Physician Assistant Practice Changes

HB284 includes several changes to Physician Assistant practice. The legislation goes into effect on March 22, 2013 and requires changes to the physician assistant formulary, application forms, and the administrative rules in Chapter 4730, Ohio Administrative Code. Highlights of HB284 include the following:

**Qualifies military experience as pathway for PA licensure**

HB284 recognizes qualifying military experience as a pathway to a certificate to practice as a physician assistant as of March 22, 2013. Such a candidate must have (1) a degree from an accredited educational program for physician assistants, and (2) at least three years of active duty experience practicing as a physician assistant in the United States armed forces or the national guard of any state.

**Modifies services a PA may perform**

The bill authorizes a physician assistant to perform the following medical services:

- fit, insert, or remove a birth control device;
- issue a do-not-resuscitate (DNR) order and take any other action that may be taken by an attending physician under the law governing DNR orders;
- insert or remove chest tubes;
- determine and pronounce death in specified locations and circumstances;
- prescribe or make referrals for physical therapy; and
- order or make referrals for occupational therapy.
Concussion in Youth Sports: Ohio's Return-to-Play Law

Ohio's return-to-play law, (ORC 3313.539 and ORC 3314.03), which addresses concussion for youth athletes goes into effect on April 26, 2013. The law impacts those participating in interscholastic (school-based) athletics at public and private schools and youth sports organizations. The Ohio Department of Health has published FAQs about the new law and provided detailed resources on the website: [http://www.healthyohioprogram.org/concussion.aspx](http://www.healthyohioprogram.org/concussion.aspx)

The return-to-play law prohibits an athlete from returning to play on the same day as he/she is removed. The law also specifies that a physician must provide WRITTEN clearance for an athlete to return to play. A school district or youth sports organization may also authorize a licensed health care provider who is not a physician to make an assessment or grant clearance to return to play if the provider is acting in accordance with one of the following, as applicable to the provider's authority to practice in Ohio:

1. In consultation with a physician;
2. Pursuant to the referral of a physician;
3. In collaboration with a physician;
4. Under the supervision of a physician.

Links to information from the Centers for Disease Control and Prevention (CDC) to assist health care providers in helping to identify, diagnose and manage concussions are included in the material published by the Ohio Department of Health.

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Board Member Updates

**Board Member Appointment:**
On October 29, 2012, Governor Kasich appointed Michael L. Gonidakis to a consumer representative position on the Medical Board. His term continues until July 31, 2017. Mr. Gonidakis succeeds W. Frank Hairston whose term expired.

**Medical Board Officers:**
The following members of the Board serve as officers during calendar year 2013: President, Anita M. Steinbergh, DO; Vice-President, Kris Ramprasad, MD; Secretary, Craig Strafford, MD, MPH; and Supervising Member, Mark Bechtel, MD.

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HAVE YOU MOVED?

Has either your home or practice address recently changed? Don’t forget to send your change of address to the Medical Board. State law requires licensees to notify the Medical Board of address changes within 30 days of the change.

Use one of the following ways to notify the Board of your new address:

E-mail the change to med.record@med.state.oh.us
Please include your name and license number.

Fax a written change to the CME and Records department at 614-644-1464.

Use your Medical Board generated user ID and password from your licensure renewal and log into the E-license center at [https://license.ohio.gov](https://license.ohio.gov) and choose the Address Change option.
HB284 amends the authority for physician assistants to prescribe drugs

The legislation:

1) eliminates the requirement that the Board adopt and modify through rulemaking the formulary that identifies the drugs that a physician assistant may be authorized to prescribe;

2) generally permits a physician assistant who either practiced in another state or who was credentialed or employed by the federal government to obtain a certificate to prescribe in Ohio without participating in a provisional period of physician delegated prescriptive authority;

3) eliminates a prohibition on physician assistants prescribing schedule II controlled substances, but limits the locations from which such substances may be prescribed; and

4) prohibits a physician assistant from prescribing any schedule II controlled substance to a patient in a convenience care clinic.

Board Participates in Lean Ohio Program

Lean Ohio, a division of the Ohio Department of Administrative Services, assists agencies in evaluating and overhauling selected core processes to improve efficiency through Kaizen training offered at no cost to the agency. The Medical Board identified the agency’s complaint process as the area which would most benefit from this review, as nearly 5,000 new complaints are currently received by the Board each calendar year and the process involves many staff sections of the office.

Staff representatives from the public services, licensure, compliance, investigation and enforcement units participated in the Lean Ohio facilitated Kaizen sessions held January 28 through February 1, 2013 in Columbus. Some of the changes made to the complaint process as a result of the intensive training include: eliminating redundancy; streamlining the subpoena process; reversing the order of complaint triage to eliminate entry of complaints not involving Board licensees; and redesigning the complaint form and consumer information fact sheet about the complaint process. The Board is in the process of implementing the changes identified through the Lean Ohio training.

Read more about the Medical Board’s project on the Lean Ohio website: [http://lean.ohio.gov](http://lean.ohio.gov)

Team members:

**Front Row:** Krista Tackett, Jeff Bradford, Angela McNair, Mike Miller, Kay Rieve, Danielle Bickers, Ruth Pologruto. **Back Row:** Bill Schmidt, Rob Feldmann, Rebecca Marshall, Nicole Weaver, Barb Jacobs, Angela Fields, Sue Bigham, Judy Rodriguez, Doug Edwards. Not in the photo: Kim Anderson, Jennifer Hayhurst, Kathleen Peterson.
HB251 amended the acupuncture statutes in chapter 4762, O.R.C., to include oriental medicine regulations. Oriental medicine practitioners become the newest profession regulated by the Medical Board as of March 22, 2013.

Please note that Section 4762.02(B), O.R.C., does not require a physician to be registered as an oriental medicine practitioner. Physicians can practice oriental medicine under their medical, osteopathic or podiatry license in Ohio (podiatric physicians must practice within the scope of practice as defined in Section 4731.51, O.R.C.).

**Highlights of HB251:**

The bill permits an individual who receives a certificate to practice oriental medicine to practice both acupuncture and, if the practitioner chooses, herbal therapy.

The training and educational requirements to qualify for an oriental medicine certificate include:

- a current and active designation from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) as either a diplomate in oriental medicine or diplomate of acupuncture and Chinese herbology;
- successful completion in the two-year period immediately preceding application for the certificate to practice, one course approved by the Commission on Federal Food and Drug Administration dispensary and compounding guidelines and procedures; and
- proficiency in spoken English to the Board as specified in O.R.C. Section 4762.03(B)(4).

The oriental medicine license application fee is $100. The biennial renewal fee is $100.

**Herbal therapy:**

A practitioner of oriental medicine choosing to include herbal therapy in his or her practice under the bill may use foods, herbs, vitamins, minerals, organ extracts, and homeopathy. The bill defines "homeopathy" as a noninvasive system of natural and alternative medicine that seeks to stimulate the human body's ability to heal itself through the use of small doses of highly diluted substances prepared from animal, vegetable, or mineral sources.

An Oriental medicine practitioner using herbal therapy in the treatment of a patient must do all of the following:

1. Provide to the patient counseling and treatment instructions. The treatment instructions must:
   - (a) explain the need for herbal therapy;
   - (b) instruct the patient how to take herbal therapy;
   - (c) explain possible contraindications to the herbal therapy and provide sources of care in case of an adverse reaction; and
   - (d) instruct the patient to inform the patient's other health care providers, including the patient's pharmacist, of the herbal therapy that has been provided.

2. Document in the patient's record the recommended type, amount, and strength of herbal therapy, the counseling and treatment instructions provided to the patient, and any adverse reactions reported by the patient.

3. Report to the State Medical Board any adverse reactions reported by the patient in using herbal therapy.
Request for Input about Medical Board Rules

The State Medical Board of Ohio seeks input from interested stakeholders on the following rules. You are invited to provide comments concerning whether any rule listed below should be amended and, if so, suggest wording for the proposed amendment.

Rule 4731-6-14 Eligibility for Licensure Examination (Physician Licensure)  
http://codes.ohio.gov/oac/4731-6-14

Rule 4731-29-01 Pain Management Clinic  
http://codes.ohio.gov/oac/4731-29-01

Rule 4731-14-01 Pronouncement of Death  
http://codes.ohio.gov/oac/4731-14-01

Rule 4731-27-01 Termination of the Doctor Patient Relationship  
http://codes.ohio.gov/oac/4731-27-01

Chapter 4730, OAC, Physician Assistant Practice  
http://codes.ohio.gov/oac/4730

Chapter 4731-4, OAC, Criminal Records Checks  
http://codes.ohio.gov/oac/4731-4

Chapter 4731-16, OAC, Impaired Practitioners  
http://codes.ohio.gov/oac/4731-16

Chapter 4731-24, OAC, Anesthesiologist Assistants  
http://codes.ohio.gov/oac/4731-24

Send any comments via e-mail or letter to:

Sallie Debolt - General Counsel  
State Medical Board of Ohio  
30 E. Broad St., 3rd Floor  
Columbus, OH 43215-6127  
(614) 644-7021  
Sallie.Debolt@med.state.oh.us

WANTED

Medical Specialists

The Medical Board needs AOA or ABMS Board Certified physicians in the following specialties to review confidential complaints involving quality of care issues:

- All osteopathic specialties
- Pain Management
- Occupational Medicine or Physical Medicine & Rehabilitation who practice pain management
- Family Medicine who also practice pain management
- Internal Medicine who also practice pain management
- Neurologists who also practice pain management
- Anesthesiologists who also practice pain management

If interested in contracting with the Medical Board for this service, contact:

Lisa Lee Slappy, Enforcement Paralegal  
State Medical Board of Ohio  
30 E. Broad Street 3rd Floor  
Columbus, Ohio 43215-6127  
Phone (614) 728-1241  
Fax (614) 728-5946  
lisa.lee-slappy@med.state.oh.us

The Medical Board’s FY12 Annual Report is available on the Medical Board’s website:

http://www.med.ohio.gov/pdf/Annual%20Reports/FY12%20Annual%20Report%202012.pdf
Senate Bill 301, Pain Management Clinics

Senate Bill 301, effective March 13, 2013, is an extension of HB93 which established licensure of pain management clinics and provided regulatory boards the authority to develop rules for accessing OARRS, the Ohio Automated Rx Reporting System.

**Pain Management Licensing and Operation**

Senate Bill 301 modifies the definition of a pain management clinic to better focus regulatory efforts and reduce confusion within the provider community regarding practices that need to be licensed. This is accomplished by focusing the definition on practices that are providing controlled substances or Tramadol to the majority of the provider’s patients for the purpose of treating chronic rather than acute pain.

Further the legislation provides for two additional exemptions from the definition of a pain management clinic: (1) a nursing home licensed by the Department of Health or certified by a local political subdivision and (2) a facility conducting only clinical research that may use controlled substances in studies approved by a hospital-based institutional review board or an institutional review board accredited by the Association for the Accreditation of Human Research Protection Program.

**Inspection of Pain Management Clinics**

Senate Bill 301 authorizes the Board to conduct inspections of licensed pain management clinics or facilities or physician practices the Board suspects are operating as such to ensure compliance with the laws governing the operation of pain management clinics.

The legislation specifies the inspections are to be conducted in the same manner that Board investigations are handled. Before conducting an on-site inspection, the Board must provide notice to the owner or person in charge of the facility or practice, unless the notice would jeopardize a Board investigation.

**Medical Board Disciplinary Authority**

Finally, Senate Bill 301 permits the Board to take disciplinary action against a licensee if the licensee does either of the following: (1) practices at a facility that is subject to licensure as a pain management clinic if the facility has not obtained and maintained the license, or (2) owns a facility that is subject to that licensure without holding the license.

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**Have you signed up for OARRS?**

The Ohio Board of Pharmacy manages OARRS, the Ohio Automated Rx Reporting System, for prescribers to obtain patient-specific prescription information to use when treating a patient. The OARRS database includes dispensing information regarding Schedules II – V controlled substances, and tramadol products (e.g. Utram®). The OARRS website is available 24/7 and most reports may be viewed within 15 seconds after the request is submitted. Go to [www.ohiopmp.gov](http://www.ohiopmp.gov) to register for this free service. Contact the OARRS program staff at the Ohio Board of Pharmacy by e-mail at: [info@ohiopmp.gov](mailto:info@ohiopmp.gov) or by phone at 614-466-4143.

Medical Board Rule 4731-11-11, Ohio Administrative Code, specifies when OARRS reports should be obtained. [http://med.ohio.gov/pdf/rules/4731-11-11%20FAQs.pdf](http://med.ohio.gov/pdf/rules/4731-11-11%20FAQs.pdf)
Patient Notification of Termination of Employed Physicians by a Health Care Entity

HB417, which goes into effect on March 22, 2013, creates Section 4731.228, O.R.C., and requires a health care entity that terminates the employment of a physician for any reason to provide notice of the termination to the physician's patients, unless the entity provides patient names and contact information to the physician and has the physician send the notice.

A "termination" is the end of a physician's employment with a health care entity for any reason, other than those situations where a physician becomes an independent contractor for the health care entity and continues to provide services to patients.

The Medical Board is working with interested parties about revisions to Rule 4731-27-01, O.A.C., Termination of the Doctor/Patient Relationship, to reflect changes made by the legislation.

Link to HB417: http://www.legislature.state.oh.us/bills.cfm?ID=129_HB_417

HIPAA Regarding Danger to Self or Others

Leon Rodriguez, Director of the US Office for Civil Rights, reports that HIPAA does not prevent a health care provider from disclosing necessary information about a patient to law enforcement, family members of the patient, or other persons, when the health care provider believes the patient presents serious harm to himself or other people.

Link to letter from Director Rodriguez: http://med.ohio.gov/pdf/NEWS/HIPAA%20Re%20Danger%20to%

Signing Death Certificates

The State Medical Board of Ohio receives many inquiries concerning the signing of death certificates by attending physicians. The topic has also been the focus of recent state-wide media outlets.

The Medical Board adopted a policy “Regarding the Signing of Death Certificates by the Attending Physician” in April 2010 to clarify the meaning of “attending physician” for purposes of determining who must sign a death certificate for a person who died under natural circumstances. The policy statement also answers the following frequently asked questions:

- Whether a physician in a graduate medical education program may sign a death certificate;
- Who is the attending physician of a patient in a long-term care facility; and
- What happens when the attending physician has not recently seen the deceased patient.

View the policy on the Medical Board’s website: http://med.ohio.gov/pdf/position_statements/Death_Certificates.pdf
State Medical Board of Ohio Action Report
October 2012 — January 2013

Actions taken by the Medical Board between October 2012 and January 2013 are summarized below. Go to the Licensee Profile and Status Link on the Medical Board’s website—www.med.ohio.gov—for the most current license status information and to view the Board action documents.

ATANASOFF, Nicholas A., D.O. (#34-007837) — Boardman, OH
Consent Agreement: Doctor reprimanded and 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 his is impaired in his 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. Agreement effective 1/9/13.

BANKS, Brenda L., M.D. (#35-079787) — Columbus, OH
Immediate Suspension: Pursuant to Sections 2929.42 and/or 3719.121(C), O.R.C., medical license immediately suspended based on doctor having been found guilty in the United States District Court, Southern District of Ohio, Western Division, of one felony count of Acquiring or Possessing a Controlled Substance by Deception. Order effective 1/9/13.

BAUS, Joseph E., M.D. (#35-097298) — Sharonville, OH
Consent Agreement: Medical license suspended for at least 120 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 abused Fentanyl, is impaired in his ability to practice medicine and surgery according to acceptable and prevailing standards of care, and made a false, fraudulent, deceptive or misleading statement on his application for a license to practice medicine and surgery in Ohio by failing to disclose his impairment due to the use or abuse of drugs. Agreement effective 10/10/12.

BAUSCHKA, Maryrose P., M.D. (Training Certificate Applicant) — Cincinnati, OH
Consent Agreement: Training certificate granted subject to probationary terms, conditions, and limitations based on doctor’s diagnosed eating disorder, depression and anxiety, for which she has received treatment, and 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 10/10/12. Agreement to remain in effect for at least two years prior to any request for termination.

BIERER, Craig L., D.O. (#34-008396) — Hamilton, OH
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 11/14/12; Agreement to remain in effect for at least five years prior to any request for termination.

BROWNLEE, John D., M.D. (#35-074364) — Highland Heights, OH
Board Order: Medical license permanently revoked. Based on doctor’s violation of the conditions of limitation placed on his medical license by 8/9/07 consent agreement; commission of an act constituting the felony of deception to obtain a dangerous drug; assisting or abetting violation of the prohibition against prescribing controlled substances to family members; and assisting or abetting violation of the prohibition against prescribing to persons not seen by the prescribing physician, the violations arising from the doctor having directed at least one resident physician over whom he had control to write prescriptions for Percocet or Vicodin in the name of the doctor’s family member who had not been personally examined by the prescribing physician. Order effective 10/25/12.

BURKE, Paul W., Jr., M.D. (#35-053125) — Parkersburg, WV
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(5), (B)(15), and (B)(26), O.R.C. Effective 12/12/12.

BUTURLA, Sean A.F., M.D. (Training Certificate #57-018722; M.D. Applicant) — Toledo, OH
Consent Agreement: Application for license to practice medicine and surgery withdrawn and training certificate suspended for an indefinite period of time; 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 is impaired in his ability to train to practice medicine and surgery according to acceptable and prevailing standards of care due to his diagnosis of alcohol abuse. Agreement effective 11/14/12.
CARVER, Joseph C., M.D. (#35-062026) – Inez, KY
Board Order: Medical license revoked. Based on doctor’s conviction in the United States District Court for the Northern District of Ohio on one felony count of Concealment of Assets in Bankruptcy and one felony count of False Oath in Bankruptcy. Order effective 10/25/12.

CHONG, Joon H., M.D. (#35-068430) – Coldwater, MI
Board Order: Medical license permanently revoked. Based on doctor having been found guilty in the United States District Court, Southern District of Ohio, Western Division, on one felony count of conspiring with others to knowingly, intentionally acquire or obtain possession of controlled substances by misrepresentation, fraud, or deception, namely OxyContin and Percocet. (Journal Entry – no hearing requested.) Order effective 10/11/12.

CHONG, Joon H., M.D. (#35-049714) – Barboursville, WV
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(19), O.R.C., and upon doctor’s admission that following a Board-order evaluation she was deemed not capable of practicing medicine and surgery due to deterioration of her cognitive skills. Effective 12/12/12.

CRAGEL, Michael D., D.P.M. (#36-002026) – Toledo, OH
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 11/14/12; Agreement to remain in effect for at least five years prior to any request for termination.

DAUGHERTY, Joseph F., III, M.D. (#35-039319) – Park Hills, KY
Consent Agreement: Medical license suspended for at least 90 days; interim monitoring conditions, conditions for reinstatement, and probationary terms established. Based on doctor’s failure to appropriately physically examine six patients and diagnose medical conditions and/or document appropriate physician examinations of the patients and diagnose medical conditions prior to prescribing Schedule II controlled substances. Probationary terms, conditions and limitations to remain in effect for at least three years upon reinstatement of doctor’s license to practice medicine and surgery in Ohio. Agreement effective 12/12/12.

