



**Medical Board of Ohio Meeting Minutes
October 13, 2021**

Betty Montgomery, President, called the meeting to order at 10:03 a.m. in the Administrative Hearing Room, 3rd floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio 43215 with the following members present: Sherry Johnson, D.O., Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Michael L. Gonidakis, Esq.; Amol Soin, M.D.; Robert Giacalone, J.D., R.Ph.; Michael Schottenstein, M.D.; Harish Kakarala, M.D.; Jonathan Feibel, M.D.; Yeshwant Reddy, M.D.; and Mark A. Bechtel, M.D.

MINUTES REVIEW

Dr. Johnson moved to approve the minutes of the September 8, 2021 Board Meeting. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

REPORTS AND RECOMMENDATIONS

Ms. Montgomery asked the Board to consider the Reports and Recommendations appearing on the agenda. Ms. Montgomery 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: James Hamilton, R.C.P.; and Ariel Renee Garrett. A roll call was taken:

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

Ms. Montgomery 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:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Soin	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

Ms. Montgomery further asked if each member of the Board understands that in each matter eligible for a fine, the Board's fining guidelines allow for imposition of the range of civil penalties, from no fine to the statutory maximum amount of \$20,000. A roll call was taken:

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

Ms. Montgomery 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.

During these proceedings, no oral motions were allowed by either party. Respondents and their attorneys not addressing the Board are viewing this video conference meeting remotely and have a number to call in the event of an emergency or procedural concern.

James Hamilton, R.C.P.

Ms. Montgomery directed the Board's attention to the matter of James Hamilton, R.C.P. Objections have been filed and were previously distributed to Board members. Mr. Porter was the Hearing Examiner.

A request to address the Board has been filed on behalf of Mr. Hamilton. Five minutes will be allowed for that address.

Mr. Hamilton was represented by his attorney, Joseph Suhre.

Mr. Suhre stated that Mr. Hamilton could not attending today's Board meeting because he is incarcerated. However, Mr. Hamilton has provided a written statement which Mr. Suhre will read:

Ladies and Gentlemen, honorable members of the State Medical Board of Ohio, I, James Michael Hamilton, thank you for your kind consideration in hearing my statements concerning the status of my Ohio license to practice respiratory care. While I am disappointed that I am unable to be there in person, yet, as my legal counsel will explain, I am grateful to discuss and respond to the findings of the hearing examiner's Report and Recommendations. However, before I continue with my response, I need the Board to first know that I absolutely take responsibility for my behavior and actions during the short period in my life when I was

State Medical Board of Ohio Meeting Minutes – October 13, 2021

charged with a crime. I deeply regret the singular event of poor judgement when I went off the deep end and went too far in my personal investigation.

Since this time beginning in March 2018, my life has turned into a traumatic and horrific ordeal, never to be the same. As I discussed with legal counsel, I was advised that I had committed a serious crime, even though it was not from a place of sexual gratification or perversion. It was at this time that I had to cash in my retirement accounts to pay for repairs necessary to prepare my house to be sold. After several months of repairs, I was able to sell my home of 15 years to pay for my legal fees and prepare to explain myself in court. My days were filled with grief, stress, and uncertainty since I had never been in any sort of trouble in my life, and I awaited charges to be filed against me. This was the beginning of my punishment and losses, as well as the beginning of the examination of how I arrived at this terrible situation. It was not too long before my nightmare was to continue and the reality and severity in my punishment was increased.

In February of 2019 I was formally charged and arrested. After several days in county jail, I was released on bond and placed under pre-trial supervision, a unique hell of its own. From February 2019 to June 2020, one year and four months before my plea agreement, I was placed on home arrest. During this form of incarceration, humiliation, and punishment, I was required to wear a non-removable ankle bracelet for 24 hours a day for GPS monitoring, home inspection, removal of computer and internet access, as well as home confinement from 9:00 a.m. to 5:00 p.m. seven days a week. This form of incarceration and punishment was to continue until the date of my trial. I cannot explain the amount of anguish, grief, stress, embarrassment, and worry this period of 16 months caused to my life, work, and family. This initial punishment affected my physical and mental health, as well as wrecked many relationships with others, both personal and professional.

Also, before I decided to take a plea agreement instead of trial by my peers, I had lost nearly everything in my life. I cashed in my retirement accounts [and] sold my house to pay legal expenses and expert fees, including medical and psychological appointments. Lastly, due to pre-trial guidelines, I was forced to remain local within Kentucky and live in a hotel until the date of my trial. It was at this period that, with the help of my lawyer, family, girlfriend, friends, and church elders that I decided to take a plea agreement on June 3, 2020. It was at this time that I received a 90-month sentence, which I am currently serving at Ashland Federal Correctional Institute, in addition to the previous punishment of pre-trial monitoring and controlled house arrest of 16 months. As well as this 90-month sentence, I was ordered to pay \$5100 in restitution and court fees. This last financial hit in a string of financial drains since the nightmare began in March of '18 left me financially bankrupt.

As of today, I am continuing this punishment every day and it will continue until my release, the earliest in March 2025. My punishment every day consists of being in a horrible place away from my family, my fiancé and friends. Each morning I awake in a 7 ft. by 9 ft. cell with a steel sink/toilet combo, a steel mirror, concrete walls, and a plastic green mattress for a bed. As I look at my spartan surroundings each day, I constantly reflect upon the singular short period of [poor] judgment in my life when I went too far, dug too deep, and broke the rule of law.

For the last several nights before drafting this response, I have stayed awake writing this letter in my head, and each time I found myself mentally balling up the pages because I couldn't find the right words, the right words to convey how profoundly sorrowful and immensely remorseful I am for my behavior and actions every time I reflect back to the brief period of poor judgment in my life. However, through it all, through this continued punishment and retribution, I have strived to make positive changes and seek help for all my shortcomings and flaws.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Since my personal nightmare began beginning in March 2018, I've spent the past three years seeking help, including medical, psychological, and spiritual health. I began this personal journey immediately after I was investigated and I realized I committed a crime. I asked myself, "However did I get to this point?" I immediately made an appointment with my physician in March of '18.

In conclusion, again, I wish to thank the Medical Board of Ohio for their time and consideration considering the status of my Ohio license. I made a singular mistake during a short period of my life and I deeply regret my behavior and actions. During this time, I committed a crime that was not during the course of practice as a respiratory care professional. I have paid, and am continuing to pay, severe punishment for this lack of sound judgment. I am asking the Board to please consider my exemplary career as a respiratory care professional and realize the severe punishment that has been and continues to be paid.

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

Ms. Snyder stated that Mr. Hamilton got to this point because he had 600 videos and images of child pornography on his computer. Ms. Snyder stated that she will not belabor the facts of this case, but pointed out that Mr. Hamilton pleaded guilty to one count of distribution of child pornography in federal court. In doing so, Mr. Hamilton admitted that he had those 600 images.

Ms. Snyder stated that this Board obviously understands that child pornography is horribly detrimental to the children who are depicted in it. While Mr. Hamilton says he is taking responsibility for it, he is actually not taking responsibility and is instead making excuses. Further, Mr. Hamilton's excuses are unbelievable. Mr. Hamilton is also asking for sympathy because he is living in a cell.

Ms. Snyder stated that Mr. Hamilton has forfeited the ability to practice respiratory care in the State of Ohio. Ms. Snyder supported the hearing examiner's rationale and the Proposed Order to permanently revoke Mr. Hamilton's license.

Dr. Johnson moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Mr. Hamilton. Mr. Gonidakis seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein was incredulous, given the egregious nature of the behavior, that Mr. Hamilton believes that a credible argument could be made that his mitigation outweighs the severity of the offense. Dr. Schottenstein stated that this is as serious an offense as the Board sees, and this society does not tolerate the downloading, viewing, or dissemination of child pornography. Through his actions, Mr. Hamilton made himself a participant in the market for child pornography. In this respect, Mr. Hamilton engaged in conduct that was harmful to children. Dr. Schottenstein found this ironic because the supposed rationalization for Mr. Hamilton's behavior was to help children who were victims of the very behavior in which he was engaging. Every time Mr. Hamilton trafficked in the obscene behavior, he contributed to the ongoing exploitation of the victims, who experienced feelings of trauma and shame. Dr. Schottenstein stated that people are forever rationalizing their bad behavior, and Mr. Hamilton's rationalization for his behavior is not believable or credible.

