUTIVE SESSION

BOARD AGENDA

August 9, 2017
9:45 a.m.
(Continued)

TOPIC

PAGE NO.

VIII. SETTLEMENT AGREEMENTS

IX. NOTICES OF OPPORTUNITY FOR HEARING, ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, AND ORDERS OF AUTOMATIC SUSPENSION

X. RULES & POLICIES

- a.) Public Rules Hearing Report, June 23, 2017
- b.) Public Rules Hearing Report, July 10, 2017
- c.) Public Rules Hearing Report, July 26, 2017
- d.) Adoption of Rules
- e.) Proposed Revision to Standard Consent Agreement Language
- f.) Proposed Modification of Probationary Requirements

XI. OPERATIONS REPORT

XII. REPORTS BY ASSIGNED COMMITTEES

Finance Committee Report

- a.) Officer or Staff Reports
 - i. Medical Board Fiscal Update
 - ii. Other Reports
- b.) Existing Medical Board Fiscal Matters
- c.) New Medical Board Fiscal Matters
- d.) Action Item Review

Policy Committee Report

- a.) Legislative Update
- b.) One-Bite Reporting Exemption Legislation
- c.) Medical Marijuana Rules
- d.) Right-to-Try Informed Consent Form
- e.) Acute Prescribing Rules
- f.) Draft FAQs for Proposed Rule 4731-11-09
- g.) FSMB Resolution for Acute Prescribing Work Group
- h.) Confidential Monitoring Program for Mental and Physical Illness

BOARD AGENDA

August 9, 2017
9:45 a.m.
(Continued)

TOPIC

PAGE NO.

Licensure Committee Report

- a.) Licensure Application Reviews
 - i. Amanda Jean Gamache, M.T
 - ii. Muhammad Anjum, M.D.
 - iii. Meghan Renee Bunker, M.T.
 - iv. Inder Raj Grewal, M.D.
 - v. Jennifer Lynn Kinney, M.T.
 - vi. Leann Theresa Poston, M.D.
 - vii. Per Nils Johan Fredrik Wierup, M.D.
- b.) Chapter 4731-10, OAC, Physician CME Rules

Physician Assistant/Scope of Practice Committee Report

- a.) Physician Assistant Formulary Review
 - i. Requests for Review of Drugs
 - Buprenorphine
 - Zinplava
 - Taltz
 - Immune-Suppressants
 - Immune-Modulators
 - Interferon
 - Monoclonal Antibodies
 - Potassium Channel Blockers
 - HCG
 - ii. Proposal for Exclusionary Formulary

Compliance Committee Report

XIII. PROBATIONARY REQUESTS

- a.) Kevin G. Baldie, M.D. (Cuyahoga Falls, OH)
- b.) Michael T. Bangert, M.D. (Troy, OH)
- c.) Patrick L. Bruno, M.D. (Burton, OH)
- d.) Franklin D. Demint, D.O. (Kingston, OH)
- e.) Jesse M. Ewald, M.D. (Westerville, OH)
- f.) Kirstin D. Felumlee, M.T. (Waynesville, OH)
- g.) Robert S. Haber, M.D. (Shaker Heights, OH)
- h.) Thomas D. Kramer, Jr., M.D. (Rocky River, OH)
- i.) Kristin G. Landry, M.D. (Columbus, OH)
- j.) Christopher R. White, M.D. (North Tonawanda, NY)

BOARD AGENDA

August 9, 2017
9:45 a.m.
(Continued)

TOPIC	PAGE NO.
XIV. REINSTATEMENT REQUESTS (none)	
XV. FINAL PROBATIONARY APPEARANCES	
<u>Joseph P. Burick, D.O.</u> (Akron, OH)	
Dr. Burick is appearing before the Board pursuant to his request for release from the terms of her January 14, 2015 Consent Agreement.	
<u>Paul P. Chu, M.D.</u> (Springfield, OH)	
Dr. Chu is appearing before the Board pursuant to his request for release from the terms of his July 8, 2015 Consent Agreement.	
<u>Raymond C. Gruenther, M.D.</u> (Gahanna, OH)	
Dr. Gruenther is appearing before the Board pursuant to his request for release from the terms of his August 13, 2014 Consent Agreement.	
<u>Siva Rao Murthy, M.D.</u> (Belpre, OH)	
Dr. Murthy is appearing before the Board pursuant to his request for release from the terms of his August 8, 2012 Consent Agreement.	
<u>Matthew C. Riesen, M.D.</u> (Saint Mary's, OH)	
Dr. Riesen is appearing before the Board pursuant to his request for release from the terms of his August 8, 2012 Consent Agreement.	



AGENDA

**STATE MEDICAL BOARD OF OHIO
COMPLIANCE COMMITTEE**

August 9, 2017
Approximately 2:00 p.m.
30 E. Broad St., Columbus, OH 43215, 3rd Floor

**NOTE: Additions to this agenda may become necessary.
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I. INITIAL PROBATIONARY APPEARANCE

Robert Lindner, M.T. (Upper Arlington, OH)

Mr. Lindner is making his initial appearance before the Committee pursuant to the terms of his May 10, 2017 Consent Agreement.

II. APPROVAL OF REPORTS OF CONFERENCES

July 10 & 11, 2017

II. MINUTES REVIEW

MINUTES**THE STATE MEDICAL BOARD OF OHIO****August 9, 2017**

Robert P. Giacalone, Acting President, called the meeting to order at 9:48 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: Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Donald R. Kenney, Sr.; Michael L. Gonidakis; Andrew P. Schachat, M.D.; Michael Schottenstein, M.D.; and Mark A. Bechtel, M.D. The following members did not attend the meeting: Amol Soin, M.D., President; Richard Edgin, M.D., and Ronan M. Factora, M.D.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; David Fais, Assistant Executive Director; Sallie Debolt, Senior Counsel; Susan Loe, Director of Human Resources and Fiscal; Teresa Pollock, Director for Communications; Joseph Turek, Deputy Director for Licensure; Joan K. Wehrle, Education and Outreach Program Manager; Nathan Smith, Staff Attorney; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Angela McNair, James Roach, and Kimberly Lee, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and Emily Pelphrey, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Annette Jones and Angela Moore, Compliance Officers; Colin DePew, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the July 12, 2017, Board meetings, as written. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

APPLICANTS FOR LICENSURE

Dr. Bechtel moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the genetic counselor applicants listed in Exhibit "A," the massage therapist applicants listed in Exhibit "B," the Oriental Medical Practitioner applicants listed in Exhibit "C," the physician assistant applicants listed in Exhibit "D," and the physician applicants listed in Exhibit "E." Dr. Steinbergh seconded the motion. A

vote was taken:

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

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Mr. Giacalone 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: Robert Edward Marsico, Jr., M.D.; and Laurie Anne Quattro, P.A. A roll call was taken:

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

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

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

Mr. Giacalone 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. Giacalone 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.

ROBERT EDWARD MARSICO, JR., M.D.

Mr. Giacalone directed the Board's attention to the matter of Robert Edward Marsico, Jr., M.D. No objections have been filed. Mr. Porter was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Robert Edward Marsico, Jr., M.D. Dr. Schottenstein seconded the motion.

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

Dr. Steinbergh stated that Dr. Marsico's Ohio medical license has been inactive since the Board's summary suspension in July 2016. Dr. Steinbergh noted that page 10 of the Report and Recommendation erroneously states that Dr. Marsico has been diagnosed with "major depressive disorder, recurrent severe with psychosis"; it should state "major depressive disorder, recurrent severe without psychosis." The Board's summary suspension was based on allegations that Dr. Marsico inflicted a gunshot wound on himself in the presence of police officers in June 2016, a history of cocaine dependence and relapse in or around January 2015, and falsely answering questions on his March 2016 application for renewal of his medical license.

Dr. Steinbergh continued that Dr. Marsico first entered into a Step I Consent Agreement with the Board in October 2004 based on his admission that he had been diagnosed with cocaine addiction and had been convicted of two misdemeanors which he had not revealed on his 1998 license renewal application. When Dr. Marsico's license was reinstated under a Step II Consent Agreement in January 2005, he admitted to having been diagnosed with major depressive disorder, moderate and recurrent. While under the terms of the Step II Consent Agreement, Dr. Marsico suffered significant injuries to his back and legs, as well as severe burns to over 60% of his body following an airplane crash in 2007. Dr. Marsico was released from his Step II Consent Agreement in January 2010.

Dr. Steinbergh stated that on January 12, 2015 Dr. Marsico had a urine drug screen conducted by his treating physicians which was positive for benzoylecgonine, a metabolite for cocaine. Dr. Marsico disputed this finding and submitted to a polygraph test, which indicate that he was truthful when he stated that he had not used cocaine or a methamphetamine since January 1, 2015. Dr. Marsico also submitted a hair sample on March 5, 2015, which tested positive for opiates and negative for amphetamines and cocaine. It was noted in the record that hair toxicology is more reliable for detecting long-term use rather than occasional use.

Dr. Steinbergh noted that during a counseling session on March 11, 2015, Dr. Marsico was cited by local police for threatening to hit his girlfriend with a chair. Dr. Marsico pled guilty to misdemeanor disorderly

conduct, but he failed to disclose the misdemeanor conviction on his March 2016 renewal application. Dr. Marsico also falsely answered an application question by failing to reveal his positive drug screen.

Dr. Steinbergh stated that on June 21, 2016, the Bath, Ohio, Police Department received an anonymous call that Dr. Marsico appeared to be under the influence of drugs or alcohol and was carrying a firearm. The police went to Dr. Marsico's home and reported that he was okay. The following day the police received another anonymous call that Dr. Marsico appeared to be a threat to himself or others. The police contacted Dr. Marsico's father, who is also a physician. Dr. Marsico, Sr., reported that his son was okay but was going through some issues. The elder Dr. Marsico also recommended that the police should wear body armor if they are going to his son's house.

On June 24, 2016, the police performed a welfare check on Dr. Marsico in response to concerns from his patients that he had not arrived at work that day. At Dr. Marsico's home, the police saw through a glass sliding door that Dr. Marsico was slumped over in a chair and unresponsive. The police pounded on the door and eventually Dr. Marsico was aroused and came to the window to speak with the officers. Officer VanFossen testified that "in my knowledge and training, he [Dr. Marsico] appeared to be under the influence of something or intoxicated in some way" at that time. Dr. Marsico related to the police, somewhat incoherently, that he was upset about the recent loss of his dog, that his girlfriend had just broken up with him, and his 2007 plane crash. When the police asked if they could get him to a hospital, Dr. Marsico stated, "Well, I'll just make this easier on you," and reached for a gun on the back of the couch. The police asked Dr. Marsico to drop the gun several times, but he eventually used it to shoot himself in the chest. Dr. Steinbergh noted that Dr. Marsico never threatened the officers with the gun. Dr. Marsico was subsequently transported to the hospital by ambulance. The police searched Dr. Marsico's home and found a number of weapons and explosive devices, as well as an overwhelming number of medications. The police found that Dr. Marsico's home was in disarray and noted that his Christmas tree was still up in late June.

Dr. Steinbergh stated that Dr. Marsico was admitted to the hospital for treatment of a gunshot wound to the left of his sternum. When Dr. Marsico was discharged on July 21, the discharging physician noted that Dr. Marsico's cognition was grossly intact, he had fair insight and judgment, and they had encouraged him to seek further psychiatric treatment. Dr. Marsico was admitted to Summa St. Thomas Hospital on July 21 and was discharged on July 29 with a diagnosis of major depressive disorder, recurrent, severe, without psychosis, and cocaine use disorder sustained in full remission.

Dr. Steinbergh stated that she agrees with the Findings of Fact and Conclusions of Law in the Report and Recommendation. Dr. Steinbergh also agreed with the Hearing Examiner's comments that Dr. Marsico is impaired from both chemical use disorder and a psychiatric condition. Dr. Steinbergh stated that Dr. Marsico had demonstrated through his 2004 and 2005 Consent Agreements that he was capable of complying with the Board's treatment and monitoring requirements. Dr. Steinbergh commented that Dr. Marsico's 2015 positive drug screen represents a first relapse. Dr. Steinbergh agreed with the Proposed Order, which would suspend Dr. Marsico's medical license for a minimum of 18 months from his July 13, 2016 summary suspension, and establish conditions for reinstatement which include obtaining treatment for his chemical use disorder, obtaining a psychiatric evaluation, and entering psychiatric treatment if recommended. Dr. Marsico will also be required to provide evidence of his fitness to resume practice by both an addictionologist and a psychiatrist. Following reinstatement of his license, Dr. Marsico will be subject to probationary terms and conditions for a minimum of five years. Finally, the Proposed Order would impose a civil penalty of \$5,000 for Dr. Marsico's violation of 4731.22(B)(5), Ohio Revised Code, in answering falsely on his renewal application.

Dr. Schottenstein observed that Dr. Marsico has suffered multiple losses and traumas. However, Dr. Schottenstein noted that Dr. Marsico has also had his share of good luck in that he survived his self-inflicted gunshot wound and that the incident at his home did not result in the injury or death of one of the police officers. Dr. Schottenstein stated that Dr. Marsico's depression and substance use disorder have been shown to be potentially fatal to himself and others, and therefore Dr. Schottenstein felt that the Board's goal is bigger than simply helping Dr. Marsico fulfill the criteria of a Board Order so that he can regain his medical license. Dr. Schottenstein stated that the Board wants Dr. Marsico to live a long life and to be safe and healthy.

Dr. Schottenstein wished to encourage Dr. Marsico to conceptualize his conditions as requiring lifelong vigilance. Dr. Schottenstein further encouraged Dr. Marsico to make choices that are in the best interest of his health, such as working a substance abuse treatment program and having good overall psychiatric care. Dr. Schottenstein commented that the treatment of both Dr. Marsico's mood and his addiction are equally invaluable; poorly-controlled depression substantially increases the risk of relapse, and a failure to maintain sobriety substantially increases the risk of depression. Dr. Schottenstein supported the Proposed Order and expressed his appreciation of the overall non-judgmental and compassionate approach to this case by all parties involved.

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

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

The motion to approve carried.

LAURIE ANNE QUATTRO, P.A.

Mr. Giacalone directed the Board's attention to the matter of Laurie Anne Quattro, P.A. No objections have been filed. Ms. Blue was the Hearing Examiner

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

Ms. Quattro was represented by her attorney, J. Ryan Williams.

Mr. Williams stated that there is no question that Ms. Quattro's National Commission for the Certification of Physician Assistants (NCCPA) certification lapsed for approximately seven weeks earlier this year. Mr. Williams noted the mitigating circumstances in this matter: lack of prior disciplinary history, no selfish motive, cooperation with the Board's investigation, and lack of clinical competency issues. Mr. Williams opined that the Hearing Examiner's Proposed Order is fair and appropriate and he asked the Board to

adopt the Order.

Ms. Quattro stated that she had many unforeseen circumstances in her life last year and she had tried to handle them as best she could. Ms. Quattro acknowledged that she had made some bad judgment calls and failed to pass her recertification examination in a timely manner, but stated that she has learned from and takes responsibility for these mistakes. Ms. Quattro stated that her mother taught her, just as she teaches her children, that mistakes will happen and bad judgment calls can happen, but the important thing is how one learns from it and grows as an individual.

Ms. Quattro stated that in this circumstance, she has grown as a clinician and as an individual. Ms. Quattro stated that she has taken the appropriate steps to pass her recertification examination. Ms. Quattro added that she continues to work very hard as a clinician and is continuing her education process. Ms. Quattro stated that she will not let this happen again and that this experience has both humbled her and made her stronger. Ms. Quattro asked the Board to adopt the Hearing Examiner's Proposed Order.

Mr. Giacalone asked if the Assistant Attorney General wished to respond. Ms. Pelphrey stated that she did not wish to respond.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Laurie Anne Quattro, P.A. Dr. Schottenstein seconded the motion.

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

Dr. Bechtel stated that the Board's proposed action is based on allegations that Ms. Quattro continued to practice as a physician assistant after her certification from the National Commission on Certification of Physician Assistants (NCCPA) expired on December 31, 2016. Dr. Bechtel noted that Ms. Quattro has practiced with Advanced Dermatology in Boardman, Ohio, since 2004 and J. Raymond Bernat, M.D., serves as her supervising physician. Dr. Bechtel added that Ms. Quattro has also done some work with the Veterans Administration. Dr. Bechtel explained that in order to practice as a physician assistant in Ohio, one must maintain NCCPA certification as well as licensure from the Medical Board.