FISHER, Philip F., D.O. (#34-006415) – Barboursville, WV
Board Order: Medical license permanently revoked. Based on prior actions by the WV Board of Osteopathy, which suspended the doctor’s license, and the Commonwealth of KY Board of Medical Licensure, which issued an Agreed Order of Surrender. Order effective 11/15/12.

FORMICK, Robin L. (M.T. Applicant) – Rootstown, OH
Board Order: Application for certificate to practice as a massage therapist granted and immediately suspended for at least 180 days, with interim monitoring, conditions for reinstatement, and probationary terms established. Based on prior action by the Ohio Counselor, Social Worker, Marriage and Family Therapist Board which accepted the permanent surrender of her professional clinical counselor license as required by court order based upon her having been found guilty of Disorderly Conduct. Order effective 12/13/12.

FURIN, Jennifer J., M.D. (#35-097990) – Strongsville, OH
Board Order: Medical license suspended for indefinite period of time with conditions for interim monitoring and reinstatement established. Upon reinstatement of license, doctor shall be placed on probation for a minimum term of five years. Based on doctor’s 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 the ability to practice due to her relapse on alcohol. Order effective 1/10/13.

FURNES, Gregory E., P.A. (#50-002046) – Irmo, SC
Board Order: Physician assistant’s license suspended for thirty days. License further limited and restricted such that, in the event that he relocates to Ohio, he must notify the Board, at which time the restriction shall expire and his license shall be indefinitely suspended, with interim monitoring, conditions for reinstatement, and probationary terms established. Based on findings that physician assistant provided false, fraudulent or misleading information on his application for a license to practice as a physician assistant in Ohio and on his application for renewal of said license and on prior action against physician assistant’s license to practice by the State Board of Medical Examiners for South Carolina. Order effective 12/20/12.

GLADDEN, Jamie L., M.D. (#35-076076) – Grand Rapids, OH
Board Order: Medical license suspended for at least one year, with conditions for reinstatement and probation for at least five years established. Based on determination that doctor’s ability to practice according to acceptable and prevailing standards of care is impaired due to mental illness and due to habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Order effective 11/21/12.

GRIFFIN, Brian F., M.D. (#35-044328) – Powell, OH
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 1/9/13; Agreement to remain in effect for at least five years prior to any request for termination.

HEBEN, Christopher M., P.A. (#50-002432) – Medina, OH
Board Order: Physician assistant reprimanded and license suspended for an indefinite period of time with conditions for restoration established. Based on physician assistant’s violation of conditions of limitation imposed on his license by 4/8/09 consent agreement. Order effective 10/25/12.

HICKOX, Peter G., M.D. (#35-049834) – Stockton, CA
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Section 4371.22(B)(22), O.R.C. Effective 1/9/13.

HOMISH, Jerome D., D.O. (#34-005148) – Athens, OH
Consent Agreement: Medical license suspended for at least three years; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probation terms, conditions and limitations to monitor practice. Based on doctor’s admission that he relapsed by consuming alcohol in violation of the conditions of limitation imposed on his license by 9/14/11 Board Order and on his false statements to Board staff relating to his consumption of alcohol. Agreement effective 10/10/12.

HOY, Emmart Y., Jr., D.O. (#34-003267) – New Albany, OH
Summary Suspension: Pursuant to Section 4731.22(G), O.R.C., medical license summarily suspended and doctor notified of right to request a hearing on the question of whether his failure to submit to a Board-ordered examination was due to circumstances beyond his control. Based on the legal presumption that doctor’s failure to submit to the Board-ordered examination constitutes an admission of the legal and factual allegations demonstrating that he is unable to practice according to acceptable and prevailing standards of care by reason of impairment of his ability to practice because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Order effective 1/9/13.

JALBUENA, Numeriano M., Jr., M.D. (#35-035555) – Chillicothe, OH
Voluntary Agreement: Doctor’s permanent voluntary retirement of medical license accepted by Board in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(19), O.R.C. Effective 10/10/12.

KERNS, John R., D.O. (#34-004653) – Newark, OH
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 11/14/12; Agreement to remain in effect for at least five years prior to any request for termination.

KITZEL, Jennifer, M.D. (#35-095413) – Rocky River, OH
Consent Agreement: Medical license suspended for an indefinite period of time; 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 she is impaired due to alcohol dependency. Agreement effective 11/14/12.

KRAMER, Thomas D., Jr., M.D. (M.D. Applicant) – Portland, OR
Consent Agreement: Medical license granted subject to probationary terms, conditions, and limitations based on doctor having been diagnosed with Hydrocodone Dependence with Physiological Dependence and Substance Abuse Mood Disorder and on information that doctor has been monitored by the Washington Physicians Health Program for approximately two years. Agreement effective 10/10/12; Agreement to remain in effect for at least five years prior to any request for termination.

KUNKEL, Glenn A., M.D. (#35-056110) – Rolla, MO
Board Order: No further action taken. Based on Board’s finding that prior action by the Missouri State Board of Registration for the Healing Arts did not warrant additional discipline. Order effective 10/25/12.

LOPEZ, Hector L., Jr., M.D. (#35-097641) – Cream Ridge, NJ
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4371.22(B)(8) and (B)(22), O.R.C. Effective 12/12/12.

MACATOL, Michael C., M.D. (#35-095993) – Marietta, OH
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 10/10/12; Agreement to remain in effect for at least five years prior to any request for termination.
MacDONALD, Eric P., M.D. (#35-070363) – Wheelersburg, OH
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 relapsed on alcohol. Agreement effective 11/14/12.

MALLORY, Steven L., Sr., M.T. (#33-012054) – Dayton, OH
Board Order: Massage therapist’s license permanently revoked. Based on massage therapist’s violation of conditions of limitation imposed on his license by 7/15/10 consent agreement. (Review and Journal Entry – no hearing requested). Order effective 11/21/12.

MANNING, Roy E., M.D. (#35-022073) – Chillicothe, OH
Voluntary Agreement: Doctor’s permanent voluntary retirement of medical license accepted by Board in lieu of further investigation related to a possible violation of Section 4731.22(B)(20), O.R.C., to wit: Rule 4731-11-08, Ohio Administrative Code. Effective 11/14/12.

McALLISTER, Mark S., M.D. (#35-072741) – Vinton, VA
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(15), O.R.C. Effective 12/12/12.

McCoy, Terrence F., M.D. (#35-058974) – Cincinnati, OH
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further investigation of possible violations pursuant to Sections 4731.22(B)(6) and (B)(18), O.R.C. Effective 10/10/12.

McRAE, Sharon L., M.D. (#35-093580) – Brookline, MA
Board Order: Medical license placed on probation for at least two years. Based on doctor’s inability to practice according to acceptable and prevailing standards of care by reason of mental or physical illness. Order effective 1/11/13.

MILES, William D., D.O. (#34-004296) – Bellbrook, OH
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further formal disciplinary proceedings pursuant to Sections 4731.22(B)(3), (B)(5), (B)(10), (B)(24), and (B)(26), O.R.C. Effective 1/9/13.

MILLIS, Wendy A., M.D. (#35-073484) – Clyde, OH
Consent Agreement: Medical license suspended for indefinite period of time, with 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 she has been diagnosed with Depression and that she is currently unable to practice medicine and surgery according to acceptable and prevailing standards of care. Agreement effective 1/9/13.

OSER, Michael J. (M.T. Applicant) – Lebanon, OH
Board Order: Application for certificate to practice as a massage therapist granted subject to probationary terms and conditions. Based on applicant’s conviction in the Butler County Court of Common Pleas on one felony count of Trafficking in marijuana, one felony count of Carrying Concealed Weapons, and one felony count of Having Weapons While Under Disability. Order effective 12/13/12.

PAUL, Sheila S., D.O. (#34-006622) – Bentleyville, OH
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 12/13/12; Agreement to remain in effect for at least five years prior to any request for termination.

PERLSTEIN, Paul H., M.D. (#35-027219) – Cincinnati, OH
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further investigation and/or formal disciplinary proceedings pursuant to Section 4731.22(B)(20), O.R.C., to wit: Rule 4731-11-08, Ohio Administrative Code, Utilizing Controlled Substances for Self and Family Members. Effective 1/9/13.

POLISSETTY, Sudhir S., M.D. (#35-098455) – Dayton, OH
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 violated the conditions of limitation imposed on his license by 12/14/11 Consent Agreement; that he has been deemed to be currently impaired in his ability to practice medicine and surgery according to acceptable and prevailing standards of care; and that he failed to disclose that he had been arrested and charged with a criminal offense upon questioning by the Board. Agreement effective 10/10/12. 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 1/9/13; Agreement to remain in effect for at least five years prior to any request for termination.
ROY, Somnath D., M.D. (#35-075700) – Avon, OH  
Automatic Suspension: Pursuant to Section 4731.22(I), O.R.C., medical license automatically suspended based on doctor having been found guilty on four felony counts of Gross Sexual Imposition. Automatic suspension effective 11/21/12 by operation of law.

SCHMEMAUR, Stephen A., P.A. (#50-003470) – Cleveland, OH  
Board Order: Physician assistant’s license permanently revoked. Based on physician assistant’s 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 the ability to practice and on physician assistant’s violation of conditions of limitation imposed on his license by 1/12/12 Board Order due to a relapse on alcohol. Order effective 10/25/12.

SHEARER, Gary A., M.D. (#35-035950) – Florence, KY  
Consent Agreement: Medical license suspended for an indefinite period of time; interim monitoring conditions and conditions for reinstatement established. Based on doctor’s refusal to provide certain factual information to the State Medical Board of Ohio regarding an Emergency Order of Suspension issued by the Commonwealth of KY, Board of Medical Licensure, and an investigation of the doctor by the United States Attorney’s Office. Agreement effective 12/12/12.

SHERIDAN, Kim M., M.D. (#35-052871) – Pensacola, FL  
Board Order: Medical license revoked. Based on prior action by the Medical Board of California, which revoked the doctor’s license, stayed that revocation, restricted his practice, and placed him on probation for at least four years, which was itself based on findings that the doctor engaged in an extreme departure from the standard of care in regards to one patient and engaged in repeated acts of negligence in his care of another patient. Order effective 1/10/13. (Journal Entry – no hearing requested.)

STOREY, Anyse J., M.D. (#35-051590) – Maumee, OH  
Summary 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, or other substances that impair ability to practice, and that her continued practice presents a danger of immediate and serious harm to the public.

Probation Completed—October 2012—January 2013

The following licensees have completed the terms of probation required by Board Order or Consent Agreement.

<table>
<thead>
<tr>
<th>Name of Licensee</th>
<th>Title</th>
<th>License Number</th>
<th>Effective Date</th>
<th>Location</th>
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<tr>
<td>ANGE, Constance E.,</td>
<td>D.O.</td>
<td>#34-002359</td>
<td>11/30/12</td>
<td>Centerville, OH</td>
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<tr>
<td>BADOUR, Ashraf Soliman</td>
<td>M.D.</td>
<td>#35-055004</td>
<td>11/15/12</td>
<td>Wheeling, WV</td>
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<td>BARKETT, Robert Edward, Jr.</td>
<td>M.D.</td>
<td>#35-062531</td>
<td>11/14/12</td>
<td>Mansfield, OH</td>
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<tr>
<td>BRUNS, Douglas Anthony</td>
<td>D.O.</td>
<td>#34-006256</td>
<td>11/14/12</td>
<td>Lakeside Park, KY</td>
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<tr>
<td>DORIOTT, Elizabeth Anne</td>
<td>D.O.</td>
<td>#34-006593</td>
<td>12/13/12</td>
<td>Springdale, OH</td>
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<tr>
<td>HAREWOOD, Sandra Kay</td>
<td>M.D.</td>
<td>#35-090989</td>
<td>1/9/13</td>
<td>Kettering, OH</td>
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<tr>
<td>HOLLIFIELD, William Wayne</td>
<td>M.D.</td>
<td>#35-090687</td>
<td>10/26/12</td>
<td>Gainesville, FL</td>
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<td>HUBLEY, Robert Leighton</td>
<td>D.O.</td>
<td>#34-009204</td>
<td>1/9/13</td>
<td>Platte, SD</td>
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<tr>
<td>LEON, Alberto A.</td>
<td>M.D.</td>
<td>#35-046211</td>
<td>12/18/12</td>
<td>Xenia, OH</td>
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<tr>
<td>LUMAN, Karen Lillian</td>
<td>M.T.</td>
<td>#33-010079</td>
<td>12/13/12</td>
<td>Lorain, OH</td>
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<tr>
<td>OKOH, James Ikemefuna</td>
<td>M.D.</td>
<td>#35-086462</td>
<td>11/15/12</td>
<td>Eden Prairie, MN</td>
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<tr>
<td>RIDGEWAY, Joseph A., IV</td>
<td>M.D.</td>
<td>#35-062021</td>
<td>11/15/12</td>
<td>Columbus, OH</td>
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<tr>
<td>SHAW, Christopher Scott</td>
<td>M.D.</td>
<td>#35-096616</td>
<td>1/12/13</td>
<td>Lyndhurst, OH</td>
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<tr>
<td>SWEDA, Susan Gail</td>
<td>M.D.</td>
<td>#35-058466</td>
<td>12/12/12</td>
<td>Cincinnati, OH</td>
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<tr>
<td>TIEMANN, William Elmore</td>
<td>M.D.</td>
<td>#35-083519</td>
<td>12/12/12</td>
<td>New Orleans, LA</td>
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</table>
COURT ACTION UPDATE

Court appeals and decisions entered between October 2012 and January 2013 related to Medical Board disciplinary actions.

BADAR, Jehangir, M.D. (M.D. Applicant) – Pearland, TX
Notice of appeal of Board’s 10/10/12 Order denying application for licensure filed by doctor with Franklin County Court of Common Pleas on 10/24/12.

BROWNLEE, John David, M.D. (#35-074364) – Highland Heights, OH
Notice of appeal of Board’s 10/10/12 Order of permanent revocation filed by doctor with Franklin County Court of Common Pleas on 10/29/12. By order and entry filed 11/20/12, Franklin County Court of Common Pleas denied doctor’s motion for a stay of Board’s 10/10/12 Order of permanent revocation.

CHOUDHRY, Muhammed Saleem, M.D. (#35-061085) – Bolingbrook, IL
By decision and entry filed on 9/17/12, Franklin County Court of Common Pleas affirmed Board’s 4/11/12 order of permanent revocation.

HECHMER, Carol Elizabeth (M.T. Applicant) – Columbus, OH
Notice of appeal of Board’s 12/12/12 Order denying application for licensure filed by applicant with the Franklin County Court of Common Pleas on 1/4/13.

KHAN, Ali, M.D. (#35-082837) – Perrysburg, OH
Notice of appeal of Board’s 9/12/12 Order of permanent revocation filed by doctor with Franklin County Court of Common Pleas on 10/11/12. By order and entry filed 10/24/12, Franklin County Court of Common Pleas granted doctor’s motion for a stay of Board’s 9/12/12 Order of permanent revocation.

OYORTEY, Michele Armande, M.D. (#35-074233) – Westerville, OH
By decision and entry filed 12/31/12, the Tenth District Court of Appeals affirmed the judgment of the Franklin County Court of Common Pleas, which had upheld the Board’s 11/9/11 order taking no further disciplinary action against the doctor.

SMITH, Larry Lee, D.O. (#34-001724) – Canfield, OH
By decision and entry filed on 9/27/12, Tenth District Court of Appeals affirmed the judgment of the Franklin County Court of Common Pleas, which had upheld the Board’s 5/12/11 and 7/13/11 permanent revocation orders.

TAN, Ernesto Compendio, M.D. (#35-047940) – Cincinnati, OH
Notice of appeal of Board’s 9/12/12 Order of permanent revocation filed by doctor with Franklin County Court of Common Pleas on 9/20/12. By decision and entry dated 1/7/13, Franklin County Court of Common Pleas upheld Board’s 9/12/12 order of permanent revocation.

VILLAVICENCIO, Jose, M.D. (#35-069935) – Columbus, OH
Notice of appeal of Board’s 9/12/12 Order of permanent revocation filed by doctor with Franklin County Court of Common Pleas on 9/17/12. By order and entry filed 10/18/12, Franklin County Court of Common Pleas denied doctor’s motion for a stay of Board’s 9/12/12 Order of permanent revocation.
The Medical Board protects the health and welfare of Ohio’s citizens through effective regulation of more than 65,000 licensees, including: medical doctors (MDs), doctors of osteopathic medicine (DOs), doctors of podiatric medicine and surgery (DPMs), physician assistants (PAs), massage therapists (LMTs), cosmetic therapists (CTs), anesthesiologist assistants (AAs), radiologist assistants (RAs), and acupuncturists. The Medical Board will begin licensing oriental medicine practitioners and genetic counselors in 2013.


We welcome your comments and suggestions regarding the newsletter. Contact us at this e-mail address:

medboardnews@med.state.oh.us

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THE STATE MEDICAL BOARD

PROTECTING THE PUBLIC THROUGH EFFECTIVE MEDICAL REGULATION

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Marion

Darshan Mahajan, MD
Elyria

Lance A. Talmage, MD
Toledo

Physician appointment pending

Podiatric appointment pending

Interim Executive Director
Kimberly C. Anderson, Esq.
Duty of a Physician to Report Criminal Behavior to Law Enforcement

This regulatory statement provides information concerning confidentiality issues and the duty to report criminal activity or conduct under various circumstances. This statement should not be construed as legal advice, but as information intended for the benefit of physicians and the public as a way to promote better understanding of felony reporting laws. Physicians should seek legal counsel if further clarification or legal advice is needed.

Recent efforts to address prescription drug abuse have led to inquiries from the physician community regarding an individual licensee’s duty to report criminal behavior, especially incidents of possible drug abuse or deception to obtain drugs, to criminal law enforcement. In addition to Ohio statutory law, ethical professional behavior and policy considerations centered on public safety may trigger reporting of criminal conduct to law enforcement authorities under many circumstances. Disclosure of information to law enforcement, in accordance with Ohio’s felony reporting statute and physician-patient privilege considerations, will not subject physicians to civil liability or professional disciplinary action due to breach of statute or patient confidentiality.

Ohio’s Felony Reporting Statute: Legal Duty To Report

Ohio’s felony reporting statute Ohio Revised Code (O.R.C.) Section 2921.22(A) states in part that, “No person, knowing that a felony has been or is being committed, shall knowingly fail to report such information to law enforcement authorities.”

O.R.C. Section 2921.22(B) and (C) provide specific requirements for disclosure of specific matters that must be reported to law enforcement authorities, including deaths, gunshot or stab wounds, or other injuries resulting from an offense of violence. O.R.C. Section 2921.22 (E) provides specific requirements for reporting burn injuries.
Board Member Appointments

Governor Kasich recently named two physicians to the Medical Board. Amol Soin, MD, a pain management specialist from Centerville, Ohio, was appointed on April 17, 2013 to a five year term ending on March 18, 2018. He succeeds Dr. Darshan Mahajan whose term ended.

