

MINUTES**THE STATE MEDICAL BOARD OF OHIO****February 14, 2018**

Robert P. Giacalone, President, called the meeting to order at 10:15 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: Andrew P. Schachat, Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Michael L. Gonidakis; Amol Soin, M.D.; Michael Schottenstein, M.D.; Richard Edgin, M.D.; Ronan M. Factora, M.D.; Mark A. Bechtel, M.D.; and Betty Montgomery.

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

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the January 10, 2018, Board meeting, as written. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

APPLICANTS FOR LICENSURE

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

received and approved in accordance with licensure protocols, the acupuncturist applicants listed in Exhibit "A," the dietitian applicants listed in Exhibit "B," the genetic counselor applicants listed in Exhibit "C," and the massage therapist applicants listed in Exhibit "D," the Oriental medicine practitioner applicants listed in Exhibit "E," the physician assistant applicants listed in Exhibit "F," the physician applicants listed in Exhibit "G," the respiratory care professional applicants listed in Exhibit "H," and the respiratory care professional limited permit applicants listed in Exhibit "I," as listed in the Agenda Supplement and handouts. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Mr. Giacalone stated that in the following matters, the Board issued a Notices of Opportunity for Hearing. No timely requests for hearing were received. The matters were reviewed by a Hearing Examiner, who prepared Proposed Findings and Proposed Orders, 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 and Dr. Saferin served as Supervising Member.

GREGORY ALLAN PARKER, M.D.

Dr. Steinbergh moved to find that the allegations as set forth in the May 10, 2017 Notice of Opportunity for Hearing in the matter of Dr. Parker have been proven to be true by a preponderance of the evidence and to adopt Mr. Porter's Proposed Findings and Proposed Order. Dr. Soin seconded the motion.

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

Dr. Bechtel stated that the Medical Board has alleged that Dr. Parker has violated his Superseding Step I Consent Agreement, which he entered into with the Board in November 2016. Dr. Bechtel stated that Dr. Parker was first licensed in Ohio in 1989 and specialized in internal medicine, with subspecialties in cardiovascular disease and critical care medicine.

Dr. Bechtel continued that Dr. Parker entered into a Step I Consent Agreement with the Medical Board on

or around June 8, 2016. Subsequently, Dr. Parker entered into a Superseding Step I Consent Agreement with the Board on or around November 9, 2016, and Dr. Parker remains subject to the terms of that Agreement. Dr. Bechtel stated that despite the requirements of his agreement, Dr. Parker has failed to submit quarterly declarations of compliance, make personal appearances before the Board's Secretary or designee, provide random urine drug screens, or call in daily to the drug screening facility. Dr. Bechtel added that there is also no documentation of Dr. Parker attending rehabilitation meetings, as required by his Agreement.

Dr. Bechtel stated that the evidence clearly establishes that Dr. Parker violated his Superseding Step I Consent Agreement. Dr. Bechtel stated that, although there is no evidence that Dr. Parker has relapsed, his failure to comply with the terms of his Agreement calls into question Dr. Parker's ability or willingness to take his recovery seriously.

Dr. Bechtel stated that the Proposed Order would non-permanently revoke Dr. Parker's Ohio medical license. Dr. Bechtel noted that the Hearing Examiner discourages Dr. Parker from applying for another license until he can demonstrate at least one year of continuous, documented sobriety and that he is willing and able to comply with any and all treatment or monitoring conditions that the Board may impose. The Proposed Order would also fine Dr. Parker \$2,500. Dr. Bechtel supported the Proposed Order, based on Dr. Parker's lack of commitment to, and failure to comply with, his Consent Agreement.

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

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

The motion carried.

CHRISTOPHER REIST, L.M.T.

Dr. Steinbergh moved to Find that the allegations as set forth in the September 13, 2017 Notice of Opportunity for Hearing in the matter of Mr. Reist have been proven to be true by a preponderance of the evidence and to adopt Mr. Porter's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

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

Dr. Schottenstein stated that the Board has alleged that Mr. Reist had engaged in sexual misconduct with Patient 1, despite an ongoing professional relationship. Dr. Schottenstein noted that Mr. Reist was first

licensed to practice massage therapy in Ohio in 2008 and his license is currently active.

Dr. Schottenstein continued that in her written statement, Patient 1 indicated that the first couple of appointments with Mr. Reist were comfortable and their conversations were innocent. However, Patient 1 stated that the conversations subsequently became “more toxic.” Specifically, Patient 1 stated that Mr. Reist began to compliment her looks, speak about private matters such as his marriage, and commented on his and his wife’s preference to include a third partner in their sexual relationships.

Patient 1 reported that at one visit, Mr. Reist forced her to touch him in the genital area he digitally penetrated her vaginally against her will, causing pain and bleeding. Patient 1 stated that she told Mr. Reist that this was unacceptable and he promised it would not happen again. However, Patient 1 reported that on a subsequent visit on January 29, 2014, Mr. Reist sexually molested her. Patient 1 indicated that this occurred without her consent and she described an act of rape. Patient 1 indicated that she wanted to scream and say no, but she was frozen and she dissociated from the experience. Patient 1 indicated that she was not even sure what had happened until she saw her blood on the massage table.

Dr. Schottenstein stated that a Board investigator interviewed Patient 1 and Mr. Reist separately, and that he has listened to the audio recordings of both interviews. Dr. Schottenstein noted that the two interviews each told very different stories. Dr. Schottenstein stated that, while both Mr. Reist and Patient 1 agree that sexual relations occurred between them, they differ as to whether Patient 1 had freely consented to the relations. Patient 1 described the experience as traumatizing and tantamount to rape. Dr. Schottenstein noted that Patient 1 is in therapy to help her process the experience. Patient 1 indicated that she never went to the police because Mr. Reist had used a condom and she presumed there would be no evidence of DNA. Dr. Schottenstein stated that Patient 1 now has a difficult time trusting men and she cannot be alone in a room with a man.

In his interview, Mr. Reist stated that he and Patient 1 had been flirtatious with each other, that the sexual relations were consensual, and that Patient 1 had instigated the sexual activity. Mr. Reist stated that there was “zero force” in the context of their sexual relations and he described his behavior as an honest mistake.

Dr. Schottenstein commented that there is no such thing as consensual sexual relations between a healthcare provider and a patient due to the inherent imbalance of power in the relationship. Dr. Schottenstein stated that it is not acceptable for a healthcare provider to be flirtatious with a client, even if the client is flirtatious first. Dr. Schottenstein noted that Mr. Reist was emphatic that there has been “zero force.” However, Dr. Schottenstein pointed out that force is not a determining factor on whether a rape occurred. Noting that Patient 1 reported disassociating, Dr. Schottenstein stated that Mr. Reist may not have used force, but only because Patient 1’s state of mind kept her from resisting. Dr. Schottenstein stated that Mr. Reist may have equated passive acquiescence as the equivalent of consent. However, Dr. Schottenstein stated that a woman does not consent to sexual activity just because she is passive.

Dr. Schottenstein stated that being flirtatious with a patient has no place in a healthcare professional’s office. Therefore, when such flirtation does occur, it is potentially akin to grooming someone for sexual activity. In that regard, Dr. Schottenstein stated that Mr. Reist started with lesser boundary violations and gradually worked towards more significant ones. In this way, Mr. Reist conditioned Patient 1 to participate and not resist, and he gradually wore her down. Dr. Schottenstein stated that Mr. Reist intentionally weakened the provider/patient boundaries by describing his private life to Patient 1, sharing details of his marriage that were not Patient 1’s business, and eventually inappropriate touching and removal of

clothing. Dr. Schottenstein stated that this was a pattern of progressively more inappropriate behavior that ultimately culminated in the alleged rape of Patient 1.

Dr. Schottenstein stated that there are different kinds of rape, including serial rape, spousal rape, group rape, and statutory rape. Another kind of rape is acquaintance rape. Although the most infamous example of acquaintance rape is date rape, the perpetrator can be any acquaintance, including a medical professional. Dr. Schottenstein stated that acquaintance rape occurs because the rapist takes advantage of the familiarity within the relationship and the victim, because of the familiarity, lets down her guard. Dr. Schottenstein continued that after the incident, the victim questions whether she was, in fact, actually raped. Dr. Schottenstein note that women who are raped by acquaintances tend not to scream for help and tend not to run away.

Dr. Schottenstein added that acquaintance rapists have the ability to enjoy sexual relations with someone who clearly does not desire the sexual activity. Dr. Schottenstein stated that acquaintance rapists can have a sense of entitlement with regard to their need to gratify themselves sexually, do not feel badly about their behavior, and are empathetically disconnected from the victim. Dr. Schottenstein further stated that acquaintance rapists do not see themselves as rapists, but instead see themselves as persuading the victim into having sexual relations. Dr. Schottenstein stated that this is the scenario the Patient 1 described in great detail, though he suspected that Mr. Reist would disagree with Patient 1's characterization.

Dr. Schottenstein did not believe that this situation was the result of a misunderstanding. Dr. Schottenstein opined that Patient 1's story is substantially credible and that Mr. Reist's story is substantially self-serving. Dr. Schottenstein stated that it is not acceptable to excuse sexual activity between a healthcare professional and a patient by saying that the patient was flirtatious and instigated the sexual activity. Dr. Schottenstein opined that Mr. Reist sensed Patient 1's lack of boundaries, saw an opportunity, and seized it. Dr. Schottenstein stated that Mr. Reist was not concerned with Patient 1's feelings or welfare. Dr. Schottenstein believed that Mr. Reist may have known that Patient 1 did not want to have sexual relations with him, but Mr. Reist had been too consumed with his need to gratify himself to make sure that Patient 1 was consenting.

Dr. Schottenstein stated that when a woman is raped, the psychological damage is devastating. Dr. Schottenstein stated that rape victims feel a loss of independence and a loss of control of one's life. Dr. Schottenstein added that most rape victims develop post-traumatic stress disorder (PTSD), which can cause the victim to relive the traumatizing event through nightmares and flashbacks. Dr. Schottenstein stated that this also leads to hypervigilance with regard to one's surroundings, avoidant behavior in which one restricts one's activities due to fear, feelings of numbness and hopelessness with corresponding feelings of guilt and depression, and mistrust of men. Dr. Schottenstein stated that rape victims also have a strong tendency towards self-blame, the feeling that one should have done something differently and so it was her fault, and the feeling that there is something inherently wrong with her and caused her to deserve to be raped. Dr. Schottenstein stated that the words Patient 1 used in her interview imply that she has internalized these sentiments.

Dr. Schottenstein believed that a preponderance of the evidence shows that Mr. Reist is guilty of sexual misconduct with Patient 1. Dr. Schottenstein further believed that Mr. Reist's behavior, as described, was predatory and not remediable. Dr. Schottenstein agreed with the Proposed Order to permanently revoke Mr. Reist's massage therapy license.

Dr. Bechtel agreed with Dr. Schottenstein and stated that even consensual sex between a healthcare provider and a patient is inappropriate and crosses a boundary.

Ms. Montgomery agreed that Mr. Reist's massage therapy license should be permanently revoked and asked if that is the action that the Board normally takes for a violation of this nature. Dr. Steinbergh replied that over the years, the Board has had little tolerance for sexual boundary issues. Dr. Steinbergh added that in some cases the Board may review the circumstances of an incident and determine that the licensee has taken responsibility for their actions and may be remediable through educational courses and other measures. However, Dr. Steinbergh stated that in cases such as Mr. Reist's, the Board does not hesitate to permanently revoke a license.

Dr. Steinbergh commented that the Hearing Examiner's comments in the Proposed Findings and Proposed Order were very appropriate. Dr. Steinbergh opined that Mr. Reist and Patient 1 had been engaged in sexual foreplay for some time prior to the incident and she agreed with the Hearing Examiner that even if one accepts Mr. Reist's assertions, it was Mr. Reist's responsibility to maintain appropriate boundaries. Ms. Montgomery asked if the stronger boundaries are required of massage therapists due to the nature of that activity. Dr. Steinbergh stated that acts of this egregious nature are not tolerated from any provider. Ms. Anderson added that the Board's sexual misconduct rules apply to all license types.

Mr. Giacalone stated that as he reviewed this case, he questioned whether rape had occurred. However, Mr. Giacalone added that permanent revocation is appropriate in either case because Mr. Reist had crossed a significant boundary in an almost premeditated way. Dr. Schottenstein agreed and stated that, even if the question of rape was set aside, Patient 1 was damaged by this incident.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Dr. Soin	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Ms. Montgomery	- 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. Rothermel	- aye
Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Dr. Schachat	- aye
Mr. Giacalone	- aye
Mr. Gonidakis	- aye
Dr. Soin	- aye
Dr. Edgin	- aye
Dr. Factora	- aye
Ms. Montgomery	- 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, Mr. Fais, Mr. Turek, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Pollock, Ms. Wehrle, Ms. Murray, Mr. Smith, Ms. Moore, Mr. DePew, and Mr. Taylor in attendance.

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTS

AVINASH T. DESHMUKH, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

ROLL CALL:

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

The motion to ratify carried.

HARVEY D. LYONS, M.D. – RETIREMENT/PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

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

The motion to ratify carried.

MORRIS LAMAR BROWN, M.D. – PERMANENT SURRENDER/RETIREMENT OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

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

The motion to ratify carried.

LINDA JEAN DENNIS, M.D. – STEP I CONSENT AGREEMENT

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

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

The motion to ratify carried.

JOHN CAMERON HODGE, D.O. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE
OSTEOPATHIC MEDICINE AND SURGERY

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

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

The motion to ratify carried.

JOHN M. SMILO, D.P.M. – CONSENT AGREEMENT

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

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

Dr. Edgin	- aye
Dr. Factora	- aye
Ms. Montgomery	- aye
Dr. Bechtel	- abstain

The motion to ratify carried.

RANJIVE TANDON, M.D. – STEP II CONSENT AGREEMENT

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

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

The motion to ratify carried.

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

RODNEY LEE CURTIS, M.D. – NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Notice of Immediate Suspension and Opportunity for Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to enter an Order of Immediate Suspension in the matter of Rodney Lee Curtis, M.D., in accordance with Section 3719.121(C), Ohio Revised Code, and to issue the Notice of Immediate Suspension and Opportunity for Hearing. Dr. Schottenstein seconded the motion.

A vote was taken:

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

Mr. Gonidakis	- aye
Dr. Soin	- aye
Dr. Edgin	- aye
Dr. Factora	- aye
Ms. Montgomery	- aye
Dr. Bechtel	- abstain

The motion to approve carried.

MUYUAN MA, M.D. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Notice of Summary Suspension and Opportunity for Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to enter an Order of Summary Suspension in the matter of Muyuan Ma, M.D., in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to approve carried.

EDWARD WOJCIECHOWSKI, M.D. – NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Notice of Immediate and Opportunity for Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to enter an Order of Immediate Suspension in the matter of Edward Wojciechowski, M.D., in accordance with Section 3719.121(C), Ohio Revised Code, and to issue the Notice of Immediate Suspension and Opportunity for Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

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

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

The motion to approve carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Trisha Annette Doran, M.D.; Larry Lee Doss, M.D.; Thomas Robert Hanf, M.D.; John Harlem Johnson, M.D.; Susan Donna Lawrence, D.O.; and John Nickels, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to send carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Kristen Nicole Bray, M.D.; Anthony Joseph DiCello; Michael Edward Felver, M.D.; M. Salim Ratnani, M.D.; and Tracy R. Ruedisueli, P.A. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to send carried.

