



**State Medical Board of Ohio Meeting Minutes
September 11, 2019**

Michael Schottenstein, M.D., President, called the meeting to order at 9:50 am in the Administrative Hearing Room, 3rd floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio 43215 with the following members present: Richard Edgin, M.D., Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Michael Gonidakis, Esq.; Amol Soin, M.D.; Robert P. Giacalone, R.Ph., J.D.; Mark A. Bechtel, M.D.; Betty Montgomery; Sherry Johnson, D.O.; Harish Kakarala, M.D.; and Jonathan Feibel, M.D.

Dr. Soin was not present when the meeting commenced.

MINUTES REVIEW

Motion to approve the minutes of the August 14, 2019 Board meeting, as drafted.

Motion	Dr. Bechtel
2 nd	Dr. Kakarala
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

APPLICANTS FOR LICENSURE

Dr. Schottenstein asked the board to consider the Licensure items on the agenda. No board member asked to consider any applications separately.

Motion to approve, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician and allied professional applicants contained in the handouts provided to Board members:

Motion	Dr. Edgin
2 nd	Dr. Saferin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Edgin	Y
Dr. Schottenstein	Y

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Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Motion to approve, contingent upon all requested documents being received and approved in accordance with licensure protocols, the applicants for a Certificate to Recommend Medical Marijuana contained in the handouts provided to the Board members:

Motion	Dr. Saferin
2 nd	Dr. Kakarala
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

REPORTS AND RECOMMENDATIONS

Dr. Schottenstein asked the Board to consider the Reports and Recommendations appearing on the agenda. He asked if each member of the Board received, read and considered the Hearing Record; the Findings of Fact, Conclusions and Proposed Orders; and any objections filed in the matters of: Roger Todd Adler, M.D.; Asad Syed Ali, M.D.; Muhammed Nasher-Alneam, M.D. and Steven Zizzo, M.D. A roll call was taken:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

Dr. Schottenstein further asked if each member of the Board understands that the Board's disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from Dismissal to Permanent Revocation or Permanent Denial. A roll call was taken:

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Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

Dr. Schottenstein stated that in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In the disciplinary matters before the Board today, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member. In addition, Dr. Bechtel served as Secretary and/or Supervising Member in the matter of Dr. Adler. The matter of Dr. Zizzo is non-disciplinary, and therefore all Board members may vote.

During these proceedings, no oral motions were allowed by either party. Respondents and their attorneys addressing the Board were allotted five minutes to do so. The assistant attorneys general are subject to the same limitations.

Roger Todd Adler, M.D.

Dr. Schottenstein directed the Board's attention to the matter of Roger Todd Adler, M.D. No objections have been filed. Ms. Lee was the Hearing Examiner.

Motion to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Dr. Adler:

Motion	Dr. Kakarala
2 nd	Dr. Edgin

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

Dr. Schottenstein stated that Dr. Adler acknowledges the behavior for which he has been cited, but there are multiple mitigating factors:

- Dr. Adler does not have a prior disciplinary record.
- Dr. Adler did not have a dishonest or selfish motive.
- This is an isolated incident that is unlikely to recur.
- Dr. Adler has made full and free disclosure to the Board.
- Dr. Adler has been compliance with his Consent Order from the Illinois Department of Financial and Professional Regulation
- Dr. Adler has expressed remorse.
- There was no adverse impact of Dr. Adler's conduct on others.
- The New York State Department of Health decided to take no further action against Dr. Adler.

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Dr. Schottenstein opined that the Proposed Order is similar to the Illinois order and is a fair response to Dr. Adler's behavior.

Ms. Montgomery agreed with Dr. Schottenstein's comments. Ms. Montgomery noted that there was a ten-month gap between the issuance of Dr. Adler's Notice of Opportunity for Hearing and the time that his hearing was actually held. Ms. Anderson stated that while she was not familiar with the scheduling details of this particular case, the Board does have case management schedules and timeframes for each type of case. Ms. Anderson stated that she can provide the case management schedule documents for Ms. Montgomery's review. Ms. Montgomery commented that the Board should move with appropriate haste and the Board has a responsibility to handle cases in a timely fashion.

Vote on Dr. Kakarala's motion to approve and confirm:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain

The motion carried.

Asad Syed Ali, M.D.

Dr. Schottenstein directed the Board's attention to the matter of Asad Syed Ali, M.D. Objections have been filed and were previously distributed to Board members. Mr. Porter was the Hearing Examiner.

Dr. Schottenstein stated that a request to address the Board has been filed on behalf of Dr. Ali. Five minutes will be allowed for that address.

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

Ms. Collis stated that in 20 years of an otherwise unblemished career, Dr. Ali made two errors four-and-a-half years ago. First, Dr. Ali pre-signed prescriptions that he maintained in his home and his car. Second, on one occasion when contacted by a pharmacist, Dr. Ali authorized a prescription that he had not written. Ms. Collis stated that Dr. Ali fully cooperated with the Board's investigators and testified throughout the hearing that he had had no idea that his ex-girlfriend, who was also the mother of his child, had been stealing his prescriptions and obtaining medications for herself until he was contacted by a pharmacist and a Medical Board investigator. Ms. Collis noted that in closing arguments, both she and the Assistant Attorney General observed similarities with the case of Matthew Colflesh, M.D., in which the Board imposed a reprimand and probation. Ms. Collis asked the Board to impose a sanction that would allow Dr. Ali to continue to practice medicine in Ohio.

Dr. Ali stated that in his 20 years of practice, he never would have envisioned himself being called before the Medical Board and it has been a humbling experience. Dr. Ali stated that throughout his career he has always prided himself on his strong work ethic and he appreciates the accolades he has received from colleagues and patients. However, Dr. Ali admitted that he has not always made the best choices in his personal life.

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Dr. Ali continued that in 2006 he entered into a relationship with a nurse, Lindsay Gleckler. Ms. Gleckler became pregnant and although Dr. Ali wanted to make it work, the relationship was strained. Dr. Ali stated that he stayed in the relationship for his son, but things did not work out. Dr. Ali stated that he knew little about addiction at that time, but he has learned a great deal about it in the last several years. Dr. Ali stated that when you are in a relationship with an addict, you do not see the extent of it and you lose perspective. Dr. Ali had thought that when Ms. Gleckler sought treatment, she was cured. Dr. Ali had wanted to believe the Ms. Gleckler was clean.

Dr. Ali stated that through counseling, he has come to understand his role in what took place. Dr. Ali learned that he had used rationalization and avoidance to deal with Ms. Gleckler, and he compartmentalized things to help cope with the situation. Dr. Ali had believed many of Ms. Gleckler's lies because he had not wanted to cause problems in the relationship. Things got worse when Dr. Ali and Ms. Gleckler separated in 2014.

Dr. Ali continued that in his zeal to be efficient, he began pre-signing prescriptions. Dr. Ali stated that this was wrong and he took full responsibility for not securing his prescriptions and leaving them in his home and his car. Dr. Ali stated that he never suspected or expected that Ms. Gleckler would relapse and steal his prescriptions. Dr. Ali stated that when he received a call from a pharmacist, he erred by authorizing the prescription. Dr. Ali stated that this was wrong and he should have advised the pharmacist that he had not written the prescription. Dr. Ali stated that he felt sick when he got that call, but he panicked and all he could think about was his son's safety. Dr. Ali had simply wanted to get off the phone as quickly as possible so he could make sure his child was safe and question Ms. Gleckler about the situation.

Dr. Ali stated that when he was contacted by the pharmacist, that was the first time he realized there was a problem. Dr. Ali had never received calls in the past about fraudulent prescriptions, and he had not realized the number of fraudulent prescriptions Ms. Gleckler had used until he met with a Medical Board investigator a few weeks later.

Dr. Ali wished he could turn back time and do things differently, but he has learned many valuable lessons from this unfortunate experience. Dr. Ali admitted that he had pre-signed prescriptions and on one occasion he authorized a prescription for Ms. Gleckler when contacted by a pharmacist. Dr. Ali stated that until that call, he had no idea that his prescriptions were being used by Ms. Gleckler.

Dr. Ali stated that many people depend on him, noting that he supports his parents, his two children from a previous marriage, and his son. Dr. Ali asked for leniency and asked the Board to impose a sanction that would allow him to continue to practice medicine and provide for his family.

Dr. Schottenstein asked if the Assistant Attorney General wished to respond. Ms. Snyder stated that she wished to respond.

Ms. Snyder stated that 118 of Dr. Ali's pre-signed prescriptions were filled within one year, which is an average of about ten fraudulent prescriptions per month. The prescriptions add up to over 10,000 tablets of oxycodone 30 mg, 900 tablets of Adderall, and 240 tablets of oxycontin, averaging about 800 pills per month. Ms. Snyder observed that State's Exhibit 4 includes at least four different notes from pharmacists who contacted Dr. Ali and Dr. Ali instructed them to fill the prescription, even though it was for someone who was not his patient.

Ms. Snyder stated that that much medication being pumped into the community is reckless and Dr. Ali did it knowingly. Dr. Ali testified that he approved a fraudulent prescription for 120 oxycodone 30 mg for his ex-girlfriend, who was a drug addict. Dr. Ali never reported this action, never investigated, and never checked the Ohio Automated Rx Reporting System (OARRS). Ms. Snyder commented that it is difficult to believe Dr. Ali's claims of ignorance because not only had he known for years that his ex-girlfriend was an addict, but he was also a hospitalist who works nights and was well-aware of signs of drug-seeking behavior.

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Ms. Snyder stated that upon reviewing her closing arguments at Dr. Ali's hearing, she was bothered by two things. First, Ms. Snyder commented that it was difficult during the hearing to reconcile the egregious facts of this case with the character witnesses who testified that Dr. Ali was a great physician. Ms. Snyder had stated in the closing arguments that Dr. Ali was a fabulous physician. Ms. Snyder stated that Dr. Ali is not a fabulous physician because a fabulous physician does not allow this to happen. Second, Ms. Snyder had referenced the case of Matthew Colflesh, M.D. Dr. Colflesh had been working in comfort care and had been pre-signing prescriptions to allow his nurses to use them in a hospice setting. Ms. Snyder stated that in contrast to the Dr. Colflesh case, Dr. Ali had enabled a woman for a year and she lost her freedom, her child, and her career.

Ms. Snyder opined that the Board would be justified in accepting the Proposed Order to permanently revoke Dr. Ali's license and levy a fine of \$17,000. Ms. Snyder felt that if the Board chooses to deviate from the Proposed Order, Dr. Ali at least deserved some sort of suspension

Motion to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Dr. Ali:

Motion	Dr. Feibel
2 nd	Dr. Kakarala

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

Dr. Feibel stated that this case disturbed him, noting that Dr. Ali pre-signed prescriptions and did not secure them. As a result of this year-long process, 10,000 tablets of oxycodone, 900 tablets of Adderall, and 240 tables of oxycontin were distributed inappropriately. Dr. Feibel was more disturbed that Dr. Ali had lied to a pharmacist and given authorization for a fraudulent prescription that had been presented by Dr. Ali's girlfriend who had a history of addiction. Dr. Ali also failed to record his authorization of the prescription. Dr. Feibel stated that this brings Dr. Ali's moral fiber into judgment. Dr. Feibel stated that while the first time could have been an innocent mistake, the second is an egregious act and constitutes a willful act to break the law no matter the explanation.

Dr. Feibel stated that the fact that Dr. Ali authorized a fraudulent prescription for a known addict leads him to agree with the Proposed Order of permanent revocation. Dr. Feibel opined that the case of Matthew Colflesh, M.D., which had been referenced by both the Assistant Attorney General and the defense counsel, had a completely different set of facts from Dr. Ali's case and was not relevant to Dr. Ali's case.

Ms. Montgomery stated that Dr. Ali seems to be a doctor who avoids conflict and, when confronted with difficulties, hides himself in work. Ms. Montgomery agreed with Dr. Feibel's comments, but she was unsure if permanent revocation was the appropriate sanction. Ms. Montgomery felt that a suspension of a substantial length, plus other requirements, may be more appropriate.

Mr. Giacalone agreed with Ms. Montgomery, stating that he had struggled with permanent revocation given the facts of Dr. Ali's case. Mr. Giacalone also agreed that this case is not the same as Dr. Colflesh's case and it deserves more than just a reprimand. Mr. Giacalone stated that prescriptions pre-signed by Dr. Ali were unintentionally diverted, but it involved someone he personally knew and was somewhat different from providing the prescriptions to strangers who then sell them on the streets. Mr. Giacalone stated that the quantities involved are significant and warrant a substantial sanction, but he questioned if permanent revocation was appropriate when other cases with a somewhat similar fact pattern have not resulted in permanent revocation. Mr. Giacalone suggested the possibility of a non-permanent revocation or a significant suspension.

Dr. Schottenstein, noting that Dr. Ali acknowledges the alleged behavior, stated that this case comes down to weighing mitigating and aggravating circumstances. Dr. Schottenstein observed the following mitigating circumstances:

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- Dr. Ali has no prior disciplinary history.
- Dr. Ali did not have a dishonest or selfish motive.
- Dr. Ali's behavior is very unlikely to recur.
- Dr. Ali has been cooperative and has made full and free disclosure to the Board.
- Dr. Ali has completed remedial coursework.
- Dr. Ali has expressed remorse.
- The conduct is remote in time.
- Dr. Ali corrected his misconduct after recognizing it.