Sushil Sethi, MD, a cardiothoracic surgeon from Mansfield, Ohio, was appointed on April 30, 2013 to serve until March 18, 2016. He follows Dr. Dalsukh Madia who had served on the Board for seven years.

Governor Kasich also reappointed Mark A. Bechtel, MD, a dermatologist from Westerville, Ohio. His term continues until March 18, 2018.

"Duty to Report" continued

To reaffirm the appropriateness of reporting criminal conduct to law enforcement authorities, O.R.C. Section 2921.22(H) specifically provides that, “No disclosure of information pursuant to this section gives rise to any liability or recrimination for a breach of privilege or confidence.”

Whoever fails to report criminal conduct as required by O.R.C. Section 2921.22 may be subject to criminal prosecution pursuant to paragraphs (I), (J) and (K) of that section.

Exception to Reporting a Felony: Physician-Patient Privilege

Physician-patient privilege is an exception from felony reporting requirements as referenced in O.R.C. Section 2921.22(G)(1). If a physician learns of a patient’s criminal activity in the course of a legitimate physician-patient relationship, a physician may not be required to report felonious criminal misconduct to law enforcement because of physician-patient privilege. If a patient seeks legitimate medical treatment but a toxicology screen in the course of examination reveals evidence of illegal drug use, the physician is not required to report the matter to law enforcement because the information would be protected by physician-patient privilege.

The felony reporting statute O.R.C. Section 2921.22 also provides for specific exceptions from the legal duty to report felonious criminal misconduct. If the physician obtained the information in the course of practice connected to a “bona fide program of treatment or services for drug dependent persons or persons in danger of drug dependence, which program is maintained or conducted by a hospital, clinic, person, agency, or organization certified pursuant to section 3793.06 of the Revised Code [O.R.C. Section 2921.22 (G)(5)] or if the information is obtained in connection to counseling crime victims [O.R.C. Section 2921.22 (G)(6)]” the physician is not required to report the felony.

See “Duty to Report” page 3
Exceptions to Physician-Patient Privilege: Duty to Report

There are additional circumstances that may sever the privilege between physician and patient and necessitate a physician to report felonious criminal misconduct. Several courts have held that when an individual is not seeking legitimate medical treatment, the physician-patient privilege does not apply. When a patient engages in fraud in order to obtain drugs from the physician by using false statements, there is no longer a true physician-patient relationship and privilege does not apply to the relationship. See State v. Garrett, 8 Ohio App.3d 244, 247 (10th Dist. 1983). The court further held that the physician-patient privilege applies only to communications that have a relationship to an examination, diagnosis or treatment of the patient’s condition.

A patient using false statements or other deception to obtain narcotics from a physician is engaged in fraudulent and criminal misconduct. If the physician knows that the patient has engaged in felonious conduct and no privilege exists, the physician is required to report the matter to law enforcement. This type of criminal conduct is distinguishable from a physician learning that the patient has engaged in illegal drug use through diagnostic testing or from patient history as part of a legitimate physician-patient relationship.

When encountering behaviors that may involve drug abuse, physicians should also be mindful of possible collateral consequences to third parties. Knowledge of endangered children or of an individual who stole prescription medication from a long-term care facility resident may trigger other reporting obligations imposed on physicians [For example, see O.R.C. Section 2151.421 (mandatory reporting of child abuse or neglect), or O.R.C. Section 3721.22 (mandatory reporting of long-term care facility resident abuse or neglect)].

Do Federal HIPAA Laws Prevent a Physician from Reporting a Felony?

Many physicians understandably have questions concerning The Health Insurance Portability and Accountability Act (HIPAA) and their ability to provide medical records or other information to law enforcement or to other healthcare practitioners in accordance with that law. In most cases, HIPAA should not present a barrier to reporting illegal activities. HIPAA provides an exception for reporting matters that physicians are required by law to report, as in the case of Ohio’s felony reporting statute. Under similar circumstances, a physician may release medical records and patient information to law enforcement in compliance with state confidentiality and felony reporting laws, without violating HIPAA.

Regulatory Statement approved March 14, 2013
The Sale and Rental of TENs Units by Health Care Providers

The sale and rental of TENs units, or other Home Medical Equipment (HME) devices defined under Ohio Administrative Code (OAC) rule 4761:1-3-02, by health care providers is not permitted, unless the provider obtains an license or certificate of registration issued by the Ohio Respiratory Care Board. Section 4752.01(B) of the Revised Code defines home medical equipment. This definition is expanded under OAC rule 4761:1-3-02, which lists TENs units among the HME items defined by the Ohio Respiratory Care Board. ORC 4752.02(B)(1) exempts "health care practitioners" from requiring a license or certificate of registration as long as the practitioner does not sell or rent HME.

To obtain a license to sell or rent home medical equipment requires the applicant to meet specific standards promulgated by the Ohio Respiratory Care Board. The Board, soon after issuance of the license, will inspect each facility to verify compliance with the HME standards. For a copy of these standards, please refer to: HME Standards. The Ohio Respiratory Care Board recommends that these standards be carefully reviewed and verified by the applicant prior to filing an application for an HME license. Filing fees are non-refundable. Send questions about Home Medical Equipment licensing and regulation to HMEmanager@rcb.state.oh.us or call the Ohio Respiratory Care Board at 614-752-9218.

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**FYI ---**

*Regulation of Home Medical Equipment (HME)*

In 2005, H.B. 105 established a licensing and certification requirement for home medical equipment facilities under Chapter 4752 of the Ohio Revised Code. The Ohio Respiratory Care Board’s regulatory authority was changed to include Home Medical Equipment (HME) facility regulation. Chapter 4752 requires licensing or registration for any facility that provides life-sustaining equipment, technologically sophisticated medical equipment, or other equipment identified by the Respiratory Care Board in rule.

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**Don’t Forget to Renew Your License**

If you are an MD, DO, DPM, Massage Therapist or Cosmetic Therapist and your last name begins with A or B, your license expires on July 1, 2013. Renew on-line at: [https://license.ohio.gov/secure/default.asp](https://license.ohio.gov/secure/default.asp)

In order to use the Ohio E-License Center to renew on-line, you must have a browser capable of 128 bit encryption that is compatible with this system. The newest versions of Microsoft’s Internet Explorer (for Windows users) and Safari (for Mac users) can obtain this high level of encryption and are recommended. Opera, Chrome and Firefox 5.0 (and up) will not work properly with the website.

Forgot your USER ID and Password? Contact the Medical Board’s CME and Renewal department at 614-728-3113 or send an e-mail to med.record@med.state.oh.us.
Can a Physician Assistant work in a Health Spot if the Supervising Physician is on Location?

This question was posed to the Medical Board by the Ohio Physician Assistants Association and discussed by the Medical Board at its meeting on April 10, 2013.

Answer to question: The supervising physician who is on location at all times may authorize an office-based physician assistant who is adequately trained in the technology to provide medical services to patients at a Health Spot kiosk if the supervising physician also routinely provides medical services to patients who visit that same kiosk and the medical services are limited to primary care medical conditions.

The policies of a healthcare facility determine whether a physician assistant who practices at the facility may provide medical service via a Health Spot kiosk. When practicing via a Health Spot kiosk, the physician assistant must provide such care within the minimal standards of care.

Description of Health Spot: Health Spot’s kiosks (known as Care4Stations or Health Spot Stations) are described by the company as “an 8-foot by 5-foot, ADA accessible, fully-enclosed kiosk furnished with a touch screen, audio system, and a two-way high-definition screen that includes multiple high-tech, digital biometric devices that transmits information to doctors through a secured HIPAA-compliant connection. http://healthspot.net/about/news/press/teladoc.html. The system allows a remotely-located medical practitioner to physically examine the patient who enters the kiosk. The patient is checked in by a medical assistant, who is also available to assist the patient in the application of medical devices. The medical devices (including a dermascope, scale, and otoscope) transmit images and biometric readings to the medical practitioner. There is a two-way screen for visual images. Medical records are maintained. The kiosks are advertised for the treatment of primary care medical conditions, such as sore throats, rashes, and allergic reactions.

Contact Sallie Debolt, General Counsel, by e-mail at Sallie.Debolt@med.state.oh.us or call her at (614) 644-7021 if you have questions related to physician assistant practice in Ohio.

<table>
<thead>
<tr>
<th>Name of Licensee</th>
<th>Title</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>ANDERSON, Melissa K</td>
<td>M.T.</td>
<td>4/11/13</td>
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<td>BRAHMS, Malcolm A</td>
<td>M.D.</td>
<td>4/10/13</td>
<td>Beachwood, Ohio</td>
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<td>BRANDT, Robert L., Jr.</td>
<td>M.D.</td>
<td>2/13/13</td>
<td>Dayton, Ohio</td>
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<td>CRAWFORD, Amber Dawn</td>
<td>M.T.</td>
<td>3/18/13</td>
<td>Burlington, Kentucky</td>
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<td>HINES, Nakisha Shwaina Simone</td>
<td>M.T.</td>
<td>2/13/13</td>
<td>Shaker Heights, Ohio</td>
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<td>LENOX, Bobby Curtis, Jr.</td>
<td>D.O.</td>
<td>3/13/13</td>
<td>Ansonia, Ohio</td>
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<td>SHAW, John Wesley</td>
<td>M.D.</td>
<td>4/10/13</td>
<td>Defiance, Ohio</td>
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<td>SIMONE, Joseph Cooper</td>
<td>D.O.</td>
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<td>TOWARD, Brett Edward</td>
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<td>Mansfield, Ohio</td>
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<td>ZINNI, Richard Allan</td>
<td>D.O.</td>
<td>2/13/13</td>
<td>Mentor, Ohio</td>
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The following licensees have completed the terms of probation required by Board Order or Consent Agreement.
Prescription of Naloxone to High-Risk Individuals

This regulatory statement provides information concerning the prescription of Naloxone to individuals at high-risk of an opioid overdose. This statement is only intended to provide an overview. Prior to prescribing naloxone, prescribers should seek detailed information regarding risk factors for opioid overdose, the use of naloxone, and the laws and rules regulating prescribers in Ohio, i.e., physicians, physician assistants and advanced practice registered nurses with a certificate to prescribe. This statement should not be construed as legal or health care advice, but as information intended to increase the awareness and knowledge of authorized prescribers, pharmacists and the public about the use of naloxone to prevent or reverse the effects of opioids. Prescribers should seek legal counsel if clarification or legal advice is needed.

Regulatory Statement approved April 10, 2013

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Background

Preventing Drug Overdoses

From 1999 to 2010, Ohio’s death rate due to unintentional drug overdoses increased 372 percent. Due to the alarming increase in drug overdose deaths, the Governor’s Cabinet Opiate Action Team, the Prescription Drug Abuse Action Group (PDAAG), Project DAWN (Deaths Avoided with Naloxone) and Ohio’s professional licensing boards are working toward ways to enhance professional awareness and educate licensees regarding additional ways we can all contribute to saving lives, especially when faced with meeting the formidable challenge of treating opiate abuse and addiction. This statement is intended to raise awareness about the benefits of naloxone (Narcan™) for individuals at high-risk of opioid overdose.

Naloxone is a medication primarily used to prevent or reverse the effects of opioids, including respiratory depression, sedation and hypotension. When administered during an overdose, naloxone blocks the effects of opioids on the brain to restore effective breathing. In the presence of physical dependence on opioids, naloxone will induce withdrawal symptoms. Emergency medical professionals have safely used naloxone with patients for over 40 years. Naloxone is not known to produce tolerance or cause physical or psychological dependence in patients. A contraindication for naloxone use is in patients who are known to be hypersensitive to the medication.

Prescribing Considerations

Prescribing Naloxone

Naloxone can be legally prescribed by a physician, physician assistant, or advanced practice registered nurse who is an Ohio authorized prescriber for patients who present a high-risk for opioid overdose, after the patient is evaluated by the prescriber who determines the patient would benefit from the prescription for naloxone. When prescribed, indications for and methods of administration should be explained to patients, along with any potential risks.

Personally Furnishing Naloxone to a Patient

To “personally furnish” means the distribution of drugs by a prescriber to the prescriber’s patients for use outside the prescriber’s practice setting. In Ohio, only physicians are authorized to personally furnish naloxone. Physician assistants and advanced practice registered nurses are not authorized to personally furnish naloxone.

Providing Naloxone to a Third-Party

Authorized prescribers may not prescribe or personally furnish naloxone to an individual for the purpose of encouraging the individual to distribute or administer the medication to others.

See "Naloxone" page 7
Risk Factors, Education, and Naloxone Prescription Programs

Risk factors for Opioid Overdose
Patients with the risk factors below may be in danger of an opioid overdose. These risk factors may be indicators for prescribing or personally furnishing naloxone. The factors include, but are not limited to:

- Recent medical care for opioid poisoning/intoxication/overdose
- Participant in a medical regime designed to provide Medication-Assistance Treatment for opioid addiction
- Suspected or confirmed history of heroin or nonmedical opioid use
- High-dose opioid prescription (≥80 mg/day morphine equivalence)
- Any Methadone prescription for opioid-naive patient
- Recent release from jail or prison with a history of opioid abuse
- Recent release from mandatory abstinence program or drug detoxification program
- Enrollment in Methadone or buprenorphine detoxification or maintenance program (for either addiction or pain management)
- Any opioid prescription and known or suspected:
  - Smoking, COPD, emphysema, asthma, sleep apnea, or other respiratory disease
  - Renal or hepatic disease
  - Alcohol use
  - Concurrent benzodiazepine use or any concurrent sedating medication use
  - Concurrent antidepressant prescription
  - Remoteness from or difficulty accessing medical care
- Voluntary patient request for naloxone, or any other factor that makes the patient at high-risk for opioid overdose.

Education
Individuals receiving naloxone should be advised of the following:

- Overdose prevention techniques
- Recognizing signs and symptoms of overdose
- Calling 911
- Airway and breathing assessment/Rescue breathing/Recovery position
- Storage, carrying, and administration of Naloxone in an emergency situation
- Reporting of overdose and refill procedures
- Post-overdose follow-up care

Naloxone Prescription Programs
Naloxone Prescription Programs (NPPs), which provide overdose training and take-home doses of intranasal naloxone to high-risk patients, can be effective at saving lives. According to a recent report by the Centers for Disease Control and Prevention, since 1996, 53,032 individuals have been trained by NPPs resulting in 10,171 overdose reversals using naloxone. In addition to providing naloxone for administration in cases when medical help is not immediately available, NPPs provide training in recognizing the signs and symptoms of an overdose, instruction on how to perform rescue breathing and the importance of calling 911.

Summary
Due to the alarming increase in drug overdose deaths, state agencies, private entities, and Ohio’s professional licensing boards are working toward ways to enhance professional awareness and education regarding the prescription and use of naloxone. This statement is an overview intended to raise awareness about the benefits of naloxone for individuals at high-risk of opioid overdose. We encourage licensees to learn more about NPPs, such as Project DAWN, and the use of the prescription of naloxone for persons at high-risk of an opioid drug overdose. For additional information refer to http://www.healthyohioprogram.org/vipp/drug/ProjectDAWN.aspx.
State Medical Board of Ohio Action Report  
February — April 2013

Actions taken by the Medical Board between February and April 2013 are summarized below. Go to the Licensee Profile and Status Link on the Medical Board’s website—www.med.ohio.gov—for the most current license status information and to view the Board action documents.

BAUS, Joseph Edward, M.D. – Sharonville, Ohio  
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 3/13/13; Agreement to remain in effect for at least five years prior to any request for termination.

BEYER, John, M.D. – Columbus, Ohio  
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(20), Ohio Revised Code, to wit, Rule 4731-11-11, Ohio Administrative Code. Effective 3/16/13.

BRACKEN, Samuel J., Jr., M.D. – Dublin, Ohio  
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further investigation of a possible violation of Section 4731.22(B)(10), Ohio Revised Code. Effective 3/13/13.

BURLAS, Regis Paul, D.O. – Massillon, Ohio  
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 incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor’s violation of the terms and conditions of a 7/11/12 Consent Agreement and on doctor’s relapse on alcohol. Agreement effective 3/13/13.

BUTURLA, Sean Alexander Fryzell, M.D. (MD Training Certificate) – Toledo, Ohio  
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 2/13/13; Agreement to remain in effect for at least five years prior to any request for termination.

CAIRNS, Jean Anne, M.D. – Warren, Ohio  
Consent Agreement: Doctor reprimanded and license placed on probation for at least two years. Based on doctor’s admission that she has treated members of her family and prescribed medications for these family members, including controlled substances. Doctor further admitted that, in some instances, she failed to maintain complete and accurate records regarding her treatment of said family members. Agreement effective 4/10/13.

CARDWELL, Philip Leroy, P.A. – Columbus, Ohio  
Board Order: Physician assistant license permanently revoked. Based on physician assistant’s conviction in the Court of Common Pleas, Franklin County, Ohio, on one felony count of Attempted Pandering Sexually Oriented Matter Involving a Minor. Order effective 3/14/13.

CROOM, Christopher S., M.D. – Dayton, Ohio  
Consent Agreement: Medical license suspended for at least 120 days, with 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 relapse on Percocet and Fentanyl. Agreement effective 3/13/13.

DAUGHERTY, Joseph Francis, III, M.D. – Park Hills, Kentucky  
License reinstated after suspension: Doctor’s request for reinstatement of license granted by vote of the Board on 3/13/13 subject to probationary terms and conditions established by 12/12/12 Consent Agreement. Effective 3/13/13.

DEMINT, Franklin Donald, D.O. – Kingston, Ohio  
Board Order: Medical license suspended for at least 180 days with interim monitoring, conditions for reinstatement, and probationary terms for a period of at least three years following reinstatement established. Based on Board’s findings that with respect for 14 specified patients, doctor failed to maintain minimal standards of care applicable to the selection or administration of drugs, or failed to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease; departed from or failed to conform to minimal standards of care; violated of the conditions of limitation placed by the Board upon doctor’s certificate pursuant to a 3/10/10 consent agreement; and violated or attempted to violate the laws and rules governing the practice of medicine in the state of Ohio, specifically the Board’s rules governing the treatment of intractable pain. Order effective 4/18/13.
DUNCAN, Paul W., D.O. – Portsmouth, Ohio
Voluntary Agreement: Doctor’s permanent voluntary retire-
ment of osteopathic medical license accepted by Board in lieu
of further investigation regarding a possible violation of Section

DUNLAP, Gary Allan, D.O. – Dayton, Ohio
Summary Suspension: Pursuant to Section 4731.22(G),
Ohio Revised Code, osteopathic medical license summarily
suspended and doctor notified of right to request a hearing on
the question of whether his failure to submit to a psychiatric
examination as ordered by the Board was due to circumstanc-
es beyond his control. Based on the legal presumption that
doctor’s failure to submit to a psychiatric examination as or-
dered by the Board constitutes an admission that he is unable
to practice according to acceptable and prevailing standards of
care by reason of mental illness. Suspension effective 3/13/13.

