



YOUR REPORT

FROM THE STATE MEDICAL BOARD OF OHIO

WINTER/SPRING 2003

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A WORD FROM THE PRESIDENT

Though still in its infancy, 2003 is already proving to be a challenging year for virtually everyone involved in the provision and regulation of health care in this country. The news media are saturated with stories about medical crises, from staffing shortages engendered by constricted recession-era budgets to unwieldy malpractice premiums that have sent frustrated physicians searching for reform and have prompted early retirement and even walkouts in some neighboring states.

One of the important issues we face, not just as it relates to the malpractice dilemma, but as a criticism of our health care system as a whole, is medical error. Inadequate patient-provider and provider-provider communication stimulates a plethora of mistakes, including medication errors and wrong patient-wrong site surgical procedures.

This issue of *Your Report* looks at the medical errors problem from several different perspectives. It will give you a taste of what is being done to address this national problem by organizations such as the JCAHO and a coalition of Ohio healthcare leaders, and will offer insights from some of our own experts in professional regulation. Perhaps, most importantly, it will leave you with some ideas about how you personally can better the provision of health care in our state.

R. Gregory Browning, President

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From the Secretary & Supervising Member

by Anand G. Garg, M.D., Ph.D., Secretary
and Raymond J. Albert, Supervising Member

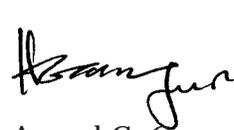
JCAHO's 2003 National Patient Safety Goals are a good starting point in the quest to reduce medical errors.

Unlike most editions of *Your Report*, which offer you an overview of current Ohio licensing and regulatory topics, you'll find that this issue has a definite focus: medical errors, and the devastating impact of those errors on our nation's health care.

Some complaints that cross the desk of the Secretary and Supervising Member at the State Medical Board read like case studies, documenting the kinds of miscommunications and mistakes that may lead to a malpractice

action, compromise patient safety and cost lives. As you'll see from the recommendations offered on the next several pages, eradicating this problem begins, figuratively, at home, with each of us taking responsibility for ensuring that our own actions don't become the seed for a medical mishap.

The State Medical Board of Ohio's website—www.state.oh.us/med/—features a link to the Joint Commission on Accreditation of Healthcare Organization's National Patient Safety Goals and Recommendations for 2003 that offers a touchstone for those seeking to reduce the medical errors that unfortunately appear too frequently in our health care system. We strongly urge you to embrace these goals and the other recommendations found in this issue of *Your Report*, and to make them a part of your clinical practice.



Anand G. Garg, M.D.
Secretary



Raymond J. Albert
Supervising Member

JCAHO 2003 National Patient Safety Goals

Goal 1: Improve the accuracy of patient identification.

Recommendations:

- Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.
- Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active - not passive - communication techniques.

Goal 2: Improve the effectiveness of communication among caregivers.

Recommendations:

- Implement a process for taking verbal or telephone orders that requires a verification "read-back" of the complete order by the person receiving the order.

See **GOALS** on page 4

Editorial

Reducing Medical Errors: A Simple Step You Can Take in 2003

By Pitambar Somani, M.D., Ph.D.

Whether or not you believe in the accuracy of the number of deaths attributed to medical errors in the Institute of Medicine's 1999 report, *To Err is Human: Building a Safer Health System*, most physicians recognize the potential for harm if we are not on guard at all times when we provide care to our patients. After all, we have been persuasively cautioned by Hippocrates: *First, do no harm*. Current discussion in both the professional and the lay press has drawn much attention to the need for serious scrutiny of medical errors, and there can be no question that reducing medical errors should be high on our list of professional priorities.

While medical errors can be traced to many participants within the health care delivery system, we as physicians—as Captains of the ship, so to speak—have a heightened responsibility, and there is at least one aspect of the problem that we can directly control: *the manner in which we prescribe drugs for our patients*. National data suggest that each office visit results in our patients getting one or more prescription written by us. Therefore, the hundreds of prescriptions we and our colleagues issue daily are of more than passing importance. The IOM report estimated over 7,000 deaths each year from medication errors. Other sources provide equally staggering estimates.

In its November 12, 2002 edition of *Circulation*, the American Heart Association suggested that the medical community could reduce the frequency and clinical impact of medication errors by implementing safer methods of ordering, dispensing and tracking medication.

Several other professional organizations have made recommendations this year to help reduce common medication errors. The Ohio Patient Safety Discussion Forum (PSDF), a task force organized under the auspices of the Ohio Department of Health and supported in its first educational initiative, *Ohioans FiRx_{st}*, by the Ohio Medical Quality Foundation, has recommended that Ohio physicians recognize and change their habit of using confusing abbreviations that have been shown to lead to medication errors. The PSDF's "tool kit" for helping health care organizations change their medical abbreviation practices will be introduced in conjunction with Patient Safety Awareness Week, March 9 - 15, 2003. More on the PSDF's *Ohioans FiRx_{st}* initiative appears on [page 7](#) of this issue of **Your Report**.

Also in this issue, you'll find an article developed with input from the Ohio State Pharmacy Board ([see page 5](#)), which outlines corrective actions you can all incorporate in your daily practice.

A little extra care in conveying our intent with respect to a patient's treatment can go a long way. And quality of patient care is what it's all about. Our individual effort to communicate clearly through our prescriptions is the underpinning of what must be a successful national initiative to eradicate the medical errors that threaten the safety of the American people. *Clearly written prescriptions by you can truly make a difference.* ♦

Dr. Somani is the Immediate Past-President of the State Medical Board of Ohio and former Chair of the Medical Board's Prescribing Committee.

GOALS (continued from page 2)

- Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.

Goal 3: Improve the safety of using high-alert medications.

Recommendations:

- Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
- Standardize and limit the number of drug concentrations available in the organization.

Goal 4: Eliminate wrong-site, wrong-patient and wrong-procedure surgery.

Recommendations:

- Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents, (e.g., medical records, imaging studies) are available.
- Implement a process to mark the surgical site and involve the patient in the marking process.

Goal 5: Improve the safety of using infusion pumps.

Recommendation:

- Ensure free-flow protection on all general-use and PCA intravenous infusion pumps used in the organization.

Goal 6: Improve the effectiveness of clinical alarm systems.

Recommendations:

- Implement regular preventive maintenance and testing of alarm systems.
- Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

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Illegible Prescriptions & Medication Errors

Poorly written prescriptions are a common cause of medication errors.

When he was President of the Wisconsin Medical Society, Jack Lockhart, M.D., gave his members advice that the Ohio State Medical Board would like to echo loudly to its prescribing licensees: **“Many doctors are notorious for their poor handwriting, and it’s time we all concentrate on writing**

prescriptions legibly. Clearer writing is the least we can do as a first step to improve patient safety overall.”

Patient safety is threatened by medical error, and specifically, to a significant degree, medication error. The

Board wants you to understand, and to do what you can to help prevent medication error and patient harm.

In 1999, the Institute of Medicine released its study entitled *To Err is Human: Building a Safer Health System*. That report claimed that between 48,000 and 98,000 people in the United States die each year as a result of errors in the delivery of health care services. “Medication errors alone, occurring either in or out of the hospital, are estimated to account for over 7,000 deaths annually.” The Washington-based Leapfrog Group for Patient Safety reported that more than “one million serious medication errors occur every year in U.S. hospitals.” One could logically conclude that in addition to the 7,000 deaths, medication

errors are likely responsible for many thousands of cases of delay in patients receiving their medication and of non-fatal adverse medical events.

There does not appear to be hard data at this point to break down in a highly detailed manner the causes of medication errors, and there are undoubtedly several different causes and types of such errors, but it is believed that poorly written prescriptions play a significant role in the problem. While acknowledging that there are multiple causes of medication error, the Leapfrog Group cites as one of the common causes of medication errors: “Illegible handwritten

prescriptions by physicians leading to administration of the wrong drug.”

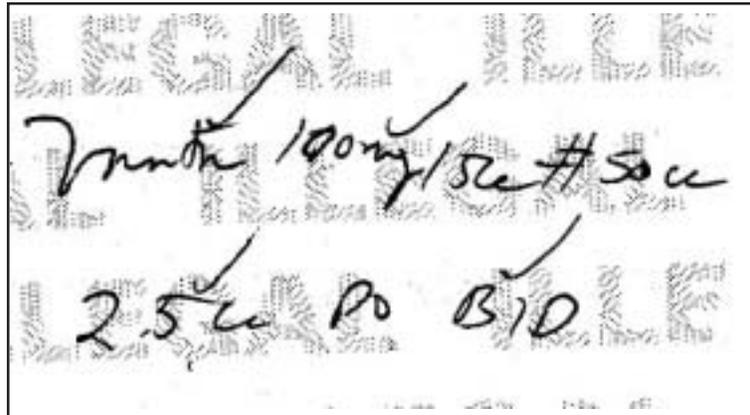
Sandra May, a PharmD, wrote in the October 2002 issue of *Community Pharmacist* that “Misinterpreting even one of the “five rights” of medication safety;

1) right patient,

2) right drug, 3) right dose, 4) right route, or 5) right frequency of administration, can have significant consequences.”

Ohio is not immune to this type of problem. In conversations with the Board of Pharmacy, the Medical Board has learned that, increasingly, pharmacists are coming before the Pharmacy Board for cases in which they have misinterpreted written prescriptions. In one case (see above), a prescription for Vantin was misread by the dispensing pharmacists as Motrin; each pharmacist member of the Pharmacy Board in turn examined the written prescription and saw the same thing.

While pharmacists have a duty to ensure that the drug being dispensed is the same as the



one being prescribed, and that may include contacting a prescribing physician when not sure of what drug the physician intended, this was a case in which there was no such uncertainty. The illegibility was such that it appeared *clearly* to be one drug when it was, in fact, another.

What You Can Do

A number of studies have documented that Computer Physician Order Entry (CPOE) in hospitals can significantly reduce the incidence of medication errors, a reduction of up to 88% in the number of serious medication errors according to one study in particular. The financial barriers to such a system can be significant, and a number of authors have commented that cultural factors—simply, the reluctance of some prescribers to enter prescriptions electronically rather than by hand—further restrict the adoption of such systems.

But there remain a number of things you can do to protect your patients short of computerized prescription entry. The first and most important is to be aware of the problem. Recognize that all of your hard work in evaluating and diagnosing your patient and developing a treatment plan can be undone by a carelessly written prescription. Once you make that realization, you can begin to understand the critical points at which errors can be introduced into the system. There are so many different drugs, many with similar sounding or looking names that, when written too quickly or with poor handwriting, can be confused. Specifically, you should consider the following:

- State law already limits you to a single order for controlled substances per prescription form and does not permit you to mix a prescription order for a controlled substance with any other drugs. For drugs

that are not controlled substances, put no more than three prescription orders on each prescription form (the Pharmacy Board showed us examples of as many as seventeen specific drugs listed on one sheet of a prescription pad);

- Print all prescriptions using a ballpoint pen, especially when using duplicate or triplicate forms;
- Use pre-printed prescription forms with your name and contact phone number clearly listed;
- Minimize the use of abbreviations and avoid those known to cause medication errors;
- Be available to clarify prescriptions with a pharmacy.

Above all, be cognizant of the fact the your prescription order is a communication between you and the dispensing pharmacist. For the sake of your patients, you should make the effort to ensure that the communication is clear and unambiguous. ♦

This article was developed in consultation with the Ohio State Board of Pharmacy

DO WE KNOW WHERE YOU ARE?

State law requires that . . .

- **you notify the Medical Board of a change of address within 30 days**
- **you provide both residence and principle practice addresses when you renew your license**

Health Care Leaders Join to Put Ohioans FiR_xst

Organization calls on individuals and institutions to adopt patient safety measures

In response to the Institute of Medicine's 1999 report on medical errors and prompted by Governor Bob Taft, Ohio's top health care leaders have joined forces as the Patient Safety Discussion Forum (PSDF) to identify and promote safeguards within the state's health care system. The group, representing state health care regulators, professional associations, and medical educators, is a cooperative venture between the public and private sector.

Medication errors have been identified as being among the most common health care mistakes, and one of the major causes of those errors is the ongoing use of potentially dangerous abbreviations in written and transcribed orders and prescriptions. Ohioans FiR_xst, the PSDF's

introductory initiative in Ohio, is aimed at reducing medication errors, and will be a springboard to other projects promoting patient safety. The goal of the Ohioans FiR_xst initial project, scheduled for launch during Patient Safety Awareness Week (March 9-10, 2003), is to eliminate the use of these five potentially dangerous abbreviations by 2005.

To aid in that effort, Ohioans First has developed a "tool kit" to help organizations and medical professionals eliminate the use of the five targeted abbreviations by recommending alternative ways for providers to convey their intended meaning. The tool kit, summarized below, along with references, links and other useful materials will be available on the Ohioans FiR_xst website, www.ohioansfirst.org, when the site goes live this March. ♦

Abbreviations to Avoid	Reason to Avoid	Best Practice
.5	Missing leading zeros may be misread as whole numbers	Always use zero before a decimal 0.5
1.0	Terminal zeros in whole numbers may be misread if decimal is not seen	Never use terminal zeros for doses expressed in whole numbers: 1
U or u	No acceptable abbreviation	Unit
µg	Mistaken for "mg"	microgram
q.d. or QD	Mistaken for q.i.d.	every day

Ohioans FiR_xst is an initiative of the Patient Safety Discussion Forum (PSDF)

Endorsed by

Ohio Department of Health, Ohio Hospital Association, Ohio KePRO, Ohio Nurses Association, Ohio Osteopathic Association, Ohio Patient Safety Institute, Ohio Pharmacists Association, Ohio State Board of Pharmacy, Ohio State Medical Association, Ohio University College of Osteopathic Medicine, State of Ohio Board of Nursing, and State Medical Board of Ohio.

Project Funded By

Ohio Medical Quality Foundation

On-Line Renewal on the Horizon

A computer system slated to “go live” later this year will give licensees the option of renewing via the internet.

Beginning sometime in the second half of 2003, the Medical Board plans to make available to its licensees direct on-line license renewal. The Board is replacing its antiquated computer database systems with a new, browser-based application that will allow the Board to manage virtually all of the processes in all of its departments through a secure web portal. Part of the new functionality will be the ability to offer licensees the option of filling out their renewal application and paying their renewal fees with a credit card from the comfort of their own home or office.

The Board is still a little early in the transitional process, and the exact details of how the on-line renewal system will function are not yet clear. Before the system goes live, the Board will make available explicit, detailed instructions for all potential users (see the Summer 2003 newsletter for details). In addition, the help features on the website will be clear and robust.

The Board does, however, have a basic understanding of the way the new system will work. The Board will continue to send each licensee a renewal notice. Once the on-line renewal system is ready for use, the renewal notice will include a password and instructions for locating the on-line renewal website. Each password will link to a single licensee.

Once the licensee logs on to the system using that password, the licensee will be required to check his or her home and practice addresses, to update them if necessary, to answer the questions found on the renewal card and to provide the other information currently required. You will not be able to move on to

the payment screens if all of the required information is not entered. **You must have a valid email address to renew on-line.** You will be asked to enter an email address, which will be used by the system to send an automated verification that you did complete your on-line renewal application. The email address will also be used to provide notification if your credit card payment is denied. Your email address entered in the on-line renewal system cannot be captured or used in any other way.

The new computer system will have the capacity to store an email address for use by the Board, and the Board will be encouraging its licensees to provide that information, but if you choose explicitly not to do so, the Board cannot have access to that information. The new software system is designed so that the Board and its staff never have access to the credit card information and email address you enter in the on-line payment process. As of now, the Board is considering which credit cards to accept, though Visa and Mastercard, at a minimum, appear likely.

The Board hopes that the convenience of this new process, when available, will make the process of renewing quicker and easier on all of its licensees, though you will continue to have the option of renewing by sending the paper renewal forms and a check to the Board. There will be more information available as the Board moves closer to implementation of the on-line renewal system. Look for the next *Your Report* for an update on the progress, and also keep an eye on the Board's web site at www5.state.oh.us/med/ for continuous updates as they become available.◆

Ohio's Senior Physicians Offer Inspiration

by Raymond J. Albert, Consumer Member

“These three medical heroes represent almost 200 years of quality medical practice between them.”

*Raymond J. Albert
OSMB Consumer Member*

From my earliest years on the State Medical Board, I always thought that our Board should do something to recognize and honor those senior physicians who have given so much to the citizens of our State and have maintained a good record throughout their years of practice. With the support of the Board, the Ohio General Assembly created a Physician Emeritus licensure status, which allows a physician to retire from practice with formal recognition of his or her past service as a member of the medical profession. I am pleased to spotlight some of our distinguished Emeriti for you here.

About two years ago, I saw an article in my local paper, the *Lancaster Gazette*, about **Dr. Herbert Amstutz**, a doctor who was 100 years old and had had an outstanding career. Dr. Amstutz was a maxofacial surgeon in WWII during the invasion of Europe and was the recipient of five Bronze Stars. He was licensed to practice in Ohio in 1934 and told me when we met that he had delivered 350 babies in his first seven years of practice. Dr. Amstutz recalled that he earned \$1 for an office call, \$2 for a house call, and \$25 for delivering a baby—when he got paid.

It is hard to find a person of middle-age or older in Lancaster whose life Dr. Amstutz did not touch. He taught high school for 16 years before he went to medical school, and then

worked his way through school as an instructor. One of his high school pupils was General Curtis LaMay, and one of his college students was Dr. Arthur James, for whom the cancer hospital at Ohio State University is named. Dr. Amstutz told me that he decided to retire when his malpractice insurance cost him more than he was taking in, although he had never been the subject of a complaint or a lawsuit. At a Medical Board ceremony, we awarded the doctor an Emeritus license and presented him with a Commendation from Governor Bob Taft.

Medical Board member Dr. Anita Steinbergh told me about a physician living in a Columbus retirement home, **Dr. James Mendelson**, who was 103 years old. I stopped in to see the doctor, and we subsequently developed a very close friendship that continued until his death this past fall at age 104. My almost weekly visits with him brought me a new story each time. Dr. Mendelson was licensed to practice medicine in 1923 and practiced for 71 years without a single complaint. He told me that anyone who came into his office honored him by trusting their health and lives to him. He also said that he never tried to be the smartest doctor in the world, but always tried to be the kindest. I was honored to be able to present both an Emeritus license and a Commendation from Governor Taft to Dr. Mendelson in the presence of his family and members of the Medical Board.

