



AGENDA

**STATE MEDICAL BOARD OF OHIO
ASSIGNED COMMITTEES**

September 13, 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. HCG
- III.) Request from Cosmetology Board

LICENSURE COMMITTEE

8:00 a.m. – Conference Room #318

- I.) Minutes Review
- II.) Licensure Application Reviews
 - a.) Shirley Thomas, M.D.
 - b.) Jill Cooke Wilson, M.T.
 - c.) Muhammad Husnain, M.D.
- III.) Administrative CME Program Implementation

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

- I.) Minutes Review
- II.) Legislative Update
 - a.) House Bill 145, One-Bite Reporting Exemption
 - b.) Board Consolidation
- III.) Feedback on OARRS System Update
- IV.) Draft Rules, Non-Disciplinary Monitoring for Mental or Physical Illness
- V.) Rule 4731-32-05, Petition to Request Additional Qualifying Condition or Disease for Medical Marijuana
- VI.) Acute Prescribing Rules Educational Material

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

- I.) Minutes Review
- II.) Officer or Staff Reports
 - c.) Medical Board Fiscal Update
 - d.) 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
September 11, 2017
8:30 a.m.

TOPIC

PAGE NO.

- I. Review minutes of the June 11, 2017 meeting**
- II. Request for review of drugs**
- III. New business matters**



AGENDA

James A. Rhodes State Office Tower
30 E. Broad St., Columbus, OH 43215, 3rd Floor
September 13, 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
August 9, 2017 Board Meeting
- III. APPLICANTS FOR LICENSURE
 - a.) Acupuncturists
 - b.) Genetic Counselors
 - c.) Massage Therapists
 - d.) Oriental Medicine Practitioners
 - e.) Physician Assistants
 - f.) Physicians
 - g.) Cosmetic Therapy Examination Results
- IV. REPORTS AND RECOMMENDATIONS
 - a.) Anthony Michael Letizio, II, D.O. (Erie, PA)
 - b.) Daniel W. Palmer, M.D. (Dublin, OH)
 - c.) Sally L. Taylor, M.D. (Cincinnati, OH)
- V. PROPOSED FINDINGS AND PROPOSED ORDERS
 - a.) Marcia Gray, L.M.T. (Cleveland Heights, OH)
 - b.) Alexander Clark Halkias, M.D. (Cleveland, OH)
- VI. FINDINGS, ORDERS, AND JOURNAL ENTRIES
 - a.) Teresa Diane Batchelor, L.M.T. (Cincinnati, OH)
 - b.) Gerald Thomas Bowen, M.D. (Greendale, IN)
 - c.) Anjali Gupta, M.D. (Toledo, OH)
 - d.) Lori Beth Hopper, L.M.T. (Batavia, OH)
 - e.) Janice Lee Jamison, L.M.T. (Lima, OH)
 - f.) Myron Hilmar Weinberger, M.D. (Indianapolis, IN)
- VII. EXECUTIVE SESSION I

BOARD AGENDA

September 13, 2017

9:45 a.m.

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VIII. EXECUTIVE SESSION II	
IX. SETTLEMENT AGREEMENTS	
X. NOTICES OF OPPORTUNITY FOR HEARING, ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, AND ORDERS OF AUTOMATIC SUSPENSION	
XI. RULES & POLICIES	
a.) Rule 4731-11-01	
b.) Rules for Acute Pain Prescribing and Medical Marijuana	
XII. OPERATIONS REPORT	
XIII. REPORTS BY ASSIGNED COMMITTEES	
<u>Finance Committee Report</u>	
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	
<u>Policy Committee Report</u>	
a.) Legislative Update	
i. House Bill 145, One-Bite Reporting Exemption	
ii. Board Consolidation	
b.) Feedback on OARRS System Update	
c.) Draft Rules, Non-Disciplinary Monitoring for Mental & Physical Illness	
d.) Rule 4731-32-05, Petition for Additional Qualifying Condition or Disease for Medical Marijuana	
e.) Acute Prescribing Rules Educational Material	
<u>Licensure Committee Report</u>	
a.) Licensure Application Reviews	
i. Shirley Thomas, M.D.	
ii. Jill Cooke Wilson, M.T.	
iii. Muhammad Husnain, M.D.	
b.) Administrative CME Program Implementation	

BOARD AGENDA

September 13, 2017

9:45 a.m.

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TOPIC

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Physician Assistant/Scope of Practice Committee Report

- a.) Physician Assistant Formulary Review
 - i. Requests for Review of Drugs
 - HCG
- b.) Request from Cosmetology Board

Compliance Committee Report

XIV. PROBATIONARY REQUESTS

- a.) Thomas M. Bender, A.A. (Wooster, OH)
- b.) Linda J. Dennis, M.D. (Columbus, OH)
- c.) Nicholas C. Diamantis, M.D. (Bratenahl Village, OH)
- d.) Julio C. Galindo, M.D. (Marysville, OH)
- e.) Peter C. Johnson, M.D. (Northwood, OH)
- f.) Erik J. Kraenzler, M.D. (Brecksville, OH)
- g.) Adam C. Maier, D.O. (Columbus, OH)
- h.) James A. Marsh, Jr., D.O. (Milan, OH)
- i.) Wayne J. Myles, D.O. (Bluefield, WV)
- j.) Patrick L. Bruno, M.D.

XV. REINSTATEMENT REQUESTS (none)

XVI. FINAL PROBATIONARY APPEARANCES

Micah S. Crouse, M.D. (Lexington, OH)

Dr. Crouse is appearing before the Board pursuant to his request for release from the terms of his August 12, 2015 Consent Agreement.

Rebecca E. Johnson, M.D. (Westlake, OH)

Dr. Johnson is appearing before the Board pursuant to her request for release from the terms of her September 12, 2012 Consent Agreement.

Christopher J. Karakasis, M.D. (Cleveland, OH)

Dr. Karakasis is appearing before the Board pursuant to his request for release from the terms of his September 12, 2012 Consent Agreement.

BOARD AGENDA

September 13, 2017
9:45 a.m.
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TOPIC PAGE NO.

XVI. FINAL PROBATIONARY APPEARANCES (con't)

Joseph F. Lydon, Jr., M.D. (Solon, OH)

Dr. Lydon is appearing before the Board pursuant to his request for release from the terms of his March 14, 2012 Consent Agreement.

Anna M. Marcinow, M.D. (Cincinnati, OH)

Dr. Marcinow is appearing before the Board pursuant to her request for release from the terms of her April 11, 2012 Consent Agreement.

William G. Martin, M.D. (Navarre, OH)

Dr. Martin is appearing before the Board pursuant to his request for release from the terms of his September 14, 2011 Consent Agreement.

Timothy F. Mynes, D.O. (Forest, VA)

Dr. Mynes is appearing before the Board pursuant to his request for release from the terms of the Board's Order of September 14, 2016.

Kimberly M. Nemeth, D.O. (Westlake, OH)

Dr. Nemeth is appearing before the Board pursuant to her request for release from the terms of her May 9, 2012 Consent Agreement.

Carol G. Ryan, M.D. (Kettering, OH)

Dr. Ryan is appearing before the Board pursuant to her request for release from the terms of her September 10, 2014 Consent Agreement.



AGENDA

**STATE MEDICAL BOARD OF OHIO
COMPLIANCE COMMITTEE**

September 13, 2017
Approximately 2:00 p.m.
30 E. Broad St., Columbus, OH 43215, 3rd Floor

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

- I. APPROVAL OF REPORTS OF CONFERENCES
August 7 & 8, 2017
- II. TREATMENT PROVIDER APPLICATION
 - a.) Cleveland Clinic Foundation
- III. MINUTES REVIEW

MINUTES**THE STATE MEDICAL BOARD OF OHIO****September 13, 2017**

Amol Soin, M.D., President, called the meeting to order at 10:03 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: Robert P. Giacalone, Vice President; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Michael L. Gonidakis; Andrew P. Schachat, M.D.; Michael Schottenstein, M.D.; Richard Edgin, M.D.; Ronan M. Factora, M.D.; and Mark A. Bechtel, M.D. The following member did not attend the meeting: Kim G. Rothermel, M.D., Secretary.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; Sallie Debolt, Senior Counsel; Bill Schmidt, Chief of Investigations; Susan Loe, Director of Human Resources and Fiscal; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Gary Holben, Operations Manager; 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, Cheryl Pokorny, James Roach, and Kimberly Lee, Enforcement Attorneys; Kyle Wilcox and Melinda Snyder, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Mitch Alderson, Chief of Licensure; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Annette Jones and Angela Moore, Compliance Officers; David Katko, Assistant Legal Counsel; Colin DePew, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; Roxlauna Brown, Customer Service Specialist; Florence Takyiwaah, Intern; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the August 9, 2017, Board meetings, as written. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

APPLICANTS FOR LICENSURE

Dr. Steinbergh moved to approve for licensure, contingent upon all requested documents being

received and approved in accordance with licensure protocols, the acupuncturist applicants listed in "Exhibit A," the genetic counselor applicants listed in Exhibit "B," the massage therapist applicants listed in Exhibit "C," the Oriental Medical Practitioner applicants listed in Exhibit "D," the physician assistant applicants listed in Exhibit "E," and the physician applicants listed in Exhibit "F," and to approve the results of the August 21, 2017 Cosmetic Therapy Examination in Exhibit "G" and to certify as passing and license those receiving a score of 75 or greater on their examination, as listed in the Agenda Supplement. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Soin 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: Anthony Michael Letizio, II, D.O.; Daniel W. Palmer, M.D.; and Sally L. Taylor, M.D. A roll call was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

Dr. Soin 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. Saferin	- aye
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Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- aye

Dr. Soin 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; Dr. Bechtel served as Secretary and/or Supervising Member in the matter of Dr. Taylor.

Dr. Soin 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.

ANTHONY MICHAEL LETIZIO, II, D.O.

Dr. Soin directed the Board's attention to the matter of Anthony Michael Letizio, II, D.O. No objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Anthony Michael Letizio, II, D.O. Dr. Schottenstein seconded the motion.

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

Dr. Bechtel stated that the proposed action against Dr. Letizio is based on a bootstrap of an action taken by the Pennsylvania State Board of Osteopathic Medicine. On February 24, 2016, the Pennsylvania Board temporarily suspended Dr. Letizio's medical license in that state. On the basis of the temporary suspension in Pennsylvania, the State Medical Board of Ohio entered into a Consent Agreement with Dr. Letizio on June 22, 2016 which indefinitely suspended his Ohio medical license. On August 11, 2016, the Pennsylvania Board issued an Order suspending Dr. Letizio's Pennsylvania medical license for three years, but stipulated that the suspension would be stayed if Dr. Letizio found a supervising physician to overlook his practice. On August 31, 2016, the Pennsylvania Board issued a Final Order which reinstated Dr. Letizio's Pennsylvania medical license in a probationary status because Dr. Letizio had found a physician to monitor his practice. Dr. Bechtel noted that Dr. Letizio's Ohio license remains suspended and it expired on July 1, 2016.

Dr. Bechtel continued that as part of its investigation, the Pennsylvania Board interviewed Keli Lechner, Dr. Letizio's office manager. Importantly, Dr. Bechtel observed that Ms. Lechner is not a nurse, physician assistant, or other licensed health care provider. In Pennsylvania, Ms. Lechner testified that Dr. Letizio was unable to come to the office on December 31, 2014, and he instructed Ms. Lechner to see patients.

In January 2015, Dr. Letizio had surgery and was unable to come into the office for about three weeks. Ms. Lechner testified that during that time, Dr. Letizio instructed her to take blank prescriptions that he had pre-signed and issue them to patients, copying exactly the prescriptions that had been written for each patient previously. Ms. Lechner further testified that when she ran out of the pre-signed prescriptions, Dr. Letizio instructed her to simply sign his name to prescriptions. Ms. Lechner testified that Dr. Letizio continued to have her sign his name to refill prescriptions even after he had returned to work. Ms. Lechner was able to identify 15 prescriptions that she had signed using Dr. Letizio's name.

Dr. Bechtel stated that in March 2015 Dr. Letizio went back into the hospital for more surgery and he had a physician assistant, Alexis Secara, P.A., cover his patients. Dr. Bechtel stated that Ms. Secara was instructed to sign Dr. Letizio's name to prescriptions. Dr. Bechtel noted that on March 5, 2015, Ms. Secara is believed to have prescribed Dilaudid and MS Contin, both Schedule II drugs, to a patient identified as W.Z., as well as methadone and morphine to a patient identified as P.D., by signing Dr. Letizio's name.

Dr. Bechtel stated that Ms. Lechner provided investigators with text messages which indicated that Dr. Letizio was asking her to see patients and was willing to pre-sign prescriptions. Ms. Lechner also testified that Dr. Letizio issued a prescription for Adderall to her with instructions to fill the prescription and bring the medication back to Dr. Letizio for his own personal use. Ms. Lechner alleged that Dr. Letizio continuously failed to perform physical examinations of patients and would fraudulently enter in values such as blood pressure, weight, and height after the visit. Ms. Lechner further alleged that Dr. Letizio would accept unused scheduled drugs back from patients and keep them in a box instead of disposing of them.

Dr. Bechtel stated that the Pennsylvania Office of the Attorney General received information from a Rite-Aid pharmacy that Dr. Letizio was prescribing Vyvanse, a Schedule II amphetamine, to himself and his children. An investigation showed that Dr. Letizio wrote two prescriptions of Vyvanse for himself as patient, as well as fifteen prescriptions for one of his children and five prescriptions for another of his children for the same medication. Dr. Bechtel noted that Dr. Letizio had received prescriptions from his physicians for amphetamine-based medications over a four-year span.

Dr. Bechtel stated that Dr. Letizio has denied Ms. Lechner's allegations. Dr. Letizio has stated that he was never aware that Ms. Lechner had been seeing patients, that he never pre-signed blank prescriptions, and that he never hired the physician assistant who worked in his practice. Dr. Letizio further claimed that Ms. Lechner had told patients that she was a physician assistant or nurse practitioner and that she had accepted cash payments from patients.

Dr. Bechtel stated that this case involves several violations of the Ohio Medical Practice Act, including aiding and abetting a non-licensed person to practice osteopathic medicine, pre-signing prescriptions for controlled substances, failure to supervise a physician assistant, prescribing controlled substances to his office manager to fill for his own use, and prescribing controlled substances to himself and his family members. Dr. Bechtel stated that the Proposed Order would indefinitely suspend Dr. Letizio's Ohio medical license for a minimum of one year; require him to take courses in personal/professional ethics, controlled substance prescribing, and medical record-keeping; and impose a civil penalty of \$4,500. Dr. Bechtel opined that Dr. Letizio's license should be suspended for a minimum of two years rather than one, due to the significance of the violations. Dr. Steinbergh stated that she would second Dr. Bechtel's motion for purposes of discussion.

Dr. Bechtel moved to amend the Proposed Order to lengthen the minimum suspension of Dr. Letizio's Ohio medical license to a minimum of two years. Dr. Steinbergh seconded the motion.

Dr. Schottenstein observed that the Pennsylvania Order of Temporary Suspension had determined that Dr. Letizio was "an immediate and clear danger to the public health and safety." Dr. Schottenstein questioned what new information the Pennsylvania Board may have received subsequently that could have allayed its concerns so substantially that it moved from an order of immediate suspension to an order of stayed suspension with probation. Dr. Schottenstein stated that there was apparently no new testimony, no new facts, and no exculpatory additional evidence received following the temporary suspension. Dr. Schottenstein stated that the only additional information is a statement from Dr. Letizio included in the Final Order, which the Commonwealth of Pennsylvania made a point of stating it did not stipulate to. Dr. Schottenstein expressed surprise that Dr. Letizio's statement was allowed to be inserted into the Pennsylvania Final Order since it was not made under oath and there was no cross-examination.

Dr. Schottenstein continued that the only allegation before the Ohio Board against Dr. Letizio is that he violated Section 4731.22(B)(22), Ohio Revised Code, by being disciplined by the Pennsylvania Board. Consequently, the only information the Ohio Board can rely on is based on the Pennsylvania action. Dr. Schottenstein opined that the Pennsylvania order has put the Ohio Board in a difficult position because the truth of the matter has never been fully investigated. Dr. Schottenstein agreed that the substantial allegations against Dr. Letizio warranted the initial immediate suspension. However, Dr. Schottenstein further opined that the Pennsylvania Board should have gone to hearing in order to get to the truth of the matter, particularly since the statements of Dr. Letizio and Ms. Lechner contradicted each other and that one of the parties was obviously engaging in outright falsehood. Dr. Schottenstein stated that the unsatisfactory Pennsylvania Final Order, a result of a failure to resolve the apparent contradictions, is the only thing on which the Ohio Board can base its own determination.

Dr. Schottenstein opined that the allegations are appalling and that Dr. Letizio's statement of mitigating circumstances is not compelling. Dr. Schottenstein further opined that it is not plausible that Ms. Lechner simply made up all of her allegations. Dr. Schottenstein noted that Dr. Letizio has admitted to prescribing controlled substances for himself and his children, which he excused with a remarkably inadequate explanation in which he rationalizes his behavior instead of taking responsibility for it. Dr. Schottenstein felt that this admission is a crack in the credibility of Dr. Letizio's blanket denial of all other allegations. Dr. Schottenstein stated that if Dr. Letizio's judgment is so poor that he prescribed controlled substances for himself and his children, then the other allegations are believable as well.