FIGUEROA, Aida Esther, M.D. – Portales, New Mexico
Board Order: Medical license suspended for an indefinite
period of time with conditions for reinstatement and probation-
ary terms for at least five years following reinstatement estab-
lished. Based on prior action by the Colorado Medical Board
wherein doctor was issued a letter of admonishment and her
license was suspended for at least six months to allow her to
comply with recommendations by the Colorado Physician
Health Program, which had determined that the doctor suffered

FREDE, James Richard, M.D. – Kahului, Hawaii
Voluntary Agreement: Permanent withdrawal of application
for restoration and permanent revocation of medical license
authorized by doctor in lieu of further formal disciplinary pro-
ceedings based upon a violation of Section 4731.22(B)(22),

GIRI, Yashwant B., M.D.– Crown Point, Indiana
Automatic Suspension: Pursuant to Section 4731.22(I), Ohio
Revised Code, medical license automatically suspended.
Based on doctor’s conviction in the Superior Court of Califor-
nia, County of Orange, on one felony count of Sexual Battery,
two felony counts of Sexual Penetration by Foreign Object of
Unconscious Victim, one felony count of Sexual Penetration by
Foreign Object of Minor, one felony count of Sexual Battery by
Fraud, and one misdemeanor count of Sexual Battery, which
conviction was based on doctor’s sexual assault of three fe-
male victims, including a minor, while they were unconscious
and/or medically incapacitated. Suspension effective 2/20/13.

GODOFSKY, Alan Arnold, M.D. – Cincinnati, Ohio
Board Order: Doctor reprimanded and medical license limited
and restricted to practice anesthesiology solely in a periopera-
tive practice environment and shall only dispense or profes-
sionally utilize controlled substances on patients undergoing
surgical and/or diagnostic procedures. Doctor further subject
to probationary terms and conditions for at least two years.
Based on prior action by the Kentucky Board of Medical Licens-
sure which restricted and/or limited the doctor’s license for an
indefinite period of time based upon information that the doctor
was practicing in a “pill mill.” Order effective 3/27/13.

GRAHAM, Cecil Curtis, M.D. – Peoria, Arizona
Board Order: Doctor reprimanded and medical license per-
manently restricted and limited to prohibit doctor from superv-
ising physician assistants when practicing in Ohio. Based on
prior action by the West Virginia Board of Medicine which re-
primanded the doctor for unprofessional conduct and failing to
perform a legal obligation placed upon a licensed physician.
Order effective 3/14/13.

GREEN, Jennifer Ach, M.D.– Wyoming, Ohio
Voluntary Agreement: Permanent revocation of medical
license authorized by doctor in lieu of further investigation
related to the possible violation of Sections 4731.22(B)(19)

HALKIAS, Alexander Clark, M.D. (MD Training Certificate) –
Cleveland, Ohio
Consent Agreement: Training certificate suspended for at
least 270 days, with interim monitoring conditions and condi-
tions for reinstatement established, including requirement that
doctor enter into subsequent consent agreement incorporating
probationary terms, conditions and limitations to monitor prac-
tice. Doctor permanently limited and restricted from practicing
anesthesiology except under specified conditions. Based on
doctor’s admission that he entered treatment at a Board-
approve treatment provider for opiate dependence; that he
obtained Dilaudid for his own personal use from the hospital
where he practiced; that he smokes marijuana and drinks alco-
hol intermittently to excess. Doctor further admitted that sub-
sequent to his discharge from treatment, he wrote a prescrip-
tion for Dilaudid for his own use using another physician’s
prescription form and was arrested and placed in jail, and that
such conduct constitutes a relapse. Agreement effective 3/13/13.

HALL, Adam Patrick, D.O.– Powell, Ohio
Summary Suspension: Pursuant to Section 4731.22(G),
Ohio Revised Code, osteopathic medical license summarily
suspended. Based on allegations that doctor employed an
unlicensed individual to practice osteopathic medicine in his
Ironton, Ohio, office, pre-signed prescriptions or permitted the
use of a signature stamp on prescriptions to prescribe drugs,
including controlled substances, to patients without having
been examined by a properly licensed physician; documented
in patient records that he evaluated patients and purportedly issued prescriptions for dangerous drugs and controlled substances on specific dates when the doctor was outside of the United States; and his alleged violation of the terms of a 3/14/07 Consent Agreement. Suspension effective 4/1/13.

HARRIS, Roy William, D.O. – Bucyrus, Ohio
License reinstated after suspension: Doctor’s request for reinstatement of license granted by vote of the Board on 3/13/13 subject to probationary terms and conditions established by 8/11/10 Board Order. Effective 3/23/13.

HEATHER, John A., M.D. – Cleveland, Ohio
Consent Agreement: Doctor reprimanded and license suspended for 60 days, with such suspension stayed; and license placed on probation for at least two years. Based on doctor’s admission that he prescribed Adderall to two family members in non-emergent situations and failed to maintain medical records regarding his evaluation and treatment of said family members. Agreement effective 4/10/13.

JANIS, Leonard Roger, D.P.M. – Hilliard, Ohio
Voluntary Agreement: Permanent revocation of podiatric medical license authorized by doctor in lieu of further investigation of a possible violation of Sections 4731.22(B)(2) and (B)(6), Ohio Revised Code. Effective 2/13/13.

KITZEL, Jennifer, M.D. – Rocky River, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor based on her admission that she is not in compliance with the terms of 11/14/13 Step I Consent Agreement and in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(15), Ohio Revised Code. Effective 2/13/13.

KIRKWOOD, David Charles, M.D. – Arcanum, Ohio
Consent Agreement: Medical license suspended for at least 180 days, with conditions for reinstatement established. License to be placed on probation for a period of at least three years following reinstatement. Based on doctor’s execution of a Voluntary Surrender of Controlled Substances Privileges to the U.S. Department of Justice – Drug Enforcement Agency, the underlying basis being doctor’s failure to comply with federal requirements pertaining to controlled substances. Agreement effective 3/13/13.

MACDONALD, Eric Paul, M.D. – Wheelersburg, Ohio
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 2/13/13; Agreement to remain in effect for at least five years prior to any request for termination.

MAHMOUD, Shaban A. E., M.D. – Dublin, Ohio
Board Order: Medical license permanently revoked. Based on doctor’s failure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease, with respect to 10 specified patients; departure from, or the failure to conform to, minimal standards of care; and violation of the Board’s rules relating to the treatment of intractable pain. Order effective 2/14/13.

MERRILL, Charles Edward, Sr., D.O. – Marietta, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further investigation of a possible violation of Section 4731.22(B)(18), Ohio Revised Code. Effective 2/13/13.

MILLER, Crystal Lynne, M.T. – Dayton, Ohio
Consent Agreement: Application for restoration of massage therapy license granted and license immediately suspended for sixty days, with subsequent probationary terms, conditions and limitations established for at least two years. Based on massage therapist’s admission that she practiced massage therapy without a license from on or about February 2012 through September 2012 and her representations to employers and the public that she was actively licensed to practice despite her knowledge that her license expired on 8/31/07. Agreement effective 3/13/13.

MONDARY, Natalie Ann, M.D. – Warren, Ohio
Consent Agreement: Doctor reprimanded and license placed on probation for at least two years. Based on doctor’s admission that she has treated members of her family and prescribed medications for these family members, including controlled substances. Doctor further admitted that, in some instances, she failed to maintain complete and accurate records regarding her treatment of said family members. Agreement effective 4/10/13.

NEIMEISTER, Jessica Lynn, M.T. – Chagrin Falls, Ohio
Board Order: Massage therapy license revoked. Based on massage therapist’s violation of conditions of limitation imposed on certificate by 9/14/11 Board Order. Order effective 4/11/13.
NELSON, Jeffrey Tait, M.D. (MD Training Certificate) – Cleveland, Ohio
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 2/13/13; Agreement to remain in effect for at least five years prior to any request for termination.

PERELMAN, Gerald Keith, D.P.M. – Lebanon, Ohio
Consent Agreement: Podiatric medical license reinstated and placed on probation for at least three years. Based on podiatrist’s completion of courses in medical record keeping and controlled substance management and his completion of all other terms of reinstatement set forth in a 9/12/12 consent agreement. Agreement effective 4/10/13.

REDDY, Sheila Sandadi, M.D. (MD Training Certificate) – Cleveland, Ohio
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 2/13/13; Agreement to remain in effect for at least five years prior to any request for termination.

RODAS, Raul A., D.O. – Debary, Florida
Voluntary Agreement: Permanent surrender of osteopathic medical license authorized by doctor in lieu of further investigation regarding a possible violation of Section 4731.22(B)(22), Ohio Revised Code. Effective 4/10/13.

ROTHSTEIN, Lawrence Brian, M.D. – Dallas, Texas
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further formal disciplinary proceedings pursuant to Sections 4731.22(B)(2) and (B)(6), Ohio Revised Code. Effective 4/12/13.

SALIM, Ali, M.D. – New Albany, Ohio
Consent Agreement: Medical license suspended for an indefinite period of time; interim monitoring conditions and conditions for reinstatement established. Based on doctor’s refusal to provide certain factual information to the State Medical Board of Ohio regarding a criminal matter pending against him in the Court of Common Pleas of Delaware County, Ohio. Agreement effective 4/10/13.

SOTO, Jessica Marie (M.T. Applicant) – Ottawa, Ohio
Board Order: Application for massage therapy license granted. License suspended for at least thirty days with conditions for reinstatement and probation established. Based on applicant’s conviction in the Putnam County Court of Common Pleas on two felony counts of Trafficking, which was itself based upon the applicant having sold marijuana to a confidential informant. Order effective 2/14/13.

TURNER, Robert C., M.D. – Columbus, Ohio
Consent Agreement: Medical license suspended for at least 180 days, with 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 in his care and treatment of eight patients, he failed to maintain minimal standards applicable to the selection or administration of drugs, or failed to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease; departed from, or failed to conform to minimal standards of care of similar practitioners under the same or similar circumstances; and violated the Board’s rules governing the utilization of prescription drugs for the treatment of intractable pain. Agreement effective 4/10/13.

WICKEL, Dean Joseph, M.D. (M.D. Applicant) – Louisville, Kentucky

WILLIAMS, Robert Davis, M.D. – Fort Lauderdale, Florida
Board Order: Medical license permanently revoked. Based on doctor’s conviction in the United States District Court, Middle District of Florida, Jacksonville Division, on one felony count of Receipt of Child Pornography and on a prior action by the Florida Board of Medicine wherein doctor’s Florida license to practice medicine and surgery was revoked. Order effective 3/14/13.

ZINNI, Thomas W., M.T. – Cleveland Heights, Ohio
Voluntary Agreement: Permanent revocation of massage therapy license authorized by massage therapist in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(11) and 4731.22(B)(13), Ohio Revised Code, and as ordered by the Court of Common Pleas for Cuyahoga County, Ohio, in association with massage therapist’s plea of guilty to an amended charge of Assault, a misdemeanor of the first degree. Effective 4/10/13.
COURT ACTION UPDATE

Court appeals and decisions from February and April 2013 related to Medical Board disciplinary actions.

BROWNLEE, John David, M.D. – Highland Heights, Ohio
Court Action: By decision and entry dated 2/21/13, Franklin County Court of Common Pleas upheld Board’s 10/10/12 Order of permanent revocation. Court Action: Notice of appeal to 10th District Court of Appeals filed by doctor on 3/21/13.

CARDWELL, Philip Leroy, P.A. – Columbus, Ohio
Court Action: Notice of appeal of Board’s 3/13/13 order of permanent revocation filed by physician assistant with the Franklin County Court of Common Pleas on 3/25/13. Court Action: By Order and Entry filed on 3/29/13, Franklin County Court of Common Pleas denied physician assistant’s motion for stay of Board’s 3/13/13 order of permanent revocation.

LUNDEEN, James Edgar, Sr., M.D. – Plymouth, Ohio
Court Action: By decision and entry filed on 1/17/13, the Tenth District Court of Appeals affirmed the judgment of the Franklin County Court of Common Pleas, which had upheld the Board’s 12/14/11 Order of permanent revocation. Court Action: By decision and entry filed on 3/28/13, 10th District Court of Appeals denied doctor’s motion for reconsideration.

MAHMOUD, Shaban A. E., M.D. – Dublin, Ohio
Court Action: Notice of appeal of Board’s 2/13/13 Order of permanent revocation filed by doctor with the Franklin County Court of Common Pleas on 2/20/13. Court Action: By Order and Entry filed 3/1/13, Franklin County Court of Common Pleas granted doctor’s motion for a stay of Board’s 2/13/13 Order of permanent revocation, subject to interim monitoring conditions and upon condition that doctor shall not prescribe, administer, dispense or furnish any Schedule II – V controlled substances during the pendency of the appeal.

MALLORY, Steven Lamont, M.T. – Dayton, Ohio
Court Action: Notice of appeal of Board’s 11/14/12 Order of permanent revocation filed by massage therapist with the Franklin County Court of Common Pleas on 1/29/13.

MATHIS, Raymond L., D.O. – Alexandria Bay, New York
Court Action: By decision and entry dated 3/13/13, Franklin County Court of Common Pleas upheld Board’s 7/11/12 order of revocation.

MCRAE, Sharon Leilani, M.D. – Brookline, Massachusetts
Court Action: Notice of appeal of Board’s 3/13/13 Order of probation filed by doctor with the Franklin County Court of Common Pleas on 3/26/13.

REA, William James, M.D. – Dallas, Texas
Court Action: By decision and entry dated 3/26/13, Franklin County Court of Common Pleas upheld Board’s 8/10/11 order restricting doctor’s license.

TEMPONERAS, Margy, M.D. – Portsmouth, Ohio
Court Action: By decision and entry dated 4/5/13, Franklin County Court of Common Pleas upheld Board’s 1/11/12 Order indefinitely suspending doctor’s license.

WEISS, Justin Fredric, M.D. – Bonsall, California
Court Action: By decision and entry dated 3/5/13, Franklin County Court of Common Pleas upheld Board’s 10/13/10 Order reprimanding doctor. Court Action: Notice of appeal to 10th District Court of Appeals filed by doctor on 4/3/13.
A Word from the President

I’m pleased to report that the Medical Board selected Aaron E. Haslam, J.D., to serve as Executive Director of the agency, effective July 1, 2013. Mr. Haslam has an excellent background in the areas of investigation, enforcement and prosecution. He has a clear understanding of the vision and mission of the Board, and is committed to furthering the goals of the Medical Board.

Mr. Haslam previously worked as a Senior Assistant Attorney General and Chief of the Attorney General’s Prescription Drug Abuse Initiative. Prior to work in the AG’s office, he served as the Adams County Prosecuting Attorney. He had worked in various positions at the Adams County Prosecutor’s office since 2004. A graduate of Wright State University with a Bachelor of Science degree in Psychology, Mr. Haslam earned his law degree from the Cleveland-Marshall College of Law at Cleveland State University.

The difference between “manufacturing and compounding” medications and an update on the New England Compounding Center compounding tragedy of 2012 are on pages 3 and 4 of this issue. Answers to DEA registration questions are found on page 10.


An alert from the FDA regarding promotion of hyperbaric oxygen chambers for the treatment of unapproved conditions begins on page 2. The alert reports that patients treated with hyperbaric oxygen therapy for non-cleared conditions, such as asthma, may experience a lack of improvement or worsening of their existing condition.

The importance of reporting newly diagnosed and/or treated cancers to the Ohio Cancer Incidence Surveillance System (OCISS) of the Ohio Department of Health is featured in the article on page 9.

Anita M. Steinbergh, DO
President
FDA Concerned About Promotion of Hyperbaric Oxygen Chambers for Unsupported Claims

FDA's Center for Devices and Radiological Health (CDRH) has become aware of the use of hyperbaric oxygen chambers to treat a range of serious medical conditions for which the device has not been FDA-cleared or approved. Some of the claims being made by treatment centers offering hyperbaric oxygen therapy (HBOT) pose serious potential safety concerns. According to complaints we have received and websites that promote these uses, HBOT is being promoted to treat a variety of conditions that have not been cleared or approved, including:

- Asthma
- Autism
- AIDS/HIV
- Cancer
- Diabetes
- Heart Disease
- Migraine
- Parkinson's Disease
- Stroke

The FDA has cleared hyperbaric oxygen chambers for the following uses:

- Air or Gas Embolism
- Carbon Monoxide Poisoning
- Carbon Monoxide Poisoning Complicated by Cyanide Poisoning
- Gas Gangrene (Clostridial Myonecrosis and Myonecrosis)
- Crush Injury, Compartmental Syndrome and Other Acute Traumatic Ischemias
- Decompression Sickness
- Arterial Insufficiencies
- Central Retinal Artery Occlusion
- Enhancement of Healing in Selected Problem Wounds
- Severe Anemia
- Intracranial Abscess
- Necrotizing Soft Tissue Infections
- Osteomyelitis (Refractory)
- Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
- Compromised Grafts and Flaps
- Acute Thermal Burn Injury

The FDA does not regulate the practice of medicine, but is concerned that patients treated with HBOT for non-cleared conditions, especially in place of treatment options with established safety and effectiveness, may experience a lack of improvement or worsening of their existing condition(s). Patients may not be aware that the safety and effectiveness of HBOT has not been established for use in these condition(s).

See "Hyperbaric" page 3
“Hyperbaric” continued

The hyperbaric chamber operator is typically trained to operate the chamber and recognize signs and symptoms of injuries caused by pressure changes and how to respond, but is not typically trained in the treatment of the disease or condition.

The FDA recently posted a Consumer Update, “Hyperbaric Oxygen Therapy: Don’t Be Misled” which urges patients to discuss HBOT directly with their health care providers to determine whether it is an appropriate treatment option. The FDA encourages physicians to inform patients about the potential risks of using HBOT for the conditions listed above for which these devices have not been cleared or approved.

Hyperbaric oxygen chambers are prescription devices, and we have received numerous complaints related to the sale of these devices to patients without a prescription. We have also received numerous complaints regarding their use in facilities not operated by a licensed physician.

Additionally, any information that you can provide that may help us better understand this issue would be greatly appreciated. If you have any information about these or other issues that have come to your attention, please contact FDA’s Division of Small Manufacturers, International and Consumer Assistance (DSMICA) at DSMICA@FDA.HHS.GOV, or 800-638-2041, or 301-796-7100. You can also submit an adverse event report to FDA’s MedWatch, FDA’s information and adverse events reporting program.
Manufacturing Versus Compounding: Basic Differences
What Should The Physician Know?
by Kyle Parker, MBA, R.Ph, Executive Director, Ohio State Board of Pharmacy

Manufacturing and Compounding are two very different practices that are regulated differently as well. Ohio recognizes and enforces Federal law that states compounding is performed by a pharmacist in a pharmacy and pursuant to a patient specific prescription (refer to 21 USCA 353a). Manufacturing does not require a patient specific prescription, but requires a manufacturing license from the FDA which enables the company to produce and sell manufactured medications (typically in bulk), again without a patient specific prescription. To obtain a FDA manufacturing license, the manufacturing site must also pass stringent quality assurance standards (Good Manufacturing Practice-GMPs) designed to test manufacturing of sterile drug product. Thus there is much more scrutiny placed on this type of practice (manufacturing) typically due to the large amounts of drug product being made for resale.