However, Dr. Schottenstein appreciated the point that Dr. Ali should have reported his misconduct.

Dr. Schottenstein also observed the following aggravating circumstances:

- There were multiple violations of bad behavior.
- There were victims of Dr. Ali's behavior.
- Dr. Ali enabled and arguably worsened the addiction of his ex-girlfriend with his irresponsible choices and turned a blind eye to her issues by throwing himself into work.

Dr. Schottenstein noted that Dr. Ali's ex-girlfriend suffered incarceration and the loss of her nursing license, in addition to consequences suffered by Dr. Ali's family. Dr. Schottenstein stated that there are other victims, unnamed in our society at large, because a substantial quantity of controlled substances was diverted which arguably perpetuated the problem of addiction in society and caused societal harm. Dr. Schottenstein added that Dr. Ali's behavior was arguably reckless because he had known he should not be pre-signing blank prescriptions but did it anyway. Dr. Schottenstein further added that Dr. Ali had known that he should not have authorized the prescription that the pharmacist called about, but he did so anyway.

Based on the preceding, Dr. Schottenstein agreed with Ms. Montgomery and Mr. Giacalone, opining that the degree of mitigation is substantial enough to lead him to disagree with the Proposed Order of permanent revocation. Dr. Schottenstein disagreed with the defense counsel's recommendation of a reprimand because harm was done to known individuals and to society at large, and they deserved a measure of justice. Dr. Schottenstein suggested that an indefinite suspension of not less than six months or longer would be appropriate, along with a repeat of the controlled substance and documentation courses and probation to send upon completion of those courses. Mr. Giacalone suggested that a suspension of at least one year would be more appropriate, noting for perspective that Dr. Ali's ex-girlfriend had her nursing license suspended for two years. Dr. Schottenstein stated that he could agree to a minimum one-year suspension. Dr. Kakarala also agreed with Mr. Giacalone.

Dr. Feibel stated he was not comfortable with a suspension of only one year, citing the egregiousness of the case. Dr. Feibel reiterated that Dr. Ali knowingly authorized a fraudulent prescription and stated that Dr. Ali could have reported it after making sure his child was safe. Dr. Feibel stated that he would have trouble supporting anything short of permanent revocation, but he certainly would not support a suspension of only one year. Dr. Feibel felt that a suspension should be at least two years to match the suspension of his ex-girlfriend's nursing license, though Dr. Feibel was uncertain if he could support even that. Mr. Giacalone stated that he could support a two-year suspension. Mr. Giacalone stated that he does not defend Dr. Ali's actions, but noted that it may not have been so simple to report it considering the strong personal relationship involved between Dr. Ali and his ex-girlfriend who was also the mother of his child.

Dr. Soin entered the meeting at this time.

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Ms. Montgomery commented that the Board cannot order personal counseling in this case. However, Ms. Montgomery highly recommended that Dr. Ali seek personal counseling. Ms. Montgomery also noted that the investigation of this case began in 2015, which affected what witnesses could remember. Ms. Montgomery questioned why it took this case so long to reach the Board. Ms. Montgomery stated that if the delay was due to the Board not having enough hearing officers or enough investigators, then the Board should do something about that situation.

Motion to amend the Proposed Order to a minimum two-year suspension with conditions for reinstatement or restoration to include remedial courses in controlled substance prescribing and medical record-keeping, a five-year probationary period, and reduction of the fine to \$10,000:

Motion	Mr. Giacalone
2 nd	Dr. Kakarala
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Abstain
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Abstain
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	N
Dr. Bechtel	Y

The motion to amend carried.

Motion to approve and confirm the Proposed Findings of Fact, Conclusions, and Order, as amended, in the matter of Dr. Ali:

Motion	Dr. Kakarala
2 nd	Mr. Giacalone
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Abstain
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Abstain
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Ms. Anderson, noting that Dr. Soin has entered the meeting, recommended that she ask Dr. Soin the two questions that the other Board members answered prior to consideration of the Reports and Recommendations. Dr. Schottenstein agreed.

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Ms. Anderson asked if Dr. Soin had received, read and considered the Hearing Record; the Findings of Fact, Conclusions and Proposed Orders; and any objections filed in the matters of: Muhammed Nasher-Alneam, M.D. and Steven Zizzo, M.D. Dr. Soin answered affirmatively.

Ms. Anderson asked if Dr. Soin understands that the Board's disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from Dismissal to Permanent Revocation or Permanent Denial. Dr. Soin answered affirmatively.

Muhammed Nasher-Alneam, M.D.

Dr. Schottenstein directed the Board's attention to the matter of Muhammed Nasher-Alneam, M.D. No objections have been filed. Ms. Shamansky was the Hearing Examiner.

Motion to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Dr. Nasher-Alneam:

Motion	Dr. Johnson
2 nd	Dr. Kakarala

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

In the matter of Dr. Nasher-Alneam, Dr. Schottenstein stated that he appreciates that defense counsel's legal arguments, but he does not find them persuasive. The Board's statute, 4731.22(B)(22), Ohio Revised Code, only requires a formal action by another state medical board to trigger a bootstrap action. Dr. Schottenstein noted that there has clearly been a formal action by the West Virginia Board of Medicine and that formal action clearly resulted in a limitation on Dr. Nasher-Alneam's West Virginia medical license. Consequently, Dr. Schottenstein felt that the Board was well within its rights to take action on Dr. Nasher-Alneam's Ohio license.

Dr. Schottenstein opined that the Proposed Order, which would suspend Dr. Nasher-Alneam's Ohio license indefinitely until there is evidence of unrestricted licensure in West Virginia, is appropriate and reasonable.

Vote on the motion to approve and confirm:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Steven Zizzo, M.D.

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Dr. Schottenstein directed the Board's attention to the matter of Steven Zizzo, M.D. No objections have been filed. Mr. Porter was the Hearing Examiner.

Motion to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Dr. Zizzo:

Motion	Dr. Soin
2 nd	Dr. Johnson

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

Dr. Schottenstein felt that Dr. Zizzo is a very sympathetic figure, so it was with regret that he intended to vote against approving Dr. Zizzo's license. Dr. Schottenstein stated that unlike other situations that have come before the Board, there is no provision for the Board to grant equivalency in this matter and the Board would be violating its own rule to approve licensure. Dr. Schottenstein expressed concern that if the Board makes an exception for Dr. Zizzo, it may open the door to making exemptions such that the rule becomes meaningless, leading to the loss of standardization and consistency. Dr. Schottenstein stated that, with regret, he will vote to approve the Proposed Order to deny Dr. Zizzo's application for licensure.

Mr. Giacalone agreed with Dr. Schottenstein, but suggested that the Board should consider seeking a statutory change to allow the Board to consider granting equivalency in such situations. Dr. Schottenstein agreed that that is something the Board can consider in the future. Dr. Soin also agreed with consideration, but observed that this particular case involves a telemedicine license and patient interactions in telemedicine are generally less robust than face-to-face visits. Mr. Giacalone noted that as of October 16, 2019, Section 4731.296, Ohio Revised Code, will be rescinded and all telemedicine licenses will be converted to regular medical licenses.

Vote on the motion to approve and confirm:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Schottenstein stated that in the following matters, the Board issued 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 they are now before the Board for final disposition. In accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In these matters, Dr. Rothermel served as Secretary and Dr. Saferin served as

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Supervising Member. In addition, Dr. Bechtel served as Secretary and/or Supervising Member in the matters of Dr. Manuel and Dr. Syed.

Kara Gottschalk, L.M.T

Motion to find that the allegations as set forth in the March 13, 2019 Notice of Opportunity for Hearing in the matter of Ms. Gottschalk have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee's Proposed Findings and Proposed Order:

Motion	Dr. Johnson
2 nd	Dr. Kakarala

Dr. Schottenstein stated that he will now entertain discussion in the matter of Ms. Gottschalk.

Dr. Schottenstein stated that he agrees with the Proposed Order to revoke Ms. Gottschalk's massage therapy license. Dr. Schottenstein recommended that if Ms. Gottschalk is inclined to submit a reapplication in the future, she should first complete courses in ethics and in boundaries. Also, since Ms. Gottschalk has not practiced massage therapy since December 2017 and her license expired on January 1, 2019, Dr. Schottenstein felt it would be reasonable for her to retake the Massage and Bodywork Licensing Examination (MBLEx). Dr. Schottenstein further opined that if the Board chooses to restore Ms. Gottschalk's license in the future, it would be appropriate to place her on probation at that point for a couple of years. Mr. Giacalone agreed with Dr. Schottenstein.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Timothy Scott Manuel, M.D.

Motion to find that the allegations as set forth in the June 13, 2018 Notice of Immediate Suspension and Opportunity for Hearing in the matter of Dr. Manuel have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky's Proposed Findings and Proposed Order:

Motion	Dr. Kakarala
2 nd	Dr. Soin

Dr. Schottenstein stated that he will now entertain discussion in the matter of Dr. Manuel.

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Mr. Giacalone agreed with the Proposed Order to permanently revoke Dr. Manuel's Ohio medical license, noting that Dr. Manuel has been convicted of Aggravated Trafficking in Drugs.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain

The motion carried.

Thomas Paul Splan, M.D.

Motion to find that the allegations as set forth in the December 12, 2018 Notice of Opportunity for Hearing in the matter of Dr. Splan have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee's Proposed Findings and Proposed Order:

Motion	Dr. Johnson
2 nd	Dr. Kakarala

Dr. Schottenstein stated that he will now entertain discussion in the matter of Dr. Splan. No Board member offered discussion in this matter.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Mohsin Mazhar Syed, M.D.

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Motion to find that the allegations as set forth in the June 13, 2018 Notice of Automatic Suspension and Opportunity for Hearing in the matter of Dr. Syed have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky's Proposed Findings and Proposed Order:

Motion	Dr. Johnson
2 nd	Dr. Soin

Dr. Schottenstein stated that he will now entertain discussion in the matter of Dr. Syed.

Mr. Giacalone agreed with the Proposed Order to permanently revoke Dr. Syed's Ohio medical license, noting that Dr. Syed has been convicted of Sexual Assault.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

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

Roozbeh Badii, M.D.

Dr. Schottenstein stated that Dr. Badii has applied for a certificate to recommend medical marijuana. The Board has proposed to deny Dr. Badii's application because he has previously been subject to disciplinary action by a licensing entity that was based, in whole or in part, on the applicant's inappropriate prescribing, personally furnishing, dispensing, diverting, administering, supplying or selling a controlled substance or other dangerous drug.

Motion to find that the allegations set forth in the May 10, 2019 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, denying Dr. Badii's application for a certificate to recommend medical marijuana:

Motion	Dr. Saferin
2 nd	Dr. Edgin
Dr. Rothermel	Y
Dr. Saferin	Y

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Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Desiraa Anna-Marie Cramblett, R.C.P.

Dr. Schottenstein stated that Ms. Cramblett has applied for restoration of her certificate to practice as a respiratory care professional. The Board has proposed to approve Ms. Cramblett's application provided that she take and pass the Therapist Multiple Choice (TMC) examination, due to the fact that Ms. Cramblett has not engaged in the active practice of respiratory care for more than two years.

Motion to find that the findings set forth in the June 12, 2019 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving the restoration of Ms. Cramblett's certificate to practice respiratory care, provided that she passes the TMC examination:

Motion	Dr. Bechtel
2 nd	Dr. Edgin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Tonie Lynn Perez, R.C.P.

Dr. Schottenstein stated that Ms. Perez has applied for restoration of her certificate to practice as a respiratory care professional. The Board has proposed to approve Ms. Perez's application provided that she take and pass the Therapist Multiple Choice (TMC) examination, due to the fact that Ms. Perez has not engaged in the active practice of respiratory care for more than two years.

Motion to find that the facts set forth in the July 10, 2019 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon

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mailing, approving the restoration of Ms. Perez's certificate to practice respiratory care provided that she passes the TMC exam:

Motion	Dr. Saferin
2 nd	Dr. Bechtel
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Rebecca A. Thornburg, R.C.P.

Dr. Schottenstein stated that Ms. Thornburg has applied for restoration of her certificate to practice as a respiratory care professional. The Board has proposed to approve Ms. Thornburg's application provided that she take and pass the Therapist Multiple Choice (TMC) examination, due to the fact that Ms. Thornburg has not engaged in the active practice of respiratory care for more than two years.

Motion to find that the facts set forth in the June 12, 2019 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving the restoration of Ms. Thornburg's certificate to practice respiratory care provided that she passes the TMC exam:

Motion	Dr. Bechtel
2 nd	Dr. Saferin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

EXECUTIVE SESSION I

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Motion 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:

Motion	Dr. Saferin
2 nd	Dr. Edgin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Mr. Gonidakis	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

The Board went into Executive Session at 10:37 a.m. and returned to public session at 10:52 a.m.

SETTLEMENT AGREEMENTS

Oliver H. Jenkins, M.D.

Motion to ratify the proposed Permanent Surrender with Oliver H. Jenkins, M.D.:

Motion	Dr. Kakarala
2 nd	Dr. Soin
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain

The motion carried.

Jeremy G. Fisher, M.D.

Motion to ratify the proposed Consent Agreement with Jeremy G. Fisher, M.D.:

Motion	Dr. Kakarala
2 nd	Dr. Edgin
Dr. Rothermel	Abstain

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Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Soaman Dizechi, D.O.