Dr. Schottenstein stated that he appreciates the Hearing Examiner's Proposed Order and Dr. Bechtel's proposed amendment. However, based on the contents of the Pennsylvania Order, Dr. Schottenstein stated that Dr. Letizio is not a physician that he wants practicing in Ohio. Dr. Schottenstein stated that he would favor a permanent revocation of Dr. Letizio's Ohio medical license, while keeping the civil penalty of \$4,500. Dr. Bechtel agreed to withdraw his motion to amend in favor of Dr. Schottenstein's suggestion.

Dr. Bechtel wished to withdraw his motion to amend. No Board member objected to the withdraw. The motion to amend was withdrawn.

Dr. Schottenstein moved to amend the Proposed Order to permanently revoke Dr. Letizio's Ohio medical license, with no amendment of the monetary fine of \$4,500. Dr. Steinbergh seconded the motion.

Dr. Steinbergh agreed with Dr. Schottenstein's concerns. Dr. Steinbergh pointed out that Alexis Secara, P.A., who had briefly practiced in Dr. Letizio's office and was also Dr. Letizio's girlfriend, did not have a supervisory agreement with Dr. Letizio. Dr. Steinbergh was astounded that Dr. Letizio had used his office manager, Ms. Lechner, to prescribe medications.

Dr. Steinbergh stated that she was particularly troubled by some of the text messages between Dr. Letizio and Ms. Lechner. In one exchange discussing a particular patient, Ms. Lechner asked, "Want to increase [patient] meds?" Dr. Letizio replied, "Absolutely no increases to th[a]t Whores [sic] meds." In another exchange, Dr. Letizio stated that a patient can, in Dr. Steinbergh's paraphrase, "go F herself." Regarding the same patient, Dr. Letizio stated that "She gets nothing unless she wants to wrap those stockings around her neck," referring to the stockings the patient used for her legs. Dr. Steinbergh stated that there are certain things that physicians do not do in life, and Dr. Letizio's crudeness and baseness was overwhelming to her.

Dr. Steinbergh agreed that Dr. Letizio's Ohio medical license should be permanently revoked. Dr. Steinbergh also agreed with Dr. Schottenstein's comments regarding the Pennsylvania Board Order.

Dr. Factora agreed with Dr. Schottenstein and Dr. Steinbergh. Dr. Factora stated that he had initially been uncertain what action the Board could take given the bootstrap nature of the allegations. Upon reviewing the case, Dr. Factora found that what exactly happened is still a mystery. Dr. Factora noted that there are also allegations of sexual misconduct that were not addressed by the Pennsylvania Board. Dr. Factora stated that the sexual allegations are a clear violation of the physician/patient relationship and may constitute taking advantage of person who is in a vulnerable position and requesting narcotic medications. Dr. Factora stated that none of these allegations were investigated by the Pennsylvania Board, despite having been clearly documented in the affidavits. Dr. Factora opined that if this fact pattern had occurred in Ohio, the physician's license would be permanently revoked. Dr. Factora therefore agreed with permanently revoking Dr. Letizio's Ohio medical license.

Mr. Giacalone agreed that Dr. Letizio is a nefarious individual and noted that, even to this day, Dr. Letizio denies the evidence in the record. Mr. Giacalone stated that the record in this case, including comments about oral sex and basically having sex with two Suboxone patients, is deplorable. Mr. Giacalone stated that the text messages between Dr. Letizio and Ms. Lechner are clear and there is no debate about whether Dr. Letizio knew what was happening. Mr. Giacalone opined that the Pennsylvania Board should have revoked Dr. Letizio's Pennsylvania medical license and that the Ohio Board would be remiss if it did not permanently revoke his Ohio medical license.

Dr. Bechtel stated that he has extensively reviewed the testimony taken in Pennsylvania and was troubled by it. Dr. Bechtel stated that Dr. Letizio's prescriptions to his office manager and his children are well-documented, but Ms. Lechner made other serious allegations against Dr. Letizio, including exchanging sex for drugs, allowing his girlfriend to prescribe scheduled drugs, and horrible, unprofessional conduct. However, these allegations were never pursued by the Pennsylvania Board. Dr. Bechtel expressed concern that the Pennsylvania Board may have chosen not to pursue further investigation due to possible issues with the credibility of the testimony. Dr. Bechtel stated that his initial concerns about permanent revocation were due to the fact that these serious allegations have never been adequately investigated.

Dr. Steinbergh commented that when the Board considers discipline based on another board's action, commonly known as a bootstrap, it is not unusual for the Board to take an action different from the original board's action. Dr. Steinbergh stated that she has always admired the fact that the Ohio Board is willing

to do what it believes to be right regardless of another state's action. Dr. Steinbergh stated that it is clear that something occurred in Pennsylvania that caused the Pennsylvania Board to go down a path that does not seem reasonable to the Ohio Board. However, Dr. Steinbergh stated that one does not go through a case like this without understanding the significant unprofessionalism of this physician. Dr. Steinbergh further commented that Dr. Letizio was not in charge of his practice. Dr. Steinbergh stated that she believes the allegations against Dr. Letizio and she could not find any mitigating factors that would justify a lesser penalty than permanent revocation.

Ms. Anderson clarified that the matter before the Board is Dr. Letizio's alleged violation of Section 4731.22(B)(22), Ohio Revised Code, having been the subject of another board's disciplinary action. Ms. Anderson stated that the Board has the full range of sanctions available to it and if it wishes to adopt an order different from the Hearing Examiner's Proposed Order, the rationale for doing so must be included in the record. Ms. Anderson stated that the Ohio Board may disagree with the outcome of this case in Pennsylvania, but it is the Pennsylvania Board's Order that gives the Ohio Board authority to take action.

Dr. Steinbergh opined that the Board has discussed this matter sufficiently to provide a record of the rationale for amending the Proposed Order to a permanent revocation. Ms. Anderson agreed. Dr. Steinbergh stated that when something is part of the record, including the information contained in the Pennsylvania Board Orders, it is the Ohio Board's responsibility to read it and consider it when making a determination.

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- 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 Antony Michael Letizio, II, D.O. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye

Dr. Edgin - aye
Dr. Bechtel - aye

The motion to approve carried.

DANIEL W. PALMER, M.D.

Dr. Soin directed the Board's attention to the matter of Daniel W. Palmer, M.D. No objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Soin stated that Dr. Palmer has made a request to address the Board, but the request was not filed in a timely manner. Dr. Soin asked if any Board member wished to make a motion regarding Dr. Palmer's request.

Dr. Steinbergh moved to allow Dr. Palmer to address the Board. Dr. Edgin seconded the motion.

A vote was taken:

ROLL CALL:

Dr. Saferin	- abstain
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- aye

The motion carried.

Dr. Soin stated that five minutes will be allowed for Dr. Palmer's address.

Dr. Palmer stated that he is currently working on fulfilling the requirements set forth in his Indiana Settlement Agreement so that his medical license in that state can be reinstated. Dr. Palmer asked if, following the reinstatement of his Indiana license, the information in his Ohio application will be purged or if he would need to resubmit anything. Dr. Soin stated that this is a time for Dr. Palmer to address the Board regarding his case, not a time for questions and answers. Dr. Soin stated that Board staff can help Dr. Palmer with any questions he may have after these proceedings. Dr. Palmer thanked the Board.

Dr. Soin asked if the Assistant Attorney General wished to respond. Mr. Wilcox stated that he 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 Daniel W. Palmer, M.D. Dr. Schottenstein seconded the motion.

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

Mr. Giacalone briefly reviewed Dr. Palmer's medical education and career, noting that he does not currently hold any active medical license and he has not practiced medicine since November 2013. Dr. Palmer has applied for a license to practice medicine and surgery in Ohio and his application is currently pending.

Mr. Giacalone continued that from July 2009 to November 2013, Dr. Palmer was employed as a physician in an outpatient internal medicine clinic at Fayette Regional Medical Center in Fayette, Indiana. At Fayette Regional, Dr. Palmer saw approximately 20 patients per day and he supervised two physician assistants and one nurse practitioner. Dr. Palmer testified that since he had never before worked with or supervised physician assistants or nurse practitioners, he had relied on the hospital's administration to guide him in that regard. Dr. Palmer testified that the hospital's administration asked him to sign blank prescriptions for the physician assistants for the purpose of "patient convenience and time constraints." Dr. Palmer did so, even though the physician assistant in question was on the other side of the clinic. Dr. Palmer admitted that he could not really see all of his patients along with this physician assistant. Dr. Palmer further admitted that he would sign blank prescriptions in the morning and his physician assistants would issue multiple prescriptions later that day. According to his testimony, Dr. Palmer first learned that this was illegal when one of his physician assistants was arrested.

As a result of these actions, on February 29, 2016, Dr. Palmer pleaded guilty to, and was convicted of, one count of Conspiracy to Commit Forgery, a Class C felony. Dr. Palmer was sentenced to four years of community corrections, four years suspended to probation, and 1,000 hours of community service. Dr. Palmer was also ordered to pay court costs and a fine of \$5,000. In November 2016, Dr. Palmer entered into a Settlement Agreement with the Medical Licensing Board of Indiana which indefinitely suspended his Indiana medical license, ordered him to pay a fine of \$4,000 and a fee of \$5, and required him to complete a Refresher/Reentry Program and 40 hours of continuing medical education (CME) focusing on the care and treatment of patients with addiction. Upon reinstatement, Dr. Palmer's Indiana medical license will be placed on probation.

Mr. Giacalone stated that, based upon the evidence and testimony provided, he supports the Hearing Examiner's Findings of Fact, Conclusions of Law, and Proposed Order to deny Dr. Palmer's application for medical licensure in Ohio. Mr. Giacalone further agreed that Dr. Palmer should be discouraged from re-applying for Ohio licensure in the near future until he completes the reinstatement requirements of the Indiana Settlement Agreement; regains Indiana licensure; and has completed the Special Purpose Examination (SPEX) or has been recertified by the American Board of Medical Specialties. Mr. Giacalone based his rationale on the following:

- Dr. Palmer pled guilty to a felony in the course of medical practice, was disciplined by the Indiana Board, and has not been engaged in the active practice of medicine since 2013
- Mitigating factors, including a lack of prior disciplinary history; lack of apparent dishonest or selfish motives; this appears to be an isolated incident; and Dr. Palmer fully disclosed the situation to the Ohio Board
- Though Dr. Palmer was careless, the Hearing Examiner and the Assistant Attorney General appear to agree that he has shown remorse for his actions and should not pose a threat in the future, provided that the remedial measures in the Indiana Agreement are completed

Mr. Giacalone took issue with the fact that Dr. Palmer had never checked on what his physician assistants were doing, noting that one physician assistant had been prescribing large quantities of controlled

substances. Mr. Giacalone acknowledged that Dr. Palmer may have been very busy and perhaps was ignorant of the law, but he questioned how Dr. Palmer could fail to check on the physician assistant's work at some point. Mr. Giacalone stated that despite these concerns, he supports the Proposed Order.

Dr. Steinbergh agreed with Mr. Giacalone's comments. Dr. Steinbergh stated that Dr. Palmer's case is similar to many others seen by the Board in which a physician steps away from the areas of medicine in which they've been appropriately trained and into an unfamiliar situation for which they are not truly prepared. In Dr. Palmer's case, he was an allergist who had recently closed his practice due to economic reasons and then accepted a position that was not suitable for him. Dr. Steinbergh stated that she agrees with the Proposed Order.

Dr. Schottenstein also agreed with the Proposed Order. Dr. Schottenstein noted that Dr. Palmer is not contesting the allegations, and therefore this case is about consideration of mitigating circumstances. Dr. Schottenstein commented with regret that this matter is one of multiple psychosocial stressors that Dr. Palmer is currently managing.

Dr. Schottenstein continued that in similar cases seen by the Board, the pre-signed prescriptions were typically for the convenience of nurses who lack prescribing authority. Dr. Palmer's case is the first that Dr. Schottenstein could recall involving pre-signed prescriptions that were intended for physician assistants. Dr. Schottenstein noted that physician assistants in Indiana have prescribing authority, except for Schedule II controlled substances. Therefore, if one is pre-signing a prescription for a physician assistant in Indiana, it must be so that they can prescribe Schedule II controlled substances. Dr. Schottenstein could not imagine why Dr. Palmer, even if he had been ignorant of the law, would think it was a good idea to pre-sign prescriptions for physician assistants knowing that the only purpose they could serve was to enable the physician assistants to prescribe Schedule II medications. Dr. Schottenstein opined that this is a case of negligence because Dr. Palmer should have been aware that his behavior was unjustifiable and a deviation from standard conduct, but he was not so aware. Dr. Schottenstein further opined that this is not a case of recklessness, in which someone knows not to behave in a given way but does so anyway.

Dr. Schottenstein agreed with Mr. Giacalone that there are multiple mitigating circumstances in this case and that Dr. Palmer should have an opportunity to reapply for Ohio licensure in the future. Dr. Schottenstein also agreed that it would not be appropriate to grant Dr. Palmer Ohio licensure at this time while his Indiana medical license is still suspended. Dr. Schottenstein hoped that Dr. Palmer fulfills his requirements under the Indiana Agreement, demonstrates his proficiency by obtaining specialty-board recertification or passing the SPEX, and then reapplies for Ohio licensure at some point.

Dr. Schottenstein, acknowledging that this is beyond the Board's jurisdiction, wondered if the hospital administrators who encouraged Dr. Palmer's behavior had ever been investigated or held accountable. Dr. Steinbergh replied that the hospital authority will presumably read Dr. Palmer's Order and speculated that something may occur in Indiana to support a better clinic for that particular hospital.

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

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

Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- aye

The motion to approve carried.

SALLY L. TAYLOR, M.D.

Dr. Soin directed the Board's attention to the matter of Sally L. Taylor, 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 Sally L. Taylor, M.D. Dr. Schottenstein seconded the motion.

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

Dr. Schottenstein stated that Dr. Taylor is alleged to have failed to maintain minimal standards in the care and treatment of twelve patients from about January 2007 to about September 2014. Dr. Schottenstein stated that Dr. Taylor participated in a general surgery residency following graduation from medical school, but she started her private practice without completing the training. Dr. Taylor has practiced general medicine in Cincinnati since February 1968 and her medical license is currently active. In a letter to her patients dated June 23, 2017, Dr. Taylor announced her retirement and the closing of her practice, effective July 31, 2017.

Dr. Schottenstein stated that John R. McConaghy, M.D., testified at Dr. Taylor's hearing as an expert on behalf of the State. Dr. McConaghy practices family medicine with the Ohio State University College of Medicine in the Department of Family Medicine.

Dr. Schottenstein stated that due to the voluminous patient records in this case, he will summarize the findings that can be generalized and then highlight particular findings in each of the patient cases. The alleged failure to maintain minimal standards included multiple instances of inappropriate and excessive prescribing of controlled substances without clear indication, with rapidly-escalating quantities and dosages that were not evidence-based. It is further alleged that the medications were inadequately monitored and the patients' conditions were inadequately managed. In addition, Dr. Taylor's documentation was substantially illegible and inadequate; patients were not appropriately assessed for abuse, addiction, or diversion; referrals to specialists were lacking; and Ohio Automated Rx Reporting System (OARRS) reports were rarely checked.

Concerning Patient 1, Dr. Schottenstein stated that Dr. Taylor prescribed very high doses of narcotics with increasing frequency and failed to document justifications for this medication regimen. Patient 1 was prescribed Oxycodone 500 mg daily and OxyContin 240 mg daily. Physical exams during office visits did not document pain or neurological symptoms to justify these prescriptions. Dr. Taylor also prescribed substantial amounts of benzodiazepines without consulting specialists in psychiatry or addiction. Toxicology screens were underutilized, documentation was inadequate, and entries were not legible much of the time.

Concerning Patient 2, Dr. Schottenstein stated that Dr. Taylor prescribed OxyContin, Oxycodone, and Vicodin at very high doses. At times, Dr. Taylor prescribed Patient 2 oxycodone 465 mg daily, hydrocodone 40 mg daily, and acetaminophen 4 grams daily. Patient 2 was diagnosed with fibromyalgia, chronic low back pain, and bipolar disease. Dr. McConaghy testified that Dr. Taylor failed to adequately monitor Patient 2's treatment regimen for its effectiveness, side-effect profile, or compliance. Diagnostic testing and appropriate consultation with specialists were lacking, documentation was incomplete and frequently illegible, and there was inadequate documentation as to the need for high escalating doses of opiates or monitoring for compliance, abuse, or diversion.

Concerning Patient 3, Dr. Schottenstein stated that the patient was diagnosed with obsessive compulsive disorder and possible depression, but was maintained on lithium. Dr. McConaghy testified that Dr. Taylor failed to appropriately monitor this medication regimen. It appeared that Patient 3 may have been suicidal, but Dr. Taylor did not appropriately refer the patient to a psychiatrist. Documentation justifying the regimen was lacking and notes were often illegible.

Concerning Patient 4, Dr. Schottenstein stated that the patient's narcotic prescriptions included Oxycodone, OxyContin, Opana, and MS-Contin, in addition to benzodiazepines. Dr. Taylor inadequately justified the reason for prescribing high doses of opiates. In about December 2009, Patient 4 was being prescribed OxyContin 320 mg and Oxycodone 150 mg per day. In July 2011, a urine drug screen was positive for cannabinoids, as well as amphetamines which had been prescribed by another physician. Dr. Schottenstein noted a discrepancy in the Report and Recommendation regarding this urine drug screen; page 15 states that the screen was negative for amphetamines, but page 17 states it was positive. Looking through the transcript of the chart, Dr. Schottenstein determined that the result was, in fact, positive. Dr. Taylor did not document any action based on the positive toxicology screen. By January 2012, Patient 4 was being prescribed Oxycodone 380 mg daily and Oxymorphone 320 mg daily. Again, there was a lack of consultation with specialists.