To satisfy the FDA manufacturing license, the licensee (manufacturer) must submit an ANDA (abbreviated new drug application) or NDA (new drug application), with each drug being manufactured.

Attention physicians and office managers: This is a key component in knowing if a company attempting to sell you “manufactured” product is legit, i.e. just having their FDA manufacturer may not be enough. You should also question whether they have submitted the product in question to the FDA for approval of manufacture. This was not done by New England Compounding Center (NECC), which had an FDA license, but technically was not allowed to manufacture the fungal tainted product. They subsequently stated they were not manufacturing, but were compounding pursuant to a prescription, which we suspect was not the case either.

Medication compounding on the other hand, involves the practice of taking commercially available products and modifying them to meet the unique needs of an individual patient pursuant to a prescription from a licensed provider. Our state law defines compounding in Ohio Revised Code (ORC) 4729.01(C).

Attention Physicians and Office Managers: You must submit patient specific prescriptions to compounding pharmacies prior to receipt of product in order for this to be a legal practice. Also a pharmacy must follow the compounding requirements pursuant to Ohio Administrative Code (OAC) rules 4729-5-25, 4729-9-25, 4729-9-21, OAC Chapter 4729-19, current professional compounding standards, and all applicable federal and state laws, rules, and regulations. For compounding sterile injectables, we would expect to see in your written policies and procedures required by OAC 4729-19-04, adherence to United States Pharmacopeia (USP) 797 guidelines. These guidelines are differentiated by the severity/risk of the type of products being compounded. We expect that you review and understand these guidelines to assess your practice prior to compounding sterile injectable prescriptions. For more information regarding the USP 797 compounding guidelines go to http://www.usp.org/store/products-services/usp-compounding

Compounding in Ohio doesn’t require a special FDA “manufacturing” license and can be performed with no extra licenses other than those required by our Board for pharmacy practice (R.Ph. license for the pharmacist to practice, a Terminal Distributor of Dangerous Drug license for the location and, if needed, a DEA license for controlled substances), or for physicians, compounding a drug for direct administration to your own patient is also legal under your medical license. No doubt compounding is a legal and common practice in many Ohio pharmacies and brings incredible value to Ohio patients. However pharmacies, make sure that your processes meet all standards for compounding and that you are not manufacturing as defined above. We have created a great compounding document for review which can be accessed from our website at www.pharmacy.ohio.gov. Click on the "Terminal Distributor (TDDD) Licenses" tab and then on the "Compounding in Ohio" link. ✪
Prescribing Qsymia® and Belviq® for Chronic Weight Management

approved by Medical Board—August, 15, 2013

Background

Qsymia® (phentermine and topiramate extended-release) and Belviq® (lorcaserin hydrochloride) are FDA-approved Schedule IV medications. They are indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of 30 or higher. The drugs may also be used for overweight adults with a BMI of 27 or higher and at least one weight-related condition such as high blood pressure, Type 2 diabetes, or high cholesterol.

Qsymia® and Belviq® are specifically designed for chronic weight management in adults. The Medical Board has received questions about how to prescribe Qsymia® and Belviq® in compliance with Rule 4731-11-04. Medical Board Rule 4731-11-04, Ohio Administrative Code (OAC), Controlled substances: Utilization for weight reduction, governs the use of Schedules III and IV controlled substances to assist in weight loss.

General requirements for prescribing controlled substances for weight reduction and management

Before starting treatment for weight reduction that includes a Schedule III or IV controlled substance, the physician has to

Determine that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the use of controlled substances, and that the treatment has been ineffective.

Obtain a thorough history, perform a thorough physical examination of the patient, determine that the patient has a BMI of at least thirty, or at least twenty-seven with comorbid factors, and rule out the existence of any recognized contraindications to the use of the controlled substance to be prescribed.

Assess and document the patient's freedom from signs of drug or alcohol abuse, and the presence or absence of contraindications and adverse side effects from the medication.

When controlled substances are being utilized for weight reduction, the physician shall personally meet face-to-face with the patient, at a minimum, every 30 days, and shall record in the patient record information demonstrating the patient's continuing efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances. (See 4731-11-04 (C)(1), OAC).

Q and A about Prescribing Qsymia® and Belviq® for Chronic Weight Management

Does the “12 week” treatment limitation apply to Qsymia® or Belviq®?

No, it does not. Rule 4731-11-04(C)(2), OAC, requires the drug to be prescribed strictly in accordance with the FDA approved labeling. The instructions for the new drugs have more specific instructions for usage, but they are approved for “chronic weight management” and are not limited to use for “a few weeks.” Therefore, the 12 week period is not applicable.
Prescribing Qsymia® or Belviq® continued

Does the requirement that the physician meet face-to-face with the patient at a minimum of every 30 days apply when prescribing Qsymia® or Belviq®?

Yes. Qsymia® and Belviq® are controlled substances. The physician must personally meet face-to-face with the patient, at a minimum, every 30 days, and shall record in the patient record information demonstrating the patient’s continuing efforts to lose weight, the patient’s dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances.

Can I prescribe Qsymia® or Belviq® to a patient who has been on phentermine for 12 weeks?

Yes. The patient may be switched to one of the new drugs after 12 weeks on phentermine if there is no interruption in treatment.

Also, the patient may be switched to one of the new drugs if treatment is interrupted for more than 7 days due to one or more of the following reasons (See Rule 4731-11-4(C)(3)):

- Illness/injury to the patient justifying a temporary cessation of treatment;
- Unavailability of the physician;
- Unavailability of the patient, if the patient has notified the physician of the cause of the patient's unavailability;
- The physician has determined, based on sound medical judgment, that an interruption of treatment was medically indicated

However, if a patient’s treatment was interrupted for over 7 days for some other reason that those listed above, the patient may not begin treatment with one of the new drugs until 6 months after the last date the physician prescribed phentermine.

Rule 4731-11-04(C)(3) provides that except for specified situations, a physician may not initiate treatment for weight loss with a controlled substance if the patient has received controlled substances for weight loss within the last 6 months. How is the 6 month period calculated?

The date the patient filled the last prescription is day one of the 6 month period during which the physician may not initiate a course of treatment using a controlled substance for weight loss.

When does the “12 week” clock start if Qsymia® or Belviq® is discontinued and the patient is started on phentermine?

The “12 week” duration of treatment clock begins to run at the time the patient is started on phentermine.

How do you calculate the “12 week” clock if a patient is on phentermine, is switched to one of the new drugs, and then switched back to phentermine without an interruption in treatment?

In this scenario the total course of treatment on phentermine cannot exceed 12 weeks. For example, if the patient is on phentermine for four weeks, is switched to one of the new drugs for some period of time, then is switched back to phentermine, the second period on phentermine could not exceed eight weeks. (See Rule 4731-11-04(C)(4), OAC).
Prescribing Qsymia® or Belviq® continued

The FDA approved labeling for Qsymia® requires that the medication be titrated, starting at 3.75/23 mg for 14 days and then being increased to 7.5/46 mg for 12 weeks. May a physician provide a patient with a prescription for the 3.75/23 mg and the 7.5/46 mg at the first visit?

It is recommended that at the first visit the patient only be given the prescription for the 3.75/23 mg dosage for 14 days. The physician should then have the patient return for an office visit within the 14 days to receive a prescription for the 7.5/46 mg dosage.

How is a physician able to prescribe Qsymia® and be in compliance with the weight-loss rule, Rule 4731-11-04, OAC?

It is recommended that at the first visit the patient be given the prescription for the 3.75/23 mg dosage for 14 days. The patient will then return for an office visit within the 14 days to receive a 30-day prescription for the 7.5/46 mg dosage.

Starting with the first prescription for the 7.5/46 mg dosage, the physician is required to personally meet face-to-face with the patient to evaluate the patient, at a minimum, every 30 days. (See Rule 4731-11-04 (C)(4), OAC). As appropriate, the physician will write the patient another 30-day prescription as part of each office visit.

The FDA labeling requires the physician to evaluate the patient for weight loss of greater to or equal to 3% of baseline body weight at the end of 12 weeks on the 7.5/46 mg dosage. If at the conclusion of the 12-week period the patient has not lost at least 3% of baseline weight, the medication may be discontinued or the dosage increased by titration up to a 15/92 mg dosage.

If the dosage will be increased, the physician will prescribe a 14-day supply at the dosage of 11.25/69 mg. The patient should then return within the 14 days to receive a 30-day prescription at the 15/92 mg dosage.

Starting with the first prescription for the 15/92 mg dosage, the physician is required to personally meet face-to-face with the patient to evaluate the patient, at a minimum, every 30 days. (See Rule 4731-1-04(C)(4), OAC)

After 12 weeks at the 15/92 mg dosage, if the patient has not lost at least 5% of baseline body weight, the medication is required by FDA labeling to be discontinued. If the patient has lost at least 5% of baseline body weight, the medication may be continued.

As long as the patient remains on Qsymia®, the physician must meet face-to-face with the patient, at a minimum, every 30 days, and record in the patient record information demonstrating the patient's continuing efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances.
Prescribing Qsymia® or Belviq® continued

Can Qsymia® or Belviq® be refilled?

There is no explicit prohibition in Rule 4731-11-04 against writing refills for one of the new drugs. But the physician is still required to personally meet face-to-face with the patient, at a minimum, every 30 days when controlled substances are being used for weight reduction. The physician must document in the patient record information demonstrating the patient’s continuing efforts to lose weight, the patient’s dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances. (See Rule 4731-11-04 (C)(1), OAC). Therefore, in order to maintain compliance with the rule, the physician should require the patient to return every 30 days for the required face-to-face meeting with the physician and to receive a new prescription. The physician should not write multiple prescriptions with the notation, "Do not fill before ___," as this will discourage the patient from returning for the every 30 day face-to-face visit with the physician and mandatory evaluation of patient progress and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse.

Link to rule: [http://codes.ohio.gov/oac/4731-11-04](http://codes.ohio.gov/oac/4731-11-04)

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Duty to Report - Mandatory Reporting Requirements

A licensee who believes another licensee has violated a statute or rule regulated by the Medical Board has a duty to report the information to the Medical Board. A “reason to believe” or “a belief” does not require absolute certainty or complete unquestioning acceptance, but only an opinion that a violation has occurred based upon firsthand knowledge or reliable information. Any report provided to the Medical Board is confidential under by Section 4731.22(F)(5),Ohio Revised Code, [http://codes.ohio.gov/orc/4731.22](http://codes.ohio.gov/orc/4731.22).

Exceptions to the mandatory reporting requirement are made for members of peer review committees, approved treatment providers, members of hospital or medical staff impaireed practitioners committees, and other impairment-related situations.

There are three ways to file reports with the Board. You may use the online complaint form available on the Medical Board’s website: [http://www.med.ohio.gov/consumer-complaint-form-online.htm](http://www.med.ohio.gov/consumer-complaint-form-online.htm)  Please provide detailed information regarding the concerns to help the Board further review the allegations.

Additionally, you may request a complaint form by calling 1-800-554-7717 and providing your name and mailing address in the voice-mail message. Or you may send a written report to the Board at this address:

State Medical Board of Ohio
Attention: COMPLAINT TRIAGE
30 E. Broad St. 3rd Floor
Columbus, OH  43215-6127

Link to the mandatory reporting rule:

Cancer Reporting
by Lynn Giljahn, OCISS Registry Manager, lynn.giljahn@odh.ohio.gov, 614-644-1844

The Ohio Cancer Incidence Surveillance System (OCISS) at the Ohio Department of Health collects and analyzes cancer incidence data on all Ohio residents. OCISS data are widely used by public health professionals, medical researchers and others to determine the burden of cancer in Ohio’s communities; to develop, implement and promote cancer prevention and control activities; and to support cancer-related research.

Each physician, dentist, hospital, or person providing diagnostic or treatment services is required by law (Ohio Revised Code 3701.262) to report all newly-diagnosed and/or treated cancers to OCISS.

A reportable case is defined as any primary malignant neoplasm, with the exception of basal and squamous cell carcinoma of the skin and carcinoma in situ of the cervix. Benign and borderline intracranial and central nervous system tumors are also reportable.

Cases are to be reported within six months of diagnosis. Data to be reported include patient demographics and information on cancer diagnosis, treatment, and staging. OCISS encourages providers to report monthly.

OCISS recently developed a new abbreviated format for physician reporting of cancer cases. Reporting is done online through a secure Web interface.

Cancer reporting through electronic health record systems is a menu item for Stage 2 Meaningful Use. (The American Recovery and Reinvestment Act of 2009 provided funding to states, including Ohio, to promote the use of health information technology to improve the health of all citizens. A core component is to provide enhanced reimbursement to providers and hospitals for the “Meaningful Use” of electronic health records.) OCISS is gearing up to be able to accept cancer reports in the standard for Meaningful Use.

It is important for OCISS data to be complete. Unfortunately, not all cancer cases get reported to OCISS, especially cases that are diagnosed and treated outside the hospital setting.

Last year, OCISS conducted a survey of Ohio physician specialties likely to diagnose and/or treat cancer to determine their understanding of OCISS reporting requirements. About a third indicated that they reported their cases to OCISS, another third indicated that a hospital reported their cases, and a small percent indicated that a pathology lab reported their cases. The remaining 30 percent indicated that they did not report their cancer cases to OCISS and no one was reporting on their behalf.

It is important to note that, although all hospitals in Ohio send reports to OCISS on cancer cases diagnosed and/or treated in their facility, hospitals do not typically report cases diagnosed and/or treated solely in a physician’s office unless there is a specific agreement in place for them to do so.

A major goal for OCISS is to increase physician reporting of cancer cases that are diagnosed and treated outside the hospital setting. Please contact OCISS at OCISS@odh.ohio.gov or 614-752-2689 to learn more about cancer reporting or visit the OCISS website at http://www.healthyohiprogram.org/cancer/ocisshs/CI_surv1.aspx. The website also provides information on how to access OCISS data for cancer-related research.

Prescription Drug Drop Boxes

The Ohio Attorney General’s Office partnered with the Ohio Department of Health and the Drug Free Action Alliance to provide free collection bins to local law enforcement agencies in Ohio. The drop boxes are mailbox-style disposal bins placed inside law enforcement agencies.

Help patients safely dispose of outdated or unused prescription and over the counter medications. View the list of locations:

DEA Registration Questions and Answers

What does a practitioner/physician need to obtain before he/she can complete an application for a DEA registration?

Issuance of a DEA registration to prescribe controlled substances is predicated on successfully completing all of the requirements imposed by the state in which the practitioner will conduct business and obtaining a state license. If the practitioner fails to obtain the required state license or has the license revoked or rescinded, then the DEA cannot issue the requested registration. If an existing DEA registrant loses his/her state privileges, then the DEA must also rescind or revoke the federal authority to prescribe controlled substances.

Are there any limits placed on a practitioner’s/physician’s registration?

The DEA Form 224 – New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner has a space to list the Drug Schedules of controlled substances that the practitioner wishes to handle. The practitioner must be authorized by the state to handle those drugs for which he/she is applying for DEA authorization and accordingly will ONLY be authorized to handle those drugs that are checked on the application form.

What is the processing time for a new or renewal application?

New Applications (DEA Form 224) are processed within 4 to 6 weeks. Renewal Applications (DEA Form 224a) are processed within approximately 4 weeks.

How often are DEA registrations renewed?

Practitioner registrations must be renewed every three years.

Are separate DEA registrations required for separate locations?

A separate registration is required for each principal place of business or professional practice where controlled substances are stored, administered, or dispensed by a person.

If a practitioner will only be prescribing from another location(s) situated within the same state, then an additional registration is not necessary.

What happens if a practitioner/physician relocates his/her business?

A practitioner who moves to a new physical location must request a modification of registration. A modification is handled in the same manner as a new application and must be approved by DEA. A modification of registration can be requested online at www.deadiversion.usdoj.gov or by writing to the local DEA Registration Program Specialist responsible for the area in which the new office is located.

If the change of address involves a change in the state, the proper state issued license and, if applicable, state controlled substances registration must be obtained prior to the request to DEA for an address change. If the modification is approved, DEA will issue a new certificate of registration. The registrant should maintain the new certificate with the old certificate until expiration.

Information obtained from the DEA website: http://www.deadiversion.usdoj.gov/
State Medical Board of Ohio Action Report
May — July 2013

Actions taken by the Medical Board between May and July 2013 are summarized below. Go to the Licensee Profile and Status Link on the Medical Board’s website—www.med.ohio.gov—for the most current license status information and to view the Board action documents.

AMAN, Sohail, M.D. – Church Creek, Maryland
Consent Agreement: Medical license suspended for at least 180 days with conditions for reinstatement established, including requirement that doctor enter into a subsequent written consent agreement including probationary terms, conditions and limitations within 180 days of the date upon which the conditions for reinstatement have been completed. Based on the doctor’s conviction in the United States District Court, Southern District of Ohio, Western Division, of one felony count of Forgery, which was the underlying basis for the doctor’s alleged failure to comply with federal requirements pertaining to controlled substances. Agreement effective 5/8/13.

BALAKLAW, Lee Adam, M.D. – Louisa, Kentucky
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(25) and (B)(11), Ohio Revised Code. Effective 7/10/13.

BANKS, Brenda Louise, M.D. – Columbus, Ohio
Board Order: Medical license permanently revoked. Based on doctor’s conviction in the United States District Court, Southern District of Ohio, Western Division, of one felony count of Acquiring or Possessing a Controlled Substance by Deception, the underlying conduct involved the doctor’s participation in a scheme at an Ohio pain clinic to acquire controlled substances for the purpose of illegal resale to others by employees of the clinic by using false identities to order the controlled substances and misrepresenting the purpose of the orders to distributors. Order effective 6/13/13.

BEAM, Brian Bruce, M.D. – Wooster, Ohio
Consent Agreement: Medical license limited and subject to probationary terms and conditions indefinitely. Based on doctor’s admission that he has been diagnosed with familial sensorial hearing loss and that he has been deemed capable of practicing medicine and surgery so long as certain accommodations are in place. Agreement effective 7/10/13.

BENGALA, Michael C., M.D. – Pompano Beach, Florida
Board Order: Medical license suspended for indefinite period of time, with conditions for reinstatement and subsequent probation for at least five years established. Based on a prior action by the Florida Surgeon General and Secretary of Health wherein the doctor’s license was immediately suspended based on a finding that the doctor’s continued practice presented an immediate, serious danger to the public health, safety, or welfare and on findings that the doctor inappropriately prescribed and distributed controlled substances to patients and failed to appropriately monitor patients for drug diversion or abuse. Order effective 7/12/13.

BURLAS, Regis, D.O. – Massillon, Ohio
Consent Agreement: Medical license suspended for at least three years, 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 violation of the terms and conditions of a 3/13/13 Consent Agreement and on doctor’s relapse on alcohol. Agreement effective 6/12/13.

CARMAN, Toni Louise, M.D. – Beachwood, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor based upon her admission that she surrendered her Controlled Substances Privileges to the U.S. Department of Justice – Drug Enforcement Agency, the underlying basis being doctor’s alleged failure to comply with federal requirements pertaining to controlled substances. Agreement effective 6/12/13.