Motion to ratify the proposed Consent Agreement with Soaman Dizechi, D.O.:

Motion	Dr. Kakarala
2 nd	Dr. Soin
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Matthew Christian Grothaus, M.D.

Motion to ratify the proposed Consent Agreement with Matthew Christian Grothaus, M.D.:

Motion	Mr. Giacalone
2 nd	Dr. Kakarala
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	N
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y

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Dr. Feibel	N
Dr. Bechtel	N

The motion carried.

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

Ms. Marshall presented the following Citations to the Board for consideration:

1. Angela Dawn Bovia, R.C.P.: Based on allegations of failure to comply with the terms of her December 12, 2018 Step I Consent Agreement.
2. Peter Zavell, M.D.: Based on allegations that the physician pleaded guilty to, and was found guilty of, Willfully Making and Subscribing a False Tax Return; and being subject to formal action by the Texas Medical Board.
3. Roozbeh Badii, M.D.: Based on allegations of being excluded from Medicare, Medicaid, and all Federal health care programs; and failure to cooperate with a Board investigation.
4. Laurence Kobina Ensuah, M.D.: Based on allegations of failure to conform to minimal standards of care; and being subject to formal action by the State of Maine Board of Licensure in Medicine.
5. Deepak Raheja, M.D.: Based on allegations of failure to conform to minimal standards of care; and failure to maintain minimal standards applicable to the selection or administration of drugs.
6. Freeda J. Flynn, M.D.: Based on allegations that the physician executed a Surrender For Cause of Drug Enforcement Administration (DEA) Certificate of Registration of Controlled Substances Privileges.

Motion to approve and issue proposed Citations #1, #2, and #3:

Motion	Dr. Bechtel
2 nd	Dr. Kakarala
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Motion to approve and issue proposed Citations #4, #5, and #6:

Motion	Dr. Edgin
2 nd	Dr. Kakarala
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y

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Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain

The motion carried.

EXECUTIVE SESSION II

Motion 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:

Motion	Dr. Saferin
2 nd	Dr. Johnson
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

The Board went into Executive Session at 10:58 a.m. and returned to public session at 11:45 a.m.

The Board meeting recessed at 11:45 a.m. and resumed at 12:45 p.m.

REPORTS AND RECOMMENDATIONS

Asad Syed Ali, M.D.

Dr. Schottenstein stated that since voting on the Order in the matter of Asad Syed Ali, M.D., the Board has learned that the conduct that gave rise to the Order occurred prior to September 2015 when the Board gained fining authority. Accordingly, the matter needs to be reconsidered so that the \$10,000 fine can be removed from the Order.

Motion for reconsideration in the matter of Asad Syed Ali, M.D.:

Motion	Ms. Montgomery
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2 nd	Mr. Gonidakis
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion to reconsider carried.

Motion to issue an Order for a minimum two-year suspension with conditions for reinstatement or restoration to include remedial courses in controlled substance prescribing and medical record-keeping, a five-year probationary period, and no fine:

Motion	Dr. Edgin
2 nd	Mr. Giacalone
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Abstain
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Ms. Montgomery asked what practical consequences a five-year probationary period could have on a physician. Dr. Schottenstein responded that a physician under probation may not be able to sit for a specialty board examination and may lose specialty board certification. Probation may also affect a physician's ability to be a provider under Medicare or Medicaid. In addition, it may be generally more difficult for a physician to find employment or obtain hospital privileges while on probation. Ms. Montgomery stated that she would lean toward a probation that can be ended when the Board feels it is appropriate, rather than a minimum of five years. Ms. Anderson stated that any change in the Order just issued by the Board would require another reconsideration.

Motion to reconsider in the matter of Asad Syed Ali, M.D.:

Motion	Ms. Montgomery
2 nd	Dr. Kakarala

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Mr. Giacalone opined that Dr. Ali will complete the two required courses within two years, which could result in a probationary period of less than two years under Ms. Montgomery’s suggestion. Mr. Giacalone commented that the Order was not issued based on the convenience of Dr. Ali, and the Board gave Dr. Ali a break by not accepting the Proposed Order of permanent revocation. Mr. Giacalone favored keeping the Order as it is.

Dr. Feibel stated that being on probation does not completely prevent a physician from practicing. Dr. Feibel commented that he once had a partner on probation and he was able to get back on insurance plans and similar things, though process was more difficult and involved more scrutiny. Dr. Feibel understood why Dr. Ali’s Order had to be reconsidered initially due to the fine issue, but he felt it was very unusual to further reconsider an Order without the respondent present. Dr. Feibel favored keeping the Order that has been issued.

Vote on motion to reconsider:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	N
Dr. Soin	Abstain
Dr. Edgin	Y
Dr. Schottenstein	N
Dr. Johnson	N
Dr. Kakarala	N
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	N
Dr. Bechtel	Y

The motion to reconsider did not carry.

RULES & POLICIES

Rules for Adoption

Motion to adopt, amend, and rescind the rules as described in the August 27, 2019 memorandum from Ms. Anderson and to assign each rule action the effective date of September 30, 2019 for all rules, except the cosmetic therapy examination rules (Rule 4731-1-01, Rule 4731-1-11, Rule 4731-1-13, Rule 4731-1-18 and Rule 4731-1-19) which will have an effective date of March 30, 2020:

Motion	Dr. Saferin
2 nd	Dr. Edgin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

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The motion carried.

OPERATIONS REPORT

Human Resources: Dr. Schottenstein stated that the Board still has a number of vacancies, but the Office of Management and Budget (OMB) has recently given clearance to begin filling some positions. The Board will post an additional enforcement attorney position soon, which will bring the total number of enforcement attorneys to ten. A candidate has been identified to fill the vacant Senior Legal Counsel position, pending a background check and reclassification of the position to unclassified exempt status. A final candidate for the Montgomery County investigator position has been selected the onboarding process should begin soon. Candidates will also be interviewed for the central area investigator position.

Agency Operations: Dr. Schottenstein stated that the Board saw a minor uptick in the number of open complaints, primarily driven by an increase in cases in Standards Review and Intervention. As the Board has shifted investigative techniques around allegations of sexual misconduct, a large number of cases are being sent for nurse review and for assessment for possible remedial education. The Board staff will continue to monitor the volume of work in this area and will assess whether additional staff is needed in Standards Review. Otherwise, the flow of complaints seems to be running smoothly. Dr. Schottenstein noted that Chief of Investigations James Roach has done a very nice job reducing non-law enforcement aged cases in Investigations. Compliance continues to refine and normalize its reporting numbers and there has been a minor drop in the number of probationers compared to this time last year.

Dr. Schottenstein stated that the total number of licenses issued last month increased 47% compared to last year. Year-to-Date, the total number of new licenses issued is up 7%. The staff has investigated the reasoning behind the 12% increase in average time to issue licenses, from 28 days last year to 31 days this year. Dr. Schottenstein stated that as new continuous licensing is implemented in October, license issuance times are expected to drop significantly, but the Board wishes to make should the processes are sound ahead of that transition.

Governor's Workgroup on Dr. Richard Strauss Investigation: Dr. Schottenstein stated that the Governor's Workgroup on the Dr. Richard Strauss investigation has reviewed the Board's 1996 handling of a complaint against Dr. Richard Strauss. The Board is grateful for the input and insight of Governor Dewine's workgroup and values the group's recommendations. Using those recommendations, a rough draft of a project plan has been created for the Board members' review.

Dr. Schottenstein reviewed Section 1 of the report, dealing with licensees' duty to report. Dr. Schottenstein felt that the Board should identify any licensees who did not report what they saw or knew in the Dr. Strauss matter or in any sexual assault cases. Dr. Schottenstein stated that the staff is currently working on identifying current licensees who failed to report and the Board needs to investigate whether there have been any cases in which the Board has pursued action against offending physicians but did not investigate those who failed to report. Dr. Schottenstein stated that if investigators, in the course of an investigation, uncover information that licensees failed to report, that information should be submitted to a supervisor.

Regarding the anonymous hotline, Dr. Schottenstein felt that the Board should publicize it in the e-newsletter and feature it on the Board website. Dr. Schottenstein also felt that the Licensure Committee should consider a continuing medical education (CME) requirement with a focus on the duty to report. Dr. Schottenstein had reviewed North Carolina House Bill 228, which was referenced by the workgroup and requires licensees in that state to report suspected sexual misconduct within 30 days. Dr. Schottenstein opined that it is a good law for the Board to review and it could inform any actions the Board takes in this regard.

Dr. Schottenstein stated that he would like to see a checkbox on initial and renewal license applications signifying the licensee's acknowledgement of the duty to report. Dr. Schottenstein would also like to see a

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second checkbox requiring disclosure of conduct prohibited by Medical Board rules regarding sexual misconduct and impropriety. Dr. Schottenstein stated that these items can be further discussed by the Licensure Committee.

Dr. Schottenstein stated that the Board is grateful for the communication it's received from the Ohio State University (OSU), and any additional communication from the university directly identifying the licensees in its report would be appreciated. Dr. Schottenstein elaborated that some parts of the OSU report refers to a licensee, but not by name. In response to a question from Mr. Gonidakis, Dr. Schottenstein stated that the Board had asked OSU to identify the licensees at least a month ago. Ms. Montgomery emphasized that physicians confronted with an abuse situation that is not sexual in nature are also required to report. Dr. Schottenstein agreed.

Mr. Gonidakis asked if there is a standard of review that the Board staff is using to determine if there was sexual impropriety, so that everyone is using the same standard of consistency. Dr. Schottenstein stated that the Board can develop such criteria. Ms. Montgomery stated that a victim advocate who is trained to deal with victim issues should be involved in the final decision of whether to report.

Ms. Montgomery asked if the staff will prepare a proposal for the Board's review regarding CME requirements and legislative changes. Dr. Schottenstein answered affirmatively. Dr. Schottenstein, Mr. Gonidakis, Mr. Giacalone, and Ms. Montgomery volunteered for an *ad hoc* committee to review proposals. Dr. Schottenstein asked other Board members to let him know if they are interested in joining the committee.

Dr. Bechtel stated that the Board is making it a priority to reeducate physicians in Ohio about the duty to report, which is under the radar for many physicians. Dr. Bechtel stated that the duty to report is an individual responsibility and not something to be left to the administration of a facility or institution. Dr. Bechtel also noted that there are protections under the law for those making a report. Dr. Schottenstein agreed, so long as the report is made in good faith. Dr. Schottenstein stated that the duty to report sexual abuse should be elevated to the level of reporting child abuse or elder abuse, which all physicians know they have a duty to report.

Ms. Montgomery stated that it is a priority for the Board to review old cases to find any other failures. Dr. Schottenstein agreed and stated that the staff is looking at about 2,000 cases going back to 1979. Dr. Schottenstein stated that this exhaustive review should take about six months. Ms. Montgomery suggested that this be added to the draft document as Section 1H. Dr. Schottenstein agreed.

Dr. Schottenstein moved on to Section 2 concerning law enforcement. Dr. Schottenstein thought that members of law enforcement could be invited to meet with Board members and staff, including Board investigators. Dr. Schottenstein felt that unless there is a reason not to, the Board should contact law enforcement in all such cases. Mr. Giacalone agreed, but noted that oftentimes when law enforcement is involved in a case, they ask the Board to hold on its investigation and impedes the Board's efforts to remove the physician from practice. Consequently, a physician may continue to harm patients while they are still practicing. Mr. Giacalone stated that this is something the Board can discuss with members of law enforcement. The Board agreed.

Dr. Schottenstein moved on to Section 3 concerning quality assurance. Dr. Schottenstein was in favor of regular auditing, stating that it is healthy for the Board and adds value. Dr. Schottenstein also favored regular review of decisions to close cases and to have victim advocates involved in the process. Dr. Schottenstein stated that Board members should be involved regularly with de-identified information. Dr. Feibel agreed and stated that the Board should review a de-identified summary of each case. Dr. Schottenstein stated that de-identified information could also be put on the Board's website. Dr. Schottenstein stated that other Board members reviewing a case with the Secretary and Supervising Member would have to recuse from the Board's final consideration of the case. This could also apply to closed cases since closed cases could be reopened. Dr. Schottenstein suggested that these cases could have a rotating third Board member involved.

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Dr. Schottenstein moved on to the next section, concerning confidentiality and transparency. Dr. Schottenstein agreed with all the recommendations in this section, saying that they would add to the Board's culture of openness while still allowing the Board to do its job. Dr. Schottenstein stated that the promise of confidentiality for complainants is critical to what the Board does, but it cannot be so exhaustive for the agency to avoid embarrassment. Dr. Schottenstein also stated that every closed case should have a rationale for closing; such a rationale was absent in the Strauss case.

Ms. Montgomery expressed some concern about the proposal for a time limit on confidentiality in some cases. Ms. Montgomery stated that loss of confidentiality could result in an air of suspicion around physicians who had been accused with no justification and who have been exonerated from any allegations. Dr. Schottenstein stated that the Board should be mindful of patient protection and also of any damage to reputations.

Dr. Schottenstein moved on to the next section on Board staff structure and processes. Dr. Schottenstein stated that he favors a review of the mechanics of the Board and comparison to other state boards to foster a collaborative work environment. Dr. Schottenstein would like to know if law enforcement is involved on others boards.