RULES AND POLICIES

CHAPTER 4731-20 AND 4731-25 RULES

Dr. Steinbergh moved to approve that the rules in Chapters 4731-20 and 4731-25 be filed with JCARR. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

CHAPTER 4731-10 RULES

Dr. Steinbergh moved to ratify the approval to file with JCARR the Rules 4731-10-01, 4731-10-03, 4731-10-04, 4731-10-05, 4731-10-06, and 4731-10-07. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

REQUEST FOR STANDING APPROVAL

Dr. Steinbergh moved to grant standing authority to the Legal Department to file rules with the

Joint Committee on Agency Rule Review (JCARR) upon receipt of a recommendation to do so from the Common Sense Initiative (CSI) office, with a report of rule-filing activities given to the Medical Board each month. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

ADVISORY COUNCILS APPLICATIONS REVIEW

DIETETICS ADVISORY COUNCIL APPLICATIONS

Ms. Anderson stated that as part of the consolidation with the Ohio Board of Dietetics and the Ohio Respiratory Care Board, the Medical Board is charged with appointing an advisory council for each of those professions. Ms. Anderson stated that the applications of those individuals who are interested in serving on the councils have been provided to the Board members. Ms. Anderson stated that Mr. Giacalone and members of the staff have reviewed the applications and made recommendations for the Board's consideration.

Mr. Gonidakis asked if background checks or other vetted procedures have been conducted on the applicants. Ms. Anderson replied that background checks cannot be performed because the members of the advisory councils will not be employees of the Board.

Dr. Schottenstein noted that the Respiratory Care Advisory Council will include a member of the Medical Board, but the Dietetics Advisory Council will not. Ms. Anderson stated that the legislation did not provide for the Dietetic Advisory Council to include a member of the Medical Board, though the Board could assign a member to attend meetings of the Dietetics Advisory Council as a non-member.

Ms. Montgomery asked if the Board consulted with the Ohio Academy of Nutrition and Dietetics when recommending members for the Dietetics Advisory Council. Ms. Anderson replied that the Academy was not consulted. Ms. Anderson stated that the associations for dietetics and for respiratory care each had an opportunity to nominate members, but no nominations were received. Ms. Montgomery opined that the Board should not select Advisory Council members and potentially have the Academy object to a member or members as unqualified due to some past circumstance. Ms. Montgomery suggested that the Board should ask the Academy if it has any concerns about any of the applicants before advisory council members are selected.

The Board discussed this matter thoroughly. Mr. Groeber noted that the Academy does not represent all dietitians in Ohio. Ms. Montgomery agreed, but pointed out that the Ohio State Medical Association does not represent all physicians and the Ohio Bar Association does not represent all attorneys. Ms. Montgomery added that the Board could perform background checks on the applicants by asking the applicants to submit to the check.

Mr. Groeber commented that when he discussed this with the Academy, the Academy had stated that they would provide candidates for the Advisory Committee. However, Mr. Groeber thought it was appropriate to send notice to and accept applications from all dietitians in Ohio and not only those who were members of the Academy. Mr. Groeber did not know if the Academy ever provided a list of candidates.

Mr. Giacalone suggested that the Board provide the names of those who are recommended for selection to the Advisory Council and give them an opportunity to comment on the selections. Mr. Gonidakis agreed, stating that the Board is only asking for comments and not approval.

Dr. Bechtel moved to inform the Ohio Academy of Nutrition and Dietetics of the individuals who are recommended to serve on the Dietetics Advisory Council and to give the Academy an opportunity to comment. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion carried.

RESPIRATORY CARE ADVISORY COUNCIL

Ms. Anderson stated that the Respiratory Care Advisory Council is required to include a member of the Medical Board and that Dr. Factora has agreed to serve on the Council. Ms. Anderson stated that this Council is also required to include a pulmonologist, but no pulmonologist candidate has been identified yet. Ms. Anderson stated that Dr. Steinbergh has provided the names of some pulmonologists who may be interested in serving on the Council.

Ms. Anderson stated that because all of the recommended members of the Council live in Northeast Ohio, it is recommended that the Council's meetings take place in that region.

Mr. Giacalone suggested that the Board take the same action with these candidates as with those of the Dietetics Advisory Council.

Dr. Soin moved to inform the Ohio Society for Respiratory Care of the individuals who are recommended to serve on the Respiratory Care Advisory Council and to give the Society an opportunity to comment. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

REPORTS BY ASSIGNED COMMITTEE

FINANCE COMMITTEE

FISCAL REPORT

Dr. Schottenstein stated that the Board's revenue for December 2017 was \$1,135,877, more than double the prior month's revenue. Dr. Schottenstein noted the Board had previously started to trend back in the right direction and that trend is continuing. The Medical Board's revenue over the two-year cycle shows a year-to-date decrease of 16%, which is an improvement over the 25% year-to-date decrease in revenue recorded for November 2017. The Board's year-to-date revenue for the fiscal year is approximately \$3,800,000, compared to fiscal year 2016 which had a year-to-date revenue of \$4,500,000. Dr. Schottenstein stated that there was a net revenue gain in December 2017 of approximately \$182,000, a substantial improvement from the net revenue loss in November 2017 of approximately \$74,000.

Dr. Schottenstein stated that the Board's cash balance has increased by approximately 7% in the current fiscal year compared to December 2016. Dr. Schottenstein pointed out that in December 2016, \$1,488,000 was transferred from the Board's fund to support the eLicense development, and a final transfer of revenue will occur in the late spring of 2018 for the eLicense system. Dr. Schottenstein is hopeful that the Board's cash balance will be about \$4,500,000 by that time, so that final transfer of funds will reduce the balance to the \$3,400,000 range.

Dr. Schottenstein stated the preliminary figures for January 2018 numbers shows a revenue of about \$1,300,000 in that month. Dr. Schottenstein stated that the Board has begun to collect revenue due to the consolidation with the Ohio Board of Dietetics and the Ohio Respiratory Care Board. The revenue from those license types was only a few thousand dollars in January, but that figure should increase over time. Dr. Schottenstein stated that January 31 was another deadline for allied professional renewals. Dr. Schottenstein expected the Board's cash balance to increase to \$3,570,000 due to January revenue.

Due to upcoming license renewal cycles, Dr. Schottenstein opined that the last two quarters of Fiscal Year 2018 will more than make up for the losses of the first two quarters.

Dr. Schottenstein stated that total expenditures in December 2017 were \$953,885, compared to \$914,854 in December 2016. The Board experienced a 0.5% increase in expenditures year-to-date. Dr. Schottenstein noted that the Board still has not been billed for rent for the first two quarters of the fiscal year, which is about \$85,000 per quarter. Dr. Schottenstein stated once the Board receives that bill, the Board will probably see a roughly 2% to 4% increased year-to-date expense over last year's amount.

ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that the Board has collected fine payments totaling \$20,500 since the last Board meeting. In total, the Board has received \$193,500 in fines and another \$146,000 are outstanding.

COMMUNICATIONS UPDATE

Dr. Schottenstein commented that the Communications Section has been experiencing a higher volume of inquiry than usual on multiple topics.

Dr. Schottenstein stated that the Take Charge Ohio initiative is continuing and that Dr. Soin attended a recent event.

Dr. Schottenstein stated that the Communications Section continues to work with the email communications to licensees, which have become much more streamlined and personalized. Dr. Schottenstein added that Communications is working on an app design that would be helpful to licensees which would include, for example, a morphine-equivalent dose (MED) calculator and overdose information.

Dr. Schottenstein stated that a Partners in Professionalism presentation was held recently at the Ohio University campus in Sandusky and future presentations are planned. Dr. Schottenstein stated that there is a request for Board members to participate in the presentations.

Dr. Schottenstein stated that the Board's website now features a brief video about the history of the Medical Board. Dr. Schottenstein thanked Ms. Pollock and the Communications team for producing the video.

Dr. Schottenstein stated that the Board's website now includes pages on dietetics and respiratory care with helpful information for those licensees.

Dr. Schottenstein stated that the Winter Edition of HealthScene Ohio is currently being edited. The issue will feature an interview with Dr. Bechtel and an introduction to the professions of respiratory care and dietetics. The Spring Edition will feature Dr. Steinbergh's history with the Board and an article on podiatry from Dr. Saferin.

FEDERATION OF STATE MEDICAL BOARDS ANNUAL MEETING

Dr. Schottenstein stated the Federation of State Medical Boards (FSMB) Annual Meeting will be held April 26 through April 28, 2018 in Charlotte, North Carolina. Dr. Schottenstein stated that the Finance

Committee has recommended approval for himself and Dr. Steinbergh to attend the meeting.

Dr. Saferin moved approve travel expenses in accordance with state travel policy for Dr. Steinbergh and Dr. Schottenstein to attend the 2018 annual meeting of the FSMB, as their attendance at the meeting is in connection with their responsibilities as, and is related to their position as, members of the State Medical Board of Ohio. Dr. Edgin seconded the motion. All members voted aye except Dr. Steinbergh and Dr. Schottenstein, who abstained. The motion carried.

Dr. Schottenstein stated that the Finance Committee has also recommended approval for Ms. Pollock, Ms. Loe, and Mr. Smith to attend the FSMB Annual Meeting.

Dr. Saferin moved to approve travel expenses in accordance with state travel policy for Tessie Pollock, Susan Loe, and Nathan Smith to attend the 2018 Annual Meeting of the FSMB, as Ms. Pollock's attendance at the conference is in connection with her duties as, and is related to her position as, Director of Communication of the State Medical Board of Ohio; Ms. Loe's attendance at the conference is in connection with her duties as, and is related to her position as, Human Resources and Fiscal Administrator of the State Medical Board of Ohio; and Mr. Smith's attendance at the conference is in connection with his duties as, and is related to his position as, Senior Legal and Policy Counsel of the State Medical Board of Ohio. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

Dr. Schottenstein stated that the Finance Committee has also recommended approval for the purchase of tickets for himself, Mr. Giacalone, Dr. Steinbergh, Mr. Groeber, Ms. Pollock, Ms. Loe, and Mr. Smith to attend the FSMB Foundation Luncheon.

Dr. Saferin moved to approve the purchase of tickets to attend the FSMB Foundation Luncheon for Mr. Giacalone, Dr. Steinbergh, Dr. Schottenstein, Mr. Groeber, Ms. Pollock, Ms. Loe, and Mr. Smith, as the luncheon is a separate ticketed event that is not included in the conference registration fee. Dr. Sojin second the motion. All members voted aye except Mr. Giacalone, Dr. Steinbergh, and Dr. Schottenstein, who abstained. The motion carried.

2018 FEDERATION OF STATE MASSAGE THERAPY BOARDS EXECUTIVE SUMMIT

Dr. Schottenstein stated that Mr. Groeber has been invited to attend the 2018 Federation of State Massage Therapy Boards (FSMTB) Executive Summit on April 12 and 13, 2018, in Kansas City, Missouri. Dr. Schottenstein stated that the FSMTB will pay for the registration, travel, and hotel expenses. Dr. Schottenstein stated that any incidental expenses not covered by the FSMTB would be paid by the Medical Board, not to exceed \$64 per day, according to the state travel policy. The Finance Committee has recommended approval of this travel.

Dr. Saferin moved to approve A.J. Groeber to serve as the State Medical Board of Ohio's representative to attend the 2018 Executive Summit meeting sponsored by the Federation of State Massage Therapy Boards. Dr. Saferin further moved that incidental expenses not covered by the FSMTB will be paid by the Medical Board in accordance with state travel policy. Dr. Saferin further moved that Mr. Groeber's attendance at the conference is in connection with his duties as, and is related to his position as, Executive Director of the State Medical Board of Ohio. Dr. Steinbergh second the motion. The motion carried.

EXECUTIVE SESSION

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

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

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, Mr. Fais, and Ms. Loe in attendance.

The Board returned to public session.

The Board recessed at 12:35 p.m. and reconvened in Conference Room #336 at 1:00 p.m.

SEXUAL HARASSMENT AWARENESS AND PREVENTION TRAINING

Jennifer Adair of the Ohio Department of Administrative Services provided training and a PowerPoint presentation on sexual harassment awareness and prevention to the Board members. Ms. Adair thoroughly reviewed the topic and the various means available for State employees to file a sexual harassment complaint. Ms. Adair and the Board discussed multiple scenarios involving sexual harassment and appropriate responses.

The Board recessed at 2:00 p.m. and reconvened in the Administrative Hearing Room at 2:07 p.m.

FINAL PROBATIONARY APPEARANCES

JENNIFER S. DYER, M.D.

Dr. Dyer was appearing before the Board pursuant to her request for release from the terms of her December 14, 2011 Consent Agreement. Mr. Giacalone reviewed Dr. Dyer's history with the Board.

Mr. Giacalone asked Dr. Dyer to describe how she came to the attention of the Board, noting that Dr.

Dyer had self-prescribed phentermine. Dr. Dyer stated that she has struggled with anorexia for a long time and that many of her friends had used phentermine in the 1980's. Dr. Dyer stated that she had done a great deal of exercising and dieting, but she could not do that during her residency and she gained weight. Dr. Dyer stated that she had never had the therapy or tools to deal with the imperfections of her physical self and the shame that comes with that. Dr. Dyer stated that she is now in therapy and has to appropriate tools. Dr. Dyer stated that she no longer feels desperate.

In response to further questions from Mr. Giacalone, Dr. Dyer stated that she is a pediatric endocrinologist and she owns a private practice. Dr. Dyer is also an adjunct faculty member at Stanford University, will begin an MBA program in the fall, and had started an app building business, Endogol. Dr. Dyer stated the she no longer runs Endogol and she is currently making a video game. Dr. Dyer added that she is going to Vienna later today to represent Stanford University at an artificial pancreas conference. Dr. Dyer stated that she has taken and passed her board certification examinations for both pediatrics and pediatric endocrinology.

Mr. Giacalone asked how Dr. Dyer's recovery is going. Dr. Dyer answered that recovery is great and she no longer feels desperate about the physical changes to her body. Dr. Dyer stated that she will continue with her counseling after she is released from probation and will probably do so for the rest of her life.

Responding to questions from Dr. Schottenstein, Dr. Dyer stated that she attend therapy at the Center for Balanced Living, which she described as a fantastic place for eating disorders. Dr. Dyer stated that she has worked to allowing herself to be vulnerable and to know that it is okay to be imperfect. Dr. Schottenstein wished Dr. Dyer well.

Dr. Steinbergh moved to release Dr. Dyer from the terms of her December 14, 2011 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

ALEX T. ALAHAKOON, M.D.

Dr. Alahakoon was appearing before the Board pursuant to his request for release from the terms of his February 8, 2017 Consent Agreement. Mr. Giacalone reviewed Dr. Alahakoon's with the Board.

In response to questions from Dr. Steinbergh, Dr. Alahakoon stated that he is now much more aware of the importance of being open, having good communication, and following protocols. Dr. Alahakoon stated that since the events in question he has been much more diligent and he has provided both inpatient and outpatient care without any incident. Dr. Alahakoon stated that he has a daily reminder to be diligent and to be aware of the responsibility that has been given to him.

Dr. Steinbergh asked if Dr. Alahakoon accepts responsibility for what he did. Dr. Alahakoon replied that he accepts responsibility. Dr. Steinbergh asked further questions about Dr. Alahakoon's current practice. Dr. Alahakoon stated that he practices in Columbus. Dr. Alahakoon stated that he had practiced as a hospitalist until 2014, but stopped doing inpatient care when his private practice was established. Since 2014, Dr. Alahakoon has focused on his outpatient practice. Dr. Alahakoon stated that his specialty is internal medicine.

Dr. Steinbergh moved to release Dr. Alahakoon from the terms of his February 8, 2017 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye.

The motion carried.

ROOZBEH BADIO, M.D.

Dr. Badio was appearing before the Board pursuant to his request for release from the terms of his February 8, 2017 Consent Agreement. Mr. Giacalone reviewed Dr. Badio's history with the Board.

Responding to questions from Dr. Steinbergh, Dr. Badio stated that he currently practices in California. Dr. Badio stated that he had never practiced in Ohio, but he holds an Ohio medical license because he practices telemedicine. Dr. Badio stated that he has not prescribed any controlled substances for more than two years and does not plan to since he is currently practicing telemedicine.