Dr. Schottenstein continued that the Medical Board does not tolerate this activity in its licensees. Being a respiratory care professional is a position of trust, and Mr. Hamilton violated the right of children to be protected. Dr. Schottenstein stated that the mitigating factors do not adequately make the case for a less severe sanction than the one that has been proposed. Dr. Schottenstein agreed with the Proposed Order to permanently revoke Mr. Hamilton's license.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Dr. Bechtel agreed with the comments of Dr. Schottenstein and the Assistant Attorney General. The extent to which Mr. Hamilton utilized child pornography was significant, with over 600 images on his computer showing explicit sexual contact with juveniles and minors. Dr. Bechtel agreed that this subjects these children to horrible physical and psychological trauma for life. Mr. Hamilton was actively involved in a peer-to-peer sharing network, and his claims that he was doing so to investigate and somehow remedy the situation by trying to identify adults is just not believable. Mr. Hamilton has had a distinguished career as a respiratory therapist, but his actions are regrettable and permanent revocation of his license is the only option.

Mr. Giacalone stated that as he read this, he felt like he was reading a work of fiction. Mr. Giacalone did not know how anyone could seriously accept Mr. Hamilton's rationale for viewing child pornography. Mr. Hamilton purported to be some sort of savior helping society, but did not see the detrimental effects child pornography has on the children themselves. Mr. Giacalone agreed with the Hearing Examiner, who found Mr. Hamilton's explanation to be far-fetched and wholly unbelievable. Given Mr. Hamilton's rationale and that he does not take ownership of his actions, Mr. Giacalone agreed that Mr. Hamilton should not be practicing.

A vote was taken on Dr. Johnson's motion to approve and confirm:

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

The motion to approve carried.

Ariel Renee Garrett

Ms. Montgomery directed the Board's attention to the matter of Ariel Renee Garrett. Objections have been filed and were previously distributed to Board members. Ms. Lee was the Hearing Examiner.

Dr. Johnson moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Ms. Garrett. Dr. Kakarala seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein opined that the remoteness of the offense is a mitigating factor in this case. The last time there was a concern about Ms. Garrett's behavior regarding substance use was in 2015, which implies that it is unlikely that her concerning behavior will recur. Dr. Schottenstein found it additionally mitigating that Ms. Garrett was forthcoming on her application for licensure, testified credibly at her hearing, took responsibility for her actions, and has a history of substance use treatment.

Dr. Schottenstein noted Ms. Garrett's objections that because she has had treatment in the past, she felt it was objectionable to ask her to engage in treatment again. Ms. Garrett indicated that she feels she is being punished by being asked to engage in treatment. Ms. Garrett also noted that the treatment meetings do not work for her and actually triggered her, and felt that the standard treatment recommendations in the Proposed Order would be setting her up for failure. Dr. Schottenstein found it ironic that Ms. Garrett testified clearly on how much benefit she received from her treatment, but is also put off by what seems to Dr. Schottenstein to be

State Medical Board of Ohio Meeting Minutes – October 13, 2021

a very fair recommendation to engage in treatment and allow the Board to monitor her for a few years, given that she has a history of severe cocaine use disorder.

Dr. Schottenstein stated that having a license is a privilege, and the Board's job is to protect the public. Ms. Garrett's clients would be in a highly vulnerable position, disrobed with no ability to monitor their valuables while in that state. Dr. Schottenstein stated that the Medical Board is a patient protection board, not a licensee protection board, and it errs on the side of protecting patients. Dr. Schottenstein opined that it is fair to grant Ms. Garrett's license application and simultaneously require treatment and monitoring.

Dr. Schottenstein continued that treatment is a resource, not a punishment. Addiction is something to manage in perpetuity with constant vigilance, and long periods of abstinence is not a guarantee of future abstinence. While Ms. Garrett pointed to her father's illness as her initial trigger for substance use, Dr. Schottenstein stated that life is full of stress and it is important to be fortified against that stress. If one finds that meetings and a sponsor are triggering, then one should find another meeting and another sponsor. If all meetings and sponsors are triggering, that is not a reason to avoid meetings. Rather, it is something to process in the context of the meetings. Dr. Schottenstein stated that if Ms. Garrett gets the perspective of the other members of the meeting and works the 12 steps, she will realize that it is not the meetings that are triggering; it is the drug addiction that is triggering, and that implies vulnerability to relapse. Dr. Schottenstein added that an addict stating that their addiction does not need treatment and that meetings make them worse is just denial.

Dr. Schottenstein stated that an addict is much more protected from relapse once they reach the point where they can tolerate a good meeting and the stress of the conversation without being triggered. Dr. Schottenstein supported granting Ms. Garrett's license and the conditions for treatment and monitoring in the Proposed Order.

Ms. Montgomery thanked Dr. Schottenstein for his comments and the reminder of why the meetings and treatment are so important.

A vote was taken on Dr. Johnson's motion to approve and confirm:

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

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Ms. Montgomery stated that in the following matters, the Board issued Notices of Opportunity for Hearing. No timely requests for hearing was received. These matters were reviewed by a Hearing Examiner, who prepared Proposed Findings and Proposed Orders, and they are now before the Board for final disposition. These matters are disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In these matters, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Nikki Adams, L.M.T.

Dr. Bechtel moved to find that the allegations as set forth in the March 10, 2021 Notice of Opportunity for Hearing in the matter of Ms. Adams have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Johnson seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

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

The motion carried.

Kaytlin D. Berger, L.M.T.

Dr. Reddy moved to find that the allegations as set forth in the May 12, 2021 Notice of Opportunity for Hearing in the matter of Ms. Berger have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Kakarala seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

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

The motion carried.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Nathaniel Wentworth Chase, D.O.

Dr. Johnson moved to find that the allegations as set forth in the May 12, 2021 Notice of Opportunity for Hearing in the matter of Dr. Chase have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Reddy seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. 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. Schottenstein	Y
Dr. Soin	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Brett Cook

Dr. Johnson moved to find that the allegations as set forth in the January 13, 2021 Notice of Opportunity for Hearing in the matter of Mr. Cook have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Bechtel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. 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. Schottenstein	Y
Dr. Soin	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Fitzgerald Hudson, M.D.

Dr. Reddy moved to find that the allegations as set forth in the October 14, 2020 Notice of Opportunity for Hearing in the matter of Dr. Hudson have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky's Proposed Findings and Proposed Order. Dr. Bechtel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

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

The motion carried.

Shelley B. Kent, R.C.P.

Dr. Johnson moved to find that the allegations as set forth in the June 9, 2021 Notice of Opportunity for Hearing in the matter of Ms. Kent have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee's Proposed Findings and Proposed Order. Dr. Bechtel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. 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. Schottenstein	Y
Dr. Soin	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

James Kuhn, P.A.

Dr. Bechtel moved to find that the allegations as set forth in the April 14, 2021 Notice of Opportunity for Hearing in the matter of Mr. Kuhn have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky's Proposed Findings and Proposed Order. Dr. Reddy seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

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

The motion carried.

Xavier Martinez, M.D.

Dr. Reddy moved to find that the allegations as set forth in the March 10, 2021 Notice of Opportunity for Hearing in the matter of Dr. Martinez have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky's Proposed Findings and Proposed Order. Dr. Feibel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

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

The motion carried.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Ronica Ann Neuhoff, M.D.

Dr. Johnson moved to find that the allegations as set forth in the January 13, 2021 Notice of Opportunity for Hearing in the matter of Dr. Neuhoff have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Reddy seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. 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. Schottenstein	Y
Dr. Soin	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Steven Richardson, P.A.