Concerning Patient 5, Dr. Schottenstein stated that the listed diagnosis was intractable pain, but documentation for this was inadequate and illegible. There was an inadequate justification for high dosages of opiates or for the rapid acceleration of these dosages. In about June 2012, Patient 5 was taking Oxycodone 770 mg daily, Opana 240 mg daily, and Xanax 6 mg daily. In September 2011, Patient 5 went to the emergency department for withdrawal symptoms. In May 2012, there was a note in Patient 5's chart that he had been selling his drugs, but Dr. Taylor did not document that this issue was addressed and she continued to prescribe narcotics. Again, there was a lack of appropriate consultation with specialists.

Concerning Patient 6, Dr. Schottenstein stated that the patient complained of back pain and stress, and was diagnosed with intractable pain. Dr. Taylor's documentation was inadequate and often illegible, and the treatment plan was inadequately justified with regard to rapidly-escalating dosages of opiates. In around September 2014, Patient 6 was being prescribed OxyContin 240 mg daily, Oxycodone 360 mg daily, and Xanax 5 mg daily. Patient 6 was not evaluated for abuse or diversion, OARRS reports were not checked, and urine toxicology screens were not checked.

Concerning Patient 7, Dr. Schottenstein stated that the treatment plan was inadequately documented and often illegible and there was a lack of history or physical examination findings. In March 2011, a letter from another physician involved in Patient 7's care mentioned that a bag of marijuana had fallen out of the patient's purse. In October 2011, a letter from yet another physician mentioned that Patient 7 looked

“stoned.” Despite this, Patient 7 continued to receive controlled substances from Dr. Taylor. Specifically, Patient 7 was prescribed Oxycodone 130 mg daily in the years 2013 and 2014, and these prescriptions were not adequately monitored with OARRS reports or urine toxicology screens. A urine drug screen in April 2011 was inconsistent with the medications Dr. Taylor had prescribed, but this was not addressed.

Concerning Patient 8, Dr. Schottenstein stated that this is another example of a failure to adequately and legibly document and explain rapidly-escalating high dosages of narcotics. In a January 2009 entry, there is a reference to Patient 8 being an addict and going to a methadone clinic. However, in about January 2010 Patient 8 was being prescribed Oxycodone, OxyContin, and methadone. In April 2010, a pharmacy called Dr. Taylor with a concern that Patient 8 had received 600 Percocet since March 2010 and that this represented too much Tylenol. Patient 8’s medications were not assessed for effectiveness, abuse, or diversion. As of July 2013, Patient 8 was prescribed Oxycodone 1,260 mg daily, Valium 40 mg daily, Ambien 20 mg daily, and OxyContin 160 mg daily. Treatment notes did not contain a history, examination, assessment, or plan. Again, there was lack of appropriate consultation with specialists. Dr. McConaghy testified that he had never seen this degree of what he called “exorbitant prescribing” and wondered how someone could take this much medication without being “stoned or comatose.”

Concerning Patient 9, Dr. Schottenstein stated that this is another example of rapidly-escalating high dosages of narcotics for the treatment of pain. Documentation justifying the need for this regimen was lacking and illegible and the treatment regimen consisted of OxyContin, Oxycodone, and Xanax. In August 2010, a urine toxicology screen was inappropriately negative for Xanax. In February 2011, it appeared that Patient 9 was getting narcotics from three different pharmacies. Dr. Taylor did not address these issues with Patient 9. Appropriate consultation with specialists was not obtained and there were multiple additional red flags for abuse and diversion, including a lost prescription, a stolen prescription, and an early refill request. Dr. Schottenstein also noted that Patient 9 had chronic pulmonary obstructive disease (COPD), which increases the risk of respiratory depression from narcotics.

Concerning Patient 10, Dr. Schottenstein stated that the documentation was judged to be inadequate and illegible, the patient’s complaints were vague, and there was inadequate justification for the rapidly-escalating high dosages of narcotics which included OxyContin and Oxycodone, as well as sedatives such as Ambien and Xanax. Patient 10 saw a neurologist in about April 2010 for his headaches, and it was suggested that Dr. Taylor taper all of the patient’s medications. However, Dr. Taylor did not act on that recommendation. In December 2013, Patient 10 was admitted to a psychiatric hospital due to depression and a suicide attempt by overdose on OxyContin, after which Dr. Taylor discontinued prescribing controlled substances to Patient 10. Dr. Schottenstein stated that Dr. Taylor failed to assess Patient 10 for abuse or diversion and failed to monitor the prescribed medications for effectiveness or side-effects. Again, there was a lack of referral to appropriate specialists.

Concerning Patient 11, Dr. Schottenstein stated that the patient’s prescribed medications included Oxycodone, OxyContin, Soma, Fentanyl, and Opana. Again, the medical chart documentation was inadequate and illegible much of the time and the patient complaints were vague. At his first visit with Dr. Taylor in April 2009, Patient 11 was taking two tablets of Vicodin four times per day. Dr. Taylor started Patient 11 on OxyContin 80 mg daily and Oxycodone 30 mg daily. By June 2012, Patient 11 was taking 1,150 mg of oxycodone daily, in addition to Valium and Soma, despite the fact that the patient had had multiple urine toxicology screens that were positive for cannabinoids in 2009. By July 2014, Patient 11 was prescribed a Fentanyl 25 mcg patch in addition to three tablets of 80 mg OxyContin 80 mg twice per day and seven to eight tablets of 15 mg Oxycodone every three to four hours. One month later, a trial of Oxymorphone was initiated. Documentation to justify this high opioid dose prescribing was lacking and

the patient was inadequately assessed for abuse or diversion. Also, the effectiveness and the side-effect profile of the medications was inadequately assessed and consultation with specialists was not obtained.

Concerning Patient 12, Dr. Schottenstein stated that the prescribed medications included Oxycodone, OxyContin, Temazepam, and Zolpidem. Documentation was inadequate and frequently illegible and the treatment plan was not clear. There was inadequate documented justification for the rapidly-escalating doses of opiate medication. Dr. Taylor's prescriptions in 2013 allowed Patient 12 to take 990 mg of oxycodone daily and 1 mg of Ativan four to six hours. There was no medication agreement, no toxicology screens, no OARRS report, and no referral to specialists.

Dr. Schottenstein stated that Dr. Taylor provided a written statement to the Board dated January 15, 2017, in which she denied that she had not maintained minimal standards of care. Dr. Schottenstein stated that Dr. Taylor explained the Board's concerns away by noting that the standard of care had evolved from the conceptualizing of pain as the fifth vital sign to the present standard of utilizing prescription medications as a last resort. Dr. Taylor further stated that she had been willing to take care of complex patients such as Patients 1 through 12. Dr. Taylor indicated that despite the allegations, she did coordinate care with specialists, perform drug screens, used written pain agreements, and addressed diversion concerns. Dr. Taylor believed that the medication regimens were appropriate and not excessive, and that monitoring and management of these patients had been appropriate. Dr. Taylor also believed that her documentation was adequate and legible and that she had always adequately addressed concerns regarding potential diversion or abuse. Dr. Taylor had opined that the criticisms of her care stem from her documentation, and the concerns about her documentation stem from the fact that her notes are handwritten and she does not use electronic medical records (EMR).

Dr. Schottenstein stated that with many cases that come before the Board, there is a need to "connect the dots" to determine the validity of the allegations. However, Dr. Schottenstein stated in Dr. Taylor's case the Board has been inundated with evidence of violations of the minimal standards of care, as well as violations of the Board's rules for treatment of intractable pain. Dr. Schottenstein found it remarkable that Dr. Taylor does not see these violations and that she explains away the substandard level of care on multiple fronts by stating that the standard of care has changed over time and that she does not use EMR. Dr. Schottenstein commented that in Dr. Taylor's mind, she took on the care of medically-complicated patients and the thanks she gets is a Medical Board action.

Dr. Schottenstein stated that there is a difference between aggressively treating someone's pain and recklessly treating someone's pain. Dr. Schottenstein stated that Dr. Taylor engaged in a pattern of prescribing in which it is not hyperbole to suggest that she could have killed someone. Dr. Schottenstein opined that an active medical license in the possession of Dr. Taylor is a dangerous weapon. Dr. Schottenstein further stated that Dr. Taylor's controlled substance prescribing and medical practice is what one would expect to see in a pill mill.

Dr. Schottenstein agreed with the Hearing Examiner's Findings of Fact, Conclusions of Law, and Proposed Order to permanently revoke Dr. Taylor's Ohio medical license.

Mr. Giacalone agreed with Dr. Schottenstein's comments. Mr. Giacalone also found it incredulous that Dr. Taylor thought that her issues before the Board had to do with her documentation, rather than the fact that many of her patients were addicted and were abusing and, in at least one case, overdosing on their medications. Mr. Giacalone noted the following quote from Dr. Taylor: "Given the history of my interactions with the Board, I am surprised to now be facing discipline as a 77-year-old physician, with

more than 50 years experience and a very small practice, on the verge of retirement.” Mr. Giacalone commented that Dr. Taylor’s retirement status does not erase the devastation she has wrought on her patients. Mr. Giacalone agreed with the Proposed Order of permanent revocation.

Dr. Steinbergh also agreed with permanent revocation. Dr. Steinbergh noted that Dr. Taylor had an office conference in 2009 with the Board’s Secretary at that time, Dr. Talmage. Dr. Taylor was eventually cited by the Board in 2016. Dr. Steinbergh voiced concern that Dr. Taylor continued to put patients at risk after 2009 and the Board is now considering this matter in 2017. Dr. Steinbergh commended Mr. Porter and the Board’s staff in producing the extremely complete record in this case, noting the difficulty over the years to evaluate voluminous medical records and to find an expert witness who is willing to review a case such as this one.

Dr. Steinbergh stated that this is one of the most egregious cases she has seen in terms of prescribing. Regarding documentation, Dr. Taylor said in her written statement,

“I understand that the criticisms here have much to do with my documentation. In general, my approach as a physician has been focused on the patient and not the documentation in my records. While I understand my documentation is being criticized, my documentation is extensive as the volume of these charts reflects. I am a solo practitioner and the charts were maintained for my use in treating these patients.”

Dr. Steinbergh stated that, as a solo practitioner herself who never had the opportunity to use an EMR system, she had also believed that documentation in the medical record was the most important thing she did in terms of patient protection, besides decision-making. Dr. Steinbergh stated that the purpose of the medical record is to foster quality and continuity of care, and it may also be required for legal reasons. Dr. Steinbergh stated that medical records serve many purposes, the most important of which is to document the history, physical examinations, diagnosis, and treatment of a patient. Dr. Steinbergh stated that this information is vital for all health care providers involved in that patient’s care or any new provider who may assume responsibility for the patient. Dr. Steinbergh observed that, in fact, other physicians will have to assume responsibility for Dr. Taylor’s patients since her retirement. Dr. Steinbergh felt that the new providers will be challenged in relying on Dr. Taylor’s records and will have to develop a brand new medical record.

Dr. Steinbergh stated that for the reasons mentioned above, medical records must be appropriately legible so that any physician can provide care as needed. Dr. Steinbergh opined that developing an accurate and legible medical record is one of the most important parts of patient safety. Some secondary reasons for appropriate medical records include billing purposes, insurance reimbursement, and to aid a patient who must pursue a claim following a motor vehicle accident or a worker’s compensation issue. Dr. Steinbergh stated that with the egregious prescribing in this case, Dr. Taylor cannot defend herself by stating that she had been more engaged in patient care than with documenting.

Dr. Schottenstein appreciated Dr. Steinbergh’s comments, and further stated that if Dr. Taylor, an older person in a solo practice, had had an event that rendered her unable to practice, other physicians would have had to quickly assume care of her patients. Dr. Schottenstein commented that Dr. Taylor’s medical records utilized differently-colored inks, Post-It notes, and writing that was very difficult to decipher. Dr. Schottenstein agreed with Dr. Steinbergh that there must be a seamless continuity of care so that another physician can review a chart and be able to proceed with care, and that is clearly not a possibility with Dr. Taylor’s records.

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- abstain

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Soin 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 are disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In these matters, Dr. Rothermel served as Secretary, Dr. Saferin served as Supervising Member, and Dr. Bechtel served as Secretary and/or Supervising member.

MARCIA GRAY, 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. Gray 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.

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

Mr. Gonidakis stated that Ms. Gray was initially licensed to practice massage therapy in Ohio in July 2008, and her license expired in January 2017. On her 2013 license renewal application, Ms. Gray disclosed that she had been convicted of a crime but she never submitted evidence or documentation about that conviction. The Board's staff sent interrogatories to Ms. Gray in June 2016, August 2016, and September 2016; the first set of interrogatories elicited no response, while the last two were returned to the Board marked "Return to Sender, Unclaimed."

Mr. Gonidakis stated that Ms. Gray's actions and omissions clearly constitute a failure to cooperate with a Board investigation. Mr. Gonidakis supported the Proposed Order, which would indefinitely suspend Ms. Gray's massage therapy license, establish conditions for reinstatement, and impose a civil penalty of \$4,500.

Dr. Factora asked why there is a long gap in time between Ms. Gray's 2013 renewal application and today's Board consideration of this case. Mr. Groeber replied that previous office procedures had slowed

the process of addressing complaints generated by applications. Mr. Groeber stated that these processes have been corrected.

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- abstain

The motion carried.

ALEXANDER CLARK HALKIAS, M.D.

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 Dr. Halkias 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.

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

Dr. Factora stated that Dr. Halkias is alleged to have violated the terms of his March 2013 Step I Consent Agreement with the Board. Specifically, Dr. Halkias is alleged to have failed to submit a quarterly declaration on December 1, 2016; failed to attend scheduled appearances on September 12, 2016, and October 18, 2016; failed to submit documentation related to compliance with his drug and alcohol rehabilitation program; and/or did not maintain compliance with his aftercare contract.

Dr. Factora continued that Dr. Halkias' Ohio medical license is currently suspended under the terms of his Consent Agreement. The basis for the Consent Agreement was Dr. Halkias' opiate dependency treatment and subsequent relapse, which included obtaining Dilaudid via illegal means. The evidence shows that Dr. Halkias was appropriately informed by email regarding each quarterly office conference and he was constantly informed that he had missed the quarterly appearances. A letter submitted by Glenbeigh Hospital dated August 29, 2016, reported that Dr. Halkias was discharged from the aftercare program because he had not attended for over 30 days. Dr. Factora also noted that despite multiple attempts to deliver the Notice of Opportunity for Hearing to Dr. Halkias' residential address and credential mailing address, as well as publication in the Cleveland Plain Dealer, there has been no request for hearing.

Dr. Factora agreed that Dr. Halkias violated the terms of his Consent Agreement and that the Board followed all appropriate procedures in trying to inform Dr. Halkias of the allegations. Dr. Factora commented that it is unfortunate that this has happened to Dr. Halkias so early in his medical career. Dr. Factora opined that if Dr. Halkias had had a little more assistance, perhaps he would have been able to

follow the terms of his Consent Agreement. Dr. Factora stated that with the right support, Dr. Halkias may be able to be a successful physician.

Dr. Factora agreed with the Hearing Examiner's Proposed Findings. The Proposed Order would revoke Dr. Halkias' medical license and levy a civil penalty of \$2,500.

Dr. Schottenstein noted that Dr. Halkias' Step I Consent Agreement, which became effective in March 2013, suspended his medical license indefinitely but not less than 9 months. Had Dr. Halkias repeated a 28-day inpatient treatment, which was a condition for reinstatement of his license, he could have petitioned for reinstatement under a Step II Consent Agreement in early 2014. However, Dr. Halkias never entered such treatment and he has been subject to the Step I Agreement for four-and-a-half years. Dr. Schottenstein further observed that Dr. Halkia only became non-compliant with the Agreement in the Fall of 2016. Dr. Schottenstein found it curious that Dr. Halkias has been under the Step I Agreement for such a long time. Dr. Steinbergh commented that physicians sometimes stay under at Step I Agreement and cannot meet the requirements for reinstatement under a Step II Agreement due to various factors.

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- abstain

The motion carried.

FINES AND THE PROPOSED ORDER FORMAT

Dr. Steinbergh noted that currently, proposed orders that contain a fine list the fine first and then the other aspects of the proposed order. Dr. Steinbergh felt that this left the incorrect impression that the fine is the most important part of the order. Dr. Steinbergh opined that future proposed orders should be formatted so that a proposed order's revocation, permanent revocation, or suspension should be listed first, and then the fine, and then the conditions for reinstatement when applicable. Dr. Steinbergh asked how the other Board members' felt about this issue. The Board briefly discussed this matter and agreed with Dr. Steinbergh. Mr. Groeber stated that future proposed orders will be formatted as discussed.

Dr. Schottenstein commented that he had had the same thought as Dr. Steinbergh. When Dr. Schottenstein had communicated with Mr. Porter on this subject, Mr. Porter relayed his impression that the Board had directed that the fine should be listed first. Dr. Soin agreed that Mr. Porter may have received that direction previously.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Soin 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.

TERESA DIANE BATCHELOR, L.M.T.

Dr. Soin stated that Ms. Batchelor has applied for restoration of her Ohio massage therapy license. The Board notified Ms. Batchelor that it proposed to approve her application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) due to the fact that she has not engaged in the active practice of massage therapy for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the June 14, 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. Batchelor's application for restoration of her Ohio massage therapy license, pending successful completion of the 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. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

GERALD THOMAS BOWEN, M.D.