Dr. Badio stated that his practice as significantly dwindled due to the Ohio probation. Dr. Badio commented that other nine states that took action on his medical license only reprimanded him, but Ohio was much harsher and imposed a probationary term. Dr. Badio stated that he has lost all of his jobs due to the Ohio probation and he questioned whether he could get back into practice. Dr. Badio added that his specialty board certification has expired and he cannot take the recertification examination because of the Ohio probation. Dr. Badio stated that he may have to retire soon and do something else. Dr. Badio stated that he will become eligible for the recertification examination once he is released from probation. Dr. Steinbergh wished Dr. Badio luck.

Dr. Schottenstein noted that in one of the prescriptions that Dr. Badio had pre-signed, a nurse had signed over his signature. Dr. Schottenstein asked if this was intention on the part of the nurse. Dr. Badio answered that the nurse had mistakenly signed over his signature. Dr. Badio stated that he had pre-signed prescriptions on an emergency basis because a fax machine had stopped working. Dr. Badio stated that pre-signing the prescriptions was the only way to get the prescriptions to the pharmacy without driving them to the nursing home an hour-and-a-half away.

Dr. Schottenstein observed that Dr. Badio is considering entering another field, such as addiction medicine or psychiatry. Dr. Badio referred to that as "pipe dreams" and stated that he does not know if he would really be able to do that.

Dr. Schottenstein asked if Dr. Badio is aware of the Board's telemedicine prescribing rules. Dr. Badio replied affirmatively.

Dr. Steinbergh moved to release Dr. Badio from the terms of his February 8, 2017 Consent Agreement, effective immediately. Dr. Soin seconded the motion. All members voted aye. The motion carried.

PATRICK L. BRUNO, M.D.

Dr. Bruno was appearing before the Board pursuant to his request for release from the terms of the Board's Order of February 11, 2015. Mr. Giacalone reviewed Dr. Bruno's history with the Board.

Responding to questions from Mr. Giacalone, Dr. Bruno stated that while under probation he has completed an addiction medicine fellowship in Cleveland, after having practiced as an obstetrician and gynecologist for about 20 years. Dr. Bruno stated that when he came to Ohio to practice he learned that he had to perform urine drug screens on patients when on call, which was new to him. At that time, Dr.

Bruno had himself gotten sober from alcohol, so the need for patient care for those with addiction, especially pregnant women, was very important to him. Dr. Grant stated that he has taken a position with a group and it helping to organize a program for mothers in Findlay.

Mr. Giacalone asked if Dr. Bruno will continue with his recovery program following his release from probation. Dr. Bruno answered that he will continue with the program, noting that he has been sober for almost seven years. Dr. Bruno commented that he tries not to “double dip,” meaning that he keeps his recovery activities separate from his patients’ recovery activities. Dr. Bruno added that spirituality and faith are involved in his recovery, so it overlaps into church. Mr. Giacalone asked if his family and friends have been supportive of him. Dr. Bruno responded that they have been very supportive and that his wife has been a saint to put up with what has been going on. Dr. Bruno was grateful to be able to continue practicing medicine, stating that he derives enormous gratification from it.

Ms. Anderson clarified for the record that the Board’s action against Dr. Bruno’s license was based solely on actions taken by the medical boards in Illinois and Missouri; Ohio’s action was not based on impairment, those the actions in the other two states were based on alcohol-related events.

Dr. Schottenstein appreciated the fact that Dr. Bruno has followed his recovery program. Dr. Schottenstein also appreciated Dr. Bruno’s comments about not “double-dipping.” Dr. Schottenstein, noting that Dr. Bruno is now an addiction medicine specialist, cautioned Dr. Bruno that some people become so knowledgeable about addiction that they gain a false sense of comfort and become over-confident in their recovery. Dr. Schottenstein advised Dr. Bruno to continue working his program and to not feel that he has mastered the issue. Dr. Bruno agreed.

Dr. Steinbergh moved to release Dr. Bruno from the terms of the Board’s Order of February 11, 2015, effective immediately. Dr. Schachat seconded the motion. All members voted aye. The motion carried.

GREGORY S. GRANT, D.O.

Dr. Grant was appearing before the Board pursuant to his request for release from the terms of the Board’s Order of January 13, 2016. Mr. Giacalone reviewed Dr. Grant’s history with the Board.

Mr. Giacalone asked Dr. Grant to describe his current practice. Dr. Grant stated that he practices family medicine in Milan, Ohio. Mr. Giacalone stated that Dr. Grant is now sensitized to the issue of treating addicts without legal authorization to do so, and he asked how this has changed Dr. Grant’s practice. Dr. Grant answered that he is a better physician because of this incident because it made him go back to his roots and the oath he took when he became a physician. Dr. Grant added that it has also made him a better teacher to the medical students who rotate through his office. Dr. Grant opined that all physicians have a responsibility to share both their positive and their negative experiences with students.

Mr. Giacalone asked if any medical students ever express surprise about the requirements for treating addicts in the office with methadone. Dr. Grant replied that some students have questions about why it is wrong. Dr. Grant stated that it is very important for the students to understand that just because there is a treatment for addiction, that does not mean everyone can do it. Dr. Grant added that it is incumbent upon physicians to know the laws and regulations as they enter practice.

Mr. Giacalone asked Dr. Grant to comment on the intensive prescribing course he took at Case Western

Reserve University. Dr. Grant stated that that course and the course on professionalism and boundaries were both very helpful and he highly recommends them to his students.

Dr. Steinbergh asked if Dr. Grant teaches students from the Ohio University Heritage College of Osteopathic Medicine. Dr. Grant replied affirmatively, as well as some students from Iowa and Kansas City. Dr. Steinbergh commented that the Ohio University students would have attended a Board meeting as part of the Partners in Professionalism program, and therefore they would have some understanding of their responsibility to licensure that Dr. Grant could build upon. Dr. Grant recalled that Ohio University students were present when he first appeared before the Board in 2016 and he had an opportunity to speak to them.

Dr. Schottenstein asked how Dr. Grant is currently managing his patients who are addicted to narcotics. Dr. Grant replied that his practice now has kits that he can give to patients with information on how to get help. Dr. Grant also now has the ability to get help for patients who are in the thralls of addiction or withdraw right away. Dr. Grant commented that when his incident occurred in 2007, those resources were not available.

Dr. Steinbergh moved to release Dr. Grant from the terms of the Board's Order of January 13, 2016, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

Dr. Factora exited the meeting at this time.

HOLLY C. KOTLIN, M.T.

Ms. Kotlin was appearing before the Board pursuant to her request for release from the terms of her August 12, 2015 Consent Agreement. Mr. Giacalone reviewed Ms. Kotlin's history with the Board.

Mr. Giacalone asked Ms. Kotlin to describe her current work situation. Ms. Kotlin replied that she and her partner has a small office in Solon, Ohio. Mr. Giacalone, noting that Ms. Kotlin had practiced massage therapy without renewing her license for a significant amount of time, asked what system Ms. Kotlin has in place to make sure her license is renewed on time. Ms. Kotlin replied that she checks her email more often than she used to and she also placed her renewal date on a calendar along with everyone else in her office.

Dr. Steinbergh asked how many clients Ms. Kotlin sees. Ms. Kotlin answered that she sees between two and six clients per day and works between four and seven days per week.

Mr. Giacalone asked if Ms. Kotlin has taken the opportunity to education other massage therapists about the importance of renewing one's license in a timely manner. Ms. Kotlin replied that she shares her experience with everyone.

Dr. Schottenstein asked if Ms. Kotlin had been aware that her license had expired during the time in question. Ms. Kotlin responded that she had not known that the license was expired and that is was just a huge oversight. Ms. Kotlin stated that she immediately contacted the Board when she discovered her license was expired.

Dr. Schachat moved to release Ms. Kotlin from the terms of his August 12, 2015 Consent

Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

OPERATIONS REPORT

Human Resources: Mr. Groeber stated that a couple of positions with the Board have been posted.

Mr. Groeber noted that Ms. Loe has two employees on leave and another who has transferred to another agency. Despite the short-staff situation in Human Resources and Fiscal, Ms. Loe and her staff continue to do a great job and a number of other people are helping out. Mr. Groeber thanked Ms. Loe for her hard work.

Investigator Firearms: Mr. Groeber stated that the Board staff is continuing to work with the union to implement the changes directed by the Board. Management has continued to work with the union to prepare for the return of firearms should the Board vote to rescind investigator authority to carry firearms at the March 2018 meeting. Management held an in-service training with the investigators on February 12, 2018, on the new investigator manual, in addition to some other topics. The manual, which reflects the approach to investigations directed by the Board at the June 2017 meeting, is substantively similar to the version unanimously supported by the Board in the September 2017 meeting.

Mr. Groeber noted that since the January 2018 meeting, the Board has successfully utilized a professional process server to affect service on a Board Order in approximately one day. Mr. Groeber also noted that the Board has secured a contract with Recovery Trek, which is also one of the Board's new providers for urine drug screens for the Compliance Section, to handle mobile urine screening.

Mr. Groeber stated that until such time as the Board takes a formal vote, the Board will maintain the investigators' authority to carry firearms.

Agency Operations: Mr. Groeber stated that licensure statistics are down slightly for January, but this is not cause for concern since this is for the first month of the year. Mr. Groeber stated that MD/DO licenses are somewhat lower than at this time last year, but the average issuance time is good at about 24 days. Mr. Groeber stated that due to some outliers, the average time to issue an expedited license was one day longer than for standard licensure.

Mr. Groeber noted that the issuance of podiatric licenses increased 600% month-to-month, from one to seven licenses.

Mr. Groeber noted that open complaints increased by about 100 and the staff is working to trim that figure back down.

Board Member Reappointments: Mr. Groeber stated that Dr. Soin's and Dr. Schottenstein's terms on the Board end on March 18 and paperwork is in process for their reappointment to another term. Dr. Steinbergh's term ends on April 25 and, as she has chosen to not seek reappointment, she has been having conversations about a suitable successor. Dr. Steinbergh commented that several suitable candidates have been identified. Mr. Groeber added that Mr. Giacalone's term ends on July 31. Mr. Groeber did not anticipate any problems with reappointments.

2018 Board Retreat: Mr. Groeber stated that the 2018 Medical Board Retreat will be held at the Granger

Insurance Audubon Center on May 10 and that the contract with the facility is almost complete. Mr. Groeber stated that topics for the retreat include guidance on fines, Board meeting material format and delivery, and an update on CE Broker and continuing medical education (CME) reporting. Mr. Groeber added that Ms. Marshall is developing an exercise whereby the Board members will be split in half, each half will “negotiate” a consent agreement based on mock information, and each half will vote on the other half’s agreement.

Mr. Giacalone suggested that settlement agreements also be discussed at the retreat, particularly in terms of what information that can be shared with the Board and its basis in statute and regulation. Mr. Groeber stated that he will add that topic to the agenda.

Dr. Factora returned to the meeting at this time.

Board Member Surveys: Mr. Groeber thanked the Board members who returned their surveys, stating that several good topics have been identified.

REPORTS BY ASSIGNED COMMITTEES

POLICY COMMITTEE

LEGISLATIVE UPDATE

Dr. Soin stated that House Bill 145 passed the legislature. Dr. Soin stated that Mr. LaCross met with the Policy Committee and shared his initiatives for 2018.

FSMB’S PRESCRIPTION DRUG MONITORING PROGRAM WORKGROUP

Ms. Anderson stated that the Policy Committee tasked the staff with providing information about the Federation of State Medical Boards’ (FSMB) Prescription Drug Monitoring Program (PDMP) workgroup report, which will be presented at the 2018 FSMB annual meeting. Ms. Anderson stated that the Board has sent a letter to the FSMB raising concerns about portion of the report dealing with law-enforcement, but no response has been received yet.

UPDATE ON JOINT REGULATORY STATEMENT

Ms. Anderson stated that Dr. Koenig, Medical Director of the Ohio Department of Health, has reached out to the Medical Board and the Board of Pharmacy regarding an update to the Joint Regulatory Statement on protocols dealing with providing Tamiflu and flu vaccines for patients in long-term care facilities in which there is a flu outbreak. Ms. Anderson stated that this update would conform to interim guidance provided by the Centers for Disease Control (CDC). Ms. Anderson stated that the update recognizes that a flu outbreak in a long-term care facility would constitute an emergency under the Board of Pharmacy’s rules on protocols. The Policy Committee has recommended approval of the update.

Mr. Gonidakis exited the meeting at this time.

Dr. Steinbergh moved to approve the update to the Joint Regulatory Statement. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

FSMB NOTICE ON INTERSTATE COMPACT FOR TEMPORARY LICENSURE

Ms. Anderson stated that the Federation of State Medical Boards (FSMB) has sent a notice about an interstate compact for temporary licensure, which is being proposed by the Western Governors Association. Ms. Anderson stated that a bill has been introduced in Arizona which applies to all license types and essentially allows for a period of unlicensed practice for individuals who come into a state. Ms. Anderson speculated that the FSMB will oppose the compact.

Ms. Anderson stated that she will keep the Board informed of further developments.

RULE REVIEW UPDATE

Ms. Anderson stated that she updated the Policy Committee on where the Board is in the rule-review process and which rules are coming next.

MEDICATION-ASSISTED TREATMENT RULES

Ms. Anderson stated that the Policy Committee had a lengthy discussion about the first draft of the medication-assisted treatment (MAT) rules. The Policy Committee voted to circulate the draft rule to interested parties for comment. Ms. Anderson commented that Ms. Debolt did a very good job on the draft and had worked closely with the Board of Nursing and the Ohio Department of Mental Health and Addiction Services. Ms. Anderson noted that the statute requires the Medical Board to work with the Board of Nursing so that there will be identical regulations for physicians, physician assistants, and nurse practitioners.

ONE-BITE REPORTING EXEMPTION RULES

Ms. Anderson stated that internal comments on the draft rules for the One-Bite Reporting Exemption are still being gathered. Ms. Anderson encouraged the Board members to inform her if they have any questions or suggestions about this proposed rule. Ms. Anderson hoped to circulate a draft rule to interested parties in March.

YOUTH SPORTS CONCUSSION AND HEAD INJURY GUIDELINES

Ms. Anderson stated that the Board is required to periodically update its rule on youth sports concussions and head injuries because the guidelines on which the rule is based is updated periodically. The Policy Committee voted to circulate the draft rule update to interested parties for comment.

LICENSURE COMMITTEE

LICENSURE APPLICATION REVIEWS

FU'AD AL-AZZAM, M.D.

Dr. Saferin stated that Dr. Al-Azzam has applying for licensure and has requested a wavier in the United States Medical Licensing Examination (USMLE) ten-year rule. Dr. Al-Azzam passed Step 1 and 2 (CK) on his first attempt in 2005, Step 2 (CS) in his second attempt in 2010, and Step 3 on his first attempt in 2016. Dr. Al-Azzam graduated from Jordan University Science and Technology in 2004. Dr. Al-Azzam

completed two years of post-graduate training (PGT) in a clinical fellowship for thoracic surgery at the Mayo Clinic College of Medicine and Science. Dr. Al-Azzam also worked in Jordan for more than ten years, including two years as PGT and more than eight years as a cardiac surgeon. Dr. Saferin stated the reason it took Dr. Al-Azzam longer than ten years to complete his USMLE sequence was due to unforeseen circumstances, including his son being born deaf and his participation in a fellowship at the same time. It took Dr. Al-Azzam nine months longer than the ten-year time frame to complete the sequence. Dr. Al-Azzam has recently been offered a position at Cleveland Clinic.

Dr. Saferin stated that the Licensure Committee has recommended approving Dr. Al-Azzam's request.

Dr. Saferin moved to approve the good-cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accept the examination sequence so that Dr. Al-Azzam can be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

JEFFREY STEVEN SCHUSSLER, D.P.M.

Dr. Saferin stated that Dr. Schussler has applied for restoration of his Ohio podiatric medical license. Dr. Schussler's application indicated that he has not been engaged in clinical practice of podiatric medicine since January 2016. Dr. Schussler is a 1984 graduate of Ohio College of Podiatric Medicine. Dr. Saferin stated that Dr. Schussler does not hold board certification.

Mr. Gonidakis returned to the meeting at this time.