Dr. Reddy moved to find that the allegations as set forth in the April 14, 2021 Notice of Opportunity for Hearing in the matter of Mr. Richardson have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky’s Proposed Findings and Proposed Order. Dr. Bechtel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

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

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

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

Lora N. Haskin, M.T.

Ms. Montgomery stated that on August 11, 2021, the Board authorized issuance of a Notice of Opportunity for Hearing to Lora N. Haskin, M.T., informing her that the State Medical Board of Ohio proposed to approve her application for restoration of her license to practice massage therapy, provided that she take and pass the Massage and Bodywork Licensing Examination (MBLEx) due to the fact that Ms. Haskin has not engaged in the active practice of massage therapy for more than two years.

Dr. Johnson moved to find that the facts set forth in the August 11, 2021 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving Ms. Haskin’s application for restoration, provided that she takes and passes the MBLEx within six months of the date of mailing of this order. Dr. Reddy seconded the motion. A vote was taken:

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

The motion carried.

Katherine Schaffer

Ms. Montgomery stated that on August 11, 2021, the Board authorized issuance of a Notice of Opportunity for Hearing to Katherine Schaffer informing her that the State Medical Board of Ohio proposed to deny her application for a license to practice massage therapy because she does not hold a diploma or certificate from a school, college or institution in another state or jurisdiction that meets the Board’s required course of instruction, and has not held a current license, registration or certificate of good standing for massage therapy in another state for at least the preceding five years.

Dr. Saferin moved to find that the facts set forth in the July 14, 2021 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 Ms. Schaffer’s application for a license to practice massage therapy in the State of Ohio. Dr. Bechtel seconded the motion. A vote was taken:

Dr. Rothermel	Y
Dr. Saferin	Y

State Medical Board of Ohio Meeting Minutes – October 13, 2021

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

The motion carried.

Mary Jo Schroeder, R.C.P.

Ms. Montgomery stated that on August 11, 2021, the Board authorized issuance of a Notice of Opportunity for Hearing to Mary Jo Schroeder, R.C.P., informing her that the State Medical Board of Ohio proposed to approve her application for restoration of her license to practice as a respiratory care professional, provided that she take and pass the Clinical Simulation Examination (CSE) administered by the National Board for Respiratory Care, because she has not been engaged in the active practice of respiratory care for more than two years.

Dr. Reddy moved to find that the facts set forth in the August 11, 2021 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving Ms. Schroeder's application, provided that she takes and passes the CSE within six months of the date of mailing of the Notice of Opportunity for a Hearing. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Rhonda L. Yelton

Ms. Montgomery stated that on July 14, 2021, the Board authorized issuance of a Notice of Opportunity for Hearing to Rhonda L. Yelton informing her that the State Medical Board of Ohio proposed to deny her application for a license to practice massage therapy because she has not taken and passed an examination acceptable to the Board, to wit: the Massage and Bodywork Licensing Examination (MBLEx).

Dr. Saferin moved to find that the facts set forth in the July 14, 2021 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 Ms. Yelton's application for a license to practice massage therapy in the State of Ohio. Dr. Bechtel seconded the motion. A vote was taken:

State Medical Board of Ohio Meeting Minutes – October 13, 2021

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

The motion carried.

Gloria Carter

Ms. Montgomery stated that on July 14, 2021, the Board authorized issuance of a Notice of Opportunity for Hearing to Gloria Carter informing her that the State Medical Board of Ohio proposed to deny her application for a license to practice respiratory care, because she has not successfully passed an examination approved by the Board. The Board requires respiratory care professional applicants to provide documentation that they have successfully completed both portions of the Registered Respiratory Therapist (R.R.T) examination administered by the National Board for Respiratory Care, Inc. The R.R.T. consists of the Therapist Multiple Choice (T.M.C.) examination and the Clinical Simulation Examination (C.S.E.). Ms. Carter has not provided documentation that she has completed the required C.S.E. to obtain R.R.T. certification.

Dr. Saferin moved to find that the facts set forth in the July 14, 2021 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 Ms. Carter’s application for a license to practice respiratory care in the State of Ohio. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

EXECUTIVE SESSION

Dr. Reddy moved to go into Executive Session to confer with the Medical Board’s attorneys on matters of pending or imminent court action; and for the purpose of deliberating on proposed consent agreements in the exercise of the Medical Board’s quasi-judicial capacity; and to consider the

State Medical Board of Ohio Meeting Minutes – October 13, 2021

appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official. **Dr. Saferin seconded the motion.** A vote was taken:

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

The motion carried.

The Board went into Executive Session at 10:50 a.m. and returned to public session at 12:16 p.m.

SETTLEMENT AGREEMENTS

Robert J. Keating, M.D.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Keating. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Don K. Snyder, M.D.

Dr. Johnson moved to ratify the proposed Permanent Retirement/Surrender with Dr. Snyder. Dr. Reddy seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Soin	Y
Dr. Johnson	Y

State Medical Board of Ohio Meeting Minutes – October 13, 2021

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

The motion carried.

Sabu J. George, M.D.

Dr. Bechtel moved to ratify the proposed Permanent Withdrawal of Application with Dr. George. Dr. Reddy seconded the motion. A vote was taken:

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

The motion carried.

Jeffrey David Neidhart, M.D.

Dr. Reddy moved to ratify the proposed Permanent Surrender with Dr. Neidhart. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Rick James Bucher, M.D.

Dr. Reddy moved to ratify the proposed Consent Agreement with Dr. Bucher. Dr. Johnson seconded the motion. A vote was taken:

State Medical Board of Ohio Meeting Minutes – October 13, 2021

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

The motion carried.

Timothy Bush Reed, M.D.

Dr. Johnson moved to ratify the proposed Permanent Withdrawal of Application with Dr. Reed. Dr. Reddy seconded the motion. A vote was taken:

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

The motion carried.

George William Shahade, D.O.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Shahade. Dr. Reddy seconded the motion. A vote was taken:

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

State Medical Board of Ohio Meeting Minutes – October 13, 2021

The motion carried.

Colin Stuart Moorhead, M.D.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Moorhead. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Ajay V. Jetley, M.D.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Jetley. Dr. Reddy seconded the motion. A vote was taken:

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

The motion carried.

Ellen See, P.A.

Dr. Johnson moved to ratify the proposed Step II Consent Agreement with Ms. See. Dr. Reddy seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Soin	Y

State Medical Board of Ohio Meeting Minutes – October 13, 2021

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

The motion carried.

Jon Patrick Ryan, D.O.

Dr. Reddy moved to ratify the proposed Permanent Surrender with Dr. Ryan. Dr. Johnson seconded the motion. A vote was taken:

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

The motion carried.

Virginia Fuller Wright, M.D.

Dr. Johnson moved to ratify the proposed Probationary Consent Agreement with Dr. Wright. Dr. Reddy seconded the motion. A vote was taken:

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

The motion carried.

Michele Catherine Walsh, M.D.

Dr. Reddy moved to ratify the proposed Superseding Step I Consent Agreement with Dr. Walsh. Dr. Kakarala seconded the motion. A vote was taken:

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

The motion carried.