CROOM, Christopher S., M.D. – Dayton, Ohio
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 7/10/13; Agreement to remain in effect for at least five years prior to any request for termination.

DEAN, Barry Peter, M.D. – Lambertville, Michigan
Consent Agreement: Medical license suspended for an indefinite period of time; interim monitoring conditions and conditions for reinstatement established. Based on doctor’s refusal to provide certain factual information to the State Medical Board of Ohio regarding criminal matters pending against him in the Court of Common Pleas of Lucas County, Ohio, and the U.S. District Court for the Northern District of Ohio. Agreement effective 5/8/13.

DEMAS, Christopher Lou, M.D. – Westerville, Ohio
Board Order: Medical license suspended for at least one year, with conditions for reinstatement and probationary terms of at least two years following reinstatement established. Based on doctor’s conviction in the Court of Common Pleas of Delaware County, Ohio, on seven felony counts of Forgery, which was based on the doctor having forged the signatures of other physicians on a contract, five certified nurse practitioner standard care arrangements, and a disclosure questionnaire. Order effective 5/9/13.
DOBSON, Walter Albert, D.O.—Grand Prairie, Texas
Board Order: Medical license permanently revoked. Based on prior action by the Disciplinary Panel of the Texas Medical Board which issued an order temporarily suspending the doctor's license based upon the doctor's impairment; doctor's failure to comply with Continuing Medical Education requirements for the January 2, 2007 through January 1, 2009 CME cycle; and doctor's false, fraudulent, deceptive or misleading statement in securing renewal of his Ohio license. (Review and Journal Entry – No hearing requested.) Order effective 5/15/13.

DUNLAP, Gary Allan, D.O.—Dayton, Ohio
Board Order: Medical license indefinitely suspended, with interim monitoring conditions, conditions for reinstatement, and probationary terms established. Based on the legal presumption that doctor's failure to submit to a psychiatric examination as ordered by the Board constitutes an admission that he is unable to practice according to acceptable and prevailing standards of care by reason of mental illness. Order effective 5/9/13.

DRAGASH, Terry Alan, D.O.—Pataskala, Ohio
Consent Agreement: Permanent revocation of medical license authorized by doctor in lieu of further formal disciplinary proceedings related to the violations alleged in a 12/12/12 Notice of Opportunity for Hearing. Effective 7/10/13.

DUNCAN, Philicia Suanna, M.D.—Cleveland, Ohio
Consent Agreement: Training certificate 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 she obtained Paxil and Ritalin by writing prescriptions under her prescriber name or that of another doctor who was neither aware nor consenting to the prescribing and upon her 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. Agreement effective 6/12/13.

EDWARDS, Margaret Ann, M.D.—Trotwood, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(12) and (B)(19), Ohio Revised Code. Effective 7/10/13.

FERRARA, Joseph Michael, M.D.—Minturn, Colorado
Voluntary Agreement: Permanent surrender of medical license authorized by doctor in lieu of further investigation regarding a possible violation of Section 4731.22(B)(22), Ohio Revised Code. Effective 7/10/13.

FRANKOWSKI, Deborah Lynne, M.D.—Montgomery, Ohio
Consent Agreement: Medical license suspended for at least 90 days, with 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 she relapsed by purchasing over-the-counter cough medication that contained dextromethorphan and guaifenesin and that she ingested more than was directed for the purpose of feeling better and not to treat a cough. Agreement effective 5/8/13.

FURIN, Jennifer Joan, M.D.—Strongsville, Ohio
License reinstated after suspension: Doctor's request for reinstatement of license granted by vote of the Board on 7/10/13, subject to probationary terms and conditions established by 1/9/13 Board Order. Effective 7/10/13.

GILREATH, Marcellus Jaiuan, M.D.—Cleveland, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further investigation regarding a possible violation of Section 4731.22(B)(19), Ohio Revised Code. Effective 7/10/13.

GIRI, Yashwant B., M.D.—Crown Point, Indiana
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4371.22(B)(9) and (B)(11), Ohio Revised Code. Effective 6/12/13.

GOLDBLUM, Keith Donald, M.D.—Kettering, Ohio
Automatic Suspension: Pursuant to Section 4731.22(I), Ohio Revised Code, medical license automatically suspended. Based on doctor's conviction in the Montgomery County Court of Common Pleas on eight counts of Rape, two counts of Unlawful Sexual Contact with a Minor, two counts of Voyeurism, and one court of Attempted Voyeurism. Suspension effective 6/28/13.

HANLON, Michele, M.T.—Cincinnati, Ohio
Consent Agreement: Application for restoration of massage therapy license granted and license immediately suspended for sixty days, with subsequent probationary terms, conditions and limitations established for at least two years. Based on massage therapist’s admission that she practiced massage therapy without a license from on or about October 2010 through May 2013 and her representations to employers and the public that she was actively licensed to practice. Agreement effective 6/12/13.

HANSEN, Ewa Marie, M.D.—Toledo, Ohio
Consent Agreement: Medical license suspended for 30 days, with probationary terms and conditions for a period of at least three years established. Based on doctor's admission that she pre-signed blank prescriptions for controlled substances prior to their issuance and permitted members of her office staff to complete prescriptions for controlled substances for patients from a supply of pre-signed blank prescriptions. Agreement effective 5/8/13.
HEIM, Brian David, M.D. – Akron, Ohio  
Board Order: Medical license revoked. Based on doctor’s conviction in the Summit County Court of Common Pleas on one misdemeanor count of Obstructing Official Business and on the doctor’s surrender of his Drug Enforcement Administration Certificate of Registration. (Journal Entry – No hearing requested.) Order effective 5/9/13.

KAISER, Joseph Brian, M.T. – Glenmont, Ohio  
Consent Agreement: Application for restoration of massage therapy license granted and license immediately suspended for sixty days, with subsequent probationary terms, conditions and limitations established for at least two years. Based on massage therapist’s admission that he represented himself to employers and the public as actively licensed to practice massage therapy despite his license having lapsed on or about August 31, 2005, and his admission that he practiced massage therapy without a license from on or about September 2005 through December 2012. Agreement effective 5/8/13.

KALEEM, Muhammad Imran, M.D. – Cincinnati, Ohio  
Summary Suspension: Pursuant to Section 4731.22(G), Ohio Revised Code, 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 by reason of mental illness or physical illness and that his continued practice presents a danger of immediate and serious harm to the public. Order effective 5/8/13.

KAMRAVA, Michael M., M.D – Los Angeles, California  
Board Order: Application for restoration of medical license permanently denied. Based on prior action by the Medical Board of California which revoked the doctor’s license based upon doctor having committed acts of gross negligence and repeated negligent acts in his care and treatment of two patients, committed repeated negligent acts in his care of a third patient, and maintained inadequate records in the case of one patient. Order effective 5/9/13.

KAPLAN, Donald, D.O.– Boynton Beach, Florida  
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further formal disciplinary proceedings related to the violations alleged in a 12/14/11 Notice of Opportunity for Hearing and as part of a plea agreement to resolve criminal charges pending against the doctor in Fairfield County, Ohio. Effective 7/10/13.

KAY, Bruce Saul, M.D.– Dayton, Ohio  
License reinstated after suspension: Doctor’s request for reinstatement of license granted by vote of the Board on 6/12/13, subject to probationary terms and conditions established by 7/11/12 Board Order. Effective 6/12/13.

KAZ, Steven Jonathan, M.D.– Englewood, Ohio  
Consent Agreement: Medical license suspended for indefinite period of time, with 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 Major Depression and that he is currently unable to practice medicine and surgery according to acceptable and prevailing standards of care. Agreement effective 5/8/13.

KEISER, Vincent James, M.D.– Sylvania, Ohio  
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 on six to eight occasions he took Ativan that had been prescribed for a family member and his 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. Agreement effective 6/12/13.

KRAENZLER, Erik John, M.D. (#35-056589) – Brecksville, Ohio  
Consent Agreement: Medical license suspended for at least 90 days, with 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 relapsed on alcohol and that he is impaired in his ability to practice medicine and surgery. Agreement effective 7/10/13.

KUMAR, I. Praveen, M.D.– Hudson, Ohio  
Consent Agreement: Medical license suspended for at least 180 days and conditions for reinstatement established. Based on doctor’s admission that he failed to record all the controlled substances he prescribed and that in those instances when he has recorded a prescription for a controlled substance, he often failed to record the strength and dosage of the controlled substance and the number of tablets or pills he prescribed. Agreement effective 6/12/13.

LEVY, David Brian, D.O.– Auckland, New Zealand  
Board Order: Medical license suspended for at least one year, with interim monitoring, conditions for reinstatement, and subsequent probation for at least three years established. Based upon doctor’s admission that he signed the name of another physician to three prescriptions without that physician’s consent, which acts constitute felony forgery, illegal processing of drug documents and making a false, fraudulent, deceptive or misleading statement in the course of practice. Order effective 7/12/13.

LOPREATO, Paul Dominic, P.A.– Florence, Kentucky  
Consent Agreement: Physician assistant’s license reinstated subject to probationary terms, conditions, and limitations based on physician assistant 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 5/8/13.

**MILLIS, Wendy A., M.D. – Clyde, Ohio**

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 6/12/13; Agreement to remain in effect for at least two years prior to any request for termination.

**PETTENSON, Duane Gordon, M.D. – Toledo, Ohio**

Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(5) and (B)(20), Ohio Revised Code. Effective 7/10/13.

**POPOVICH, William Francis, M.D. – Medina, Ohio**

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 6/12/13; Agreement to remain in effect for at least five years prior to any request for termination.

**REILLEY, Thomas Edward, D.O. – Dublin, Ohio**

Consent Agreement: Medical license suspended for at least 90 days, with 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 relapsed on alcohol. Agreement effective 5/8/13.

**RICHMOND, Katherine Lily, D.O. – Garfield Heights, Ohio**

Board Order: Medical license permanently revoked. Based on doctor’s voluntary surrender of her Drug Enforcement Administration Certificate of Registration; writing of prescriptions for multiple patients prior to the commencement of the suspension of her license in January 2011 and permitting an unlicensed patient to distribute the prescriptions during the term of suspension, which constitutes a felony in the state of Ohio; failing to cooperate in an investigation conducted by the State Medical Board of Ohio; and on her violation of conditions of limitation imposed on her license by 1/12/11 consent agreement. Order effective 5/8/13.

**ROSE, Bernard Joseph, M.D. – Kettering, Ohio**

Consent Agreement: Medical license suspended for at least 120 days, with 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, his failure to complete a twenty-eight day inpatient program and subsequent use of alcohol, his false answers on his November 2011 renewal application, his obtaining controlled substances from a family member and the family member of a deceased patient, and his admission that he is currently unable to practice medicine and surgery according to acceptable and prevailing standards of care. Agreement effective 5/8/13.

**RUFINA, Anthony Mark, D.O. – Erie, Pennsylvania**

Consent Agreement: Application for medical license granted, subject to probationary terms, conditions and limitations for at least one year. Based on doctor’s admission that he has been diagnosed with Bipolar Disorder and Anxiety Disorder, not otherwise specified, for which he is currently receiving treatment. Agreement effective 5/8/13.

**SCHWARTZ, Murray, D.O. – Cherry Hill, New Jersey**

Board Order: Medical license permanently revoked. Based upon a prior action against the doctor’s license by the Kentucky Board of Medical Licensure, which issued an Agreed Order of Surrender and was based in part upon the doctor’s failure to keep accurate medical records and inappropriate prescribing of controlled substances to two patients, including a co-worker with whom he had engaged in sexual misconduct. Order effective 7/11/13.

**SONG, Je, M.D. – Westwood, New Jersey**

Board Order: Medical license permanently revoked. Based on doctor’s conviction on one felony count of Distribution of a Schedule II Controlled Substance Outside the Scope of a Professional Practice and prior action by the Pennsylvania State Board of Medicine which indefinitely suspended the doctor’s license and prohibited him from applying for reinstatement of said license for at least ten years. (Review and Journal Entry – No hearing requested.) Order effective 7/11/13.

**STOREY, Anyse J., M.D. – Toledo, Ohio**

Board Order: Case dismissed and license returned to active status. Based upon Board’s finding that, following further evaluation of the doctor by addictionologists, doctor is not impaired in her ability to practice according to acceptable and prevailing standards of care. Order effective 6/13/13; License returned to active status on 6/13/13.

**TEMPONERAS, Margy, M.D. – Portsmouth, Ohio**

Board Order: Medical license permanently revoked. Based upon the revocation of the doctor’s Drug Enforcement Administration certificate of registration and on the doctor having prescribed controlled substances under non-emergent circumstances to a patient with whom she was engaged in a personal relationship. Order effective 7/11/13.

**THOMAS, Terry Linn, D.O. – Whipple, Ohio**

Consent Agreement: Medical license reinstated subject to pro-
bational 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 7/10/13; Agreement to remain in effect for at least five years prior to any request for termination.

TSAI, Peter, M.D. – South Point, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(9) and (B)(10), Ohio Revised Code, arising from the doctor’s indictment in the United States District Court on allegations of Healthcare Fraud, Smuggling, Money Laundering, and Conspiracy. Effective 7/10/13.

TSAI, Taisiuong, M.D. – Coal Grove, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(9) and (B)(10), Ohio Revised Code, arising from the doctor’s indictment in the United States District Court on allegations of Healthcare Fraud and Conspiracy. Effective 7/10/13.

VON DER EMBSE, Kendra N., D.O. – Sandusky, Ohio
Consent Agreement: Authority to participate in training program indefinitely suspended and application for training certificate withdrawn. 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 she is chemically dependent and that her drug of choice is alcohol, that she has been convicted of disorderly conduct and has been charged with Operating Vehicle Under Influence of Alcohol [OVI], and that she has been found to be impaired and prevailing standards of care due to chemical dependency and that she relapsed on alcohol. Agreement effective 5/8/13.

WHITAKER, Emmett Edwin, III, M.D. – Columbus, Ohio
Consent Agreement: Application for license to practice medicine and surgery in Ohio granted, subject to probationary terms, conditions and limitations for at least two years. Based on doctor’s history of chemical dependency and depression and on his 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 6/12/13.

WINDZIGL, John P., P.A. – Gahanna, Ohio
Voluntary Agreement: Permanent surrender of physician assistant license authorized by physician assistant in lieu of further investigation of a possible violation of 4730.25(B)(6), ORC. Effective 7/10/13. +

Probation Completed May through July 2013
The following licensees have completed probation required by Board Order or Consent Agreement effective the date listed below

Carran, Todd, MD – Crestview Hills, Kentucky; 5/14/13
Carson, Dwight, MD – Cleveland, Ohio; 7/11/13
Croak, Tony N, MT – Westerville, Ohio; 7/13/13
Greczanik, Richard D. – Cuyahoga Falls, Ohio; 6/12/13
Karre, Joseph F., DO – O’Fallon, Missouri; 5/13/13
Klepper, Sean M., MD – Portsmouth, Ohio; 7/27/13
Leve, Brian E., MD – Carroll, Ohio; 7/10/13
McKain, Christine C., MD – Piketon, Ohio; 7/15/13
Naqvi, Imran, MD – Cincinnati, Ohio; 5/14/13
Orlosky, Karen Marie, MT – Broomfield, Colorado; 7/19/13
Platt, William J., DO – Athens, Ohio; 5/14/13
Stephens, Kyle W., MD – Toledo, Ohio; 7/19/13
Szokolocy-Sylaba, Andreas, DO – Centerville, Ohio; 5/14/13
Turner, Ross D., DO – Canal Winchester, Ohio; 5/14/13
COURT ACTION UPDATE
Court appeals and decisions from May and July 2013 related to Medical Board disciplinary actions.

CALLOWAY, George Franklin, M.D.–Westerville, Ohio
Court Action: By Decision and Entry filed 5/24/13, the Tenth District Court of Appeals reversed the judgment of the Franklin County Court of Common Pleas and ordered the case remanded to the State Medical Board of Ohio to dismiss the proceedings against the doctor.

DEMAS, Christopher Lou, M.D.–Westerville, Ohio
Court Action: Notice of appeal of Board’s 5/8/13 Order of indefinite suspension filed by doctor with the Franklin County Court of Common Pleas on 5/21/13. By Entry and Decision issued on 6/14/13, doctor’s motion for stay of the Board’s 5/8/13 indefinite suspension Order denied.

DEMINT, Franklin Donald, D.O.–Kingston, Ohio
Court Action: Notice of appeal of Board’s 4/10/13 Order of indefinite suspension filed by doctor with the Franklin County Court of Common Pleas on 4/30/13. By Order and Entry filed 5/9/13, Franklin County Court of Common Pleas granted doctor’s motion for a stay of Board’s 4/10/13 indefinite suspension Order, subject to interim monitoring conditions during the pendency of the appeal.

DRAKE, Miles Edward, Jr.–Canal Winchester, Ohio
Court Action: By Decision and Final Judgment filed 5/23/13, Franklin County Court of Common Pleas upheld Board’s 6/13/12 revocation Order.

HECHMER, Carol Elizabeth–Columbus, Ohio
Court Action: By decision and entry filed on 4/10/13, Franklin County Court of Common Pleas affirmed Board’s 12/12/12 Order denying license.

KHAN, Ali, M.D.–Perrysburg, Ohio
Court Action: Notice of appeal to 10th District Court of Appeals filed by the doctor on 5/1/13.

LUNDEEN, James Edgar, Sr., M.D.–Plymouth, Ohio
Court Action: Notice of appeal to the Ohio Supreme Court from the 3/28/13 Entry of the 10th District Court of Appeals filed by the doctor on 4/24/13. By Entry filed on 6/26/13, the Ohio Supreme Court declined to accept jurisdiction and dismissed doctor’s appeal.

MAHMOUD, Shaban A.E., M.D.–Dublin, Ohio
Court Action: By Decision and Entry filed on 5/2/13, Franklin County Court of Common Pleas granted State’s Motion to Dismiss based upon the doctor’s failure to timely file a notice of appeal with the State Medical Board of Ohio.

MALLORY, Steven Lamont, Sr.–Dayton, Ohio
Court Action: By Decision and Entry filed on 5/1/13, Franklin County Court of Common Pleas granted State’s Motion to Dismiss the massage therapist’s appeal based upon his failure to exhaust his administrative remedies and his failure to perfect his appeal.

MCRAE, Sharon Leilani, M.D.–Brookline, Massachusetts
Court Action: By Order and Entry filed on 4/18/13, Franklin County Court of Common Pleas granted doctor’s motion for stay of the Board’s 1/18/13 Order of probation. By Decision and Entry filed 5/21/13, Franklin County Court of Common Pleas upheld Board’s 1/19/13 order of probation. Notice of appeal to the 10th District Court of Appeals filed by the doctor on 6/18/13.