Another senior physician I have been privileged to meet is **Dr. William Garrett**, who lives with his wife in an assisted living facility in Chillicothe. Dr. Garrett was first licensed to practice medicine in Ohio in 1934 and maintained a perfect record. I asked Dr. Garrett when he decided to become a doctor. He told me that when he was a young boy, he and his father were cutting mine timbers when a local physician came riding by on horseback after visiting Dr. Garrett's cousin, who was ill with pneumonia. Dr. Garrett's admiration for that man started him towards a medical

career. Dr. Garrett served in WWII in the North Atlantic Sea and Air Rescue Unit. His entire medical career has been spent in southern Ohio, an area which has long been considered to be underserved. Dr. Garrett and Dr. Amstutz had attended medical school together at Ohio State, but had not seen each other for 50 years until we brought them together for recognition by the Medical Board.

These three medical heroes represent almost 200 years of quality medical practice between them. Since my call for recognition of senior physicians appeared in the most-recent issue of *Your Report*, we have been contacted about more than 20 physicians, and the calls and letters keep arriving.

I think that, too often, the Medical Board is perceived as a faceless government agency that carries out its licensing and regulatory duties without regard for its licensees as individuals. But from my experience as a public member of the Board for more than 15 years, I know otherwise. The Board's history of working with impaired practitioners and helping them toward recovery is only one example of the Board's interest in supporting practitioners who seek to deliver quality medical care. Recognition of our senior doctors is another example. These individuals gave so much to Ohio's citizens in an age when medicine was practiced in a much different way, often with little financial reward but with more time to compassionately administer to and listen to patients. From my encounters with these senior physicians, I have also learned that their contributions to their communities go far beyond the practice of medicine.

Perhaps in coming issues we can bring you more stories of Ohio's senior physicians that you will find, as I have, to be a source of inspiration. ♦

Mr. Albert, a recognized Ohio historian, is beginning his 16th year as a consumer member of the State Medical Board of Ohio.

New Medical Board Rules

The Medical Board has promulgated a number of administrative rules since the Summer 2002 issue of *Your Report*. The new rules are summarized below. The full text of all the new rules can be found on the Board's website at www.state.oh.us/med/rules/recentrules.htm. Just click on the rule number for each rule.

Section 119.032 of the Revised Code requires that all State agencies review each of their administrative rules every five years. The Board's **Examination rules**—Chapter 5 of the Ohio Administrative Code—were reviewed and amended pursuant to the 119.032 five-year review requirement and became effective on September 30, 2002.

The Board currently offers examinations for licensure in Massage Therapy and Cosmetic Therapy. The Chapter 5 rules, in conjunction with sections of Chapter 1 of the Administrative Code and 4731.16 and 4731.19 of the Revised Code, govern the Board's examination procedures. These rules apply only to examinations administered by the Board and not to other examinations that may be required for licensure, such as the USMLE.

In chapter 5, all of the rules were amended as to form. In addition, 4731-5-01 was amended to combine pre-test requirements into a single rule. 4731-5-04 was amended to make explicit board policy regarding reimbursement of exam fees. 4731-5-03 clarifies cumbersome and outdated language. 4731-5-08 was rescinded and the language of that rule was reintroduced in a clearer form in new rule 4731-5-02. Old

See **RULES** on page 24

STATE MEDICAL BOARD OF OHIO

DISCIPLINARY ACTIONS

June 2002 - December 2002

ADAMSON, Robin Rae aka **HAWN**, Robin Rae
(PA #541) – Delaware

Board Order - Physician assistant's certificate of registration permanently revoked based on her failure to practice in accordance with approved utilization plans due to her having examined, diagnosed and/or treated established patients with new conditions, or her having permitted P.A. students under her supervision to do so, when those patients had not been seen and personally evaluated by the supervising physician prior to initiation of treatment; her having prescribed and/or furnished, or supervised the prescribing or furnishing of, dangerous drugs to patients without prior specific orders from a physician; and her failure to properly record information about her medical orders. Order mailed 12/13/02; Order effective 12/13/02. **Court Action** - Notice of appeal of Board's 12/11/02 Order filed by physician assistant with Franklin County Court of Common Pleas on 12/27/02. Notice of dismissal of appeal filed by P.A. on 1/10/03.

ADAMSON, Wallace Cobner (MD #49575) – Delaware

Board Order - Medical license permanently revoked based on physician's failure to properly supervise

physician assistant in accordance with approved utilization plans by permitting her to examine, diagnose or treat established patients with new conditions without the doctor seeing and personally evaluating those patients prior to initiation of treatment; and failure to properly countersign P.A. medical orders. Order mailed 12/13/02; Order effective 12/13/02. **Court Action** - Notice of appeal of Board's 12/11/02 Order filed by doctor with Franklin County Court of Common Pleas on 12/27/02.

ALDRETE, Jorge Antonio (MD #28690) - Birmingham, AL
Voluntary Surrender - Doctor's voluntary surrender of medical license accepted by Board in resolution of requirements of 11/11/01 consent agreement. Doctor ineligible for reinstatement or licensure in the future. Effective 11/12/02.

ALLEN, David E. (MD #50640) - Columbus

Consent Agreement - Medical license suspended for at least 180 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent

Tips from the CME, Records & Renewal Department

Lost or misplaced your wall certificate or wallet card?

Now you can download an affidavit for a replacement from the State Medical Board's website at <http://www5.state.oh.us/med/licensees.htm>. Complete the applicable affidavit, have it notarized and forward it to the Medical Board offices at 77 South High Street, 17th Floor, Columbus, Ohio 43215-6127. Originals only, please; faxed copies cannot be accepted.

Endorsing to another State Medical Board?

If you are applying for licensure in another state and need a letter of Good Standing or a completed state verification form, you have the option of mailing your request to the Board offices or faxing it directly to the Records Department at (614) 644-1464. We process letters of Good Standing and licensure verification forms free of charge!

agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admission that he wrote prescriptions in the names of others for his own use; and on history of alcoholism, opiate dependency and relapse, for which he has sought treatment through a Board-approved provider. Effective 8/14/02.

AMON, Joseph P. (DO #3165) – Canfield
Board Order - Application for restoration of medical license permanently denied based on applicant's plea of guilty to one felony count of Conspiracy to Distribute Cocaine and the acts underlying that plea, which served as the basis for the Board's 11/11/87 revocation Order; and prior action against applicant's Colorado license by that state's medical board based on the above-referenced guilty plea. Order mailed 7/12/02; Order effective 7/12/02.

ANGTUACO, Ernesto V. C. (MD #38360) - Youngstown
Consent Agreement - Medical license limited by establishment of conditions for reinstatement/restoration of lapsed license, including requirement that doctor enter into subsequent probationary consent agreement to monitor practice. Based on doctor's admission that he is currently unable to practice medicine due to bipolar disorder. Effective 8/14/02.

AUBRECHT, John R. (MT #5350) - Newburgh Heights
Board Order - Application for restoration of massage therapy certificate granted provided that applicant takes and passes the limited branch portion of the massage therapy examination within one year of the mailing of the July 2, 2002 notice of opportunity for hearing. Order mailed 11/19/02; Order effective 11/19/02.

BAJAJ, Anil K. (MD #71601) – Parsippany, NJ
Pre-hearing Suspension - Pursuant to Section 4731.22(l), O.R.C., medical license automatically suspended effective 12/11/02 based on doctor having been found guilty of one felony count of Gross Sexual Imposition and one felony count of Sexual Battery. Notice mailed 12/19/02.

BALDWIN, Mark Denison (DO #5880) - Columbus
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 8/14/02; agreement to remain in effect for at least five years prior to any request for termination.

BARTON, Fred D. (MD #28424) - Tallmadge
Voluntary Retirement - Doctor's permanent voluntary retirement accepted by Board in lieu of further investigation related to possible violations of Sections

4731.22(B)(6) (failure to conform to minimal standards of care) and/or (B)(19) (inability to practice by reason of mental or physical illness), O.R.C. Effective 7/9/02.

BAUM, Diane Lynn (MT #11740) - Mansfield
Consent Agreement Application for certificate to practice massage therapy granted, subject to probationary terms, conditions and limitations to monitor practice. Based on massage therapist's diagnosis of bipolar disorder, for which she continues to receive treatment; and on massage therapist having been deemed by her treating psychiatrist to be capable of practicing according to acceptable and prevailing standards of care. Effective 8/14/02; Agreement to remain in effect for at least five years prior to any request for termination.

BOONE, Lewis Benton, Sr. (MD #59968) - Ashland, KY
Board Order - Medical license permanently revoked based on prior action against doctor's Kentucky license following findings that doctor excessively and otherwise improperly prescribed controlled substances, including narcotics and benzodiazepams. Order mailed 8/19/02; Order effective 8/19/02.

BRIGGS, Jeffrey Allen (MD #44176) - Powell
Consent Agreement - Medical license suspended for at least 180 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on history of alcohol dependence and relapse, for which doctor has sought treatment through a Board-approved provider; and on doctor's admissions that he failed to provide the Board with complete and accurate information on his license renewal application pertaining to relapse, and that he prescribed controlled substances to two individuals with whom he had not established an appropriate physician-patient relationship and for whom he did not maintain records. Effective 10/10/02.

BRUMFIELD, Daniel Howard (MD #65317) – Enon
Consent Agreement - Medical license suspended for at least 270 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on doctor's admissions that he has sought treatment for cocaine dependency through a Board-approved provider; that he has left otherwise blank, pre-signed prescriptions at his office for use by his staff, and that he authorized his staff to administer influenza injections to patients in his office with no supervising physician present. Eff. 12/12/02.

BUCKAU, Jeffrey Allen (DO #6350) - Sarasota, FL
Voluntary Surrender - Permanent voluntary surrender

of medical license accepted by Board in resolution of all obligations arising from 7/14/00 consent agreement, and in lieu of formal disciplinary proceedings based on doctor's voluntary surrender of his North Dakota medical license; doctor permanently ineligible for Ohio licensure in the future. Effective 8/30/02.

BYKOV, Victor (MD #68421) - Kirtland

Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 8/14/02; agreement to remain in effect for at least five years prior to any request for termination.

CAGLE, Orel Huston (MD #21548) - Kettering

Voluntary Surrender - Doctor's permanent surrender of medical license accepted by Board in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(10), O.R.C., based on doctor's prescribing of drugs. Effective 10/31/02.

CALIGARIS, Joseph Thayer (MD #50658) - Cincinnati

Consent Agreement - Terms, conditions and limitations established, including requirements that doctor participate in practice assessment through the Colorado Physicians Effectiveness Program (CPEP), complete any recommended remediation, and, if no remediation is required, practice subject to probationary terms and conditions for at least three years. Agreement entered in lieu of further formal proceedings or determinations at this time based on and to address allegations set forth in 7/10/02 notice of opportunity for hearing, including concerns about patient care where improvement over past practices is appropriate. Effective 12/20/02.

CALLION, Raleigh Shipp (MD #49458) - Columbus

Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 8/14/02; agreement to remain in effect for at least five years prior to any request for termination.

CHANDLER, Eugene J. (MD #25780) - Scottsdale, AZ

Voluntary Retirement - Doctor's voluntary retirement accepted by Board in lieu of formal disciplinary proceedings based on actions by Arizona's medical board. Doctor ineligible for reinstatement or licensure in the future. Effective 12/10/02.

CHANDRASEKHAR, Subramaniam (MD #79201) - Wheeling, WV

Consent Agreement - Probationary terms, conditions

and limitations imposed to monitor practice based on history of alcohol dependence, for which doctor completed treatment through a Board-approved provider; determination that doctor is capable of practicing medicine according to acceptable & prevailing standards of care so long as treatment and monitoring requirements are in place; and prior action by West Virginia's medical board related to doctor's alcohol dependence. Agreement effective 8/14/02; agreement to remain in effect for at least five years prior to any request for termination.

CHEEK, John Arthur (MD #47871) - Columbus

Voluntary Surrender - Doctor's voluntary surrender of medical license accepted by Board in lieu of doctor's continuing compliance with the terms of a 3/02 Step I consent agreement. Doctor ineligible for reinstatement of licensure in the future. Effective 11/29/02.

CLARK, Allan William (MD #57420) - Boardman

Consent Agreement - Medical license suspended for at least 180 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on doctor's admitted history of chemical dependency and relapse, for which he has sought treatment through a Board-approved provider. Effective 12/12/02.

CODDINGTON, Robert Dean (MD #29667) - St. Clairsville

Interim Agreement - By interim agreement effective 10/9/02, doctor agreed to refrain from prescribing opioids or narcotics in any form to Ohio patients until allegations contained in 7/10/02 notice of opportunity for hearing have been fully resolved.

CRAWFORD, Steven Warren (MD #67148) - Portsmouth

Consent Agreement - Medical license suspended for at least 90 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admission that he has sought treatment for chemical dependency through a Board-approved provider; and that he obtained controlled substances for his own use by taking samples from office stock and taking hydrocodone ordered from drug wholesalers. Eff. 8/14/02.

CRAWFORD, William Lawrence (MD #32527) - Warren

Consent Agreement - Medical license suspended for at least 90 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on history of alcohol dependence and relapse, for which he has

sought treatment through a Board-approved provider.
Effective 9/11/02.

DAVIS, Leslie Leon (MD applicant) - Ada
Board Order - Application for medical licensure denied. Order entered due to doctor's failure to submit to a Board-ordered psychiatric examination, which by law constitutes an admission that he is unable to practice according to acceptable and prevailing standards of care by reason of mental or physical illness (Journal Entry). Order mailed 10/10/02; Order effective 10/10/02.

DICELLO, Michael Andrew, Jr. (MD #31517) - Mentor
Pre-hearing Suspension - Pursuant to Section 3719.121(C), O.R.C., medical license immediately suspended based on doctor having been found guilty of four felony counts of Illegal Processing of Drug Documents. Suspension effective upon personal service of notice on 11/18/02. **Voluntary Surrender** - Permanent revocation of medical license authorized by doctor in lieu of further formal proceedings based on doctor having been found guilty of four felony counts of Illegal Processing of Drug Documents. Eff. 12/31/02.

EL-MAHDY, Amr Hamid (MD #51158) - Warren
Board Order - Medical license indefinitely suspended; conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Order entered due to doctor's failure to comply with Board-ordered examination for possible inability to practice according to acceptable and prevailing standards of care by reason of mental or physical illness. Order mailed 12/12/02; Order effective 12/12/02. **Court Action** - Notice of appeal of Board's 12/11/02 suspension Order filed with Medical Board on or about 12/27/02 and with Franklin County Court of Common Pleas on or about 12/30/02.

FELTER, Christian Tilen (MD training certificate #3026) - Toledo
Consent Agreement - Training certificate reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 8/14/02; doctor to complete minimum five year probation under any subsequent training certificates or other certificates that Board may grant. **Consent Agreement** - Medical license suspended for at least 365 days; interim monitoring conditions and conditions for consideration for renewal/issuance of a certificate established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on violation of conditions of limitation imposed on license by 8/00 consent agreement and impairment of ability to

practice according to acceptable and prevailing standards of care due to chemical dependency relapse. Effective 12/11/02.

FRENZ, John Allen (MD #30978) - Pearl, MS
Board Order - Medical license revoked based on prior action against doctor's license by Mississippi's medical board following an investigation that indicated that doctor was currently unable to practice medicine with reasonable skill and safety to patients. Order mailed 12/13/02; Order effective 12/13/02. **Court Action** - Notice of appeal of Board's 12/11/02 revocation Order filed by doctor with Franklin County Court of Common Pleas on or about 12/27/02.

GARRIEL, Brenn Isidoro (DPM #3249) - Youngstown
Board Order - Podiatry license permanently revoked based on prior action against doctor's Indiana podiatry license following its findings that doctor had forged the signature of his employer to hydrocodone prescriptions; prior action by the Pennsylvania board based on Indiana's action; and doctor's failure to provide Ohio medical board with complete and accurate information during initial licensure process. Order mailed 6/13/02; Order effective 6/13/02. **Court Action** - Notice of appeal of Board's 6/12/02 permanent revocation Order filed by doctor in Franklin County Court of Common Pleas on or about 6/24/02.

GAYNOR, Steven P. (DPM #2273) - Toledo
Voluntary Surrender - Voluntary surrender of podiatry license accepted by Board in lieu of formal disciplinary proceedings based on impairment of ability to practice due to a mental disorder (psychotic disorder not otherwise specified); and in lieu of further investigation at this time regarding potential violations related to a pending criminal charge of Sexual Imposition. Effective 12/10/02.

GEORGE, Walter Lloyd, Jr. (MD #43159) - Beachwood
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 9/11/02; agreement to remain in effect for at least five years prior to any request for termination.

GERACI, Thomas L. (DPM #2265) - Hilliard
Board Order - Permanent revocation of podiatry license stayed, subject to suspension for at least 18 months; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least seven years established. Based on impairment of ability to practice according to acceptable and prevailing standards of care and violation of conditions of limitation

imposed on license by 3/98 consent agreement due to relapse on heroin. Order mailed 8/19/02; Eff. 8/19/02.

GERMANO, Gene A. (MD applicant) - Warren, OH/
St. Petersburg, FL

Board Order - Application for medical licensure permanently denied based on applicant having been found guilty of one misdemeanor count of Attempted Illegal Processing of Drug Documents; denial of his application for licensure in Virginia based in part on his having made false statements and representations in that application; denial of his application for licensure in Tennessee based on criminal history and unethical conduct; and his failure to provide complete and accurate information on his application for Ohio medical licensure. Order mailed 10/11/02; Eff. 10/11/02. **Court Action** - Notice of appeal of Board's 10/02 Order permanently denying licensure filed by applicant on or about 10/25/02.