Dr. Schottenstein favored continuing the Board's current plan for including victim advocates on sexual impropriety cases. Dr. Schottenstein appreciated the recommendations for changes to the investigator manual. Dr. Schottenstein also favored amending 2921.22, Ohio Revised Code, regarding the reasonable person standard, but he would like to have a conversation about due process. Regarding the proposal to pull a medical license based solely on an indictment, Ms. Montgomery noted that the Board already has a summary suspension process.

Ms. Montgomery stated that there can be a discussion about the proposal to add more consumer members to the Board. Dr. Schottenstein commented that he appreciates consumer members, but felt that the Board had an appropriate number of members now and that fundamental restructuring of the Board was not needed. Dr. Schottenstein stated that the Board should be able to fine licensees who do not complete the non-disciplinary review and education. Dr. Schottenstein added that the Board should have access to peer review information regarding sexual misconduct matters, stating that peer review should not be a shield in these matters. Dr. Feibel agreed that there should be statutory changes with regard to peer review, stating the peer review is good for open conversations between physicians but it has unintended consequences.

Dr. Schottenstein stated that the Board's report to the workgroup is due by October 1. The Board will keep the workgroup and the Governor's office regularly updated. Staff can circulate a plan with a couple of weeks for provide public updates on the Board's website. Dr. Feibel stated that sexual misconduct cases must be moved expeditiously while retaining due process.

Responding to a question from Ms. Montgomery, Dr. Rothermel stated that currently sexual misconduct cases are given first priority in enforcement and investigation, but time is required for appropriate investigation. Dr. Saferin agreed, stating that egregious cases are moved very quickly. Dr. Rothermel noted that Board investigations cannot occur until something is reported to the Board. In the case of Dr. Strauss, nothing was reported to the Board until almost 20 years after the misconduct had started.

REPORTS BY ASSIGNED COMMITTEES

Medical Marijuana Expert Review Committee

Approval of August 14, 2019 committee minutes

Motion to approve the August 14, 2019 minutes of the Medical Marijuana Expert Review Committee as drafted:

Motion	Dr. Saferin
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2 nd	Dr. Feibel
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Abstain
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Petition Approval or Rejection for Qualifying Conditions

Dr. Schottenstein stated that the Committee has recommended rejecting the petitions to allow the use of medical marijuana to treat anxiety disorder and autism. The Board can now choose to reject or to accept the petitions.

Mr. Giacalone stated that the Committee gave these petitions significant consideration and consulted with experts, and the final decision was not an easy one. The Committee understands that there are individuals who believe medical marijuana will benefit them. In weighing the pros and cons as well as the information which was, at best, anecdotal, it seems that the risks of using medical marijuana for these conditions outweighed the benefits.

Dr. Bechtel stated that one of the big challenges the Board will have moving forward with recommendations on marijuana therapy is the fact that very few of the conditions that have already been approved by the legislature is supported by robust or significant double-blind clinical studies or trials. Dr. Bechtel stated that in these matters, the Board will continue to consider efficacy and patient safety and will rely heavily on expert witnesses. Dr. Feibel agreed that the Board must move cautiously, particularly where children are involved. Dr. Schottenstein agreed, noting that the Board does not have the ability to approve the use of medical marijuana for adults only and not children. Dr. Schottenstein stated that the Board makes these considerations because marijuana is not healthy for the developing brain, something even proponents of marijuana do not disagree with.

Dr. Schottenstein understood that there are families and patients who are truly suffering from effects of anxiety and autism, and many patients have minimal improvement and side effects from conventional treatments. Dr. Schottenstein stated that he would never lightly reject a petition because many have held out hope that medical marijuana is the solution for them. Dr. Schottenstein also wanted to be careful that in his concern for those who are suffering, he does not approve medical marijuana for conditions for which there is little evidence of benefit and substantial risk of side effects. Dr. Schottenstein stated that he would favor approving a petition if the benefits outweigh the risks and is as good or better than conventional treatments.

Dr. Schottenstein stated that the Committee spoke with experts, some of whom felt that marijuana for anxiety or autism has no scientific basis and could be potentially dangerous. These experts opined that marijuana does not improve anxiety in the long run and it is potentially dangerous in the brains of adolescent children. The experts further noted that there are already effective medications and treatment for this condition. There was also concern that marijuana could make cognitive function worse in patients with autism. While the

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experts noted that there may be some potential benefit, there has not been adequate studies to determine safety.

Dr. Schottenstein stated that the Committee also heard from other experts who believe the evidence is adequate to justify approval of medical marijuana for these conditions. Dr. Schottenstein respected these opinions, but felt that approval was premature at this time. Dr. Schottenstein felt that there should be a consensus among respected medical authorities prior to approval. Dr. Schottenstein added that some of the feedback received by the Board expressed alarm at the prospect of approving the petitions. Dr. Schottenstein stated that under the law as written, once a condition is approved for treatment with medical marijuana it cannot be reversed if it is later found to be counter-productive.

Dr. Schottenstein stated that the petition process renews every year and the Board accepts new information on conditions.

Anxiety Disorder

Motion to approve the petition to add Anxiety Disorder as a qualifying condition to Ohio's Medical Marijuana Control Program:

Motion	Dr. Kakarala
2 nd	Dr. Saferin
Dr. Rothermel	N
Dr. Saferin	N
Mr. Giacalone	N
Dr. Soin	N
Dr. Edgin	N
Dr. Schottenstein	N
Dr. Johnson	N
Dr. Kakarala	N
Mr. Gonidakis	Abstain
Ms. Montgomery	N
Dr. Feibel	N
Dr. Bechtel	N

The motion did not carry.

Autism Spectrum Disorder

Motion to approve the petition to add Autism Spectrum Disorder as a qualifying condition to Ohio's Medical Marijuana Control Program:

Motion	Dr. Kakarala
2 nd	Dr. Saferin
Dr. Rothermel	N
Dr. Saferin	N
Mr. Giacalone	N
Dr. Soin	N
Dr. Edgin	N
Dr. Schottenstein	N
Dr. Johnson	N
Dr. Kakarala	N
Mr. Gonidakis	Abstain

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Ms. Montgomery	N
Dr. Feibel	N
Dr. Bechtel	N

The motion did not carry.

Dr. Schottenstein stated that there is always a chance that the Board will review these conditions at a later date if additional studies or evidence are brought forth in the petition process. The next window for petitions will be November 1, 2019, to December 31, 2019.

Approval of 2020 Condition Petition Window

Motion to approve November 1, 2020 through December 31, 2020 as the window to accept petitions requesting additional qualifying conditions or disease be added to Ohio's Medical Marijuana Control Program:

Motion	Dr. Johnson
2 nd	Dr. Saferin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Abstain
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Compliance Committee Report

Dr. Schottenstein stated that when the Compliance Committee last met on August 14, 2019, there were no initial probationary appearances. The Compliance Committee approved the Reports of Conferences for July 8 and 9, 2019, and followed that with a vote approving the minutes of the Committee's July 10, 2019 meeting.

The Compliance Committee also met this morning and the meeting was very similar to the August meeting. The Committee approved the Reports of Conferences for August 12 and 13, 2019, and then approved the minutes from the August 14, 2019 meeting.

Dietetics Advisory Council Report

Ms. Montgomery asked if the Ohio Academy of Nutrition and Dietetics consulted in the selection of the new consumer member of the Dietetics Advisory Council. Mr. Smith stated that in accordance with statute, the Board contacted the Ohio Academy of Nutrition and Dietetics and asked them for nominations, but they declined to make any nominations.

Motion to appoint David Reiersen to the consumer seat of the Dietetics Advisory Council to fill the remainder of the term ending April 11, 2020:

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Motion	Dr. Bechtel
2 nd	Dr. Edgin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Finance Committee Report

Fiscal Report

Dr. Schottenstein stated that revenue for July 2019 was \$900,355, a 107% increase over July 2017. Dr. Schottenstein noted that in 2017 the Board was implementing the e-License system and had encouraged licensees to renew early in the months of May and June 2017. Consequently, the July 2017 number is artificially low. The Board had a net fiscal revenue for July 2019 of \$277,264. The Board's current cash balance is \$4,863,586.

Expenses for July 2019 were \$623,091. The Board's allotted expenditures are down 31.7% for July 2019, as compared to one year ago. Dr. Schottenstein stated that since the Board is just starting the fiscal year, the year-to-date numbers for revenue and expenditure will start trending toward more historical values as additional months of data are factored into the calculations.

Dr. Schottenstein stated that allotted spending for 2020 is \$10,862,471, which is down from over \$11,000,000 for Fiscal Year 2019. The allotment for 2020 was reduced because the Board did not approach its allotment for 2019.

The Board received \$8,500 in disciplinary fine payments and \$5,255 from collections during the last month.

Communications update

Dr. Schottenstein stated that all required filming has been completed for the Cultural Competency Education Video. The first draft is due to project manager Jerica Stewart on September 5 and the final draft is due on October 3.

Ohio Translation Services has provided preliminary draft videos for the Human Trafficking videos for the Board staff to review. After receiving edits, the vendor will update the videos and return a final draft by October 3.

Spanish versions of the "public records request instructions" and "how to file a complaint" documents are now available on the Board's website.

The patient and licensee sexual boundaries videos and handouts were disseminated for Board member review. Dr. Schottenstein noted that good feedback has been received thus far.

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A Partners in Professionalism presentation was made to second years students at the Ohio State University on September 3, introducing the class to Medical Board functions.

Dr. Schottenstein stated that the Committee had a conversation about the sexual boundaries videos, strengthening the parts about the duty to report, and possibly making it obligatory viewing for those who are renewing their licenses.

Costs Associated with Governor's Strauss Workgroup Recommendations

Dr. Schottenstein stated that as the Board implements the recommendations from the Governor's Workgroup on the Dr. Richard Strauss investigation, the Board may encounter additional expenditures related to additional contracted services, legal assistance, and operational help. To date, the Board has encumbered \$20,000 in outside counsel fees from Isaac Wiles. Dr. Schottenstein stated that the counsel provided by Mark Troutman and Shawn Judge has been valuable, and the Board may seek additional funding as it continues to work with the Workgroup.

Motion to approve up to \$20,000 in funding for continuing outside counsel representation by Isaac Wiles on matters related to the Strauss Workgroup:

Motion	Dr. Edgin
2 nd	Dr. Saferin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Policy Committee Report

Mr. Giacalone stated that Ms. Anderson updated the Committee on the rule review process. The controlled substance prescribing rules were addressed and the Committee decided to make no changes to them. Obesity drugs will be discussed by the Committee next month.

Motion to file the Rules 11-02, 11-03, and 11-07 as no change rules with the Common Sense Initiative (CSI), and to file OARRS rule 4731-11-11 with one amendment suggested by the Board of Pharmacy with CSI:

Motion	Dr. Bechtel
2 nd	Dr. Saferin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y

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Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Licensure Committee Report

Licensure Application Reviews

David Barbour-White

Dr. Saferin stated that Mr. Barbour-White has applied for restoration of his Ohio massage therapy license. He has not practiced massage therapy in the last two years.

Motion to approve Mr. Barbour-White's application for restoration of his Ohio license contingent on his passing of the MBLEx within six months from the date of mailing of the Notice of Opportunity for a Hearing:

Motion	Dr. Rothermel
2 nd	Dr. Johnson
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Brandy Brooks

Dr. Saferin stated that Ms. Brooks has applied for restoration of her Ohio massage therapy license. Ms. Brooks has not practiced massage therapy within the past two years. Ms. Brooks passed the Massage and Bodywork Licensing Examination (MBLEx) on August 22, 2017.

Motion to approve Ms. Brooks' application for restoration of her Ohio license:

Motion	Dr. Johnson
2 nd	Dr. Edgin
Dr. Rothermel	Y
Dr. Saferin	Y

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Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Andrew Crapser, MD

Dr. Saferin stated that Dr. Crapser has applied for a medical license. Dr. Crapser took longer than ten years to complete his United States Medical Licensing Examination (USMLE) sequence.

Motion to approve the good cause exception to the 10-year rule as outlined in OAC 4731-6-05 (C)(2), and accept the examination sequence to be granted a license:

Motion	Dr. Johnson
2 nd	Dr. Rothermel
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Lisa Herman

Dr. Saferin stated that Ms. Herman has applied for restoration of her Ohio Respiratory Care Professional license. Ms. Herman has not practice respiratory care in the last two years.

Motion to approve Ms. Herman's application for restoration of her Ohio license contingent on successful completion of the Therapist Multiple-Choice Examination (TMC) within six months from the date of mailing of the Notice of Opportunity for a Hearing:

Motion	Dr. Johnson
2 nd	Dr. Soin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y

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Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

David Miller

Dr. Saferin stated that Mr. Miller has applied for restoration of his Ohio massage therapy license. Mr. Miller has not practiced massage therapy in the last two years. Mr. Miller passed the Massage and Bodywork Licensing Examination (MBLEx) on May 9, 2019.

Motion to approve Mr. Miller’s application for restoration of his Ohio license:

Motion	Dr. Edgin
2 nd	Dr. Soin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Michael Riley

Dr. Saferin stated that Mr. Riley has applied for restoration of his Ohio massage therapy license. Mr. Riley has not practiced massage therapy within last two years.