Dr. Bechtel continued that Ms. Quattro was scheduled to take the NCCPA certification examination in May 2016, but she was unable to take the examination because she suffered a miscarriage the night before. The NCCPA permitted Ms. Quattro to take the examination in November 2016 at no additional cost, but she did not pass that examination. Ms. Quattro retook the examination again on December 17, 2016, but again she did not pass. Ms. Quattro acknowledges that her NCCPA certification expired in December 31, 2016.

Ms. Quattro stated in her testimony that she had spoken to a representative of the NCCPA and was told that she could continue to practice as a physician assistant because she was licensed through 2018. Ms. Quattro also confirmed that she continued to work as a physician assistant at Advanced Dermatology after her certification expired. In February 2017, Ms. Quattro received a letter from the Medical Board regarding the expiration of her certification. Ms. Quattro testified that she contacted the Board and a Board representative advised her that it was in her best interest to cease clinical practice. Following a discussion with Dr. Bernat, Ms. Quattro continued to practice after receiving the Board's advice. Dr. Bechtel noted that Ms. Quattro passed the NCCPA recertification examination on March 9, 2017.

Dr. Bechtel stated that Dr. Bernat has described Ms. Quattro as a highly competent physician assistant with no history of discipline or quality issues. Dr. Bernat further described Ms. Quattro as hard-working and a great asset to the practice. As further mitigating evidence, Dr. Bechtel observed that this is an isolated incident and that Ms. Quattro is remorseful about the situation. The Hearing Examiner's Proposed Order would fine Ms. Quattro \$5,000, to be paid within 30 days of the effective date of the Order, and place her under probationary terms for at least two years. The Proposed Order also specifies that the fine must be paid in full prior to the termination of probation.

Ms. Anderson noted that the Proposed Order specifies that the \$5,000 fine shall be remitted within 30 days, which appears to conflict with the following portion of the Proposed Order which states that the fine shall have been paid prior to Ms. Quattro's release from her minimum two-year probation. Mr. Porter stated that the language used in the Proposed Order is the standard language regarding fines and that, while payment is due within 30 days of the effective date of the Order, the probationary terms cannot be terminated unless and until the fine is paid in full.

Dr. Steinbergh stated that she is concerned about red flags in this case. Dr. Steinbergh stated that when Ms. Quattro realized that her certification had expired, she did not contact the Medical Board. Instead, Ms. Quattro contacted the NCCPA, which has no authority to give her advice on her Ohio licensure. Dr. Steinbergh opined that the purpose of Ms. Quattro's call to the NCCPA was to ask someone to give her permission to continue practice. Dr. Steinbergh stated that Ms. Quattro knew that something was not right, and this was the first red flag.

Dr. Steinbergh continued that the second red flag was Ms. Quattro's contact with the Medical Board following her receipt of the Board's letter regarding the expiration of her NCCPA certification. According to Ms. Quattro's testimony, a Board representative advised her that it was "in my best interest not to practice clinically." Ms. Quattro further testified that after she discussed her options with Dr. Bernat, she continued to practice as a physician assistant. Dr. Steinbergh further commented that she had concerns about Dr. Bernat, who allowed a physician assistant to practice without NCCPA certification.

Dr. Steinbergh observed that Ms. Quattro had felt that taking responsibility for her actions was "a step in the right direction." Ms. Quattro also felt that the "technicality of the certification and the licensure not, you know, adding up and having the [potential] disciplinary action that was initially set forth would be, I feel, detrimental [to me]." Dr. Steinbergh commented that NCCPA certification is not a technicality; rather, it is a significant requirement in the State of Ohio. Dr. Steinbergh did not believe that Ms. Quattro had "no selfish motive," noting that she chose to continue practicing even after the Board had advised her that it would be in her best interest to stop practicing.

Dr. Steinbergh opined that the Proposed Order should be amended to include a reprimand. Dr. Steinbergh added that she could also support suspending Ms. Quattro's physician assistant license for 30 days, but opined that adding a reprimand would suffice.

Dr. Steinbergh moved to amend the Proposed Order to add a reprimand. Dr. Schachat seconded the motion.

Dr. Schottenstein stated that, for purposes of mitigation, this case hinges on whether Ms. Quattro knew that she was violating the law when she was practicing without NCCPA certification. Dr. Schottenstein stated that one possibility is that Ms. Quattro was legitimately confused, that she had received feedback

from NCCPA that she could practice because her license was valid to 2018, that she may not have fully comprehended the implications of the Board's letter, that she had felt that the Board's advice to her did not strictly prohibit practice, and that she may have felt within her rights to continue practice with the understanding that she would regain her certification as soon as possible.

However, Dr. Schottenstein stated that the other case one could make is that Ms. Quattro violated the law and that, after receiving the Board's letter and becoming aware of the implications of her actions, it is much harder to justify a state of ignorance. Dr. Schottenstein further made this case by stating that such ignorance is self-serving because it would have been inconvenient for Ms. Quattro and her practice to have stopped practicing. Dr. Schottenstein stated that Ms. Quattro's conceptualization of the NCCPA certification as merely a technicality, as noted by Dr. Steinbergh, is not factual and may have served as a rationalization to continue practice.

Regarding the Proposed Order, Dr. Schottenstein stated that until now, the Board has used its fining authority in addition to other disciplinary measures, such as a reprimand, suspension, or revocation, for violation of a statute or rule. Dr. Schottenstein stated that this case is the first time he could recall in which a fine was the primary consequence for a violation. Dr. Schottenstein stated that he is wary of using fining as a stand-alone consequence because it gives the appearance that the acquisition of the money is the Board's primary concern. Dr. Schottenstein stated that the Board's licensees could potentially come to believe that the Board takes actions in order to make money, or worse, that the Board can be bought off and that protecting the public is a secondary concern. Dr. Schottenstein opined that if a fine is to be levied in a case, there must be a violation that is worthy of at least a reprimand. Conversely, Dr. Schottenstein stated that if a violation does not rise to the level of deserving a reprimand, then the licensee does not deserve to be fined. Dr. Schottenstein stated that he supports Dr. Steinbergh's motion for a reprimand with a fine, but he would not be comfortable voting for a fine in the absence of a reprimand.

Dr. Schottenstein continued that probation is a tool used by the Board to supervise a licensee who had engaged in a violation of a rule or statute. Dr. Schottenstein questioned what purpose probation would serve in this case, noting that Ms. Quattro has already recertified with the NCCPA and is, by all accounts, a competent practitioner. Dr. Schottenstein proposed removing the probation from the Proposed Order. Dr. Steinbergh agreed and stated that she would withdraw her motion to amend for the sake of clarity.

Dr. Steinbergh wished to withdraw her motion to amend. No Board member objected to the withdrawal. The motion to amend was withdrawn.

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

It is hereby ORDERED that:

- A. **REPRIMAND:** Ms. Quattro is REPRIMANDED.
- B. **FINE:** Within 30 days of the effective date of this Order, Laurie Anne Quattro, P.A., shall remit payment in full of a fine of five thousand dollars (\$5,000.00). Such payment shall be made by cashier's check or money order to the Treasurer, State of Ohio, and submitted directly to the Board at the following address: State Medical Board of Ohio, ATTN: Fiscal/Fines, 30 East Broad Street, 3rd Floor, Columbus, Ohio 43215-6127.

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.

Mr. Kenney commented that there had been an understanding that fines included in Proposed Orders from the Hearing Examiners would be the standard fine for the violation, as defined by the Board's fining guidelines, and that the Board would decide whether to increase or decrease the fine based on the facts of the case. Mr. Kenney noted that the standard fine for Ms. Quattro's violation is \$10,000. Although Mr. Kenney felt that the Hearing Examiner should have included a \$10,000 fine in the Proposed Order, Mr. Kenney stated that he would have supported lowering the fine to \$5,000 based on the circumstances of this case. Therefore, Mr. Kenney did not wish to amend the fine in Ms. Quattro's Proposed Order. Mr. Kenney reiterated that fines in future proposed orders should be the standard fine for the violation, as defined by the fining guidelines.

Dr. Steinbergh agreed with Dr. Schottenstein's statements that a fine should never be a stand-alone consequence for a violation. Dr. Steinbergh stated that when the Board had discussed fining in the past, it had always indicated that it did not want to trade money for disciplinary action. Mr. Groeber commented that when the Board was seeking legislative authority to fine, it had been made clear to legislators that fining would not replace discipline.

Dr. Schachat asked if there are any concerns regarding Dr. Bernat and whether he should be expected to know that the employees of the practice are appropriately licensed. Dr. Steinbergh reiterated that she has concerns about Dr. Bernat. Ms. Anderson stated that the concerns have been noted.

Dr. Schottenstein asked if the Board should provide direction to the Hearing Examiners that future proposed orders should not include a fine with no other disciplinary action. Ms. Anderson pointed out that for purposes of reporting actions to the National Practitioner Data Bank, establishing probationary terms for a practitioner is considered a disciplinary action. The Board agreed and clarified that it is acceptable for Hearing Examiners to propose an order with a fine and probation.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Schachat	- aye
	Dr. Bechtel	- 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 Laurie Anne Quattro, P.A. Dr. Schottenstein

seconded the motion. A vote was taken:

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

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Mr. Giacalone stated that in the following matters, the Board issued Notices of Opportunity for Hearing. No timely request for hearing were received. The matters were reviewed by a Hearing Examiner, who prepared Proposed Findings and Proposed Orders for each, and are now before the Board for final disposition. These matters, except for the matter of Ms. McClellan, are disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In these matters, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member. Dr. Bechtel served as Secretary and/or Supervising member in the matter of Ms. Davidson.

HEIDI DAVIDSON, L.M.T.

Dr. Steinbergh moved to find that the allegations as set forth in the December 14, 2016 Notice of Opportunity for Hearing in the matter of Ms. Davidson have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

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

Mr. Giacalone briefly reviewed Ms. Davidson's education and career. Mr. Giacalone noted that Ms. Davidson was first licensed to practice massage therapy in Ohio in 2012, though a typographical error in the first paragraph of the Proposed Findings incorrectly gives the year as 2002. Ms. Davidson's massage therapy license is currently suspended due to a March 2016 Board Order, which was based in part on the fact that Ms. Davidson was found to have an impairment related to the use of alcohol and possibly marijuana. In addition, Ms. Davidson has had three convictions for driving under the influence of alcohol over a span of 16 years. The Board Order also imposed interim monitoring conditions, to which Ms. Davidson is still subject.

Mr. Giacalone stated that Ms. Davidson has called in late and/or failed to call FirstSource Solutions, a Board-approved drug testing facility, from at least September 14, 2016, through December 9, 2016. Ms. Davidson has also failed to submit to screenings at FirstSource Solutions scheduled for the following dates: September 16, 2016; September 20, 2016; September 26, 2016; October 5, 2016; October 10, 2016; October 19, 2016; October 21, 2016; October 27, 2016; November 1, 2016; November 10, 2016; November 15, 2016; November 23, 2016; and December 7, 2016.

Based upon the evidence and testimony provided, Mr. Giacalone agreed with the Hearing Examiner's Proposed Order to revoke Ms. Davidson's massage therapy license. Mr. Giacalone based his rationale on the fact that the evidence establishes that Ms. Davidson is either unwilling or unable to comply with the March 2016 Board Order.

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

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

The motion to approve carried.

Dr. Steinbergh exited the meeting at this time.

SONNEY P. JOHNSON

Mr. Gonidakis moved to find that the allegations as set forth in the June 8, 2016 Notice of Opportunity for Hearing in the matter of Ms. Johnson have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

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

Mr. Gonidakis stated that Ms. Johnson applied for an Ohio massage therapy license in March 2015. In April 2016, the Board sent Ms. Johnson a letter ordering her to undergo an outpatient chemical dependency examination. The Board's order was based on Ms. Johnson's admission to a history of alcohol-related arrests and convictions between 2010 and 2015, a prior diagnosis of alcohol use disorder, and previous treatment for such abuse. The letter also warned that failure to submit to the examination, if not due to circumstances beyond her control, would constitute an admission of impairment and the Board would be authorized to issue a final Order without taking testimony or evidence.

On May 16, 2016, the Board was notified that Ms. Johnson failed to appear for the examination and she did not notify the Board that the failure was due to circumstances beyond her control. Consequently, there is a legal presumption of impairment in the matter of Ms. Johnson. Mr. Gonidakis agreed with the Hearing Examiner that holding a massage therapy license is a privilege and not a right. Mr. Gonidakis further agreed that by filing an application, an individual is deemed to have given consent to submit to a mental or physical examination when ordered by the Board.

Mr. Gonidakis agreed with the Proposed Order to deny Ms. Johnson's application for licensure. Mr. Gonidakis commented that if Ms. Johnson can demonstrate in the future that she is not impaired, she can

file another application for the Board's consideration.

A vote was taken on Mr. Gonidakis' motion to approve:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Schachat	- aye
	Dr. Bechtel	- aye

The motion to approve carried.

JENNIFER EVANS MCCLELLAN

Mr. Giacalone noted that the matter of Ms. McClellan is non-disciplinary in nature, and therefore all Board members may vote.

Dr. Schottenstein moved to find that the allegations as set forth in the June 22, 2016 Notice of Opportunity for Hearing in the matter of Ms. McClellan have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Dr. Schachat seconded the motion.

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

Dr. Steinbergh returned to the meeting at this time.

Dr. Schottenstein stated that Ms. McClellan has filed an application to practice massage therapy in Ohio. Ms. McClellan graduated from Saint Paul College, a community and technical college in Saint Paul, Minnesota, in May 2014. Ms. McClellan passed the Massage and Bodywork Licensing Examination (MBLEX) on September 5, 2015 and submitted her application to the Board on October 23, 2015.

Dr. Schottenstein stated that the Board has proposed to deny Ms. McClellan's application for licensure based on Section 4731.19, Ohio Revised Code, which states that every applicant for a massage therapy license must provide evidence of one of the following three criteria:

- A diploma or certificate from a school or institution in good standing with the Medical Board
- A diploma or certificate from a school, college, or institution showing completion of a course of instruction as required by the Medical Board
- A current license or registration in massage therapy in another state that has been in good standing for at least five years prior to the date of application

Dr. Schottenstein stated that Saint Paul College does not hold a Certificate of Good Standing with the Board, and therefore the first criterion is not met.

Dr. Schottenstein stated that Rule 4731-1-16, Ohio Administrative Code, specifies that a course of instruction in massage therapy must include at least 325 clock hours in anatomy, physiology, and pathology. Ms. McClellan only completed 280 clock hours in those areas. Dr. Schottenstein stated that, regrettably, this does not satisfy the second criterion.

Dr. Schottenstein stated that Ms. McClellan has not held a license to practice massage therapy in another state, and therefore the third criterion is not met.

Because Ms. McClellan does not meet the criteria for a massage therapy license in Ohio, Dr. Schottenstein agreed with the Proposed Order to deny Ms. McClellan's application.

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

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

The motion to approve carried.

CALLIE YIP, L.M.T.

Dr. Steinbergh moved to find that the allegations as set forth in the May 12, 2016 Notice of Opportunity for Hearing in the matter of Ms. Yip have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Mr. Gonidakis seconded the motion.

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

Mr. Kenney commented that this matter of Ms. Yip is probably the worst case he has seen since he has been a member of the Medical Board. Mr. Kenney stated that Ms. Yip was arrested in Montgomery County on June 10, 2013, and was charged with complicity to commit extortion. Ms. Yip was subsequently convicted and sentenced to 18 months in prison.

Mr. Kenney continued that this case is based on a 28-year-old male who called police on May 10, 2013, to report that he had been assaulted. The victim had numerous bruises, cuts, and other injuries due to abuse which occurred over a 2-year period. Ms. Yip and another man named Bryon Mansley had the victim sign an agreement to move into an apartment together. Under this agreement, the victim was assessed points against him if Ms. Yip and Mr. Mansley decided that he had made mistakes for laziness or repeated errors. After obtaining a certain amount of points, the victim would be fined and Mr. Mansley would take money from the victim's banking card. Mr. Kenney stated that Mr. Mansley controlled the victim's food, his money, the clothes he wore, and when he could visit his parents.

Mr. Kenney recounted the litany of abuses suffered by the victim:

- Ms. Yip and Mr. Mansley suggested that the victim run outside naked or else have his finger broken; the victim's finger was subsequently broken.
- The victim was struck in the head with different objects until he bled.
- Mr. Mansley hit the victim with a metal pole across the back and legs, sometimes when the victim was wearing no clothes, and would also force the victim to run naked outside.
- Mr. Mansley used a pair of pliers on the victim's nipples.
- The victim was forced to stand outside in 30° weather wearing only underwear.
- Mr. Mansley claimed that the victim owed him money and, for punishment, would take away the victim's food and clothes.