GIPE, Dannie K., Jr. (MD applicant) - Lakewood
Court Action - By Decision filed on 10/11/02, Franklin County Court of Common Pleas affirmed Board's 2/13/02 Order permanently denying application for medical licensure. **Court Action** - Notice of appeal of 10/25/02 Court of Common Pleas Decision filed by doctor with Tenth District Court of Appeals on or about 11/25/02.

GOVIER, Ann Verlene (MD #51156) - Toledo
Consent Agreement - Medical license suspended for at least 180 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's history of chemical dependency and relapse, for which she has sought treatment through a Board-approved provider; and violation of conditions of limitations imposed on license by 1/17/02 consent agreement due to failure to abstain from alcohol. Effective 6/12/02.

GRIERSON, Archibald L. (MD #31163) - Cleveland Hts.
Pre-hearing Suspension - Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended based on Board's determination that there is clear and convincing evidence that doctor is unable to practice according to acceptable and prevailing standards of care due to mental illness (Alzheimer's disease); and that doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed 6/13/02; notice hand-delivered 6/19/02; suspension effective upon service of notice. **Board Order** - Medical license revoked based on inability to practice according to acceptable and prevailing standards of care due to mental illness (Alzheimer's Disease). (Journal Entry - no hearing requested) Order mailed 8/19/02; Order effective 8/19/02.

HALL, Darrell Andre (MD #72948) - Toledo
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place, including requirement that he continue psychiatric treatment and compliance with prescribed medications related to his diagnosed Adult Attention Deficit Disorder. Agreement effective 8/14/02; agreement to remain in effect for at least five years prior to any request for termination.

HAREWOOD, Sandra Kay (MD #45538) - Kettering
Consent Agreement - Medical license suspended for at least 90 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admitted history of alcohol abuse and relapse, for which she has sought treatment through a Board-approved provider. Effective 8/14/02.

HELPHENSTINE, James Charles (DO #4200) - Miamisburg
Pre-hearing Suspension - Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended pursuant to Board's determination that there is clear and convincing evidence that doctor violated conditions of limitation imposed on his license by 9/99 consent agreement and that his ability to practice is impaired due to habitual or excessive use or abuse of drugs; and Board determination that doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed 9/12/02; suspension effective upon personal service of notice on 9/13/02.

HERNANDEZ, Cesar Ruben (MD applicant)
Greensboro, NC/Silver City, NM
Board Order - Application for medical license granted; doctor reprimanded based on prior action against his New York medical license, which included his admission that he had practiced medicine with negligence on more than one occasion. Order mailed 6/25/02; Order effective 6/25/02.

HIGHBERGER, W. Andrew (MD #56976) - Marysville
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 7/10/02; agreement to remain in effect for at least five years prior to any request for termination.

HORACEK, Henry J. (MD applicant) - Charlotte, NC
Board Order - Application for medical licensure denied based on prior action against doctor's licenses in North

Carolina and California, following findings by the North Carolina board that there were serious questions regarding acknowledged violations or the appearance of violations of the physician-patient boundary; and doctor's alleged failure to cooperate with the Ohio Board's investigation. (Journal Entry - no hearing requested) Order mailed 11/14/02; Order eff. 11/14/02.

HOSTLER, John Andrew (MD #55503) - Columbus
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on matters at issue in criminal charges (Possessing Child Pornography) pending against doctor in U.S. District Court. Effective 10/31/02.

HOWELL, Norman S., Jr. (DO #3148) - Kirksville, MO
Voluntary Surrender - By Amended Entry of Order filed on 10/7/02, Medical Board vacated its 6/12/02 Entry of Order revoking doctor's medical license and accepted doctor's permanent surrender of certificate. Action taken pursuant to settlement agreement ratified by Board on 11/9/02, in resolution of doctor's pending appeal.

HUTCHINSON, Roy Merle (MD applicant) - Petersburg, MI
Board Order - Application for medical license denied based on applicant's failure to provide complete and accurate information on licensure application pertaining to investigations, complaints and allegations involving Iowa's medical board; and failure to cooperate with an Ohio Medical Board investigation. (Journal Entry - no hearing requested) Order mailed 12/12/02; Order effective 12/12/02.

IBEN, Glenn Allan (MD #53297) - Columbus
Consent Agreement - Probationary terms, conditions and limitations imposed based on a determination, following a Board-ordered evaluation, that doctor's diagnoses include Major Depressive Disorder, Recurrent, in Partial Remission, and that he is currently able to practice according to acceptable and prevailing standards of care, subject to specified monitoring conditions. Agreement effective 12/11/02; agreement to remain in effect for at least two years prior to any request for termination.

JACOBS, Michael Bernard (MD #57031) - Las Vegas, NV
Board Order - Doctor reprimanded; ordered to provide, within six months, acceptable documentation of successful completion of a course dealing with the prescribing of controlled substances. Based on prior action against doctor's Florida license following allegations that he failed to meet acceptable standards of care in his treatment of a specified patient who suffered from chronic headaches. Order mailed 10/9/02; Order effective 10/9/02. **Court Action** - Notice of appeal of Board's 9/02 reprimand Order filed by doctor with Franklin County Court of Common Pleas on 10/11/02.

JAIN, Vikas Kumar (MD #76297) - Newark
Consent Agreement - Medical license suspended for at

least 270 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on impairment of ability to practice according to acceptable and prevailing standards of care due to alcohol dependence, for which doctor has sought treatment through a Board-approved provider; and doctor's failure to advise the Board on his license renewal application that he had been convicted of Driving Under the Influence, a first degree misdemeanor. Effective 12/11/02.

JOHNSON, Cynthia Joan (PA #1350) - Cleveland Hts.
Consent Agreement - Certificate to practice as a physician assistant indefinitely suspended; interim monitoring conditions and conditions for reinstatement established, including requirement that P.A. enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on P.A.'s admissions that she pled guilty to misdemeanor charges of Disorderly Conduct and Criminal Trespass, and that she has been diagnosed with alcohol dependence/abuse and depression, for which she has sought treatment through a Board-approved provider. Effective 10/10/02.

JOSEY, Willie Leroy (MD #55467) - South Shore, KY
Court Action - Doctor's notice of voluntary dismissal of appeal filed with Franklin County Court of Common Pleas on 6/18/02, resulting in dissolution of stay and imposition of Board's 3/13/02 indefinite suspension Order effective 6/18/02.

KALIA, Jitander N. (MD #66425) - Vienna
Board Order - Thirty day suspension of medical license stayed subject to probationary terms, conditions, and limitations for at least two years. Based on doctor having been found guilty of one misdemeanor count of Sexual Imposition. Order mailed 1/8/03; Order effective 1/8/03.

KAY, William Ezra (MD #42763) - Pepper Pike
Board Order - Medical license permanently revoked based on doctor having been found guilty of one felony count of Conspiracy to Defraud the United States and one felony count of Mail Fraud. Order mailed 7/12/02; Order effective 7/12/02.

KENNEN, James Michael (DO #4546) - Cleveland
Board Order - Medical license suspended for at least one year; interim monitoring conditions, conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least three years established. Based on violation of conditions of limitation imposed on license by 10/10/01 consent agreement due to alcohol relapse. Order mailed 8/16/02; Order effective 8/16/02.

KIRKENDALL, Dean Alan (MD #50844) - Columbus
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(26), O.R.C., which permits the Board to take action based on impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances. Effective 11/13/02.

KITCHEN, Anthony W. (MD #69821) - Belpre
Board Order - Indefinite suspension of medical license stayed subject to probationary terms, conditions, and limitations for at least three years. Based on doctor's diversion of Demerol, a Schedule II controlled substance, for his personal use; and prior action against doctor's license by West Virginia's medical board. Order mailed 1/8/03; Order effective 1/8/03.

KNOWLTON, David Alexander (MD #62797) - Springfield, OR
Board Order - Medical license permanently revoked based on prior action against doctor's license by Oregon's medical board following doctor's stipulation that he engaged in conduct constituting unprofessional or dishonorable conduct, gross or repeated negligence, prescribing controlled substances without a legitimate medical purpose or following accepted procedures, and performing artificial insemination upon a patient without consent. (Journal Entry - no hearing requested) Order mailed 11/14/02; Order effective 11/14/02.

LEVIN, Allan Bertram (MD #28488) - Middleton, WI
Consent Agreement - Doctor reprimanded based on prior action against his license by Wisconsin's medical board following findings that his staff routinely billed for services as purportedly provided by doctor, when patients had actually been seen by doctor's partners or residents when he was out of town. Effective 8/21/02.

LEWIS, Carol Elaine (MD #61461) - Cleveland
Consent Agreement Medical license suspended for at least 180 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admitted history of alcohol dependency and relapse; history of psychiatric treatment for diagnoses that include Bipolar II Disorder, Borderline Personality Disorder, and Major Depressive Disorder; and failure to provide complete and accurate information on license renewal applications pertaining to alcohol dependency & 1994 misdemeanor conviction for petty theft. Eff. 8/14/02.

LITTLEHALE, Robert Ferguson, Jr. (MD #66214)
Ottawa Hills
Voluntary Retirement - Voluntary retirement of medical license accepted by Board in lieu of further investigation

related to possible violations of Ohio's medical practices act based on doctor's voluntary retirement of his New Mexico medical license; doctor permanently ineligible for Ohio licensure in the future. Effective 9/9/02.

MANNINO, Joseph Robert, Jr. (DO #2973) - Coral Springs, FL
Board Order - Doctor reprimanded based on prior action against his Florida license by that state's osteopathic medical board based on his treatment of a specified patient who was subsequently diagnosed with colon cancer by another physician. Order mailed 12/13/02; Order effective 12/13/02.

MAZZI, James Albert (DO #939) - Hubbard
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on doctor's pleas of guilty to thirteen misdemeanor counts of attempted trafficking in drugs. Effective 5/21/02.

MCCOLLISTER, Randall Lynn (MD #48013) - Ironton
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on doctor having plead guilty in Federal District Court to one felony count of Conspiracy to Engage in the Business of Dispensing and Distributing Controlled Substances. Effective 12/11/02.

MCNAMEE, Brian F. (MD #35216) - Cleveland
Consent Agreement - Indefinite suspension imposed by 4/10/02 consent agreement terminated; permanent revocation of medical license stayed, subject to suspension for at least one year; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's history of chemical dependence and relapse, and diagnosis of major depressive disorder; and violation of conditions of limitation imposed on license by 4/10/02 consent agreement due to failure to abstain from alcohol. Effective 6/12/02. **Consent Agreement** - Permanent revocation of medical license stayed, subject to suspension for at least three years; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement to monitor practice. Based on doctor's admission that he violated conditions of limitation imposed on his license by 6/02 consent agreement due to alcohol relapse. Effective 11/29/02.

MICHAELIS, Kenneth Norton (MT #4478) - St. Louisville
Board Order - Massage therapy certificate suspended for at least 180 days; conditions for reinstatement and subsequent probationary terms, conditions, and limitations for at least three years established. Based on massage therapist's plea of guilty in federal court to one felony count of Introduction of an Unapproved Drug

[Laetrile] into Interstate Commerce. Order mailed 1/8/03; Order effective 1/8/03.

MILLER, David Ronald (MD #37602) - Marion
Consent Agreement - Medical license indefinitely suspended; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement to monitor practice. Based on doctor's admission that he is currently unable to practice medicine due to major depressive disorder. Effective 11/20/02.

MILLER, Ronald Lee (MD #44451) - Columbus
Consent Agreement - Doctor reprimanded; probationary terms, conditions and limitations established by 7/10/96 consent agreement remain in effect. Based on doctor's admission that he violated conditions of limitation imposed on his license by 7/10/96 consent agreement by failing to obtain Board approval prior to being employed by Focus Health Care, Inc. Effective 8/14/02.

MOLISKY, Jon Alan (DO #3447) - Boardman
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(26) (impairment of ability to practice according to acceptable and prevailing standards of care due to drug or alcohol misuse/abuse) and (B)(15), O.R.C., (violation of conditions of limitation previously imposed on license by the Medical Board). Effective 7/8/02.

MORRIS, Louise Delyte (PA #354) - Cedarville
Consent Agreement - Physician assistant registration suspended for at least 180 days; interim monitoring conditions and conditions for reinstatement established, including requirement that physician assistant enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on physician assistant's admission that she relapsed on Vicodin, which she obtained by requesting written prescriptions from one of her physician employers and by deceptively instructing office staff to phone in additional prescriptions to pharmacies using the employing physician's name without his knowledge. Effective 8/14/02.

O'BRIEN, Michael J. (DO #6651) - Steubenville
Board Order - Permanent revocation of medical license stayed, subject to indefinite suspension for at least four years; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years established. Based on impairment of ability to practice according to acceptable and prevailing standards of care due to doctor having self-administered controlled substances and dangerous drugs which he obtained and used while on duty as an anesthesiologist; and doctor's plea of guilty to felony and misdemeanor counts

including Theft of a Dangerous Drug and Possession of Dangerous Drugs, for which he was found eligible for intervention in lieu of conviction. Order mailed 10/9/02; Order effective 10/9/02.

PACHUDA, Nicholas Michael (DPM #2865) - Sandusky
Board Order - Permanent revocation of medical license stayed subject to indefinite suspension of at least eighteen months; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least five years established. Based on doctor having engaged in sexual conduct in front of a patient. Order mailed 12/12/02; Order eff. 12/12/02.
Court Action - Notice of appeal of Board's 11/13/02 suspension Order filed by doctor with Franklin County Court of Common Pleas on or about 12/16/02. By Entry filed 12/19/02, Court of Common Pleas granted doctor's motion for a temporary stay of Board's 11/13/02 Order until 1/16/03, subject to doctor maintaining an open door policy and having a chaperone physically present during patient visits. By Entry filed 1/21/03, Court of Common Pleas granted doctor's motion for a stay of Board's Order, noting that doctor has agreed to maintain an open door policy and have a chaperone physically present during patient visits.

PADHIAR, Ashok Vishram (MD #52511) - Circleville
Consent Agreement - Revocation of medical license stayed, subject to suspension for at least 270 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admissions that he failed to provide complete and accurate information pertaining to multiple misdemeanor convictions for DUI on applications for renewal of his medical license, and that he has been diagnosed with alcohol dependence, for which he has sought treatment through a Board-approved provider. Effective 9/11/02.

PARADIES, Karen M. (MD #81388) - Cincinnati
Pre-hearing Suspension - Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended based on board's determination that there is clear and convincing evidence that doctor is unable to practice according to acceptable and prevailing standards of care due to alcohol and cocaine dependence; and that doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed 11/14/02; suspension effective upon service of notice on 11/23/02.

POJE, Joanne (MD #78117) - Sidney
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring

requirements are in place. Agreement eff. 12/11/02; agreement to remain in effect for at least five years prior to any request for termination.

PORTALES, Arturo (DO #5032) – Richmond, KY
Voluntary Surrender - Doctor's voluntary surrender of medical license accepted by Board in resolution of requirements of 2/13/02 Entry of Order and in lieu of formal disciplinary proceedings based on 5/15/02 action by Kentucky's medical board. Doctor ineligible for reinstatement or licensure in the future. Eff. 11/29/02.

PORTER, Stephen Randall (MD #69802) - Oxford
Consent Agreement - Medical license suspended for at least 90 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admitted history of alcohol dependency and relapse, and his failure to self-report relapse as required by Board rule. Effective 8/14/02.

PURYEAR, Aki Sefaro (MD applicant) - Wilmington, DE
Application Withdrawn - Request to withdraw application for Ohio medical licensure accepted by board in lieu of formal disciplinary proceedings based on applicant's admission that he has been diagnosed with opiate dependence (hydrocodone), in remission; and that he failed to provide complete and accurate information on his application for Ohio medical licensure regarding criminal charges filed against him for Criminal Impersonation, a misdemeanor, and Obtaining a Controlled Substance by Forgery, a felony. Eff. 7/10/02.

RAMOS, Jesus Asung (MD #32174) - Strongsville
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on his plea of guilty to five felony counts of Trafficking in Drugs. Effective 8/12/02.

REINGLASS, James Lowell (MD #31883) – Canton
Consent Agreement - Medical license indefinitely suspended; interim monitoring and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on a determination, following a Board-ordered evaluation, that doctor has the mental disorder of Major Depressive Disorder, Recurrent, Severe with Psychotic Features, which renders him currently unable to practice according to acceptable and prevailing standards of care. Effective 12/11/02.

ROCHON, Gary R. (MD applicant) - Yarmouth, ME
Board Order - Application for medical licensure permanently denied based on prior action against

doctor's license by Wisconsin's medical board following findings that he engaged in sexual relations with two female psychiatric patients; and on prior action by Maine's medical board involving doctor's application for a temporary educational certificate. Order mailed 1/8/03; Order effective 1/8/03.

RODMAN, Harvey Meyer (MD #57750) - Cleveland Hts.
Board Order - Application for reinstatement of medical license permanently denied based on acts that served as the basis for prior actions against doctor's license and licensure applications, including practice of medicine in Ohio without a license for approximately 13 years, commission of fraud, misrepresentation or deception in securing license, and commission of an act that would constitute a misdemeanor involving moral turpitude (Falsification). (Journal Entry - no hearing requested) Order mailed 11/14/02; Order eff. 11/14/02.

ROSS, Jessica Anne (MD #54530) – Dublin
Board Order - Doctor reprimanded; probationary terms, conditions and limitations for at least one year established. Based on doctor's failure to conform to minimal standards of care and violation of Code of Professional Ethics due to abandonment of patients. Order mailed 10/9/02; Order effective 10/9/02.

ROSS, Michael Reiff (MD #64760) – Hilliard
Board Order - Medical license revoked based on prior action against doctor's North Carolina license following findings that doctor prescribed Cipro and other medications for non-acute conditions via the internet, without first performing physical examinations, and without any prior physician-patient relationship. Order mailed 9/4/02; Order effective 9/4/02. **Court Action** - Notice of appeal of Board's 8/14/02 revocation Order filed by doctor with Franklin County Court of Common Pleas on 9/11/02. By Order filed 9/12/02, Common Pleas Court granted doctor's request for a stay of revocation Order.