Dr. Soin stated that Dr. Bowen has applied for restoration of his Ohio medical license. The Board notified Dr. Bowen that it proposed to approve his application, conditions upon his passage of the Special Purpose Examination (SPEX) or specialty board recertification examination. The Board further proposed that upon restoration, Dr. Bowen's license will be restricted to a six-month preceptorship. These conditions must be met due to the fact that Dr. Bowen has not engaged in the active practice of medicine for more than 2 years.

Dr. Steinbergh moved to find that the allegations set forth in the July 12, 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 Dr. Bowen's application for restoration, conditioned upon his passage of the SPEX or specialty board recertification

examination within 12 months from the date of mailing of the Notice of Opportunity for Hearing; and that upon restoration, the license shall be restricted to participation in a 6-month preceptorship to include Board-approval of the designated preceptor, 2 weeks of observation by Dr. Bowen to assess ability with patient care, 1 month of direct supervision by the preceptor, 3 months of on-site supervision by the preceptor, and six weeks of weekly chart review of 10 charts per week; and that upon submission of a written report from the preceptor to the Board or its designee indicating that Dr. Bowen is able to practice in accordance with acceptable and prevailing standards of care, said limitation and restrictions shall be terminated. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

ANJALI GUPTA, M.D.

Dr. Soin stated that Dr. Gupta has applied for a license to practice medicine and surgery in Ohio. The Board notified Dr. Gupta that it proposed to approve her application, but to limit and restrict said license to participation in a Board-approved preceptorship due to the fact that Dr. Gupta has not engaged in the active practice of medicine for more than 2 years.

Dr. Schottenstein moved to find that the allegations set forth in the June 14, 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 Dr. Gupta's application for licensure; such license shall be limited to participation in a Board-approved 30-day preceptorship that includes one week of observation and three weeks of patient care under direct supervision; and that upon Dr. Gupta's submission of documentation from the preceptor that she has successfully completed the preceptorship, said limitations and restrictions shall be terminated. Dr. Saferin seconded the motion.

Dr. Steinbergh observed that under the Proposed Order, all limitations and restrictions on Dr. Gupta's license will terminate upon submission of documentation that she has successfully completed the preceptorship. Further, the Proposed Order stipulates that Dr. Gupta must complete a Board-approved emergency medicine board review course within one year of the mailing of the Notice of Opportunity for Hearing. Importantly, Dr. Steinbergh noted that the lifting of the limitations and restrictions on Dr. Gupta's license shall not be dependent upon completion of the course, which is something that she had not understood in the Board's previous discussion of Dr. Gupta. Dr. Steinbergh stated that she supports the Proposed Order.

Mr. Taylor noted that the portion of the Proposed Order regarding the emergency medicine board review course had been left out of the motion due to an error. Dr. Schottenstein stated that he would include that in his motion.

Dr. Schottenstein wished to change his motion to include the stipulation that Dr. Gupta complete a State Medical Board of Ohio-approved emergency medicine board review course within one year from the mailing of the Notice of Opportunity for Hearing. The lifting of the limitations and restrictions placed on Dr. Gupta's license shall not be dependent upon her completion of the course. No Board member objected to the change in the motion. The motion was changed.

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

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

LORI BETH HOPPER, L.M.T.

Dr. Soin stated that Ms. Hopper has applied for restoration of her Ohio massage therapy license. The Board notified Ms. Hopper that it proposed to approve her application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) due to the fact that she has not engaged in the active practice of massage therapy for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the July 12, 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. Hopper's application for restoration of her Ohio massage therapy license, pending successful completion of the 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. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye

Dr. Bechtel - aye

The motion carried.

JANICE LEE JAMISON, L.M.T.

Dr. Soin stated that Ms. Jamison has applied for restoration of her Ohio massage therapy license. The Board notified Ms. Jamison that it proposed to approve her application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) due to the fact that she has not engaged in the active practice of massage therapy for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the June 14, 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. Jamison's application for restoration of her Ohio massage therapy license, pending successful completion of the 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. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

MYRON HILMAR WEINBERGER, M.D.

Dr. Soin stated that Dr. Weinberger has applied for a license to practice medicine and surgery in Ohio. The Board notified Dr. Weinberger that it proposed to approve his application, and to limit and restrict such license to the practice of administrative, non-clinical medicine, due to the fact that Dr. Weinberger has not engaged in the active practice of medicine for more than 2 years.

Dr. Steinbergh moved to find that the allegations set forth in the June 16, 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 Dr. Weinberger's application for licensure; such license shall be restricted and limited to the practice of administrative, non-clinical medicine; and the limitations and restrictions shall be lifted upon evidence acceptable to the Board or its designee that Dr. Weinberger has successfully recertified his American Board of Medical Specialties Certification in Internal medical and successfully completed a Board-approved 30-day preceptorship, or upon successful completion of the Special Purpose Examination (SPEX). Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- 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. Saferin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- 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, Ms. Loe, Ms. Debolt, Mr. Schmidt, Ms. Pollock, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Moore, Mr. DePew, and Mr. Taylor in attendance.

The Board returned to public session.

EXECUTIVE SESSION

Mr. Giacalone 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. Mr. Gonidakis seconded the motion. A vote was taken:

ROLL CALL:

Dr. Saferin	- aye
Dr. Schottenstein	- aye

Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- 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.

The Board returned to public session.

The Board recessed at 12:08 p.m. and resumed the meeting at 1:02 p.m.

RATIFICATION OF SETTLEMENT AGREEMENTS

MICHELLE L. AHMED, D.O. – CONSENT AGREEMENT

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion to ratify carried.

HARIDAS MADHAVJI DASANI, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

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

Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- abstain

The motion to ratify carried.

LESLIE RENEE SWART, L.M.T. – CONSENT AGREEMENT

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion to ratify carried.

ROBERT E. WINDSOR, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- abstain

The motion to ratify carried.

TRACY R. RUEDISUELI, P.A. – STEP I CONSENT AGREEMENT

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion to ratify carried.

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

Dr. Steinbergh moved to send the Notice of Opportunity for Hearing to James A. Gideon, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- abstain

The motion to send carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Anthony G. Conrardy, M.D.; Christopher Reist, L.M.T.; and Christopher R. Seman, D.O. Dr. Schottenstein seconded the motion. A vote was taken:

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

Dr. Factora - aye
Dr. Edgin - aye
Dr. Bechtel - aye

The motion to send carried.

RULES AND POLICIES

RULE 4731-11-01

Ms. Debolt stated that Rule 4731-11-01 became effective on August 31. However, the Rule must be amended due to an error in the link to the morphine-equivalent dose (MED) calculation on the Board's website.

Dr. Steinbergh moved that Rule 4731-11-01, as amended, be filed with the Joint Committee on Agency Rule Review (JCARR). Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

RULES FOR ACUTE PAIN PRESCRIBING AND MEDICAL MARIJUANA

Ms. Debolt stated that by permission granted by the Board at its last meeting, these rules were filed upon the end of the Joint Committee on Agency Rule Review's (JCARR) jurisdiction.

OPERATIONS REPORT

Human Resources: Mr. Groeber stated that the Board is in the process of being fully staffed and that candidates for the two enforcement attorney positions have been interviewed. In addition, one staff member in the Licensure section is retiring.

Investigator Firearms: Mr. Groeber stated that at its June 2017 meeting, the Board directed management to continue with the appropriate measures to remove the authority of Medical Board investigators to carry firearms. The staff continues to work with union representatives on updated drafts of the investigator manual. Mr. Groeber stated that staff is recommending that the Board vote on this matter at its next Board meeting on October 11, 2017. A meeting is scheduled with union management in a few weeks.

Mr. Groeber stated that staff continues to prepare for the return of firearms should the Board vote to rescind the authority of investigators to carry at the October meeting. Until that time, the Board maintains the investigators' authority to carry firearms.

Dr. Schottenstein expressed appreciation for the emphasis on investigator safety in the draft manual updates.

Information Technology: Mr. Groeber stated that the Board continues to work through implementation of the new eLicense system. Mr. Groeber noted that the Finance Committee had a discussion related to dedicated resources to address issues with the eLicense system.

Education and Outreach: Mr. Groeber stated that beginning this month, Ms. Pollock will attend

meetings of the Finance Committee to update the Committee on the Board's various educational and outreach activities. Mr. Groeber observed that the Finance Committee has general oversight of the fines collected by the Board, which funds these activities. Mr. Groeber stated that the purpose of the outreach activities is to improve outcomes and mitigate issues in the licensee community before they materialize before the Board. A more robust description of the biggest initiatives will appear in the monthly Operations Report.

Agency Operations: Mr. Groeber stated that the Board's caseload figures look very good. Regarding the fact that some cases are several years old when they reach the Board for a final determination, Mr. Groeber stated that the staff makes every effort to move cases quickly. However, sometimes there are factors that can delay action, such as deference to pending criminal charges or having to obtain an expert willing to review medical records. In addition, some cases involve a pattern of behavior over years that warrants Board action in a way that no single isolated incident does. Mr. Groeber stated that it is a benefit to the public and to licensees to have a speedy process and he holds the staff accountable for complaints and cases that do not move swiftly through the process.

Mr. Groeber stated that the number of licenses issued has increased 6% over this time last year, despite a small decrease in this past month.

Mr. Groeber stated that Mr. LaCross continues to seek feedback from Board members regarding several initiatives. Mr. Groeber stated that the Board members' comments are appreciated.

Federation of State Medical Boards: Mr. Groeber stated that the United States Department of Health and Human Services, in conjunction with the Department of Defense and the Department of Veterans Affairs, is seeking nominations for a task force to develop best practices for prescribing pain medication and managing both chronic and acute pain. Humayun J. Chaudhry, D.O., President and CEO of the Federation of State Medical Boards (FSMB), has contacted the Board regarding possible nominations to the task force. Dr. Soin and Dr. Steinbergh expressed interest in the task force. Mr. Groeber stated that he will work with Dr. Soin and Dr. Steinbergh to submit those nominations.

Mr. Groeber stated that Mr. Giacalone had the opportunity to attend an FSMB event on prescription monitoring programs (PMP). Mr. Giacalone stated that the main topic of the discussion was whether the use of PMP's should be mandatory, and a wide range of opinions was expressed. Mr. Giacalone's recommendation was to make the use of PMP's mandatory, but tailor the details of each program to suit the circumstances in each state. Mr. Giacalone noted that one participant expressed the view the physicians do not need to be concerned about such issues because the pharmacist will call the physician if there is a problem. Mr. Giacalone responded that 1) the physician would have to take the pharmacist's call, and 2) both the physician and the pharmacist have the responsibility to check prior prescriptions.

Mr. Giacalone also commented that, according to information provided at the event, Ohio is by far the largest user of its PMP, the Ohio Automated Rx Reporting System (OARRS).

Mr. Giacalone continued that one comments made at the event regarded what is being done in terms of opiate prescribing training in medical schools. Dr. Steinbergh stated that the Ohio University Heritage College of Osteopathic Medicine (OUHCOM) has been very aggressive in teaching students about proper opiate prescribing for both acute and chronic pain. OUHCOM students are also mentored by practitioners who are up-to-date on prescribing rules and the use of OARRS.

Mr. Groeber opined that some of the language around this topic should be rolled into Dr. Schottenstein's proposed FSMB resolution on acute pain prescribing.

Ohio Opioid Technology Challenge Grant Program: Mr. Groeber stated that the Third Frontier is starting the Opioid Technology Challenge Grant Program, which will distribute \$20,000,000 in prizes over the next several years. Third Frontier contacted the Medical Board to help identify people who could serve as judges for the thoughts and ideas that will come forward. Mr. Groeber stated that Mr. Giacalone has already expressed interest. Dr. Soin stated that he would be interested in aspects related to non-opioid treatment of pain from a scientific standpoint.

Employee Initiatives: Mr. Groeber thanked Judy Rodriguez for organizing a volunteer shift for Board employees at the Mid-Ohio Foodbank. Mr. Rodriguez has also organized a project in October helping the Ronald McDonald House. Mr. Groeber stated that any Board member who wishes to participate in any of these events should contact him.

Christo Rey High School: Mr. Groeber stated that two students from Christo Rey High School, a local school in Columbus, will be doing work for the Board throughout this school year, excepting school holidays. Kyrae Allen will be working at the Board offices every Tuesday and Florence Takyiwaah will be working every Wednesday. Mr. Groeber noted that Ms. Takyiwaah is present in today's meeting; Ms. Takyiwaah stood and introduced herself. Mr. Groeber stated that the Board pays a fee for the services of Ms. Allen and Ms. Takyiwaah, and this helps offset the cost of their tuition.

Book Selections: Mr. Groeber stated that as the staff learns about books that may be of interest to the Board members, they can be purchased and made available. Mr. Groeber stated that two copies of *Twelve Steps and Twelve Traditions* and two copies of *Dreamland: The True Tale of America's Opiate Epidemic* have been purchased. *Twelve Steps and Twelve Traditions* is somewhat like a smaller version of *The Big Book* from Alcoholics Anonymous. *Dreamland*, by Sam Quinones, is about the drug and opioid crisis and how it originated in the area of Portsmouth, Ohio. Mr. Groeber noted that Mr. Quinones recently spoke at the conference of the Ohio Society of Interventional Pain Physicians.

Mr. Groeber stated that any Board member may take a copy of the books and return them at a later date.

Meet the Staff: Mr. Groeber stated that at the last Board member feedback session, a Board member expressed a desire to meet some of the staff. Therefore, groups of employees will appear at Board meetings and introduce themselves going forward. This month, Mr. Groeber presented the Board's Communications section.

Tessie Pollock, Director of Communications, as well as Joan Wehrle, Julie Williams, Roxlauna Brown, and Benton Taylor introduced themselves and described the duties they perform for the Board.

Dr. Steinbergh commented that Ms. Wehrle has been a tremendous help to her over the years with the Partners in Professionalism program, presentations, and other matters. Dr. Steinbergh also stated that Mr. Taylor has also been helpful in preparing for the Board meetings.

Dr. Saferin commented that he and Dr. Rothermel had wanted to have a video produced for the Board's allied professional licensees to help them avoid situations that bring them before the Board. In response to this request, Ms. Pollock created a wonderful video which will be completed soon. Ms. Pollock stated that the video was a group effort; Ms. Daughtry, a former member of the Communications Section, wrote

the original draft, Ms. Williams provided the graphics, Ms. Wehrle narrated, and Ms. Pollock edited the video.

Mr. Groeber stated that the level of sophistication of the Board's communications group rivals that of any other state agency, including those with more employees and larger budgets.

Board Consolidation: Mr. Groeber stated that the consolidation with the Board of Dietetics and the Respiratory Care Board continues without any problems. Mr. Groeber stated that Ms. Pollock has had discussions with both boards to ensure that their licensees understand the benefits of moving their licensure to a larger board. The consolidation will become effective January 21, 2018. Mr. Groeber stated that the Board will soon begin receiving applications for the advisory committees for both dietetics and respiratory care.

Mr. Gonidakis asked if there will be any gaps in regulatory oversight of these professionals as the boards consolidate. Mr. Groeber replied that there will be no gap and that the committees are strictly advisory. Mr. Groeber stated that the staffs of all the boards have worked to ensure that all pending cases are carried over to the Medical Board when the consolidation is final.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

Dr. Schottenstein stated that he is very appreciative of the opportunity to serve as the Finance Committee's new Chair. Dr. Schottenstein commented that he has big shoes to fill with the departure of Mr. Kenney.

FISCAL UPDATE

Dr. Schottenstein stated that in July the Board had about \$435,000 in revenue and \$873,000 in expenditures. Dr. Schottenstein stated that the difference between revenue and expenditures is not an area of concern, noting that there had been a surge of license renewals prior to the eLicense conversion in June and the July numbers reflect the subsequent decline in renewals. Dr. Schottenstein stated that \$1,500,000 was transferred from the Board's fund in December to support eLicense, but this is also not an area of concern. Dr. Schottenstein stated that the Finance Committee will continue to monitor the Board's funds.

ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that since the last Board meeting, \$33,000 has been collected in fines, while some fines are still outstanding.

ELICENSE DEVELOPMENT

Dr. Schottenstein stated that last month the Board has asked for an itemized break-down of what was being paid for with the \$1,100,000 that had been transferred from the Board's fund for eLicense development. Dr. Schottenstein stated that the itemized list that was received from the Department of Administrative Services and has been provided to Board members. Dr. Schottenstein opined that the provided list was not satisfying in its specificity, but the Board has little recourse in this matter.

BOARD CONSOLIDATION

Dr. Schottenstein stated that the estimated expenses for the consolidation with the Board of Dietetics and the Respiratory Care Board, which will be effective January 21, 2018, are \$771,000. However, it is felt that this figure is probably inflated and the actual expense will most likely be closer to \$500,000. Revenue of the consolidation is expected to be about \$1,400,000.

MEDICALLY-ASSISTED TREATMENT

Dr. Schottenstein stated that medically-assisted treatment (MAT) of addiction can be very valuable in terms of additional physicians registering to provide that service. Dr. Schottenstein noted that there are approximately 900,000 physicians in the United States that are eligible to prescribe Suboxone, but only about 30,000 physicians are actually authorized to do so. The Finance Committee discussed the various reasons that physicians do not avail themselves more to the opportunity to treat this patient population. These reasons include that the addict population is a tough patient population and difficult to absorb into a practice; administrative and "red tape" challenges; and lack of reimbursement. Dr. Schottenstein added that patients must be in withdrawal to receive Suboxone, which can leave a vivid impression on other patients in a waiting room. Consequently, there is a concern that Suboxone patients could frighten away non-addict patients.