Mr. Kenney stated that Ms. Yip and Mr. Mansley had a signed three-page contract with the victim which was the basis they used to punish him. Mr. Kenney stated that Ms. Yip's involvement is supported by the following text messages recovered from Ms. Yip's cell phone:

Ms. Yip to victim: "FYI ... you at 42 points ... come home and see why."

Victim to Ms. Yip: "I finished cleaning going to help dad bryon okayed it."

Ms. Yip to victim: "You are not getting food or clothes unless you finish cleaning everything."

Ms. Yip to victim: "In order to get your clothes back within the next 24-48 hours ... you are required to run across Wilmington pike and go to the park and wait by the playground within the next ten minutes."

Ms. Yip to victim: "If people holler o[r] follow you ... run away from them ... make sure you have nothing on except shoes."

Mr. Kenney noted that the victim was arrested for indecent exposure on May 5, 2013. When Ms. Yip was asked why she had taken the victim's food away, she replied that she was mad that the victim's parents had brought him food. Ms. Yip further stated that she had wanted the victim to know what it feels like to be hungry because she had very little money for food after she paid the rent.

Mr. Kenney stated that Ms. Yip's 2014 criminal conviction constitutes a plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony. Mr. Kenney commented that Ms. Yip's acts were horrific and indefensible. Ms. Kenney supported the Proposed Order to permanently revoke Ms. Yip's Ohio massage therapy license.

Dr. Schottenstein agreed with Mr. Kenney's comments and stated that this case is one of the most chilling accounts he has ever read. Dr. Schottenstein stated that there is no doubt the Ms. Yip was convicted of a felony, and therefore the Board's deliberation is to ascertain if there are any mitigating or aggravating circumstances that would factor into the Board's Order.

Dr. Schottenstein stated that Ms. Yip justified her behavior by maintaining that she had had no physical contact with the victim. However, Dr. Schottenstein pointed out that there are multiple aggravating circumstances, including the intentional infliction of humiliation. Dr. Schottenstein stated that the victim

was held in what amounted to perpetual servitude under the pretext that he violated a factitious, bogus contract. Dr. Schottenstein stated that the victim had to work off the disciplinary points he was assigned under the contract, but he continued to accrue them just as rapidly. Thus, it was impossible for the victim to free himself from his bondage. The victim was, as described by Ms. Yip, mentally challenged and slow, which allowed him to be taken advantage of in this way.

Dr. Schottenstein stated that Ms. Yip's behavior violated the victim's basic human rights and the fundamental right to be treated with respect and dignity that everyone is entitled to by virtue of being a rational, moral being. Dr. Schottenstein stated that Ms. Yip has not demonstrated any acceptance of responsibility or feelings of remorse. Dr. Schottenstein agreed with the Proposed Order of permanent revocation.

Dr. Steinbergh pointed out that the spelling of Mr. Mansley's first name is given as both "Bryon" and "Byron" in different places in the Report and Recommendation. Dr. Steinbergh stated that this discrepancy should be corrected in the record.

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

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

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Mr. Giacalone stated that in the following matters, the Board issued Notices of Opportunity for Hearing, and documentation of Service was received for each. There were no timely requests for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. These matters are therefore before the Board for final disposition. These matters are non-disciplinary in nature, and therefore all Board members may vote.

ANTOINETTE LASHAWN CARTER, L.M.T.

Dr. Steinbergh moved to find that the allegations set forth in the April 19, 2017 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving Ms. Carter's application for restoration of her Ohio massage therapy license, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months of April 12, 2017. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

STEVEN JOSEPH ERNST, L.M.T.

Dr. Steinbergh moved to find that the allegations set forth in the May 10, 2017 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving Mr. Ernst's application for restoration of his Ohio massage therapy license, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months of May 10, 2017. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

COLLEEN A. LANZARETTA, L.M.T.

Dr. Bechtel moved to find that the allegations set forth in the April 19, 2017 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving Ms. Lanzaretta's application for restoration of her Ohio massage therapy license, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months of April 12, 2017. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

Dr. Schachat - aye
Dr. Bechtel - aye

The motion carried.

DAVID WILLIAM SIMMONS, L.M.T.

Dr. Steinbergh moved to find that the allegations set forth in the April 19, 2017 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving Mr. Simmons' application for restoration of his Ohio massage therapy license, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months of the date of mailing of the Notice of Opportunity for Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Schachat	- aye
Dr. Bechtel	- aye

The motion carried.

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. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Schachat	- aye
Dr. Bechtel	- 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. Fais, Ms. Loe, Ms. Debolt, the Enforcement Attorneys, the Assistant

Attorneys General, Ms. Murray, Ms. Moore, Mr. DePew, and Mr. Taylor in attendance.

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTS

DAVID L. BRYANT, M.D. – PERMANENT SURRENDER/RETIREMENT OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Steinbergh moved to ratify the proposed Permanent Surrender/Retirement with Dr. Bryant. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

KEVIN GORDON BALDIE, M.D. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step II Consent Agreement with Dr. Baldie. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

RICHARD M. KINCAID, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Steinbergh moved to ratify the proposed Permanent Surrender with Dr. Kincaid. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

JAMES LEIGH LAUB, D.O. – PERMANENT SURRENDER/RETIREMENT OF CERTIFICATE TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY

Dr. Steinbergh moved to ratify the proposed Permanent Surrender/Retirement with Dr. Laub. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

STEPHEN LEE MOORE, D.O. – PROBATIONARY CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Probationary Consent Agreement with Dr. Moore. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

STEVEN S. MCNUTT, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step I Consent Agreement with Dr. McNutt. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

WAYNE J. MYLES, D.O. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Consent Agreement with Dr. Myles. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

BRADLEY THURLOW SCHWARZ, D.O. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step I Consent Agreement with Dr. Schwarz. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

SHANE T. SAMPSON, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Consent Agreement with Dr. Sampson. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

THONG GIA TRUONG, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Consent Agreement with Dr. Truong. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

JOHN KEITH KREBS, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Consent Agreement with Dr. Krebs. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye

Mr. Kenney	- aye
Dr. Schachat	- aye
Dr. Bechtel	- abstain

The motion to ratify carried.

SUSAN DONNA LAWRENCE, D.O. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step I Consent Agreement with Dr. Lawrence. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

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

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Lawrence Richard Feldman, M.D.; James Vincent Gasparine, M.D.; and Fares Fhemi Tasin, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to send carried.

RULES AND POLICIES

ADOPTION OF RULES

Dr. Steinbergh moved to rescind current Rules 4731-6-05, 4731-6-10, 4731-6-21, 4731-22-02, and 4731-22-07; adopt new Rules 4731-6-05, 4731-6-10, 4731-6-21, and 4731-22-02, 4731-22-07; and

adopt amended Rules 4731-6-01, 4731-6-22, 4731-6-30, 4731-6-32, 4731-6-33, 4731-6-34, 4731-21-01, 4731-21-02, 4731-21-03, 4731-21-04, 4731-21-06, 4731-22-01, and 4731-28-01. Dr. Steinbergh further moved that the proposed rules be final filed with an effective date of August 31, 2017. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

PUBLIC RULES HEARING REPORT, JULY 10, 2017

Ms. Debolt stated that the proposed Rules on medical marijuana in the July 10, 2017 Public Rules Hearing Report are under the jurisdiction of the Joint Committee on Agency Rule Review (JCARR) until August 13, and therefore the Board cannot yet officially adopt them. Ms. Debolt asked the Board to authorize staff to final fine the proposed rules after August 13, 2017. Ms. Debolt stated that if the Board so authorizes, the matter will be presented to the Board at its September 13 meeting for confirmation of the filing.

Dr. Steinbergh moved to authorize the Medical Board's staff to final file the proposed Rules in the July 10, 2017 Public Rules Hearing Report after August 13, 2017, with an effective date of September 8, 2017. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

PUBLIC RULES HEARING REPORT, JULY 26, 2017

Ms. Debolt stated that the proposed Rules on acute pain prescribing in the July 26, 2017 Public Rules Hearing Report are under the jurisdiction of the Joint Committee on Agency Rule Review (JCARR) until August 20, and therefore the Board cannot yet officially adopt them. Ms. Debolt asked the Board to authorize staff to final fine the proposed rules after August 20, 2017. Ms. Debolt stated that if the Board

so authorizes, the matter will be presented to the Board at its September 13 meeting for confirmation of the filing.

Dr. Steinbergh moved to authorize the Medical Board's staff to final file the proposed Rules in the July 26, 2017 Public Rules Hearing Report after August 20, 2017, with an effective date of August 31, 2017. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

PROPOSED REVISIONS TO STANDARD CONSENT AGREEMENT LANGUAGE

Ms. Marshall stated that this proposal, if approved by the Board, would add language to the consent agreement template to specify the following:

- Anything reportable to the Ohio Automated Rx Reporting System (OARRS) must also be reported to the Board, rather than listing each thing that must be reported;
- Provisions for coordination of compliance activities with another state;
- Reduction in the frequency of personal appearances for non-impairment cases;
- The use of the term "urine screening" will be updated to "toxicology screening," thus providing for a broader range of things that may be tested such as blood, hair, or saliva;
- Probationers must adhere to the Board's over-the-counter medication guide;
- Simplification of the language regarding probationers who use a testing facility other than FirstLab;
- Update the term "reinstatement" to "reinstatement or restoration" in order to cover probationers whose license is suspended for longer than two years;
- The language regarding fines will specify that the fine must be paid by credit card through the Board's internet portal.;
- Licensees can now email or fax a copy of their signed signature page of a proposed consent agreement, rather than requiring the original;
- A probationer with a training certificate who is on a step I consent agreement can fulfill the terms of the agreement without reinstatement or applying for full licensure.

Dr. Steinbergh expressed concern about requiring fines to be paid by credit card, noting that a licensee

who has been in bankruptcy may have difficulty acquiring credit. Ms. Marshall stated that the same thing has been brought up during staff discussions, but it had been pointed out that everyone has the ability to take cash to a store or bank and obtain a pre-paid credit card. Ms. Marshall also noted that the proposed language states that the fine must be paid by credit card, "...or by other manner as specified by the Board," so other means of payment may be approved on a case-by-case basis.

The Board engaged in discussion on this topic and the different scenarios that may arise. Mr. Groeber noted the Board's new e-license system, through which credit card payments can be accepted, represents a significant improvement in the efficiency of the Board's processing of payments. Mr. Groeber also stated that Ms. Loe can work with licensees who are unable to pay by credit card for some reason. Dr. Steinbergh agreed that the phrase "...or by other manner as specified by the Board" should be included for such situations.

Dr. Schottenstein recalled that the Board had discussed the possibility of imposing civil fines as part of the probationary tolling process. Ms. Marshall stated tolling can be imposed by the Secretary and Supervising Member for instances of minor non-compliance in accordance with internal guidelines.

Dr. Schachat exited the meeting at this time.

Ms. Marshall continued that instances of significant non-compliance could lead to a Notice of Opportunity for Hearing, which may ultimately result in a fine as part of a Board order or consent agreement. However, Ms. Marshall opined that imposition of a fine as simply part of the tolling process may require that the probationer be offered an opportunity for hearing. Ms. Anderson agreed with Ms. Marshall.

Dr. Steinbergh moved that the standard master templates for the Board's Step I and Step II Consent Agreements be updated as set forth in the proposed drafts contained in the agenda materials for the August 9, 2017, board meeting. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Bechtel	- aye

The motion carried.

PROPOSED MODIFICATION OF PROBATIONARY REQUIREMENTS

Ms. Marshall stated that this proposal was prepared at the direction of Dr. Rothermel and Dr. Saferin in their roles as Secretary and Supervising Member. Dr. Rothermel stated the probationary process has positive effects on impaired practitioners because the close monitoring often leads to a good outcome and maintenance of sobriety. However, probation in cases not related to impairment can have very negative effects on the practitioner even when they are compliant with their Board order or consent agreement. Dr. Rothermel stated that being on probation can result in unintended consequences for a practitioner's

employment, ability to sit for specialty board certification examinations, participation in insurance plans, and other aspects of practice. Dr. Rothermel stated that these things can have a negative effect on the Board's mission of public protection. Dr. Rothermel stated that the Board imposes discipline when appropriate, but she opined that it is not the Board's goal to be overly-punitive in a way that negatively affects public access to care.

Dr. Saferin noted that the matter of Laurie Quattro, P.A., which the Board considered earlier today, is a good example. The Proposed Order for Ms. Quattro provided for a minimum two-year probation, but the Board removed the probation from the Order because it determined that the probation would not serve a purpose on Ms. Quattro's case other than to be punitive. Dr. Saferin stated that he and Dr. Rothermel would like to have flexibility to approve probation as necessary for consent agreements on a case-by-case basis.

Ms. Marshall commented that the Enforcement Section has seen instances in which probation actually creates patient harm. Ms. Marshall stated that probation can limit where physicians are able to work and they are forced by financial necessity to expand into areas of practice that are beyond their expertise, resulting in below-standard patient care.

Dr. Steinbergh stated that she does not oppose this proposal, but opined that this should be discussed more thoroughly in a committee. Dr. Steinbergh opined that probation would still be appropriate in some cases of non-impairment. Dr. Rothermel agreed and stated that the proposed terminology "as appropriate" would allow the Secretary and Supervising Member to determine the appropriateness of probation on a case-by-case basis. Dr. Steinbergh commented that even with the "as appropriate" language, precedents will be set and it may become difficult for the Board to establish probation for someone whose case is very similar, yet different in subtle ways, to that of another license who received no probation.

Mr. Kenney opposed this proposal and expressed concern about the Board becoming more lenient in disciplinary cases and the effects this could have on patient care. Mr. Kenney stated that if a practitioner has engaged in acts that cause patient harm, the Board should treat it seriously. Mr. Kenney opined that the disciplinary guidelines should be not relaxed, particularly considering the current problem of addiction among physicians and the general public. Dr. Rothermel reiterated that the proposal will not change the guidelines for probation in cases on impairment. Mr. Kenney stated that there should be consequences for any reason that a practitioner comes to the attention of the Board and that probation is one of those consequences.

Mr. Gonidakis agreed with Dr. Steinbergh's suggestion to have this matter reviewed by a committee so that every possible unintended consequence of the proposal can be identified and considered.

Mr. Groeber asked Ms. Marshall to describe the changes that would occur if this proposal is accepted by the Board. Ms. Marshall replied that the only practical effect this proposal would have would be to reduce the requirement to obtain presidential approval, which is required by Board rule when a proposed consent agreement falls below the probationary guidelines. Ms. Marshall noted that the Board will retain the ability to not ratify consent agreements in each case. Ms. Marshall commented that in her 16 years at the Board, she can recall only one case in which presidential approval was sought for a consent agreement and the President refused.

Mr. Groeber asked Ms. Murray what probation would have been like for Ms. Quattro had the Board left

those terms in place. Ms. Murray replied that Ms. Quattro would have been required to fill out a form every three months declaring that she is in compliance with the Board Order, and the Compliance staff would file that form. Ms. Quattro would also have had to travel to Columbus to have what would probably be a five-minute conversation.

Dr. Schottenstein stated that there is an understandable desire to not be gratuitously punitive and for probation to result in something productive in terms of public safety. Dr. Schottenstein agreed with Dr. Steinbergh and Dr. Rothermel that some non-impairment cases, such as those involving minimal standards violations or sexual boundaries issues, should be on probation and monitored by the Board. Dr. Schottenstein suggested that the Board consider conceptualizing the disciplinary guidelines in a similar manner to the fining guidelines, in which for each offense there is a standard, a minimum, and a maximum probation or other action

The Board continued to discuss this matter thoroughly, as well as the possibility for forming a committee for further discussion. Ms. Marshall suggested that the Board staff discuss this matter with Dr. Rothermel and Dr. Saferin to determine if they are interested in pursuing this proposal further, in light of the Board's discussion. The Board agreed with Ms. Marshall's suggestion.

EXECUTIVE SESSION

Dr. Steinbergh moved to go into Executive Session for the purpose of preparing for, conducting, or reviewing negotiations or bargaining sessions with public employees concerning their compensation or other terms and conditions of their employment. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Schachat	- aye
	Dr. Bechtel	- 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, and Ms. Loe in attendance.