ROSSITER, Lawrence J. (DO #1933) - Alliance
Court Action - By Decision and Judgment Entry on 4/25/02, Tenth District Court of Appeals reversed the judgment of Franklin County Court of Common Pleas and remanded case to Medical Board to reconsider penalty in view of Court's finding that doctor's misdemeanor conviction was not one involving moral turpitude, as had been found by the Board. **Board Order on Remand** - Medical license suspended for at least 90 days; conditions for reinstatement & subsequent probationary terms, conditions & limitations for at least five years established. Based on doctor having been found guilty in federal court of one felony count of Filing False Income Tax Return. Order mailed 8/5/02; Order effective 9/5/02. (**NOTE**: Order entered following reconsideration of penalty, pursuant to 4/25/02 remand from Court of Appeals.) **Court Action** - Notice of appeal

of Board's 7/10/02 Order on Remand filed by doctor with Franklin County Court of Common Pleas on or about 8/20/02. **Court Action** - By Entry filed 9/3/02, Common Pleas Court temporarily granted doctor's motion for a stay of Board's 8/14/02 Order on Remand.

SCHEIDLER, Joseph Stanley (DO #4803) - Hamilton
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 8/14/02; agreement to remain in effect for at least five years prior to any request for termination.

SEWELL, Erica Agatha (DO #6191) - Ft. Myers, FL
Consent Agreement - Doctor reprimanded and minimum three year probation imposed based on prior action against doctor's license by Florida's osteopathic medical board, which was itself based on doctor's treatment of a specified patient who experienced abnormal liver function. Agreement effective 10/9/02; agreement to remain in effect for at least three years prior to any request for termination.

SHERMAN, Laurece Daun (CT#3804, MT #3896) - Akron
Board Order - Applications for restoration of previously revoked cosmetic therapy and massage therapy certificates permanently denied based on prior revocation of those certificates due in part to practitioner having held himself out as a physician; and his having been found guilty in 3/89 of one felony count of Sexual Battery with physical harm specification. Order mailed 9/13/02; Order effective 9/13/02.

SHIPPEL, Allan Hendley (MD #42499) - Canton, GA
Consent Agreement - Medical license indefinitely suspended; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's history of alcohol dependence and opioid abuse, for which he has sought treatment through a Board-approved provider; and prior action against doctor's Georgia license based on that history and treatment. Eff. 6/12/02.

SHUMWAY, David Lucius (MD#72289) - Knoxville, TN
Voluntary Retirement - Voluntary retirement of medical license accepted by Board in lieu of further investigation related to possible violations of Ohio's Medical Practices Act based on doctor's voluntary surrender of his North Carolina medical license; doctor permanently ineligible for Ohio licensure in the future. Effective 8/12/02.

SINGER, Jonathan William (DO #3723) - Englewood, CO
Board Order - Doctor reprimanded based on prior action

taken by Colorado's medical board (letter of admonition) following findings that doctor's failure to comply with a provision of its 5/99 Order requiring timely submission of reports by a practice monitor constituted unprofessional conduct. Order mailed 11/19/02; Order eff. 11/19/02.

STANEK, Michael James (DO #4882) - Columbus
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 8/14/02; agreement to remain in effect for at least five years prior to any request for termination.

STASCHAK, Michael Carmen (MD applicant)
Pittsburgh, PA
Board Order - Application for medical licensure permanently denied based on prior actions against doctor's license by Pennsylvania's medical board following findings that doctor had treated his wife with a controlled substance for three years, and that he had submitted a false expert report and medical record purportedly for his wife in connection with an administrative hearing before the Pennsylvania board. Order mailed 12/13/02; Order effective 12/13/02. **Court Action** - Notice of appeal of Board's 12/11/02 permanent denial Order filed by doctor with Franklin County Court of Common Pleas on or about 12/23/02.

STORROW, Alan B. (MD #60445) - Cincinnati
Consent Agreement - Medical license suspended for at least one year; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement to monitor practice. Based on doctor's admissions that he was diagnosed with opioid and benzodiazepine dependence, for which he has sought treatment and aftercare through a Board-approved provider; that he obtained controlled substances from the hospital Emergency Department biohazard waste bins and an unlocked storage cabinet, as well as through prescription from a colleague; that he has sought intervention in lieu of conviction in Hamilton County for a felony count of Aggravated Drug Possession; and that he prescribed a schedule IV controlled substance to a colleague on at least two occasions without performing a physical examination and maintaining records. Effective 11/20/02.

STURMI, James Edward (MD #60676) - Pickerington
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 8/14/02;

agreement to remain in effect for at least five years prior to any request for termination.

SUBLER, David Edward (MD #65191) - Columbus
Consent Agreement - Medical license suspended for at least one year; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement to monitor practice. Based on doctor's admissions that he suffers from chemical dependency, for which he has sought treatment and aftercare through a Board-approved provider; and that he obtained controlled substances for self-use by theft and deception, including by stealing them from the hospital's medication inventory and a patient's prescription bottle, and by personally using part of the medication dosage reflected in his patients' charts. Effective 11/20/02.

SVEDA, Stephen J. (MD #29305) – Coshocton
Board Order - Medical license permanently revoked based on impairment of ability to practice according to acceptable and prevailing standards of care, and violation of conditions of limitation imposed on license due to doctor having failed field sobriety tests and testing with a blood alcohol content of 0.187 following an automobile accident. Order mailed 10/11/02; Order effective 10/11/02. **Court Action** - Notice to withdraw appeal of 2/13/02 Board Order filed by doctor with Franklin County Court of Common Pleas on 11/5/02.

TOLEDO, Florentino Humberto (MD applicant)
Chatworth, GA
Consent Agreement - Medical license issued subject to permanent limitations and restrictions prohibiting doctor from performing or assisting in any major surgical procedure. Based on prior action against doctor's license by Florida's medical board, which was itself based in part on the doctor's admission that he practiced medicine below the acceptable standard of care during his performance of a laproscopic procedure in 1992. Effective 12/11/02.

TOMCZAK, Rodney Louis (DPM #1889) - Columbus
Consent Agreement - Summary suspension terminated; medical license indefinitely suspended; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admission that he has been diagnosed with alcohol dependence and depression, for which he has sought treatment. Agreement effective 6/12/02.

TREISTER, Michael Roy (MD #33112) – Chicago, IL
Board Order - Doctor reprimanded based on prior action against his Illinois license following stipulated findings that controlled substances had been diverted while

under his control, and that he had failed to maintain proper control of those substances. Order mailed 9/4/02; Order effective 9/4/02.

URBAN, Edward John (DO #3523) - Cortland
Court Action - By Decision and Entry filed 6/26/02, Franklin County Court of Common Pleas granted Board's motion to vacate court's 12/17/01 stay order. Pursuant to motion for reconsideration filed by doctor's counsel on 7/1/02, Franklin County Court of Common Pleas stayed Board's 12/12/01 permanent revocation Order until Common Pleas Court renders its decision on doctor's appeal of that Order. Entry filed 7/9/02.

VELDENZ, Henry Charles (MD #62678) – Jacksonville, FL
Board Order - Matter dismissed following Board's determination that doctor presented sufficient evidence in mitigation of prior action against his Florida license by that state's medical board. Order mailed 10/9/02; Order effective 10/9/02.

VINSON, David Jr. (MD #58761) - Columbus
Interim Agreement - Pursuant to interim agreement accepted on 8/30/02, doctor agreed not to practice medicine in Ohio until allegations contained in 5/8/02 notice of opportunity for hearing have been fully resolved by Board.

VOORHIS, Charles C. (MD #31920) - Panama City, FL
Board Order - Doctor reprimanded based on prior action against his license by Florida's medical board in resolution of allegations that he failed to practice according to acceptable standards of care by performing a surgical procedure on the wrong side of a patient's chest, despite having been warned by the operative staff. Order mailed 8/19/02; Order effective 8/19/02. **Court Action** - Notice of appeal of Board's 8/14/02 reprimand Order filed by doctor with Franklin County Court of Common Pleas on or about 8/27/02.

WAHL, Kelli Dawn (MT #5757) - Zanesville
Consent Agreement - Probationary terms, conditions and limitations imposed based on massage therapist's admission that she was convicted of Criminal Trespass, Menacing by Stalking, and Telephone Harassment related to her behavior involving a former client and that client's adult son. Agreement effective 6/12/02; agreement to remain in effect for at least five years prior to any request for termination.

WARGO, John David (DO #3969) - Green/Uniontown
Pre-hearing Suspension - Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended pursuant to Board's determination that there is clear and convincing evidence that doctor's ability to practice is impaired due to habitual or excessive use or abuse of drugs/alcohol; and Board determination that doctor's continued practice presents a danger of

immediate and serious harm to the public. Notice mailed 9/12/02; suspension effective upon personal service of notice on doctor on 9/16/02. **Board Order** - Medical license permanently revoked based on impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs/alcohol; and failure to comply with continuing medical education requirements. (Journal Entry – no hearing requested) Order mailed 11/14/02; Order effective 11/14/02.

WEBB, Deleno H., III (MD #37883) - Huntington, WV
Court Action - By Judgment Entry filed 7/18/02, Franklin County Court of Common Pleas remanded case to the Medical Board in accordance with the instructions of the Tenth District Court of Appeals. **Board Order on Remand** - Permanent revocation of medical license stayed, subject to ninety day suspension; subsequent probationary terms, conditions and limitations for at least five years established. Based on doctor's failure to advise Ohio Medical Board on license renewal applications that complaints had been issued against him by West Virginia's medical board. Order effective 10/11/02. (**NOTE:** Order entered pursuant to 11/29/01 remand from Tenth District Court of Appeals.) **Court Action** - Notice of Appeal of Board's 9/11/02 Order on Remand filed by doctor with Franklin County Court of Common Pleas on or about 10/30/02.

WEINER, Ned Elton (MD #77474) - University Heights
Pre-hearing Suspension - Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended based on Board's determination that there is clear and convincing evidence that doctor is unable to practice according to acceptable and prevailing standards of care due to chemical dependency relapse and violation of 12/00 consent agreement; and that doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed 6/13/02; notice hand-delivered 6/20/02; suspension effective upon service of notice on 6/15/02. **Board Order** - Permanent revocation of medical license stayed, subject to indefinite suspension for at least three years; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions and limitations for at least five years established. Based on doctor's inability to practice according to acceptable and prevailing standards of care due to chemical dependency relapse; and violation of conditions of limitation imposed on license by 12/00 consent agreement. Order mailed 10/24/02; Order effective 10/24/02.

WINHOLT, Jeffrey Wayne (MD #57816) – Cincinnati
Board Order - Permanent revocation of medical license stayed, subject to indefinite suspension for at least four years, such time to be calculated from the 1/9/02 effective date of doctor's consent agreement with the

Board; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years established. Based on doctor's commission of acts that constitute felonies under State law—to wit: Deception to Obtain a Dangerous Drug, Illegal Processing of Drug Documents, and/or Theft—due to his having diverted fentanyl/sufentanil that was intended for patients for his own use from 1985 through 2001. Order mailed 10/9/02; Order effective 10/9/02.

WOLF, Leslie Rae (MD #56829) - Kettering
Consent Agreement - Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 6/12/02; agreement to remain in effect for at least five years prior to any request for termination.

YAP, Pedro Tan (MD #32956) - Newton Falls
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(9), O.R.C., based upon doctor's pleas of guilty to nineteen felony counts of Aggravated Trafficking in Drugs. Effective 7/24/02.

YARBORO, C. Henry, III (MD #56180) – Mayfield Hts.
Voluntary Surrender - Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on commission of an act that constitutes a felony, to wit: Trafficking in Drugs. Effective 11/29/02.

Continuing Medical Education

ARUL SELVAM, Damodaran (MD #70620) – Kelso, WA
Consent Agreement - Doctor reprimanded; subject to mandatory CME audits for three biennial registration periods. Based on failure to timely submit documentation of compliance with Continuing Medical Education requirements, although CME hours had, in fact, been timely completed. Effective 11/20/02.

FLORO, Norman Alegarbes (MD #67764) – Amherst
Board Order - Doctor reprimanded; \$5000 fine imposed; medical license suspended for a minimum of thirty days and conditions for reinstatement established, unless, within thirty days of the effective date of Order, doctor can provide documentation of completion of 112 hours of CME credits—of which at least 45 hours shall be in Category I—for the July 1, 1998 through October 1, 2000, CME acquisition period; thereafter, doctor required to document compliance with CME requirements for two additional license registration periods. Based on failure

DISCIPLINARY ACTIONS (cont.)

to comply with continuing medical education requirements. Order mailed 9/4/02; Order eff. 9/4/02. (NOTE: Doctor did submit acceptable documentation of required 112 hours of CME in a timely manner, thereby avoiding imposition of suspension.)

NOGUEIRA, Thomas Edward (MD #76092)
Terre Haute, IN

Consent Agreement - 4/10/02 notice of opportunity for hearing dismissed with prejudice to further action based on doctor's satisfaction of terms of Kentucky Board Order and restoration of his license in that state; and on doctor's provision of documentation verifying that he is also in compliance with Ohio continuing medical education requirements. Agreement effective 7/11/02.

SARKAR, Nibar Kumar (MD #34277) - Cincinnati
Consent Agreement - 4/10/02 notice of opportunity for hearing dismissed with prejudice to further action based on doctor's satisfaction of terms of Kentucky Board Order and restoration of his license in that state; and on doctor's provision of documentation verifying that he is also in compliance with Ohio continuing medical education requirements. Agreement effective 7/11/02.

SHUMRICK, Kevin Albert (MD #52092) - Cincinnati
Consent Agreement - 4/10/02 notice of opportunity for hearing dismissed with prejudice to further action based on doctor's satisfaction of terms of Kentucky Board Order and restoration of his license in that state; and on doctor's provision of documentation verifying that he is also in compliance with Ohio continuing medical education requirements. Agreement effective 6/12/02.

TILLER, Tracy (MD #52697) - Cincinnati
Consent Agreement - Reprimand and \$1000 fine imposed; doctor required to document satisfactory completion of Continuing Medical Education hours for three biennial acquisition periods. Based on doctor's admission that she certified on license renewal application that she had completed required CME hours when, in fact, those hours had not been timely completed. (Remaining hours have since been completed.) Effective 12/11/02.

VIDU, Ignatz (MD #20955) - Cleveland
Voluntary Retirement - Doctor's voluntary retirement of medical license accepted by Board in lieu of formal disciplinary proceedings based on failure to complete Continuing Medical Education requirements; doctor ineligible for licensure in the future. Effective 11/13/02.

Court Action Update

BARRETT, Warrick Lee (MD #42010) - Lafayette, IN
Court Action - By Decision filed 5/23/02, Franklin County Court of Common Pleas affirmed Board's 8/8/01 permanent revocation Order, but ruled that Board's finding that doctor engaged in the sale of dangerous drugs in violation of R.C. 4729.51(C) was not sufficiently supported the evidence. Judgment Entry filed 5/30/02.

MARSH, Lonnie II (MD #38543) - Cleveland
Court Action - By Decision filed on 12/26/02, Franklin County Court of Common Pleas affirmed Board's 2/13/02 permanent revocation Order. Entry to be filed.

ROYDER, Clayton H. (DO #4352) - Columbus
Court Action - By Decision and Entry filed 12/24/02, Tenth District Court of Appeals affirmed the 11/30/01 Decision of the Court of Common Pleas, which had affirmed Board's 7/12/00 permanent revocation Order.

Ohio Military Personnel Receiving Smallpox Vaccine

The Ohio Department of Health has received notification that military personnel in Ohio and across the US are receiving smallpox vaccine. Some military personnel are being deployed; other military personnel are returning to their communities. Ohio clinicians should be aware of this fact and should question individuals about smallpox vaccine and/or smallpox vaccine in a family member when evaluating a rash/illness.

A thorough discussion of smallpox adverse events and management can be found in the MMWR Dispatch article published on January 24, 2003. The article is available on the CDC web site: <http://www.cdc.gov/smallpox>.

NEW RULES (continued from page 10)

rule 4731-5-02 was rescinded because it established examination schedules that do not reflect preferred practice. 4731-5-05 was rescinded and its language was added to amended 4731-5-01. 4731-5-06 was rescinded and its language has been carried over to the board's application for examination. 4731-5-07 was rescinded because was based on examination procedures that no longer exist.

The Board's rules governing procedures in cases of impairment—Chapter 16—were amended in part to incorporate additional sections of the Revised Code that became effective subsequent to the previous

effective date of the rules; that is, explicitly to insure that all of the Board's licensees are covered by the rules. In addition, 4731-16-02, 4731-16-04 and 4731-16-05 were amended to clarify procedures for examination, certification and treatment of impaired licensees. 4731-16-03 was rescinded as redundant with other Chapter 16 rules and new 4731-16-03 clarifies the applicability of the impairment regulations to conditions of mental impairment. 4731-16-16 enhances the consent agreement procedures for impaired licensees. 4731-16-10 clarifies the length and frequency of aftercare obligations and 4731-16-12 clarifies obligations regarding self-reporting of relapses by out-of-state licensees. ♦

STATE OF OHIO
THE STATE MEDICAL BOARD
77 South High Street, 17th Floor
Columbus, Ohio 43215-6127



YOUR REPORT

FROM THE STATE MEDICAL BOARD OF OHIO

SUMMER/FALL 2003

The State Medical Board

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Columbus

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A WORD FROM THE PRESIDENT

... about HIPAA's Privacy Rule

Readers of this publication know, perhaps all too well, that April 14, 2003 heralded the arrival of the HIPAA (Health Insurance Portability and Accountability Act of 1996, Public Law 104-191) Privacy Rule, formally known as "Standards for Privacy of Individually Identifiable Health Information." The Privacy Rule grew out of HIPAA provisions requiring the adoption by the U.S. Department of Health & Human Services (HHS) of national standards for electronic health care transactions that incorporated privacy protections for individually identifiable health information.

Protecting Privacy

With the exception of small health plans, which have until April 14, 2004 to comply, entities covered by the Privacy Rule—health plans, health care clearinghouses and health care providers—should by now have implemented procedures to protect and guard against the misuse of individually identifiable health information. Those procedures include:

- ◆ Notifying patients of their privacy rights and how their information can be used;

See **PRIVACY** on page 2

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PRIVACY (cont.)