Dr. Saferin noted that Dr. Schussler is not current on his continuing medical education (CME) requirements and he will provide proof of completing the requirements as a condition of having his license restored.

Dr. Saferin stated that the Licensure Committee has recommended approving Dr. Schussler's request, pending his completion of the appropriate hours of CME.

Dr. Saferin moved to approve Dr. Schussler's restoration application, pending his completion of 40 hours of category one CME. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

DAVID YACOUB SOUSSOU, M.D.

Dr. Saferin stated that Dr. Soussou has applied for restoration of his Ohio medical license. Dr. Soussou's restoration application indicates that he has not been engaged in clinical practice of medicine since December 2015. Dr. Soussou is a 2004 graduate of the American University of the Caribbean, School of Medicine. Dr. Soussou is a family medicine physician and does not hold board certification. Dr. Saferin stated that Dr. Soussou is seeking restoration of his license so he can be reissued a Canadian Medical license and explore employment opportunities elsewhere. Dr. Saferin noted that Dr. Soussou is current on his continuing medical education (CME) requirements.

Dr. Saferin stated that the Licensure Committee has recommended approval of Dr. Soussou's request as presented.

Dr. Steinbergh asked if the Board knew why Dr. Soussou did not work during a period of time, and whether there was any concern about why he did not work. Dr. Schottenstein stated that he had had a similar concern. Dr. Schottenstein stated he had questioned why Dr. Soussou would have trouble getting a medical license in Canada just because he did not have a license in Ohio.

Dr. Schottenstein stated that he looked into the situation and found that Dr. Soussou had had issues with the College of Physicians and Surgeons of Nova Scotia, which acts as the medical board of that province. Dr. Schottenstein explained that Dr. Soussou had been inclined to close his practice in Nova Scotia and he had been concerned about the disposition of his patients because a substantial number of them were on opioids. Dr. Soussou, fearing that the patients would fall through the cracks and not get their medicine, prescribed substantial quantities of opioids to the patients in order to tide them over. The Nova Scotia Board investigated and ultimately reprimanded Dr. Soussou.

Dr. Schottenstein stated that he had questioned why this was not treated as a bootstrap action. Since that time, Dr. Schottenstein has learned from Dr. Saferin that the Licensure Section had already looked into the situation and concluded that it was not of consequence. Dr. Saferin commented that the application was reviewed and the decision was made to move forward with it.

Mr. Giacalone asked if anyone from the Board has spoken to Dr. Soussou. Dr. Saferin replied that staff has spoken to Dr. Soussou about his application.

Dr. Saferin moved to approve Dr. Soussou's application as presented. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion carried.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

PODIATRIST SCOPE OF PRACTICE INQUIRY

Dr. Steinbergh stated that the Ohio Foot and Ankle Medical Association is requesting that biopsy of skin lesions below the knee and above the ankle be considered within the scope of practice of a podiatrist. Dr. Steinbergh stated that the Physician Assistant/Scope of Practice Committee is still discussing this issue and will continue the discussion next month.

PHYSICIAN ASSISTANT MATTERS

RESPIRATORY TRACT AGENTS

Dr. Steinbergh commented that she had been unable to attend this month's meeting of the Physician Assistant Policy Committee (PAPC) due to illness. Dr. Steinbergh stated that the PAPC has made suggestions regarding respiratory tract agents; however, it is unclear what the exact suggestions were. Consequently, this topic was tabled until next month.

REVIEW OF NEW DRUGS

Dr. Steinbergh reviewed the following drugs for purposes of the physician assistant formulary:

- **Vyzulta** reduces intraocular pressure in patients with open-angle glaucoma or ocular hypertension; recommended for the Physician-Initiated category.
- **Prevymis** is an antiviral for prophylaxis of cytomegalovirus (CMV) infection, especially for patients who have had bone marrow transplants and stem cell transplants; recommended for the Anti-Infective Agents category and the Physician-Initiated category.
- **Ozempic** is an glycemic control agent for diabetes Type II; recommended for the Hor, was put under the Hormones and Synthetic Substitute Anti-Diabetic Agents category and the May

Prescribe category.

- **Xepl** is a topical anti-bacterial for treatment of impetigo due to *Staphylococcus aureus* and *Streptococcus pyogenes*; recommended for the Anti-Infective Agents category and the May Prescribe category.
- **Rhopressa** is an anti-glaucoma agent for reducing interocular pressure for glaucoma and ocular hypertension; recommended for the Ophthalmologic Agents category and the Physician-Initiated category.
- **Steglatro** is a glycemic control agent; recommended for the Anti-Diabetic category and the Physician-Initiated category due to the black box warning
- **Steglujan** is a glycemic control product; recommended for the Hormones and Synthetic Substitutes for Diabetes category and the May Prescribe category.
- **Segluromet** is for glycemic control for type II diabetes; recommended for the Hormones and Synthetic Substitutes for Diabetes category and the May Prescribe category.
- **Giapreza** is an angiotensin II and a vasoconstrictor that increases blood pressure in adults with septic or other distributive shock; recommended for the Cardiovascular Angiotensin Aldosterone System Inhibitors category. Also recommended provisionally for the May Not Prescribe category and will be reviewed again in six months.

Dr. Steinbergh moved to approve the recommendations of the Physician Assistant/Scope of Practice Committee. Dr. Rothermel seconded the motion. The motion carried.

COMPLIANCE COMMITTEE REPORT

Dr. Steinbergh stated that on January 10, 2018, the Compliance Committee met with Anshuli Gupta, M.D.; and James C. Johnson, M.D., and moved to continue them under the terms of their respective Board actions. The Compliance Committee also accepted Compliance staff's report of conferences on December 11 & 12, 2017.

PROBATIONARY REQUESTS

Mr. Giacalone advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Mr. Giacalone asked if any Board member wished to discuss a probationary request separately. Dr. Steinbergh and Mr. Gonidakis stated that they wished to discuss some of the probationary requests separately.

MICHAEL J. PALMA, M.D.

Dr. Steinbergh stated that she does not disagree with Dr. Palma's request. However, Dr. Steinbergh wanted to clarify that Dr. Palma is not currently practicing medicine and is doing administrative work. Dr. Steinbergh opined that Dr. Palma does not necessarily need a medical license for this work. Ms. Murray believed that Dr. Palma does need a medical license in order to go into the operating room and demonstrate the technology, which is part of his duties.

Dr. Steinbergh noted that Dr. Palma's documentation states that he is requesting discontinuance of the drug log requirement because he is not practicing medicine. Dr. Steinbergh opined that the

discontinuance of the drug log requirement stands on its own and is not a reflection of the fact that Dr. Palma is not practicing medicine. Ms. Murray commented that the language gives Dr. Palma's reason for requesting discontinuance of the drug log requirement.

Dr. Steinbergh stated that she will vote to grant Dr. Palma's request because of his ongoing compliance and sobriety, and not because he is not practicing medicine.

MARK AARON WEINER, D.O.

Dr. Steinbergh expressed concerns about Dr. Weiner's opiate addiction and the number of hours he is working, noting that Dr. Weiner is requesting approval of a practice plan under which he would work 32 to 40 hours per week for Transitional Care Physicians. Dr. Steinbergh worried that Dr. Weiner's addiction, his chronic back pain, and the additional hours would put more stress on him and perhaps lead to a relapse.

Ms. Jones stated that under the proposed practice plan, Dr. Weiner would actually be working eight hours less than under his current practice plan. Dr. Steinbergh noted that Dr. Weiner's current practice plan was not included in the meeting materials and she had not been aware that the new practice plan had fewer hours than the current practice plan. Dr. Steinbergh thanked Ms. Jones for the information.

DAVID M. BURKONS, M.D.

Mr. Gonidakis stated that he will recuse and abstain from the vote on Dr. Burkon's probationary request. Mr. Giacalone stated that this request can be voted on separately.

MARK L. ALLEN, M.D.

Ms. Anderson brought to the Board's attention that Dr. Allen's request differs slightly from the recommendation of the Secretary and Supervising Member. Specifically, Dr. Allen is requesting approval for the Kansas Medical Society to conduct drug testing and recovery monitoring. The Secretary and Supervising Member are in support of the request, but recommends limiting the approval to one year and then doing a re-evaluation.

Dr. Steinbergh moved to accept the Compliance staff's Reports of Conferences and the Secretary and Supervising Member's recommendation to approve David M. Burkons, M.D.'s request to approve Michael P. Hopkins, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per week. Dr. Schottenstein seconded the motion. A vote was taken:

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

Dr. Factora - aye
Ms. Montgomery - aye
Dr. Bechtel - abstain

The motion carried.

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

- **To grant Michelle L. Ahmed, D.O.'s request for approval of *Intensive Course in Controlled Substance Prescribing: Pain, Anxiety, Insomnia*, offered by Case Western Reserve University, to fulfill the controlled-substance prescribing course requirement; and approval of *Intensive course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*, offered by Case Western Reserve University, to fulfill the medical records course requirement;**
- **To grant Mark L. Allen, M.D.'s request for approval of the drug testing and recovery meeting monitoring to be conducted by the Kansas Medical Society Professional's Health Program, but to approve the request for one year and then re-evaluate the doctor's contract;**
- **To grant Ernest B. de Bourbon, III, M.D.'s request approval of the submitted practice plan; approval of Eric Fete, D.O., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per week;**
- **To grant Jagprit S. Dhillon, M.D.'s request for reduction in appearances to every six months; and discontinuance of the drug log requirement;**
- **To grant Ryan S. Fryman, D.O.'s request for reduction in appearances to every six months;**
- **To grant Elise Hoff, M.D.'s request for reduction in psychotherapy appointments with Gina M. Dillon, Psy.D., to every six weeks;**
- **To grant John K. Krebs, M.D.'s request for approval of David W. Stroom, M.D., to serve as the treating psychiatrist;**
- **To grant Michael C. Macatol, M.D.'s request for approval of Joseph P. Kitzmiller, M.D., to serve as the new monitoring physician;**
- **To grant Michael J. Palma, M.D.'s request for approval of Lawrence G. Fischman, M.D., to conduct psychotherapy sessions; reduction in psychotherapy sessions to once per month; and discontinuance of the drug log requirement;**
- **To grant William S. Richardson, M.D.'s request for discontinuance of the drug log requirement; and discontinuance of the chart review requirement;**
- **To grant Lawrence M. Rubens, M.D.'s request discontinuance of the drug log requirement; and discontinuance of the chart review requirement;**
- **To grant Frank G. Stoddard, D.P.M.'s request to approve John C. Roseman, D.P.M., to serve as**

the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per month;

- To grant Heather D. Strawbridge, M.D.'s request for approval of *Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*, administered by Case Western Reserve University, to fulfill the medical records course requirement; and approval of *Intensive Course in Controlled Substance Prescribing: Pain, Anxiety, Insomnia*, administered by Case Western Reserve University, to fulfill the controlled substances course requirement;
- To grant Thong Gia Truong, M.D.'s request for approval of *Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*, administered by Case Western Reserve University, to fulfill the medical records course requirement; and approval of *Intensive Course in Controlled Substance Prescribing: Pain, Anxiety, Insomnia*, administered by Case Western Reserve University, to fulfill the controlled substances course requirement; and
- To grant Mark Aaron Weiner, D.O.'s request for approval of a new practice plan allowing the doctor to work for Transitional Care Physicians;

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

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

The motion carried.

JAMES EDGAR LUNDEEN, M.D.

Ms. Anderson informed the Board that unofficial notification was received this afternoon that Dr. Lundeen has filed a lawsuit against the Board, a mandamus action in the Ohio Supreme Court. Ms. Anderson noted that proper service of the lawsuit has not yet been received. Ms. Anderson stated that more information on the lawsuit will be provided next month.

ADJOURN

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

Thereupon, at 3:20 p.m., the February 14, 2018 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 February 14, 2018, as approved on March 14, 2018.



Robert P. Giacalone, President



Kim G. Rothermel, M.D., Secretary

(SEAL)



State Medical Board of Ohio

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE MEETING

February 14, 2018

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

<p>Members: Anita M. Steinbergh, D.O., Chair Robert P. Giacalone Andrew P. Schachat, M.D. Mark A. Bechtel, M.D.</p> <p>Other Members Present: Bruce R. Saferin, D.P.M. Richard Edgin, 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 January 10, 2018, as written. Dr. Schachat seconded the motion. The motion carried.

PODIATRIST SCOPE OF PRACTICE INQUIRY

Ms. Debolt stated that there has been an inquiry as to whether it is within a podiatrist's scope of practice to perform biopsies on the lower leg.

Dr. Steinbergh stated that this Committee has discussed the podiatrist scope of practice several times in the past and has traditionally issued a written statement defining the scope. Dr. Steinbergh stated that Ms. Debolt has asked the Committee to discuss whether the Committee should continue to potentially expand the scope of practice through written statements, or if it should go through the rule-making process.

Ms. Debolt stated that the Board can interpret its laws and rules, and can issue a response in writing to that effect. However, the Ohio Supreme Court has stated that any expansion of the scope of practice must be in rule. Ms. Debolt stated that statements have been recommended by this Committee and adopted by the Board in an effort to clarify and interpret the podiatry scope of practice. Ms. Debolt expressed concern that these statements have actually expanded the podiatry scope of practice. Ms. Debolt stated that if a statement is challenged in court, the Board may not be able to support the action because it is not in rule. Ms. Debolt added that the rule-making process involves comments from outside parties and input from the Governor's Common Sense Initiative (CSI) office and the Legislature's Joint Committee on Agency Rule Review (JCARR).

Regarding the question of biopsies between the ankle and the knee, Dr. Steinbergh opined that this does not necessarily relate to the function of the foot and ankle. Dr. Steinbergh contrasted this with recent statements concerning hyperbaric medicine and wound care, which she opined does relate to the function of the foot and ankle. Dr. Steinbergh commented that the issue is whether removal of a lesion on the lower leg is within the podiatrist scope of practice, and not whether a podiatrist has the

skill to remove a lesion. Dr. Steinbergh stated that podiatrists certainly have the skill to remove a lesion above the ankle, but it has nothing to do with the function of the foot and ankle.

Dr. Saferin opined that this discussion does not concern an expansion of the scope of practice. Rather, Dr. Saferin opined that this is a clarification that 4731.51, Ohio Revised Code, already allows for such biopsies. Dr. Saferin pointed out that podiatrists are already treating the lower leg via wound care, muscle flaps, and skin flaps. Dr. Saferin stated that if there is a lesion or ulcer that is not healing, there is no question that it should be biopsied. Dr. Saferin stated that if a lesion turns out to be a squamous carcinoma or other condition, and the podiatrist sees another raised lesion on the other side of the leg, a podiatrist should be able to biopsy that lesion as well. Dr. Saferin stated that any physician or layperson would agree that a malignancy of the lower extremity would affect the function of the muscles or tendons of the foot, particularly if the loss of the limb is a possibility.

Dr. Saferin reiterated that podiatrists are not requesting an expansion of the scope of practice and that podiatrists can already perform such biopsies. Dr. Saferin stated that there is no difference between a lesion on top of the foot and a lesion on the lower leg in terms of the skill needed to remove it, as Dr. Steinbergh noted. Dr. Saferin opined that a failure to remove a lesion that one notices on the lower leg would constitute practice below the minimal standards of care. Dr. Saferin added that having podiatrists perform these actions also constitutes an access to care issue. Dr. Saferin stated that this is both his opinion and the opinion of the Ohio Foot and Ankle Medical Association (OFAMA).

Dr. Schachat observed that 4731.51, Ohio Revised Code, stated, in part, "The practice of podiatric medicine and surgery consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand ...". Dr. Schachat noted that the statute says nothing about skin care. However, Dr. Schachat also acknowledged that the Board has allowed wound care on the lower leg by podiatrists. Dr. Schachat further acknowledged that according to the documentation provided to the Committee, a majority of states allow podiatrists to perform surgery anywhere.