Motion to approve Mr. Riley’s application for restoration of his Ohio license contingent on his passing of the Massage and Bodywork Licensing Examination (MBLEx) within six months from the date of mailing of the Notice of Opportunity for a Hearing:

Motion	Dr. Johnson
2 nd	Dr. Rothermel
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y

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Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

Respiratory Care Course Approval

Motion to approve the presentation for one contact hour of Respiratory Care Continuing Education on Ohio respiratory care law or professional ethics, pursuant to the provisions of chapter 4761-9 of the Ohio Administrative Code:

Motion	Dr. Johnson
2 nd	Dr. Edgin
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Abstain
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

American Medical Association and American Osteopathic Association Profiles

Dr. Saferin stated that in an effort to continue streamlining the application process, licensure staff has proposed to eliminate the current requirement for allopathic and osteopathic medical applicants to submit a copy of an American Medical Association (AMA) or American Osteopathic Association (AOA) physician profile. Licensure staff believes that the information presented on these profiles is redundant to that available via other means, rendering this requirement unnecessary.

Motion to eliminate the existing requirement for allopathic and osteopathic medical applicants to submit a copy of an AMA or AOA physician profile:

Motion	Dr. Johnson
2 nd	Dr. Rothermel
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y

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Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

PROBATIONARY REQUESTS

Motion to approve the Secretary and Supervising Member's recommendations for the following probationary requests:

- a) Stewart I. Adam, III, M.D.: Approval of Daniel S. Taylor, 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.
- b) Stephanie N. Adams, M.T.: Approval of request for release from the terms of the March 9, 2016 Consent Agreement.
- c) Allen M. Amorn, M.D.: Approval of Paul E. Keck, Jr., M.D., to serve as the treating psychiatrist; and approval of Teri Role-Warren, Ph.D., to serve as the treating psychologist.
- d) Danica Gineman, M.T.: Approval of request for release from the terms of the March 8, 2017 Consent Agreement.
- e) Muyuan Ma, M.D.: Approval of Thomas J. Misny, M.D. to serve as the monitoring physician; determination of the frequency and number of charts to be reviewed at ten charts per week; and approval of practice plan allowing the doctor to work at Cleveland Therapy Center, Inc.
- f) Richard Ray Mason, D.O.: Approval of request to discontinue the drug log requirement.
- g) Paul J. Schwartz, M.D.: Approval of *Personal and Professional Ethics in Medicine*, tailored for the doctor by Donna F. Homenko, PhD., to fulfill the Personal/Professional Ethics Course requirement.
- h) Randy M. Smith, D.O.: Approval of *Intensive Course in Medical Ethics, Boundaries and Professionalism*, administered by Case Western Reserve University.
- i) Melissa L. Verchio, M.D.: Approval of James M. Alford, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per month.
- j) Scott R. Welden, M.D.: Approval of Bethany Campbell, M.D., to conduct the psychiatric assessment and subsequent treatment, if any.
- k) Aubrey D. Winkler, P.A.: Approval of request to discontinue the chart review requirement.
- l) Jerome B. Yokiel, M.D.: Approval of request to reduce personal appearances to every six months; and approval of request to reduce drug and alcohol rehabilitation meetings to two meetings per week with a minimum of ten meetings per month.

Motion	Dr. Kakarala
2 nd	Dr. Soin
Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y

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Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain

The motion carried.

PODIATRIC SCOPE OF PRACTICE

Dr. Schottenstein stated that at the June Board meeting, the Licensure Committee and full Board considered five questions regarding podiatric scope of practice that were submitted by Daniel Logan, DPM. The Board sent a letter to Dr. Logan indicating that it was within the podiatrist's scope of practice to perform four of the five procedures.

After that decision, the Board received letters from five associations. Four of the associations (the Ohio State Medical Association (OSMA), the American Orthopaedic Foot & Ankle Society, American Academy of Orthopaedic Surgeons, and Ohio Orthopaedic Society) expressed concerns with the Board's decision related to two of the procedures: Supramalleolar osteotomy of the tibia or fibula to correct a deformity; and harvesting bone marrow aspirate from the proximal tibia. The Ohio Foot and Ankle Medical Association expressed support for the Board's decision.

Dr. Schottenstein stated that there are several options open to the Board:

- Decide whether or not to reconsider.
- If the Board decides to reconsider, decide whether to reverse the decision of June 12, 2019.
- If the Board decides not to reverse the June 12, 2019 decision, decide whether to promulgate a rule after obtaining Common Sense Initiative (CSI) anti-trust review.
- If the Board decides to reverse the June 12, 2019 decision, decide whether to promulgate a rule or issue a position letter after obtaining CSI anti-trust review.

Motion to reconsider the Board's June 12, 2019 decision regarding podiatric scope of practice related to supramalleolar osteotomy of the tibia or fibula to correct a deformity and harvesting bone marrow aspirate from the proximal tibia:

Motion	Dr. Feibel
2 nd	Dr. Kakarala

Dr. Feibel provided handouts to the Board members for their reference. Dr. Feibel felt that in June 2019 the Board did not have all the information necessary to adequately make this decision. Dr. Feibel believed that the new information provided by the four associations who wrote in opposition to the decision, combined with new information that Dr. Feibel will provide today, will make it clear that the decision should be revisited and reversed. Dr. Feibel stated that this is clear and not open to interpretation otherwise. Dr. Feibel stated that as an orthopedic foot and ankle specialist, he has particular expertise on this issue. Dr. Feibel had been unable to attend the Board's June 2019 meeting and was therefore unable to give his opinion at the time.

Dr. Feibel continued that statute always trumps rule and rules must conform to statute. Dr. Feibel quoted from the statute at issue in this matter, Section 4731.51:

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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 other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments.

Dr. Feibel stated that in 1997, the Board defined the term “foot” by promulgating Rule 4731-20-01. Dr. Feibel quoted from Rule 4731-20-01:

“Foot,” as used in section 4731.51 of the Revised Code, means the terminal appendage of the lower extremity and includes the ankle joint which consists of the tibial plafond, its posterolateral border (posterior malleolus), the medial malleolus, distal fibula (lateral malleolus) and the talus.

Dr. Feibel observed that the Board had been very careful in this rule to exactly and precisely define what podiatrists are able to operate on; the Rule mentions anatomic structures exactly and did not leave it open to interpretation.

The letter that the Board sent to Dr. Logan states that Rule 4731-2-02 authorized podiatrists to operate on the ankle joint in compliance with the rule. Dr. Feibel stated that the letter to Dr. Logan correctly states, “The tibial plafond forms the articular surface of the distal tibia. The distal tibia and fibula act as the socket for the talus.” However, Dr. Feibel pointed out that the next sentence states, “Accordingly, a supramalleolar osteotomy of the tibia or fibula constitutes ankle surgery ...” Dr. Feibel did not agree with this statement.

Dr. Feibel stated that his handouts to the Board members include an image of a typical supramalleolar osteotomy with the medial malleolus, lateral malleolus, and tibial plafond or ankle joint labeled. Dr. Feibel noted that the posterior malleolus is directly behind the tibial plafond, but it is not visible on that image. Dr. Feibel stated that this image leaves the average person, and certainly a medical professional, to conclude that a supramalleolar osteotomy is above the three malleoli. Dr. Feibel noted that Merriam Webster’s Dictionary defines the prefix “supra-” as “above,” and therefore it is clear that “supramalleolar” describes a procedure that is above the malleoli. Dr. Feibel stated that this indicates that a supramalleolar osteotomy is outside the scope of the rule and outside the scope of practice for podiatric physicians. Dr. Feibel add that this is unambiguous and not open to other interpretations.

Dr. Feibel stated that Rule 4731-2-02 authorizes podiatrists to perform surgery on the ankle joint, which involves the tibial plafond and is well below the supramalleolar area. Dr. Feibel commented that if a surgeon or podiatrist was asked on a test where the supramalleolar area of the tibia was, the answer would not be at the level of the ankle joint, but above the ankle joint and above the malleoli mentioned in the rule.

Dr. Feibel observed that item #2 in the letter to Dr. Logan correctly stated that the proximal tibia, which is near the knee joint, is not within the definition of “foot.” However, item #3 of the same letter states that podiatrists are allowed to aspirate bone marrow from the proximal tibia. Dr. Feibel opined that the letter to Dr. Logan contradicts itself in this matter.

Dr. Feibel referenced the article authored by McGlamry that was also included as a reference in the Logan letter from the Board. Dr. Feibel stated that aspiration of bone marrow at the proximal tibia is not a minor procedure. Rather, it is a surgical procedure that involves the use of a mallet to hammer a large bore device through the bone and redirection of the bore device 30 degrees towards the knee, with special caution to avoid inadvertent violation of the knee joint. Dr. Feibel stated that the proximal tibia is clearly outside the definition of “foot.” Dr. Feibel commented that the same logic that would allow this procedure would also allow podiatrists to aspirate marrow from the pelvis, the humerus, or anywhere else on the body.

Dr. Feibel noted that according to the June 2019 Board minutes, the Licensure Committee had recommended that the procedures mentioned in the letter to Dr. Logan go through the rule-making process, which would have

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allowed the State to rule that it was outside the podiatrist scope of practice as defined in statute. Unfortunately, there was no obvious debate by the full Board about whether the procedure was allowable by statute and the only debate centered on the long and arduous nature of the rule-making process. Dr. Feibel opined that if the debate had centered on whether the procedure was allowable, the vote would have been different.

Dr. Feibel commented that in the letter to the Board from the Ohio Foot and Ankle Medical Association and other letters of support from the podiatric community, there seems to be a notion that if a certain procedure is taught in a podiatric residency then that determines whether the procedure is within the scope of practice. Dr. Feibel stated that the mere fact that the procedure is taught is irrelevant to the question of whether it violates statute. Likewise, though the procedure must be performed within the minimal standards of care, it is statute that determines if a procedure is allowed and not whether it can be performed within minimal standards.

Dr. Feibel continued that this issue has come up in other states, noting that Connecticut and Texas both ruled that the term “foot” cannot be interpreted as the ankle. Dr. Feibel stated that if a medical professional taking a test was asked to point to the foot and they pointed to the ankle or the proximal tibia, they would be wrong. Dr. Feibel stated that this brings into question the 1997 rule that allows podiatrists to operate on the ankle, and emphasizes why the Medical Board in this case should now not allow “foot” to now mean above the ankle. Dr. Feibel stated that if the letter to Dr. Logan is legally challenged, a court could easily determine that the 1997 rule expanded the scope of podiatry beyond the initial intent of the legislature and return podiatrists to only operating on the foot, as courts in Connecticut and Texas have opined.

Dr. Feibel stated that when he was appointed to the Medical Board, he agreed to uphold the laws of Ohio and protect the citizens of Ohio to the best of his ability. Dr. Feibel stated that he takes this duty very seriously and he believed every other Board member feels the same way. Dr. Feibel stated that this is his only motivation in bringing this issue before the Board. Dr. Feibel believed that the Board should revisit this decision promptly to comply with the statute. Dr. Feibel intended to make a motion to revise portions of the letter to Dr. Logan and tell podiatrists that the procedures are outside their scope of practice because they are outside the statute, and therefore not open for the Medical Board to allow. Dr. Feibel also opined that the Board should ask for an expedited review by CSI to make sure there are no anti-trust issues associated with the decision. Dr. Feibel felt that any other decision would be an overreach of the authority of the Medical Board. Dr. Feibel did not feel this should be sent through the rule-making process because it would take a very long time during which podiatrists would continue to perform procedures that are outside their scope of practice.

The Board discussed this matter thoroughly. Dr. Kakarala commented that non-surgeon such as hematologist/oncologists often perform bone marrow aspirations. Dr. Feibel replied that there is no statutory prohibition on a hematologist doing a bone marrow aspiration on a pelvis, but this is a statutory prohibition on podiatrists doing so.

Dr. Soin opined that Dr. Feibel’s argument is predicated on legalese, definitions, and Dr. Feibel’s perception of how something is written. Dr. Soin asked what harm there is to the public of podiatrists performing these procedures, in Dr. Feibel’s opinion. Dr. Feibel responded that his concern is that the Board is obligated to follow the law. Dr. Feibel stated that he has personal concerns that he would rather not voice, but he did note a Columbus Dispatch article that states that one of the individuals who pushed for the 1997 rule was the subject of about 30 lawsuits and had to surrender his medical license in lieu of further investigation of wrongdoing. Dr. Feibel stated that there can be issues if these procedures are not done correctly. Dr. Feibel commented that under a scenario where there is no worry about legalese or verbiage, podiatrists should be given privileges to do whatever they feel they are qualified to do. Dr. Soin stated that he is not advocating that.

Dr. Soin stated that he wished to make sure that the public of Ohio has the ability to get the best care, noting that a book chapter on this procedure was written by a podiatrist. Dr. Soin commented that if he had to have a procedure, he would like to have it done by someone who wrote a book chapter on it and obviously has a lot of

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experience with it. Dr. Soin did not wish to restrict the public's choices just because of a procedure definition of how something is written. Dr. Soin stated that he is interested in providing the public of Ohio with the best care and that he would be interested in hearing a more compelling argument other than a legalese definition.

Dr. Saferin noted that he will have no personal gain from any of these procedures because he does not perform these procedures in his office or in the hospital. Dr. Saferin stated that podiatrists have been performing these procedures for more than 20 years and have been granted privileges in hospitals across Ohio to do these procedures. The procedures are also taught at the Kent State University College of Podiatric Medicine and at podiatric medicine schools across the country. Dr. Saferin stated that podiatrists in Ohio were granted privileges to perform ankle surgery in 1997 and there have been no complaints about podiatrists performing any of these procedures since he has been on the Board reviewing complaints, nor have there been a lawsuit from any hospital or medical board. Dr. Saferin opined that this matter is nothing more than a "turf war" between podiatrists and orthopedists.