- ◆ Adopting and implementing privacy procedures for the practice, hospital or plan;
- ◆ Training employees so that they understand the privacy procedures;
- ◆ Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed; and
- ◆ Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them.

If you receive a request from the Medical Board for patient records, your obligations to respond have been in no way altered by HIPPA.

definition of health oversight agencies. Therefore, covered entities do not need to seek consent or authorization from a patient to release medical records to state medical boards. In short, if you receive a request from the Medical Board for patient records, your obligations to respond have been in no way altered by HIPPA.

The Privacy Rule does place an affirmative burden on a covered

entity to “make reasonable efforts to limit [the disclosure of] protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.” The covered entity may rely on government representations that the information requested is the minimum necessary for the stated purpose. This “minimum necessary” principle applies to all government requests unless the government can demonstrate that the request is required by law. When disclosure is a legal requirement, the minimum necessary standard does not apply.

Balancing Privacy & Professional Oversight

Government agencies that do not provide health care services, such as the Medical Board, are not considered to be “covered entities;” thus, they are not directly subject to the Rule’s requirements. However, when those agencies seek to obtain protected health information from entities that are covered, the rule dictates how the covered entity can respond. In general, covered entities must obtain a patient’s consent prior to releasing protected health information. However, the rule does provide an exemption from patient consent and authorization requirements for a number of purposes, including “health oversight activities.” The rule lists permitted disclosures for which consent or authorization are not required, and specifically includes licensure and disciplinary actions. In the preamble to both the proposed and final rules, “State health professional licensing boards” are explicitly recognized as being included in the

Complaints about Misuse of Protected Health Information

The federal Privacy Rule specifically charts two courses of action for patients who have complaints that their personal health information has been misused. First, covered entities are required to have an internal mechanism for processing complaints about compliance, which include identification of a contact person and documentation of complaints and their disposition. In addition, any person who believes a covered entity is not complying with the requirements of the Privacy Rule may file a complaint with the U.S. Secretary of Health and Human Services. Complainants who contact the State Medical

Board regarding alleged violations of the Privacy Rule will be advised of the above options. In addition, any information brought to the attention of the Medical Board that suggests a possible violation of Ohio law may be a basis for a separate Medical Board investigation.

Recommended Reading

Straightforward answers to the myriad questions generated by the Privacy Rule can be found at http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php, the website for the Department of Health and Human Services, Office of Civil Rights. You can also submit your own “frequently asked questions” via that site. As always, if you need specific legal advice regarding requirements for your practice, you should contact an attorney fluent in the language of HIPPA.



R. Gregory Browning, President

From the Secretary's Desk

by Anand G. Garg, M.D., Ph.D.
Immediate Past-Secretary

The Medical Board Secretary has a unique perspective on what the public expects from medical professionals and on how far the Board can go in interceding to protect the public welfare.

In my sixth year as Secretary of the State Medical Board of Ohio, the role of this office now passes on to my esteemed colleague Lance A. Talmage, M.D., as of July 1, 2003. Many of

you are familiar with Dr. Talmage from his years of service to the medical profession, including his term as President of the Ohio State Medical Association. Dr. Talmage, who recently retired as a U.S. Army Brigadier General, presents himself in a manner that commands both respect and trust from those who work with him as colleagues on the Board and members of the staff. The responsibilities of the office of the Secretary of the State Medical Board have indeed passed into very capable hands. During my entire tenure, I have had the exceptional fortune and privilege to work closely with public member Mr. Ray Albert as the Board's Supervising Member, who will continue to share his experience and wisdom with the new Secretary.

Serving as Secretary has been an invaluable experience. As the Board's statutorily-designated chief enforcement officer, the Secretary is privy to complaint and investigative information that—with the exception of the Supervising Member—is not routinely shared with Board members, so as to ensure that any cases destined for disciplinary action are ultimately considered in a fair, unbiased way. The Secretary and Supervising Member direct the course of investigations, weigh evidence, and make recommendations to the Board about which cases warrant disciplinary action. They also negotiate settlement proposals, monitor probationers, and act as sounding boards for policy development.

As Secretary, I've also had the good fortune and unique opportunity to work with an exceptionally dedicated staff and administration. It is truly gratifying to witness the skill and energy that staff puts in to fully investigate complaints and prepare successful cases, considering the magnitude of the workload. We have over 52,000 licensees, 39,000 of whom are physicians—one of the largest licensee pools in the country. We receive approximately 3,000 complaints each

See **SECRETARY** on page 4

SECRETARY (cont.)

year. Quality of care cases are the most difficult to put together. They compare to malpractice cases in complexity, and may require the Board, in order to prove that a practitioner is incompetent, to roll the equivalent of multiple malpractice cases into one. As difficult as these cases are, they are among the most satisfying to resolve because of their direct impact on patient safety.

From the Secretary's chair, it is apparent that there is often more than meets the eye in a case that goes forward to formal hearing. After the Secretary and Supervising Member determine that a given case warrants disciplinary action, the process becomes a legal one, directed by the Ohio Attorney General's office and in-house lawyers at the Board, whose professionalism is something of which to be proud. As a physician rather than a lawyer, it can be frustrating to know that not every piece of evidence we have gathered to show a violation of the Medical Practices Act will make it into the hearing record, for any number of legal reasons. However, great care is taken to ensure that sufficient evidence is presented to the Board to yield an informed and appropriate decision.

Perhaps the most significant thing I take away from my experience as Secretary is the knowledge I have gained about what the public expects from the practitioners we regulate, and how far the Board can go in interceding to protect the public welfare. It is surprising that people will complain about relatively minor inconveniences or problems to which they clearly contributed. I am struck by the power of a simple misunderstanding between practitioner and patient to provoke a complaint to the Board, when better communication skills and reasonable civility would have stopped the complaint in its tracks. It is true, in my experience, that an aloof or disengaged practitioner draws more complaints than one

See **SECRETARY** on page 10

Ohio Administrative Code Rules Update

Recent changes to the Medical Board's administrative rules affect practitioners of medicine's Limited Branches, licensure/continuing medical education requirements and Anesthesiology Assistants.

Prior to the initiation of the formal rules process, the Board must decide that it needs to propose to change an administrative rule. Often the Board is directed by the legislature to write rules to explain or assist in the administration of new pieces of legislation related to the practice of medicine. Issues also come to the attention of the Board from its licensees, its staff, and the public, and in some of those cases the Board may also decide that the best way to address the issue is through administrative rule. In addition, section 119.032 of the Ohio Revised Code contains something known as the Five-year Review. That statute requires that agencies review all of their rules every five years, giving the public and interested parties an opportunity to provide input into the rules at regular intervals.

The following is a summary of rules changes that have become effective since the last issue of *Your Report*.

Chapter 1 (Limited Branches of Medicine)

4731-1-17 (<http://www5.state.oh.us/med/rules/current/1-17.HTM>) is a reinstatement of minimum qualifications for instructors in limited branch schools. The Board's previous instructor qualification rule was rescinded in late 2000 as part of a larger rules package. The new rule requires that an instructor of limited

branch theory and clinical practice be a high school graduate, be licensed in the limited branch they are teaching, and have practiced that limited branch for a minimum of three years. Instructors in general education and the sciences are required to have a bachelor's degree with a concentration in the discipline in which the instructor is teaching.

4731-1-19 (<http://www5.state.oh.us/med/rules/current/1-19.HTM>) is the limited branch school probationary status rule. It provides a standard measure by which schools that hold a certificate of good standing from the Board can be evaluated. Under the rule, if fewer than 75% of a school's students pass the exam, and the school's passing rate is in the bottom 50% of all schools, for three consecutive exams, the Board may put the school's certificate on probation. If the school's passing rate fails to rise above either or both of those measures in the next two exams, the Board may decertify the school.

Chapter 10 (Licensure)

The Chapter 10 rules were reviewed pursuant to the Five-year Review. All of the rules were reviewed as to form. Significant changes to this chapter were also required by a change in Board procedures. Formerly, all physician licenses became due for renewal on the same date with significant negative implications on revenue and other operational issues. Amended Substitute House Bill 215 of the 122nd Ohio General Assembly introduced a "staggered" renewal system in which groups of licensees, determined by the first letter of their last name, renew at different times throughout the two-year registration period. The rules as reviewed implemented the stagger; but now that the stagger is in place, much of that language was no longer necessary and was removed.

In addition, 4731-10-01 defines terms of importance to the remainder of the chapter. 4731-10-02 was amended to combine similar

elements from other rules and to explain the CME certification process. 4731-10-03 was rescinded as its components were added to the amended 10-02. 4731-10-03 (new) renumbered and restated the CME waiver rule and allowed for the rescission of 4731-10-09, making explicit Board policies regarding limits on and deadlines for CME waivers. 4731-10-06 was rescinded and its language added to the amended 10-02. 4731-10-06 (new) combined 4731-10-12 (rescinded) and 4731-10-16 (rescinded). 4731-10-08 was rescinded and filed as a new rule because of the extensive nature

**Under the new rules
physicians will be
required to hold on to
their CME records for
two years instead of the
one previously required.**

of the rewrite; in addition, the rule expanded the requirement that physicians maintain records of their completed CME from one year to two years, to match the period for which the statute requires them to be responsible for earning CME credits. 4731-10-09 (new) is the reordered restatement of rescinded 4731-10-10, from which extensive tables implementing the stagger were removed. New 4731-10-10 is the restated rescinded 4731-10-11, from which the tables were removed. 4731-10-11 (new) implements telemedicine certificates that were authorized in 4731.296 of the Revised Code as a result of language inserted into Substitute House Bill 94 in the 124th Ohio General Assembly. 4731-10-13 was rescinded to reflect Board practice. 4731-10-14 was rescinded as redundant with statutory provisions. 4731-10-15 was rescinded as it was no longer applicable, and 4731-10-16 was rescinded because it was

See **RULES** on page 6

New Rules for Anesthesiologist Assistants

NOTE: The Franklin County Court of Common Pleas has issued a temporary injunction against enforcement of Rule 4731-24-04.

These new Chapter 24 (Ohio Administrative Code) rules governing the practice and supervision of anesthesiologist assistants were promulgated pursuant to Chapter 4760 of the Ohio Revised Code, as established by Senate

RULES (cont.)

no longer required once the stagger was implemented.

Chapter 24 (Anesthesiologist Assistants)

Chapter 24 is comprised of the anesthesiologist assistant rules, adopted by the Board pursuant to Chapter 4760. of the Revised Code. The requirements under these rules are discussed more fully in the article on this page, but the content will be summarized here: 4731-24-01 contains definitions of terms relevant to the remaining rules of the chapter. 4731-24-02 sets the standards for supervision of an anesthesiologist assistant by a supervising anesthesiologist. 4731-24-03 sets standards for enhanced supervision of an anesthesiologist assistant during the first four years of practice, a requirement established by the legislature in the statute. 4731-24-04 is titled, "Prohibitions." It clarifies the language found in section 4760.09 of the Revised Code, establishing that certain procedures are outside the scope of practice of—and cannot be performed by—an anesthesiologist assistant. ♦

Bill 278 in the 123rd General Assembly. The four rules of this chapter passed through the formal rule making process and became effective on May 31, 2003. Below is a summary of what is contained in each of the rules:

4731-24-01: Definitions

This rule defines several of the terms that had been of particular importance to the full package of rules. In particular, the definition of the term "assist" contains two very important components. First, it recognizes the role of the supervising anesthesiologist in determining how he or she will employ an anesthesiologist assistant for any given case of anesthetic management: "'Assist' means to carry out procedures as requested by the supervising anesthesiologist...." The definition goes on, however, to indicate that the requests made by supervising anesthesiologists are in some ways restricted by the statute. Any request, according to the definition, must be for a procedures that, "...is within the anesthesiologist assistant's training and scope of practice, is authorized by the practice protocol adopted by the supervising anesthesiologist, and is not prohibited by Chapter 4731. or 4760. of the Revised Code, or by any provision of Chapter 4730 of the Administrative Code." In short, a supervising anesthesiologist may not ask an anesthesiologist assistant to do anything the anesthesiologist assistant is prohibited from doing. Where that line falls will be explored more fully below in the summary of 4731-24-04: Prohibitions.

4731-24-02: Anesthesiologist Assistants: supervision

In section 4760.08 of the Revised Code, it is required that, "An anesthesiologist assistant shall practice only under the direct supervision and in the immediate presence of a physician who is actively and directly engaged in the clinical practice of medicine as an anesthesiologist." It is clear from that

language that only a practicing anesthesiologist may supervise an anesthesiologist assistant; the purpose of 4731-24-02 is to provide clarity for the rest of those terms.

As this rule evolved, it became clear that it was necessary to balance delicately between maintaining the involvement of the physician anesthesiologist sufficient to protect the patients while at the same time providing enough flexibility so that anesthesiologist assistance actually extends the capacities of the supervising anesthesiologist. The rule does not require, therefore, that the supervising anesthesiologist be physically in the same operating room with the anesthesiologist assistant for the duration of anesthetic management. Rather, the supervising anesthesiologist must personally participate “in the most demanding procedures in the anesthesia plan, including induction and emergence.” The supervising anesthesiologist may leave the operating room at other times during anesthetic management but must remain “in the anesthetizing area or operating suite,” as those areas are defined by the hospital or ambulatory surgical facility, and must be “accessible by beeper, phone, or overhead page.” The overarching requirement is that the supervising anesthesiologist be “immediately available to participate directly in the care of the patient” should situations develop during the course of anesthetic management that are beyond the capability or training of the anesthesiologist assistant.

The only exception to these proximity guidelines is that the supervising anesthesiologist may respond, in some other part of

the hospital or ambulatory surgical facility, to “an emergency of short duration, administering labor analgesia or performing duties of short duration as required of a perioperative specialist.” In other words, in these specific circumstances the supervising anesthesiologist may leave the “anesthetizing area or operating suite,” but he or she must remain cognizant of the supervisory responsibilities vis-à-vis the anesthesiologist assistant, and must return after no more than a short time to the anesthetizing area, or must arrange for another anesthesiologist to go to the anesthetizing area to assume supervisory duties.

The overarching requirement is that the supervising anesthesiologist be “immediately available to participate directly in the care of the patient” should situations develop during the course of anesthetic management that are beyond the capability or training of the anesthesiologist assistant.

The legislature and the Board were also concerned that a physician anesthesiologist should be involved in the care of each patient receiving anesthesia. Section 4760.08 of the Revised Code requires each

anesthesiologist assistant have a supervising anesthesiologist, and that each supervising anesthesiologist adopt a written practice protocol. The protocol must delineate the tasks the anesthesiologist assistant may perform, consistent with the statutes and the administrative rules. 4731-24-02 of the Administrative Code also explicitly requires that a supervising anesthesiologist must personally see and evaluate each patient and assign tasks to the anesthesiologist assistant on a case-by-case basis. In other words, the protocol is a template that is meant to cover the entirety of the anesthesiologist assistant’s practice. This rule lists a number of factors that the supervising anesthesiologist must

See ANESTHESIOLOGIST on page 8

ANESTHESIOLOGIST (cont.)

consider when determining, based on the patient in front of him or her at the time, which choices to make from that larger menu.

4731-24-03: Anesthesiologist Assistants; enhanced supervision

In 4760.08 of the Revised Code, there is a requirement that Board's rules "shall include requirements for enhanced supervision of an anesthesiologist assistant during the first four years of practice. This rule meets that requirement. It requires regular, documented quality assurance interactions between a supervising anesthesiologist and the

anesthesiologist assistant, with such interactions occurring more frequently during the first four years of the anesthesiologist assistant's practice, with a minimum of once every three months. The anesthesiologist assistant, for the first two years of practice, must file on a monthly basis a record of the cases of anesthetic management in which the anesthesiologist assistant participated. That record is to be reviewed by the supervising anesthesiologist as a component of the quality assurance interactions. Documentation of these reviews is to be filed with the appropriate committee of the hospital or ambulatory surgical facility, allowing that the interactions may fall under the protections of the peer review process.

(continued)

Medical Board Website Launches On-Line Address Change

On June 26, 2003, the Medical Board enhanced its website with the addition of a change of address form that can be filled out on-line and submitted to the Board with the click of a button.

The On-Line Change of Address Form makes it easier and more convenient for you to meet your obligations under the law to report to the Board any change in your residence or practice address. The new form can be found here: <http://www5.state.oh.us/med/onlinechangeaddressform.htm>. Simply fill in the blanks, use the "TAB" key to move from blank to blank, and click the "SUBMIT" button on the bottom of the page to forward the data directly to the Board's Records Department.

In the first day, the Records Department received sixteen change of address reports through the new on-line form. Mike Falkenhain, M.D., one of those sixteen, used the new form to report a change in his office address. Dr. Falkenhain told Board staff that when he went to the Board's web site, he was pleased to find that an on-line option was available. "It was very easy to use: just fill in the blanks, click the button and you're done!"

The Board hopes that this is the beginning of a trend that will see a much greater rate of compliance with the change of address requirement. At the same time, the Board will continue to seek ways to make compliance with the law more convenient and less burdensome for all licensees. ♦

The supervising anesthesiologist is also required to make direct observations of the anesthesiologist assistants during each case of anesthetic measurement. In 4731-24-02, the supervising anesthesiologist is required to “personally participate in the most demanding procedures in the anesthetic plan, including induction and emergence.” In addition, this rule requires the supervising anesthesiologist to return to the operating room to assess, first hand, the performance of the anesthesiologist assistant. The rule does not state a specific number of times that the supervising anesthesiologist must return to the room, leaving it to the physician to decide based on the nature of the surgery, the condition of the patient, and so on, though the rule does require that these first-hand assessments be done more frequently earlier in the anesthesiologist assistant’s clinical career. The rule further requires that the supervising anesthesiologist document in the anesthetic record each time he or she returns to the room to make these assessments.

Finally, the rule considers the case in which practice occurred in other jurisdictions outside of Ohio. The rule indicates that an anesthesiologist assistant coming to Ohio from a clinical practice in another state will receive experience credit on a year-for-year basis, except that anesthesiologist assistants who have practiced for more than four years in another state must have at least one quality assurance review, including a review of their cases, within the first three months of their practice in Ohio.