Dr. Schottenstein noted Mr. Groeber's suggestion that a certain percentage reduction in a licensure fee could provide incentive for physicians to prescribe this mode of treatment. Dr. Schottenstein agreed with Mr. Groeber's idea, but stated that there are many hurdles to overcome to significantly increase the number of physicians available to treat this population. Dr. Schottenstein stated that he would like to continue conversation on this topic in the future.

COMMUNICATIONS AND OUTREACH

Dr. Schottenstein stated that Ms. Pollock updated the Committee on educational materials and outreach to the Board's licensees, including work with the upcoming Addiction Treatment Continuity of Care event with the Ohio Attorney General's office. In addition, the Governor's Anti-Human Trafficking State of Ohio employee training is in the near future.

FINANCE COMMITTEE INITIATIVES

Dr. Schottenstein stated that he is considering some initiatives for the Finance Committee, including an additional fee reduction for initial physician licensure. Dr. Schottenstein stated that further fee reductions can entice more physicians to apply for licensure and increase the physician talent pool in Ohio, as well as improve the Board's revenue stream through subsequent license renewals.

Dr. Schottenstein stated that the statute granting the Board fining authority does not require the Board to allocate and track where those funds go. However, Dr. Schottenstein felt that the Board should do so at least on an informal basis and allocate those funds to education and outreach. Dr. Schottenstein opined that the Board should continue to endorse and promote wellness in the licensee community because healthier licensees provide higher-quality care, which is a benefit to the public.

DEDICATED INFORMATION TECHNOLOGY SERVICES

Dr. Schottenstein reported that the Finance Committee reviewed and approved a proposal to spend up to \$49,600 for up to 500 hours of dedicated information technology (IT) services to address work tickets and fix Medical Board-related issues with the eLicense system this fiscal year. Dr. Schottenstein stated that the Board has a number of tickets that are unlikely to be addressed expeditiously because of the number of high-priority tickets pending and continuously arising for the eLicense system as a whole. Having a dedicated resource will allow the Board's staff to have issues addressed as they occur. Dr. Schottenstein stated that the \$49,600 will be a fund that the Board can draw from on an as-needed basis.

POLICY COMMITTEE

LEGISLATIVE UPDATE

Dr. Soin stated that the Policy Committee discussed House Bill 145, the One-Bite Reporting Exemption. The Policy Committee also discussed the upcoming board consolidation with the Board of Dietetics and the Respiratory Care Board, which was discussed earlier in the Operations Report.

FEEDBACK ON OARRS SYSTEM UPDATE

Dr. Soin stated that the Ohio Automated Rx Reporting System (OARRS) was recently updated with changes to the format and the font. Dr. Soin stated that the Policy Committee is working on creating a feedback system for physicians who have expressed some opinions and concerns about the update.

DRAFT RULES, NON-DISCIPLINARY MONITORING FOR MENTAL AND PHYSICAL ILLNESS

Dr. Soin stated that Ms. Anderson provided the Policy Committee with an update on the draft Rules for non-disciplinary monitoring of licensees for mental and physical illness.

RULE 4731-32-05, PETITION FOR ADDITIONAL QUALIFYING CONDITION OR DISEASE FOR MEDICAL MARIJUANA

Dr. Soin stated that Ohio's medical marijuana program will begin in September 2018. The Policy Committee discussed petitions that the Board will receive from the public to include additional qualifying conditions or diseases for treatment with medical marijuana. Ms. Anderson stated that under the Rule, the Board is required to set the acceptance period for these petitions for the year 2018.

Dr. Soin stated that the Policy Committee and the Board will discuss this and vote on a 2018 acceptance period next month.

ACUTE PRESCRIBING RULES EDUCATIONAL MATERIAL

Dr. Soin stated that a draft educational one-sheet was reviewed by the Policy Committee and other information sets are also available. The Committee also discussed a frequently-asked questions (FAQ) document. A video is also being produced to explain the acute prescribing rules.

COMMON SENSE INITIATIVE

Ms. Anderson stated that a brief update was provided on a new law that adds some duties to the Common Sense Initiative. This law takes effect at the end of September 2017.

LICENSURE COMMITTEELICENSURE APPLICATION REVIEWSSHIRLEY THOMAS, M.D.

Dr. Saferin stated that Dr. Thomas is requesting graduate medical education (GME) equivalency pertaining under 4731.14(B)(2), Ohio Revised Code, which permits the Board to determine an equivalent to the GME training requirement of two years through the second-year level. Dr. Thomas graduated from Ambedkar Medical College in India in 2001 and has almost eleven years of GME record activity in the United Kingdom and Ireland, including postgraduate training in Internal Medicine at Norfolk and Norwich University Hospital (2003-2008), a palliative medicine fellowship at Cambridge University Hospitals (2008-2012, 2014-2015), and postgraduate training at Trinity College (2015-2016). Dr. Thomas also successfully completed a one-year clinical fellowship in Hospice and Palliative Medicine at the Cleveland Clinic (2012-2013) as a sabbatical while doing her palliative medicine fellowship at Cambridge. Dr. Thomas successfully completed a one-year training fellowship in Hospice and Palliative Medicine, accredited by the Accreditation Council for Graduate Medical Education (ACGME) at Summa Health System (2016-2017). Dr. Thomas attained Membership of the Royal Colleges of Physicians of the United Kingdom in Internal Medicine and Palliative Medicine by examination and obtained a PG Diploma in Palliative Medicine from Cardiff University in the United Kingdom. Dr. Thomas also earned the Certificate of Completion of Training in Palliative Medicine from the United Kingdom, which is equivalent to board certification in the United States. Dr. Thomas also holds an unrestricted license to practice in the United Kingdom.

Dr. Saferin stated that the Licensure Committee has recommended approving Dr. Thomas' application.

Dr. Saferin moved that the Board deem her training and experience in the United Kingdom, Ireland and the United States to be equivalent to the twenty-four months of graduate medical education through the second-year level so that she may be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Sojin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

JILL COOKE WILSON, M.T.

Dr. Saferin stated that Ms. Wilson has applied for restoration of her massage therapy license. Ms. Wilson indicated on her application that she has not actively practiced massage therapy in Ohio since her license expired in October 2011. The Licensure Committee has recommended approving Ms. Wilson's application.

Dr. Saferin moved to approve Ms. Wilson'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 Hearing. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

MUHAMMAD HUSNAIN, M.D.

Dr. Saferin stated that Dr. Husnain is requesting graduate medical education (GME) equivalency, pertaining to Ohio Revised Code Section 4731.14(B)(2), which permits the Board to determine an equivalent to the GME training requirement of two years through the second-year level. Dr. Husnain graduated from Quaid-E-Azam Medical College, Islamia University in Pakistan (2006). Dr. Husnain had almost nine years of GME record activity and experience in Pakistan and Qatar. This experience included postgraduate training (PGT) in Internal Medicine at Shaukat Khanum Memorial Cancer Hospital and Research Center (2010-2011), Accreditation Council for Graduate Medical Education (ACGME) accredited PGT in Internal Medicine at Hamad General Hospital (2011-2015), and he was Chief Resident and Clinical Fellow for Internal Medicine at Hamad Medical Corporation, an affiliate of Weill Cornell Medical College in Qatar (2015-2016). Dr. Husnain has completed one year and three months of training and is currently in his third year of ACGME-accredited PGT in Internal Medicine at Case Western Reserve University/University Hospital (2016-2017). Upon successful completion of the Internal Medicine PGT at Case Western Reserve University in 2018, Dr. Husnain will be considered to have fulfilled the training requirements for the American Board of Internal Medicine Certification Examination.

The Licensure Committee has recommended approval of Dr. Husnain's application.

Dr. Saferin moved that the Board deem his training and experience in Pakistan, Qatar and the United States to be equivalent to the twenty-four 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. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

ADMINISTRATIVE CME PROGRAM IMPLEMENTATION

Dr. Saferin stated that House Bill 49 amended Section 4731.282 of the Ohio Revised Code to provide a non-disciplinary means to resolve physicians' continuing medical education (CME) deficiencies. Pursuant to that section, if the Board finds that an individual's certified completion of the number of hours and type of CME do not meet the continuing medical education requirements, the Board may permit the individual to agree in writing to complete the continuing medical education and pay a civil penalty of not more than \$5,000. To implement the statute, staff has developed a process and a schedule of civil penalties based on the number of hours the licensee is deficient. Dr. Saferin noted that a correction to the original schedule of civil penalties has been provided to Board members.

Mr. Turek briefly outlined the process by which this proposed program will function. Mr. Turek stated that if the licensee does not enter into an agreement or does not fulfill the terms of the agreement, then the matter will go through the normal Board disciplinary process. It is expected that licensees found to be noncompliant with CME requirements will opt to avail themselves of this non-disciplinary process, thereby reducing the need to spend more resources on formal enforcement action.

Dr. Steinbergh asked how CME auditing will function under this program. Mr. Turek replied that that with the upcoming implementation of CE Broker, the Board will be able to audit more that it currently does. Mr. Groeber commented that CE Broker will be a beneficial tool for the Board and will let licensees more closely track their CME hours. Mr. Groeber stated that once implemented, CE Broker will allow the Board to quickly flag licensees who seem to be deficient in their CME's and allow the licensee to either demonstrate that they are in compliance, enter into a non-disciplinary agreement with the Board, to be given the opportunity for a disciplinary hearing.

Dr. Saferin moved to approve implementation of a non-disciplinary Administrative CME Program, and the associated civil penalty schedule. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye

Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- aye

The motion carried.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

REQUEST FOR REVIEW OF DRUGS

Dr. Steinbergh stated that Caitlin Jones, P.A., has made an inquiry regarding the ability of physician assistants to prescribe human chorionic gonadotropin (HCG). Ms. Jones practices in a physical medicine practice and, if permitted, would potentially be prescribing HCG as part of a medically-guided weight-loss program. Following a review of documentation and discussion by both the Physician Assistant Policy Committee and the Physician Assistant/Scope of Practice Committee, both committees voted to recommend that HCG not be prescribed by physician assistants. Dr. Steinbergh stated that there is no evidence-based data to support the use of HCG in a weight loss program and, in fact, the Drug Enforcement Administration (DEA) and the American Medical Association (AMA) Council on Science and Public Health specifically oppose this use of HCG.

Dr. Steinbergh moved to disallow the use of HCG by physician assistants. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- aye

The motion carried.

PHYSICIAN ASSISTANT FORMULARY

Dr. Steinbergh stated that the Physician Assistant/Scope of Practice Committee discussed moving forward with development of an alternative formulary for physician assistants in Ohio. Dr. Steinbergh stated that she has spoken with Mr. Groeber about obtaining the services of a consultant with experience in developing formularies. Dr. Steinbergh stated that formulary forms from the Cleveland Clinic and the Ohio State University Wexner Medical Center have been obtained as the possible bases for a new formulary template.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on August 9, 2017, the Compliance Committee met with Robert Lindner, M.T., moved to continue him under the terms of his Board actions. The Compliance Committee accepted Compliance staff's report of conferences on July 10 and 11, 2017.

PROBATIONARY REQUESTS

Dr. Soin advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Dr. Soin 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 Thomas M. Bender, A.A.'s request for reduction in appearances to every six months; and reduction in recovery meeting attendance to two meetings per week with a minimum of ten meetings per month;**
- **To grant Linda J. Dennis, M.D.'s request for approval to administer, personally furnish, and possess controlled substances; and reduction in mental health treatment frequency to once per month;**
- **To grant Nicholas C. Diamantis, M.D.'s request for reduction in appearances to annually;**
- **To grant Julio C. Galindo, M.D.'s request for release from the terms of his September 9, 2015 Consent Agreement;**
- **To grant Peter C. Johnson, M.D.'s request for approval of Stephen B. Levine, M.D., to complete a psychiatric return-to-work assessment, required prior to reinstatement; to consider the previously submitted return-to-work assessment from Dr. Levine, pending assessor approval; and approval of John r. Whipple, M.D., to complete a psychiatric return-to-work assessment, required prior to reinstatement;**
- **To grant Erik J. Kraenzler, M.D.'s request for approval of David W. Stroom, M.D., to serve as the new treating psychiatrist;**
- **To grant Adam C. Maier, D.O.'s request for reduction in psychiatric treatment sessions to every three months;**
- **To grant James A. Marsh, Jr., D.O.'s request for approval of Carlos G. Lowell, M.D., to serve as the treating psychiatrist;**
- **To grant Wayne J. Myles, D.O.'s request for approval of *Intensive Course in Medical Ethics, Boundaries and Professionalism*, administered by Case Western Reserve University, to fulfill the physician/patient boundaries course requirement; and**
- **To grant Patrick L. Bruno, M.D.'s request for approval of the updated practice plan.**

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

ROLL CALL:	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Dr. Edgin	- aye
	Dr. Bechtel	- abstain

The motion carried.

FINAL PROBATIONARY APPEARANCES

MICAH S. CROUSE, M.D.

Dr. Crouse was appearing before the Board pursuant to his request for release from the terms of his August 12, 2015 Consent Agreement. Dr. Soin reviewed Dr. Crouse's history with the Board.

In response to questions from Dr. Steinbergh, Dr. Crouse confirmed that he is a family physician and is board-certified in family medicine. Dr. Crouse currently works in a Level 2 trauma center in Mansfield, Ohio.

Dr. Steinbergh asked if Dr. Crouse is qualified to take the certification examination for emergency medicine from the American Board of Medical Specialties (ABMS). Dr. Crouse replied that he is certified by the American Board of Physician Specialties (ABPS). Dr. Steinbergh expressed concern that ABPS certification is probably not accepted in very large hospital systems. Dr. Crouse stated that he maintains his ABPS certification mostly for himself and he is aware of the credentialing limitations.

Responding to questions from Dr. Soin, Dr. Crouse stated that he does utilize electronic medical records (EMR) in the facilities in which he practices. Dr. Crouse stated that he does not write prescriptions by hand, except for times when the EMR system is down temporarily.

Responding to questions from Dr. Schottenstein, Dr. Crouse stated that he found his controlled substances prescribing course to be helpful. Dr. Crouse commented that most residency training programs do not adequately cover controlled substance prescribing. Having taken the course, Dr. Crouse stated that he now knows more about controlled substance prescribing than any physician he works with.

Dr. Schottenstein asked if Dr. Crouse has considered going into an emergency medicine residency. Dr. Crouse replied that he has considered doing another residency in emergency medicine or in obstetrics and gynecology. Dr. Crouse commented that he enjoyed the obstetrics aspects of his family medicine residency.

Dr. Steinbergh moved to release Dr. Crouse from the terms of his August 12, 2015 Consent Agreement, effective September 28, 2017. Dr. Schottenstein seconded the motion. All members

voted aye. The motion carried.

REBECCA E. JOHNSON, M.D.

Dr. Johnson was appearing before the Board pursuant to her request for release from the terms of her September 12, 2012 Consent Agreement. Dr. Soin reviewed Dr. Johnson's history with the Board.

In response to questions from Dr. Soin, Dr. Johnson stated that she has 80% full-time employment at the Cleveland Clinic. Dr. Johnson stated that she currently practices as a general radiologist, though she was fellowship-trained in neuroradiology. Dr. Johnson stated that her recovery program is strong and she has a great deal of support from her sponsor, her family, and others in Alcoholics Anonymous (AA). Dr. Johnson stated that she attends a regular set of meetings, mostly women's discussion groups. Dr. Johnson stated that she has no plans to change her recovery program following her release from probation.

Dr. Edgin exited the meeting at this time.

Dr. Schottenstein, noting Dr. Johnson's history of depression, asked if Dr. Johnson may have been self-medicating when she was abusing opiates and benzodiazepines. Dr. Johnson opined that her depression was more of a chemical matter. Dr. Johnson stated that as soon as she was able to free herself from the medications, particularly the benzodiazepines, she no longer needed treatment for depression. Dr. Johnson stated that she has not suffered much from anxiety or depression in the last five-and-a-half years and she has not needed anti-depressant medication in that time period. Dr. Johnson stated that she is very fortunate to be where she is today.

Dr. Steinbergh moved to release Dr. Johnson from the terms of her September 12, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

CHRISTOPHER J. KARAKASIS, M.D.

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

Responding to questions from Dr. Soin, Dr. Karakasis stated that he currently practices as a neuroradiologist at the Cleveland Clinic. Dr. Karakasis stated that his recovery is going very well and his meetings have been very beneficial to him. Dr. Karakasis stated that he has completely abstained from alcohol and drugs for over five years. Dr. Karakasis stated that he currently sponsors one person. Dr. Karakasis had no plans to change his recovery program following his release from probation.

Dr. Schottenstein asked if any legal consequences resulted from Dr. Karakasis' traffic-related concern in 2012. Dr. Karakasis responded that he was convicted of some misdemeanors from that incident.

Dr. Steinbergh moved to release Dr. Karakasis from the terms of his September 12, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

JOSEPH F. LYDON, JR., M.D.

Dr. Lydon was appearing before the Board pursuant to his request for release from the terms of his March 14, 2012 Consent Agreement. Dr. Sojin reviewed Dr. Lydon's history with the Board.

In response to questions from Dr. Steinbergh, Dr. Lydon stated that in 2008 he had been an anesthesiologist in a very busy practice. Dr. Lydon stated that at that time, he had felt that the accumulation of things was more important than work/life balance. Dr. Lydon began to use chemicals to alter his moods, including using stimulants to be alert at work and using sedatives to sleep.