TEMPONERAS, Margy, M.D.–Portsmouth, Ohio
Court Action: Notice of appeal to 10th District Court of Appeals filed by the doctor on 5/3/13.+

THE STATE MEDICAL BOARD
PROTECTING THE PUBLIC THROUGH EFFECTIVE MEDICAL REGULATION

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Podiatric appointment pending
Consumer appointment pending

www.med.ohio.gov

We welcome your comments and suggestions regarding the newsletter. Contact us at this e-mail address: medboardnews@med.state.oh.us
A Word from the President

It has been an honor and a pleasure to serve as President of the Medical Board. As you can see from the issues of YOUR REPORT and the E-Reports published in 2013, we’ve had a very busy year.

One of the most important accomplishments was hiring Aaron E. Haslam, J.D., as Executive Director. He began this position on July 1, 2013 and is diligently addressing the needs of the agency, the public and our licensees.

I would like to thank the Medical Board staff for their ongoing hard work and support of the agency. I’d also like to thank the members of the Board for committing their time and expertise to carry out the Board’s mission of public protection through effective medical regulation.

Craig Strafford, M.D., and Mark Bechtel, M.D., deserve special thanks for their tireless efforts serving as Secretary and Supervising Member of the Board. In these positions, they oversee the Board’s complaint review and enforcement activities. Additionally, they serve with great effort on the Governor’s Cabinet Opiate Action Team (GCOAT).

We welcome our new Board President, Kris Ramprasad, M.D., a gastroenterologist from Cincinnati. He is a sincere and dedicated member of the Board. As Vice President in 2013, he chaired the Licensure Committee and led new licensure initiatives, such as expedited licensure for M.D. and D.O applicants, and amendments to licensure rules. He assumes the Presidency on January 1, 2014.

The State Medical Board of Ohio is recognized as a national leader among medical regulatory boards. As Board members, we strive to maintain standards for licensure to demonstrate to the public that we have well-trained and consummate physicians providing care in Ohio. Thank YOU for your commitment to excellent patient care.

My personal mission on the Medical Board has been one of patient advocacy. Service to the public through this Board is a reward unto itself.

I send my best to all of you for good health and success in the year ahead.

Anita M. Steinbergh, DO
President
New Board Member Appointments

Governor Kasich recently made two appointments to the Medical Board.

**Bruce Saferin, D.P.M.,** was appointed as a member of the Medical Board on September 10, 2013. Dr. Saferin, of Toledo, replaces Marchelle Suppan, DPM, whose term ended. His appointment continues until December 27, 2017.

**Robert P. Giacalone, J.D., R.Ph.,** of Dublin, was appointed to the State Medical Board to serve as a consumer member for a term beginning October 29, 2013, and ending July 31, 2018. Mr. Giacalone is Senior Vice President of Regulatory Affairs and Chief Regulatory Counsel at Cardinal Health. He replaces Laurie Elsass whose term ended.

Latest Data Mined Out of Ohio Automated Rx Reporting System (OARRS)

The following chart regarding the 2012 year-end statistics for the top 10 drugs (by volume and number of doses).

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Number of Solid Doses</th>
<th>% Change Since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone &amp; Combos.</td>
<td>288,916,417</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Oxycodone &amp; Combos.</td>
<td>259,859,420</td>
<td>5.2%</td>
</tr>
<tr>
<td>Tramadol</td>
<td>163,532,246</td>
<td>10.7%</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>128,018,592</td>
<td>1.2%</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>73,281,529</td>
<td>2.9%</td>
</tr>
<tr>
<td>Pregabalin</td>
<td>71,352,325</td>
<td>48.6%</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>64,176,546</td>
<td>5.5%</td>
</tr>
<tr>
<td>Amphetamine &amp; Combos.</td>
<td>55,462,943</td>
<td>32.6%</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>45,588,443</td>
<td>3.4%</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>44,778,675</td>
<td>30.5%</td>
</tr>
</tbody>
</table>

As you can see, hydrocodone products have dropped from the previous year, however, oxycodone products have increased. This increase in oxycodone products may be due to more prescribers that are now allowed to prescribe these products (APNs since June 2012), as well as the closure of many “pill mills” that were personally furnishing drugs directly out of their offices. Logic dictates that these patients are now getting prescriptions from prescribers and filling them at pharmacies, which could be increasing the quantities in the Ohio Automated Rx Reporting System (OARRS) database.
Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) “Trigger Point”

These guidelines address the use of opioids for the treatment of chronic, non-terminal pain. "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. The guidelines are intended to help health care providers review and assess their approach in the prescribing of opioids. The guidelines are points of reference intended to supplement and not replace the individual prescriber's clinical judgment. The 80 mg MED is the maximum daily dose at which point the prescriber’s actions are triggered; however, this 80 mg MED trigger point is not an endorsement by any regulatory body or medical professional to utilize that dose or greater.

Recent analysis by the Centers for Disease Control and Prevention (CDC) shows that “patients with mental health and substance use disorders are at increased risk for nonmedical use and overdose from prescription painkillers as well as being prescribed high doses of these drugs.” Drug overdose deaths increased for the 11th consecutive year in 2010. Nearly 60% of the deaths involved pharmaceuticals, and opioids were involved in nearly 75%. Researchers also found that drugs prescribed for mental health conditions were involved in over half. These findings appear consistent with research previously published in the Annals of Internal Medicine that concluded that “patients receiving higher doses of prescribed opioids are at an increased risk for overdose, which underscores the need for close supervision of these patients” (Dunn, et al., 2010).

Health care providers are not obligated to use opioids when a favorable risk-benefit balance cannot be documented. Providers should first consider non-pharmacologic and non-opioid therapies. Providers should exercise the same caution with tramadol as with opioids. Providers must take into account the medication's potential for abuse, the possibility the patient will obtain the medication for a nontherapeutic use or distribute it to other persons, and the potential existence of an illicit market for the medication.

Providers should avoid starting a patient on long-term opioid therapy when treating chronic pain. Providers should also avoid prescribing benzodiazepines with opioids as it may increase opioid toxicity, add to sleep apnea risk, and increase risk of overdose deaths and other potential adverse effects.

Providers can further minimize the potential for prescription drug abuse/misuse and help reduce the number of unintentional overdose deaths associated with pain medications by recognizing times to “press pause” in response to certain “trigger points.” This pause allows providers to reassess their compliance with accepted and prevailing standards of care. The 80 mg Morphine Equivalent Daily Dose (MED) "trigger point" is one such time.

Providers treating chronic, non-terminal pain patients who have received opioids equal to or greater than 80 mg MED for longer than three continuous months should strongly consider doing the following to optimize therapy and help ensure patient safety:

- Reestablish informed consent, including providing the patient with written information on the potential adverse effects of long-term opioid therapy.
- Review the patient’s functional status and documentation, including the 4A’s of chronic pain treatment:

See “80 MED” Guidelines page 4
Activities of daily living;
Adverse effects;
Analgesia; and
Aberrant behavior.

- Review the patient’s progress toward treatment objectives for the duration of treatment.
- Utilize OARRS as an additional check on patient compliance.
- Consider a patient pain treatment agreement that may include: more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription of pain medications, and consequences for non-compliance with terms of the agreement.
- Reconsider having the patient evaluated by one or more other providers who specialize in the treatment of the area, system, or organ of the body perceived as the source of the pain.

The 80 MED “trigger point” is an opportunity to review the plan of treatment, the patient’s response to treatment, and any modification to the plan of treatment that is necessary to achieve a favorable risk-benefit balance for the patient’s care. If opioid therapy is continued, further reassessment will be guided by clinical judgment and decision-making consistent with accepted and prevailing standards of care. The "trigger point" also provides an opportunity to further assess addiction risk or mental health concerns, possibly using Screening, Brief Intervention, and Referral to Treatment (SBIRT) tools, including referral to an addiction medicine specialist when appropriate.

For providers treating acute exacerbation of chronic, non-terminal pain, clinical judgment may not trigger the need for using the full array of reassessment tools.

Providers treating patients with acute care conditions in the emergency department or urgent care center should refer to the Ohio Emergency and Acute Care Facility Opioids and Other Controlled Substances Prescribing Guidelines at [http://www.healthyohioprogram.org/ed/guidelines](http://www.healthyohioprogram.org/ed/guidelines).

Opioid Prescribing Resource Website Launched

The Governor’s Cabinet Opiate Action Team (GCOAT), the Medical Board, and a group of professional health care provider regulatory boards, associations, individual providers and other key stakeholders have focused their most recent efforts on educating health care professionals and patients. The goal of this educational effort is to help reduce and eliminate the misuse and abuse of opioid drugs.

The team has established a website, [www.opioidprescribing.ohio.gov](http://www.opioidprescribing.ohio.gov) that features the “Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain” adopted by the Medical Board in May 2013, a one hour continuing education video, as well as information and links to an improved OARRS reporting system keyed to this initiative.

Using the recently adopted guidelines in coordination with OARRS reports is a best practice that offers insight into a patient’s use of opioids and other controlled substances while also alerting prescribers to possibilities of medication conflicts and signs of abuse, addiction or diversion. OARRS reports have recently been enhanced to include a dosage calculator to assist prescribers in determining whether patients are at, near or over the daily 80 MED highlighted in the guidelines.

Is your address information up to date?

Every licensee of the Medical Board is required by statute to have on file with the Board their residence address and their principle practice address, if they have one. Each licensee is further required to report any change of either address to the Board within 30 days of the change. Use the online change of address form:

[www.med.ohio.gov/onlinechangeaddressform-2013](http://www.med.ohio.gov/onlinechangeaddressform-2013)
When Are You Required to Check OARRS?

Medical Board rule 4731-11-11 Standards and Procedures for Accessing OARRS defines the current requirements for accessing OARRS before prescribing or personally furnishing a controlled substance or tramadol to a patient.

OARRS reports must be accessed:

1. If a patient is exhibiting signs of drug abuse or diversion;

2. When you have a reason to believe the treatment of a patient with controlled substances or tramadol will continue for twelve weeks or more; and

3. At least once a year thereafter for patients receiving treatment with controlled substances or tramadol for twelve weeks or more.

If signs of abuse, addiction, diversion or other patterns of risk appear, prescribers should address these issues with the patient to determine the basis for the suggestive behavior.

Link to resources posted on Medical Board website: Frequently Asked Questions regarding 4731-11-11

STEADI - Stopping Elderly Accidents, Deaths & Injuries - Health Care Provider Tool Kit Available

Did you know that one out of three people 65 and older fall each year?

Health care providers play a critical role in the prevention of falls. Integration of simple screenings into your practice can help identify patients at-risk for a fall. By addressing these risk factors health care providers can significantly reduce their patients’ chances of falling and suffering serious injuries such as hip fractures.

The State Medical Board of Ohio is partnering with the Ohio Department of Health to bring you the CDC’s STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit. STEADI (Stopping Elderly Accidents, Deaths & Injuries) is a provider resource based on a simple algorithm adapted from the American and British Geriatric Societies’ Clinical Practice Guideline. It includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests. In addition, there are educational handouts about fall prevention specifically designed for patients and their friends and family.

Copies of the complete STEADI Tool Kit are available from the Ohio Department of Health and can be requested by visiting: http://www.healthy.ohio.gov/vipp/falls/STEADI.aspx.

The STEADI materials are also available at: http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html.
Laser Treatment for Fingernail Fungus and Scars On The Hand By Podiatric Physicians

At its September 12, 2013 meeting, the Medical Board determined that an Ohio podiatric physician who has successfully completed appropriate training may, as medically appropriate, provide treatment of fingernail fungus in podiatric patients and for treatment of scars on the hand when the etiology of the scar is not associated with trauma.

Fingernail Fungus: The knowledge and skills required to treat fingernail fungus by laser are no different than those required to treat toenail fungus by laser in the same patient population. Therefore, it is reasonable that podiatrists be able to provide treatment for fingernail fungus, as medically appropriate, in podiatric patients, to include the use of a laser approved by the FDA for the treatment of Onychomycosis, where the laser provides a fungicidal effect. The laser treatment must be within the minimal standards of care.

Hand Scars: The ability of a podiatrist to treat hand scars depends upon the etiology of the scar. The podiatric scope of practice includes the treatment of superficial lesions of the hand other than those associated with trauma and the treatment of local manifestations of systemic diseases as they appear in the hand. A scar that forms after surgery or injury, such as a hypertrophic or keloid scar, is a form of lesion, in that it is an abnormality of the skin. Except as discussed in this paragraph, a scar resulting from surgery or injury is not treatable by the podiatrist because a podiatrist may not treat a hand lesion that is associated with trauma. It should be noted, however, that a scar resulting from the natural healing process from a podiatrist’s treatment of a superficial lesion may be treated by the podiatrist if the treatment rendered is part of a continuing course of treatment for the superficial lesion.

In contrast, a scar that forms secondary to a connective tissue disease or some other systemic disease is a local manifestation of a systemic disease and may be treated by the podiatrist when medically appropriate. To determine medical appropriateness, the podiatrist must first consult with the physician who is treating the patient for the systemic disease. If the patient does not have a physician for the systemic disease, the podiatrist must refer for a medical consult and agreement that the laser treatment is appropriate. When it is medically appropriate to treat a hand scar, the podiatrist need not inquire whether the patient’s aim in seeking the treatment is for medical or cosmetic purposes. Treatment may be provided using a laser that has been approved by the FDA for scar treatment. The laser treatment must be within the minimal standards of care.

The Board reviewed the definition of the practice of podiatry in Section 4731.51, Ohio Revised Code, when considering this scope of practice issue.

Contact Sallie Debolt, General Counsel, at Sallie.Debolt@med.state.oh.us, if you have any questions regarding this decision.

License Renewal Deadlines

Jan. 1, 2014  MD, DO, DPM, CT, MT  Last name begins with “S”
Jan. 31, 2014  Acupuncturists, AA, RA, PA, PA Prescriptive Certificates, & Oriental Medicine Practitioners
April 1, 2014  MD, DO, DPM, CT, MT  Last name begins with “N — R”

If you have not received, or have misplaced your online renewal notice, send an e-mail to med.renewal@med.state.oh.us to request your user ID and password. Be sure to include your name and license number. The renewal information will be e-mailed to the requestor’s e-mail address.
FDA Issues Final Guidance on Mobile Medical Apps

Tailored approach supports innovation while protecting consumer safety

The U.S. Food and Drug Administration issued final guidance on September 25, 2013 for developers of mobile medical applications, or apps, which are software programs that run on mobile communication devices and perform the same functions as traditional medical devices. The guidance outlines the FDA’s tailored approach to mobile apps.

The agency intends to exercise enforcement discretion (meaning it will not enforce requirements under the Federal Drug & Cosmetic Act) for the majority of mobile apps as they pose minimal risk to consumers. The FDA intends to focus its regulatory oversight on a subset of mobile medical apps that present a greater risk to patients if they do not work as intended. Mobile apps have the potential to transform health care by allowing doctors to diagnose patients with potentially life-threatening conditions outside of traditional health care settings, help consumers manage their own health and wellness, and also gain access to useful information whenever and wherever they need it. Mobile medical apps currently on the market can, for example, diagnose abnormal heart rhythms, transform smart phones into a mobile ultrasound device, or function as the “central command” for a glucose meter used by a person with insulin-dependent diabetes.

The FDA is focusing its oversight on mobile medical apps that:

- are intended to be used as an accessory to a regulated medical device – for example, an application that allows a health care professional to make a specific diagnosis by viewing a medical image from a picture archiving and communication system (PACS) on a smartphone or a mobile tablet; or

- transform a mobile platform into a regulated medical device – for example, an application that turns a smartphone into an electrocardiography (ECG) machine to detect abnormal heart rhythms or determine if a patient is experiencing a heart attack.

Mobile medical apps that undergo FDA review will be assessed using the same regulatory standards and risk-based approach that the agency applies to other medical devices.

The agency does not regulate the sale or general consumer use of smartphones or tablets nor does it regulate mobile app distributors such as the “iTunes App store” or the “Google Play store.” The agency has cleared about 100 mobile medical applications over the past decade; about 40 of those were cleared in the past two years.

For more information:

Mobile Medical Applications Final Guidance
Consumer Update: Keeping Up with Progress in Mobile Medical Apps
Mobile Medical Applications Web Page

Source: FDA website http://www.fda.gov/newsevents/newsroom/pressannouncements/
RECENTLY ADOPTED RULES

MD or DO Licensure Eligibility Rules
Amended effective 10/31/31:

These rules impact an MD or DO applying for licensure in Ohio. They do not impact currently licensed physicians.

4731-6-14 Eligibility for licensure by examination
4731-6-16 Eligibility for medical or osteopathic licensure by endorsement of licenses granted by other states.

The most significant changes to Rules 4731-6-14 and 4731-6-16, Ohio Administrative Code, are to the attempt and time limits in which an MD or DO must pass all three steps or levels of the USMLE or COMLEX-USA. Effective October 31, 2013, the examination requirement is that a physician has not failed a step or level more than five times and has completed all three steps or levels in no more than ten years. There is the possibility of a waiver of the attempt and/or time limit for a physician who has ABMS or AOA board certification, in addition to the current possibility of a waiver of the time limit for good cause.

Chapter 4778-1, Ohio Administrative Code, Genetic Counselors
New rules effective 10/31/13

4778-1-01 Definitions
4778-1-02 Application for license
4778-1-03 Special activity license
4778-1-05 Collaboration agreement
4778-1-06 Miscellaneous provisions
4778-2-01 Definitions (related to criminal records checks)
4778-2-02 Criminal records checks

Chapter 4731-4, Ohio Administrative Code, Criminal Records Checks
Amended – effective 12/31/13

4731-4-01 Definitions
4731-4-02 Criminal Records Checks

The rules were amended to include oriental medicine practitioners and to simplify the criminal background check procedures for out-of-state applicants.

Chapter 4731-27, Ohio Administrative Code, Termination of the Physician-Patient Relationship
Effective 12/31/13

4731-27-01 Definitions
4731-27-02 Dismissing a patient from the medical practice
4731-27-03 Notice of termination of physician employment or physician leaving practice, selling a practice, or retiring from practice of medicine

Previously, Rule 4731-27-01 required a physician to take specific steps to notify the patient when dismissing the patient from the medical practice and also set actions all physicians must take to notify patients when the physician was leaving a practice for any reason.

However, the Ohio General Assembly enacted Section 4731.228 of the Ohio Revised Code, effective March 22, 2013, which requires the employer of a physician to notify patients when an employed physician’s employment ends for any reason. That legislation also required the Medical Board to amend Rule 4731-27-01 to specify the means by which the patient notification must be given by the employer.

Upon review, it was determined that requirements would likely be clearer if the requirements for terminating a single patient from the medical practice were in a separate rule from the requirements for notifying a group of patients that the physician will no longer be practicing at the same medical practice. The Medical Board, with input from medical associations, medical societies, individual physicians, and the Ohio Hospital Association, then adopted new Rules 4731-27-01, 4731-27-02 and 4731-27-03.

“FAQs regarding Terminating the Physician-Patient Relationship” were approved by the Board on December 12, 2013. The FAQs are posted on the Medical Board website. Use this link: http://www.med.ohio.gov/professional-rules_homepage.htm

Any questions regarding the rules should be directed to:

Sallie J. Debolt, General Counsel
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, OH  43215-6127
Sallie.Debolt@med.state.oh.us
RULES UNDER REVIEW

The Medical Board will be reviewing the following rules during 2014. Your comments help the Board determine if any changes to the rules are needed so that the rules reflect the current standards of practice. All of the rules are in the Ohio Administrative Code.