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

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

1. Lindsay Z. Agolia, M.D.: To be issued to a license applicant, based on out-of-state board action.
2. Theresa M. Luken, M.D.: Based on felony related to practice regarding over \$11,000 in Medicaid theft.
3. Amber J. Taylor: To be issued to a massage therapist license applicant, based on impairment for opioid use disorder, severe in active relapse, not capable of practicing to acceptable and prevailing standards of care; and for multiple criminal convictions, including felonies and misdemeanors of moral turpitude.
4. John Taylor, P.A.: Based on acts constituting a felony for creating child pornography; and for being untruthful on his licensure application.
5. David Wulff, P.A.: To be issued to an applicant for license restoration, based on convictions for misdemeanors of moral turpitude; a felony conviction; and an out-of-state board action in Indiana.
6. Isam Daboul, M.D.: Based on acts constituting felonies, specifically kidnapping, abduction, and gross sexual imposition.
7. Suzette Lynn Huenefeld, M.D.: Based on convictions for felonies related to practice involving the writing of over \$10,000,000 worth of prescriptions in conjunction with other individuals.
8. Joseph A. Golish, M.D.: A notice of summary suspension, based on impairment and being untruthful on the licensure application.
9. Joseph John Stubbers, D.O.: Based on misdemeanors of moral turpitude. The physician was convicted by a jury of felonies, but the judge exercised discretion to reduce the three counts of torturing and mutilating a vertebrate animal to misdemeanors.
10. Michelle Kapon, M.D.: Based on felonies related to practice, to which the physician pleaded guilty in federal court in March 2021.
11. Arthur T. Armstrong, M.D.: Based on violating the Board's rules regarding sexual misconduct and minimal standards of care. This physician was previously cited by the Board for different charges, and that matter is still pending.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

12. Heather Lynn Overstreet: To be issued to a massage therapist applicant, based on failure to appear for a Board-ordered evaluation.
13. Yousif A. Alhallaq, M.D.: A notice of automatic suspension, based on a plea of guilty to one count of attempted murder and two counts of felonious assault.
14. Michael Banks, M.D.: Based on acts constituting felonies related to practice, specifically pandering obscenity and illegal use of a minor in nudity-oriented material performance regarding a 17-year-old with whom the physician also engaged in sexual conduct with.
15. Kurt Schroer, D.O.: Based on violation of the Board’s rules on sexual misconduct, specifically engaging in sexual conduct with a patient; and admitting to using methamphetamine on the same date and on at least two to three prior occasions. This is also a violation of 4731(B)(10), possession of a controlled substance, and 4731.22(B)(6).

Dr. Feibel noted that proposed Citation #14 involves an egregious act and asked if the citation does not include a summary suspension because the act was so long ago. Ms. Canepa believed that was the conclusion that was reached, noting that the act occurred in 2011. Ms. Montgomery asked if the physician has been charged criminally. Ms. Canepa stated that the physician was not charged criminally and that the statute of limitations had run on those charges. Ms. Canepa observed that, fortunately, there is no statute of limitations in the Board’s statutes.

Dr. Johnson moved to approve and issue proposed Citation #8, a Summary Suspension. Dr. Reddy seconded the motion. A vote was taken:

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

The motion carried.

Dr. Johnson moved to approve and issue proposed Citation #13, an Automatic Suspension. Dr. Kakarala seconded the motion. A vote was taken:

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

State Medical Board of Ohio Meeting Minutes – October 13, 2021

The motion carried.

Dr. Johnson moved to approve and issue proposed Citations #'s 5, 7, 10, 11, and 14. Dr. Soin seconded the motion. A vote was taken:

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

The motion carried.

Dr. Johnson moved to approve and issue proposed Citations #'s 1, 2, 3, 4, 6, 9, 12, and 15. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Soin	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y (Abstain on Citation #2)
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

The Board meeting recessed at 12:42 pm. The meeting resumed at 1:30 p.m.

OPERATIONS REPORT

Human Resources: Ms. Loucka stated that the Board is in the midst of hiring for multiple positions, including additional investigators. The Board is in the process of finalizing selection of a candidate to fill Susan Loe's former position in Fiscal and Human Resources.

Budget Update: Ms. Loucka stated that the Board's cash balance remains very healthy. Board members will continue to see the balance go down as more vacancies are filled.

Ms. Loucka stated that Dr. Schottenstein will give a more thorough financial report later in the meeting.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

External Affairs: Ms. Loucka stated that significant time was spent this past month in discussion with stakeholders on the subject of telemedicine, including multiple group meetings and individual meetings. Ms. Loucka stated that this has been a productive effort.

Compliance: Ms. Loucka stated that there has not been many changes in Compliance in the last month, but the staff is watching key markers as probationers move through the compliance process.

Investigations: Ms. Loucka pointed out that the Operations Report includes a more robust description of activity in Investigations. Some of the information shows that the investigators' relationships with law enforcement continue to grow. Later this month, Investigator Supervisor Chris Forshey and James Roach of Enforcement will provide a presentation for the Federation of State Medical Boards on how the Board works with law enforcement. Both Investigations and Enforcement are working closely with Data Systems Analyst Aaron White to review data and determine what changes are needed in the Salesforce system to improve efficiencies.

Enforcement: Ms. Loucka noted that Enforcement is extremely busy at this time. Ms. Loucka was appreciative of everything Enforcement does and for keeping their work on track.

Licensure: Ms. Loucka stated that there is still a delay in issuing some licenses due to background check issues related to the Bureau of Criminal Investigations' (BCI) new background check system. Licensure is working closely with the Attorney General's office on this matter. There has been improvement since the summer, but the system continues to present some challenges. Ms. Loucka noted that when the Board has had individual problems, BCI has been very helpful in working to resolve it.

Communications: Ms. Loucka was very appreciative of the Communications staff's presentations and the information that is being disseminated to licensees, as well as their other activities.

Internal Printing: Ms. Montgomery asked if the staff continues to have problems printing documents. Ms. Loucka answered that the Department of Administrative Services had resolved the problem, though this morning it was found and some staff were once again unable to print.

Staffing: Ms. Montgomery noted that the Board now has twice as many licensees as it had ten years ago, but the number of staff has not increased much. Ms. Montgomery stated that one would expect a much larger backlog of cases, but the staff is working hard and figuring out how to do things more efficiently.

RULES & POLICIES

Rule Review Update

Ms. Anderson stated that the Rule Review Update is included in the Board meeting materials for the members' review. Ms. Anderson noted that the two internal management rules discussed last month have been filed with the Joint Committee on Agency Rule Review (JCARR). JCARR jurisdiction extends to November 12, 2021, so the Board will be able to take a final vote on those at the December meeting.

Ms. Anderson stated that the Board of Pharmacy has filed its proposed consultation rules. In reviewing those proposed rules, Ms. Anderson discovered some cross-reference issues resulting from multiple changes made to the Board of Pharmacy rules. Ms. Anderson has worked with the Board of Pharmacy to fix these issues. The Board granted permission for Ms. Anderson to make two changes to correct the Board of Pharmacy rule reference in the Medical Board's Rule 4731-35-01. The public hearing on that rule will take place at the end of October.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Pharmacy Board Rule – Nicotine Replacement

Ms. Anderson stated that the Board of Pharmacy is required to consult with the Medical Board on a rule regarding nicotine replacement. A copy of the rule has been provided to Board members for their review. Ms. Anderson asked if any Board member had comments about the rule.

Dr. Schottenstein felt that the rule is fine, but felt it would be productive to specify the types of nicotine replacement products that can be utilized under the rule. Dr. Schottenstein noted that there are a number of nicotine replacement products, including gum, lozenge, patch, spray, and inhaler. Dr. Schottenstein speculated that licensees may want more clarification on whether all these products can be used and if they can be used in combination with each other. Dr. Schottenstein also stated that the issue could also potentially be addressed by a Frequently Asked Questions (FAQ) document.

Ms. Montgomery asked if greater specificity could result in an inability to use new products. Dr. Schottenstein was uncertain if he would recommend being specific, but he would at least speak to the fact that there are different types of products on the market and give a general sense of which ones they are comfortable with and whether they can be used in combination.

Ms. Anderson stated that she will provide the Board of Pharmacy with this input.

Podiatric Scope of Practice

Ms. Anderson stated that research continues into the podiatric scope of practice issue. The staff has had discussions with hospitals, and a call with the Cleveland Clinic is scheduled for October 28.

Weight-Loss Rules

Ms. Anderson stated that at the January 2021 meeting, the Board discussed the weight-loss rules and the options that are available. The options were as follows:

- Leave the rule as it is.
- Make some changes but continue to be very specific about the requirements.
- Make significant changes to the rule.