4731-24-04: Anesthesiologist Assistants; prohibitions

This rule clarifies some of the scope of practice language found in section 4760.09 of the Revised Code. The rule indicates that the anesthesiologist assistant’s scope of practice includes only those procedures specifically authorized in section 4760. There was a great deal of discussion over the apparent differences in language in the statute. Specifically, for

some procedures the statute uses direct action verbs such as “administer,” “obtain,” “establish” and “pretest and calibrate.” Relative to other procedures, the statute uses the construction: “Assist the supervising anesthesiologist with the performance of...” 4731-24-04, consistent with the statute, specifically prohibits an anesthesiologist assistant from performing spinal and epidural procedures and invasive monitoring techniques. “Invasive monitoring techniques” is defined in the rule as meaning, “pulmonary artery catheterization, central venous catheterization, and all forms of arterial catheterization with the exception of brachial, radial and dorsalis pedis cannulation.”

The rule also reinforces the statutory language limiting the anesthesiologist assistant’s practice to hospitals and ambulatory surgical facilities, and requiring that they practice only under the direct supervision and in the immediate presence of a supervising anesthesiologist. ♦

OPIOID (cont. from page 12)

patient records so that records covered by 42 CFR Part 2 are redacted from any records released pursuant to standard records requests and subpoenas, while assuring that non-covered records are not improperly withheld from release. Practitioners should seek private counsel as is necessary in addressing issues that arise under this new law.

A complete copy of the Medical Board’s policy statement on office-based treatment of opioid addiction, including the [Model Policy Guidelines adopted by the Federation of State Medical Boards’ House of Delegates](#), is available on the Ohio Medical Board’s web site at www5.state.oh.us/med/ or upon request to the Board’s Public Inquiries Department. ♦

SECRETARY (cont.)

who exercises patience and explains things in a way the patient can understand. Differences in personality and style notwithstanding, we should all remember that, in taking this common professional path, we have committed ourselves to serving others.

Among the practitioners who become the subjects of complaints, it could be arrogance, stupidity, greed—and, in some cases, even incompetence—that translate into sub-standard medical care and disregard of professional responsibility to patients. Another shocking and disturbing behavior on part of some are breaches of ethical and sexual boundaries. The impairment and chemical dependency problems that plague a small percentage of practitioners claim a lion's share of the Board's resources. In the year 2002, the Board took 194 disciplinary actions, 51 of which were license revocations and surrenders.

It is the acts and practice patterns of these few, though a small minority, who give the entire medical profession a bad name and

negate the good work and professionalism that is the hallmark of the majority. When some of my colleagues talk about too many regulations, they should remind themselves that it is always a handful of these bad actors in the society who necessitate the laws and regulations with which we all are ultimately burdened.

The Ohio Medical Board commands a very respectable place among the 70 medical boards of our nation and has consistently been ranked among the top ten boards in terms of disciplinary sanctions imposed by states with a minimum of 15,000 physician licensees. It has been my privilege to be a part of such an exceptional organization since 1991. It has been an added honor to be elected by my fellow Board members to serve as Secretary since December 1997—a privilege indeed to serve the public of our state and our profession. ♦



Anand G. Garg, M.D.
Immediate Past-Secretary

New Pharmacy Board Standards on Issuance of Valid Prescriptions

Improving the clarity of physician contact information on prescription forms will protect patients and ensure that physicians' directions are carried out.

Effective February 1, 2003, the Ohio Board of Pharmacy amended their rule 4729-5-30, Manner of Issuance of a Prescription. The full rule, which indicates the various standards that must be met by the prescribing physician for a prescription to be valid, can be found at

<http://www.state.oh.us/pharmacy/rules/4729-05-30.htm>.

This most recent revision impacts the manner in which the prescribing physician's contact information is displayed on the prescription form. Previously, the rule required only that the prescribing physician's name be "indicated" on the form, but the manner of that "indication" was left up to the prescribing physician. Because the Pharmacy Board has dealt with a number of instances in which prescriptions

See **PHARMACY** on page 12

Medical Board Recognizes Ohio's Senior Physicians

Representing more than 2000 years of medical practice experience between them, senior citizen physicians from throughout the state gathered at the Vern Riffe Center in Columbus on a recent June afternoon to share stories and accept accolades for their service to Ohioans. Each of the physician honorees, nominated in response to a notice published in *Your Report*, is 85 years of age or more; each has maintained an untarnished professional reputation. Several of the physicians are still in practice.

The members of the State Medical Board sent out 37 invitations for the recognition ceremony after receiving responses to their call for senior physicians from family members, colleagues, friends, and the physicians themselves. Ten physicians made the trip to Columbus to

personally accept formal commendations presented on behalf of Governor Bob Taft. Those who had retired from practice were also awarded Physician Emeritus certificates by the State Medical Board.

Medical Board public member Raymond J. Albert applauded the honorees for serving as positive role models for those who have followed in their footsteps. He echoed the words of the late Dr. Louis Mendelson, a previous senior physician honoree, who told him, "Everyone who came into my office honored me by entrusting me with their health and their lives." "Dr. Mendelsohn never tried to be the smartest doctor," Mr. Albert concluded, "but he always tried to be the kindest." ♦

Senior Physician Recognition recipients for 2003 include:

Garrett Burt Ackerman, M.D.
Robert Harold Angerman, M.D.
A. John Antlis, M.D.
Daniel W. Badal, M.D.
Benjamin Berger, M.D.
Herbert R. Cammerer, M.D.
Bernard A. Ceraldi, M.D.
Earl Edwin Conaway, M.D.
John Merton Cook, M.D.
James Francis Costin, D.O.
Hanns R. Ehrhardt, M.D.
Archie Fine, M.D.
Kenneth S. Foltz, D.O.
Marvin Stanley Freeman, M.D.
Ferdinand Victor Geiss, M.D.
Jacob Jacoby, M.D.
Raymond Marvin Kahn, M.D.

Howard D. Kohn, M.D.
Robert Emerson Main, M.D.
Martin Marcus, M.D.
Charles Bennett Mitchell, M.D.
William M. Novince, M.D.
Charles W. Pavey Jr., M.D.
Alexander K. Phillips, M.D.
Frank Joseph Rack, M.D.
Walter Brown Shelley, M.D.
William E. Sovik, M.D.
George Newton Spears, M.D.
Howard A. Steiner, M.D.
Victor Straubs, M.D.
William J. Timmons Jr., D.O.
Richard W. Vilter, M.D.
Donald J. Vincent, M.D.
Milton Marvin Yarmy, M.D.

Ralph Wesley Young, D.O. (posthumously)

Photographs from the Senior Physician Recognition Ceremony are on the Board's website at www5.state.oh.us/med/honorseniors.htm.

Medical Board Adopts Policy Statement on Office-Based Treatment of Opioid Addiction

On March 12, 2003, the members of the State Medical Board adopted a policy statement to guide office-based treatment by physicians of opioid addiction. The action followed the Board's review of *Model Policy Guidelines for Opioid Addiction Treatment in the Medical*

Office, as adopted by the House of Delegates of the Federation of State Medical Boards of the United States, Inc., in April 2002. Based on that review, the Ohio Board found that the *Model Policy Guidelines* described sound policy and delineated appropriate guidelines for practitioners who desire to offer this treatment option to their patients. The Board therefore adopted the *Model Policy Guidelines* as Guidelines of the State Medical Board of Ohio, with two provisos.

PHARMACY (cont.)

themselves were so poorly written as to be illegible or, at least, confusing, the issue of the pharmacist being able to contact the prescribing physician has come to the fore. In some of these cases, physicians have simply been handwriting their names on the prescription with equal lack of clarity.

The rule revision addresses that issue. The new language requires that the prescribing physician's name be "manually printed, typewritten, or pre-printed" on each prescription. In addition, the new language requires that each prescription also have "a telephone number where the prescriber can be personally contacted during normal business hours."

If you fail to meet these new requirements, along with the other requirements contained in 4729-5-30, your prescription will be considered invalid and a pharmacist will not fill it. The purpose of these rules changes is to protect your patients and to ensure that the medication you intended them to receive is the medication they actually receive. If a pharmacist has a question, would you not rather the pharmacist seek clarification rather than guess at what you meant to prescribe?◆

First, the State Medical Board recognizes that persons suffering from active addiction, as a natural consequence of the disease, may engage in various forms of deceptive and manipulative activities, including drug-seeking behaviors. These behaviors make treatment of these patients a unique challenge. Although the federal law provides that a practitioner may be qualified to engage in office-based treatment of opioid addiction with as little as eight hours of training related to the treatment and management of opioid dependent patients, the Medical Board strongly encourages physicians who desire to offer this treatment to first obtain additional education as necessary addressing the disease of addiction and available treatment options.

Second, the *Model Policy Guidelines* recite the current prevailing view that the federal confidentiality requirements set forth at 42 CFR Part 2 inherently apply to this treatment. At the same time, primary care practitioners who may be expected to treat opioid addicted patients for any number of conditions in addition to their addictions must understand that the records of that other treatment are not protected by the federal requirements. Practitioners are encouraged to maintain their

See **OPIOID** on page 9

STATE MEDICAL BOARD OF OHIO

DISCIPLINARY ACTIONS

January 2003 - May 2003

NOTE: Licensure status updates, including any court appeal actions related to Medical Board Orders, are available by clicking on the *LICENSEE PROFILE AND STATUS* link on the Board's website: www5.state.oh.us/med/

ADAS, Mohammad A. (MD #35-055276) - Maumee

Board Order: Permanent revocation of medical license stayed; subject to indefinite suspension for at least two years; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years established. Based on doctor having been found guilty of seven felony counts of Complicity in the Commission of Practicing Medicine or Surgery Without a Certificate. Effective 1/10/03.

ALLEN, David E. (MD #35-050640) - Columbus

Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 2/12/03; agreement to remain in effect for at least five years prior to any request for termination.

AMSBARY, Harry Lowell (MD #35-037329)

Parkersburg, WV

Voluntary Surrender: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on his having plead guilty in West Virginia to two misdemeanor counts of Battery involving two patients by unlawfully and intentionally making physical contact of an insulting or provoking nature; and based on prior action against his license in West Virginia. Effective 3/31/03.

ARZADON, Rodrigo Porsovigan (PA #50-001226)

Flint Township, MI

Board Order: Medical license suspended for at least one year; conditions for reinstatement and subsequent probationary terms, conditions, and limitations for min. three years established. Based on physician assistant having been found guilty of one felony count of Attempted Medicaid Fraud/False Claim due to his having attempted to file a claim for a controlled substance, acetaminophen with codeine, when he could not, by law, prescribe a controlled substance. Effective 1/28/03.

AUBRECHT, John R. (MT #33-005350) - Newburgh Hts.

Board Order: Certificate to practice massage therapy permanently revoked and pending application for restoration of that certificate permanently denied based on massage therapist's failure to provide complete and accurate information on restoration application pertaining to 1990 Board action for practicing massage therapy without a license, and his having practiced from 1999 to September 1, 2002 without a valid license. (Journal Entry - no hearing requested) Order effective 1/9/03. **Court Action:** Notice of appeal of Board's 1/8/03 Order filed by massage therapist with Franklin County Court of Common Pleas on or about 1/23/03.

BAMBRICK, William S., III (MD #35-043889) - Williston, ND/Erie, PA

Board Order: Medical license revoked based on prior action against doctor's North Dakota medical license following doctor's admission to that board that he had engaged in a continuing pattern of inappropriate care and lacked appropriate documentation in his medical records for diagnosis, testing and treatment of patients. (Journal Entry - no hearing requested) Order effective 1/9/03. **Court Action:** Notice of appeal of Board's revocation Order filed by doctor with Franklin County Court of Common Pleas on or about 1/22/03. Notice of voluntary dismissal of appeal filed by doctor with Franklin County Court of Common Pleas on or about 3/25/03.

BRIGGS, Jeffrey Allen (MD #35-044176) - Powell

Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as certain treatment and monitoring requirements are in place. Agreement effective 5/14/03; agreement to remain in effect for at least five years prior to any request for termination.

BURKE, Paul Webber, Jr. (MD #35-053125)

Parkersburg, WV

Board Order: Application for restoration of medical license granted, subject to probationary terms, conditions and

limitations for at least three years. Based on doctor's history of alcohol dependence and relapse, and on prior action against doctor's license by West Virginia's medical board related to impairment. Effective 3/26/03.

CADSAWAN, Irene Tolentino (MD #35-032897)
Westlake

Board Order: Permanent revocation of medical license stayed, subject to suspension for at least 180 days; conditions for reinstatement established. Based on doctor having been found guilty of one felony count of Medicaid Fraud, for which he had paid \$86,000 in restitution. Order effective 4/21/03.

CALLION, Raleigh Shipp (MD #35-049458) - Gahanna
Pre-hearing Suspension: Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended based on Board's determination that there is clear and convincing evidence that doctor violated conditions of limitation imposed on his license by 8/02 consent agreement and that his ability to practice according to acceptable and prevailing standards of care is impaired because of habitual or excessive use or abuse of drugs; and that doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed 2/13/03; suspension effective upon service of notice on 2/14/03.
Board Order: Permanent revocation of medical license stayed; subject to indefinite suspension for at least eighteen months, such suspension to be retroactive to 2/12/03, the effective date of doctor's pre-hearing suspension; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years established. Based on doctor's violation of conditions of limitation imposed on his license by an 8/02 consent agreement; and impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs. Order effective 6/5/03.

CHANDRASEKHAR, Subramaniyam (MD #35-079201)
Parkersburg, WV

Pre-hearing Suspension: Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended based on Board's determination that there is clear and convincing evidence that doctor violated conditions of limitation imposed on his license by 8/02 consent agreement and that his ability to practice according to acceptable and prevailing standards of care is impaired due to alcohol relapse; and that doctor's continued practice presents a danger of immediate and serious harm to the public. Suspension effective upon service of notice on 4/4/03.

CODDINGTON, Robert Dean (MD #35-029667)
St. Clairsville

Voluntary Retirement: Doctor's voluntary retirement of medical license accepted by Board in lieu of formal disciplinary proceedings based on 7/10/02 notice of opportunity for hearing and in consideration of his

retirement from medical practice. Doctor permanently ineligible for future licensure in Ohio, and required to permanently surrender within 45 days all licenses authorizing practice in other jurisdictions. Eff. 3/31/03.

CRAWFORD, Steven Warren (MD #35-067148) Portsmouth
Pre-hearing Suspension: Pursuant to Section 3719.121(C), O.R.C., medical license immediately suspended based on doctor having plead guilty to felony counts of Possession of Drugs, Deception to Obtain a Dangerous Drug, and Illegal Processing of Drug Documents, for which he was found eligible for intervention in lieu of conviction. Notice mailed 1/9/03. (**NOTE:** license already suspended pursuant to 8/14/02 consent agreement)

CRAWFORD, William Lawrence (MD #35-032527) - Warren
Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 1/10/03; agreement to remain in effect for at least five years prior to any request for termination.

DAY, Richard Graham (MD #35-061831) - New Concord
Consent Agreement: Doctor reprimanded; duration of probationary terms, conditions and limitations originally imposed by 1998 consent agreement extended for one additional year. Based on doctor's admission that he made anonymous phone calls to the medical practice of another physician, but failed to truthfully respond to his Board-approved monitoring physician when asked about the calls. Agreement effective 4/2/03.

FREDEBAUGH, Loreal Lynn (MD #35-069152) - Cleveland
Voluntary Surrender: Doctor's voluntary surrender of medical license accepted in lieu of her further compliance with 1/00 consent agreement due to ongoing health problems; eligibility for future reinstatement will be contingent upon doctor's compliance with application requirements and conditions established by 1/00 consent agreement. Effective 2/11/03.

GOVIER, Ann Verlene (MD #51156) - Toledo
Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 1/13/03; agreement to remain in effect for at least five years prior to any request for termination.

GRAOR, Robert Alan (MD #35-044093) - Beaver Creek
Board Order: Medical license permanently revoked based on doctor's repeated provision, from approximately 1983 to 2000, of false, fraudulent, deceptive or misleading

information pertaining to his specialty board certification status. Order effective 2/13/03. **Court Action:** Notice of appeal of Board's Order filed by doctor with Franklin County Court of Common Pleas on or about 2/18/03. By Order and Entry filed 2/18/03, Court granted doctor's motion for a stay of Board's 2/12/03 permanent revocation Order, permitting him to see existing patients only pending disposition of doctor's appeal. By Order filed 4/10/03, Franklin County Court of Common Pleas granted doctor's motion for an unrestricted stay of Board's 2/12/03 permanent revocation Order until appeal is decided.

GUIDI, Claude Bernard (MD #35-064995) - Tampa, FL
Board Order: Medical license permanently revoked based on doctor having been placed in a misdemeanor intervention program in Florida in 2000 following his plea of not guilty to misdemeanor counts of Obstructing or Opposing an Officer Without Violence, and Prostitution; prior action against doctor's license by Florida's medical board, the underlying conduct for which involved doctor's failure to advise that board on an application that he had pled no contest in 1991 to Lewd and Lascivious Conduct, a misdemeanor; and doctor's failure on an application for renewal of his Ohio license to provide complete and accurate information pertaining to the 2000 Florida criminal action and the Florida medical board action. Order effective 6/5/03.

HASSINK, George V. (MD #35-045682) - Findlay
Consent Agreement: Medical license suspended for at least 90 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on history of alcohol dependence and relapse. Effective 2/12/03.

HELPHENSTINE, James Charles (DO #34-004200) Miamisburg
Board Order: Permanent revocation of medical license stayed; subject to indefinite suspension for at least two years; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years established. Based on violation of conditions of limitation imposed on license by 9/99 consent agreement due to relapse; impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use of drugs; and commission of an act that constitutes a felony, to wit: Illegal Processing of Drug Documents. Effective 1/28/03.