Dr. Lydon continued that his initial license suspension in 2008 of a minimum of 36 months was one of the biggest shocks he has ever had. Dr. Lydon remembered thinking that his life was over, but he was determined to return to medicine in some capacity. During his suspension, Dr. Lydon taught anatomy and physiology at a local college. When Dr. Lydon's medical license was restored in 2012, he wanted to return to anesthesiology but he found the labor market for that field to be very poor at that time. Dr. Lydon then met with a colleague, Dr. Cynthia Brown, who had also been an anesthesiologist and had just finished a fellowship in addiction medicine. With Dr. Brown's encouragement, Dr. Lydon entered into an addiction medicine fellowship and he currently practices as an addiction medicine physician. Dr. Lydon felt that he brings a lot of value to his interaction with patients because of his history. Dr. Lydon commented that he has a family history of addiction from his mother's side and a family history of mental illness from his father's side, but people in his life helped to restore him to a state of health.

Regarding his recovery, Dr. Lydon stated that he is Chair of the Wednesday caduceus group in Pepper Pike, Ohio, and he also attends other meetings. Dr. Lydon continues to see a psychiatrist for treatment of his atypical bipolar disorder and he takes maintenance medications for that condition.

Dr. Schottenstein complimented Dr. Lydon for appropriately managing both his addiction and his mental illness. Dr. Schottenstein noted that Dr. Lydon's Consent Agreement includes a stipulation that if he returns to the practice of anesthesiology, he must take the medication naltrexone on a regular basis. Dr. Lydon stated that he does not currently take naltrexone since he is not practicing anesthesiology, though he did take it for the six to eight months that he did practice anesthesiology. Dr. Lydon was not sure if the naltrexone helped, but he felt there was tremendous value in knowing that any attempt to divert and use a narcotic would be futile. Dr. Lydon opined that what helped him the most was the 12 steps and the spiritual aspects of his recovery program. Dr. Lydon felt that he had been spiritually sick long before he began to abuse chemicals because he had been greedy and self-serving.

Dr. Steinbergh moved to release Dr. Lydon from the terms of his March 14, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

ANNA M. MARCINOW, M.D.

Dr. Marcinow was appearing before the Board pursuant to her request for release from the terms of her April 11, 2012 Consent Agreement. Dr. Sojin reviewed Dr. Marcinow's history with the Board.

Responding to questions from Mr. Giacalone, Dr. Marcinow stated that she currently practices as an otolaryngologist for a multi-hospital health system in Cincinnati, Ohio. Dr. Marcinow works about 35 hours per week, which she finds wonderful for family balance and attending Alcoholics Anonymous (AA)

meetings. Dr. Marcinow stated that her recovery program is going well and she has a very supportive sponsor. Dr. Marcinow also sponsors two people. Dr. Marcinow stated that the only thing she would like to change in her life is to have more children.

In response to questions from Dr. Soin, Dr. Marcinow stated that she e-prescribes everything and she cannot remember the last time she used her prescription pad. Dr. Marcinow prescribes controlled substances for a majority of her surgery patients. Dr. Marcinow stated that she is aware of the new rule that requires a diagnosis code on every controlled substance prescription.

In response to questions from Dr. Schottenstein, Dr. Marcinow stated that the Adderall she had abused had never been prescribed to her. Dr. Marcinow stated that when she started using Adderall she had just moved to Ohio for her residency, she had no support network, her relationship of seven years had just ended, and she was not in a good place emotionally or spiritually. Rather than turning to someone for help, Dr. Marcinow had thought that she could "fix" herself. Dr. Marcinow stated that, for some reason, she conceived that the problem at that time was that she needed to lose weight and if she lost weight then everything in her life would be perfect. Dr. Schottenstein commented that Dr. Marcinow's description is actually quite common. Dr. Schottenstein stated that a longing for some control in one's life can lead one to exercise control over what one eats and the calories one consumes. Dr. Schottenstein commented that this is commonly seen in those who are prone to eating disorders.

Dr. Marcinow stated that she saw a psychiatrist while she was at the Ohio State University. When Dr. Marcinow graduated, her psychiatrist opined that she did not need to see a psychiatrist further. Dr. Marcinow stated that she now knows that she can rely on others to help her with her problems and it is not on her to have total control and to fix everything.

In response to further questions from Dr. Schottenstein, Dr. Marcinow stated that she had not been seeing a psychiatrist at the time she began taking Adderall. When it was discovered she had been forging prescriptions and abusing Adderall, Dr. Marcinow entered into inpatient treatment, after which she saw a psychiatrist for all these issues.

Dr. Steinbergh opined that Dr. Marcinow has become more introspective and more aware of herself and her disease. Dr. Steinbergh stated that she felt good about Dr. Marcinow's release from probation.

Dr. Steinbergh moved to release Dr. Marcinow from the terms of her April 11, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

WILLIAM G. MARTIN, M.D.

Dr. Martin was appearing before the Board pursuant to his request for release from the terms of his September 14, 2011 Consent Agreement. Dr. Soin reviewed Dr. Martin's history with the Board.

In response to questions from Dr. Soin, Dr. Martin stated that he practices in a group practice in Toledo, Ohio, and his practice is restricted to eye surgery and laser treatment. Dr. Martin stated that he has a very strong recovery program and all of his social friends are sober and in the program. Dr. Martin attends at least three meetings per week and he has two sponsors and two sponsees. Dr. Martin stated that he is fortunate to be a co-chair of a program called Back to Basics, in which everyone goes through all 12 steps every month. Dr. Martin intends to continue his recovery activities following his release from

probation, stating that he has no social friends outside the program so he does not know what else he would do.

Dr. Schottenstein noted that Dr. Martin had been contemplating rewriting parts of Alcoholics Anonymous' The Big Book. Dr. Martin stated that a group, including himself, had explored doing so, but it was not approved by the New York committees. Dr. Martin stated that the text used for the Back to Basics program is a semi-approved text and is a synopsis of different parts of The Big Book, organized into supporting readings on each of the 12 steps. Dr. Martin described this as taking the traditional language of The Big Book and putting it into a more understandable format, especially for those who are new to the program.

Mr. Giacalone moved to release Dr. Martin from the terms of her April 11, 2012 Consent Agreement, effective September 29, 2017. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

TIMOTHY F. MYNES, D.O.

Dr. Mynes was appearing before the Board pursuant to his request for release from the terms of the Board's Order of September 14, 2016. Dr. Soin reviewed Dr. Mynes' history with the Board.

Responding to questions from Dr. Soin, Dr. Mynes stated that he is currently practicing in an urgent care in Virginia and he has no plans to return to practice in Ohio. Dr. Mynes stated that at the time of the incident in question, he had been working in an urgent care and also worked part-time in a diet clinic in Kentucky. Dr. Mynes stated that these events have taught him to stay within his medical training and to not step outside mainstream medicine. Dr. Mynes stated that he has a lot of interaction with medical residents and he stresses to them to stay with the specialty they are trained in and that they know. Dr. Mynes stated that the educational courses he has taken have been beneficial.

Dr. Steinbergh exited the meeting at this time.

Dr. Schottenstein recalled that Dr. Mynes had taken the position in the weight-loss clinic due to financial stressors in his life. Dr. Schottenstein further recalled that the rules for weight-loss prescribing had been very different between the states of Virginia, Kentucky, and Ohio. Dr. Mynes agreed. Dr. Mynes explained that he and his wife had just purchased a house in Kentucky, and then later discovered black mold and a number of structural issues. Dr. Mynes eventually won the resulting lawsuit, but was never able to collect what had been awarded. Unable to sell the house, Dr. Mynes and his wife found themselves renting a place to live while still paying the mortgage on the house, on top of about \$150,000 in legal fees. Dr. Mynes worked between 20 and 25 urgent care shifts, 12 hours each, to keep up with financial obligations. Dr. Mynes stated that he took the position at the weight-loss clinic in order to step away from all that. Dr. Mynes stated that he has now sold the house, he and his wife live in Virginia, and they have recovered financially. Dr. Mynes has also resolved all issues with the medical boards in Kentucky and Virginia.

Dr. Schottenstein moved to release Dr. Mynes from the terms of the Board's Order of September 14, 2016, effective September 29, 2017. Mr. Giacalone seconded the motion. All members voted aye. The motion carried.

KIMBERLY M. NEMETH, D.O.

Dr. Nemeth was appearing before the Board pursuant to her request for release from the terms of her May 9, 2012 Consent Agreement. Dr. Soin reviewed Dr. Nemeth's history with the Board.

Dr. Soin asked if Dr. Nemeth currently uses e-prescribing in her practice. Dr. Nemeth replied that she does use e-prescribing, which is printed out. Dr. Nemeth commented that the e-prescribing system at one of the hospitals she practices at is not efficient and does not always print out, so she handwrites many prescriptions for that facility. Dr. Nemeth stated that she is familiar with the new requirement to include a diagnosis code on all controlled substance prescriptions, even if the prescription is handwritten.

In response to further questions from Dr. Soin, Dr. Nemeth stated that she practices in two hospitals as a full-time vascular surgeon. Regarding her recovery, Dr. Nemeth attends two to three rehabilitation meetings per week and is in constant contact with people in the program. Dr. Nemeth commented that her spirituality had basically been non-existent before starting her recovery program, so that is one of the great things to come out of this experience. Dr. Nemeth stated that she is constantly in contact with her Higher Power. Dr. Nemeth stated that she is very grateful for everything the program has brought to her life and her family. Dr. Nemeth was also thankful for the opportunity given to her by the Board.

Responding to questions from Dr. Schottenstein, Dr. Nemeth stated that she had been diagnosed with Crohn's disease as a teenager and had been prescribed narcotics off-and-on to manage the pain from that condition. Dr. Nemeth stated that she had not been addicted during those period, but at some point, due to life events and stress, it became an addiction and the need became constant.

Dr. Schottenstein asked if Dr. Nemeth still suffers from pain and, if so, how she manages it. Dr. Nemeth replied that she has been blessed to only have one or two flare-ups since her addiction treatment and she has been able to manage the pain with steroids. Dr. Nemeth also manages with exercise, diet, and keeping stress to a minimum.

Dr. Bechtel moved to release Dr. Nemeth from the terms of her May 9, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

CAROL G. RYAN, M.D.

Dr. Ryan was appearing before the Board pursuant to her request for release from the terms of her September 10, 2014 Consent Agreement. Dr. Soin reviewed Dr. Ryan's history with the Board.

Responding to questions from Mr. Giacalone, Dr. Ryan stated that she has a small private practice in Kettering, Ohio. Mr. Giacalone, noting that Dr. Ryan's Board action concerned controlled substance prescribing, asked if Dr. Ryan continues to prescribe controlled substances. Dr. Ryan responded that she prescribes controlled substances very infrequently.

Dr. Ryan asked if she could read a prepared statement. Mr. Giacalone agreed.

Dr. Ryan read the following statement:

I'm in practice in Kettering, Ohio. I have about 500 patients. And I have taken two

courses during my three-and-a-half years; the six-month suspension and three-year probation. My first course was in medical record-keeping. I changed the format of my charting to conform with the *Intensive Course in Medical Record Keeping with Individual Preceptorship*, given by Case Western Reserve's School of Medicine, June 6 through June 7. In September 2013, I purchased a computer and electronic dictation device, and subsequent [sic] have been using this in charting. I engaged Michael Yaffe to review my records and suggest how I might improve my documentation. He is board-certified in internal medicine, he practices at Ohio State for 30 years with a full and unrestricted medical license. He has reviewed the work of a number of family practice physicians and taught medical students the standard of care on a range of subjects applicable to family medicine, including charting and prescribing medicine. Under his supervision, I created a computerized form for the use of charting and submitted revised charts to course instructors at Case Western Reserve. My revised format met their approval and I began using this format for chart documentation. I accepted the individual preceptorship offered in conjunction with the course and submitted medical records for review and received feedback from June 2013 through January 2014. My evaluations are over, and Dr. Yaffe also reviewed and approved sample records with the new format.

I also attended the *Intensive Course on Controlled Substance Prescribing* at Case Western Reserve, 12-3-12 to 12-6-13. To see how I could apply what I learned in my practice regarding controlled substance prescribing, all patients were screened properly for chemical abuse and chemical dependency when prescribing controlled substances in my practice. Referrals to specialists to document the need for these medicines in the proper dosage needed also have been done, and I continue doing the OARRS [Ohio Automated Rx Reporting System] reports and monitoring patients closely to avoid chemical abuse and dependency. I recognize drug-seeking behavior and patient scams, and I reviewed the Board policies on controlled substance prescribing and reviewing contents of the House Bill 93. I stay informed and updated on legal and Board rules and regulations. I'm glad I took the course and definitely apply what I learned to my everyday practice. I practice better medicine now. When I returned to practice in October 2014, the faculty at the course meeting comments to me were instructive and complimentary, and my post-test score was satisfactory.

I submitted Annette Chavez as my monitoring physician during my probation. Dr. Chavez is engaged in a same or similar practice specialty. She is past President of the Montgomery County Medical Society. She recently was named Outstanding Physician in Montgomery County. She has been in the past and currently is a monitoring physician. My quarterly declarations have been presented to the Board offices on the due date and delivered copies of my appointment book to Dr. Chavez. She picked patients' names for review of charts and we discussed these, and she submitted a report to the Board in a timely fashion, and these were reviewed on a quarterly basis and received no later than the due date, as I agreed in my Consent Agreement. So, I'm requesting release from my Consent Agreement.

Mr. Giacalone asked if, in retrospect, Dr. Ryan now realizes the errors in her treatment of the 15 patients involved in her citation. Dr. Ryan answered affirmatively. Mr. Giacalone asked if Dr. Ryan is aware of the new prescribing rules regarding controlled substances. Dr. Ryan replied that she knows the rules. Dr. Ryan commented that her practice is mostly the treatment of high blood pressure and heart disease.

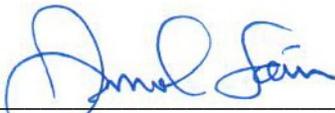
Dr. Bechtel moved to release Dr. Ryan from the terms of her September 10, 2014 Consent Agreement, effective immediately. Mr. Giacalone seconded the motion. All members voted aye. The motion carried.

ADJOURN

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

Thereupon, at 3:15 p.m., the September 13, 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 September 13, 2017, as approved on October 11, 2017.



Amol Soin, M.D., President



Kim G. Rothermel, M.D., Secretary

(SEAL)



State Medical Board of Ohio

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE MEETING

September 13, 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. Giacalone</p> <p>Other Board member present: Bruce R. Saferin, D.P.M. Michael Schottenstein, M.D. Ronan M. Factora, 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. Bechtel moved to approve the draft minutes of August 9, 2017. Mr. Giacalone seconded the motion. The motion carried.

PHYSICIAN ASSISTANT FORMULARY REVIEW

Dr. Steinbergh stated that Caitlin Jones, P.A., is requesting the use of human chorionic gonadotropin (HCG) by physician assistants for weight-loss treatment. The Physician Assistant Policy Committee (PAPC) discussed this yesterday and recommended denying Ms. Jones' request, based on the lack of evidence-based data to support the use of HCG for weight-loss. Dr. Steinbergh also noted that the Drug Enforcement Agency (DEA) and the American Medical Association (AMA) Council on Science and Public Health both oppose the use of HCG for this purpose. Mr. Giacalone and Dr. Bechtel agreed.

Dr. Bechtel moved to deny Ms. Jones' request. Mr. Giacalone seconded the motion. The motion carried.

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) continues to consider altering the physician assistant formulary into what it is calling a negative formulary, which would list the medications that physician assistants may not prescribe. Dr. Steinbergh stated that the PAPC has some concern about how a physician-initiated category of medications would work in a negative formulary.

In response to questions from Committee members, Ms. Debolt stated that under the current formulary physician assistants may only prescribe what is listed on the formulary. Ms. Debolt also stated that physician assistants cannot prescribe medication for off-label uses that are not supported by science. Ms. Debolt further stated that under a hypothetical negative formulary which would list medications that physician assistants cannot prescribe, a physician assistant also may not prescribe a new medication until it is reviewed by the PAPC and the Board. Mr. Giacalone commented that that kind of formulary is called an "exclusionary formulary" in some other states.

PHYSICIAN ASSISTANT POLICY COMMITTEE

Dr. Steinbergh stated that she has discussed the possibility of eliminating the PAPC with Mr. LaCross, the Board's Government Affairs Officer, and depositing the duties of that Committee with the Physician Assistant/Scope of Practice Committee. Dr. Steinbergh noted concerns from the Ohio Association of Physician Assistants (OAPA) that eliminating the PAPC would reduce the opportunity for physician assistants to offer input into policy decisions. Dr. Steinbergh stated that she has considered the OAPA's concerns and has come to agree with them. Dr. Steinbergh commented that PAPC will function well as long as it is able to gather a quorum for business.

REQUEST FROM COSMETOLOGY BOARD

Dr. Steinbergh stated that the Cosmetology Board has asked for input from the Medical Board regarding the strength, ingredient concentration percentage, and pH value for a chemical peel that would constitute "medical grade" and, therefore, would not be appropriate for an esthetician or cosmetologist to use. Dr. Steinbergh stated that this issue is relevant to the Board because estheticians work in dermatology and other medical offices.

Dr. Steinbergh continued that the Cosmetology Board's Rule 4713-8-04 defines the esthetician's ability to perform chemical peels as follows: Chemical peels performed by an esthetician shall be mixed and used at an ingredient concentration of thirty per cent solution or less at final formulation with a pH value not less than three. Dr. Steinbergh noted that going beyond the stratum corneum is not within the scope of cosmetology.

Dr. Bechtel stated that the number of peeling agents has greatly increased in recent years. Dr. Bechtel opined that the Committee needs to review all the peeling agents and consider the potential risk and whether they are appropriate for use by cosmetologists and estheticians. Dr. Bechtel stated that he can work with the Ohio Dermatology Association on information about chemical peels.