Dr. Bechtel commented that skin ulcerations on the leg are very challenging to heal. Dr. Bechtel stated that wound care has become very advanced and a very valuable service in medicine. Dr. Bechtel stated that wound care is collaborative and often involves a general surgeon, a podiatrist, a vascular surgeon, and an infection disease specialist working together. Dr. Bechtel stated that squamous cell carcinoma that develops on non-healing ulcers can be aggressive and have a higher rate of metastasis than other forms of skin cancer. Dr. Bechtel stated that because this condition is potentially aggressive, he did not wish to compromise a podiatrist's ability to perform a biopsy.

The Committee continued to discuss this issue thoroughly. Mr. Giacalone suggested that the Committee take a two-pronged approach: Address the issue of biopsy on the low leg in a statement, while simultaneously beginning the rule-making process on this subject in general.

Dr. Factora commented that biopsy and diagnosis is different from management. Dr. Factora stated that a multi-disciplinary team is needed in cases where healing is very difficult, and accounting for those variables could make a rule very complex. Dr. Factora added that the issue is very difficult to define in terms of anatomy because one cannot draw a clear black-and-white line. Dr. Factora stated that one must ultimately rely on a practitioner's clinical expertise and knowledge to judge for themselves if they are competent to biopsy a lesion when it is very similar to what they have seen before.

Dr. Saferin stated that being able to biopsy a lesion quickly allows a podiatrist to refer a patient quickly to an oncologist, general surgeon, or other specialty as appropriate based on the biopsy results. Dr. Schachat stated that in his experience as a specialist, he has found that it generally was not helpful to

him for another physician to biopsy something and then refer the patient to him. Dr. Schachat stated that he preferred to see the patient himself and determine how and where to perform a biopsy. Dr. Bechtel stated that proper technique and getting adequate tissue is very important when performing a biopsy. Dr. Bechtel added that the interpretation of a skin lesion biopsy is critical and is best performed by a pathologist who is skilled with skin lesions, as opposed to a general pathologist who will often miss things on a skin lesion biopsy.

Dr. Edgin noted that in these scenarios, the patient is already with the podiatrist, whereas a referral to a specialist to perform a biopsy can sometimes take months. Dr. Edgin stated that the delay in diagnosis is an important factor. Dr. Bechtel agreed and reiterated that the development of skin cancer and ulcers can be aggressive.

Dr. Schachat agreed with Dr. Factora's earlier statement regarding the difficulty of defining this issue in terms of anatomy and drawing a black-and-white line. However, Dr. Schachat stated that such a line must be drawn because there is a limit on the podiatrist's scope of practice in Ohio. Dr. Schachat stated that he was swayed by the fact that about 45 states have no restrictions on where podiatrists can perform the surgery. Dr. Schachat opined that the Board should recognize that Ohio is an outlier on this topic and decide if it should continue to be an outlier. Dr. Steinbergh agreed and stated that the Committee should consider if it should continue to, in her mind, expand the podiatry scope of practice through guidance statements or put it into rule through the rule-making process.

Dr. Schachat agreed with Dr. Steinbergh that it appears that the Committee is expanding the scope of practice. Dr. Saferin noted that podiatrists are already doing wound care on the lower leg. Dr. Schachat agreed and stated that it does not appear that the lower leg wound care that podiatrists are already doing meets the statutory definition, but it is allowed by the Board. Mr. Giacalone stated that the issue of wound care has been settled, but the biopsy issue is what the Committee is currently considering. Mr. Giacalone stated that looking at the biopsy issue from a patient healthcare point of view, he agreed with Dr. Edgin and Dr. Bechtel about preventing a delay in diagnosis.

Dr. Saferin exited the meeting at this time.

The Committee continued to discuss this issue thoroughly. Dr. Steinbergh commented that she does not disagree about the ability of a podiatrist to excise a lesion, but she felt that it should go through the rule-making process. Mr. Giacalone, noting that the rule promulgation process is time-intensive, reiterated his suggestion that the Board issue a guidance document regarding lower-leg biopsies, while also beginning the rule-making process to address this and other issues of the podiatry scope of practice. The Committee members agreed.

Mr. Giacalone moved to direct staff to draft a guidance document regarding the podiatry scope of practice as it relates to biopsies of skin lesions of the lower leg, and to also begin drafting proposed rules as discussed. Dr. Schachat seconded the motion. The motion carried.

PHYSICIAN ASSISTANT MATTERS

Review of New Drugs

Dr. Steinbergh reviewed the following medications and the recommendations of the Physician Assistant Policy Committee (PAPC) as related to the physician assistant formulary:

- **Vyzulta**, a prostaglandin analog which reduces intraocular pressure. Recommended for the Physician-Initiated category.
- **Prevymis**, an antiviral for prophylaxis of cytomegalovirus (CMV) infection, specifically for those who have had transplants. Recommended for the Physician-Initiated category for both the tablet and the injection.
- **Ozempic**, **Steglatro**, and **Steglujan**, anti-diabetic medications that are sodium glucose co-transporters. Ozempic and Steglujan are recommended for the May Prescribe category, while Steglatro is recommended for the Physician-Initiated category due to the black box warning.
- **Xepl**, a topical anti-bacterial for treatment of impetigo due to *Staphylococcus aureus* and *Streptococcus pyogenes*. Recommended for the May Prescribe category.
- **Rhopressa**, an ophthalmologic product for treatment of glaucoma or ocular hypertension. Recommended for the Physician-Initiated category.
- **Giapreza**, a vasoconstrictor which increases blood pressure in adults with septic or other distributive shock. Recommended temporarily for the May Not Prescribe category, to be reviewed again in six months.

Dr. Bechtel moved to recommend approval of the recommendations of the PAPC. Dr. Schachat seconded the motion. The motion carried.

Respiratory Tract Agents

Dr. Steinbergh noted that she had been unable to attend this week's meeting of the Physician Assistant Policy Committee (PAPC). Dr. Steinbergh stated that Ms. Debolt has a report from the PAPC meeting. Dr. Steinbergh stated that at issue is the fact that under the respiratory tract agents on the physician assistant formulary, inhaled cortical steroids are listed as May Prescribe. However, under anti-inflammatory agents, oral cortical steroids are listed as Physician-Initiated. Therefore, there is a discrepancy on the formulary.

The final recommendation of the PAPC on this matter was unclear. Following a brief discussion, the Committee determined that this topic should be tabled until the PAPC's recommendation is clarified.

REVIEW OF RULES

Light-Based Medical Devices

Ms. Debolt stated that the light-based medical devices rule was being discussed by the Policy Committee. It was placed on the Physician Assistant/Scope of Practice Committee agenda in order to receive input from the Physician Assistant Policy Committee (PAPC) on the rule.

Ms. Debolt reported that the physician assistant members of the PAPC felt that the proposed changes to the light-based medical devices rule are more restrictive. The physician assistants further opined that the proposed changes are very prescriptive on what physician assistants can and cannot do, and are similar to the special services plans that used to be required for physician assistants.

Treatment of Opioid Addiction

Ms. Debolt stated that opioid addiction treatment rule was being discussed by the Policy Committee. It was placed on the Physician Assistant/Scope of Practice Committee agenda in order to receive input from the Physician Assistant Policy Committee (PAPC) on the rule.

Ms. Debolt stated that the only one comment was received from PAPC on this rule. The PAPC noted that under the definition of a qualified behavior healthcare provider, the rule includes a physician assistant who has completed fellowship training that is accredited by certain agencies. The PAPC's comment was that there are no longer accrediting agencies. Ms. Debolt stated that she is currently in the process of seeking another mechanism as a measure of appropriate training which a physician assistant can complete to allow them to provide behavioral health counseling.

In response to a question from Mr. Giacalone, Ms. Debolt stated that if the Board cannot identify a standard by which a physician assistant can become qualified to provide behavioral health counseling, then physician assistants will be unable to become qualified healthcare providers in this area; physician assistants could still provide office-based opioid treatment (OBOT) if they have a DATA 2000 waiver, but they could not perform the required counseling themselves. Ms. Debolt stated that she has been in contact with the American Society of Addiction Medicine, the Ohio Society of Addiction Medicine and American Association of Physician Assistants in the continuing efforts to identify a mechanism.

Dr. Steinbergh stated that the physician assistant's training is too general to satisfy the behavioral health counseling requirement, and therefore more advanced training is required. Dr. Steinbergh suggested that the Board may need to define such an educational process to include a certain number of continuing medical education credits in specific areas plus a certain amount of time working with a mental health counselor. Dr. Steinbergh also suggested that the physician assistant association could be stimulated to create educational opportunities in this area. Mr. Giacalone agreed that the association could be spurred to action in this regard.

COMMITTEE MATTERS

Dr. Steinbergh noted that her term as a member of the Medical Board will end in April and she is not seeking reappointment. Dr. Steinbergh stated that she has spoken with Dr. Schachat and he has agreed to assume the chairmanship of this Committee upon her departure.

Dr. Steinbergh commented that a Board member to take her place on the Physician Assistant Policy Committee (PAPC) has not yet been identified. Dr. Steinbergh acknowledged that Mr. Giacalone cannot fill the Medical Board's seat on the PAPC because a physician is required for that spot. However, Dr. Steinbergh asked if Mr. Giacalone could attend the PAPC meetings and report back to this Committee until a physician member of the Medical Board is available. Ms. Debolt responded that Mr. Giacalone can attend the meetings since the meetings are public, but he cannot participate as a member of PAPC or vote at the meetings. Dr. Steinbergh stated that Mr. Giacalone should be able to offer input at the PAPC meetings even if he is not officially a member of that body. Dr. Steinbergh added that the person who is appointed as her successor on the Medical Board could also serve on the PAPC.

The meeting adjourned at 8:40 a.m.

Anita M. Steinbergh, D.O.
Chair

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State Medical Board of Ohio

LICENSURE COMMITTEE MEETING
February 14th, 2018
30 E. Broad St., Columbus, OH Room 318

Members: Bruce R. Saferin, D.P.M. Richard Edgin, M.D. Kim G. Rothermel, M.D. Ronan M. Factora, M.D. Other Board members present: Michael Schottenstein, M.D.	Staff: Joseph Turek, Deputy Director of Licensure/Renewal Mitchell Alderson, Chief of Physician Licensure Chantel Scott, Chief of Allied Licensure and Renewal Colin DePew, Assistant Attorney
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Dr. Saferin calls meeting to order at 8:17 a.m.

MINUTES REVIEW

Dr. Rothermel moved to approve the draft minutes from January 10th, 2018. Dr. Factora seconded the motion. The motion carried.

LICENSURE APPLICATION REVIEWS

Fu-Ad Al-Azzam, M.D.

Dr. Saferin stated that Fu-Ad Al-Azzam, M.D., was applying for licensure and had requested a waiver in the United States Medical Licensing Examination (USMLE) ten-year rule. Dr. Al-Azzam passed Step 1 and 2 (CK) on his first attempt in 2005, Step 2 (CS) in his second attempt in 2010, and Step 3 on his first attempt in 2016. Dr. Al-Azzam graduated from Jordan University Science and Technology in 2004. Dr. Al-Azzam completed two years of post-graduate training (PGT) in a clinical fellowship for thoracic surgery at the Mayo Clinic College of Medicine and Surgery. Dr. Al-Azzam also worked in Jordan for ten years, including two years as PGT and eight years as a cardiac surgeon. Dr. Saferin stated the reason it took Dr. Al-Azzam longer than ten years to complete his USMLE sequence was due to unforeseen circumstances like his son being born deaf and his participation in a fellowship at the same time. It took Dr. Al-Azzam nine months longer than the ten-year time frame to complete the sequence. Dr. Al-Azzam has recently been offered a position at Cleveland Clinic.

Dr. Rothermel moved to recommend approval of the good-cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accepting the examination sequence so that Dr. Al-Azzam can be granted a license. Dr. Factora seconded the motion. The motion carried.

Steven Schussler, D.P.M.

Dr. Saferin stated that Jefferey Steven Schussler, D.P.M., applied for restoration of his Ohio license. Dr. Schussler's restoration application stated that he has not been engaged in clinical practice of medicine since January 2016. Dr. Schussler is a 1984 graduate of Ohio College of Podiatric Medicine. Dr. Saferin stated that Dr. Schussler does not hold board certification, has not been practicing in Ohio and is not current on continue medical education (CME) requirements. Dr. Saferin recommended restoration of Dr. Schussler's Ohio license, pending his completion of 40 hours of category one CME. Once verification of these requirements is received, Dr. Schussler would be granted his license.

Dr. Edgin noted that previous licensees who have not practiced for more than two years have been required to take an examination. Dr. Rothermel stated that in Dr. Schussler's case, he is only one month beyond the two-year period.

Dr. Rothermel moved to recommend restoration of Dr. Schussler's Ohio license pending his completion of 40 hours of category one CME. Dr. Edgin seconded the motion. The motion carried.

David Yacoub Soussou, M.D.

Dr. Saferin stated that David Yacoub Soussou, M.D., applied for restoration of his Ohio license. Dr. Soussou's restoration application stated that he has not been engaged in clinical practice of medicine since December 2015. Dr. Soussou is a 2004 graduate of the American University of the Caribbean, School of Medicine. Dr. Soussou is a family medicine physician and does not hold board certification. Dr. Saferin stated that Dr. Soussou is seeking restoration of his license so he can be reissued a Canadian Medical license and explore employment opportunities. Dr. Saferin stated that Dr. Soussou is current on his continuing medical education (CME) requirements.

Dr. Saferin moved to approve Dr. Soussou's license as requested. Dr. Factora seconded the motion.

Dr. Schottenstein inquired as to why Dr. Soussou needs his Ohio license to obtain a Canadian medical license. Dr. Schottenstein noted that Dr. Soussou had had issues with his prescribing habits with certain prescriptions in Nova Scotia, including an allegation that he had over-prescribed opioids. Dr. Soussou was eventually reprimanded after investigation by the College of Physicians and Surgeons of Nova Scotia. In response to a question from Dr. Rothermel, DR. Saferin stated that all the information had been reviewed. Dr. Saferin stated that part of the reason Dr. Soussou was over the time frame was due to the Ohio Medical Board taking time to research his case.

Dr. Edgin asked if Dr. Soussou would be required to pass an exam. Dr. Saferin answered that if the pending motion passes, Dr. Soussou would be granted a license without an examination. Dr. Saferin stated that Dr. Soussou applied in a timely manner, but the since the Ohio Medical Board took time to research and vet his case, it forced him to be past the two-year deadline. Mr. DePew asked if Dr. Soussou informed the Ohio Medical Board of his Nova Scotia reprimand since he had an active Ohio License at the time. Ms. Scott replied that Dr. Soussou did inform the Ohio Medical Board.

A vote was taken on the motion to approve Dr. Soussou's application for licensure. The motion carried.

BOARD CONSOLIDATION

Mr. Turek stated that this is the first Board meeting since the State Medical Board, Dietetic Board and Respiratory Care Board merged together. Dr. Schottenstein inquired about the Limited License for Respiratory Care and if dietitians have a similar license type. Mr. Turek stated that the dietitians do have a license of that nature but it is only held by a small number. Dr. Schottenstein stated that this license is equivalent to the Ohio training certificate.

DOCUMENTATION OF CONTINUING MEDICAL EDUCATION

Dr. Saferin stated that there have been discussions regarding the new eLicense, Salesforce, and how licensees can upload continuing medical education (CME) documents online with CE Broker. Dr. Saferin stated that with updates in Salesforce, there maybe be a way certificates can be scanned in and make it easier for CMEs to be verified along with making it easier on licensees to upload information into the system. Dr. Saferin stated that there will be an update in May regarding this change.

ADJOURN

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

The meeting adjourned at 8:28 a.m.

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

rsb

State Medical Board of Ohio

POLICY COMMITTEE MEETING

February 14, 2018

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

<p>Members: Amol Soin, MD Andrew P. Schachat, M.D. Robert Giacalone Mark. A. Bechtel, M.D.</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. Betty Montgomery</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 David Fais, Deputy Director Jonithon LaCross, Director of Public Policy & Government Affairs Tessie Pollock, Director of Communication Joan Wehrle, Education & Outreach Program Manager Karen Morrison, Program Administrator</p>
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Dr. Soin called the meeting to order at 9:13 a.m.