Dr. Saferin opined that the Board should not reconsider this decision, stating that the Board has never revisited a decision before and that the Board voted unanimously 9-0 in favor of this decision. Dr. Saferin stated that to reconsider this would open the Board to reconsider everything anytime a Board member is unable to attend and does not favor a decision that the Board made in his or her absence. Dr. Saferin stated that if the orthopedic community feels that it needs to pursue this, it should go through the court system.

Dr. Saferin stated that Dr. Logan's letter was a clarification letter and did not increase the podiatric scope of practice. Dr. Saferin stated that podiatrists perform significant surgeries, such as drilling holes in the tibia and fibula to hold a frame that can hold a foot that has collapsed. Podiatrists perform major bone surgery and also take skin and muscle flaps to cover major defects, and they do so within the law and within their scope of practice. Dr. Saferin stated that inserting a small needle or trocar to draw bone marrow is not outside the podiatric scope of practice.

Mr. Gonidakis, noting that Dr. Feibel's interpretation is that the Board voted 9-0 in June to do something that was outside the bounds of the law without any of the attorney present voicing an objection, asked Ms. Anderson to comment. Ms. Anderson responded that this matter falls within the Board's expertise to decide. Ms. Anderson stated that in June it did not seem like there were any issues, but Dr. Feibel has raised issues of anatomy and surgical procedure that the Board can consider. The Board also received four letters of concern from four associations following the decision, as well as one letter from an association in support of the decision. Ms. Anderson stated that whether these procedures are within the podiatric scope of practice is an interpretation issue.

In response to a question from Dr. Bechtel, Dr. Saferin reiterated that podiatrists all over Ohio have been performing these procedures and have been privileged by hospitals to perform them for 20 years. Dr. Saferin acknowledged that some hospitals in Columbus had questioned granting the privileges because Dr. Feibel had tried to change some of the privileges, but ultimately no changes were made.

Dr. Saferin continued that when one makes a supramalleolar cut with a saw, one goes right above the malleolus and it is still within the ankle joint because one would be even with the tibial plafond. Referencing the picture of the supramalleolar osteotomy provided by Dr. Feibel, Dr. Saferin stated that one would still be within the ankle region because it can be right at the tibial plafond and one has to do that if one is going to put in an ankle replacement. Other actions are taken, including the angle of cuts, to make sure the ankle replacement will work, that it will put the foot in the correct position, and that the patient will be able to walk correctly. Dr. Saferin stated that podiatrists are not breaking any laws or rules in performing these actions.

Dr. Schottenstein commented that if podiatrists have been doing these procedures for 20 years, then, ironically, an anti-trust problem would have arisen if the Board had voted to reject the ability of podiatrists to continue them. Dr. Schottenstein opined that the Board has been dodging bullets with these scope of practice problems for a long time, and he intended to be much more careful about these issues going forward.

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Dr. Kakarala stated that a practical consideration is that in some locations a podiatrist may be the only nearby option for performing these procedures. Dr. Feibel responded that following that logic, if podiatrists begin fixing tibial plateau fractures or tibial shaft fractures and do so for years without anyone's knowledge, then the Board should turn a blind eye to it. Dr. Soin stated that no one is making that argument. Dr. Feibel stated that the Board must follow the statute and one should not argue that the statute is irrelevant. Dr. Soin agreed that the statute is not irrelevant, but stated that his interpretation of the statute differs from Dr. Feibel's interpretation. Dr. Feibel opined that a court would find that these procedures fall outside the statute, just as courts in Connecticut and Texas found.

Dr. Edgin stated that if hospitals privilege these procedures for podiatrists, then someone came up with that list of procedures for privileging. Dr. Edgin agreed with Dr. Saferin that this is a "turf battle." Dr. Edgin commented that if someone has already been doing something for 20 years, there is probably no way to overturn that.

Mr. Giacalone referenced rules 4731-20-01 and 4731-20-02, adopted by the Board in 1997, which allows podiatrist to perform procedures on the ankle joint. Mr. Giacalone noted that these rules were most recently reviewed in May 2018 and there was no mention of these issues at that time. Mr. Giacalone stated that if the rules are found to be incorrect under the statute, that will greatly impact many people who have made decisions based on those rules. Mr. Giacalone commented that the prospect of telling podiatrists that they cannot perform procedures on the ankle anymore give him pause. Dr. Feibel stated that he does not advocate barring podiatrists from performing procedures on the ankle. Dr. Feibel stated that Rule 4731-20-01 defines the ankle as follows:

...the ankle joint which consists of the tibial plafond, its posterolateral border (posterior malleolus), the medial malleolus, distal fibula (lateral malleolus) and the talus.

Dr. Feibel stated that this rule defines the limitation of the ankle joint and that the Board at that time did not want podiatrists to operate above that because it was not within their scope. Mr. Giacalone stated that Dr. Feibel makes a fair argument, but expressed concern that everything outside that scope would be taken from podiatrists. Dr. Feibel stated that podiatrists chose to do the procedures in question on their own and not under statute, and that should not be the litmus test the Board uses.

Dr. Feibel noted that many people believe this is a "turf battle," but he stated that this is actually a legal argument. Dr. Feibel stated that he has a peer-reviewed study showing that podiatrist quality on ankle fractures is not as good, but he has not brought that up because it is not germane to this matter. Dr. Feibel stated that if the statute allows podiatrists to perform these procedures, then they should do so as long as they are within the minimal standards of care. However, the Board should not authorize procedures outside the statute and this is why Dr. Feibel believes the courts will look unkindly on the Board.

Dr. Feibel stated that there is precedent for the Board to reconsider previous decisions, noting that a matter was brought up for reconsideration earlier in this meeting, though it was a matter that had been discussed previously in the same meeting. Dr. Feibel disagreed with the idea that something cannot be revisited when new information comes to light. Dr. Feibel opined that the Board's decision will be challenged in court and will make the Medical Board look bad. Dr. Feibel suggested that if podiatrists wish to perform these procedures, they should go to the legislature and ask for the privilege rather than using the Medical Board to expand their scope.

Dr. Saferin stated that podiatrists are not expanding their privileges and they also do not want their privileges retracted. Dr. Saferin stated that taking a bone graft from the proximal tibia is not within the podiatric scope of practice, but the other procedures are and have been within the scope. Dr. Saferin stated that podiatrists are not breaking any statutes or rules when performing those procedures. Dr. Saferin agreed that the Board did reconsider a matter early today, only because the Board had fined someone who it could not fine and therefore the matter had to be reconsidered in order to remove the fine. Dr. Saferin opined that reconsidering this matter

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is wrong and opens the door to reconsidering everything. Dr. Feibel opined that when new information becomes available, things should be reconsidered.

Dr. Schottenstein stated that when he first reviewed this issue, he had the sense that the supramalleolar osteotomy was ankle surgery and within the podiatric scope of practice. Dr. Schottenstein had also appreciated the argument that the proximal tibia aspiration was consistent with what podiatrists had already been doing. The letters from the orthopedic societies gave Dr. Schottenstein pause because he appreciated the distinction between the two arguments, one based on legality and the other based on safety concerns. With those two concerns raised, Dr. Schottenstein felt it was appropriate for the Board to discuss.

Dr. Schottenstein appreciated Dr. Feibel's point that there is a difference between scope of practice and skill, and commented that it is possible to get too far afield from statute or rule. However, it seems that this has been going on for years and to disallow it now seems retroactive. Dr. Schottenstein felt that the Board should be mindful going forward that it does not grant additional scope because it feel consistent. Dr. Schottenstein stated that scope of practice should be grounded in statute and rule, but these procedures have been going on for a long period of time it he had the sense that it would be punitive to disallow it when there has not been any patient safety concerns. However, Dr. Schottenstein was sympathetic to Dr. Feibel's argument.

Dr. Feibel urged the Board to at least send the letter to Dr. Logan to CSI for the rule-making process so that it can determine whether it is within statute or not. Mr. Giacalone asked if the letter could be sent to CSI for review without going through the rule-making process. Dr. Soin was uncertain if fear of a lawsuit is a good reason to send something to CSI. Dr. Soin further commented that the Board should close attention to these issues because they will continue to come up since the Board includes a foot and ankle surgeon and a podiatrist who are both motivated to protect their professions' scope of practice. Dr. Saferin disagreed with sending the letter to CSI if the Board does not vote to reconsider the issue. Mr. Giacalone stated that sending the letter to CSI for an anti-trust review is a precautionary measure.

Ms. Montgomery commented that the proper venue for this matter is the legislature, where the podiatric associations and orthopedic associations can testify and the legislators can clarify the law and/or change the scope of practice if that is warranted.

Mr. Giacalone asked if the Board members could be personally liable if CSI identifies any anti-trust concerns. Ms. Snyder stated that she discussed this issue with Jenny Pratt, the Chief of the Attorney General's anti-trust office. Based on that discussion, Ms. Snyder stated that there is very low risk of the Board members being personally liable with treble damages regardless of what the Board decides.

Mr. Giacalone asked if the Board can still vote to send the letter to CSI for anti-trust review even if it votes against reconsideration of the topic. Ms. Anderson replied that the Board can send the letter to CSI for review regardless of the vote to reconsider.

Motion to reconsider the Board's June 12, 2019 decision regarding podiatric scope of practice related to supramalleolar osteotomy of the tibia or fibula to correct a deformity and harvesting bone marrow aspirate from the proximal tibia:

Dr. Rothermel	N
Dr. Saferin	N
Mr. Giacalone	N
Dr. Soin	N
Dr. Edgin	N
Dr. Schottenstein	N
Dr. Johnson	N
Dr. Kakarala	N
Mr. Gonidakis	N

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Ms. Montgomery	N
Dr. Feibel	Y
Dr. Bechtel	Abstain

The motion did not carry.

Motion to send the Board's June 12, 2019 letter to Dr. Logan to the Common Sense Initiative for an anti-trust review:

Motion	Mr. Giacalone
2 nd	Mr. Gonidakis

Dr. Saferin asked what purpose sending the letter to CSI would serve. Mr. Giacalone replied that sending the letter to CSI would protect the Board and the Board members. Dr. Soin commented that CSI could find that the letter is inappropriate. Dr. Feibel stated that if that occurs, then the Board has done something wrong. Mr. Giacalone stated that CSI will review the letter solely from an anti-trust point of view.

Vote on the motion to send the Board's June 12, 2019 letter to Dr. Logan to the Common Sense Initiative for an anti-trust review:

Dr. Rothermel	Y
Dr. Saferin	N
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Abstain
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	N
Dr. Feibel	Y
Dr. Bechtel	Y

The motion carried.

ADJOURN

Motion to adjourn:

Motion	Mr. Johnson
2 nd	Dr. Kakarala
Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Soin	Y
Dr. Edgin	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Mr. Gonidakis	Y
Ms. Montgomery	Y
Dr. Feibel	Y

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Dr. Bechtel	Y
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The motion carried.

The meeting adjourned at 3:30 p.m.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on September 11, 2019, as approved on October 16, 2019.



Michael Schottenstein, M.D., President



Kim G. Rothermel, M.D., Secretary



(SEAL)



Dietetic Advisory Committee Minutes - July 9, 2019

The meeting was called to order at approximately 2:00 pm on Tuesday July 9, 2019

Committee members present: Mary-Jon Ludy, PhD, RDN, FAND; Judy Nagy, MEd, RDN, LD, FAND; Carmen Clutter, MS, RDN, LD, CLC; Amie Heap, MPH, RDN, LD

Staff members present: Nathan Smith, Donald Davis, Joe Turek, Jonithon LaCross, Tessie Pollock

Guests: Pat McKnight

I. The council approved the April 9, 2019 meeting minutes as presented.

II. Statutory Topics

(A) Legislative Update on dietetics law changes:

Mr. LaCross gave an update on the budget bill (House Bill 166). The bill is currently in conference committee. Changes to dietetics laws include making renewal dates for licenses occur two years from the date of the initial licensure rather than on a specific date.

In addition, the bill provides the ability of the Board to audit continuing education for all Board license types including dietetics. If an audit determines that a licensee, who certified completion of continuing education, did not complete the continuing education, the Board may either: (1) take disciplinary action, impose a civil penalty or both; or (2) permit the licensee to agree in writing to complete the continuing education and pay a civil penalty.

Finally, statutory language was amended and added regarding restoration of a license for (1) a licensee that has been suspended for two years or more or (2) for a person seeking issuance of a license who for more than two years has not been engaged in the practice of dietetics. The purpose of this fitness to practice language is to give the Medical Board the ability to impose terms and conditions to ensure public safety and competent practice for an individual who has been out of practice for over two years.

(B) Jurisprudence/Continuing Education:

The Dietetics Advisory Council held an introductory discussion on two topics. First, Mr. Smith asked the Council to look at the continuing education rule in 4759-4-04 as part of its review of the Dietetics rules, and specifically the jurisprudence course requirement.

As part of the jurisprudence discussion, Pat McKnight of the Ohio Academy of Nutrition and Dietetics ("OAND") presented on the process and possibility of seeking CDR pre-approval of

the jurisprudence course offered by the Medical Board. Ms. McKnight stated that because CDR has updated the pre-approval process it is now easier for the Medical Board to get pre-approval of the Jurisprudence program.