The staff has researched how other states address this issue, and information from Kentucky and Michigan was included in the Board's meeting materials. Kentucky has a weight-loss rule, as outlined in the memo, and Michigan does not. Ms. Anderson noted that Michigan is closer to Ohio in population.

Ms. Anderson continued that she also re-reviewed comments received in November 2020 from bariatric physicians, as well as other state rules. It appears that Ohio is the only state that adheres strictly to the Food and Drug Administration (FDA) labeling requirements. Ms. Anderson noted that three states have rules that allow weight-loss prescribing to be extended beyond 90 days as long as the weight loss reaches certain amount or the patient is maintaining at that amount. Ms. Anderson felt that this may be an interesting place for the Board to explore.

Ms. Anderson also wished to continue working with the Investigations and Enforcement staffs, the Board of Pharmacy, and bariatric physicians about their concerns. Ms. Anderson also wished to continue working with Dr. Soin and the interested parties in the hopes of bringing a draft rule to the Board soon.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Appointment of Commissioners to the Interstate Medical Licensing Compact

Ms. Loucka stated that the Board entered the Interstate Medical Licensing Compact (IMLC) this year. The Board has an obligation to appoint two commissioners to the IMLC. Dr. Schottenstein has agreed to serve. Ms. Loucka stated that commonly, a board's executive director will also serve as a commissioner.

Dr. Saferin moved to appoint Dr. Schottenstein and Ms. Loucka as Commissioners to the Interstate Medical Licensing Compact (IMLC). Dr. Reddy seconded the motion. All members voted aye. The motion carried.

Telemedicine Discussion

Ms. Loucka stated that the Board has had multiple discussions of telemedicine since July 2020. In summary, Ms. Loucka recalled that in March 2020, in response to the COVID-19 pandemic, the Board implemented a moratorium on enforcement of the Board's telemedicine rules. In August 2021, the Board extended the moratorium until December 31, 2021. Also in August 2021, the Board's staff committed to communicating with stakeholders about how telemedicine is working today, what impact will be felt when the Board resumes enforcement of the telemedicine rules, and what a more modern, relevant set of rules would look like.

Ms. Loucka stated that the staff held two large group meetings, as well as multiple individual meetings, with professional associations and health care systems in Ohio. Written questions were also sent to stakeholders for their responses on key issues, which have been provided to Board members for their review. Since the Board materials were submitted, additional comments have been received from the Ohio Hospital Association (OHA) and the Ohio Foot and Ankle Medical Association (OFAMA); these comments were extremely helpful, but did not necessarily change the conversation because the stakeholder responses were overwhelmingly similar. Both OHA and OFAMA also participated in the stakeholder meetings.

Ms. Loucka stated that House Bill 122, which addresses the issue of telemedicine, has passed the House and has had two hearings in the Senate. Based on conversations with Senator Huffman, Chair of the Senate Health Committee, and Representative Fraizer, the sponsor of House Bill 122, Ms. Loucka and the staff feels that the bill will continue moving through the legislative process. Ms. Loucka briefly defined two paths of action:

1. Watch House Bill 122 carefully and ensure that anything the staff offers as possible amendments meets the Board's satisfaction.
2. Develop a rule package that can be pursued independently if House Bill 122 does not pass, or can be harmonized with House Bill 122 if it does pass.

Ms. Loucka stated, as has been previously noted by Mr. Giacalone, that telemedicine has come to be viewed as somewhat of an entitlement in the health care delivery system that is expected to continue. Ms. Loucka stated that House Bill 122 in its current form represents telemedicine without guardrails in terms of patient protection and the safeguards that the Board has discussed in the past; this is not to say that patients will not be protected, but that is not the intent of House Bill 122 at this time.

Ms. Loucka referred to five areas in which the Board can offer suggestions to make House Bill 122 stronger for patients. Ms. Loucka commented that some stakeholders may disagree with some of the Board's proposals, particularly those who practice within large health systems that already have a safety net to help prevent patient harm, but the Board must establish a floor applicable to all practitioners to ensure it can take enforcement actions in the future if necessary.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Standard of Care

Currently, House Bill 122 establishes a standard of care for telemedicine that is different from in-person visits. The stakeholders have overwhelmingly communicated to the Board that the standard of care delivered in telemedicine should be the same as in-person visits, which the Board agrees with.

Continuity of Care

One of the concerns shared with the Board is the idea of telemedicine happening so remotely that there is no escalation ability for the patient. If the physician determines that the patient's condition necessitates an in-person visit, there should be an ability to either bring the patient into the physician's office or refer the patient to another practitioner, not an urgent care, who can provide continuity of care.

Regarding required in-person visits, stakeholders indicated that requiring the initial visit to be an in-person visit is much less important than requiring an in-patient visit at some point, not necessarily on the initial visit. In some cases it is preferable not to require an in-person initial visit in order to begin patient care quickly, while in other cases the physician may need to see the patient face-to-face on the initial visit. The stakeholders emphasized their opinion that the Board should allow the providers to determine when they need to see the patient in-person.

Based on this feedback, the staff has recommended a proposal that a physician must see that patient in-person sometime within a 12-month period if they want to continue providing telemedicine. One common concern was that a patient in a remote area may be seeing a specialist located in a major metropolitan area and cannot travel to see the specialist. In such a case, the patient could see their primary care physician and that physician can perform any physical assessment that is needed, the records of which can be reviewed by the specialist in concert with the primary care physician. Ms. Loucka speculated that many health systems will argue that the physician should decide if they ever need to see a particular patient at all; Ms. Loucka recommended that the Board not accept such an argument.

Dr. Feibel appreciated the stakeholder feedback, but was uncertain about having a primary care physician perform a physical examination and determine what a specialist is looking for or needs. Dr. Feibel understood the pressure to not have an in-person visit, but worried about the standard of care of never seeing a patient. Dr. Feibel stated that a telemedicine visit is not the same as an in-person visit for most specialties, though it may be appropriate for some specialties such as psychiatry. Dr. Feibel stated that there are very few specialties where the specialist does not need to see the patient at some point.

Ms. Loucka noted that the feedback from stakeholders agreed with Dr. Feibel's comments, stating that the specialist must see the patient if a primary care physician cannot provide what is needed. Based on the commentary, the specialty in which the physician would most commonly not need to see the patient is addictionology, especially if the patient lives in a very rural area and has problems with transportation and access. Ms. Loucka stated that being able to connect these addictionology patients with, for instance, their federally-qualified health center (FQHC) may be key to keeping them in treatment.

Dr. Schottenstein noted in the stakeholder feedback that many patients in medically-assisted treatment of addiction (MAT) have a high degree of ambivalence, and therefore one must "strike while the iron is hot" when these patients are ready to enter treatment. If the process to be assessed or to begin treatment is too difficult, they will often drop back out. Dr. Schottenstein opined that it would be acceptable for a physician to not see a patient in-person on the initial visit, but felt that waiting up to 12 months to see that patient seemed like a long time. Dr. Schottenstein suggested that a physician should see a new patient in-person within 30 days of the initial telemedicine visit, and then at least once every 12 months thereafter.

Dr. Soin understood the use of telemedicine in treatment of chronic conditions in which a patient will be in a physician's practice for more than 12 months, but asked how this would work for acute care. For instance, Dr. Soin considered a hypothetical case in which an orthopedic surgeon sees a patient for an orthopedic problem,

State Medical Board of Ohio Meeting Minutes – October 13, 2021

performs surgery, and never sees the patient again. Dr. Soin also asked how and if the proposed rules would apply to people who use urgent care centers and acute care facilities for their primary care. Dr. Soin asked if such physicians would be able to use telemedicine at will because they are not establishing chronic long-term care within a 12-month timeframe.