MEETING MINUTES REVIEW

Dr. Soin asked for approval of the draft minutes of the January 10, 2018 meeting which were included in the agenda materials. He noted that some corrections had been made to the first draft of the minutes.

Mr. Giacalone moved to approve the Policy Committee minutes of the January 10, 2018 meeting as corrected. Dr. Schachat seconded the motion. Motion carried.

Legislative Review

HB145 Update - One-Bite Reporting Exemption/Board Consolidation amendment

Mr. LaCross reported that the bill was approved and signed by the Governor on Feb. 7, 2018. There was an emergency clause contained in the bill so it is now in effect. He thanked everyone who helped with the legislation. Ms. Anderson noted that one-bite will be discussed later in the agenda.

Mr. LaCross welcomed respiratory care professionals and dietitians to the Board. These professions are now Medical Board licensees.

HB286 palliative care issues – Mr. LaCross thanked Jon Wills of the Ohio Osteopathic Association for his help with this issue. The legislation would broaden the definition of palliative and the changes would impact the Medical Boards rules addressing acute pain, OARRS and pain clinics. He appreciated the comments he received from Board members.

Mr. LaCross reported that he sent legislation from the Ohio Association of Physician Assistants to Board members yesterday for their comments. The proposed legislation removes the PA formulary from the PAPC Committee and puts the PA's prescribing under the scope of practice of the supervising physician. It increases the number of PAs supervised at one time from three to five. It also includes a conscious sedation piece and he believed that anesthesiologists will have comments regarding that section of the legislation. Intubation is also included.

Mr. LaCross noted that the Board is also looking closely at the PA supervision agreement process. He reported that the OH-ID process recently implemented by the Department of Administrative Services(DAS) disrupted the timely renewal of approximately 4,000 supervision agreements. The Board successfully worked with DAS to extend the supervision agreement deadline until August 31, 2018 so that we can resolve this issue. Mr. LaCross noted the OH-ID process is now disabled.

Mr. LaCross reported on other issues in process include: obtaining the statutory authority for a third party to deliver investigative subpoenas; fitness to resume practice; podiatric licensure; CME fix for physicians; and having the Board grant authority to the Secretary and Supervising Member to approve licensure applications to further reduce licensure processing time. It was noted that the Board is currently averaging 34 calendar days processing for "clean" applications.

FSMB Prescription Drug Monitoring Program (PDMP) Workgroup Draft Report

Ms. Anderson reported that a copy of the letter sent to the FSMB providing comments on the Prescription Drug Monitoring Program (PDMP) workgroup draft report discussed at the January meeting was included in the committee materials for information only.

Update on Joint Regulatory Statement – emergency clarification

Ms. Anderson reported that Dr. Koenig Medical Director of the Ohio Department of Health contacted the Medical Board and the Pharmacy Board regarding a protocol for the administration of Tamiflu and flu vaccines to residents in a long-term care facility when there is a flu outbreak. The CDC has issued "Interim Guidance for Influenza Outbreak Management in Long Term Care Facilities." This would become a protocol issue handled through the Pharmacy Board's rule.

She reported that the Medical Board, Nursing Board and the Pharmacy Board had developed a joint regulatory statement addressing the use of protocols for prescribing medications. In the rule and the joint statement "emergency" is a situation that is an exception for having the prescriber see the patient and allows the use of a protocol for the administration of the drug.

Ms. Anderson referred to page 642 in the agenda materials. The Board of Pharmacy issued a resolution on Feb. 7, 2018 regarding influenza outbreak management in long-term care facilities by emergency protocol that indicates that this situation is an emergency under paragraph (L)(1) of Rule 4729-5-01 of the Ohio Administrative Code. Tamiflu and the flu vaccine may be administered by protocol in that situation pursuant to the CDC guidelines. The Board of Pharmacy also provided some Frequently Asked Questions (FAQs) regarding the resolution.

Ms. Anderson said staff is seeking approval from the Board to update our joint regulatory statement to recognize flu outbreak in a long-term care facility as an emergency under the Pharmacy Board's rule. Our current statement does not list this situation as an emergency.

Dr. Steinbergh agreed but she wanted to clarify if the situation would only apply in a long-term care facility. She wanted to know what was not covered by the current joint regulatory statement. Ms. Anderson said that it is just stating that a flu outbreak in a long-term care facility is considered an emergency and it recognizes the CDC interim guidelines on this situation and requires the protocol to comply with the CDC guidelines.

Dr. Edgin asked if a medical assistant can administer medications. Ms. Debolt replied that a medical assistant cannot administer a drug per protocol since a medical assistant is an unlicensed professional. Only a legally authorized prescriber can administer drugs by protocol. Staffing issues in long-term care facilities were briefly discussed.

Ms. Anderson indicated that the revised joint regulatory statement recognizes that the long-term-care facility can use the protocol for these two specific things. They can follow the CDC interim guidelines when a flu outbreak occurs. It is just trying to be sure that there is not a bar to following that guidance. Dr. Schachat asked if the long-term care facility would have to write their own protocol. Dr. Rothermel commented that this would happen if there was an outbreak. Dr. Schachat asked if it would apply to an outbreak in the facility rather than outbreak in community. Ms. Anderson said that she understood it to refer to a flu outbreak within the long-term-care facility.

Dr. Factora asked if there had been any discussion with the long-term-care ombudsman. Ms. Anderson said that we have not. He suggested that we talk with them as there may be some overlap in regulations addressing similar situations in long-term-care facilities, as there are processes in place to handle several infectious disease situations that can occur in long-term-care facilities.

Ms. Anderson reported that we just want to be sure that patients in long-term-care facilities have appropriate treatment to avoid the flu.

Dr. Schachat moved that the full Board review updated language in the Joint Regulatory Statement. Mr. Giacalone seconded the motion. Motion carried.

FSMB Notice on Interstate Compact for Temporary Licensure

Ms. Anderson reported that Mr. Groeber was notified by the FSMB of a proposed concept originating with the Western Governor's Association to provide for an "Interstate Compact for Temporary Licensure of Professionals." Legislation introduced in Arizona was included for information. This is another example of occupational licensing bills we are seeing that are trying to remove barriers to people working and eliminating licensure requirements in some circumstances. It addresses all licensed professions and not just healthcare professions. She said we have a lot of concern about this legislation as it could let people practice without a license.

Dr. Steinbergh asked if we were expected to respond. Mr. Groeber reported that the FSMB is monitoring the legislation and will advocate against doctors receiving temporary licenses.

Rules Review Update

Ms. Anderson reported that the rules spreadsheet was included in the agenda materials for information. A list of what is coming next was also provided. Dietitian and Respiratory Care rules are planned for review by the policy committee in March, but we may need more time.

Medication-Assisted Treatment Rules – Chapter 4731-33, OAC

Ms. Debolt referred to the memo on page 664 of the agenda materials which lays out the requirements by statute as to why we are doing these rules. We are creating a new chapter- Chapter 4731-33 - so that the rules can be easily found. The first rule will be definitions, the second rule will address detoxification but that will be presented in the future, and the third rule addresses office based treatment for opioid addiction (OBOT). We've revised our current OBOT rule in chapter 11, and we are proposing to substantially revise the current rule to meet all the statutory requirements to address controlled substances such as buprenorphine products, but also non-controlled substances like Naltrexone.

Ms. Debolt said that we've looked at rules from other states but we were impressed with the clarity and simplicity of the Virginia Medical Board OBOT rules. We've also relied upon input from the Ohio Department of Mental Health and Addiction Services in drafting the proposed language.

The memo outlines the basics of the rules, but we are requiring that all providers of OBOT also provide naloxone, either as a prescription or a kit.

We are including as our guidelines the various **BAMHSA** treatment improvement protocols, rather than listing a specific guideline. We are also referring to the guidelines by the American Society of Addiction Medicine (ASAM) as these are now used by the Ohio Department of Mental Health and Addiction Services.

Dr. Soin asked for discussion of the proposed rules.

Dr. Steinbergh had questions regarding section (F) of rule 4731-33-33 which states "the physician who provides OBOT shall refer and collaborate with a qualified behavioral health provider . . ." and (F)(d) which states "the physician shall only provide referral to a qualified behavioral healthcare provider who is in good standing with all federal and state licensing authorities." While she appreciates the concept, she was concerned about compliance with the requirements, how are doctors going to know if the behavioral health provider is duly licensed and in good standing? She sees this as a potential barrier as the doctor is supposed to know that information about the behavioral health provider but if the provider is not in compliance with all federal and state licensing authorities then the doctor is at risk for non-compliance with the rule. Ms. Debolt said this recommendation was suggested by the Ohio Department of Mental Health and Addiction Services. She believes that the agency does it with their outpatient treatment programs (OTP) so they may have the mechanism to do that. Dr. Steinbergh suggested that the section be looked at further.

She also had questions regarding 4731-33-33 (H) regarding the naloxone kit. She asked how do doctors know if the kit provided to the patient is expired. Mr. LaCross reported that the expiration date is listed on the kit and it has a shelf life of 18-24 months. She asked how doctors track the expiration date of the kit provided to the patient. Dr. Schachat said that doctors don't have a data base of expiration dates for what patients have.

Would it satisfy the rule if the doctor documents in the chart that the patient was given a naloxone kit and it is up to the patient to come to the doctor when the kit expires?

Further discussion pointed out that (H)(c) says that the doctor shall be exempt from this requirement for one year if the client refuses the naloxone kit or already has a naloxone kit. Question was raised as

to what happens after one year? Further discussion continued regarding this section of the proposed rule. It was suggested that a prescription could be provided at each visit.

It was suggested that (H)(b) be deleted and the words “for one year” be deleted from (H)(c). Proposed edits to (H) would read:

- H. The physician who provides OBOT shall either provide a naloxone kit including the nasal atomizer or other device furnished by the physician, or a prescription for such kit.
 - a. The physician shall ensure that the patient receives instruction on the kit’s use including, but not limited to, recognizing the signs and symptoms of overdose and calling 911 in an overdose situation.
 - ~~b. The physician shall provide a new naloxone kit or prescription upon expiration or use of the old kit.~~
 - e b. The physician shall be exempt from this requirement ~~for one year~~ if the client refuses the naloxone kit or already has a naloxone kit.

Committee members agreed with this edit as it addresses the issue without being a difficult service burden for the physician.

Dr. Soin asked how the drug amounts in (J)(2) were determined. Ms. Debolt responded that the amounts were based on product labeling.

Dr. Steinbergh referred to (I)(3) which states “Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the physician shall only co-prescribe these substances where there are extenuating circumstances. She said that the evidence today seems to be that doctors should not be doing that.

Ms. Debolt said that is what the current rules says, but the FDA issued an update on Sept. 20, 2017 which cautions against withholding opiate addiction medication from patients taking benzodiazepines or CNS depressants. Careful medication management can reduce risk. It says that healthcare professional should continue to take the MAT drugs and not stop taking the other prescribed medication without talking with their healthcare professional. This is a change in the FDA stance on this issue.

Dr. Soin provided the example of a patient on buprenorphine who had an acute crushing injury. It could be beneficial to the patient for them to have another opioid for treatment of the injury under physician care and appropriate documentation of the benefits outweighing the risks for the patient.

Dr. Steinbergh asked how a physician could manage a situation where the doctor prescribes buprenorphine for the patient but the patient needs a benzodiazepine for the management of their anxiety disorder.

Dr. Schottenstein says he sees situation where a patient is on a low dose of benzodiazepine for anxiety disorder management but later has an issue such as a dental procedure or an injury and they have an opiate for treatment of that situation.

Dr. Steinbergh suggested that reference to the FDA changes be included with the cover memo about the rules or FAQs so that doctors are aware of the changes since it is currently prohibited in the Board’s OBOT rule.

Ms. Debolt said that (l)(7) has different dosages. The physician shall document in the medical record the rationale for prescribed doses exceeding 16 milligrams of buprenorphine a day. The physician shall not prescribe a dosage exceeding more than 24 milligrams of buprenorphine a day. This rule provides a daily maximum dosage.

Ms. Debolt said that page 653 has some updates from the Ohio Department of Mental Health and Addiction Services. The 24 milligram maximum daily dosage was suggested by that agency.

Mr. Giacalone made a motion to circulate the draft rules as amended to interested parties for comments. Dr. Bechtel seconded the motion. Motion carried.

FDA Working with Providers on Opioid Issues

Ms. Anderson referenced a handout provided to the committee for their information. The Feb.7, 2018 article from MEDPAGE Today was provided by Mr. Giacalone and addressed the FDA wanting to work with providers on the opioid issue. Mr. Giacalone suggested that we help the FDA and send them a letter to share Ohio's experience. Ms. Anderson will draft a letter for review next month.

Letter from NaphCare

Ms. Anderson referenced a Jan. 26, 2018 letter from NaphCare which was provided as a handout to the committee. This company provides services at the Franklin, Montgomery, and Hamilton county jails. She said that we had a site visit to the Franklin county jail a few weeks ago. NaphCare would like to initiate a buprenorphine treatment protocol in Hamilton county and they provided information about this program. Ms. Anderson noted that jails are exempted in the office based piece of the draft Medication Assisted Treatment rules. Ms. Anderson said that she and Dr. Schottenstein had a telephone meeting with NaphCare after we received the letter and Dr. Schottenstein had several questions. The questions and responses provided from NaphCare were included in the materials. Ms. Anderson asked that any committee member forward any guidance for her regarding a response to the letter. This topic will be on the March policy committee meeting agenda.

One-Bite Reporting Exemption Rules

Ms. Anderson provided the first draft of rules to implement the one-bite reporting exemption provisions of HB145. Because it is so technical, major changes are being made to the draft as staff continues to review the statutes internally with enforcement, investigation and compliance staff to be sure we are addressing the technical questions. She welcomed input from the committee regarding the proposed one-bite rules.

Additionally, the Board's mandatory reporting rules in Chapter 4731-15 will need to be updated because of the statutory changes in HB145.

Ms. Anderson said that staff will ask for approval to circulate the draft one-bite rules to interested parties at the March policy committee meeting.

Youth Sports Concussion & Head Injury Guidelines – Rule 4731-31-01, OAC

Ms. Debolt reported that two amendments are proposed for Rule 4731-31-01, OAC, which establishes standards for physicians who assess youth that sustain a concussion or head injury.

The proposed amendments are:

1. Changing the reference to the most recent “Consensus Statement on Concussion in Sport” statement from the Zurich statement to the Berlin statement adopted in 2017. This statement sets the standards by which the athlete should be assessed and cleared.
2. Changing the reference of the location of the model form developed by the Ohio Youth Sports Concussion and Head Injury Return-to-Play Guidelines Committee from the website of the Ohio Department of Health to the website of the Medical Board. No changes to the form are proposed, just the change in location of the form.

Mr. Giacalone moved to approve circulating the amended rule to interested parties. Dr. Bechtel seconded the motion. Motion carried.

Adjourn

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

The meeting adjourned at 10:04 a.m.

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State Medical Board of Ohio

FINANCE COMMITTEE MEETING
February 14, 2018
30 E. Broad St., Columbus, OH Room 318

Members: Michael Schottenstein, M.D., Chair Bruce R. Saferin, D.P.M. Michael L. Gonidakis Richard A. Edgin, M.D.	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 8:35 a.m.

MINUTES REVIEW

Dr. Edgin moved to approve Finance Committee January 10, 2018 meeting minutes. Dr. Saferin seconded the motion. The motion carried.

FISCAL UPDATE

Dr. Schottenstein stated that the Board's revenue for December 2017 was \$1,135,877, more than double the previous month's revenue. Dr. Schottenstein stated the Board started to trend back in the right direction last month, and that trend is continuing. The Medical Board, over the two-year cycle, has a year-to-date decrease of 16%, but that is better than the 25% year-to-date decrease in revenue recorded last month. The year-to-date revenue for the fiscal year is coming in at roughly \$3.8 million, compared to fiscal year 2016, which had a year-to-date revenue of \$4.5 million. There was a net revenue gain in December 2017 in the amount of approximately \$182,000. This is a substantial improvement from the net revenue loss in November 2017 in the amount of approximately \$74,000.