Dr. Saferin and Dr. Bechtel entered the meeting during the Executive Session.

The Board returned to public session.

OPERATIONS REPORT

Human Resources: Mr. Groeber stated that interviews are being conducted to fill the vacant North Area Investigator position. Mr. Groeber stated that two enforcement attorneys will be hired, one to fill the

position vacated by Greg Taposci and one to fill a newly-created position. Mr. Groeber stated that Robyn Daughtry has moved from customer service to a position in the Licensure Section; applications are being screened to fill the customer service position.

Investigator Firearms: Mr. Groeber stated that discussions continue between union representatives and the Board, represented by Ms. Loe, for the recension of the Board's authority for investigators to carry firearms. Mr. Groeber noted that a first draft of the investigator manual address this matter has been produced. Mr. Groeber expected a final date for returning firearms in September or October.

Budget Update: Mr. Groeber stated that the Board's finances look good. Mr. Groeber stated that Ms. Loe will provide more detail on the budget in the Finance Committee report.

Communications and Outreach: Mr. Groeber stated that the Board continues to work actively to engage training and educational facilities. Mr. Groeber also noted some meetings of the Governor's Cabinet Opiate Action Team (GCOAT) and a number of public rules hearings.

Agency Operations: Mr. Groeber stated that the total number of open complaints continues to fall. Licensure statistics continue to improve on a year-over-year comparison. The total number of licenses issued is up by 8% over the same time last year, with physician licenses up by 12%. Expedited licenses are being issues in an average of 22 days.

Mr. Groeber stated that a copy of the Board's Annual Report has been provided to Board members. The Annual Report will be filed with the Governor's office, the Secretary of State's office, and the state library, in accordance with law.

Mr. Groeber stated that Mr. LaCross has reached out to Board members to obtain feedback on a variety of issues, as mentioned in the previous Board meeting.

Board Consolidation: Mr. Groeber stated that the consolidation of the Board of Dietetics and a portion of the Respiratory Care Board with the Medical Board will become formal on January 21, 2018. Mr. Groeber stated that the Respiratory Care Board, which he met with earlier today, was very interested in how the advisory committee will work out. Mr. Groeber stated that Mr. Smith and Mr. Nealis are managing the consolidation and the formation of the advisory committees.

Michael L. Gonidakis: Mr. Groeber congratulated Mr. Gonidakis, who was reappointed to another five-year term on the Board by Governor Kasich.

Donald R. Kenney, Sr.: Mr. Groeber stated with regret that Mr. Kenney has notified Governor Kasich that this Board meeting will be his last as a member of the Board.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

TRAVEL AUTHORIZATION

Mr. Kenney moved to approve Mr. Giacalone to attend the Federation of State Medical Boards (FSMB) Prescription Drug Monitoring Program Workgroup meeting, and that his attendance is in

connection with his responsibilities as a member of the State Medical Board of Ohio. Mr. Kenney further moved that any time spent working on the committee, if not compensated by other organizations, is considered normal working hours on behalf of the Board and that the Board will reimburse any expenditures not covered by the FSMB. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

AUTHORIZATION OF FUNDS FOR E-LICENSE EXPANSION

Mr. Kenney moved to approve the expenditure of \$254,000 for the development of three new e-License modules: A Board member module, Compliance Portal Access Module, and Adjudication Portal Access Pocket Module. Dr. Saferin seconded the motion.

Mr. Kenney observed that this year, \$1,100,000 has been transferred from the Board for development of the e-License system. Mr. Groeber stated that the entire system costs for this year was \$15,500,000 and the Medical Board's share is consistent with the number of licensees it has compared to that of the other participating boards. Mr. Kenney agreed.

Mr. Kenney further observed that \$1,480,000 was transferred from the Board last year for the system. Mr. Kenney opined that the Board should ask for information on specifically what this money is paying for. Mr. Groeber stated that the staff to reach out to the Office of Information Technology and obtain that information.

Regarding the current motion to approve an expenditure of \$254,000, Mr. Groeber briefly described the modules to be developed. Mr. Groeber stated that the Compliance module and the Adjudication module will be interactive for the public. With these modules, for instance, attorneys representing physicians in hearings will be able to upload materials into a "virtual docket" and probationers will be able to upload documentation of their probationary activities. Mr. Groeber stated that the Compliance module will also allow for more direct interaction with probationers. Mr. Groeber stated that the Board Member module will represent the endpoint of a complaint process that moves from filing to investigation to enforcement to hearing to, ultimately, a Board decision. Mr. Groeber stated that the Board Member module will allow Mr. Taylor to queue up materials for Board meetings with greater efficiency. Mr. Groeber anticipated that these modules should be complete by May 2018.

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

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

The motion carried.

FISCAL REPORT

Ms. Loe stated that the June fiscal numbers are now available, which is also the end of Fiscal Year 2017. The Board's cash balance at the end of June was \$4,150,000. Ms. Loe commented that the revenue for June, \$457,000, is historically low. However, this was anticipated because licensees were encouraged to renew their licenses before June because of the long shut-down of the system scheduled for that month. Ms. Loe stated that for Fiscal Year 2017 the Board's revenue was 11% more than at the same time two years ago, which is well beyond the anticipated 2% - 4%. Ms. Loe stated that some of this increase is due to the early license renewals, but some of it is real growth in revenue. Ms. Loe pointed out, for example, that expedited licensure brought in \$153,000 more than it did two years ago.

ACCOUNTS RECEIVABLE

Mr. Groeber noted that for the first two months of Fiscal Year 2018, the Board has assessed about \$75,000 in fines. Ms. Loe compared that to Fiscal Year 2017, which had \$33,000 in fines for the entire year, and Fiscal Year 2016, which only had \$500 in fines.

Ms. Loe stated that the Finance Committee discussed the Board's fining authority. Ms. Loe stated that the Board had considered asking for fining authority for many years, but it was finally achieved largely through the efforts of Mr. Kenney and his desire for the costs of investigation and enforcement to be shifted to those who create those costs. In appreciation, the Finance Committee presented Mr. Kenney with a frame of the first fine that the Board received. The Board and staff applauded Mr. Kenney.

Mr. Kenney commented that the purposed of the fines was to fund education and to reduce licensure fees. Mr. Kenney stated that licensure fees have been reduced slightly, but will hopefully be reduced further in the coming year. Mr. Kenney commented that Ms. Loe does a great job managing the Board's finances.

Ms. Loe stated that two \$7,500 fines from last month have been collected. Some fines that had been sent to the Attorney General's office for collection have now been deemed uncollectible.

Dr. Schottenstein asked Ms. Loe if license renewal fees could possibly be lowered in the future. Ms. Loe replied that renewal fees could probably be lowered in the future, with the passage of required legislation. Mr. Groeber added that he would favor some sort of promotional pricing for initial licenses for those graduating from Ohio training programs, perhaps as low as \$100, to encourage those who plan to practice out-of-state to get their Ohio medical license. Mr. Groeber further commented that he would like to see a physician license renewal fee as low as \$300 or less.

POLICY COMMITTEE

Ms. Anderson stated that the Policy Committee received updates on the one-bite reporting exemption, medical marijuana rules, and acute pain prescribing rules. No Board action is required on those items at this time.

RIGHT-TO-TRY INFORMED CONSENT FORM

Mr. Smith stated that the impetus for this informed consent form is House Bill 290, which has been termed the Right-to-Try Act. Mr. Smith stated that right-to-try acts are part of a nationwide legislative movement and has been passed in about 37 states. The Right-to-Try Act is an attempt to get people with terminal conditions access to investigational drugs, products, or devices faster than they normally could under the Food and Drug Administration (FDA) process. The Right-to-Try Act requires the Medical Board to create a template informed consent form to be used by treating physicians to secure a patient's informed consent. A draft consent form was provided to the Board members.

Mr. Smith stated that the Policy Committee has recommended some changes in the wording on the form so that people of all educational backgrounds will be able to understand the language. With those recommended changes, the Committee has recommended approval of the draft consent form. Mr. Smith stated that once approved by the Board, it will be placed on the Board's website and shared with hospitals and physicians. Mr. Smith briefly reviewed the different aspects of the form.

Dr. Schachat commented that any medical form should have two patient identifiers on it. Dr. Schachat suggested that a place for something, such as date of birth, should be provided along with patient name.

Dr. Schachat asked if hospitals and physicians will be required to use this exact form, or if the form can be changed in any way. Ms. Anderson answered that there could be non-substantive changes such as adding a letterhead or changing the order of some items, but the content of the form should not be changed. Dr. Schachat asked if a hospital or physician could add things to the form. Ms. Anderson and Mr. Smith replied that things could be added as long as the additions do not alter the meaning of the form.

Dr. Schottenstein moved to approve the draft Right-to-Try Consent Form as discussed and as recommended by the Policy Committee. Dr. Rothermel seconded the motion. A vote was taken:

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

The motion carried.

DRAFT FAQ'S FOR RULE 4731-11-09

Dr. Steinbergh moved to approve the draft Frequency Asked Questions (FAQ) document for Rule 4731-11-09, with non-substantive wording changes discussed by the Policy Committee to be developed by the Board staff working with Dr. Steinbergh and Dr. Schachat. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

FSMB RESOLUTION

Dr. Steinbergh moved to approve the draft resolution for the Federation of State Medical Boards (FSMB) regarding treatment of acute pain to the FSMB and other state medical boards. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

CONFIDENTIAL MONITORING PROGRAM FOR MENTAL AND PHYSICAL ILLNESS

Ms. Anderson stated that Mr. Giacalone, Dr. Rothermel, and Dr. Schottenstein have agreed to meet with Board staff to discuss this topic further and report back to the Board.

ONE-BITE REPORTING EXEMPTION LEGISLATION

Mr. Groeber stated that House Bill 145 has been passed by the House and is currently in a Senate committee. Mr. Groeber stated that the legislation will also be used as a vehicle for some clean-up language related to the upcoming board consolidation with the Dietetics Board and the Board of Respiratory Care. Mr. Groeber stated that meetings have been made with the Ohio Physicians Health

Program (OPHP) to discuss the legislation further.

LICENSURE COMMITTEE

LICENSURE APPLICATION REVIEWS

AMANDA JEAN GAMACHE, M.T.

Dr. Saferin stated that Ms. Gamache has applied for restoration of her Ohio massage therapy license. Ms. Hopper has not practiced massage therapy since her license expired in 2015. The Committee recommends approval of Ms. Gamache's application.

Dr. Saferin moved to approve Ms. Hopper's request for Ohio licensure as presented. Dr. Rothermel seconded the motion.

Dr. Steinbergh asked why Ms. Hopper is not being asked to take and pass the Massage and Bodywork Licensing Examination (MBLEX) as a condition for restoration of her license. Dr. Saferin stated that Ms. Gamache's license expired in January 2015 and she applied for restoration in June 2017. The Licensure Committee felt that it was close enough to the two-year period to not require her to take the MBLEX.

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

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

The motion carried.

INDER RAJ GREWAL, M.D.

Dr. Saferin stated that Dr. Grewal has applied for initial licensure in Ohio. Dr. Grewal indicated on her application that she has not engaged in the clinical practice of medicine since July 2013. Dr. Grewal is a 1999 graduate of Dayanand Medical College and Hospital at Punjab University in India. Dr. Grewal has completed a total of five years of post-graduate training in the United States, all certified by the Accreditation Council for Graduate Medical Education (ACGME). Dr. Grewal's most recent experience was as a staff psychiatrist at Alina Mental Health in Fridley, Minnesota, in 2013. Dr. Grewal obtained certification from American Board of Psychiatry and Neurology in general psychiatry in 2011 and in geriatric psychiatry in 2017. Dr. Grewal was meeting her Maintenance of Certification (MOC) requirements as of May 2017.

Dr. Saferin stated that the Licensure Committee recommends that Dr. Grewal's application be approved, pending successful completion of a Board-approved preceptorship and a Psychiatry and Neurology Board

Review Course.

Dr. Saferin moved that the application of Dr. Grewal be approved and immediately limited to participation in a Board-approved thirty-day preceptorship that includes one week of observation and three weeks of patient care under direct supervision. Dr. Saferin further moved that the limitations and restrictions on Dr. Grewal's ability to practice outside the thirty-day preceptorship shall be lifted upon receipt of evidence acceptable to the Board or its designee that Dr. Grewal has successfully completed the thirty-day preceptorship. Dr. Saferin further moved that Dr. Grewal be required to successfully complete a Board-approved Psychiatry and Neurology Board Review Course within one year of the date of mailing the Notice of Opportunity for a Hearing. Dr. Schottenstein seconded the motion.

Dr. Steinbergh opined that Dr. Grewal is ready to be licensed without a preceptorship or a psychiatry and neurology board review course. Dr. Steinbergh commented that Dr. Grewal is board-certified, is meeting MOC requirements, and could not be more highly trained in her area of expertise.

Dr. Steinbergh moved to amend the motion to approve Dr. Grewal's application as presented. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

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

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

The motion carried.

MUHAMMAD ANJUM, M.D.

Dr. Saferin stated that the application of Dr. Anjum has been tabled for further review and will be presented to the Board at a later date.

PER NILES JOHAN FREDRIK WIERUP, M.D.

Dr. Saferin stated that Dr. Wierup is requesting graduate medical education (GME) equivalency pertaining to Section 4731.14(B)(2), Ohio Revised Code. Dr. Wierup is a 1990 graduate of Lund University in Sweden and has a total of eight years of GME record activity in Sweden. Dr. Wierup also successfully completed a one-year clinical fellowship in thoracic surgery at Cleveland Clinic from 1998 to 1999. Dr. Wierup has practiced in Sweden and Denmark from 1999 to the present. Dr. Wierup currently holds an active Clinical Research Faculty Certificate; the location of that activity is Case Western Reserve University.

Dr. Saferin moved to deem Dr. Wierup's training and experience in Sweden, Denmark, and the United States to be equivalent to the 24 months of graduate medical education through the second-year level of GME so that he may be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

LEANN THERESA POSTON, M.D.

Dr. Saferin stated that Dr. Poston has applied for restoration of her Ohio medical license. Dr. Poston Indicated on her application that she has not engaged in the clinical practice of medicine since 2008. Dr. Poston is a 1990 graduate of Wright State University School of Medicine and has not held an active board certification since December 2007. Dr. Poston has indicated that she would like to pursue an administrative medical license to accommodate a faculty appointment at Wright State University School of Medicine to perform administrative and academic functions only. Dr. Poston is current with continuing medical education (CME) requirements.

Dr. Saferin moved that the restoration application of Dr. Poston be approved and immediately limited and restricted to the practice of administrative, non-clinical medicine. All limitations and restrictions shall terminate upon evidence acceptable to the Board or its designee that Dr. Poston has successfully recertified her American Board of Medical Specialties Certification in Pediatrics and completed a Board approved preceptorship. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Schachat	- aye
Dr. Bechtel	- aye

The motion carried.

MEGHAN RENEE BUNKER, M.T.

Dr. Saferin stated that Ms. Bunker has applied for restoration of her Ohio massage therapy license. Ms. Bunker has indicated that she had not engaged in the active practice of massage therapy since her license expired in 2013.

Dr. Saferin moved to approve Ms. Bunker's application for restoration, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Schachat	- aye
Dr. Bechtel	- aye

The motion carried.

JENNIFER LYNN KINNEY, M.T.

Dr. Saferin stated that Ms. Kinney has applied for restoration of her Ohio massage therapy license. Ms. Kinney has indicated that she had not engaged in the active practice of massage therapy since her license expired in 2014.

Dr. Saferin moved to approve Ms. Kinney's application for restoration, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
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Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Schachat	- aye
Dr. Bechtel	- aye

The motion carried.

CHAPTER 4731-10, OHIO ADMINISTRATIVE CODE, PHYSICIAN CME RULES

Dr. Saferin stated that these proposed Rules related to physician continuing medical education (CME) for providing uncompensated care to indigent and uninsured patients. Rules 4731-10-02, 4731-10-08, 4731-10-09, and 4731-10-10 are proposed for amendments to reflect the statutory requirement that physicians be allowed to earn up to one-third of their required Category II CME credits by providing uncompensated medical care to indigent and uninsured patients. The Proposed Rules were circulated to interested parties with an invitation to submit comments on them. Only one comment was received. No amendments to the proposed rules are proposed.

Saferin moved to approve proposed rules 4731-10-02, 4731-10-08, 4731-10-09, and 4731-10-10 for filing with the Common Sense Initiative (CSI) as presented. Dr. Steinbergh seconded the motion.