Mr. Davis commented that the Jurisprudence program had been used in the past to highlight emerging or troublesome issues that were occurring in the practice of Dietetics. Later, human trafficking became the topic of jurisprudence as raising awareness of this important issue became a statewide priority.

The council discussed whether the jurisprudence course is valuable. The Medical Board is able to provide more frequent updates to licensees on rules, policies, and emerging issues through email blasts and other communication tools. Ms. Nagy believed there was value in dietitians learning new things about their practice, but did not believe that this meant it had to be content produced by the Medical Board.

The consensus of the advisory council was that a Medical Board created Jurisprudence course may not be the best use of Board resources. Further, a law or ethics course approved by the Academy of Nutrition and Dietetics (“AND”), CDR, or another acceptable group would be a satisfactory rule change.

Second, the Council had a discussion of the effect of the CDR’s new graduate level degree requirement (effective on January 1, 2024) on Medical Board requirements for dietetics licensure in statutes and rules. Mr. Smith introduced the issue as one with far-reaching effects for the practice of dietetics generally, and specifically for students, educational programs, dietetics licensees, and the Medical Board.

Mr. Smith gave a brief legal overview of the licensure statute and exam rule. R.C. 4759.06 requires an applicant for licensure to practice dietetics to: (1) have receive a baccalaureate or higher degree; (2) successfully completed a pre-professional dietetics experience; and (3) passed the examination approved by the Board. Ohio Administrative Code rule 4759-4-03 states that the board selects and approves the exam for dietitians offered by CDR.

Next, Ms. McKnight presented on behalf of OAND on the new graduate level degree requirement and how it impacts the practice of dietetics in Ohio. Ms. McKnight stated that no other state is any further along in addressing this issue than Ohio. She believes that there are a lot of things to consider and suggested a work group to discuss.

Ms. McKnight stated that you would not have to make a statutory change, but licensees and OAND members would expect a change. Mr. Smith stated that since the law and rule states that to be licensed someone must pass the CDR exam, and CDR controls who can take the exam that the statute would not necessarily need to be changed.

Dr. Ludy raised the issue that existing licensed dietitians are practicing with a bachelor’s degree, and the statute as currently written includes them, so she was not so sure we

needed to change the statute. Ms. Heap and Ms. Nagy discussed that CDR is not requiring currently practicing dietitians to meet additional educational requirements. Dr. Ludy had concerns about opening up the statute for amendment, and that you might get more changes than you were seeking.

Ms. Heap asked Ms. McKnight what the benefit would be to change the statute. Ms. McKnight stated that one reason statute changes are necessary is concern about unlicensed practice by fringe groups who do not care about patients. Ms. McKnight also suggested changing rules.

There was discussion of what is the purpose behind the new master's degree requirement which can be in any subject as long as you complete the didactic coursework. Dr. Ludy discussed the future education model used by a small group of dietetics programs which has a competency-based curriculum. It is possible that CDR will require a master's degree related to nutrition using this competency-based curriculum after there has been sufficient time to review it for demonstration of success.

Ms. Heap believes that the purpose of CDR's new master's requirement's is to make sure dietitians have a level of education commensurate with their clinical health care professional colleagues and to make sure they are providing a highly competent level of dietetics practice. She also noted that this will make new graduates competitive in a variety of types of non-traditional dietetics practice.

Dr. Ludy gave an overview of programs available at BGSU and provided information on changes her institution is making to help students achieve the master's degree requirement.

Concerns about student loan debt with a master's requirement were discussed. Further, there was discussion about whether a higher education requirement would lead to higher salaries to merit taking on the additional student loan debt.

The council consensus is that the CDR advanced degree requirement is still a work in progress and believes that at this time a change in the statute is not necessary. Further discussions are anticipated as additional materials are available.

(G) The safe and effective practice of dietetics, including scope of practice and minimal standards of care:

1. Ms. Pollock introduced the article in the Medical Board magazine entitled "Collaborative Health Care – Physicians and dietitians research nutritional therapies in oncology.": Tessie discussed future Medical Board articles highlighting the practice of dietetics.
2. Malnutrition Prevention Commission Report: Ms. Pollock reached out to some of the individuals on the commission on ideas on ways to present this report through the

Medical Board. A possible Resource page for dietetics on the website could include this report and other resources.

3. Disciplinary Statistics: Mr. Smith provided an overview on the disciplinary statistics since the board merger in January 2018. Mr. Davis commented that these statistics were very comparable to past years with the Ohio Board of Dietetics.

III. New Items for the Dietetics Advisory Council

1. Update on the appointment of the consumer member: Medical Board staff will begin the interview process. The intent is for the Board to appoint the consumer member by the next council meeting.

The Dietetic Advisory Committee meeting was adjourned at approximately 3:42pm on July 9, 2019.



AD HOC ICD-10 DATA REVIEW COMMITTEE

July 10, 2019 - Conference Room #336

Committee Members	In Attendance
Dr. Michael Schottenstein	Dr. Mary Applegate - Medicaid
Dr. Sherry Johnson	Dr. Trevino – Mental Health & Addiction Services
Dr. Amol Soin	Chad Garner- Board of Pharmacy
Mr. Robert Giacalone	Steve Schierholt – Board of Pharmacy
Dr. Feibel	A.J. Groeber – Medical Board
Dr. Richard Edgin	Stuart Nealis – Medical Board
	Tessie Pollock – Medical Board
	Dr. Welsh – Bureau of Worker’s Compensation
	Alisha Nelson – Governor’s Office
	Cameron McNamee – Board of Pharmacy
	Sarah Acton – Governor’s Office
	Jen Thrasher – Governor’s Office
	Blair Cathcart – Board of Pharmacy

The State Medical Board of Ohio’s ICD-10 Code Data Review Committee was called to order at 3:13 p.m.

Mr. Groeber asked the committee members to review the minutes from the November 10, 2018 meeting.

A motion to approve the minutes as drafted was made by Dr. Johnson with a second by Dr. Edgin. The motion passed unanimously, and the minutes were approved.

Mr. Cathcart explained the ICD-10 collection process is a chain of custody issue because of how it ends up in the database. Process: starts with prescribers, typically goes to a hospital system or vendor, sometimes goes to a third party, next the pharmacy submits it then it’s available for the Board of Pharmacy to analyze.

Mr. Cathcart reported the collected data has just under a 70% compliance rate. The slow improvement is due to the many steps in the process; if one step fails, an ICD-10 code is not received. The Board of Pharmacy now reports to pharmacies which prescriptions they have not received. It focused on the 100 lowest compliance pharmacies, many of which reported they are not getting data. The Board of Pharmacy has identified three primary vendors and has weekly updates with them. The agency is working on a tool for prescribers to see if their prescriptions have a valid ICD-10 code in real time.

Mr. Groeber described a landing page on the Medical Board website that displays the collaborated data from the Board of Pharmacy and Medicaid between 12/1/18 and 5/31/19.

As the reporting issues are getting resolved, the data can be used as an educational tool for prescribers without punitive action. It aggregates what is happening in Ohio.

Dr. Applegate asked if prescribers can see their personal prescribing aggregate and compare it to their peers.

Mr. Garner confirmed that it is not a current feature but may be discussed as an option with the vendor.

Dr. Schottenstein stated the ability of a prescriber to review the data and self-improve is an advantage.

Dr. Applegate pointed out the significance of the behavioral health data.

The Medical Board can draft educational content in its eNews for licensees. If any of the board members or attendees identify areas of question, they can bring it to the Medical Board.

Mr. Schierholt stated the Board of Pharmacy has been doing OARRS integration into the clinical workflow and worked with multiple vendors. The agency can begin working with vendor contacts to incorporate this data as well. Dr. Feibel stated the written words should be included and not just the ICD-10 code.

Mr. Groeber stated through agency communications, prescribers should be repeatedly instructed to check and make sure their system is working.

Dr. Applegate, Dr. Feibel and Dr. Schottenstein suggested having a way to alert the prescriber of issues with the ICD-10 code.

Mr. McNamee stated that it is often difficult for pharmacists to get in contact with prescribers. He stated the Board of Pharmacy does not think pharmacists should be the gatekeeper for the ICD-10 codes.

Mr. Cathcart confirmed the Board of Pharmacy has a dedicated employee running regular reports of the targeted low compliance pharmacies to monitor for improvement.

Mr. Groeber suggested identifying the primary barrier in this process and to consider making that group accountable for poor compliance.

Mr. Schierholt stated he would rather see the data offered as a tool.

Dr. Edgin suggested the vendors may be responsible.

Dr. Schottenstein recommended using the data on the Medical Board website to send prescriber-specific updates.

Dr. Applegate recommended referring prescribers to view the data of providers with 100% compliance. This provides the opportunity to observe vendors, characteristics of pharmacies, workflows, etc.

Mr. Schierholt stated the Board of Pharmacy staff and vendors are working with the EHR vendors daily.

Dr. Applegate recommended clustering the conditions in the data, for example grouping all of the types of cancer together to save time for the prescriber.

The committee discussed the validity and utility of the data. The data can be used to identify outliers and/or to identify prescribers who are not compliant.

Action Items:

- Make the data tool public (with a disclaimer that it's 6 months of new data and a work in progress)
- Re-review "how to write a prescription" guide and prepare it for written communications
 - Dr. Applegate and Dr. Schottenstein to review list of behavioral health conditions and other concerns
- Create a workflow of prescription process
- Identify high percentile compliant prescribers (targeting 30 people)
- Data consolidation by system or service line (Dr. Applegate and Medical Board members review)
- Board of Pharmacy will speak with OARRS vendor
 - MED calculator at the prescribing time
- Send comments of scope or specs of self-check features to Mr. Schierholt

Dr. Edgin made a motion to adjourn. Dr. Johnson seconded the motion. The motion passed unanimously. The meeting adjourned at 4:16 p.m.



LICENSURE COMMITTEE MEETING
September 11, 2019 - Room 336

Committee Members Present: Bruce R. Saferin, D.P.M, Chair Kim G. Rothermel, M.D. Richard Edgin, M.D. Jonathan B. Feibel, M.D.	Staff Present: Joseph Turek, Director of Licensure & Licensee Services Mitchell Alderson, Chief of Licensure Colin Depew, Assistant Attorney Nathan Smith, Senior Legal & Policy Counsel Joan Wehrle, Education and Outreach Program Manager
Other Board Members Present: Michael Schottenstein, M.D. Mark A. Bechtel, M.D.	

Dr. Saferin called the meeting to order at 8:01 a.m.

MINUTES REVIEW

Dr. Bechtel noted that his name had been misspelled. This will be corrected. **Dr. Edgin moved to approve the draft minutes of August 14, 2019 as corrected. Dr. Feibel seconded the motion. All members voted aye. The motion carried.**

LICENSURE APPLICATION REVIEWS

David Barbour-White, MT restoration applicant

Mr. White applied for restoration of his Ohio massage therapy license which expired on July 1, 2015. He has not been engaged in the practice of massage therapy within the last two years.

Dr. Edgin moved to recommend approval of Mr. Barbour-White's application for restoration of his Ohio license contingent on his passing of the MBLEx within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Feibel seconded the motion. Motion carried.

Brandy Brooks, MT restoration applicant

Ms. Brooks applied for restoration of her Ohio massage therapy license which expired on July 1, 2011. She has not been engaged in the practice of massage therapy within the last two years. It was noted that she passed the MBLEx on 8-27-17 less than two years before she submitted her restoration application.

Dr. Rothermel moved to recommend approval of Ms. Brooks' application for restoration of her Ohio massage therapy license. Dr. Edgin seconded the motion. Motion carried.

Andrew Crapser, MD, 10-year rule waiver request

Dr. Crapser has applied for a medical license. He requested a waiver of the USMLE ten-year rule based on OAC 4731-6-05 (C)(2), which states the board may grant a waiver to any applicant who “demonstrates good cause, as determined by the board, for not having passed all three steps or levels within the ten year period.”

Dr. Rothermel moved to recommend approval of the good cause exception to the 10-year rule as outlined in OAC 4731-6-05 (C)(2) and accept the examination sequence to grant Dr. Crapser a medical license. Dr. Edgin seconded the motion. Motion carried.

Lisa Herman, RCP restoration applicant

Ms. Herman is applying for restoration of her Ohio Respiratory Care Professional (RCP) license. Ms. Herman’s license was originally issued on November 30, 2000 and expired on June 30, 2016. She advised staff that she has not practiced as a respiratory therapist within the last two years.

Dr. Rothermel moved to recommend approval of Ms. Herman’s application for restoration of her Ohio license contingent on successful completion of the Therapist Multiple-Choice Examination (TMC) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Edgin seconded the motion. Motion carried.

David Miller, MT restoration applicant

Mr. Miller is applying for restoration of his Ohio massage therapy license. Mr. Miller’s license was originally issued on July 14, 2000 and expired on August 31, 2009. Per his application, he has not been practicing massage therapy within the last two years. However, he completed the MBLEx exam in May 9, 2019.

Dr. Edgin moved to recommend approval of Mr. Miller’s application for restoration of his Ohio massage therapy license. Dr. Rothermel seconded the motion. Motion carried.

Michael Riley, MT restoration applicant

Mr. Riley is applying for restoration of his Ohio massage therapy license. Mr. Riley’s license was originally issued on July 14, 2000 and expired on August 31, 2007. Mr. Riley indicates in his application, with confirmation by a phone call with staff, that he has not practiced massage therapy since 2007, and he has never taken the MBLEx.