Dr. Schottenstein said that the Board had an approximately 7% increase in the current fiscal year compared to December 2016 regarding the cash balance. In December 2016, \$1.488 million was transferred from the fund to support the eLicense development. Another final transfer of revenue will occur in the late spring of 2018 for the eLicense system. Dr. Schottenstein said he was hopeful that the Medical Board's cash balance will be up around \$4.5 million by then, so that final transfer of the eLicense funds will bring the fund back down to roughly the \$3.4 million range again.

Dr. Schottenstein stated that the jump in December's numbers are due to many factors including the renewal cycle for the allied specialties other than massage therapists, eLicense and the January 1 deadline for a group of physician renewals. Dr. Schottenstein stated that there is a preview of the January 2018 numbers but those will be reviewed more at length next month. The revenue for January was about \$1.3 million. The Medical Board started to get revenue from the respiratory and dietetics boards in January, due to board consolidation.

Dr. Schottenstein stated total expenditures for the Board in December 2017 were \$953,885. This compares to December 2016 expenditures of \$914,854. The Medical Board experienced a 0.5% increase in expenditures year-to-date. Dr. Schottenstein stated that the Board still has not been billed for rent for the 1st two quarters, and that comes to about \$85,000 per quarter. Dr. Schottenstein stated once the Board gets that bill, the Board will probably see roughly a 2% to 4% increased year-to-date expense over last year's amount.

Dr. Schottenstein stated that when looking at the Board's payroll, that number looks high, with a fiscal year-to-date expenditure of about \$4.1 million. This exceeds the Medical Board's allotted spending for payroll. However, there are 26 pay periods in a year. In some quarters there are seven pay periods, and in others there are six. Dr. Schottenstein stated that in the first two quarters of our fiscal year there were seven pay periods each, and in the last two quarters there are six pay periods each. To date, the Medical Board has had 14 pay periods, one pay period ahead of the halfway mark of the fiscal year and if one of those pay periods are subtracted and put it into the next half of the fiscal year, things even out.

Dr. Schottenstein stated December is also the time of year when the staff can buy out any unused leave time. Up to 32 hours of personal leave is allotted to staff every year. In addition, staff are also allotted 10 sick days per year, constituting 80 hours of time. If staff do not use all their sick time, they can buy that out at a substantial fraction that is prorated depending on how often they use sick leave. As a result, the month of December is always the biggest pay period of the year. As it is something of an anomaly, things should even out go forward. The Medical Board should remain well under the total allotted spending of \$10.2 million.

Dr. Schottenstein stated that under membership dues, the Medical Board had a year-to-date expense of \$7,445, which is about what was spent in all of Fiscal Year 2017. There was a recent charge of \$1,720 for membership dues, and Dr. Schottenstein stated that is because the Board became members of the Council on Licensure Enforcement and Regulation, known as CLEAR. This is the organization that the Board has been negotiating with to provide the investigators with safety training, which the Finance Committee and the full Board approved as an allocation in a previous meeting. The membership to CLEAR should give the Board a discount regarding safety training programs.

Dr. Schottenstein stated on the fiscal summary page for December 2017 shows the use of fines toward wellness, education, outreach, and safety. In the column marked "Amount Authorized," that money has not yet been spent, unless there's a corresponding date in the paid column. The middle column is the entity to whom the Board owes the money. For instance, listed under the Wellness Education and Outreach section is the continuing medical education (CME) medication-assisted treatment conference sponsored by the Attorney General's office; the Governor's Cabinet Opiate Action Team (GCOAT) video through the Ohio Department of Mental Health and Addiction Services; the acute pain rule video, through the Department of Health; and the Bureau of Worker's Compensation (BWC) medical symposium coming up this March. The Medical Board has not been charged for these projects, other than the BWC charge that was recently paid.

Dr. Schottenstein stated the Finance Committee as well as the full Board authorized purchase of employee safety equipment, including body armor, vests and pepper spray, through a vendor called Vance; whistles purchased through Amazon, and a safety app purchased through SafeTREC. The Medical Board has not paid those expenses. The Board continues to negotiate with CLEAR regarding the parameters of the National Certified Investigator and Inspector Training (NCIT) training, and thus far have not come to an arrangement, so the Board has not paid them anything.

ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that per the Accounts Receivable report, the Board has collected fine payments totaling \$20,500 since the last Board meeting. The Board has received a total of \$193,500 in fines, and another \$146,000 are outstanding. There is nothing else especially remarkable about the Accounts Receivable report for December.

Mr. Groeber inquired about viewing how many fines were collected during the current fiscal year. Ms. Loe stated that the breakdown includes that. Mr. Groeber stated that seeing exactly how much was collected would be helpful in comparing years and making sure that money is spent appropriately for investigation activities, education and outreach.

EDUCATION AND OUTREACH

Ms. Pollock stated that the second acute pain prescribing video is almost finished with the Department of Health, and the mental health and addiction video is being worked on with a vendor. The Board History project on the website has been completed. Ms. Pollock stated there has been a lot of communications with licensees using Marketing Cloud software regarding various topics including renewals, late renewals, and Medical Board updates. Mr. Groeber stated that this software has helped eliminate the practice of cold calling. Ms. Pollock introduced a project that follows-up with people whose licenses have lapsed and are approaching the end of the period in which they can reinstate their license, rather than the more costly process of restoration of licensure.

Ms. Pollock stated that eNews has started going out in a new format which is more informative to recipients. Mr. Groeber asked about the app that is being created. Ms. Pollock stated she has a model RFP from another agency that did an app design and submitted the Medical Board's app requirements. Mr. Groeber asked if it would have to be brought back to the Finance Committee for approval depending on the cost and Mrs. Pollock replied yes. Dr. Schottenstein inquired about the purpose of the app. Mr. Groeber shared that, similar to the New York Board's app, it assists licensees and providers with an morphine-equivalent dose (MED) calculator. For the public, it assists with what steps to take when dealing with someone who may have overdosed. Mr. Groeber stated that if the Department of Health decided to join the app, it will send out public health alerts.

FEDERATION OF STATE MEDICAL BOARDS ANNUAL MEETING

Dr. Schottenstein stated the Federation of State Medical Boards (FSMB) Annual Meeting will be held April 26 through April 28, 2018 in Charlotte, North Carolina, at the Sheraton Meridian Charlotte hotel complex. Dr. Schottenstein stated the new business is with regard to the request for approval of travel expenses, and purchase of tickets to the FSMB foundation luncheon.

Dr. Saferin moved to recommend travel expenses in accordance with state travel policy for Dr. Steinberg and Dr. Schottenstein to attend the 2018 annual meeting of the FSMB, as their attendance at the meeting is in connection with their responsibilities as, and is related to their position as, members of the state medical board of Ohio. Mr. Gonidakis seconded the motion. All members voted aye except Dr. Schottenstein, who abstained. The motion carried.

Dr. Saferin moved to recommend travel expenses in accordance with state travel policy for Tessie Pollock, Susan Loe, and Nathan Smith to attend the 2018 annual meeting of the FSMB, as Ms. Pollock's attendance at the conference is in connection with her duties as, and is related to her position as, Director of Communication of the State Medical Board of Ohio; Ms. Loe's attendance at the conference is in connection with her duties as, and is related to her position as, Human Resources and Fiscal Administrator of the State Medical Board of Ohio; and Mr. Smith's attendance at the conference is in connection with his duties as, and is related to his position as, Senior Legal and Policy Counsel of the State Medical Board of Ohio. Dr. Edgin seconded the motion.

Mr. Gonidakis inquired if it was essential to send Ms. Pollock and Ms. Loe to the FSMB Annual Meeting with this expense. Mr. Groeber stated that due to the large number of attendees in 2015, the

Medical Board instituted a policy that allows two board members and two staff members to attend. Mr. Groeber said Ms. Loe and Mr. Smith were suggested because of their work in policy. Mr. Groeber stated that Dr. Steinbergh recommend Ms. Pollock to go since the Ohio Medical Board has two Board members running for office at the FSMB. Mr. Groeber stated that Ms. Pollock role would be to conduct outreach.

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

Dr. Edgin moved to approve the purchase of tickets to attend the FSMB foundation luncheon for Mr. Giacalone, Dr. Steinbergh, Dr. Schottenstein, Mr. Groeber, Ms. Pollock, Ms. Loe, and Mr. Smith, as the luncheon is a separate ticketed event that is not included in the conference registration fee. Dr. Saferin second the motion. All members voted aye except Dr. Schottenstein, who abstained. The motion carried.

TRAVEL EXPENSES

Dr. Saferin moved to recommend A.J. Groeber to serve as the State Medical Board of Ohio's representative to attend the 2018 Executive Summit meeting sponsored by the Federation of State Massage Therapy Boards, which will be held April 12 and 13th 2018 in Kansas City Missouri. Dr. Saferin further moved that incidental expenses not covered by the FSMTB will be paid by the Medical Board in accordance with state travel policy. Dr. Saferin further moved that Mr. Groeber's attendance at the conference is in connection with his duties as, and is related to his position as, Executive Director of the State Medical Board of Ohio. Mr. Gonidakis second the motion. The motion carried.

OHIO AUTOMATED RX REPORTING SYSTEM (OARRS)

Mr. Groeber stated that when OARRS letters were first sent out in Fall 2016 based on data regarding patients not checked, it was a learning process for the Board. The letters varied based on the severity of the offense.

Mr. Groeber continued that one thing the Board realized is that the licensees receiving the letter need to have a tool that allows them to see what patient or patients they had not checked. In response, the Practitioner Insight Report was developed for that purpose. However, as the OARRS system is modified away from the Board's more customized product and towards a more uniform national product for use by other states, the Practitioner Insight Report has been lost. Mr. Groeber stated that new reports showing compliance with ICD-10 reporting requirements for opioid prescriptions, as well as the acute pain prescribing rules, will be available in the near future.

Mr. Groeber stated that he would like to gauge the interest of the Committee, and eventually the full Board, in considering paying for the continuance of the Practitioner Insight Report. Mr. Groeber commented that the report is a good tool for both the Board and the licensees. In response to a question from Dr. Edgin, Mr. Groeber that a preliminary estimate of the cost is approximately \$100,000. Dr. Schottenstein, opining that the Practitioner Insight Report would seem to be a fundamental part of the program, questioned why the Report is not included in the standard OARRS model. Mr. Groeber agreed with Dr. Schottenstein, but stated that Ohio is the only state requesting the Report.

Dr. Saferin asked if the OARRS system will continue to be operated by the Board of Pharmacy if the Medical Board funds the Practitioner Insight Report. Mr. Groeber stated that the Board of Pharmacy

will continue to operate OARRS. Mr. Groeber noted that other professionals besides physicians use OARRS, such as dentists, nurses, and veterinarians.

Dr. Schottenstein asked if the Practitioner Insight Report will be made available to other states if Ohio funds the creation of the Report. Mr. Groeber replied that he has discussed that possibility and was told that if that does occur, the Ohio Medical Board could be given reduced prices on future developments or other compensatory measures. Dr. Schottenstein commented that perhaps an arrangement could be made whereby the Medical Board funds the development of the Report and is recompensed as other states buy into the Report. Dr. Saferin agreed. Mr. Groeber stated that he can propose that idea and that there should be creative ways for the Board to recoup its costs.

ADJOURN

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

The meeting adjourned at 9:05 a.m.

Michael Schottenstein, M.D.
Chair

rsb/blt

State Medical Board of Ohio

COMPLIANCE COMMITTEE MEETING

February 14, 2018

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

<p>Members: Anita Steinbergh, D.O., Chair Robert Giacalone Amol Soin, M.D. Michael Schottenstein, M.D.</p> <p>Other Board members present: Kim G. Rothermel, M.D. Ronan M. Factora, M.D.</p>	<p>Staff: Alexandra Murray, Managing Attorney Annette Jones, Compliance Officer Angela Moore, Compliance Officer Benton Taylor, Board Parliamentarian</p>
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Dr. Steinbergh called the meeting to order at 3:30 p.m.

INITIAL PROBATIONARY APPEARANCES

Malak S. Adib, M.D.

Dr. Adib is making her initial appearance before the Committee pursuant to the terms of her November 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Adib's history with the Board.

Dr. Adib stated that the action against her was the result of a failure to check the Ohio Automated Rx Reporting System (OARRS) for one patient during a time when she was moving into a new practice and was using a new computer system. Dr. Adib opined that she should not have two years of probation based on only one patient. Dr. Adib stated that she has been practicing medicine for 30 years and has never had this problem.

Dr. Steinbergh explained that the Committee's purpose today is to meet with Dr. Adib because she entered into a Consent Agreement with the Board. Dr. Steinbergh stated that the Compliance Committee cannot change a Consent Agreement which was signed by Dr. Adib and ratified by the Board. Dr. Steinbergh asked if Dr. Adib had been represented by counsel in her dealings with the Board. Dr. Adib stated that in 30 years she had never had a malpractice case or an attorney. Dr. Adib stated that she had been represented by an attorney from Kettering Hospital for this matter and was advised the signing the Consent Agreement should not affect her ability to accept insurance. However, Dr. Adib has found that her insurance privileges have been affected. Dr. Adib stated that insurance companies have been questioning her ability to make decisions about patient care and the quality of her practice.

Dr. Steinbergh suggested that Dr. Adib discuss these matters with the Board's Compliance staff following her appearance before the Committee.

Dr. Schottenstein regretted that this situation has been stressful for Dr. Adib. Dr. Schottenstein also regretted that this Committee is not an appropriate venue to relitigate the case. Dr. Schottenstein noted that in addition to not checking OARRS for one patient, there was also a concern about Dr. Adib inappropriately prescribing Adipex and Norco, as well as post-dating prescriptions and other things that may have contributed to the nature of the Consent Agreement. Dr. Schottenstein agreed that Dr. Adib should meet with the Board's Compliance Staff in order to get a better sense of what has brought

her to this point and to see if there is any possible recourse. Dr. Schottenstein stated that the Committee's job today is to make sure things are moving in a positive direction for Dr. Adib.

Responding to questions from Dr. Schottenstein, Dr. Adib stated that she is currently employed by Kettering Hospital and is practicing internal medicine in an outpatient clinic. Dr. Adib stated that the administration of the hospital has been very supportive, as have been her family and friends. Dr. Adib stated that her relationship with her patients is excellent. Dr. Adib reiterated that she had never had problems until the issue with checking OARRS for one patient during a hectic time moving into a new practice with a new computer system. Dr. Adib commented that she is taking a pain control course next week.

Dr. Adib continued that the second patient mentioned by Dr. Schottenstein had been assigned to her because the patient's physician left the practice. Dr. Adib stated that she had never had a chance to see that patient and that a nurse practitioner had seen the patient in the office. Dr. Adib stated that she got the prescription for the patient and signed it. Dr. Adib stated that the patient was supposed to see Dr. Adib, but never did. Dr. Adib added that the patient's wife was complaining that the prescription was for 150 Norco instead of his usual 180 Norco and that she threatened to report Dr. Adib.

Dr. Adib stated that these problems involve only two patients out of the many patients she sees per day.

Dr. Schottenstein stated that he appreciates that this has been a stressful situation for Dr. Adib. Dr. Steinbergh reiterated that Dr. Adib has entered into a Consent Agreement with the Board and that Ms. Murray will help Dr. Adib with any questions or concerns she has about the Agreement.

Dr. Schottenstein moved to continue Dr. Adib under the terms of her November 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Christopher G. Alsager Lee, M.D.

Dr. Alsager Lee is making his initial appearance before the Committee pursuant to the terms of his November 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Alsager Lee's history with the Board.