Dr. Feibel appreciated Dr. Soin's comments. As a hypothetical example from his own specialty of orthopedic surgery, Dr. Feibel stated that he could see a patient with Achilles tendonitis via telemedicine for the initial visit, then see the patient two or three more times via telemedicine and the patient improves, so Dr. Feibel discharges the patient. In that situation, Dr. Feibel will never have seen that patient in person. The same patient could return six months later with a wrist problem, improve after two or three telemedicine visits, and be discharged again, and Dr. Feibel still will never have seen the patient in person. The same patient could return again eight months later with another problem, and the cycle can continue indefinitely without Dr. Feibel ever seeing the patient.

In the example outlined by Dr. Feibel, Ms. Loucka asked if Dr. Feibel would need to see the patient in person if he followed the standard of care. Dr. Feibel opined that he would need to see the patient, although some associations are trying to find ways to perform physical exams remotely. Dr. Feibel stated that if the Board is considering best care and best practices, then best practices is that the patient be seen in person, and seeing the patient via telemedicine should be the exception and not the rule. Dr. Feibel stated that ideally, the physician should see the patient in person unless there are barriers to care that can be documented, such as the patient being infirm. Dr. Feibel expressed concern that telemedicine will lead to poor care if not handled carefully, and he felt the legislature should understand the need to balance access to care with good care and that telemedicine could translate into less-than-good care.

Ms. Loucka agreed with Dr. Feibel and stated that the staff has done a good job explaining this to the legislature. However, the Board is one voice and Ms. Loucka opined that the legislature is listening to the stakeholders. Ms. Loucka stated that when the Board talks about good care, the pushback is that the Board is not in the business of establishing good care but in enforcing the standard of care. Ms. Loucka agreed with Dr. Feibel's points because if a system is set up that creates bad care, that is the Board's business. Ms. Loucka stated that the stakeholders have committed to delivering the best care via telemedicine, but the Board takes actions against physicians every month and sees examples of care that the stakeholders do not see.

Ms. Loucka speculated that pushing for maximum safeguards to be included in the legislation would likely be unsuccessful, but advocating for some safeguards and providing examples of scenarios seen by the Board can lead to additional protections. Ms. Loucka noted that the Board had a very serious role responding to the opioid crisis and has done a fantastic job creating regulations that have led to huge progress addressing that crisis and holding practitioners accountable; that experience will be important in this discussion as well.

Dr. Bechtel asked if Dr. Rothermel and Dr. Saferin, as the Board's Secretary and Supervising Member, have seen any changes in patient complaints regarding quality and standard of care since the enforcement of the telemedicine rules was suspended more than a year ago. Dr. Saferin replied that there have not been a lot of issues or complaints regarding minimal standards of care, but that may be due to patients not complaining because they were just happy to get care without going out. However, Dr. Saferin opined that if this becomes the standard of care, those complaints could increase significantly. Dr. Saferin further opined that if physicians think they do not need to do the same things over telemedicine as they do in their office, many will not do so and it can lead to very sloppy care.

Responding to a question from Ms. Montgomery, Dr. Kakarala stated that his practice has been using telemedicine since before the pandemic for out-of-state or second opinion virtual visits, although he personally does not use telemedicine. Dr. Kakarala stated that in the case of pre-operative evaluations, the physician is making very important decisions such as, "Can this patient survive surgery?" and "Are they going to do well?" and those decisions should not be made on a virtual visit. On the other end of the spectrum, sleep medicine patients may never need to be seen because the examination is not very helpful. Dr. Kakarala understood that some patients have disabilities, transportation problems, and other issues, but stated that those are truly

State Medical Board of Ohio Meeting Minutes – October 13, 2021

exceptional cases. Dr. Kakarala stated that it will be very difficult to write legislation that will account for every scenario.

Ms. Montgomery stated that Dr. Kakarala has made a very good point. As the Board balances access, safety, and flexibility, there must be an ability to address exceptions without letting the exceptions become the standard. Ms. Montgomery asked if the stakeholders understand this. Ms. Loucka replied that the stakeholders have opined that if the standard of care can only be followed with an in-person visit, then the physician must have an in-person visit and is subject to Medical Board action if they do not. Ms. Montgomery opined that the legislation should allow the Board to have rule-making authority so it can ensure the basic standard of care.

Dr. Feibel agreed that standard of care issues are paramount, but such disciplinary cases are long and arduous for the Board to prove. Dr. Feibel felt that patients do not understand what they are missing in telemedicine visits. The patient is missing out on the physician/patient experience. Dr. Feibel noted, as many have learned during the pandemic, that meetings tend to go more smoothly in-person than over a telecommunications service such as Zoom, and this is a good example of why telemedicine is ultimately not the best care in many situations.

Dr. Reddy stated that telemedicine is very useful in an emergency situation such as a pandemic, but in normal circumstances he would rather see the patient in person. Dr. Reddy provided an example: An elderly patient was sent to Dr. Reddy's office by a general practitioner following an examination and an MRI. In the office, Dr. Reddy was able to determine that the patient's problem was not his back, but his hip. Dr. Reddy stated that if he had seen that patient on video, he would have missed the diagnosis and the wrong condition would have been treated.

Mr. Giacalone observed that the list of stakeholders the staff has consulted does not include insurers. Mr. Giacalone stated that insurers and what they are willing to pay for will drive how telemedicine is implemented. Ms. Loucka agreed, but stated that the Board has purposely not stepped into the billing discussion. Ms. Montgomery commented that insurers should not dictate what the Board determines is the standard of care or appropriate safety.

Dr. Schottenstein suggested that the Board consider making an initial in-person visit the standard of care, with some exceptions such as MAT and situations in which care could be compromised by an in-person visit, and that the patient should be seen in person at least every 12 months thereafter. Dr. Schottenstein opined that this requirement would act as a guardrail and ensure that the patient is seen in person at least once per year, and there can be more flexibility between these required in-person visits. Ms. Loucka commented that patients in Ohio can currently have an initial visit via telemedicine as long as controlled substances are not being prescribed, so it would be difficult to go back to requiring initial in-person visits in all cases besides those few exceptions.

Technology

Ms. Loucka stated that the Board's telemedicine committee discussed technology extensively. The Committee determined that synchronous video technology should be a requirement, with some exceptions. Three exceptions the Committee discussed are as follows:

- A good-faith attempt has been made to use synchronous video and it is not possible, and the attempt is documented.
- A patient does not have access to synchronous video technology.
- Verbal consultation or verbal counseling.

Dr. Schottenstein observed stakeholder feedback to the effect that audio appointments were very valuable and that some patients struggle with video technology or are not comfortable with video. Dr. Schottenstein stated

State Medical Board of Ohio Meeting Minutes – October 13, 2021

that in his practice, many patient have access to the technology but they just do not tolerate video due to social anxiety, body image issues, autism, or similar reasons. Dr. Schottenstein stated that he can do a lot on a phone call, and it is great how much information he can gather and how much he can accomplish in that regard. Dr. Schottenstein stated that he would support a behavioral health exception to a synchronous video requirement, if the Board is comfortable with that.

Dr. Feibel agreed with having an exception for mental health, with documentation of why synchronous video could not be used. While this and other exceptions may exist, Dr. Feibel opined that the rule should require synchronous video because the physician/patient relationship relies on face-to-face contact of some sort. Without a requirement for synchronous technology, Dr. Feibel felt it would be abused by some physicians who may have a one-minute phone call with a patient for something like MRI results and charge an office visit for it. Dr. Feibel stated that that is not where medicine has been and is hopefully not where medicine will go.

Mr. Giacalone and Dr. Bechtel agreed that there should be exceptions to the rule for synchronous video, noting that some elderly patients may not be able to use the technology and some patients may not have the resources to have access to the technology. Dr. Bechtel offered a hypothetical example of an elderly patient living in southern Ohio with an autoimmune blistering disease, no transportation, and no one to bring them to Columbus. Dr. Bechtel stated that it is better to talk to that patient on the phone than to deny care.

Prescribing

Ms. Loucka stated that for prescribing via telemedicine, the feedback from stakeholders is that there is no reason from a provider perspective that physicians should not be able to prescribe non-controlled substances via telemedicine. The staff recommends allowing such prescribing. Controlled substance prescribing through telemedicine would have to be done in accordance with state and federal law, and an in-person visit would be required before controlled substance prescribing could commence.