A vote was taken:

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

The motion carried.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

Dr. Steinbergh informed the Board that the Physician Assistant Policy Committee (PAPC) will now meet on the second Monday of each month from 8:30 a.m. to 10:00 a.m. in order to avoid conflicts with Board of Pharmacy meetings. Dr. Steinbergh stated that the PAPC continues to monitor the physician assistant formulary and to consider changing the formulary to an exclusionary format.

PHYSICIAN ASSISTANT FORMULARY REVIEWREQUESTS FOR REVIEW OF DRUGS

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) and the Physician Assistant/Scope of Practice Committee have discussed the ability of a physician assistant to prescribe buprenorphine to maintain or detoxify a person as an incidental adjunct to medical or surgical conditions other than opioid dependency. Dr. Steinbergh stated that under federal law, physicians and other medical personnel without a DATA 2000 waiver may prescribe buprenorphine for these purposes. In addition, in accordance with the "three-day rule," a practitioner without a DATA 2000 waiver may administer, but not prescribe, narcotic drugs to a patient for purposes of relieving acute withdraw symptoms following the referral of the patient to treatment when certain conditions are met.

Dr. Steinbergh stated that both the PAPC and the Physician Assistant/Scope of Practice Committee have recommended allowing physician assistants without a DATA 2000 waiver to prescribe buprenorphine as described above, in accordance with federal law. The committees have also recommended allowing physician assistants without a DATA 2000 waiver to administer buprenorphine as described above. The committees also recommend placing buprenorphine on the physician assistant formulary in the CPT May Prescribe category.

Dr. Saferin moved to approve physician assistants without a DATA 2000 waiver to prescribe buprenorphine as described. Dr. Saferin further moved to approve physician assistants without a DATA 2000 waiver to administer buprenorphine as described under the "three-day rule" and to place buprenorphine on the physician assistant formulary in the CPT May Prescribe category. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

Dr. Steinbergh stated that the medication Zinplava was consider and no changes to the medication on the formulary are recommended.

Dr. Steinbergh stated that the committees have recommended that the product name "Taltz" be replaced by the name for the generic form of the medication and to place it with the other monoclonal antibodies on the formulary.

Mr. Gonidakis exited the meeting at this time.

Dr. Steinbergh stated that the committees have recommended that immune-suppressants, immune-

modulators, interferon, monoclonal antibodies, and potassium channel blockers be placed in the Physician-Initiated category of the formulary and that they should be prescribed under a protocol with a neurologist.

Dr. Steinbergh moved that immune-suppressants, immune-modulators, interferon, monoclonal antibodies, and potassium channel blockers be placed in the Physician-Initiated category of the physician assistant formulary and should be prescribed under a protocol with a neurologist. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Mr. Kenney	- aye
	Dr. Schachat	- aye
	Dr. Bechtel	- aye

The motion carried.

Mr. Gonidakis returned to the meeting at this time.

Dr. Steinbergh stated that the Board received a request from a physician assistant regarding her ability to prescribe HCG in a physical medicine practice. Dr. Steinbergh noted that the practice in questions appears to be a weight-loss clinic. Dr. Steinbergh stated that that topic was tabled to gather further information.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on July 12, 2017, the Compliance Committee met with Kevin G. Baldie, M.D.; Paul R. Brown, P.A.; Robert M. Cook, M.D.; and Danica Gineman, M.T.; and moved to continue them under the terms of their respective Board actions. The Compliance Committee accepted Compliance staff's report of conferences on June 12 and 13, 2017.

PROBATIONARY REQUESTS

Mr. Giacalone advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Mr. Giacalone 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 G. Baldie, M.D.'s request for approval of Elliot B. Davidson, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per month;**
- **To grant Michael T. Bangert, M.D.'s request for approval of Elaine Zimmerman, L.I.S.W., to**

serve as the treating mental health professional; and reduction in psychiatric sessions with Ellen Ballerene, M.D., to every three months;

- To grant Patrick L. Bruno, M.D.'s request for approval of W. Andrew Highberger, M.D., to serve as the new monitoring physician;
- To grant Franklin D. Demint, D.O.'s request for approval of Gerard Myers, D.O., to serve as the new monitoring physician; and approval of the new practice plan for Addiction Center of Middletown;
- To grant Jesse M. Ewald, M.D.'s request for permission to travel between Ohio and Patriot, Indiana, without submitting individual travel requests;
- To grant Kirstin D. Felumlee, M.T.'s request for extension of the professional ethics course completion requirement by 90 days; approval of the following courses to fulfill the professional ethics course requirement: *Sports Massage: Ethics and Building Trust*; *Creating Healthy Boundaries*; *Self-Evaluation for an Ethical Practice*; and *A Holistic Model for Ethical Practice*, all offered by the American Massage Therapy Association;
- To grant Robert S. Haber, M.D.'s request for a reduction in personal appearances to annually;
- To grant Thomas D. Kramer, Jr., M.D.'s request for reduction in drug and alcohol rehabilitation meetings to two per week with a minimum of 10 per month; and discontinuance of the drug log requirement;
- To grant Kristen G. Landry, M.D.'s request for release from the terms of the Board's Order of July 13, 2016; and
- To grant Christopher R. White, M.D.'s request for approval of Adam K. Ashton, M.D., and Dori R. Marshall, M.D., to each conduct one of the two required psychiatric return-to-work assessments;

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

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

The motion carried.

FINAL PROBATIONARY APPEARANCESJOSEPH P. BURICK, D.O.

Dr. Burick was appearing before the Board pursuant to his request for release from the terms of her January 14, 2015 Consent Agreement. Mr. Giacalone reviewed Dr. Burick's history with the Board.

Dr. Steinbergh asked if Dr. Burick would address the medical residents in attendance about his practice and what he has learned about boundary issues. Dr. Burick agreed.

Dr. Burick commented that he is glad to be back in practice and that medicine is his passion. Dr. Burick stated that part of his problem had been that his wife and daughter had died and he had been lonely. Dr. Burick stated that he had made a mistake by trying to save everyone instead of being their teacher. In 2016 Dr. Burick found that he could do things on his own when he traveled with his dogs across the United States for two-and-a-half months. Dr. Burick commented that he has found himself, he has found God whom he had been battling with, and he is enjoying life in general.

Dr. Burick stated that the boundaries course he took taught him how to say "no" to patients when appropriate. Dr. Burick also learned that there are many ways the people can try to get something from you. Dr. Burick stated that now that he has learned to say "no" in a nice way, he is able to teach his colleagues. Dr. Burick advised the residents to take time for themselves and their families, and to learn the word "no."

Dr. Steinbergh commented that the word "no" is important in terms of boundary issues, whether it is sexual boundaries or saying "no" to requests for medication from patients or relatives. Dr. Burick stated that he teaches his residents that nurses may say that they cannot see their physician and need some medication, but that physicians should refuse such requests.

Dr. Schottenstein stated that those who go into medicine often have a difficult time because they tend to be pleasers and it feels good to be thanked for helping someone. Conversely, physicians often feel badly when someone is upset with them, and the implication of saying "no" is that one is going to disappoint someone. Dr. Schottenstein stated that even if a physician disappoints someone, they should understand that it was done in that person's best interest and in the interest of practicing good medicine.

Dr. Schottenstein noted that Dr. Burick had described his ethics course as "tough." Dr. Schottenstein asked what was tough about the course. Dr. Burick replied that he had been the kind of person who trusted everyone, in accordance with his upbringing. Dr. Burick stated that through his counseling, he learned that, though he may have had cutting-edge knowledge, he had been practicing 1970's and 1980's medicine. However, society has changed very much since that time. Dr. Burick stated that it is especially difficult that the physician code of conduct, the American Academy of Family Practice, and others encourage physicians to get closer to their patients and buy into their disease process.

Dr. Burick stated that he has a female attendant with him almost all the time and this has helped a great deal. Dr. Burick also stated that he is no longer making house calls, which he had thoroughly enjoyed. Dr. Burick stated that in counseling, he realized that when he was seeing a patient in the patient's home at 2:00 a.m., he could have been accused of sexual impropriety and he would not no way to refute the allegation.

Dr. Steinbergh asked if Dr. Burick had any questions for the Board. Dr. Burick had no questions. Dr. Burick thanked the Board for giving him a second chance.

Dr. Steinbergh moved to release Dr. Burick from the terms of his January 14, 2015 Consent Agreement, effective August 10, 2017. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

PAUL P. CHU, M.D.

Dr. Chu was appearing before the Board pursuant to his request for release from the terms of his July 8, 2015 Consent Agreement. Mr. Giacalone reviewed Dr. Chu's history with the Board.

Mr. Giacalone asked Dr. Chu about his current practice situation. Dr. Chu replied that he works in London, Ohio, as an anesthesiologist.

Mr. Giacalone asked if Dr. Chu would share his story with the medical residents in attendance. Dr. Chu agreed.

Dr. Chu stated that he came to the attention of the Board due to substance abuse issues. Dr. Chu stated that the toughest part of his recovery was breaking through his denial and being honest with himself. Dr. Chu stated that he is grateful to be here today, grateful to the Medical Board for not giving up on him, and grateful to the many people who were involved with his recovery. Dr. Chu stated that recovery has changed his life. Dr. Chu continued that alcoholism is not just about drugs and alcohol, it is a way of thinking and living one's life. Dr. Chu stated that alcoholism is a very self-centered disease, and recovery teaches one to reach out to others and to be humble. Dr. Chu stated that recovery was not easy because it went against everything that he had been living all his life

Dr. Steinbergh noted that Dr. Chu has been with the Board since 1998. Dr. Steinbergh expressed concern about some of the choices that Dr. Chu has made, including in the recent past, such as violating his agreements. Dr. Steinbergh stated that Dr. Chu will be released from probation today, but the choices he makes could bring him back to the Board. Dr. Steinbergh hoped that Dr. Chu is as sound as he believes he is and that he continues to do well.

Mr. Giacalone stated that the Board's purpose is to protect the public, not to protect physicians' jobs. Mr. Giacalone noted that Dr. Chu has a history of relapse. Mr. Giacalone stated that the Board is not in the business of giving multiple chances and that another appearance before the Board could mean the end of Dr. Chu's career. Mr. Giacalone advised Dr. Chu to jealously guard his sobriety because he has a lot to lose.

Mr. Gonidakis and Dr. Steinbergh wished Dr. Chu luck.

Dr. Steinbergh moved to release Dr. Chu from the terms of his July 8, 2015 Consent Agreement, effective August 30, 2017. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

RAYMOND C. GRUENTHER, M.D.

Dr. Gruenther was appearing before the Board pursuant to his request for release from the terms of his

August 13, 2014 Consent Agreement. Mr. Giacalone reviewed Dr. Gruenther's history with the Board.

Mr. Giacalone asked Dr. Gruenther to describe his current practice situation. Dr. Gruenther replied that he works in an urgent care in the Groveport, Ohio, area.

Mr. Giacalone asked how Dr. Gruenther came to the attention of the Board. Dr. Gruenther stated that the had practiced as a family physician for 30 years and was treating about 20 patients for pain. Dr. Gruenther stated that he had not recognized or responded appropriately to some aberrant behavior from these patients, such as asking for early prescription refills and claiming that their prescriptions had been stolen. Dr. Gruenther stated that he had believed these patients. Dr. Gruenther also stated that he did not document this aberrant behavior in the patient charts.

Mr. Giacalone asked about the reports to Dr. Gruenther's office that his patients were abusing or selling narcotics. Dr. Gruenther stated that he gave his patients the benefit of the doubt at first, but when he would research the matter and find the allegations to be true, he would dismiss that patient from his practice. Mr. Giacalone observed the Dr. Gruenther had been prescribing 1300 mg of oxycodone to some of his patients. Mr. Giacalone asked if Dr. Gruenther had found that to be strange or unusual. Dr. Gruenther replied that he did not find it strange or unusual at the time, but he would find it so now.

Mr. Giacalone asked if Dr. Gruenther still prescribes opioids. Dr. Gruenther answered that he no longer prescribes opioids. Mr. Giacalone asked about the controlled substance prescribing course that Dr. Gruenther had taken. Dr. Gruenther stated that the course helped a great deal and taught him how to say "no," how to recognize aberrant behavior, and how document and monitor patients more appropriately.

Dr. Schottenstein noted that Dr. Gruenther substantially increased doses of narcotics for some patients over time. Dr. Schottenstein asked if this was because the patients were reporting that their prescriptions were not working and they needed more. Dr. Gruenther answered affirmatively. Dr. Schottenstein asked if Dr. Gruenther had been mindful at that time that the patients may have been drug-seeking. Dr. Gruenther responded that he had referred those patients to a specialist and had reduced their medication.

Dr. Schottenstein observed that Dr. Gruenther's current employer has a policy of not prescribing narcotics. Dr. Gruenther stated that there is some leeway in the policy if narcotics are needed for severe pain or burns. Dr. Schottenstein asked what prescribing habits Dr. Gruenther would adopt in the future if he is in a practice with such a policy. Dr. Gruenther stated that he will not prescribe any long-acting medications, he will review the Ohio Automated Rx Reporting System (OARRS), he would counsel his patients about safeguarding their medications, and he would have a pain contract with patients. Dr. Schottenstein commented that it is important to be able to say "no" to a patient when appropriate. Dr. Gruenther agreed.

Dr. Steinbergh stated for the benefit of the medical residents in attendance that there is an appropriate way to prescribe to treat both acute pain and chronic pain. Dr. Steinbergh advised the residents to always stay within the guidelines when prescribing opioids and to document why they are prescribing them. Dr. Steinbergh stated that physicians must also watch for indications of addiction in their patients.

Mr. Giacalone advised the residents to not be naïve in their practices. Mr. Giacalone noted that Dr. Gruenther had seen signs of addiction but did not act on them. Mr. Giacalone stated that addicts are notorious for lying, so physicians should not simply trust their patients in these matters. Mr. Giacalone stated that there are already too many addicts in Ohio and part of the blame lies with opioids prescribed

by physicians like Dr. Gruenther. Mr. Giacalone opined that if Dr. Gruenther's case had appeared before the Board more recently he may have had his medical license revoked. Mr. Giacalone agreed that pain should be treated, but it should be done with common sense. Mr. Giacalone commented that a general practitioner should not be prescribing 1300 mg of oxycodone and such patients should be referred to a pain specialist.

Dr. Schottenstein moved to release Dr. Gruenther from the terms of his August 13, 2014 Consent Agreement, effective August 14, 2017. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

SIVA RAO MURTHY, M.D.

Dr. Murthy was appearing before the Board pursuant to his request for release from the terms of his August 8, 2012 Consent Agreement. Mr. Giacalone reviewed Dr. Murthy's history with the Board.

Mr. Giacalone asked Dr. Murthy to describe his current practice situation. Dr. Murthy replied that he is an emergency medicine physician in Marietta, Ohio. Mr. Giacalone asked Dr. Murthy to address the medical residents in attendance regarding his situation. Dr. Murthy agreed.

Dr. Murthy stated that the practice of medicine is wonderful, but can be all-consuming as well. Dr. Murthy stated that most of his practice had initially been oncology, so there was a lot of sadness almost every day. Dr. Murthy commented that his first wife died of breast cancer.

Dr. Murthy continued that he had thought he had been doing great, but things went out of control without his realizing it. Dr. Murthy stated that some of his friends had seen that he had problems, but he did not want to believe them. Dr. Murthy stated that if he had listened to his friends or even thought about his behavior, he would have sought treatment much sooner.

Dr. Murthy advised the residents to take a week or ten days every five years to escape the internet, medical tasks, and their cell phone, and just concentrate on what is happening in their lives. Dr. Murthy opined that if he had done that when he was 40 or 50 years old he would have been much better off.

Dr. Murthy stated that his recovery process saved him and has been great for his work also. Dr. Murthy stated that he is now much closer to his four children and that one of his children is probably alive today because Dr. Murthy went into treatment; the month he left treatment, his son entered treatment. Dr. Murthy felt that seeing him come out of treatment gave his son the courage to go into treatment. Dr. Murthy stated that he and his son are now basically each other's sponsors and they talk often. Dr. Murthy stated that he learned in recovery that following the terms of compliance is one thing, but actually incorporating everything one learns in recovery into one's life is an entirely different thing. Dr. Murthy stated that he is grateful to be doing what he is doing.