Dr. Schottenstein noted that Dr. Alsager Lee is in an emergency medicine residency, which can be stressful. Dr. Schottenstein asked how Dr. Alsager Lee is managing his stress. Dr. Alsager Lee answered that he has found a good work-life balance between attending Narcotics Anonymous (NA) meetings, meeting with his sponsor, and trying to exercise and eat healthily. Dr. Alsager Lee stated that his program director has been very supportive about making sure he manages his stress level appropriate. Dr. Alsager Lee added that he has found a good fellowship with his fellow residents and the people of Marietta. Dr. Alsager Lee stated that he enjoys his work.

Responding to further questions from Dr. Schottenstein, Dr. Alsager Lee stated that he has a good relationship with his sponsor, who is also a physician and has 14 years of sobriety. Dr. Alsager Lee stated that he is currently working on Step 4 of the 12 steps and he will do Step 5 with his sponsor soon. Dr. Alsager Lee stated that he has no questions about his Consent Agreement.

Dr. Soin asked where Dr. Alsager Lee sees himself in ten years. Dr. Alsager Lee imagined that he would be working in community medicine. Dr. Soin asked if Dr. Alsager Lee plans to stay in Ohio

following his residency. Dr. Alsager Lee replied that he could see himself staying in Ohio, but he could also potentially go to Minnesota where he is originally from. Dr. Soin, noting that Dr. Alsager Lee had had these problems in medical school, asked if anything similar had occurred prior to medical school. Dr. Alsager Lee replied that nothing occurred prior to medical school other than casual drinking.

In response to further questions from Dr. Schottenstein, Dr. Alsager Lee confirmed that his drug of choice was opiates and that his sobriety date is April 3, 2017. Dr. Alsager Lee stated that he never has cravings for opiates in the emergency department because he is so busy. Dr. Alsager Lee commented that he could not imagine begin intoxicated and trying to perform at that high level. Dr. Alsager Lee stated that when he used opiates, he did not obtain them from the emergency department and he never diverted medication. Dr. Schottenstein asked if Dr. Alsager Lee ever felt the need for something medically to help him reduce cravings. Dr. Alsager Lee responded that he was once trialed on Naltrexone during his inpatient treatment, but he did not react well to it. Dr. Alsager Lee felt that talking to his sponsor, attending rehabilitation meetings, and practicing other stress-relief activities has been adequate to handle his cravings.

Dr. Steinbergh asked if Dr. Alsager Lee had questions about his Consent Agreement. Dr. Alsager Lee had no questions.

Dr. Schottenstein moved to continue Dr. Alsager Lee under the terms of his November 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Ernest B. de Bourbon, III, M.D.

Dr. de Bourbon is making his initial appearance before the Committee pursuant to the terms of the Board's Order of July 13, 2016. Dr. Steinbergh reviewed Dr. de Bourbon's history with the Board.

Responding to questions from Mr. Giacalone, Dr. de Bourbon stated that he began work a couple of weeks ago at a clinic, Artemis Health Center, in which he sees patients for consultations and also performs histories and physicals. Dr. de Bourbon stated that he is trying to transition into emergency medicine and has over 150 credit hours in emergency medicine review. However, Dr. de Bourbon is having difficulty finding a position in that field because his probationary terms require direct supervision, which cannot really happen in an emergency department. Dr. de Bourbon stated that he has taken the intensive course on medical documentation. Dr. de Bourbon stated that the course has given him a better understanding of the Board's rules and the importance of proper, complete documentation.

Dr. Schottenstein asked if Artemis Health Center is the same practice where Dr. de Bourbon performed the laser procedures which had brought him to the attention of the Board. Dr. de Bourbon answered that Artemis Health Center has a similar name as the clinic where he had previously worked, but it is a completely different practice.

Dr. Schottenstein asked if Dr. de Bourbon's appeal of the Board's Order has concluded or if they are ongoing. Dr. de Bourbon replied that his appeal is ongoing.

Dr. Schottenstein asked how Dr. de Bourbon is managing the stress that has resulted from this situation. Dr. de Bourbon answered that he is managing the stress pretty well. Dr. Schottenstein asked if Dr. de Bourbon feels that he has support around him. Dr. de Bourbon answered affirmatively. Dr. Schottenstein asked if Dr. de Bourbon feels comfortable transitioning back to emergency medicine

after being away from the field for some time. Dr. de Bourbon replied that he is definitely comfortable transitioning.

Mr. Giacalone asked if Dr. de Bourbon has any questions about his Board Order. Dr. de Bourbon responded that he has no questions at this time.

Dr. Schottenstein moved to continue Dr. de Bourbon under the terms of the Board's Order of July 13, 2016, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Cyma Khalily, M.D.

Dr. Khalily is making her initial appearance before the Committee pursuant to the terms of her November 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Khalily's history with the Board.

In response to questions from Dr. Schottenstein, Dr. Khalily stated that she is a psychiatrist in an outpatient practice. Dr. Schottenstein asked if Dr. Khalily's practice is going well for her. Dr. Khalily replied, "Yes and no." Dr. Khalily stated that as a result of the Board action, insurers see the probation as a restriction on her license. Medicaid terminated its contract with Dr. Khalily in November 2017, forcing her to leave the outpatient mental health clinic after practicing there for 27 years because it was basically Medicaid-funded. Dr. Khalily has been told that she can re-apply for Medicine privilege when her one-year probation with the Medical Board is completed. Dr. Khalily continued that she has also had problems with other insurance companies. Dr. Khalily stated that the worst result is that the American Board of Psychiatry and Neurology (ABPN) has indicated that it wants to void her lifetime certification due to the restrictions on her Ohio license, despite Dr. Khalily's explanations that there are no restrictions on her license.

Dr. Khalily stated that on the positive side, she has a great relationship the staff in her private practice. Dr. Khalily stated that she has attended an intensive course on controlled substances, where an attorney explained to the class that ignorance of the law is no excuse. Dr. Khalily stated that since that time, she has been checking the Ohio Automated Rx Reporting System (OARRS) diligently. Dr. Khalily stated that she now has a designee in her office who she trusts to check OARRS, after having some difficulty in that area in the past. Dr. Khalily added that she will take the course on medical record-keeping next week.

Dr. Khalily noted that she recently renewed her Drug Enforcement Agency (DEA) certification. Dr. Khalily stated that she does opiate-based treatment with buprenorphine and she has concerns about what may happen with that practice.

Dr. Schottenstein observed that according to her Consent Agreement, Dr. Khalily made statements to the effect that she had been overworked and it had been difficult to keep up with the new regulations. Dr. Khalily agreed that she made such statements. Dr. Khalily also stated that her father had also died from pancreatic cancer at that time and she had been one of his caretakers. Dr. Khalily stated that she had been aware of OARRS, but had not been aware of the frequency that had to be checked for all of her patients. Dr. Khalily stated that she had been only checking those patients who she felt were questionable or suspicious. However, Dr. Khalily realizes that one cannot tell who is questionable or suspicious, so she checks everyone, especially new patients and patients who are receiving buprenorphine or naloxone treatment.

Regarding the trusting of one's staff, Dr. Steinbergh cautioned Dr. Khalily that a practitioner in her position could be at risk for someone taking her prescription pad. Dr. Steinbergh advised Dr. Khalily

to be extremely cautious with her prescription pads, regardless of how much she trusts an individual. Dr. Khalily agreed.

Dr. Schottenstein moved to continue Dr. Khalily under the terms of her November 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Bradley T. Schwarz, D.O.

Dr. Schwarz is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Schwarz's history with the Board.

Responding to questions from Mr. Giacalone, Dr. Schwarz stated that he is currently seeking jobs in the medical field in Pennsylvania. Dr. Schwarz acknowledged that while his Ohio medical license is suspended, his Pennsylvania medical license is currently active with probationary terms.

Mr. Giacalone asked Dr. Schwarz to describe how he had come to the Board's attention. Dr. Schwarz replied that he had been anxious, stressed, and depressed during his third and fourth years of medical school. Dr. Schwarz began to drink during his residency, mostly at night. Dr. Schwarz stated that eventually his attention deficient hyperactivity disorder (ADHD) medication stopped working very well. Dr. Schwarz developed a lot of stress and anxiety, and he was never calm at work. Dr. Schwarz then used opioids one time and became addicted.

Dr. Schwarz stated that he currently attends six to seven rehabilitation meetings per week and an aftercare group once per week. Dr. Schwarz also volunteers at a jail to run Alcoholics Anonymous (AA) meetings. Dr. Schwarz stated that he is currently working with his sponsor on Step 6 of the 12-step program, which is making a list of one's character defects.

Dr. Steinbergh asked if Dr. Schwarz had an opportunity during medical school to get help with his alcohol or medication issues, or if he had been aware of such issues at that time. Dr. Schwarz answered that he had seen psychiatrists at the medical school. Dr. Schwarz stated that he had also had stress-related back pain from studying, so he was eventually placed on Effexor. However, because of the stigma in medicine towards mental illness and alcohol, he was afraid to seek real help. Dr. Schwarz stated that he had thought he could stop on his own, but he could not. Dr. Steinbergh commented that efforts are being made to end that stigma in medical students today.

Dr. Schottenstein asked if Dr. Schwarz would be inclined to return to the field of anesthesiology. Dr. Schwarz answered that he is uncertain if he would return to anesthesiology, not because of the risk or whether he could practice in that field, but because he is not sure if he still wants that lifestyle. Dr. Schottenstein commented that anesthesiology is very stressful and that Dr. Schwarz's drugs of choice are very concerning for that field. Dr. Schwarz agreed.

Dr. Schottenstein noted that there was an incident in which Dr. Schwarz was intoxicated at work. Dr. Schottenstein asked Dr. Schwarz if that was a one-time occasion. Dr. Schwarz stated that he was never intoxicated at work. Rather, Dr. Schwarz stated that he had been trying to shield syringes from other people's view and his behavior was seen as suspicious and erratic.

In response to further questions from Dr. Schottenstein, Dr. Schwarz stated that he is currently seeing a psychiatrist. Dr. Schwarz is taking Intuniv for ADHD, Effexor for depression, and Trazadone to sleep at night. Dr. Schwarz stated that everything is going well and the medication regimen feels comfortable to him.

In response to questions from Dr. Steinbergh, Dr. Schwarz stated he graduated from medical school in 2011 and he completed his residency at Case Western Reserve University in 2015. Dr. Steinbergh stated that if Dr. Schwarz chooses to not return to anesthesiology, that would be a very good decision. Dr. Steinbergh asked if Dr. Schwarz has looked at potential retraining or residency programs in other fields. Dr. Schwarz replied that he has considered going into pre-operative medicine to work patients up for surgery, which he has done in the past and is within his training. Dr. Schwarz commented that there would be no access to drugs in such a practice.

Dr. Schottenstein moved to continue Dr. Schwarz under the terms of his August 9, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Dr. Steinbergh asked if Dr. Schwarz had any questions about his Consent Agreement. Dr. Schwarz replied that he had no questions.

James I. Tak, M.D.

Dr. Tak is making his initial appearance before the Committee pursuant to the terms of his November 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Tak's history with the Board.

In response to questions from Dr. Schottenstein, Dr. Tak stated that he is a hospitalist and practices internal medicine. While his medical license is suspended, Dr. Tak stated that he is dedicating his time to his recovery and getting acquainted with Cleveland following his move there from New York City. Dr. Tak added that he is establishing friendships in Cleveland, developing a good support network, and rekindling his relationship with his wife, who has obviously suffered from this situation. Dr. Tak stated that he has a job waiting for him when his suspended is over and that his employers have been supportive.

Dr. Schottenstein asked Dr. Tak about his recovery program. Dr. Tak stated that he attends three to five rehabilitation meetings per week, including caduceus meetings, aftercare, and Alcoholic Anonymous (AA). Dr. Tak stated that he is seeing an addictionologist and a psychiatrist, and he will begin seeing an individual therapist soon. Dr. Tak has also completed an intensive outpatient program (IOP). Dr. Tak stated that he is seeing a psychiatrist to treat his major depression, for which he has been prescribed Effexor, Wellbutrin, and Trazadone. Dr. Tak stated that his depression is under control. Dr. Tak stated that he is currently working on Step 4 of the 12-Step program with his sponsor.

Dr. Schottenstein asked if Dr. Tak's depression had contributed to his substance use. Dr. Tak replied that his depression and his substance use began very closely to each other time-wise, but in speaking to his psychiatrist it is evident that the depression predated the substance use.

Dr. Schottenstein moved to continue Dr. Tak under the terms of his November 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Jerome B. Yokiel, M.D.

Dr. Yokiel is making his initial appearance before the Committee pursuant to the terms of his November 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Yokiel's history with the Board.

Responding to questions from Mr. Giacalone, Dr. Yokiel stated that while his medical license is suspended he is attending at aftercare program and going to rehabilitation meetings. Dr. Yokiel stated that he is spending his time getting reacquainted with his family and taking care of his house. Dr. Yokiel is also looking for employment and considering what he wants to do with his career when his license is reinstated.

Regarding his recovery, Dr. Yokiel stated that it is going well and he has learned a lot. Dr. Yokiel commented that he also learned a lot from the prescribing course that he had taken. Dr. Yokiel stated that he has a sponsor and is currently working on Step 3 and about to begin Step 4 of the 12-Step program. Dr. Yokiel explained that those steps concern learning about how one's higher power controls one's life and making amends for the wrongs one has done to other people.

Dr. Steinbergh asked about Dr. Yokiel's sobriety date. Dr. Yokiel replied that his sobriety date is October 13, 2017. Dr. Steinbergh, noting that Dr. Yokiel is an anesthesiologist, asked if Dr. Yokiel could imagine a future in another field that he would qualify for. Dr. Yokiel replied that he has given that question a lot of thought.

Dr. Yokiel continued that he had originally entered a general surgery residency, but switched to anesthesiology in the late 1980's so that he could do pain management. Dr. Yokiel stated that he continued to do anesthesiology, but his love was pain management. Dr. Yokiel stated that he had gotten into some trouble doing anesthesiology on call. Dr. Yokiel stated that he has no plans to go back into anesthesiology. Dr. Yokiel stated that he has not yet decided if he will return to pain management, mostly due to his own pain issues. Dr. Yokiel explained that he has diabetic neuropathy in his legs and he has a back condition that gives him radiculopathy. Dr. Yokiel stated that he came to the Board's attention for trying to treat his pain himself. Dr. Yokiel stated that he is considering other options. Dr. Steinbergh advised Dr. Yokiel to make sure he has competency in whatever field he goes into.

Dr. Yokiel stated that he feels competent to practice pain management, but he is uncertain if he will return to that field because, as an interventional pain physician, his need to wear the apron for fluoroscopy procedures would cause leg spasms later that night and greatly affect his sleep. Dr. Yokiel stated that he has a neurology appointment next week to ascertain if he needs back surgery. Dr. Yokiel commented that he could do peer-to-peer work and chart review work. Dr. Yokiel added that he has also considered doing stem cell injections. Dr. Steinbergh cautioned Dr. Yokiel, if he does stem cell injections, to be certain that what he is doing is evidence-based and appropriate. Dr. Steinbergh stated that some forms of stem cell therapy are evidence-based and appropriate and some are not.

Dr. Schottenstein concurred with Dr. Yokiel's decision to not go back to the field of anesthesiology.

Dr. Schottenstein moved to continue Dr. Yokiel under the terms of his November 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

APPROVAL OF REPORTS OF CONFERENCES

Dr. Schottenstein moved to approve the Compliance Staff's Reports of Conferences for January 8 & 9, 2018. Dr. Sojn seconded the motion. The motion carried.

TREATMENT PROVIDER APPLICATION

Bethesda Oak Alcohol and Drug Treatment Program

Dr. Schottenstein moved to recommend approval of the Renewal Application for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Bethesda Oak Alcohol and Drug Treatment Program. Mr. Giacalone seconded the motion. The motion carried.

MINUTES REVIEW

Dr. Schottenstein moved to approve the draft minutes from January 10, 2018. Mr. Giacalone seconded the motion. The motion carried.

The meeting adjourned at 4:20 p.m.

Anita M. Steinbergh, D.O.
Chair

blt