Dr. Bechtel stated that under Ohio law, an esthetician can only perform a peel procedure that removes the stratum corneum, or the outer layer of the skin, and only the superficial part of the skin can be exfoliated with a chemical peel. Dr. Bechtel stated that the deeper a chemical peel goes, the greater the risk of scarring or permanent hypopigmentation or hyperpigmentation. Current law restricts cosmetologists and estheticians to chemical peels to 30% of less ingredient concentration. However, the law does not specify the chemical to be used. Dr. Bechtel stated that the typical chemical used is glycolic acid, but many other chemicals have proliferated for this use. Dr. Bechtel opined that the Committee should define what the chemical ingredient is.

Dr. Bechtel stated that he reviewed the minutes of previous Cosmetology Board meetings and found testimony in February 2017 regarding this matter. According to the testimony, 44 state boards in the United States allow chemical peels with pH values down to 1, whereas Ohio laws does not allow pH values lower than 3. Dr. Bechtel commented that the more acidic the peel, the greater the risk of permanent scarring and injury.

Dr. Bechtel stated that he would like to gather more information on the substances used in peels and the pH levels for discussion by the Committee next month.

ADJOURN

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

The meeting adjourned at 8:00 a.m.

Anita M. Steinbergh, D.O.
Chair

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State Medical Board of Ohio

LICENSURE COMMITTEE MEETING
September 13, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Bruce R. Saferin, D.P.M., Chair Richard A. Edgin, M.D. Ronan M. Factora, M.D. Other Board members present: Michael Schottenstein, M.D. Member absent: Kim G. Rothermel, M.D.	Staff: Joseph Turek, Deputy Director for Licensure Mitchell Alderson, Chief of Licensure Colin DePew, Assistant Attorney
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Dr. Saferin called the meeting to order at 8:06 a.m.

MINUTES REVIEW

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

LICENSURE APPLICATION REVIEWS

Shirley Thomas, M.D.

Dr. Saferin stated that Dr. Thomas is requesting graduate medical education (GME) equivalency pertaining to ORC Section 4731.14(B)(2) which permits the Board to determine an equivalent to the GME training requirement of two years through the second-year level. Dr. Saferin stated that Dr. Thomas has attained Membership in the Royal Colleges of Physicians of the United Kingdom and has achieved the Certificate of Completion of Training in Palliative Medicine from the United Kingdom. Dr. Thomas also holds an unrestricted license to practice medicine in the United Kingdom.

Dr. Edgin moved to recommend approval of Dr. Thomas' request that the Board deem her training and experience in the United Kingdom, Ireland and the United States to be equivalent to the twenty-four months of graduate medical education through the second-year level of GME so that she may be granted a license. Dr. Factora seconded the motion. The motion carried.

Jill Cooke Wilson, M.T.

Dr. Saferin stated that Ms. Wilson is applying for restoration of her massage therapy license. Ms. Wilson indicated on her application that she has not actively practice massage therapy in Ohio since her license expired in 2011.

Dr. Factora moved to recommend approval of Ms. Wilson's request for Ohio licensure, 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 Hearing. Dr. Edgin seconded the motion. The motion carried.

Muhammad Husnain, M.D.

Dr. Saferin stated that Dr. Husnain is requesting graduate medical education (GME) equivalency pertaining to ORC Section 4731.14(B)(2), which permits the Board to determine an equivalent to the GME training requirement of two years through the second-year level. Dr. Husnain had slightly over nine years of GME record activity and experience in Pakistan and Qatar. This experience included postgraduate training (PGT) in Internal Medicine, ACGME-accredited PGT in Internal Medicine, and was a Chief Resident and Clinical Fellow in Internal Medicine. Dr. Husnain has completed one year and three months of ACGME-accredited PGT in Internal Medicine at Case Western Reserve University/University Hospitals in the United States. Upon successful completion of the Internal Medicine PGT at Case Western Reserve University in 2018, Dr. Husnain will be considered to have fulfilled the training requirements for the American Board of Medical Specialties (ABMS), American Board of Internal Medicine (ABIM) Certification Examination.

Dr. Saferin opined that the Board should grant Dr. Husnain's request for GME equivalency.

Dr. Factora moved to recommend approval of Dr. Husnain's request that the Board deem his training and experience in Pakistan, Qatar 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. Edgin seconded the motion. The motion carried.

ADMINISTRATIVE CME PROGRAM IMPLEMENTATION

Dr. Saferin stated that House Bill 49 amended Section 4731.282, Ohio Revised Code, to provide a non-disciplinary means to resolve physicians' continuing medical education (CME) deficiencies. Pursuant to that section, if the Board finds that an individual who certified completion of the number of hours and type of CME did not complete the requisite continuing medical education, the Board may permit the individual to agree in writing to complete the continuing medical education and pay a civil penalty of not more than five thousand dollars. To implement the statute, the Board's staff has developed a process and a schedule of civil penalties, as described in the memorandum and attachments.

Dr. Edgin moved to approve implementation of a non-disciplinary Administrative CME Program, and the associated civil penalty schedule. Dr. Factora seconded the motion.

Dr. Saferin stated that the schedule of civil penalties provided for the Committee's review appears to provide for a maximum \$4,000 fine for the highest CME deficiency, whereas the maximum penalty the Board is allowed to levy in this process is \$5,000. Mr. Turek explained that the amounts on the suggested schedule of penalties is in addition to the base non-compliance penalty of \$1,000. Mr. Turek suggested that the document can be redrafted to make it more clear. Dr. Saferin agreed and stated that the redrafted document can be provided to the Board members for their review at today's Board meeting.

Dr. Schottenstein noted that the template letter to licensees indicates that the licensee must upload their CME credits through CE Broker, an outside vendor. Dr. Schottenstein asked if the Board is currently using CE Broker. Mr. Turek stated that the Board has not yet begun to use CE Broker's services and that the template letter will be changed if the administrative CME program is implemented before CE Broker is in use. Mr. Turek explained that physicians who are randomly chosen for audit will be required to use CE Broker, and this will be a pilot for possible more extensive use of CE Broke in the future.

A vote was taken on Dr. Edgin's motion to approve. The motion carried.

ADJOURN

Dr. Factora moved to adjourn the meeting. Dr. Edgin seconded the motion. The motion carried.

The meeting adjourned at 8:20 a.m.

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

blt

State Medical Board of Ohio

POLICY COMMITTEE MEETING

September 13, 2017

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

<p>Members: Andrew P. Schachat, M.D. Robert Giacalone Mark. A. Bechtel, M.D. Amol Soin, MD</p> <p>Other Board Members Present: Kim G. Rothermel, M.D. Bruce Saferin, D.P.M. Michael Schottenstein, M.D. Anita Steinbergh, D.O. Ronan Factora, M.D. Richard Edgin, M.D.</p>	<p>Staff: A.J. Groeber, Executive Director Kimberly Anderson, Chief Legal Counsel Sallie J. Debolt, Senior Counsel 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 8:32 a.m.

MEETING MINUTES REVIEW

Dr. Bechtel moved to approve the Policy Committee minutes of the August 9, 2017 meeting. Dr. Schachat seconded the motion. The motion carried.

LEGISLATIVE UPDATE

The following update was provided:

- **HB145-Establish confidential program to treat impaired practitioners:** Mr. LaCross reported that the bill remains in process. The House returned this week and the Senate will return next week. No changes have been made. There is agreement on both sides of the aisle to support the bill. It is planned to hold two hearings and then vote the bill out.
- **Board Consolidation:** On January 21, 2018, the Board will begin regulating dietitians and respiratory therapists. Currently the dietetics and respiratory therapy statutes don't mesh well with the Medical Board's statutes, particularly with licensure, investigation and enforcement processes. Board staff has looked at our needs as well as some other items we would like to see changed that require legislative change.

Mr. LaCross reported that Mr. Groeber is having Mike Miller and Stuart Nealis build a system based on current statutes just in case legislative changes are not in place by January 21, 2018.

Mr. Groeber reported we will have more active engagement with the Dietetics and Respiratory Care Boards as we get closer to the January deadline so we have a better understanding of current operations of both boards.

Mr. LaCross reported that he and Nate Smith have been compiling a list of legislative issues to watch. He will send it to the Board members when the list is completed. He thanked all who have provided their input to him regarding a potential legislative list to help with agency priorities. Mr. LaCross said that there is a lot of consensus already. Mr. Giacalone asked that the consensus items be shared with the Board.

Dr. Soin joined the meeting.

OARRS SYSTEM FEEDBACK

Mr. Groeber that we've had conversations with the Pharmacy Board regarding the recent upgrades to the OARRS system. At a conference he attended recently, several licensees expressed concern with the functionality of OARRS since some information that had been there before the upgrade isn't there any anymore. One of the things the Medical Board intends to do over the next month or so is to set up some type of feedback mechanism regarding OARRS functionality so the Medical Board and the Pharmacy Board can better understand what licensees are looking for out of OARRS. The feedback will help us since we expect licensees to check OARRS.

Dr. Bechtel reported that he believes one of the biggest concerns physicians have is morphine equivalent dosing (MED) and making sure that the information is straightforward and accessible. He thought that there had been a problem with a link. Doctors want to be sure that they are calculating the dosing properly.

Dr. Soin said that the MED number used to be right in front on the first page and now you must flip to the second page. The graphic is different and the font is smaller. In the old OARRS format the MED number was right on the front page and in bigger font.

Dr. Soin reported he was at the same conference Mr. Groeber referenced. The format changes were made during the system upgrade. Dr. Soin said the same information is in the new report but the layout is different. He believed the biggest concerns from physicians was the need for a larger font and having the MED number on the first page. Dr. Steinbergh agreed the MED number should be on the first page. Mr. Groeber clarified that no OARRS letters have been sent to licensees since April because of the OARRS system migration.

ACUTE PRESCRIBING RULES EDUCATIONAL MATERIAL

Ms. Pollock reported that as part of the roll out of the acute prescribing rule we wanted to have resources available and posted on the Medical Board's website when the rule went into effect. The first item is a printable fact sheet about the rule requirements that includes resource information on the reverse side. We've had almost 8,000 views on that page, which is significant traffic for our website, so that shows that people are going directly to that page to get the information.

She reported that we also contracted with a production company to make a video. The video is 12 minutes long which covers the details of the rule with a review at the end. Later on, after the December 2017 deadline, we will do another version of the video that includes the ICD-10 information

that will need to be provided on prescriptions. So far, we've had about 400 direct links to the video on our YouTube channel and then 8,000 hits on our website.

Ms. Pollock reported that we've also been getting a lot of calls and emails from licensees who want to make sure they are accurately complying with the new rule. She reported that the inquiries are being collected and she and Ms. Anderson and Ms. Debolt are reviewing them. Responses are provided but we're also noting recurring themes that could be included in a FAQ document for additional guidance. We hope to have a draft circulating soon.

Dr. Bechtel said that he thinks that doctors around the state are embracing these and they really want to comply. One of the most common reasons doctors contact him is when they have an unusual situation where they need to go above 30MED for the patient. The doctors want to be sure they are documenting the need correctly. He asked if proper documentation for exceeding the 30MED was included in the materials or video. Doctors are afraid they will be in violation of the rule for not documenting properly.

Ms. Pollock responded that the documentation issue is the most frequent inquiry about the rule. She said it is not specified in the handout or the video but it will be included in a FAQ sheet.

Ms. Anderson reported that we don't have specific language that must be included in the record. The biggest thing is for the doctor to document why the patient needs more medication. Ms. Pollock said it would be helpful for doctors to consistently put the documentation in the same place in the record, so that we could find it if we did a records review. There is no specific wording that needs to be used.

Dr. Soin asked if it would be sufficient documentation to use the ICD-10 code for a patient with severe burns. Ms. Anderson said more information than just the code would be needed as to why the patient's condition required more than 30MED.

Dr. Soin remarked that the rules change the paradigm, in dose, concentration, documentation, and the requirement to include the diagnosis code. He thinks that doctors are making good faith efforts to comply with the changes which are happening rapidly, and he urged the Board to give doctors time to adjust and implement the changes.

Dr. Steinbergh remarked that in acute pain cases it should not be hard to document why your clinical decision goes over 30MED to care for the patient. She is always concerned about doctors who aren't keeping up with changes in rules. Ms. Anderson said we will have an FAQ addressing this issue.

Dr. Bechtel said he needs the Board to know that doctors are under a lot of stress now, not only because they want to comply with the rules and regulations, but because they are being aggressively threatened by some of their patients. He cited the example of an Indiana physician who was shot to death because he would not refill a narcotic prescription. He said he talked with a palliative care physician recently who told him that a patient was demanding refills of his narcotic prescriptions and indicating that he had a gun in his car. That was a very frightening situation for that physician. Aggressive behavior from patients is something the Board needs to know.

Ms. Pollock noted that she had conversations with physicians who were grateful for the rule as it gave them a document they could point to when asked about their prescribing. Dr. Soin said the guidelines are helpful to physicians.

Dr. Factora asked if the acute pain rules have changed the pharmacist's ability to dispense medications over 30MED. Dr. Soin replied that he has noticed that pharmacists are more involved with the process and the pharmacist may contact the prescriber regarding a prescription. But he has not had any situation where he has had a professional discussion with the pharmacist and the pharmacist denied the prescription.

Mr. Giacalone said he understood that the rule is specific to the prescriber, not the pharmacist. The pharmacist does not have a corresponding responsibility to comply with the rule. However, the pharmacist does have responsibility to ask for clarification if they think the prescription is not appropriate.

Dr. Steinbergh commented that it is a good thing for doctors and pharmacists to have discussion about prescription. It is particularly helpful when considering potential drug interactions and monitoring a patient's medications.

Dr. Soin reported that he recently heard from physicians in the community that pharmacists are asking for the diagnosis code on the prescription.

He also reported that he hears from patients that the rules aren't fair as the government is restricting the medication patients need for their pain. He just wanted to be sure that appropriate patient care is what is important.

DRAFT RULES – NON-DISCIPLINARY MONITORING FOR MENTAL OR PHYSICAL ILLNESS

Ms. Anderson reported that a workgroup meeting is still being planned. An update will be provided next month.

RULE 4731-32-05, PETITION TO REQUEST ADDITIONAL QUALIFYING CONDITION OR DISEASE FOR MEDICAL MARIJUANA

Ms. Anderson alerted the committee that staff will be asking the Board in October to designate an acceptance period for people to request an additional qualifying disease or condition for medical marijuana. She said we are required to do this per the Medical Board's rule which is now in effect.

She indicated that the requests would be filed through an online portal which includes a pdf form that can be filled in and allows documents to be uploaded. It is modeled after the Board's online complaint form. Ms. Anderson said that anyone can petition the Board to add an additional qualifying disease or condition. To keep control of the requests, staff has proposed that no later than October 15 of each year, the Medical Board will designate an acceptance period. Petitions will not be accepted before or after that acceptance period.

Ms. Anderson said that the Medical Board's medical marijuana rules are effective, but the medical marijuana program is not yet up and running. The program must be running by September 8, 2018.

Since the medical marijuana program won't be running until September 2018, she suggested that we may want to consider setting the opportunity to add conditions from October 1 to December 1, 2018.

The Board then has six months to decide about the request, so it is estimated that decisions would be due in June 2019.

Dr. Bechtel commented that there is little evidence in the medical literature regarding the effectiveness of medical marijuana. There are a lot of academic institutions in Ohio that conduct various clinical trials. He asked if there are any rules or regulations to be followed to set up evidence-based clinical trials regarding medical marijuana at an academic institution? Ms. Anderson said that is an issue beyond the Medical Board rules.

Dr. Soin said that there is a defined process through the FDA for phase 1, phase 2 and phase 3 clinical trials. Some pharmaceutical companies have recognized the public's desire for medical marijuana so some companies are developing products to be considered for FDA clinical trials. Funding sources for studies are an issue. Most research is privately funded as it is difficult to get federal funding since marijuana is a schedule I substance. Mr. Giacalone agreed that the schedule 1 classification creates funding challenges. Testing to see if smoking marijuana helps some conditions is different from current research regarding THC which entails extracting and compounding through the pharmaceutical process. Ms. Anderson noted that smoking medical marijuana is not permitted under the Ohio program.

Ms. Anderson said the Board will need to vote on the medical marijuana comment period at the October meeting.

ADJOURN

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

The meeting adjourned at 9:24 a.m.

jkw

State Medical Board of Ohio

FINANCE COMMITTEE MEETING
September 13, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Michael Schottenstein, M.D., Chair Bruce R. Saferin, D.P.M. Richard Edgin, M.D. Member absent: Michael L. Gonidakis	Staff: A.J. Groeber, Executive Director Susan Loe, Director of Fiscal and Human Resources Tessie Pollock, Director of Communications
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Dr. Schottenstein called the meeting to order at 9:05 a.m.

MINUTES REVIEW

Dr. Edgin moved to approve Finance Committee August 9, 2017 meeting minutes. Dr. Saferin seconded the motion. The motion carried.

FINANCE COMMITTEE CHAIR

Mr. Groeber stated that with Mr. Kenney's departure from the Board, Dr. Schottenstein has been appointed the new Chair of the Finance Committee. Dr. Schottenstein stated that it is an honor to be appointed and that Mr. Kenney has left big shoes to fill.