Dr. Schottenstein asked how Dr. Murthy had reacted when his friends told him he should cut back on his alcohol consumption. Dr. Murthy replied that he had reacted by insisting that he did not have a problem, and then would attempt to prove it by not drinking for a month. Dr. Schottenstein stated that it is common for those prone to alcohol issues to be irritated by such feedback from family and friends. Dr. Schottenstein stated that it is also common for such people to stop drinking for a period of time, even weeks or months, just to prove that they do not have a problem. Dr. Schottenstein stated that taking such breaks from drinking builds a false sense of confidence and convinces them that they do not have a

problem. Dr. Schottenstein stated that some people are in Alcoholics Anonymous (AA) for many years and then decide that it must be okay to have a drink at that point. However, it is never okay for an alcoholic to drink alcohol. Dr. Murthy agreed and stated that he knew a physician who had 20 years of sobriety and then relapsed.

Dr. Murthy thanked the Board's Compliance staff for the help they have given him over the years.

Dr. Steinbergh moved to release Dr. Murthy from the terms of his August 8, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

MATTHEW C. RIESEN, M.D.

Dr. Riesen was appearing before the Board pursuant to his request for release from the terms of his August 8, 2012 Consent Agreement. Mr. Giacalone reviewed Dr. Riesen's history with the Board.

In response to questions from Mr. Giacalone, Dr. Riesen stated that he has moved back to his hometown and is working with a solo practitioner in a family practice office. Dr. Riesen stated that he has a good balance in his life. Dr. Riesen stated that he is not married and has no children, but his family and Alcoholics Anonymous (AA) supports him. Dr. Riesen added that he loves sports and often attends sporting events. Dr. Riesen stated that he intends to continue in his recovery program after he is released from probation and that he currently sponsors two people.

Dr. Schottenstein noted that Dr. Riesen has been diagnosed with bipolar disorder and asked how his mood has been holding up. Dr. Riesen replied that his mood is happy, but that was actually the problem before; Dr. Riesen had not realized that he had been too happy. Dr. Riesen felt that his hypomania affected his life and his sobriety. Dr. Riesen often wondered if he was self-medicating with drugs and alcohol because of the bipolar disorder, or if he had bipolar disorder because he was abusing drugs and alcohol. Dr. Riesen stated that his psychiatrist advised him that it does not matter which came first, both his addiction and his bipolar disorder must be treated. Dr. Schottenstein agreed with this comment.

Addressing the medical residents in attendance, Dr. Riesen stated that he had been on his way to death and he was not listening to people. Dr. Riesen stated that he became angry when approached by others about his drinking and he took such approaches as a personal attack on him. Dr. Riesen stated that he has no doubts the he would be dead if he had not stopped drinking and abusing drugs.

Dr. Steinbergh asked about Dr. Riesen's education and training. Dr. Riesen answered that he attended the University of Toledo School of Medicine and entered family medicine training program at Toledo Hospital. Dr. Riesen stated that he completed almost two years of the training program before leaving and going into practice.

Dr. Steinbergh asked if there had been red flag indications of Dr. Riesen's problems during his training. Dr. Riesen stated that he knew he had a problem in college, but he was successful and did not realize it was starting to ruin his life. Dr. Riesen stated that people would approach him during medical school and training about his problems, but it only angered him and he would try to not use drugs or alcohol later that day after work.

Dr. Steinbergh asked if Dr. Riesen's disease was the reason or part of the reason that he left his training

program. Dr. Riesen replied affirmatively. Dr. Steinbergh asked if Dr. Riesen ever considered going back to training to complete the residency so that he can become specialty board-certified. Dr. Riesen answered that he has considered doing so. Dr. Riesen stated that the family physician he had when growing up had asked Dr. Riesen to join him in his practice, and Dr. Riesen had found that to be a perfect opportunity for him. Dr. Riesen stated that his partner is now almost 80 years old. Dr. Steinbergh encouraged Dr. Riesen to complete his training and become board-certified, stating that doing so could help his future career in terms of hospital credentialing or wanting to teach. Dr. Riesen thanked Dr. Steinbergh for her advice.

Dr. Steinbergh moved to release Dr. Riesen from the terms of his August 8, 2012 Consent Agreement, effective August 16, 2017. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

FAREWELL TO MR. KENNEY

Mr. Groeber stated that this is Mr. Kenney's final Board meeting. As a token of gratitude for many years of service and in recognition of Mr. Kenney's substantial impact on the Board, Mr. Groeber presented Mr. Kenney with a plaque. Mr. Groeber also presented Mr. Kenney with an engraved stethoscope. The physician members of the Board advised Mr. Kenney on how to properly wear the stethoscope.

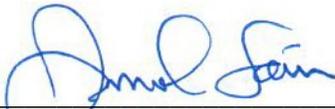
Mr. Kenney stated that it has been a pleasure to serve on the Medical Board.

ADJOURN

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

Thereupon, at 3:35 p.m., the August 9, 2017 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 August 9, 2017, as approved on September 13, 2017.



Amol Soin, M.D., President



Kim G. Rothermel, M.D., Secretary

(SEAL)





PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES

August 8, 2017

The meeting was called to order at approximately 1:34 p.m. on Tuesday August 8, 2017.

Committee members present: Donald Roberts, Robert Zaayer, PA-C; Scott Cackler, PA-C; Curtis Gingrich, M.D., Joshua Cox, R.Ph.; and Anita Steinbergh, D.O.

Staff members present: Sallie Debolt, and Cathy Hacker.

Guest: Mandi Grandjean, OAPA, Beth Adamson, OAPA, Greg Lestini, OAPA.

I. [Review of the July 11, 2017 minutes:](#)

Dr. Steinbergh moved to approve the minutes. Mr. Cackler seconded the motion. All other members voted aye. The motion carried.

Ms. Debolt stated that there was an omission in the March 2016 minutes. It was requested that the March 2016 PAPC minutes be amended to reflect that the committee reviewed rule 4731-21 and recommended it for filing at CSI.

II. [Formulary Review](#)

The committee recommended that PA's be able to order Buprenorphine for administration in a hospital setting without the data waiver for use other than for opioid dependency.

Dr. Steinbergh moved to approve this change. Mr. Cackler seconded the motion. All members voted aye. The motion carried.

The committee discussed where Zinplava was placed in the formulary under the miscellaneous GI agents. Mr. Zaayer and Dr. Gingrich both agreed that the listing of this medication under the miscellaneous GI agents indicates its accepted use and does not limit PA usage to those within a GI specialty. Therefore there is no need to alter the current formulary. No change was made to the formulary.

It was brought to the committee's attention that Taltz was on the formulary but not Cosentyx. Mr. Cox noted that this is a Biological response modifier and but one example of this class of medication. He recommended to add anti psoriatic monoclonal antibodies category and that this would cover all psoriatic medications.

Dr. Steinbergh moved to add the category anti psoriatic monoclonal antibodies to the formulary in the physician initiated category. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

The committee then reviewed the request from Cleveland Clinic requesting that Immune-Suppressants; Immune-modulators; Interferon; Monoclonal antibodies; and potassium channel blockers all be moved to the CTP holder may prescribe category from the CTP may not and the PI category. Dr. Steinbergh wants them all to be PI by protocol in a hospital setting. Mr. Cackler agreed, however, he stated that some of these medications can be used

for other purposes and should be in the PI category. Mr. Cox noted that Xgeva was in the wrong category on the formulary.

Dr. Steinbergh moved to put all of these medications in the PI/Consult category and to add that in a neurologist practice only. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

The request by Caitlin Jones for clarification for the use of HCG while practicing in a physical medicine practice was reviewed. The rationale for utilization of this medication after review of its approved indications was not clear.

Dr. Steinbergh moved to table this request and ask for clarification of what the HCG hormone would be used for. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

III. New business

Dr. Gingrich stated that a Survey Monkey was sent to all members of the committee and that only 3 responses were received. Mr. Cackler stated that he did not receive the survey. Dr. Gingrich proposed that the PAPC meetings be moved to the 1st Monday of every month starting at 8:30A.M.-10:00 A.M. Mr. Cox stated that he was unable to commit to that date due to his work obligations. Mr. Cox offered to work with Ms. Keller to be certain that at least one of the Pharmacists would be available for each meeting. Mr. Cox felt that the 2nd Monday of the month would be a better time for him so long as he would be able to also attend the Pharmacy Board meeting by 10 a.m.

Dr. Gingrich moved to change the PAPC meeting dates to the 2nd Monday of the Month to start at 8:30 a.m. and to last no later than 10:00 a.m. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

Mr. Lestini informed the committee that the OAPA wants to legislatively change the formulary to use FDA approved drugs as the list of drugs for PA's to prescribe instead of the current formulary. Potential short term solutions to allow all new medication be added to the formulary and then reviewed by the committee for recommendations was discussed. It was determined that this would not be in the best interest of public safety and could add confusion to the prescribing ability of PA's if the default was to allow a medication and then it was subsequently removed. The committee will continue to monitor and work to improve its efficiency at reviewing medication requests and new medications and voiced understanding of the goal of Mr Lestini to seek legislative change during the current legislative cycle.

The Physician Assistant Policy Committee meeting was adjourned by Dr. Gingrich at approximately 3:00 p.m. on Tuesday, August 8, 2017.

I hereby attest that these are the true and accurate minutes of the Physician Assistant Policy Committee of the State Medical Board of Ohio, meeting on August 8, 2017.

Curtis Gingrich, MD, Chair, PAPC

State Medical Board of Ohio

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE MEETING

August 9, 2017

30 E. Broad St., Columbus, OH Room 345

<p>Members: Anita M. Steinbergh, D.O., Chair Andrew P. Schachat, M.D. Mark A. Bechtel, M.D. Robert P. Giaclaone</p> <p>Other Board member present: Kim G. Rothermel, M.D. Bruce R. Saferin, D.P.M. Michael Schottenstein, M.D.</p>	<p>Staff: Sallie Debolt, Senior Counsel Cathy Hacker, Physician Assistant Program Administrator</p>
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Dr. Steinbergh called the meeting to order at 7:30 a.m.

MINUTES REVIEW

Dr. Schachat moved to approve the draft minutes of July 12, 2017. Dr. Bechtel seconded the motion. The motion carried.

PHYSICIAN ASSISTANT FORMULARY REVIEW

Buprenorphine

Ms. Debolt stated that if buprenorphine is added to the physician assistant formulary, physician assistants, even those with no DATA 2000 waiver, will be able to order or administer buprenorphine in inpatient settings for patients who are undergoing a procedure but may go into withdraw. Dr. Steinbergh emphasized that the buprenorphine in such a scenario is not being used to treat the patient for opioid addiction; rather, it is to prevent withdraw.

Dr. Steinbergh continued that, under the three-day rule, a practitioner who does not hold a DATA 2000 waiver may administer, but not prescribe, buprenorphine in order to relieve acute withdrawal symptoms while arranging for the patient's referral for treatment when certain conditions are met.

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) has recommended approval of adding buprenorphine to the physician assistant formulary both of the above uses. Dr. Bechtel agreed that this is reasonable and in the best interest of patient safety. Dr. Schachat also agreed. In response to a question from Dr. Schachat, Dr. Steinbergh stated that the physician assistant will be able to initiate the buprenorphine on their own.

Zinplava

Dr. Steinbergh stated that Zinplava is used to treat Clostridium Difficile Infection (CDI) and is part of the treatment to reduce recurrence of CDI. Dr. Steinbergh stated that there has been some question about removing Zinplava from the GI category of the formulary because the medication is used in internal medicine as well as gastroenterology. The PAPC discussed this and determined that, since

gastroenterology is a part of internal medicine, there should be no changes for Zinplava in the formulary.

Taltz

Dr. Steinbergh stated that Taltz is used to treat severe psoriasis, among other conditions. The PAPC has recommended replacing the term “Taltz” with the generic name for the medication and to place it in the monoclonal antibodies category.

Immune-Suppressants, Immune-Modulators, Interferon, Monoclonal Antibodies, and Potassium Channel Blockers

Dr. Steinbergh stated that the PAPC has recommended placing these medications in the Physician-Initiated category of the formulary.

HCG

Dr. Steinbergh stated that a physician assistant has inquired about a physician assistant’s ability to use HCG in a physician medicine practice. Dr. Steinbergh noted that HCG is sometimes used for weight-loss, which is not a Food and Drug Administration (FDA) approved use. Dr. Steinbergh stated that, following discussion, the PAPC decided to table this topic so that further information can be gathered from the physician assistant.

Standard Format for Physician Assistant Formulary Requests

Dr. Schachat asked if the Committee should consider having a standard form for requests regarding the physician assistant formulary. Dr. Schachat suggested that such forms that are used by large medical facilities, such as the Ohio State University Wexner Medical Center and the Cleveland Clinic, could be used as a template for creating the Board’s own form. Dr. Steinbergh agreed and stated that the person with the request could also attach documentation to the form. Ms. Debolt stated that such a form, once produced, could be placed on the Board’s website.

Dr. Schachat moved to approve the changes to the physician assistant formulary as discussed. Dr. Bechtel seconded the motion. The motion carried.

PHYSICIAN ASSISTANT POLICY COMMITTEE

Dr. Steinbergh stated that to avoid future quorum issues, the Physician Assistant Policy Committee (PAPC) has decided to change its meetings to the second Monday of each month from 8:30 a.m. to 10:00 a.m. Dr. Steinbergh stated that this will make it easier for the Board of Pharmacy member of the PAPC to attend and not conflict with the Board of Pharmacy meetings.

The Committee briefly discussed the role of the PAPC and the possibility of transferring the responsibility to review proposed changes to the physician assistant formulary to the Physician Assistant/Scope of Practice Committee. Mr. Giacalone suggested that if the PAPC were an advisory committee and their input was welcome but not required, then proposed changes to the formulary could proceed even if PAPC had trouble obtaining a quorum.

The Committee acknowledged that no changes can occur without statutory changes by the legislature.

PROPOSAL FOR EXCLUSIONARY FORMULARY

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) continues to consider the proposal to change to an exclusionary formulary. Dr. Steinbergh explained that in an exclusionary formulary, new medications are automatically placed in the formulary and physician assistants can prescribe them unless and until the medication is removed from the formulary. Dr. Steinbergh contrasted this with a negative formulary, in which only medications that may not be prescribed are listed. Dr. Steinbergh stated that the Ohio Association of Physician Assistants (OAPA) supports an exclusionary formulary. Dr. Steinbergh stated that the Board still has concerns about the Physician-Initiated category on the formulary, whereas the OAPA has no concerns about eliminating that category and simply allowing physician assistants to prescribe the medications.

Mr. Giacalone suggested a negative formulary with an exclusionary period of perhaps 60 days after a new medication becomes available. Mr. Giacalone stated that the Board could add new medications to the negative formulary during the exclusionary period if it feels that physician assistants should not prescribe it. Mr. Giacalone opined that this would be better than having an exclusionary formulary in which a physician assistant may prescribe a new medication for a period of time before the Board determines that physician assistants must stop prescribing it. Dr. Bechtel agreed.

Dr. Schachat stated that quorum problems with PAPC may prevent timely review of new medications. Mr. Giacalone agreed and opined that this should be pursued in tandem with possible changes to PAPC which the Committee discussed earlier. Dr. Steinbergh commented that she has contacted Mr. Groeber and Mr. LaCross about the need for an internal conversation about the future of the PAPC.

ADJOURN

Dr. Schachat moved to adjourn the meeting. Dr. Bechtel seconded the motion. The motion carried.

The meeting adjourned at 8:00 a.m.

Anita M. Steinbergh, D.O.
Chair

blt

State Medical Board of Ohio

LICENSURE COMMITTEE MEETING
August 9, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Bruce R. Saferin, D.P.M., Chair Kim G. Rothermel, M.D. Michael Schottenstein, M.D. Members absent: Richard A. Edgin, M.D. Ronan M. Factora, M.D.	Staff: Joseph Turek, Deputy Director for Licensure Chantel Scott, Chief of Renewal Mitchell Alderson, Chief of Licensure Colin DePew, Assistant Attorney
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Dr. Saferin called the meeting to order at 8:00 a.m.

MINUTES REVIEW

Dr. Rothermel moved to approve the draft minutes of June 14, 2017. Dr. Schottenstein seconded the motion. The motion carried.

LICENSURE APPLICATION REVIEWS

Amanda Jean Gamache, M.T.

Dr. Saferin stated that Ms. Gamache is applying for restoration of her Ohio massage therapy license. Ms. Gamache indicated on her application that she had not practiced massager therapy since her license expired in 2015. Ms. Gamache filed her application for restoration in June 2017, about six months beyond the two-year period after which applicants can be required to provide proof of competency to resume practice. Dr. Saferin asked the Board to consider whether to approve Ms. Gamache's application as presented, or to require her to pass the Massage and Bodywork Licensing Examination.