HILL, Sam (DO #34-003607) - Hillsboro
Pre-hearing Suspension: Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended based on Board's determination that there is clear and convincing evidence that doctor's ability to practice according to acceptable and prevailing standards of care is impaired because of habitual or excessive use or abuse of drugs/

alcohol; and that doctor's continued practice presents a danger of immediate and serious harm to the public. Suspension effective upon service of notice on 2/18/03.
Board Order: Permanent revocation of medical license stayed, subject to indefinite suspension for at least eighteen months; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years established. Based on impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs and/or alcohol; and impairment of ability to practice by reason of mental illness. Effective 6/5/03.

HUNTER, Brian John (DO #34-004610) - Youngstown
Interim Agreement: By Interim Agreement eff. 2/27/03, doctor agreed not to practice osteopathic medicine and surgery in Ohio in any form until allegations contained in 8/14/02 notice of opportunity for hearing have been fully resolved.

ISTANBOOLY, Faye Fatina (MD #35-060216)
Rancho Viego, TX
Board Order: Medical license suspended for thirty days based on doctor's failure to advise Ohio Medical Board on license renewal application that she had been the subject of a complaint by Michigan's medical board. Order effective 2/13/03. **Court Action:** Notice of appeal of Board's suspension Order filed by doctor with Franklin County Court of Common Pleas on or about 2/28/03. By Decision and Entry filed 3/11/03, Franklin County Court of Common Pleas granted doctor's motion to stay Board's 2/12/03 suspension Order until final adjudication of the merits of the appeal.

JOHNSON, Cynthia Joan (PA #50-001350) - Cleveland Hts.
Consent Agreement: Physician assistant registration reinstated subject to probationary terms, conditions and limitations based on P.A. having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 1/8/03; agreement to remain in effect for at least five years prior to any request for termination.

JUANG, Richard C. (MD #35-034908) - Erie, PA
Board Order: Medical license suspended for thirty days based on prior action against doctor's license by Pennsylvania's medical board for failure to maintain professional liability insurance as required by law; and doctor's failure to advise Ohio Medical Board of that action on his application for license renewal. Effective 2/13/03.

KADER, Ayman M. (MD #35-073825) - Berwick, PA
Pre-hearing Suspension: Pursuant to Section 3719.121(C), O.R.C., medical license immediately suspended based on doctor having been found guilty of felony counts of Trafficking in Drugs and Illegal Processing of Drug Documents. Suspension effective upon service of notice on 2/18/03.

KATONA, Attila Arthur (MD applicant) – Oakbrook, IL
Board Order: Application for medical licensure permanently denied based on applicant's failure to advise Ohio Board on or as a supplement to licensure application that (1) he had been removed from patient related activities during a pathology residency and his contract was not renewed; (2) the Illinois Board had issued an order of refusal to renew his medical license in that state; and (3) he had entered into a consent order with Illinois' medical board. (Journal Entry – no hearing requested) Order effective 1/9/03.

KENNEN, James Michael (DO #34-004546) - Cleveland
Board Order: Medical license revoked based on impairment of ability to practice and violation of conditions of limitation imposed on license by 8/14/02 Board Order due to alcohol relapse. (Journal Entry - no hearing requested) Order effective 3/13/03.

KIRKHAM, William Howard (MD #35-023671) - Marion
Voluntary Retirement: Doctor's voluntary retirement of medical license accepted by Board in lieu of formal disciplinary proceedings pursuant to §4731.22(B)(26), which permits the Board to take action based on impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Doctor ineligible for licensure in the future. Effective 5/15/03.

MARTIN, Adam Samuel (MD training certificate #57-006661) - Cleveland
Consent Agreement: Medical training certificate suspended for at least 90 days; interim monitoring conditions and conditions for consideration for renewal/issuance of certificate established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admissions that he was diagnosed with alcohol dependence and marijuana abuse, for which he has sought treatment through a Board-approved provider; and that he failed to provide complete and accurate information concerning his alcohol and marijuana dependency to the Board on his training certificate application. Effective 5/15/03.

MENON, Venu Gopal (MD #35-054426) – Troy
Board Order: One year suspension of medical license stayed subject to probationary terms, conditions, and limitations for at least three years. Based on prior action against doctor's Oklahoma license by that state's medical board following findings that doctor had submitted false information on an application for reinstatement. Order effective 5/16/03.

MINOR, David Cragar (MD #35-049411) - Lawton, OK
Board Order: Medical license permanently revoked based on doctor's failure to comply with specified conditions of

limitation imposed on license by 9/00 consent agreement. (Journal Entry - no hearing requested) Eff. 3/13/03.

MITCHELL, Mark Anthony (MT #33-007822) - Canton
Board Order: License to practice massage therapy indefinitely suspended; conditions for reinstatement established, including requirement that massage therapist enter into subsequent consent agreement incorporating probationary terms conditions and limitations to monitor practice. Order entered due to massage therapist's failure to comply with Board-ordered examination for possible inability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. (Journal Entry) Effective 5/15/03.

MOCK, Theron Clay, Jr. (MD #35-045230) - Cleveland
Child Support Default Suspension: Pursuant to determination by Portage County Child Support Enforcement Agency that doctor is in default under a child support order, medical license immediately suspended until such time as Board receives notice from Portage County Child Support Enforcement Agency that doctor is no longer determined to be in default. Suspension effective on 3/17/03. **NOTE:** License reinstated on 3/28/03 upon notice from CSEA that doctor is no longer in default.

MOORE, John Pease, III (MD #35-069259) - Bellbrook
Board Order: Permanent revocation of medical license stayed, subject to indefinite suspension for at least two years; conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least three years established. Based on doctor having been found guilty of one felony count of False Statements Related to Health Care Matters. Effective 6/5/03.

MORRIS, Louise Delyte (PA #50-000354) - Cedarville
Consent Agreement: Physician assistant registration reinstated subject to probationary terms, conditions and limitations based on P.A. having been deemed capable of practicing according to acceptable and prevailing standards of care. Agreement effective 4/2/03; agreement to remain in effect for at least five years prior to any request for termination.

NGUYEN, Thomas Anh (MD #35-077860) - Harrisburg, PA
Pre-hearing Suspension: Pursuant to Section 3719.121(C), O.R.C., medical license immediately suspended based on doctor's plea of guilty to nine counts of Deception to Obtain a Dangerous Drug and five counts of Illegal Processing of Drug Documents, for which he was granted intervention in lieu of conviction. Suspension effective upon service of notice on or about 2/28/03.

PARADIES, Karen Mary (MD #35-081388) - Cincinnati
Board Order: Permanent revocation of medical license stayed, subject to suspension for at least 18 months; interim

monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years established. Based on (1) doctor's failure to provide complete and accurate information on licensure application pertaining to her illegal use of controlled substances and past legal violations, (2) impairment of ability to practice according to acceptable and prevailing standards of care due to alcohol/drug use or abuse, and (3) doctor's having been convicted of misdemeanor counts including child endangerment, driving under the influence of alcohol or drugs, and failure to use a child restraint system. Order effective 4/21/03.

PARKS, Michael J. (MD #35041103) Hillsdale, MI/Oskaloosa, IA
Board Order: Medical license revoked based on prior action against doctor's Michigan license by that state's medical board following findings that, during surgery, doctor left a patient's distal fibula in an unacceptable position in violation of his general duty and thereby demonstrated incompetence; and on doctor's failure to advise Ohio Board on license renewal application that an administrative complaint had been filed against him by the Michigan Board. (Journal Entry – no hearing requested) Eff. 1/9/03

POLITI, Barry J. (MD applicant) - Pittsburgh, PA
Board Order: Application for medical licensure denied based on applicant's alleged failure to provide complete and accurate information concerning his having been placed on academic probation and later withdrawing from a residency training program at the University of South Carolina; and his failure to provide complete and accurate information on application for licensure in West Virginia pertaining to his having applied for Ohio licensure and having appeared for a deposition to answer questions regarding potential fraud in his pending Ohio application. Order effective 4/21/03. **Court Action:** Notice of appeal of Board's 4/2/03 Order denying licensure filed by applicant with Franklin County Court of Common Pleas on 5/6/03.

PORTER, Charles Vernon (MD #35-039340) - Martin's Ferry
Voluntary Surrender: Permanent revocation of medical license authorized by doctor in lieu of further formal proceedings based on doctor's admissions that (1) he was convicted of one count of False Swearing on an Affidavit in West Virginia which, though a misdemeanor in West Virginia, would constitute a felony in Ohio; and (2) he deviated from the standard of care in connection with his treatment of a specified patient. Effective 3/11/03.

PORTER, Stephen Randall (MD #35-069802) - Oxford
Consent Agreement: Indefinite suspension imposed by 8/02 consent agreement terminated; license suspended for at least 180 days from 10/22/02, the date that doctor entered treatment for chemical dependency. Based on violation of conditions of limitation imposed on license by 8/02 consent agreement due to chemical dependency relapse. Effective 1/10/03.

PRATT-HARRINGTON, Dale (DO #34-006970) - Athens
Consent Agreement: February 2001 consent agreement supplemented to include additional probationary terms and to extend its duration based on doctor's admission that he violated his consent agreement by ingesting a tablet of Percocet for back pain; and a determination by a Board-approved provider that doctor is capable of practicing according to acceptable and prevailing standards of care. Effective 5/14/03.

PURYEAR, Aki Sefaro (MD #35-082438) - Toledo
Consent Agreement: Medical license granted subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place; and based on doctor's admission that criminal charges pending against him in the state of Delaware were dismissed in 8/02 after he successfully completed a drug diversion program. Agreement effective 4/2/03; agreement to remain in effect for at least five years prior to any request for termination.

RANDALL, John Gill (MD #35-023600) - Columbus
Voluntary Surrender: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on his alleged practice of medicine while his license was suspended due to non-renewal from 12/31/76 to the present. Effective 2/26/03.

RANIERI, Thomas Anthony (MD #61039) - Scranton, PA
Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as treatment and monitoring requirements are in place. Agreement effective 1/8/03; agreement to remain in effect for at least five years prior to any request for termination.

REEVES, Robert S. Jr. (MD #35-050586) - Bellevue
Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as certain treatment and monitoring requirements are in place. Agreement effective 5/14/03; agreement to remain in effect for at least seven years prior to any request for termination.

ROSSELIT, James M., Jr. (DO #34-005558) - Dayton
Consent Agreement: Medical license suspended for at least 270 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary, terms, conditions and limitations to monitor practice. Based on doctor's admitted history of

chemical dependency and relapse, for which he has sought treatment through a Board-approved provider; and his admission that he obtained drugs for self-use by overstating patient dosages and using the excess medication himself. Effective 2/13/03.

SAVA, Guy M. (MD #35-039131) - Mankato, MN

Board Order: Permanent revocation of medical license stayed, subject to probationary terms, conditions and limitations for at least five years. Based on prior action against doctor's license by Minnesota's medical board, which was itself based on doctor's history of opioid abuse and depression. Order effective 4/3/03.

SHOR, Steven John (MD #35-060259) - Youngstown

Consent Agreement: Probationary terms, conditions and limitations established to monitor practice based on doctor's admissions that he has been diagnosed with generalized anxiety disorder, dysthymic disorder, and major depressive disorder, single episode, in remission; and that, following a Board-ordered evaluation, the evaluating psychiatrist concluded that doctor's mental disorders are amenable to treatment and that he is currently able to practice according to acceptable and prevailing standards of care, subject to treatment and monitoring conditions. Agreement effective 4/2/03; agreement to remain in effect for at least two years prior to any request for termination.

SINGH, Paramjit (MD #35-066022) - East Liverpool

Pre-hearing Suspension: Pursuant to Section 3719.121(C), O.R.C., medical license immediately suspended based on doctor having been found guilty of one felony count of Aggravated Possession of Drugs. Suspension effective upon service of notice on 2/19/03.

SMITH, Dineen Marie (MT #33-008473) - Brunswick

Voluntary Surrender: Massage therapist's voluntary surrender of certificate to practice accepted by Board in lieu of formal disciplinary proceedings based on massage therapist's admissions that she has been diagnosed as being chemically dependent on controlled substances, and that, though she sought treatment through the Ohio Board of Nursing's Alternative Program, she is no longer participating in that program. Effective 5/22/03.

SUMMERS, Robert Rowan (DO #34-006606) - Findlay

Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as certain treatment and monitoring requirements are in place. Agreement effective 4/2/03; agreement to remain in effect for at least five years prior to any request for termination.

TSENG, Alex Yung-Nam (DO #34-005982) - El Paso, TX

Board Order: Doctor reprimanded based on prior action

against his license by Texas' medical board following findings pertaining to his care of two specified patients. Order effective 2/27/03.

VJECHA, Michael Joseph (MD #35-049553) - Cleveland

Consent Agreement: Medical license reinstated subject to probationary terms, conditions and limitations based on doctor having been deemed capable of practicing according to acceptable and prevailing standards of care so long as certain treatment and monitoring requirements are in place. Agreement effective 5/15/03; agreement to remain in effect for at least five years prior to any request for termination.

WEINER, Ned Elton (MD #35-077474) - University Heights

Board Order: Medical license permanently revoked based on impairment of ability to practice according to acceptable and prevailing standards of care due to habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Eff. 5/16/03.

WINTER, Virginia Kathleen (MD #35-050157) Corvallis, OR

Pre-hearing Suspension: Pursuant to §3719.121(C), O.R.C., medical license immediately suspended based on doctor's plea of guilty to one felony count of Theft, for which she was found eligible for treatment in lieu of conviction. Suspension effective upon service of notice on 5/19/03.

WORRELL, Bruce S. (DO #34-002776) - Cincinnati

Consent Agreement: Medical license suspended for at least 180 days; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admissions that he suffers from chemical dependency, for which he has sought treatment through a Board-approved provider; that he obtained the controlled substance Vicodin for self-use by deceptively instructing clerical staff to call in prescriptions in the name of his wife, using his name and the name of an unknowing colleague as the prescribing physician; and that he was indicted for eight felony counts of Deception to Obtain a Dangerous Drug, for which his request for intervention in lieu of conviction remains pending. Effective 3/13/03.

Continuing Medical Education

YOUNG, Hazel Green (MD #35-045806) - Cleveland

Consent Agreement: Doctor reprimanded and required to document compliance with continuing medical education requirements for three CME acquisition periods. Based on doctor's admission that she mistakenly certified that she had completed the requisite CME hours for the 1999-2001 acquisition period, when she was, in fact, deficient 1.75 hours. Effective 5/14/03.

Court Action Update

ADAMSON, Wallace Cobner (MD #35-049575) – Delaware
Court Action: By Decision and Entry filed 1/17/03, Franklin County Court of Common Pleas denied doctor's motion for a stay of Board's 12/11/02 permanent revocation Order.

EL-MAHDY, Amr Hamid (MD #35-051158) - Warren
Court Action: By Decision filed 3/6/03, Franklin County Court of Common Pleas denied Board's motion to dismiss doctor's appeal as having been untimely filed, noting that clerk had timely docketed appeal despite the lack of a filing fee.

GARRIEL, Brenn Isidro (DPM #36-003249) - Youngstown
Court Action: By Decision filed 5/6/03, Franklin County Court of Common Pleas affirmed Board's 6/12/02 permanent revocation Order. Entry filed 6/6/03.

GERMANO, Gene A. (MD applicant) - St. Petersburg, FL
Court Action: By Decision filed 4/29/03, Franklin County Court of Common Pleas affirmed Board's 10/02 Order permanently denying licensure. Entry filed 5/12/03.

JACOBS, Michael Bernard (MD #35-057031)
 Las Vegas, NV
Court Action: By Decision and Entry filed 4/24/03, Franklin County Court of Common Pleas affirmed Board's 9/02 reprimand Order.

KITCHEN, Anthony W. (MD #35-069821) - Belpre
Court Action: Notice of appeal of Board's 12/11/02 Order filed by doctor with Franklin County Court of Common Pleas on or about 1/23/03. By Entry filed 1/30/03, Court granted doctor's motion for a temporary stay of Board's Order, provided that doctor complies with requirements of his 5/00 agreement with West Virginia's medical board and probationary conditions of Ohio Board Order, and provided that he practice in accordance with terms of practice plan approved by Ohio Board.

MARSH, Lonnie II (MD #35-038543) - Cleveland
Court Action: Entry documenting Court of Common Pleas' 12/26/02 Decision affirming Board's permanent revocation Order filed on 1/15/03.

PACHUDA, Nicholas Michael (DPM #36-002865) - Sandusky
Court Action: By Entry filed 1/15/03, Franklin County Court of Common Pleas granted doctor's motion for a stay of Board's 11/13/02 indefinite suspension Order, noting that doctor has agreed to maintain an open door policy and have a chaperone physically present during patient visits.

ROYDER, Clayton H. (DO #34-004352) - Columbus
Court Action: Notice of appeal to Ohio Supreme Court filed by doctor on 2/7/03. By Decision filed 3/19/03, Franklin County Court of Common Pleas denied Board's motion to vacate stay previously granted to doctor, permitting doctor

to continue practice under the terms of that stay pending determination of his appeal to the Ohio Supreme Court. Entry filed 3/27/03. By Entry filed 4/23/03, Ohio Supreme Court declined to accept jurisdiction of doctor's appeal. Motion for Reconsideration filed by doctor with Ohio Supreme Court on 5/5/03.

URBAN, Edward John (DO #34-003523) - Chagrin Falls
Court Action: By Decision filed 3/20/03, Franklin County Court of Common Pleas affirmed Board's 12/12/01 permanent revocation Order. Entry filed 4/1/03. Notice of appeal to Tenth District Court of Appeals filed by doctor on 4/29/03. By Journal Entry filed 5/2/03, Tenth District Court of Appeals granted doctor's motion for a stay of Board's 12/12/01 permanent revocation Order pending appeal in that court.

VOORHIS, Charles C. (MD #35-031920)
 Panama City, FL
Court Action: By Decision filed 1/24/03, Franklin County Court of Common Pleas reversed Board's 8/14/02 reprimand Order. Entry filed 3/10/03. By Decision and Entry filed 3/10/03, Franklin County Court of Common Pleas denied Board's motion asking that the Court reconsider its decision reversing the Board's reprimand Order and that the Court remand the case to the Board for further proceedings.