Dr. Edgin moved to recommend approval of Mr. Miller’s application for restoration of his Ohio license contingent on his passing of the MBLEx within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Feibel seconded the motion. Motion carried.

OTHER ITEMS

Respiratory Care Continuing Education Course Approval

The board received a request to approve the course “Transgender Health in Cardiopulmonary and Sleep Medicine” for one contact hour of Respiratory Care Continuing Education on Ohio respiratory care law or professional ethics pursuant to the provisions of chapter 4761-9 of the Ohio Administrative Code.”

Dr. Feibel moved that the course be approved. Dr. Rothermel seconded the motion. Motion carried.

Elimination of AMA/AOA Physician Profiles

Mr. Alderson reported that to continue streamlining the application process, licensure staff proposes to eliminate the current requirement for MD/DO applicants to submit a copy of an AMA or AOA physician profile. Licensure staff believes that the information presented on these profiles is redundant to that available via other means, rendering this requirement unnecessary.

In response to a question from Dr. Feibel, Mr. Alderson clarified that the information contained in the profiles is provided in the FCVS profile.

Dr. Feibel moved to recommend approval of eliminating the existing requirement for MD/DO applicants to submit a copy of an AMA or AOA physician profile. Dr. Edgin seconded the motion. Motion carried.

Dietitian Registration with Commission on Dietetic Registration (CDR)

Kay Mavko and Pat McKnight provided information to the committee regarding dietitian registration with the Commission on Dietetic Registration.

RD and RDN Certification of Dietitians

Registered Dietitian is national certification through the Commission on Dietetic Registration (CDR). Dietitians can receive this recognition if they have met the following:

1. Completed the Didactic Program in Dietetics - including required course work specified by ACEND and have earned at least a baccalaureate degree from a regionally accredited college or university.
 - a. ACEND = Accreditation Council for Education in Nutrition and Dietetics. Accreditation of dietetics programs includes program self-analysis, preparation of a self-study report, and an on-site evaluation visit by a team of professional peers. ACEND is governed by the Council for Higher Education Accreditation.
2. Completed the required ACE ND accredited pre-professional experience and met the required competencies in a dietetic internship, a coordinated program, or an individualized supervised practice pathway.
3. Passed the registration examination for dietitians offered by the Commission on Dietetic Registration.

Dietetic Registration is administered by the Commission on Dietetic Registration (CDR). CDR is the credentialing agency of the Academy of Nutrition and Dietetics.

Registered dietitians may use the trademarked title RD, or RDN, registered dietitian nutritionist.

Registration is for a five-year period and is maintained by paying the annual fee and completing continuing education under a 5-year professional development plan supervised by CDR.

Ohio requires meeting the CDR pathway or equivalent education, pre-professional experience and exam to qualify for licensure.

Most states accept CDR credential for dietitian licensure. It was reported that five states do not currently license dietitians. 47 states, plus Puerto Rico and the District of Columbia regulate dietitians via statutory certification (7), licensure (40), or some form of title protection (3) and have adopted the CDR pathway to qualify for state licensure or certification. So, if a dietitian is registered, he or she generally meets the qualifications.

Some states accept other educational pathways for state dietitian licensure or certification. (Usually achieving the Certified Nutrition Specialist, CNS certification). In addition to regulating dietitians, some states regulate other nutrition titles (nutrition counselors, nutritionists, medical nutrition therapists, etc.) whose educational pathways, examinations, and scopes of practice may be the same as dietitians or distinctly different from dietitians.

It was reported to the committee that educational changes for the CDR are planned to take place in 2024. At that time, candidates will be required to hold at least a master's degree to qualify for certification. Ohio statutes may need to be reviewed when the new educational requirement goes into effect.

ADJOURN

Dr. Feibel moved to adjourn meeting. Dr. Rothermel seconded the motion. All members voted aye. The motion carried.

The meeting adjourned at 8:23 a.m.

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

jkw



**FINANCE COMMITTEE MEETING MINUTES
September 11, 2019 - Room 335**

<p>Members in attendance: Michael Schottenstein, MD, Chair Bruce R. Saferin, DPM Richard A. Edgin, MD Michael Gonidakis, Esq.</p> <p>Other Board Members Present: Jonathan B. Feibel, MD</p>	<p>Staff in attendance:</p> <p>Susan Loe, Director of Fiscal & Human Resources Tessie Pollock, Director of Communications Joan Wehrle, Education & Outreach Program Manager</p>
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Dr. Schottenstein called the meeting to order at 8:34 a.m.

MINUTES REVIEW

Dr. Edgin moved to approve the draft minutes of the August 14, 2019 meeting. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

FISCAL UPDATE

Dr. Schottenstein provided the following update:

Financial Summary Review:

Revenue – July 2019: \$900,355 Dr. Schottenstein reported there is a 107% increase year-to-date, when compared to July 2017. In 2017 we were implementing the e-License system and had encouraged licensees to renew early in the months of May and June of 2017. So, the July 2017 number is artificially low. The board had a net fiscal revenue for July 2019 of a positive \$277,264. The board’s current cash balance through July 2019 is \$4,863,586.

Expenses – July 2019: \$623,091

Dr. Schottenstein reported that the agency’s allotted expenditures are down 31.7% for July 2019, as compared to one year ago. Because we are just starting the fiscal year, the year-to-date numbers for revenue and expenditure will start trending toward more historical values as we get additional months of data factored into the calculations.

Dr. Schottenstein said that allotted spending for 2020 is \$10,862,471. That is down from over \$11 million of allotted spending for fiscal year 2019. But because we did not approach that number, that allotment has been reduced by the legislature.

Fining Authority Review:

The board received \$8,500 in disciplinary fine payments, and \$5,255 from collections during the last month.

COMMUNICATIONS UPDATE

Ms. Pollock report the following project updates:

Cultural Competency Education Video: Vendor, New Vision Media, has completed all required filming. First draft is due to Jerica Stewart, the project manager, on September 5; final draft is due October 3.

Human Trafficking Video Translations: Ohio Translation Services has provided preliminary draft videos to board staff for review. After receiving edits, the vendor will update the videos and return a final draft by October 3.

Public Information Translations: Spanish versions of the “public records request instructions” and “how to file a complaint” are now available on the board’s website, med.ohio.gov.

Sexual Boundaries Educational Campaign: The patient and licensee sexual boundaries videos and handouts were disseminated for board member review. Private links to the videos and pdf attachments of the handouts were shared with the board. Ms. Pollock commented that we may postpone release of the information just in case the board has some more educational outreach on this topic.

Mr. Gonidakis asked if there is any opportunity to have the Governor’s office or the Governor’s workgroup review the materials before we go live with the information. Committee members thought this was a valuable suggestion.

Dr. Saferin commented that the workgroup report also wanted the board to provide a mandatory CME program that would be part of licensure renewals. Dr. Schottenstein recalled that the Governor’s workgroup had wanted a mandatory CME on the duty to report. He thought that the duty to report could be included with the sexual misconduct materials. Ms. Pollock agreed that duty to report information could be included. Discussion was held about the possibility of including an attestation statement that the licensee had viewed the video as part of their license renewal.

It was noted that the online ethics training provided by the Ohio Ethics Commission includes questions that the viewer has to successfully complete. It was suggested that this could be a model.

Partners in Professionalism: Outreach and Education Program Administrator presented to second-year Ohio State medical school students on September 3. The program focused on an introduction to the Medical Board, its regulatory authority and resources for licensees.

NEW BUSINESS

Costs Associated with Governor’s Strauss Workgroup Recommendations

As the board implements the recommendations from the Governor’s Strauss Workgroup, the board may encounter additional expenditures related to outside counsel fees from Isaac Wiles. The counsel provided by Mark Troutman and Shawn Judge has been valuable, and we may seek additional funding from them as we continue to work with the Workgroup.

Ms. Loe clarified that we are seeking authorization for \$20,000 in addition to the \$5,000 already encumbered for last fiscal year. Dr. Schottenstein commented that it may be helpful to have Isaac Wiles review the board’s reports to the workgroup, and they are a good resource for the board.

Dr. Saferin moved to approve up to \$20,000 in funding for continuing outside counsel representation by Isaac Wiles on matters related to the Strauss Workgroup. Dr. Edgin seconded the motion. All in favor. Motion carried. Dr. Schottenstein said that this matter will go to the full board for consideration at today’s meeting.

ADJOURN

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

The meeting adjourned at 8:44 a.m.

Michael Schottenstein, M.D.
Chair

jkw



POLICY COMMITTEE MEETING
September 11, 2019
30 East Broad Street, Columbus, OH 43215, Room 336

<p>Members: Robert Giacalone Mark Bechtel, MD Harish Kakarala, MD</p> <p>Other Board Members present: Michael Schottenstein, MD Bruce Saferin, DPM Kim Rothermel, MD Jonathan Feibel, MD Richard Edgin, MD Sherry Johnson, DO</p>	<p>Staff: Kimberly Anderson, Chief Legal Counsel Nathan Smith, Senior Legal and Policy Counsel Joan Wehrle, Education & Outreach Program Manager Rebecca Marshall, Chief Enforcement Attorney Joe Turek, Deputy Director David Fais, Deputy Director</p>
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Mr. Giacalone called the meeting to order at 9:00 a.m. Dr. Kakarala was appointed to the committee for today's meeting as Dr. Soin was unable to attend.

Meeting Minutes Review

Mr. Giacalone reported that the draft minutes of the August 14, 2019 meeting had been distributed to the committee and were included in the agenda materials.

Dr. Bechtel moved to approve the draft minutes of the August 14, 2019 Policy Committee meeting. Dr. Kakarala seconded the motion. Motion carried.

Legislative Update

Ms. Anderson reported that we are working on the operational changes included in the budget bill that will be effective October 16, 2019.

Rules Review Update

Ms. Anderson referred to the report included in the agenda materials. Ms. Anderson said that we continue to be on schedule and continue to make progress with the rules. Ms. Anderson said the schedule for the remainder of the year.

Controlled Substance Prescribing Rules

Ms. Anderson referred to the memorandums included in the agenda materials.

The following controlled substance prescribing rules are due for the five-year rule review on 12/31/2020:

- 4731-11-02, OAC, General Provisions
- 4731-11-03, OAC, Utilization of anabolic steroids, schedule II controlled substances
- 4731-11-04, OAC, Controlled Substances: Utilization of short term anorexiant for weight reduction
- 4731-11-04.1, OAC, Controlled substances: utilization for chronic weight management
- 4731-11-07, OAC, Research utilizing controlled substances
- 4731-11-11, OAC, Standards and procedures for review of “Ohio Automated Rx Reporting System” (OARRS)

The rules were circulated to interested parties as no change rules in order to obtain feedback. No comments were received for the following rules:

- 4731-11-02;
- 4731-11-03;
- 4731-11-07

Ms. Anderson recommended that we file the rules with CSI as no change rules. Ms. Anderson said that the CSI filing would occur after the PAPC had an opportunity to review the rules as physician assistants would be impacted but the rules. She reported that plans are being made to schedule a PAPC meeting in early October.

Motion was made by Dr. Edgin to recommend filing rules 4731-11-02; 4731-11-03 and 4731-11-7 with CSI as no change rules following review of the rules by the Physician Assistant Policy Committee (PAPC). Dr. Bechtel seconded the motion. Motion carried. The matter will be taken to the full board later today.

Ms. Anderson reported that one comment, from the Board of Pharmacy, was received for Rule 4731-11-11. The Pharmacy Board recommends that Section (A)(5) defining “reported drugs” should be updated to Rule 4729:8-2-01 of the OAC. She supported this change.

Motion was made by Dr. Bechtel to make the suggested amendment to Rule 47321-11-11 and to file with rule with CSI following PAPC review. Dr. Kakarala seconded the motion. Motion carried. The matter will be taken to the full board later today.

Ms. Anderson reported that numerous comments were received on Rules 4731-11-04 and .041, which address prescribing weight loss drugs. The comments were included in the agenda materials. Ms. Anderson indicated that she wanted to give the committee time for review of the comments since they are substantive. Ms. Anderson said that the PAPC will also need to review the information.

The materials received regarding Rules 4731-11-04 and .041 will be and discussed at the October 16th Policy Committee meeting.

Adjourn

Dr. Bechtel moved to adjourn the meeting. Motion seconded by Dr. Kakarala. Motion carried. The meeting adjourned at 9:08 a.m.

jkw



COMPLIANCE COMMITTEE MEETING
September 11, 2019

<p>Members: Michael Schottenstein, MD, Chair Robert Giacalone Harish Kakarala, MD</p> <p>Also attending: Richard Edgin, MD Sherry Johnson, DO Jonathan Feibel, MD</p>	<p>Staff: Alexandra Murray, Managing Attorney Joan Wehrle, Education and Outreach Program Manager</p>
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Dr. Schottenstein called the meeting to order at 9:30 a.m.

INITIAL PROBATIONARY APPEARANCES

No initial appearances were scheduled this month.

Approval of Reports of Conferences

Dr. Kakarala moved to approve the Compliance staff's reports of office conferences held August 12 and 13, 2019 which were included in the agenda materials. Mr. Giacalone seconded the motion. Motion carried.

Minutes Review

Dr. Kakarala moved to approve the draft minutes from August 14, 2019 Compliance Committee meeting which were included in the agenda materials. Mr. Giacalone seconded the motion. Motion carried.

Adjourn

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

The meeting adjourned at 9:32 a.m.

jkw