Dr. Rothermel moved to recommend approval of Ms. Gamache's application as presented. Dr. Schottenstein seconded the motion. The motion carried.

Inder Raj Grewal, M.D.

Dr. Saferin stated that Dr. Grewal has applied for initial licensure in Ohio. Dr. Grewal indicated on her application that she has not engaged in the clinical practice of medicine since July 2013. Dr. Grewal is a 1999 graduate of Dayanand Medical College and Hospital at Punjab University in India. Dr. Grewal has completed a total of five years of post-graduate training in the United States, all certified by the Accreditation Council for Graduate Medical Education (ACGME). Dr. Grewal's most recent experience was as a staff psychiatrist at Alina Mental Health in Fridley, Minnesota, in 2013.

Dr. Rothermel moved to recommend that the application of the license of Inder Grewal, M.D., be approved and immediately limited to participation in a Board approved thirty-day preceptorship that includes one week of observation and three weeks of patient care under direct supervision. Dr. Rothermel further moved that the limitations and restrictions on Dr. Grewal's ability to practice outside the thirty-day preceptorship shall be lifted upon receipt of

evidence acceptable to the Board or its designee that Dr. Grewal has successfully completed the thirty-day preceptorship. Dr. Rothermel further moved that Dr. Grewal successfully complete a Board- approved Psychiatry and Neurology Board Review Course, within one year of the date of mailing the Notice of Opportunity for a Hearing. Dr. Schottenstein seconded the motion. The motion carried.

Muhammad Anjum, M.D.

Dr. Saferin stated that Dr. Anjum is applying for medical licensure in Ohio. Dr. Anjum indicated on his application that that he has not engaged in the clinical practice of medicine since December 2008. Dr. Anjum is a graduate of King Edward Medical University and he completed an internal medicine internship. The proposed motion is to approve Dr. Anjum's application pending successful completion of the Special Purpose Examination (SPEX) and a Board-approved preceptorship including one-month of direct observation, one month of on-site preceptor with review of each patient before treatment, and three months of chart review.

Dr. Schottenstein expressed concerns that Dr. Anjum was required to repeat his intern year due to academic probation. Dr. Anjum was also placed on academic probation for his third post-graduate year (PGY-3) and was not offered a contract for his PGY-4. By way of explanation of these fact, Dr. Anjum stated that he had obstructive sleep apnea that provoked profound fatigue and that he was also dealing with different psycho-social stressors. Dr. Schottenstein noted that when Dr. Anjum applied for licensure by the Massachusetts Medical Board, he was denied licensure because the Massachusetts Board felt his skills were inadequate.

Dr. Schottenstein elaborated that Dr. Anjum was on academic probation from April 2008 to December 2008 because he did not achieve satisfactory evaluations in multiple areas, including patient care, medical knowledge, interpersonal communication skills, and professionalism. Dr. Schottenstein opined that this seemed to be a fairly profound constellation of deficiencies and he was uncertain if it could be explained by sleep deprivation and family stress. Dr. Anjum was relieved of his clinical duties from October 2008 to December 2008. Dr. Schottenstein observed that in Dr. Anjum's comments, he indicated that he resigned from his program because he was not comfortable with it. However, Dr. Schottenstein observed that Dr. Anjum had no choice but to resign because he was not offered a PGY-4 contract.

Dr. Schottenstein stated that Dr. Anjum had substantial gaps in his education and training, in addition to large amounts of time spent studying for board examinations, volunteering, doing research activities. Dr. Schottenstein added that Dr. Anjum graduated medical school in 1999 but, following some non-consecutive months of internships, did not enter into consistent medical training until June 2004. Dr. Anjum then had to repeat his internship year and did not complete it until 2006. Dr. Schottenstein noted that Dr. Anjum has not had clinical medical training or practice since leaving his neurology residency in December 2008.

Dr. Schottenstein stated that the last clinical work Dr. Anjum apparently did was in 2016 when he took the Drexel University Physician Refresher/Re-entry Course. Dr. Anjum had indicated that a letter would be sent from Drexel University to the Board, but no such letter was included in his packet. Dr. Schottenstein also did not see a certificate for having completed Drexel University's 10-week program. Dr. Schottenstein commented that the physician re-entry program does not seem sufficient for someone who has been out of clinical practice for eight years, particularly with Dr. Anjum's deficiencies and need for remediation. Dr. Schottenstein noted that Dr. Anjum had a good experience with the Bridgeport Family Medicine Externship, but he questioned whether that compensates for Dr. Anjum's deficiencies and time out of practice.

Dr. Schottenstein stated that Dr. Anjum would like to practice primary care in an underserved area. Dr. Schottenstein opined that an unsupervised, deficient physician can do a lot of damage in an underserved area. Dr. Schottenstein expressed concern that Dr. Anjum is lacking in the aptitude to practice medicine. Dr. Schottenstein wondered if Dr. Anjum would benefit from a Center for Personalized Education for Physicians (CPEP) assessment.

Dr. Rothermel agreed with Dr. Schottenstein's comments and opined that the Physician Assessment and Clinical Education (PACE) program may also be beneficial to Dr. Anjum. Dr. Rothermel stated that the Board could require Dr. Anjum to complete the PACE or CPEP programs at great expense as a condition for licensure, or do what the Massachusetts Board did and simply deny licensure. Dr. Schottenstein stated that he could support the PACE or CPEP programs, with the understanding that the Board may still deny license if the results of the assessment are unfavorable.

Dr. Schottenstein moved to recommend that Dr. Anjum complete the CPEP or PACE program so that the Committee can review the resulting assessment for further consideration of the application. Dr. Rothermel seconded the motion.

The Committee continued to discuss this matter thoroughly.

A vote was taken on Dr. Schottenstein's motion. The motion carried.

Per Nils Johan Fredrik Wierup, M.D.

Dr. Saferin stated that Dr. Wierup is requesting graduate medical education (GME) equivalency pertaining to Section 4731.14(B)(2), Ohio Revised Code. Dr. Wierup is a 1990 graduate of Lund University in Sweden and has a total of eight years of GME record activity in Sweden. Dr. Wierup also successfully completed a one-year clinical fellowship in thoracic surgery at Cleveland Clinic from 1998 to 1999. Dr. Wierup has practiced in Sweden and Denmark from 1999 to the present. Dr. Wierup currently holds an active Clinical Research Faculty Certificate; the location of that activity is Case Western Reserve University.

Dr. Rothermel moved to recommend that Dr. Wierup's training and experience in Sweden, Denmark, and the United States be deemed to be equivalent to the 24 months of graduate medical education through the second-year level of GME so that he may be granted a license. Dr. Schottenstein seconded the motion. The motion carried.

Leann Theresa Poston, M.D.

Dr. Saferin stated that Dr. Poston has applied for restoration of her Ohio medical license. Dr. Poston indicated on her application that she has not engaged in the clinical practice of medicine since 2008. Dr. Poston is a 1990 graduate of Wright State University School of Medicine and has not held an active board certification since December 2007. Dr. Poston has indicated that she would like to pursue an administrative medical license to accommodate a faculty appointment at Wright State University School of Medicine to perform administrative and academic functions only. Dr. Poston is current with continuing medical education (CME) requirements.

Schottenstein moved to recommend that the application of Leann Theresa Poston, MD for restoration of her license to practice medicine and surgery in Ohio is approved and immediately limited and restricted to the practice of administrative, non-clinical medicine. All limitations and restrictions shall terminate upon evidence acceptable to the Board or its

designee that Dr. Poston has successfully recertified her American Board of Medical Specialties Certification in Pediatrics and completed a Board approved preceptorship. Dr. Rothermel seconded the motion. The motion carried.

Meghan Renee Bunker, M.T.

Dr. Saferin stated that Ms. Bunker has applied for restoration of her Ohio massage therapy license. Ms. Bunker has indicated that she had not engaged in the active practice of massage therapy since her license expired in 2013.

Dr. Rothermel moved to recommend approval of Ms. Bunker's request for restoration of her Ohio massage therapy license, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Schottenstein seconded the motion. The motion carried.

Jennifer Lynn Kinney, M.T.

Dr. Saferin stated that Ms. Kinney has applied for restoration of her Ohio massage therapy license. Ms. Kinney has indicated that she had not engaged in the active practice of massage therapy since her license expired in 2014.

Dr. Schottenstein moved to recommend approval of Ms. Kinney's request for restoration of her Ohio massage therapy license, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Rothermel seconded the motion. The motion carried.

CHAPTER 4731-10, OHIO ADMINISTRATIVE CODE, PHYSICIAN CME RULES

Dr. Saferin stated that these proposed amendments to the Board's administrative rules relate to physician continuing medical education (CME) for providing uncompensated care to indigent and uninsured patients. These amendments are proposed to reflect the statutory requirement that physicians be allowed to earn up to one-third of their required CME by providing uncompensated medical care to indigent and uninsured patients. The proposed rules were circulated to interested parties with an invitation to submit comments. Only one comment was received; no amendments to the draft are proposed.

In response to a question from Dr. Rothermel, Ms. Turek confirmed that these proposed amendments apply only to Category 2 CME credits. Dr. Saferin asked what will happen if, as has been contemplated, the law is changed so that the Category 2 CME requirements are eliminated and the requirements for Category 1 CME are increased to 50 hours per renewal period. Mr. Turek replied that the new law states that up to one-third of a physician's CME requirements can be satisfied by providing uncompensated care to indigent and uninsured patients; therefore, if Category II requirements are eliminated, the Rule would have to be amended so that physicians can be credited up to 16 2/3 Category I credits. However, Mr. Turek stated that he has discussed this with Mr. LaCross and there may be an effort to change this law.

The Committee members continued to discuss this and agreed that, while it is laudable to provide uncompensated care to indigent and uninsured patients, it does not expand a physician's knowledge base. The Committee was comfortable with such care counting as Category II CME credits, but opined that it would be inappropriate as Category I CME credits.

The Committee recommended approval of the proposed amendments.

ADJOURN

Dr. Schottenstein moved to adjourn the meeting. Dr. Rothermel seconded the motion. The motion carried.

The meeting adjourned at 8:35 a.m.

Bruce R. Saferin, D.P.M.
Chair

blt

State Medical Board of Ohio

POLICY COMMITTEE MEETING

August 9, 2017

30 East Broad Street, Columbus, OH 43215, Room 336

<p>Members: Andrew P. Schachat, M.D. Robert Giacalone Acting chair Mark. A. Bechtel, M.D.</p> <p>Other Board Members Present: Kim G. Rothermel, M.D. Michael Schottenstein, M.D. Anita Steinbergh, D.O.</p>	<p>Staff: A.J. Groeber, Executive Director Kimberly Anderson, Chief Legal Counsel Sallie J. Debolt, Senior Counsel David Fais, Deputy Director Nathan Smith, Senior Legal and Policy Attorney Rebecca Marshall, Chief Enforcement Attorney Jonithon LaCross, Director of Public Policy & Government Affairs Tessie Pollock, Director of Communication Joan Wehrle, Education & Outreach Program Manager</p>
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Mr. Giacalone called the meeting to order at 8:30 a.m.

MEETING MINUTES REVIEW

Dr. Bechtel moved to approve the Policy Committee minutes of the July 12, 2017 meeting. Dr. Schachat seconded the motion. The motion carried.

LEGISLATIVE UPDATE

Mr. LaCross reported that the “one bite” legislation is pending as the legislature is currently recessed.

He reported that he had sent a list of proposed items to be amended in statute to Board members for feedback. Many items are function based due to the upgrade to the eLicense system. He said that items will be prioritized after feedback is received.

Mr. LaCross indicated that Board consolidation clean-up language is first on the Board’s legislative agenda as the Board begins regulating dietitians and respiratory therapists in January 2018. We will draft an amendment and find a vehicle for it so that the changes can be in place as soon as possible.

Mr. LaCross also thanked the professional associations for their help with the acute pain rules.

ONE-BITE REPORTING EXEMPTION LEGISLATION

Mr. Groeber reported that the legislation moved out of the House into the Senate health committee. The emergency clause remained in the House version. Board staff is working with Ohio Physicians Health Program representatives on a few items so that we will be ready to move forward when the legislature is in session.

MEDICAL MARIJUANA RULES

Ms. Anderson said that the medical marijuana rules will be presented to the Board this afternoon for approval to final file the rules. She reported that the public hearing and the JCARR meetings have been held. The rules have gone through with no changes at either level outside of the change we had to do because of language in the budget bill regarding risks/benefits which we discussed at the July meeting.

RIGHT-TO-TRY INFORMED CONSENT FORM

Mr. Smith reported that this topic was introduced in June. The form is included in the committee packet on pages 12-15. He reported that he has spoken with some other states, as well as with Mr. Giacalone, and he appreciated the feedback he received. Mr. Smith noted that he tried to address the comments received in June as well.

Mr. Smith stated that most of the content of the form is taken from the statute, O.R.C. 4731.97, which includes specific factors that must be included in the form. He said that a lot of different forms were reviewed from various universities and hospitals and the proposed form begins on page 12.

The consent form defines investigational drugs, products or devices in realistic language. The treating physician completes the patient information; provides the terminal condition of the patient; explains the approved treatment options; lists the proposed investigational drug, product or device; provides the best and the worst potential outcome of treatment with the investigational drug, product or device; and describes the more likely outcome.

A second section of the form makes sure that when the patient is signing the informed consent that they have knowledge of the Ohio statute and the FDA regulations regarding investigational drugs, products or devices. Some additional terms are also listed on the form.

The consent form must be signed by the patient and a witness. The witness attests that they witnessed the patient sign the consent form and they observed and attest that the patient: 1) concurred with the treating physician in believing that all approved treatment options would be unlikely to prolong the patient's life; 2) understood the risks involved with using the investigational, drug, product or device; and 3) willingly desired to use the investigational drug, product or device to treat the terminal condition.

This form is only for the right-to-try drugs, products, and devices that have gone through Phase I clinical trials. Dr. Bechtel explained that the number of patients involved in a Phase I clinical trial is very limited. There may only be between 10 to 20 patients in the trial. The purpose is to assure that there is no acute toxicity that would result in death or significant disability.

Dr. Bechtel said that by the time the drug gets to Phase II there is very little knowledge about the drug. The safety and efficacy of the drug is unknown until the trials get expanded to include more patients. When patients sign the consent form, very few other patients have had exposure to the drug and its true side-effects are unknown.

Mr. Smith noted that Dr. Bechtel's concerns had been raised in June and he reported he tried to present the reality that these drugs have not been determined to be safe. He pointed out that the definitions on page 12 state "*Successful completion of phase one means that the FDA has determined that drug is not so toxic that human testing cannot continue.*" Also, page 13 includes language from

that statute: *It is possible that you may experience new, unanticipated, different or worse symptoms with the use of this drug, product or device. It is also possible that your death could be hastened with treatment or use of this investigational, drug, product or device.*

Dr. Schachat asked if the consent form template is one that institutions can adapt and use. Mr. Smith responded that the statute requires that we provide a template that can be shared with hospitals and physicians. Doctors and hospitals could tailor the form but it must include the core elements of the statute. Dr. Schachat said we should build FAQ about how doctors and institutions can tailor the form.

Dr. Schachat commented that health care literacy of many patients is at the fifth or sixth grade level. He suggested we may be able to make it a bit more readable for patients by simplifying the language and avoiding words such as “pursuant to section . . .”

He also commented that patients can't really understand the risks involved in the right-to-try drugs because we don't know enough about the drug to be aware of the risks.

Dr. Steinbergh indicated that she understands the Board is required to develop the form. She asked if institutions that participate in clinical trials already have informed consent forms. Dr. Schachat said that informed consent forms are used for patients enrolled in a clinical trial. This consent template is for the right-to-try an investigational drug, product or device for patients with a terminal condition.

Dr. Schachat noted that patients with a terminal condition are ineligible for the regular clinical trial. He also noted that the drug company must approve the patient's right-to-try. The drug companies are very stringent on who will have access to the clinical trial drug.

Mr. Smith said that 37 states have right to try legislation. Additionally, a bill just passed the US Senate last week on this topic that still has to be revised in the House.

Mr. Smith asked the committee for approval to send it to the board for adoption. **Dr. Bechtel moved to recommend approval of the right to try informed consent form to the full Board. Dr. Schachat seconded the motion. The motion carried.**

Committee members also asked that FAQs be developed regarding the form.