WEBB, Deleno H., III (MD #35-037883) - Huntington, WV
Court Action: Voluntary dismissal of appeal filed by doctor with Franklin County Court of Common Pleas on or about 1/15/03. ♦

Practicing by Protocol: Clarification of Existing Law

In February 2003, the Medical Board adopted a position statement that had been written jointly with the Board of Pharmacy and the Board of Nursing (the full statement should be consulted and is available here: <http://www5.state.oh.us/med/positionpapers/Protocols.htm>). The issue was whether, and to what degree, a physician could permit non-physician personnel to carry out medical procedures by protocol. For purposes of the position paper, protocols are defined as a

See **PROTOCOL** on page 20

PROTOCOL (cont.)

definitive set of treatment guidelines that include definitive orders for drugs and their specified dosages which have been authorized by a prescriber.

The three Boards agreed that the controlling law was found in the Board of Pharmacy's Administrative Rule 4729-5-01, and under that rule, there are only three instances in which the use of protocols may be permissible: 1) Emergencies; 2) Administration of biologicals for the purpose of preventing diseases; and 3) Administration of vaccines for the purpose of preventing diseases. Definitions of these terms and examples to clarify their application can be found in the full position paper, referenced above.

Protocols are distinguished from preprinted orders in that the latter are patient specific,

and are authorized for use in the case of a specific patient after examination and the determination by the treating physician that the therapy laid out in the preprinted order is appropriate and safe for the patient.

The Medical, Nursing and Pharmacy Board are continuing to work with a number of professional associations who represent practitioners who would like authority to provide care through protocols. While the Boards are not oblivious to the difficulties of providing services in all parts of the state, they continue to be guided by two overriding questions: What does the law allow, and what best serves the interest of patients?

The Medical Board will continue to post information, as it becomes available, on the Board's website and in future editions of this newsletter. ♦

STATE OF OHIO
THE STATE MEDICAL BOARD
77 South High Street, 17th Floor
Columbus, Ohio 43215-6127

POLICY STATEMENT OFFICE-BASED TREATMENT OF OPIOID ADDICTION

The State Medical Board has reviewed the *Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office*, as adopted by the House of Delegates of the Federation of State Medical Boards of the United States, Inc., in April 2002. Based on that review, the State Medical Board finds that the *Model Policy Guidelines*, as set forth below, describe sound policy and delineate appropriate guidelines for practitioners who desire to offer this treatment option to their patients. The Board therefore adopts the *Model Policy Guidelines* as Guidelines of the State Medical Board of Ohio, with two provisos.

First, the State Medical Board recognizes that persons suffering from active addiction, as a natural consequence of the disease, may engage in various forms of deceptive and manipulative activities, including drug-seeking behaviors. These behaviors make treatment of these patients a unique challenge. Although the federal law provides that a practitioner may be qualified to engage in office-based treatment of opioid addiction with as little as eight hours of training related to the treatment and management of opioid dependent patients, the Medical Board strongly encourages physicians who desire to offer this treatment to first obtain additional education as necessary addressing the disease of addiction and available treatment options.

Second, the *Model Policy Guidelines* recite the current prevailing view that the federal confidentiality requirements set forth at 42 CFR Part 2 inherently apply to this treatment. At the same time, primary care practitioners who may be expected to treat opioid addicted patients for any number of conditions in addition to their addictions must understand that the records of that other treatment are not protected by the federal requirements. Practitioners are encouraged to maintain their patient records so that records covered by 42 CFR Part 2 are redacted from any records released pursuant to standard records requests and subpoenas, while assuring that non-covered records are not improperly withheld from release. Practitioners should seek private counsel as is necessary in addressing issues that arise under this new law.

Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office

Section I: Preamble

The State Medical Board Of Ohio recognizes that the prevalence of addiction to heroin and other opioids has risen sharply in the United States and that the residents of the State of Ohio should have access to modern, appropriate and effective addiction treatment. The appropriate application of up-to-date knowledge and treatment modalities can successfully treat patients who suffer from opioid addiction and reduce the morbidity, mortality and costs associated with opioid addiction, as well as public health problems such as HIV, HBV, HCV and other infectious diseases. The Board encourages all physicians to assess their patients for a history of substance abuse and potential opioid addiction. The Board has developed these guidelines in an effort to balance the need to expand treatment capacity for opioid addicted patients with the need to prevent the inappropriate, unwise or illegal prescribing of opioids.

Until recently, physicians have been prohibited from prescribing and dispensing opioid medications in the treatment of opioid addiction, except within the confines of federally regulated opioid treatment programs. Because of the increasing number of opioid-addicted individuals and the associated public health problems, as well as the limited availability of addiction treatment programs, federal laws now enable qualified physicians to prescribe Schedule III-V medications approved by the Food and Drug Administration for office-based treatment of opioid addiction^[1].

Physicians who consider office-based treatment of opioid addiction must be able to recognize the condition of drug or opioid addiction and be knowledgeable about the appropriate use of opioid agonist, antagonist, and partial agonist medications. Physicians must also demonstrate required qualifications as defined under and in accordance with the “Drug Addiction Treatment Act of 2000” (DATA) (Public Law 106-310, Title XXXV, Sections 3501 and 3502) and obtain a waiver from the Substance Abuse and Mental Health Services Administration (SAMHSA), as authorized by the Secretary of HHS. In order to qualify for a waiver, physicians must hold a current license in the State of Ohio and, at a minimum, meet one or more of the following conditions to be considered as qualified to treat opioid addicted patients in an office-based setting in this state:

- Subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties
- Subspecialty board certification in addiction medicine from the American Osteopathic Association

^[1] Drug Addiction Treatment Act of 2000, Public Law 106-310, Title XXXV, Section 3501 and 3502.

- Addiction certification from the American Society of Addiction Medicine
- Completion of not less than 8 hours of training related to the treatment and management of opioid-dependent patients provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or other organization approved by the board.
- Participation as an investigator in one or more clinical trials leading to the approval of a narcotic drug in Schedule III, IV, or V or a combination of such drugs for treatment of opioid addicted patients (must be evidenced by a statement submitted to the Secretary of Health and Human Services by the sponsor of such approved drug).
- Additional qualification criteria may be added through legislative enactment.

In addition to the waiver, physicians must have a valid DEA registration number and a DEA identification number that specifically authorizes such office-based treatment. The waiver to provide addiction treatment under DATA is granted by the Secretary of HHS, presumably through SAMHSA, no later than 45 days after receipt of the physician's written notification. Upon request from SAMHSA, the Attorney General, presumably through DEA, will automatically assign the physician an identification number that will be used with the physician's DEA registration number. However, if SAMHSA has not acted on the physician's request for a waiver by the end of this 45-day period, DEA will automatically assign the physician an identification number. Furthermore, if a physician wishes to prescribe or dispense narcotic drugs for maintenance or detoxification treatment on an emergency basis in order to facilitate the treatment of an individual patient before the 45-day waiting period has elapsed, the physician must notify SAMHSA and the DEA of the physician's intent to provide such treatment.

The Board recognizes that new treatment modalities offer an alternative in the treatment of opioid addiction. Based on appropriate patient assessment and evaluation, it may be both feasible and desirable to provide office-based treatment of opioid addicted patients with Schedules III-V opioid medications approved for such use by the FDA and regulated in such use by Center for Substance Abuse Treatment (CSAT)/SAMHSA. Physicians are referred to the Buprenorphine Clinical Practice Guidelines, available at the CSAT/SAMHSA, Office of Pharmacologic and Alternative Therapies, Rockwall II, Room 7-222, 5515 Security Lane, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-7614 or <http://www.samhsa.gov/centers/csat/opat.html>.

The medical recognition and management of opioid addiction should be based upon current knowledge and research and includes the use of both pharmaceutical and non-pharmaceutical modalities. Prior to initiating treatment, physicians should be knowledgeable about addiction treatment and all available pharmacologic treatment agents as well as available ancillary services to support both the physician and patient. In order to undertake treatment of opioid addicted patients, in accordance with these guidelines, physicians must demonstrate a capacity to refer patients for appropriate counseling and other ancillary services.

The State Medical Board of Ohio is obligated under the laws of the State of Ohio to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including opioids, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Physicians must be diligent in preventing the diversion of drugs for illegitimate and nonmedical uses. Qualified physicians need not fear disciplinary action from the Board or other state regulatory or enforcement agency for appropriate prescribing, dispensing or administering approved opioid drugs in Schedules III, IV, or V, or combinations thereof, for a legitimate medical purpose in the usual course of opioid addiction treatment. The Board will consider appropriate prescribing, ordering, administering, or dispensing of these medications for opioid addiction to be for a legitimate medical purpose if based on accepted scientific knowledge of the treatment of opioid addiction and in compliance with applicable state and federal law.

The Board will determine the appropriateness of prescribing based on the physician's overall treatment of the patient and on available documentation of treatment plans and outcomes. The goal is to document and treat the patient's addiction while effectively addressing other aspects of the patient's functioning, including physical, psychological, medical, social and work-related factors. The following guidelines are not intended to define complete or best practice, but rather to communicate what the Board considers to be within the boundaries of accepted professional practice.

Section II: Guidelines

The Board has adopted the following guidelines when evaluating the documentation and treatment of opioid addiction under DATA:

Compliance with Controlled Substances Laws and Regulations

Generally, to prescribe and dispense Schedules III-V opioid medications for the treatment of opioid addiction under DATA, the physician must be licensed in the state, have a valid DEA controlled substances registration and identification number, comply with federal and state regulations applicable to controlled substances, and have a current waiver issued by SAMHSA. To obtain this waiver, the physician must submit written notification to the Secretary of HHS of their intent to provide this treatment modality, certifying the physician's qualifications and listing his/her DEA registration number. SAMHSA will then notify DEA whether a waiver has been granted. If SAMHSA grants the physician a waiver, DEA will issue the qualifying physician an identification number. In addition to these requirements, the DATA limits the number of patients that a physician or a group practice is permitted to treat to 30. This numerical limitation may be changed by regulation in the future.

Physicians are specifically prohibited from delegating prescribing opioids for detoxification and/or maintenance treatment purposes to non-physicians. Physicians are referred to DEA regulations (21CFR, Part 1300 to end) and the DEA Physician's Manual www.deadiversion.usdoj.gov and (any relevant documents issued by the state medical board) for specific rules governing issuance of controlled substances prescriptions as well as applicable state regulations.

Evaluation of the Patient

A recent, complete medical history and physical examination must be documented in the medical record. The medical record should document the nature of the patient's

addiction(s), evaluate underlying or coexisting diseases or conditions, the effect on physical and psychological function, and history of substance abuse and any treatments therefor. The medical record should also document the suitability of the patient for office-based treatment based upon recognized diagnostic criteria.^{2[2]}

DSM-IV-TR Substance Dependence Criteria³

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- tolerance, as defined by either of the following:
 - a need for markedly increased amounts of the substance to achieve intoxication or desired effect, or
 - markedly diminished effect with continued use of the same amount of the substance
- withdrawal, as manifested by either of the following:
 - the characteristic withdrawal syndrome for the substance, or
 - the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
- the substance is often taken in larger amounts or over longer period than was intended
- there is a persistent desire or unsuccessful efforts to cut down or control substance use
- a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- important social, occupational or recreational activities are given up or reduced because of substance use
- the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

Treatment Plan

The written treatment plan should state objectives that will be used to determine treatment success, such as freedom from intoxication, improved physical function,

^{2[2]} Buprenorphine Clinical Practice Guidelines, Table 3-1.

^{3]} American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4th ed., Text Revision, Washington, D.C.

psychosocial function and compliance and should indicate if any further diagnostic evaluations are planned, as well as counseling, psychiatric management or other ancillary services. This plan should be reviewed periodically. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Treatment goals, other treatment modalities or a rehabilitation program should be evaluated and discussed with the patient. If possible, every attempt should be made to involve significant others or immediate family members in the treatment process, with the patient's consent. The treatment plan should also contain contingencies for treatment failure (i.e., due to failure to comply with the treatment plan, abuse of other opioids, or evidence that the Schedules III-V medications are not being taken).

Informed Consent and Agreement for Treatment

The physician should discuss the risks and benefits of the use of these approved opioid medications with the patient and, with appropriate consent of the patient, significant other(s), family members, or guardian. The patient should receive opioids from only one physician and/or one pharmacy when possible. The physician should employ the use of a written agreement between physician and patient addressing such issues as (1) alternative treatment options; (2) regular toxicologic testing for drugs of abuse and therapeutic drug levels (if available and indicated); (3) number and frequency of all prescription refills and (4) reasons for which drug therapy may be discontinued (i.e.; violation of agreement).

Periodic Patient Evaluation

Patients should be seen at reasonable intervals (at least weekly during initial treatment) based upon the individual circumstance of the patient. Periodic assessment is necessary to determine compliance with the dosing regimen, effectiveness of treatment plan, and to assess how the patient is handling the prescribed medication. Once a stable dosage is achieved and urine (or other toxicologic) tests are free of illicit drugs, less frequent office visits may be initiated (monthly may be reasonable for patients on a stable dose of the prescribed medication(s) who are making progress toward treatment objectives).

Continuation or modification of opioid therapy should depend on the physician's evaluation of progress toward stated treatment objectives such as (1) absence of toxicity (2) absence of medical or behavioral adverse effects (3) responsible handling of medications (4) compliance with all elements of the treatment plan (including recovery-oriented activities, psychotherapy and/or other psychosocial modalities) and (5) abstinence from illicit drug use. If reasonable treatment goals are not being achieved, the physician should re-evaluate the appropriateness of continued treatment.

Consultation

The physician should refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. The physician should pursue a team approach to the treatment of opioid addiction, including referral for counseling and other ancillary services. Ongoing communication between the physician and consultants is necessary to ensure appropriate compliance with the treatment plan. This may be included in the formal treatment agreement between the physician and patient. Special attention should be given to those patients who are at risk for misusing their medications and those whose living or work arrangements pose a risk for medication misuse or diversion. The management of addiction in patients with comorbid psychiatric disorders requires extra care, monitoring, documentation and consultation with or referral to a mental health professional.

Medical Records

The prescribing physician should keep accurate and complete records to include (1) the medical history and physical examination; (2) diagnostic, therapeutic and laboratory results; (3) evaluations and consultations; (4) treatment objectives; (5) discussion of risks and benefits; (6) treatments; (7) medications (including date, type, dosage, and quantity prescribed and/or dispensed to each patient); (8) a physical inventory of all Schedules III, IV, and V controlled substances on hand that are dispensed by the physician in the course of maintenance or detoxification treatment of an individual; (9) instructions and agreements; and (10) periodic reviews. Records should remain current and be maintained in an accessible manner and readily available for review. The physician must adhere to the special confidentiality requirements of 42CFR, Part 2, which apply to the treatment of drug and alcohol addiction, including the prohibition against release of records or other information, except pursuant to a proper patient consent or court order in full compliance with 42CFR2, or the Federal or State officials listed in 42CFR2, or in cases of true medical emergency or for the mandatory reporting of child abuse.

Section III: Definitions

For the purposes of these guidelines, the following terms are defined as follows:

Addiction: A primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm and craving.

Agonists: Agonist drugs are substances that bind to the receptor and produce a response that is similar in effect to the natural ligand that would activate it. Full mu opioid agonists activate mu receptors, and increasing doses of full agonists produce increasing effects. Most opioids that are abused, such as morphine and heroin are full mu opioid agonists.

“Approved Schedule III-V Opioids”: Opioids referred to by the DATA, specifically approved by the FDA for treatment of opioid dependence or addiction.

Antagonists: Antagonists bind to but do not activate receptors. They prevent the receptor from being activated by an agonist compound. Examples of opioid antagonists are naltrexone and naloxone.

Maintenance Treatment: Maintenance treatment means the dispensing for a period in excess of 21 days of an opioid medication(s) at stable dosage levels in the treatment of an individual for dependence upon heroin or other morphine-like drugs.

Opioid Dependence: A maladaptive pattern of substance use, leading to clinically significant impairment or distress, manifested by 3 or more of the following, occurring at any time in the same 12-month period:

- A need for markedly increased amounts of the substance to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount of substance;
- The characteristic withdrawal syndrome for the substance or the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms;

- The substance was taken in larger amounts or over a longer period of time than was intended;
- There is a persistent desire or unsuccessful efforts to cut down or control substance use;
- Significant time is spent on activities to obtain the substance, use the substance, or recover from its effects;
- Important social, occupational, or recreational activities are discontinued or reduced because of substance use;
- Substance use is continued despite knowledge of having a persistent physical or psychological problem that is caused or exacerbated by the substance.

Opioid Drug: Opioid drug means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction sustaining liability. (this is referred to as an opiate in the Controlled Substances Act)

Opioid Treatment Program (OTP) (sometimes referred to as a methadone clinic or narcotic treatment program): Opioid treatment program means a licensed program or practitioner engaged in the treatment of opioid addicted patients with approved Scheduled II opioids (methadone and/or LAAM).

Partial Agonists: Partial agonists occupy and activate receptors. At low doses, like full agonists, increasing doses of the partial agonist produce increasing effects. However, unlike full agonists, the receptor-activation produced by a partial agonist reaches a plateau over which increasing doses do not produce an increasing effect. The plateau may have the effect of limiting the partial agonist's therapeutic activity as well as its toxicity. Buprenorphine is an example of a partial agonist.

Physical Dependence: A state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

Qualified Physician: A physician, licensed in the State of Ohio who holds a current waiver issued by SAMHSA (as authorized by the Secretary of HHS) and meets one or more of the conditions set forth in Section 1. In addition, a physician must have a valid DEA registration and identification number authorizing the physician to conduct office-based treatment.

Substance Abuse: A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home;
- Recurrent substance use in situations in which it is physically hazardous;
- Recurrent substance-related legal problems;
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

Tolerance: A state of adaptation in which exposure to a drug induces changes that result in diminution of one or more of the drug's effects over time.

Waiver: A documented authorization from the Secretary of HHS issued by SAMHSA under the DATA that exempts qualified physicians from the rules applied to OTPs.

Implementation of the waiver includes possession of a valid DEA certificate with applicable suffix.