It is further recommended that MAT prescribing would be an exception, for the reasons mentioned earlier by Dr. Schottenstein. Based on input from stakeholders, as well as the Ohio Department of Mental Health and Addiction Services and the Ohio Recovery team, it is recommended that MAT patients be seen in person within 90 days of starting treatment.

Ms. Loucka continued that the Board currently has many very good, well-drafted rules regarding MAT. Ms. Loucka stated, based on stakeholder feedback, that there are some individuals who appear to have found a way to make the in-person visit not necessarily a requirement. Although there are no recommendations for the Board's consideration today, Ms. Loucka stated that the Board should have a comprehensive discussion in the future about shoring up some of the points in the rule and striking the right balance in MAT between treatment and prevention of diversion.

Dr. Schottenstein commented that one way to address that balance is to shorten the 90-day period in which the physician must see the patient in person. Dr. Schottenstein opined that there is no reason for that period to be 90 days and that it could conceivably be two or four weeks. Ms. Loucka stated that this is an access issue, including access to specialists and access in different parts of Ohio, and reaching into those parts of Ohio where a failure to keep an individual in treatment for those 90 days could risk losing them from treatment altogether.

Dr. Reddy stated that it is a matter of convenience versus correct treatment. Dr. Reddy opined that during the emergency telemedicine was both convenient and the correct thing to do, but when there is no emergency then seeing the patient in person is the correct treatment even though it is not convenient.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Rule-Making Authority for Standard of Care

Ms. Loucka stated that the Board needs to be able to adapt and adjust according to what it is seeing, and this is why it is important that the Board have rule-making authority in this matter. Currently, it is not known whether the Board will have that rule-making authority.

Conclusion

Ms. Montgomery asked for any concluding thoughts and input from Board members.

Dr. Rothermel expressed concern that the convenience of telemedicine visits can lead to acute care visits via telephone replacing the preventative care medicine that has been so successful in keeping people healthy. Dr. Rothermel understood that there should be exceptions when access is a problem, but opined that the Board should be very careful about that. Dr. Rothermel stated that there are many general things a physician cannot do on the telephone, such as diagnose an ear infection or strep throat.

Dr. Saferin reiterated that telemedicine was a necessity during the emergency and everyone was closely watching what they were doing. But as telemedicine becomes an everyday occurrence, Dr. Saferin worried that the standard of care will suffer. Dr. Saferin opined that patients will not get the same type of care. Dr. Saferin agreed that telemedicine has a place, perhaps in specialties such as dermatology and psychiatry, but he did not believe this was the case in general. Dr. Saferin asked if people want access to care or access to good care. Dr. Saferin stated that the focus should be on good care, and that would be accomplished with an in-person visit.

Dr. Johnson stated, as a member of a FQHC that sees many patients in southeast Ohio, that telemedicine was a great advantage even for obstetricians during the pandemic. Having said that, Dr. Johnson noted that her practice still saw many patients in the office. Dr. Johnson stated that a physician cannot listen to a baby's heartbeat via telemedicine. When it comes to obstetrical issues and many gynecological issues, the patient must be seen in the office. From a family practice standpoint, part of assessing the patient is also assessing their social history, psychological history, and some of the barriers they have to care. In the office, Dr. Johnson can connect patients with social workers in her office who can help patients with things that are impeding them from getting care. Dr. Johnson worried that this will be harder to do through telemedicine because she will have to try to get the patient in contact with three or four different people. Dr. Johnson understood the benefit of telemedicine, but expressed concern and hoped it does not become the standard of care.

Mr. Gonidakis stated that his objections to the expansion of telemedicine is the same as they were two months ago when the Board extended the telemedicine enforcement moratorium, so he will not reiterate them again today. Mr. Gonidakis stated that having been on the Board for ten years, he has seen the dilution of the practice of medicine through lobbying efforts to expand the scope of other practitioners such as physician assistants and nurses. Mr. Gonidakis stated that at some point the Board should ask if the practice of medicine is being diluted too much.

Dr. Soin stated that telemedicine is here to stay; people want it, there is convenience to it, and there are many advantages to it. Dr. Soin opined that the onus is on the physician to be able to recognize the limitations in diagnosing the patient during a telemedicine visit. Dr. Soin was supportive of the expansion of the scope of telemedicine, stating that it is up to the individual physician to be a good physician. Dr. Soin stated that a patient is better off in a telemedicine visit with an excellent physician than in an in-person visit with a terrible physician.

Ms. Loucka summarized the matter. There is a telemedicine bill moving through the legislative process and the Board has an invitation to potentially work with some senators about its thoughts, concerns, and ideas. In Ms. Loucka's assessment, if the Board approached Senator Huffman and expressed leeringness and a need in-person initial visits and other backstops, the response would be that it is very complicated because the bill has

State Medical Board of Ohio Meeting Minutes – October 13, 2021

already passed the House and has two hearings in the Senate, and that therefore the process should continue and concerns can be addressed as they arise.

After listening to the stakeholders, Ms. Loucka was left with an impression similar to what Dr. Soin had summarized, that if a practitioner does not feel comfortable with telemedicine in a given situation then there should be an in-person visit. At least one major health system speculated that ultimately about 60% of visits would be in-person and 40% would be via telemedicine. Ms. Loucka reiterated that physicians are not required to utilize telemedicine just because it is available, but it is a choice of the physician.

Ms. Loucka was not certain whether the Board's recommendations are sellable to the legislature, but she also did not wish to take something forward that the Board is not comfortable with. Ms. Loucka asked the Board to discuss whether there are any major concerns with the staff's proposed ideas as drafted.

Dr. Reddy stated that the guardrails should be in such a way that physicians, working within the guidelines, provide good care. Dr. Reddy opined that physicians should see the patient within 30 days of initiating telemedicine treatment. Dr. Reddy stated that even with MAT treatment, 30 days is an appropriate timeframe within which to see the patient. Dr. Kakarala opined that a 30-day timeframe is too short, noting that some practitioners' office visit schedules are completely booked well in advance of 30 days. Dr. Feibel opined that a 12 month timeframe to see the patient is too long. Dr. Kakarala agreed.

Dr. Feibel reiterated his concerns about use of a primary care physician as a surrogate to conduct an examination for a specialist. Dr. Feibel stated that everyone should be seeing their primary care physician every year in any case, so they will always see the primary care physician and that will become a substitute for seeing the specialist. Dr. Feibel stated that the legislature should know that the Board does not think that is good care.

Dr. Schottenstein appreciated that there are certain political realities in this process. Dr. Schottenstein opined that if there were to be only one thing the Board could advocate for, it should be to make the standard of care the same for telemedicine as it is for in-person visits. Dr. Schottenstein stated that if the standard of care is the same, that would also address many of the Board's other concerns. Ms. Montgomery agreed and also pointed out the significant time and work involved whenever the Board has to prove a case involving alleged violations of the standard of care.

Ms. Montgomery stated that she had wanted all Board members on the record regarding telemedicine because it is as critical a topic as any the Board considers and that the legislature should know that all the Board members care deeply about the issue.

Legislative Update

House Bill 110, Budget: Ms. Wonski stated that the budget bill requires the Board to create educational materials regarding physicians' right of conscience. The staff has been working on those materials and will have a final draft available for Board review soon. The materials must be finalized and posted on the Board's website by June 30, 2022.

House Bill 176, Athletic Trainers: Ms. Wonski stated that this bill was passed by the Senate on September 28, and the House concurred with an amendment that was added in committee at the request of the Medical Board. The amendment prohibits athletic trainers from administering intraarticular and intratendinous injections. Ms. Wonski thanked Dr. Feibel for his work getting that amendment into the bill.