Dr. Schachat suggested that the form include a signature line for treating physician. Committee members agreed with this modification to the form.

ACUTE OPIOID PRESCRIBING RULES

Ms. Anderson said that the public hearing and JCARR meetings have been held. She reported that a small change has been made to the Pharmacy Board rule requiring ICD-10 information on controlled substance prescriptions which delayed implementation of the rule in two parts. The first was for opioids and a later enforcement provision addressing controlled substances. It did not change the substance of the Medical Board rules. It just delays the enforcement mechanism and when the Board would start obtaining the ICD-10 data.

The Medical Board's acute opioid prescribing rule remains unchanged but the Board needs to be aware of the enforcement delay because of the Pharmacy Board rule change.

FAQ for RULE 4731-11-09

Ms. Anderson said that the committee materials included the draft FAQs regarding Rule 4731-11-09, Prescribing to Persons Not Seen by the Physician. She also distributed copies of comments and suggested edits received on Monday afternoon from the Ohio Hospital Association.

Ms. Anderson reported that she and Ms. Debolt appreciated the time and help that Drs. Steinbergh and Schachat provided on the FAQs, particularly with the cross coverage and on-call situations. Ms. Anderson said that two questions were added to the FAQs. New Q10 defines “institutional facilities” for controlled substances and new Q11 addresses a situation regarding drugs used for screening colonoscopies. In Q11 the referring physician is deemed the evaluating physician in that situation.

Ms. Anderson reported that the OHA edits are categorized as non-substantive. She indicated she would like to move forward on the FAQs so that the information can be shared with licensees. It is anticipated that the Board will receive additional questions about the rule which can be addressed in the future by the policy committee.

Dr. Schachat moved to recommend approval of the FAQs to the full Board. Dr. Schachat seconded the motion. The motion carried.

FSMB RESOLUTION FOR ACUTE PRESCRIBING WORK GROUP

Ms. Anderson said that the draft resolution is on page 16 as prepared by Dr. Schottenstein. She reported that Mr. Groeber received positive feedback when he talked with FSMB leadership to let them know we wanted to go forward with the resolution. Dr. Steinbergh reported she serves on the FSMB Education Committee and the committee recently met in Chicago. While at the meeting she spoke with the FSMB CEO regarding the Ohio resolution.

Dr. Steinbergh expressed her support of distributing the Ohio resolution to other states for their support as it adds value when the matter is reviewed by the FSMB reference committees. She said that the Board has not submitted a resolution to the FSMB since 1999. In her experience, it is not unusual to learn that other states maybe working on similar issues. She thinks it is a good resolution and a timely topic.

Ms. Wehrle explained that in the past the Ohio resolution was sent to the Executive Directors of the other states to share and discuss with their Boards.

Dr. Schachat asked if we would ask for edits to the Ohio resolution. Dr. Steinbergh indicated that we would welcome their support of the Ohio resolution. Discussion followed regarding timelines for receiving feedback from other Boards. Mr. Giacalone suggested asking for feedback within 60 days after we send the letter out.

Dr. Schottenstein asked that Board members receive a copy of the letter to the other Boards.

Dr. Schachat moved that the resolution be discussed by the full Board this afternoon. Dr. Bechtel seconded the motion. Motion carried.

CONFIDENTIAL MONITORING PROGRAM FOR MENTAL AND PHYSICAL ILLNESS

Ms. Anderson said that we had talked last month about setting up a meeting with the individuals who had commented on the proposed rules. She reached out to Dr. Schottenstein, Dr. Rothermel and Mr. Giacalone, who had assisted staff with the rules, to be part of the discussion group. No meeting has been set up yet but we will soon be checking calendars to set up a meeting date. Ms. Anderson said we appreciate having Board members involved in this process.

ADJOURN

Dr. Schachat moved to adjourn the meeting. Dr. Bechtel seconded the motion. Motion carried.

The meeting adjourned at 9:06 a.m.

jkw

State Medical Board of Ohio

FINANCE COMMITTEE MEETING
August 9, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Donald R. Kenney, Sr., Chair Bruce R. Saferin, D.P.M. Michael Schottenstein, M.D. Michael L. Gonidakis Member absent Richard A. Edgin, M.D.	Staff: A.J. Groeber, Executive Director Susan Loe, Director of Fiscal and Human Resources
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Mr. Kenney called the meeting to order at 9:02 a.m.

MINUTES REVIEW

Dr. Saferin moved to approve Finance Committee July 12, 2017 meeting minutes. Dr. Schottenstein seconded the motion. The motion carried.

FISCAL UPDATE

Ms. Loe stated that the June Fiscal Report also represents the end of Fiscal Year 2017. In June, the Board received \$457,000 in revenue and had \$663,000 in expenditures. Ms. Loe stated that revenue in June was very low for two reasons; first, licensees had been encouraged to renew early before the conversion to the new e-licensing system in June; second, the e-licensing system was disabled for about one-and-a-half weeks in June for the conversion. Despite this, Ms. Loe noted that the Board's revenue for the Fiscal Year 2017 was \$9,700,000, significantly above the projection of \$9,200,000. Ms. Loe further noted that the even-numbered fiscal years tend to be the higher-revenue years due to the nature of the license renewal cycle. Ms. Loe anticipated additional revenue from dietetic and respiratory care licensees when those Boards are merged into the Medical Board in January 2018.

Ms. Loe continued that the number of initial licenses issued has increased from two years ago. Ms. Loe specifically noted a \$162,000 increase in revenue from expedited licensure compared to two years ago. Ms. Loe noted that licensees seem more likely to choose the expedited licensure option on the Board's online licensing system. Ms. Loe expected the number of expedited licenses to continue to increase.

Mr. Gonidakis asked if the amount of revenue expected to be lost due to the decrease in the initial licensure fee has been projected. Ms. Loe replied that the projected loss is about \$90,000, which is not significant. Mr. Kenney opined that licensure fees should be reduced further.

ACCOUNTS RECEIVABLE

Ms. Loe stated that \$33,500 was received in fines in Fiscal Year 2017 under the Board's new fining authority. Ms. Loe expected the amount received in fines to increase quickly, noting that if the Board approves all the Proposed Orders and proposed consent agreements at today's meeting, \$41,500 will be approved this month alone, while \$15,000 has already been received from the Board's actions in July. Mr. Kenney stated that the money collected in fines is supposed to be used for licensee

education. Dr. Saferin stated that Ms. Pollock has been producing videos and other materials to educate licensees.

Ms. Loe stated that about two more fines have been deemed uncollectible by the Attorney General's office. Ms. Loe stated that a fine may be deemed uncollectible if, for instance, the respondent has left the state or country, does not have employment, or owes a much greater amount to the Internal Revenue Service (IRS).

Ms. Loe stated that the Board has considered seeking fining authority since at least 2007, but it was accomplished in 2015 due mostly to the efforts of Mr. Kenney. With 75% of the Board's costs being spent on dealing with disciplinary issues, Mr. Kenney had felt that these costs should be shifted away from compliant licensees and towards those licensees that cause the costs. Since this is Mr. Kenney's final meeting, Ms. Loe presented Mr. Kenney with a frame containing the cancelled check, with personal information redacted, of the first fine received by the Board. The Committee agreed that this is an appropriate gift for Mr. Kenney as he leaves the Board. Dr. Saferin suggested that Ms. Loe present this to Mr. Kenney again at the full Board meeting this afternoon. Ms. Loe agreed.

BOARD MEMBER TRAVEL TO FSMB COMMITTEE EVENTS

Dr. Saferin moved to recommend approval for Mr. Giacalone to attend the Federation of State Medical Boards (FSMB) Prescription Drug Monitoring Program Workgroup meeting, and that his attendance is in connection with his responsibilities as a member of the State Medical Board of Ohio. Dr. Saferin further moved to recommend that any time spent working on the committee, if not compensated by other organizations, is considered normal working hours on behalf of the Board and that the Board will reimburse any expenditures not covered by the FSMB. Dr. Schottenstein seconded the motion. The motion carried.

E-LICENSE DEVELOPMENT FEE

Ms. Loe stated that the Department of Administrative Services (DAS) will transfer \$1,100,000 from the Board's fund to go towards further development of the e-licensing system. Ms. Loe noted that the total amount being transferred from all boards is \$14,000,000. Ms. Loe stated that this will not be deducted from the Medical Board's approved spending authority.

Mr. Kenney opined that the Board should receive an itemized list of what its \$1,100,000 contribution is specifically paying for. The Committee agreed. Ms. Loe stated that she will ask DAS to provide an itemized list regarding the expenditure of the Board's contribution.

Ms. Loe provided the Committee with a list of three additional features for the e-license system which the Medical Board wishes to be developed for the Board's use. Ms. Loe stated that the list also indicates how the Board and its licensees will benefit from each of the features. DAS has provided a quote of \$254,000 to develop the three additional features.

Dr. Saferin and Dr. Schottenstein asked why the \$254,000 cannot come out of the \$1,100,000 which DAS is already appropriating from the Board. Ms. Loe acknowledge that some of the less complex boards are asking for some features and they are being paid out of each board's e-license contribution. However, Ms. Loe stated that the Medical Board will be using the system in ways that no other board is contemplating. Dr. Saferin stated that he supports the development of the three

additional features, but he felt that the \$254,000 development cost, or at least part of it, ought to come out of the Board's \$1,100,000 contribution.

Dr. Saferin moved to recommend approval of the expenditure of \$254,000 to develop the additional three features for the e-license system. Dr. Schottenstein seconded the motion. The motion carried.

Ms. Loe informed the Committee that, as of mid-July, licensees renewing their licenses on the e-license system are being charged an additional \$3.50. The Board is required to pass this additional \$3.50 from each licensee to DAS for maintenance of the system.

ADJOURN

Dr. Saferin moved to adjourn the meeting. Dr. Schottenstein seconded the motion. The motion carried.

The meeting adjourned at 9:24 a.m.

State Medical Board of Ohio

COMPLIANCE COMMITTEE MEETING

August 9, 2017

30 E. Broad St., Columbus, OH Administrative Hearing Room

<p>Members: Anita M. Steinbergh, D.O., Chair Robert Giacalone Michael Schottenstein, M.D.</p> <p>Member absent: Amol Soin, M.D.</p> <p>Other Board members present: Kim Rothermel, M.D.</p>	<p>Staff: Alexandra Murray, Managing Attorney Annette Jones, Compliance Officer Angela Moore, Compliance Officer Benton Taylor, Board Parliamentarian</p>
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Dr. Steinbergh called the meeting to order at 3:50 p.m.

INITIAL PROBATIONARY APPEARANCES

Robert Lindner, M.T.

Mr. Lindner is making his initial appearance before the Committee pursuant to the terms of his May 10, 2017 Consent Agreement. Dr. Steinbergh reviewed Mr. Lindner's history with the Board.

Mr. Lindner commented that he had been unaware that his massage therapy license had expired, which had brought him to the attention of the Board. Mr. Lindner stated that he stopped practicing massage therapy as soon as he learned his license was expired.

In response to questions from Dr. Steinbergh, Mr. Lindner stated that he has not yet resumed practice as a massage therapist. Mr. Lindner stated that he plans to resume practice when he can, but commented that he has done massage therapy for 17 years and it takes a toll on one's body. Mr. Lindner stated that he is considering going to school to pursue another profession. Mr. Lindner stated that he has not yet taken the professional ethics course, which he is required to take within one year of his Consent Agreement.

Dr. Steinbergh asked if Mr. Lindner had any questions about his Consent Agreement. Mr. Lindner replied that he has not questions. Mr. Lindner stated that he will be very vigilant about his license renewal in the future and will not rely on a notice from the Board, which he did not receive.

Dr. Schottenstein asked what career Mr. Lindner intends to pursue after massage therapy. Mr. Lindner stated that he has considered becoming a nurse, noting that his brother is a nurse and his father is a physician. Mr. Lindner stated that he is also interested in become an attorney because he is passionate about fighting for people's rights. Mr. Lindner stated that whatever profession he goes into, he will be vigilant about any licensure responsibilities.

Mr. Giacalone moved to continue Mr. Lindner under the terms of his May 10, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Schottenstein seconded the motion. The motion carried.

APPROVAL OF REPORTS OF CONFERENCES

Dr. Schottenstein stated that he had questions and comments about some of the probationers listed in the Reports of Conferences.

Nicholas Atanasoff, D.O.

Dr. Schottenstein noted that Dr. Atanasoff had both a reprimand and a 90-day suspension. Dr. Schottenstein stated that he had found this to be unusual, but he has since learned there was a time when this was not unusual.

Regis P. Burlas, M.D.

Dr. Schottenstein stated that Dr. Burlas has had three relapses. Dr. Schottenstein asked what happens in the case of a fourth relapse, noting that the Board's disciplinary guidelines do not address a fourth relapse. Ms. Murray replied that in the Board can decide on the best course of in the case of a fourth relapse. Dr. Steinbergh agreed and stated that the Board would most likely issue a revocation in the case of a fourth relapse.

Donald L. Epstein, M.D.

Dr. Schottenstein observed the Dr. Epstein appears to be having difficulty finding employment where he can practice under the probationary terms that the Board implemented for him, as well as stress in his personal life. Dr. Schottenstein further noted the Dr. Epstein had also been diagnosed with clinical depression. Dr. Schottenstein expressed concern for Dr. Epstein and asked how he is doing. Ms. Murray replied that in her opinion, Dr. Epstein seems more frustrated and angry than depressed. Ms. Murray stated that Dr. Epstein has a lot of denial about what led to the Board's action. Ms. Murray stated that Dr. Epstein may be having difficulty finding a monitoring physician because he has stronger monitoring requirements than most probationers. Mr. Murray stated that she does not know if Dr. Epstein is allowing his frustration with the situation to derail his search for a monitoring physician.

Dr. Steinbergh observed that Dr. Epstein must appear for a conference every six months, and his last conference was on July 10, 2017. Dr. Steinbergh stated that Dr. Schottenstein could request that Dr. Epstein appear before the Board to address his concerns. Dr. Steinbergh also stated that Dr. Epstein could be requested to appear for a conference in three months and Dr. Schottenstein could be present in that conference.

Dr. Schottenstein stated that he would not want to add more frustration for Dr. Epstein by asking him to make an extra appearance. Dr. Rothermel opined that asking Dr. Epstein to appear for a conference in three months may be a good idea. Ms. Moore commented that Dr. Epstein has sought suggestions on how to proceed, so he may be receptive to an earlier meeting. Dr. Schottenstein accepted Dr. Rothermel's suggestion and that he would like to be present for the conference. Dr. Rothermel agreed.

Dr. Steinbergh asked if Dr. Epstein is seeing a psychiatrist. Ms. Murray replied that Dr. Epstein's Board Order does not require him to see a psychiatrist. Dr. Schottenstein recalled suggesting to Dr. Epstein that he see a psychiatrist, stating that having depression can provoke the progression of cognition problems in someone who is older and already prone cognitive issues.

Dr. Schottenstein moved that Dr. Epstein appear for a conference in the Board's offices in three months. Mr. Giacalone seconded the motion. The motion carried.

Jennifer Furin, M.D.

Dr. Schottenstein observed that Dr. Furin will be in Colombia for a few weeks and asked if she will be monitored for sobriety during that time. Ms. Moore answered that there is no available testing site in Colombia, so the time she is in that country will be added to the end of her probationary period. Ms. Moore added that an extended testing panel will be conducted when Dr. Furin returns.

Kristen G. Landry, M.D.

Dr. Schottenstein stated that the report on Dr. Landry says that her medications are unchanged. Dr. Schottenstein recalled that Dr. Landry had been taken off her medications when she last appeared before the Board. Ms. Jones stated that Dr. Landry is on propranolol and she takes it as needed. Dr. Schottenstein stated that propranolol is usually for performance anxiety and is not a mood stabilizer. Ms. Jones stated that Ms. Landry takes propranolol when, for instance, she has to give a speech. Ms. Jones confirmed that Dr. Landry is not on a mood stabilizer at this time.

Dr. Steinbergh noted that Dr. Landry was released from the terms of her Board Order earlier in this meeting.

Dr. Schottenstein moved to approve the Compliance Staff's Reports of Conferences for July 10 & 11, 2017. Mr. Giacalone seconded the motion. The motion carried.

MINUTES REVIEW

Dr. Schottenstein moved to approve the draft minutes from July 12, 2017. Mr. Giacalone seconded the motion. All members voted aye. The motion carried.

The meeting adjourned at 4:10 p.m.

Anita M. Steinbergh, D.O.
Chair

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