FISCAL UPDATE

Ms. Loe stated that Fiscal Year 2018 began on July 1, 2017. In July, the Board's revenue was \$435,000 and expenses were \$873,000. Ms. Loe stated that the difference between revenue and expenses is due to the large number of physicians who had renewed early in May and June before the implementation of the new e-License system. Ms. Loe noted that the Board's revenue had been significantly increased in May and June due to the early renewals and the dip in revenue is the "evening-out" of that process. Ms. Loe anticipated that August revenue may be down as well for the same reason and that revenues will stabilize after that point. Ms. Loe also noted that three employee pay periods occurred in July instead of the usual two pay periods in a month.

Ms. Loe stated that the Board's new budget for Fiscal Year 2018 is \$10,630,000, which is very close to what had been budgeted the previous fiscal year. Ms. Loe noted that the Board underspent the last fiscal year's budget by about \$1,000,000.

ACCOUNTS RECEIVABLE

Ms. Loe stated that two respondents who were fined at last month's Board meeting have not paid their fine, and therefore those cases will be forwarded to the Attorney General's office for collection. Ms. Loe stated that another respondent, Dr. McNutt, was also fined last month, but his Consent Agreement stipulated that he has one year to pay the fine.

Ms. Loe stated that the Board has collected \$33,000 in fines since the last Board meeting, which is about equal to all the fines collected in the last fiscal year.

E-LICENSE TRANSFER PAYMENT

Ms. Loe stated that at its last meeting, the Committee asked for an itemized breakdown of the \$1,100,000 that was transferred from the Board's fund to support further development of the e-License system. Ms. Loe sent this request to the Department of Administrative Services (DAS). In response, DAS sent documentation that the entire investment from all agencies was \$15,000,000, of which the Medical Board's share was \$1,100,000. The documentation did not specify what the Medical Board's \$1,100,000 is being spent on.

After some discussion, the Committee determined that funds transfer had been a requirement and that pursuing the matter further would not produce different results.

BOARD CONSOLIDATION

Ms. Loe stated that the Medical Board's consolidation with the Board of Dietetics and the Respiratory Care Board will become effected on January 21, 2018. Based on the historical revenue and expenses of those boards, Ms. Loe felt that the Medical Board will spend less than the \$771,000 that has been allocated by the Office of Budget and Management (OBM) for the consolidation and the newly-acquired staff. Ms. Loe estimated that the expense will be closer to \$500,000 or \$550,000. Ms. Loe noted that one minor cost that may be incurred has to do with the 12,000 new licensees the Board will acquire; since the Board's contribution to development of the e-License system is based on the number of licensees, that contribution will increase slightly. Ms. Loe opined that the consolidation will probably generate revenue for the Board rather than be a net expense.

EDUCATION AND OUTREACH

Acute Prescribing Rules

Ms. Pollock stated that the Board's most pressing outreach effort at this time is the roll-out of the new rules on prescribing for acute pain. Ms. Pollock stated that a video on this topic has been produced and steps are being taken to make viewing the video eligible for a small amount of continuing medical education (CME) credit. Responding to a question from Dr. Saferin, Ms. Pollock stated that the video can also be shown in forums such as hospital staff meetings and association meetings. A frequently-asked-questions (FAQ) document is being produced based on early feedback. Ms. Pollock stated that she would like to produce a follow-up video in December when the requirement to include ICD-10 diagnosis codes on all controlled substance prescriptions becomes effective.

Dr. Edgin stated that there seems to be a great deal of confusion amongst physicians about what exactly is required by the new rules that will become effective in December, in terms of documentation. Ms. Pollock stated that that was discussed at this morning's Policy Committee meeting. At that meeting, Ms. Anderson stated that no specific wording is required but the documentation must explain why the patient is receiving over 30 morphine-equivalent dose (MED) or more than a seven-day supply. Ms. Anderson further stated that a physician's documentation should be consistent across all of his or her patient charts. Dr. Edgin opined that the Board's direction on this matter should be more specific and that an FAQ document may not be sufficient.

The Committee discussed this matter further. Mr. Groeber suggested that the Board develop sample documentation of what the Board would find acceptable or not acceptable. Dr. Edgin agreed. Dr. Edgin also agreed to work with Board staff to develop further direction on the new rules.

Attorney General's Event on Opioids and Continuity of Care

Ms. Pollock continued that the Ohio Attorney General's Office has asked the Board to support an educational event on opioids and continuity of care. Ms. Pollock stated that this will be a statewide event and will be available by webinar in remote locations. \$2,500 has been allocated to support this event. Mr. Groeber noted that the event is eligible for CME credit.

Allied Professionals

Ms. Pollock stated that at the request of Dr. Rothermel and Dr. Saferin, the Communications section has developed a brief video to educate allied professionals regarding ethics and making appropriate choices outside their practice. Dr. Edgin asked if there is an ethics education requirement for Ohio licensure. Dr. Saferin replied that the Board had discussed mandatory ethics education as part of the required continuing education in years past, but that policy was not adopted.

Video Series on Dangers of Fentanyl

Ms. Pollock stated that the Governor's Cabinet Opiate Action Team (GCOAT) has been tasked with creating a video series on the dangers of fentanyl for first responders who may be unknowingly exposed to that drug, as well as other topics related to safety and fentanyl. Mr. Groeber stated that he has approved up to \$9,999 to support this effort.

Promotion of Medically-Assisted Treatment of Addiction

Mr. Groeber stated that the Ohio Department of Mental Health and Addiction Services has received a \$26,000,000 federal grant to promote treatment of addiction. One idea that has been proposed is to offer free CME credits to primary care physicians for taking on medically-assisted treatment (MAT) of addiction patients. Another idea is to reduce a physician's renewal fee based on how many addiction patients they treat with MAT. Lastly, Mr. Groeber commented that a discount of \$100 or \$105 on license renewal could be offer to physicians who obtain the waiver necessary to provide MAT.

Dr. Schottenstein noted that about 900,000 physicians in the United States are eligible to prescribe medication for MAT such as Suboxone, but only about 30,000 physicians are actually authorized to do so. Dr. Schottenstein speculated that the reasons many physicians do not pursue authorization to treat with Suboxone include the following:

- Physicians are afraid of Suboxone, are unsure what to do with it, and are inclined to let addictionologists handle it;
- It is convenient for physicians who do not want that patient population to simply say that they have not gotten the required training;
- Addicts are a difficult patient population to absorb into a practice;
- Concern that the practice could become known for treating addicts and frighten away non-addict patients;

- Concern about the presentation addicts will make in the waiting room; Dr. Schottenstein noted that patients cannot obtain Suboxone when they are not in withdraw and a patient in active withdraw can make a vivid impression on other patients in the waiting room;
- Impact on the physician's schedule;
- Administrative hurdles and "red tape";
- MAT is probably not financially lucrative.

Dr. Schottenstein stated that he agreed with offering a discount on renewal fees in exchange for obtaining a waiver to prescribe Suboxone and opined that the just offering the discount would be a good message from the Board on this matter. Mr. Groeber commented that some physicians may be interested simply because they went into medicine to help people. Dr. Schottenstein agreed that physicians may be encouraged to offer MAT by appealing to the mission of medicine. Dr. Schottenstein also commented that physicians had a hand in provoking this problem through inappropriate prescribing, and so it is incumbent upon them to help solve it.

Dr. Schottenstein opined that anything that removes barriers to treatment is good, such as doing away with prior authorizations, enforcing insurance parity, reducing federal prescribing restrictions, increasing the number of nurse practitioners and physician assistants who can provide MAT, and removing the cap on the number of MAT patients a physician may treat. Dr. Schottenstein also opined that a free or a non-free clinic with physicians rotating in and out could help address the problem. Dr. Edgin stated that a significant barrier is reimbursement, noting that the average addiction patient is on Medicaid, which offers very little reimbursement. Dr. Schottenstein agreed.

E-LICENSE DEVELOPMENT

Mr. Groeber stated that the Medical Board generates more work tickets for the e-License system than any other agency, but these tickets may have a lower priority than other agency's tickets. Consequently, work on the Board's requested updates, fixes, and additional features can be slowed significantly. Mr. Groeber requested that the Finance Committee approve up to \$49,600 for this fiscal year to obtain 500 hours of dedicated resources to fix, develop, and enhance features of e-License for the Medical Board. Mr. Groeber stated that the \$49,600 would represent a fund that the Board can access when needed.

Dr. Saferin moved to approve up to \$49,600 for 500 hours of dedicated resources for the e-License system. Dr. Edgin seconded the motion. The motion carried.

FINANCE COMMITTEE INITIATIVES

Finance Committee Meetings

Dr. Schottenstein commented that Finance Committee meetings run smoothly, but going forward he will be mindful of times when the Committee gets involved in discussion of Policy Committee topics.

Physician Licensure Fees

Dr. Schottenstein stated that he favors further reduction in initial physician licensure fees in a way that is prudent for the Board's finances. Dr. Schottenstein felt that it is reasonable to see what the Board can do in this regard after a few years of experience with fining authority. Dr. Schottenstein stated that lowering licensure fees encourages people to obtain the license, thus increasing the physician talent pool in Ohio and providing a revenue stream in terms of future license renewals.

Allocation of Fine Revenue

Dr. Schottenstein stated that state law does not specifically require that money obtained through fining be directed to any particular thing. Dr. Schottenstein noted ironically that the only exception is for fines collected due to chemical dependency violations; the Board has determined that it will not levy fines for that violation. However, Dr. Schottenstein opined that the Board should have an informal policy that the fines go towards worthy causes such as education and outreach.

Program Expenses

Dr. Schottenstein observed that the expenses of the medical marijuana program and for board consolidation will be relatively minimal. Dr. Schottenstein opined that the Committee should receive a brief update on these expenses from time to time.

Licensee Outreach

Dr. Schottenstein opined that Ms. Pollock should continue to attend the Finance Committee meetings to provide an update on the Board's outreach activities, the costs of which make it a legitimate topic for the Committee. Dr. Schottenstein further opined that the Board should use its social media and outreach resources to promote wellness for the Board's licensees. Dr. Schottenstein stated that healthy caregivers deliver higher quality care and the tools used for outreach build the Board's brand. Dr. Schottenstein added that these tools should also be used to emphasize the Board's history, which would be good for moral and for cohesion of the Board members and staff that share a common mission.

Mr. Groeber stated that the monthly fiscal report can include fines paid to date, fines paid in the previous month, and can specify things like wellness initiatives, education, outreach, and safety initiatives. Dr. Schottenstein and Dr. Saferin agreed.

ADJOURN

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

The meeting adjourned at 9:55 a.m.

State Medical Board of Ohio

COMPLIANCE COMMITTEE MEETING

September 13, 2017

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

<p>Members: Michael Schottenstein, Acting Chair Amol Soin, M.D. Robert Giacalone</p> <p>Member absent: Anita Steinbergh, D.O., Chair</p> <p>Other Board member present: Ronan M. Factora, M.D. Mark A. Bechtel, 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. Schottenstein called the meeting to order at 3:28 p.m.

MINUTES REVIEW

Dr. Soin moved to approve the draft minutes from August 9, 2017. Mr. Giacalone seconded the motion. All members voted aye. 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.

Valentino J. Bianco, III, D.O.

Dr. Schottenstein noted that Dr. Bianco has been in a Step I Consent Agreement since August 2012, yet he is reportedly busy in a cardiac surgery rotation. Dr. Schottenstein asked how Dr. Bianco can be practicing under a Step I Consent Agreement. Ms. Murray replied that Dr. Bianco is currently working in Pennsylvania. Ms. Murray commented that the Compliance staff has spoken with Dr. Bianco at length about how to go into a Step II Consent Agreement in Ohio. Ms. Murray stated that the primary issue is that Dr. Bianco has not completed an aftercare program, which is required before entering a Step II Consent Agreement.

Dr. Schottenstein commented that Dr. Bianco's ability to practice in another state seems to have de-incentivized him to complete the requirements necessary for a Step II Consent Agreement.

Richard Ray Mason, D.O.

Dr. Schottenstein stated that Dr. Mason was placed into a Step I Consent Agreement in February 2015 and he entered into a Step II Consent Agreement in April 2017. Dr. Schottenstein observed that despite the fact that Dr. Mason was under the terms of a Step I Consent Agreement for more than two years, his subsequent license reactivation is referred to as a "reinstatement" rather than a "restoration." Ms. Murray stated that she will research how the terms "reinstatement" and "restoration" are used in relation to probationers under Step I and Step II agreements.

William Popovich, M.D.

Dr. Schottenstein expressed regret that Dr. Popovich is struggling with cancer. Dr. Schottenstein asked if probationers with a serious health issue such as cancer are excused from activities such as rehabilitation meetings and urine drug screens. Ms. Murray responded that it depends on the probationer's situation. Ms. Murray stated that the Secretary and Supervising Member can grant waivers as needed, such as the need to avoid being in public due to chemotherapy treatment. Ms. Murray stated that Dr. Popovich has commented on how important the Alcoholics Anonymous (AA) meetings are to him and he is trying to stay as involved as possible.

Rodney E. Stone, M.D.

Dr. Schottenstein asked if Dr. Stone has not practiced since he entered into his Step I Consent Agreement in 2009. Ms. Murray confirmed that Dr. Stone has not practiced since 2009. Ms. Murray stated that Dr. Stone is required to pass the Special Purpose Examination (SPEX) prior to restoration of his license, but he has not been able to pass that examination. Return-to-work evaluations from two assessors saying that Dr. Stone is fit to practice medicine are also required. Ms. Murray noted that Dr. Stone has also had some intermittent health issues.

Dr. Soin moved to approve the Compliance Staff's Reports of Conferences for August 8 & 9, 2017. Mr. Giacalone seconded the motion. The motion carried.

APPROVAL OF REPORTS OF CONFERENCES

Cleveland Clinic Foundation

Ms. Murray stated that Lutheran Hospital, which is part of the Cleveland Clinic Foundation's program, are in the process of renewing their certification with the Ohio Department of Mental Health and Addiction Services (MHAS) and have not yet been able to provide an up-to-date certification. However, Ms. Murray independently confirmed with MHAS that Lutheran Hospital is renewing its certification and a copy will be provided.

Mr. Giacalone moved to recommend approval of the Renewal Application for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from the Cleveland Clinic Foundation be approved. Dr. Soin seconded the motion. The motion carried.

ADJOURN

Dr. Soin moved to adjourn the meeting. Mr. Giacalone seconded the motion. The motion carried.

The meeting adjourned at 3:37 p.m.

Michael Schottenstein, M.D.
Acting Chair

blt



PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES

September 11, 2017

The meeting was called to order at approximately 8:35 a.m. on Monday September 11, 2017.

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

Staff members present: Sallie Debolt, and Cathy Hacker.

I. [Review of the August 8, 2017 minutes:](#)

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

II. **Formulary Review**

The committee began the meeting by discussing the request from Caitlin Jones that was requesting that PA's be allowed to use HCG for weight loss.

Dr. Steinbergh stated that there is no evidence based data for this use and the DEA says that it is opposed to it being used for weight loss.

Dr. Engle stated that it is on the Formulary for infertility and other FDA approved reasons.

Dr. Steinbergh moved to deny this request. Mr. Zaayer seconded the motion. All members voted aye. The motion carried.

III. **New business**

Dr. Steinbergh asked Ms. Debolt where we were in the process of developing the negative formulary. Ms. Debolt said she was waiting on a form. Mr. Cackler stated that the OAPA has a form on their website. Ms. Debolt said it is not an official Medical Board form. Dr. Gingrich stated that a form would make the requests to change the formulary more uniform and would include all the data needed to make decisions. Ms. Keller stated that the goal is to be certain that new drugs to the market meet the negative formulary requirements. She reminded that committee that the nurse practitioner formulary allows the NP's to prescribe new medications to the market until the formulary says that they cannot. Dr. Steinbergh stated that the PA formulary would not allow new drugs to be prescribed by the PA's until the committee meets and makes the decision to allow them. Dr. Gingrich agreed with Dr. Steinbergh and stated that he felt it would be confusing to allow drugs only to remove them at a later date. Mr. Cox stated that the new drugs to the market and approved by the FDA would need to be reviewed and a decision made within six months.

Ms. Debolt reminded the committee that it requires a statutory change to implement a negative formulary as the current statute states that the formulary will list medications that

the PA “can” prescribe. She reminded them that due to the process for rules review that it could take at least 9 months or more to change the rule.

Dr. Gingrich recommended that a consultant come in to create the negative formulary as he feels that this committee does not have the expertise to do this on their own. Mr. Cox and Ms. Keller disagreed and stated that the committee does have what they need to get the negative formulary done. Dr. Steinbergh stated that the full board is going to discuss legislation possibly doing away with the PAPC to facilitate the formulary through the PA/Scope of Practice Committee.

Dr. Steinbergh asked Mr. Cox if he could develop the negative formulary. Mr. Cox stated that he could and that we can make recommendations to the PA/Scope of practice committee on non-formulary medications. He stated that no new FDA approved drugs would be allowed to be prescribed by the PA’s for the first six months or until the committee makes a decision on these medications. Mr. Zaayer stated that the formulary could have a “may not” and a “PI category”. Dr. Steinbergh stated that this is what the PA/Scope of Practice committee wants as well. She further stated that other states do not have a PI category. Dr. Gingrich stated that if we keep the PI category we have not changed anything.

Dr. Gingrich requested that at the November meeting we discuss

- Review recategorizing the formulary.
- Review new drugs.
- Decide on a format for the new formulary.
- Review and approve a form for requesting changes to the formulary.

Ms. Keller stated that she would work on cleaning up our current formulary to present it at the November meeting.

The Physician Assistant Policy Committee meeting was adjourned by Dr. Gingrich at approximately 9:37 a.m. on Monday, September 11, 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 September 11, 2017.

Curtis Gingrich, MD, Chair, PAPC