House Bill 196, Surgical Assistants: Ms. Wonski stated that this bill would create a new license type for surgical assistants, to be placed under the purview of the Medical Board. The Board's legislative team has worked with the bill's sponsor to change the language so that it mirrors that of the Board's other allied license types to make it consistent and easier to implement if it passes. The requested changes are being drafted by the Legislative Services Commission.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

House Bill 435, COVID-19 Vaccine Mandates: Ms. Wonski stated that this bill is intended to limit COVID-19 vaccine mandates. The bill had been scheduled for a vote in committee today, but leadership announced that they will not move forward with the vote due to a lack of consensus. Ms. Wonski will keep the Board informed of developments regarding this bill.

Ms. Wonski is also tracking other bills that have had hearings since the last Board meeting:

- Senate Bill 189 regarding the Court of Appeals for agency orders, heard in the Senate Judiciary Committee.
- Senate Bill 37 regarding emergency prescription refills, heard in the Senate Health Committee.
- Senate Bill 151 regarding infant medical treatment, heard in the Senate Health Committee.
- Senate Bill 161 regarding surgical smoke, heard in the Senate Health Committee.
- House Bill 318 regarding anesthesiologist assistants, had its first hearing in the House Health Committee.

Replying to a question from Ms. Montgomery, Ms. Wonski stated that she continues to have conversations about the status of Senate Bill 189. Ms. Wonski had been advised that the bill was not moving, but since then it has had an additional hearing. Ms. Wonski is monitoring the bill closely.

COMMITTEE BUSINESS

Compliance Committee Report

Ms. Montgomery stated that the Committee made a few changes to the proposed wording of the application questions on mental and physical health. The Committee recommended adopting the wording as amended.

Dr. Schottenstein moved to approve the proposed changes to the questions on physical and mental conditions on the initial licensure and license renewal applications, as discussed. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Finance Report

Dr. Schottenstein stated that the Board's revenue in August 2021 was \$666,136, which is a drop from last month due to the fact that August is not a license renewal month. There was a decrease in net fiscal year revenue of \$46,476. The Board's cash balance is down approximately \$200,000 from last month, but at \$6,537,781 it is still about \$2,000,000 higher than this time last year. Dr. Schottenstein noted a 4.1% year-to-date increase in expenditures, which is substantially a function of payroll. Expenditures will continue to increase as the Board fills more vacancies and new positions.

The Board is authorized to spend approximately \$12,300,000 for the upcoming year, a substantial increase of more than \$1,000,000 from the previous year. This represented the authorization for six additional positions. The Board has not yet approached the Office of Management and Budget to obtain additional authorization to address the 3% wage increase for employees, but it anticipates doing so. This will help the Board maintain its cash balance.

The Board received \$14,5000 in disciplinary fines and \$434.81 in collections. Dr. Schottenstein commented that when the fine process was originally created, it was a very manual process and a lot of staff time was required to process the fines, especially when they had to be sent to collections. Dr. Schottenstein stated that the Board may need to revisit whether there are inefficiencies in the process that needs to be automated, as well as the question of whether the cost of processing the fines outweighs the actual dollar amount that is

State Medical Board of Ohio Meeting Minutes – October 13, 2021

levied. For instance, a \$500 fine could arguably represent a net negative value for the Board after staff time is factored in. Dr. Schottenstein was hopeful that the person chosen to fill Ms. Loe's position in Fiscal and Human Resources can help the Board address these matters.

Dr. Soin exited the meeting at this time.

Licensure Application Reviews

Dr. Reddy moved to approve the Licensure staff recommendations for the requests of Angela Karing, M.T.; Christine McGowan, M.T.; Denise Dewald, M.D.; Lee Ferguson, M.D., Ph.D.; Caleb McKenzie; Joshua Montgomery; Mary Pike; Susan Saltarelli; Senica Sierra; Yali Tu, M.D.; Thomas Essman, R.C.P.; Joseph Jasser, M.D.; and Ciara Jones. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

PROBATIONARY REPORTS AND REQUESTS

Reinstatement Request

Asad S. Ali, M.D.

Dr. Schottenstein moved that the request for the reinstatement of the license of Asad S. Ali, M.D. be approved, effective November 1, 2021, subject to the probationary terms and conditions as outlined in the September 11, 2019 Board Order for a minimum of three years. Dr. Kakarala seconded the motion. All members voted aye, except Dr. Rothermel and Dr. Saferin, who abstained. The motion carried.

Office Conference Review

Dr. Feibel moved to approve the Compliance staff's Reports of Conferences for September 7, 9, and 21, 2021. Dr. Kakarala seconded the motion. All members voted aye, except Dr. Rothermel, Dr. Saferin, and Dr. Bechtel, who abstained. The motion carried.

Mr. Gonidakis exited the meeting at this time.

Probationary Requests

Dr. Reddy moved to approve the Secretary and Supervising Member's recommendations for the following probationary request:

- a) Ho D. Anh, M.D.: Request for release from the terms of the May 12, 2021 Findings, Order and Journal Entry.

State Medical Board of Ohio Meeting Minutes – October 13, 2021

- b) Firas S. Atassi, M.D.: Request for approval of the course *Intensive Course in Controlled Substance Prescribing*, offered by Case Western Reserve University, to fulfill the controlled substance prescribing course requirement; and approval of the course *CPEP Medical Record Keeping Seminar*, offered by the Center for Personalized Education for Physicians (CPEP), to fulfill the medical records course requirement.
- c) Jagprit S. Dhillon, M.D.: Request for release from the terms of the October 19, 2016 Step II Consent Agreement.
- d) Raju Fatechand, M.D.: Request for approval of the previously-completed course *Intensive Course in Medical Ethics, Boundaries and Professionalism*, offered by Case Western Reserve University, to fulfill the professional ethics/boundaries course requirement.
- e) Ryan S. Fryman, D.O.: Request for release from the terms of the August 10, 2016 Board Order.
- f) Dale A. Harris, M.D.: Request for approval of Mikel Wallschlaeger, M.A., L.P.C.C., to serve as the treating mental health professional.
- g) Kavita Kang, D.O.: Request for approval of Todd Anderson, M.D., to complete a psychiatric return-to-work assessment; approval of Logan K. Wink, M.D., to complete a psychiatric return-to-work assessment; approval of Peirce W. Johnston, M.D., to serve as the treating psychiatrist; and approval of Erin Thase, Ph.D., to serve as the mental health provider.
- h) Farhad Khorashadi, M.D.: Request for release from the terms of the April 14, 2021 Consent Agreement.
- i) Randall O. Krawcheck, D.O.: Request for approval of the course *Infection Control Barrier Precautions Training for Healthcare Providers*, offered by the Medical Society of the State of New York, and the course *Infectious Diseases in Primary Care*, offered by Harvard CME, to fulfill the infection control course requirement.
- j) Muyuan Ma, M.D.: Request for approval of Michelle Emch, M.D., to serve as the treating psychiatrist during the absence of Luis F. Ramirez, M.D.
- k) Vincent J. Malkovits, D.O.: Request for approval of the previously-completed course *Intensive Course in Controlled Substance Prescribing*, offered by Case Western Reserve University, to fulfill the controlled substance prescribing course requirement; and approval of the previously-completed course *Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*, offered by Case Western Reserve University, to fulfill the medical records course requirement.
- l) Michael G. McMannis, M.D.: Request for approval of drug test monitoring to be completed by Recovering Communities of Step Ahead (RCOSA) while the doctor is participating in its sober living program.
- m) John J. Vargo, D.O.: Request for approval of the course *Intensive Course in Controlled Substance Prescribing*, offered by Case Western Reserve University, to fulfill the controlled substance prescribing course requirement; and approval of the course *Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*, offered by Case Western Reserve University, to fulfill the medical records course requirement.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Dr. Kakarala	Y
Dr. Feibel	Y

State Medical Board of Ohio Meeting Minutes – October 13, 2021

Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion carried.

ADJOURN

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

The meeting adjourned at 3:06 p.m.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on October 13, 2021, as approved on November 10, 2021.


Betty Montgomery, President


Kim G. Rothermel, M.D., Secretary