Chapter 4731-1 Limited branches of medicine – the following three rules:

4731-1-02 Rules governing the limited branches of medicine
4731-1-12 Application and examination for certificate to practice massage therapy
4731-1-16 Massage therapy curriculum requirements

Chapter 4731-5 Administration of examinations (applicable for cosmetic therapy examinations)

4731-5-01 Admission to examinations
4731-5-02 Examination failure; inspection and grading
4731-5-03 Conduct during examinations
4731-5-04 Termination of examinations

Chapter 4731-6 Medical or osteopathic licenses
(except Rules 4371-6-14 and 4731-6-16, which were recently amended)

4731-6-01 Definitions
4731-6-02 Preliminary education for medical and osteopathic licensure
4731-6-03 Eligibility for the medical and osteopathic examination
4731-6-04 Demonstration of proficiency in spoken English
4731-6-05 Format of medical and osteopathic examination
4731-6-07 Passing average on examination
4731-6-10 Clinical competency examination
4731-6-15 National Board diplomates & Medical Council of Canada licentiates
4731-6-21 Certificate issuance; investigation; notice of hearing rights
4731-6-22 Abandonment and withdrawal of licensure applications
4731-6-30 Training certificates
4731-6-31 Limited pre-examination registration and limited certification
4731-6-32 Visiting faculty certificates
4731-6-33 Special activity certificates
4731-6-34 Volunteer’s certificates

Chapter 4731-10 Licensing, continuing education

4731-10-01 Definitions
4731-10-02 CME for license renewal or reinstatement
4731-10-03 CME waiver
4731-10-04 CME requirements for restoration of a license
4731-10-05 Out-of-state licensees
4731-10-06 Licensure after cutoff for preparation of registration notices
4731-10-07 Internships, residencies, and fellowships
4731-10-08 Evidence of continuing medical education
4731-10-09 Continuing medical education requirement for mid-term licensees
4731-10-10 CME requirements following license restoration
4731-10-11 Telemedicine certificates

Chapter 4731-11 Controlled substances (Includes 4731-11-04 --- Weight loss rule)

4731-11-01 Definitions
4731-11-02 General provisions
4731-11-03 Schedule II controlled substance stimulants
4731-11-04 Controlled substances: Utilization for weight reduction
4731-11-05 Use of drugs to enhance athletic ability
4731-11-07 Research utilizing controlled substances
4731-11-08 Utilizing controlled substances for self and family members
4731-11-09 Prescribing to persons not seen by the physician
4731-11-11 Standards and Procedures for Accessing OARRS

Rule 4731-29-01 Standards and procedures for operation of a pain management clinic

Send your comments to: Sallie J. Debolt, General Counsel — Sallie.Debolt@med.state.oh.us
ATANASOFF, Nicholas Anthony, D.O. – Boardman, Ohio
Consent Agreement: Doctor’s previously submitted request for reinstatement of his license to practice medicine and surgery in Ohio is withdrawn and doctor agrees to continue to be subject to terms of 1/9/13 consent agreement. Based on doctor’s failure to fulfill all conditions for reinstatement of his license; his violation of a condition placed on his license by 1/9/13 consent agreement; and his 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. Agreement effective 8/14/13.

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 10/9/13; Agreement to remain in effect for at least five years prior to any request for termination.

BANGERT, Michael Theodore, M.D. – Cleveland, Ohio
Consent Agreement: Training certificate subject to probationary terms, conditions, and limitations for at least two years. Based on the doctor’s admission that he has been diagnosed with a mental illness which requires further monitoring and treatment. Agreement effective 8/14/13.

BHATIA, Ajay, M.D. – Columbus, Ohio
Consent Agreement: Medical license subject to probationary terms and conditions for at least five years. Based on doctor’s admission that he has been diagnosed with Bipolar Disorder Type I and that he has been deemed capable of practicing medicine and surgery so long as appropriate treatment, monitoring, and supervision are in place. Agreement effective 8/14/13.

BORAGGINA, Nicholas Vito, M.D. – Fort Myers Beach, Florida
Voluntary Agreement: Doctor’s permanent voluntary retirement of medical license accepted by the Board in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(20), Ohio Revised Code, and Rule 4731-10-02, Ohio Administrative Code. Effective 10/9/13.

BRACEY, Jefferson Dale, D.O. – Canton, Ohio
Voluntary Agreement: Application for license to practice osteopathic medicine and surgery in Ohio withdrawn in lieu of further investigation of a possible violation of Section 4731.22(B)(26), Ohio Revised Code. Effective 11/13/13.

BRAUCH, Rebecca Ann, M.D. – Akron, Ohio
Consent Agreement: Application for license to practice medicine and surgery in Ohio granted, subject to probationary terms, conditions and limitations for at least two years. Based on doctor’s admission that she has been diagnosed with bipolar disorder, which requires further monitoring and treatment. Agreement effective 11/13/13.

BRESSI, James Patrick, D.O. – Hudson, Ohio
Summary Suspension: Pursuant to Section 4731.22(G), Ohio Revised Code, medical license summarily suspended based on Board’s determination that there is clear and convincing evidence that doctor is in violation of Sections 4731.22(B)(10), (B)(20), (B)(34), and/or (B)(6). Ohio Revised Code and that his continued practice presents a danger of immediate and serious harm to the public. Order effective 8/15/13.

BREZNY, Steven Francis, M.D. – Columbus, Ohio
Board Order: Application for restoration of license denied and all terms of 7/13/11 Board order to remain in full force and effect. Based on doctor’s failure to meet all conditions for reinstatement of his medical license following a 7/13/11 Board order requiring the doctor to comply with a previously issued subpoena. Order effective 10/25/13.

BROTT, Edwin Thomas Strong, M.D. – Cincinnati, Ohio
Consent Agreement: Doctor reprimanded and medical license placed on probation for at least two years. Based on prior actions by the Kentucky Board of Medical Licensure, which initially restricted the doctor’s practice and subsequently lifted the previously established conditions and limitations, and required the doctor to maintain controlled substance logs for at least five years and make such logs available to the Kentucky Board of Medical Licensure. Agreement effective 8/14/13.

CHAUDHRY, Naseem Mahmood, M.D. – Downers Grove, Illinois
Board Order: Medical license permanently revoked. Based on the doctor’s conviction in the United States District Court, Northern District of Illinois, Eastern Division, on one felony count of Health Care Fraud and on the doctor’s conviction in the Common Pleas Court of Franklin County, Ohio, on one misdemeanor count of Workers’ Compensation Fraud. Order effective 8/15/13.

CHENG, Hsin Chuan, M.D. – Cincinnati, Ohio
Voluntary Agreement: Doctor’s permanent voluntary retirement of medical license accepted by the Board in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(20), Ohio Revised Code, and Rule 4731-10-02, Ohio Administrative Code. Effective 10/9/13.

CLARK, Dustin Michael, M.D. – Gray, Tennessee
Board Order: Application for reinstatement of license granted. License permanently limited to prohibit doctor from participation in an anesthesia residency program, ordering or personally administering general anesthesia, or personally administering moderate sedation. Upon reinstatement, license to remain on probation for at least five years. Order effective 9/23/13.
Y O U R  R E P O R T  F R O M  T H E  S T A T E  M E D I C A L  B O A R D  O F  O H I O

State Medical Board of Ohio Action Report August — November 2013

DARDINGER, Jeffrey Todd, M.D. – Union, Kentucky
Board Order: Medical license permanently revoked. Based on doctor’s conviction in the Hamilton County Court of Common Pleas on one felony count of Theft of Drugs and one felony count of Illegal Processing of Drug Documents; prior action of the Ohio Board of Nursing wherein the applicant’s license to practice as a registered nurse was permanently revoked; and on the applicant’s 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. Order effective 9/23/13.

DAVIDSON, Margaret Anne – New Vienna, Ohio
Board Order: Application for massage therapy license permanently denied. Based on applicant’s conviction in the Court of Common Pleas of Clinton County, Ohio, on one felony count of Theft of Drugs and one felony count of Illegal Processing of Drug Documents; prior action of the Ohio Board of Nursing wherein the applicant’s license to practice as a registered nurse was permanently revoked; and on the applicant’s 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. Order effective 9/23/13.

DERAN, Barry Peter, M.D. – Lambertville, Michigan
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings based on doctor’s conviction in the Lucas County Court of Common Pleas on four felony counts of Trafficking in Drugs and four felony counts of Attempted Trafficking in Drugs. Effective 8/14/13.

DESAI, Robert Krishna, M.D. – Westborough, Massachusetts
Board Order: Medical license revoked. Based on prior action by the Maine Board of Licensure in Medicine, which immediately suspended the doctor’s license based on its finding that he appeared at work under the influence of alcohol and that his continued practice presented an immediate jeopardy to the health and safety of the public. (Journal Entry – No hearing requested.) Order effective 11/14/13.

DILLON, Thomas Kearns, M.D. – Temperance, Michigan
Voluntary Agreement: Doctor’s permanent voluntary retirement of medical license accepted by the Board in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(20), Ohio Revised Code, and Rule 4731-10-02, Ohio Administrative Code. Effective 10/9/13.

DONG, Jia Yue (M.T. Applicant) – Lorain, Ohio
Voluntary Agreement: Permanent withdrawal of application for a license to practice as a massage therapist in lieu of further investigation or formal disciplinary proceedings pursuant to Section 4731.22(B)(34), Ohio Revised Code, related to the Board’s inquiry of certain activities alleged to be consistent with possible human trafficking issues and discrepancies in the application ratified by the Board on 9/12/13.

DOUGLAS, Janice Electra Green, M.D. – Bratenahl, Ohio
License reinstated following suspension: Doctor’s request for restoration of license to practice medicine and surgery in Ohio permanently denied. Based on the Board’s findings that the doctor continued to practice and treat a patient after a Board order issued on 6/13/12 prohibited him from seeing or treating any patient not already under his care. Order effective 9/23/13.

DUNCAN, Philicia Suanna, M.D. – Cleveland, Ohio
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 10/9/13; Agreement to remain in effect for at least five years prior to any request for termination.

DURRANI, Abubakar Atiq, M.D. – Cincinnati, Ohio
Summary Suspension: Pursuant to Section 4731.22(G), Ohio Revised Code, medical license summarily suspended based on Board’s determination that there is clear and convincing evidence that doctor is in violation of Sections 4731.22(B)(10), (B)(22), and/or (B)(34), Ohio Revised Code and that his continued practice presents a danger of immediate and serious harm to the public. Order effective 11/13/13.

FAZLANI, Naveed Anjum, M.D. – Cincinnati, Ohio
Board Order: Doctor reprimanded. Based on doctor’s conviction in the Montgomery County Court of Common Pleas on eight counts of Rape, two counts of Unlawful Sexual Contact with a Minor, two counts of Voyeurism, and one court of Attempted Voyeurism. (Journal Entry – No hearing requested.) Order effective 9/12/13.

FORNEY, Erica Lynne, M.T. – Youngstown, Ohio
Board Order: Application for restoration of massage therapy license granted and license suspended for at least 90 days, with conditions for reinstatement established. License to remain on probation for at least five years prior to any request for termination.

FRANKOWSKI, Deborah Lynne, M.D. – Montgomery, Ohio
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 9/12/13; Agreement to remain in effect for at least five years prior to any request for termination.

GOLDBLUM, Keith Donald, M.D. – Kettering, Ohio
Board Order: Medical license permanently revoked. Based on doctor’s conviction in the Montgomery County Court of Common Pleas on eight counts of Rape, two counts of Unlawful Sexual Contact with a Minor, two counts of Voyeurism, and one court of Attempted Voyeurism. (Journal Entry – No hearing requested.) Order effective 9/12/13.

GRIFFITH, Duane Lee, M.D. – Tyler, Texas
Board Order: Medical license revoked. Based on prior action against the doctor’s license by the Texas Medical Board, wherein the doctor was charged with failing to maintain adequate medical records, failing to adhere to established guidelines and requirements for the treatment of chronic pain, failing to use proper diligence in his professional practice,
and engaging in sexually inappropriate behavior or comments directed towards a patient and his false, fraudulent, deceptive or misleading statement on his renewal of his license to practice medicine and surgery in Ohio. (Review and Journal Entry – No hearing requested.) Order effective 8/29/13.

GRUENTHER, Raymond Carl, M.D.–Gahanna, Ohio
Consent Agreement: Medical license suspended for at least one year with conditions for reinstatement established. Based on doctor’s admission that in his care and treatment of ten patients, the doctor failed to maintain minimal standards applicable to the selection or administration of drugs, or failed to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease; departed from, or failed to conform to minimal standards of care of similar practitioners under the same or similar circumstances; and violated the Board’s rules governing the utilization of prescription drugs for the treatment of intractable pain. Agreement effective 8/14/13.

HENRY, John Sherman, M.D.–Marietta, Ohio
Consent Agreement: Medical license suspended for at least 120 days, with 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 is impaired due to alcohol dependence and depression. Agreement effective 10/9/13.

HOWALD, Caroline Elizabeth-Mae –Toledo, Ohio
Board Order: Application for a license to practice as a massage therapist permanently denied. Based on the legal presumption that the applicant’s failure to submit to a chemical dependency examination as ordered by the Board constitutes an admission that she is impaired in her 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; her false, fraudulent, deceptive, or misleading statements in securing or attempting to secure an Ohio license in that she failed to disclose having been found guilty of Disorderly Conduct based upon having been charged with Loitering; Solicit Others for the Purpose of Engaging in Illicit Sexual Conduct and Obstructing Official Business; having been found guilty of one misdemeanor count of Possession of Drug Paraphernalia involving possession of a hypodermic needle; having been subsequently arrested twice more for Possession of Drug Paraphernalia involving possession of a hypodermic needle; and having been charged with one count of Prostitution, for which a warrant for applicant’s arrest is currently outstanding. Order effective 10/10/13.

HOY, Emmart Yost, Jr., D.O.–New Albany, Ohio
Board Order: Medical license suspended for at least 90 days, with interim monitoring and conditions for reinstatement established. License to remain on probation for at least five years following reinstatement. Based on doctor’s 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. Order effective 9/12/13.

JACOBS, Kymberly, M.T.–Columbus, Ohio
Board Order: Massage therapy license revoked. Based on massage therapist’s violation of the conditions of limitation placed on her license by 1/14/09 Board Order, in that massage therapist failed to complete an ethics course as ordered by the Board. (Review and Journal Entry – No hearing requested.) Order effective 9/12/13.

JOHNS, Ronald Michael, P.A.–Warren, Ohio
Board Order: Application for a license to practice as a physician assistant permanently denied. Based on physician assistant’s conviction in the Trumbull County Court of Common Pleas on five felony counts of Aggravated Possession of Drugs and five felony counts of Illegal Processing of Drug Documents; his 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; and his failure to meet the requirements for a license to practice as a physician assistant in that he does not hold current NCCPA certification. Order effective 10/25/13.

KEISER, Vincent James, M.D.–Sylvania, Ohio
Consent Agreement: Medical license reinstated subject to probatory 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 9/12/13; Agreement to remain in effect for at least five years prior to any request for termination.

KELLON, Donald James, M.D.–Cleveland Heights, Ohio
Voluntary Agreement: Doctor’s permanent voluntary retirement of medical license accepted by the Board in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(20), Ohio Revised Code, and Rule 4731-10-02, Ohio Administrative Code. Effective 10/9/13.

KIRKWOOD, David Charles, M.D.–Arcanum, Ohio
Consent Agreement: Medical license reinstated, subject to probationary terms, conditions and limitations for at least three years. Based on doctor having completed all requirements for reinstatement of license pursuant to terms of 3/13/13 consent agreement. Agreement effective 11/13/13.

KOCENASH, Heather Lynn, M.T.–Dublin, Ohio
Board Order: Massage therapy license permanently revoked. Based on massage therapist’s conviction in the Franklin County Court of Common Pleas on one count of Procuring and on massage therapist’s failure to cooperate in an investigation conducted by the Board. (Review and Journal Entry – No hearing requested.) Order effective 9/12/13.

KOVACS, Louis Andrew, D.O.–North Canton, Ohio
Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of further investigation related to a possible violation of Section 4731.22(B)(2) and/or (B)(6), Ohio Revised Code. Effective 9/12/13.
KRAENZLER, Erik John, M.D.– Brecksville, Ohio  
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 11/13/13; Agreement to remain in effect for at least five years prior to any request for termination.

LASSITER, James Earl, M.D.– Findlay, Ohio  
Immediate Suspension: Medical license immediately suspended pursuant to Section 3719.121(C), Ohio Revised Code, based on the doctor’s guilty plea in the United States District Court, Southern District of Ohio, on one felony count of conspiring to knowingly, intentionally acquire or obtain controlled substances, namely OxyContin and Percocet, by misrepresentation, fraud or deception. Order effective 10/9/13.

LEWIS, Richard J., M.D.– Bayside, New York  
Board Order: Medical license permanently revoked. Based on prior action by the New York State Board of Professional Medical Conduct, which issued a surrender order and upon the doctor’s conviction in the Superior Court of the State of Arizona, Maricopa County, on eighteen counts of Aggravated Assault. (Journal Entry – No hearing requested.) Order effective 11/14/13.

MANSOUR, Walied Nasr, M.D.– Youngstown, Ohio  
Summary Suspension: Pursuant to Section 4731.22(G), Ohio Revised Code, medical license summarily suspended based on Board’s determination that there is clear and convincing evidence that doctor has made false, fraudulent, deceptive or misleading statements in the course of practice; that his ability to practice according to acceptable and prevailing standards of care is impaired because of mental or physical illness; 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, alcohol, or other substances that impair ability to practice; and that his continued practice presents a danger of immediate and serious harm to the public. Order effective 9/12/13.

MARTIN, Richard Franklin, M.D.– Hamilton, Ohio  
Voluntary Agreement: Permanent surrender of medical license authorized by doctor in lieu of further investigation regarding a possible violation of Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08, Ohio Administrative Code, Utilizing Controlled Substances for Self and Family Members. Effective 8/14/13.

MASOOD, Yousof, M.D.– St. Louis, Missouri  
Board Order: Medical license permanently revoked. Based on prior action by the New Jersey Board of Medical Examiners, which revoked the doctor’s license based on his guilty plea to one count of conspiring to defraud a health care benefit program, namely Medicare and Medicaid, by billing the benefit programs for patient visits, which the doctor did not provide but were rather provided by non-licensed employees. Order effective 11/14/13.

MILLER, Jarrod Eugene, M.T.– Barberton, Ohio  
Board Order: Massage therapy license permanently revoked.
statement established. Based on doctor’s refusal to provide certain factual information to the State Medical Board of Ohio regarding criminal matters pending against him in the United States District Court, Southern District of Ohio. Agreement effective 8/14/13.

PIERCE, Stephen L., M.D. – Cincinnati, Ohio Immediate Suspension: Medical license immediately suspended pursuant to Section 3719.121(C), Ohio Revised Code, based on the doctor’s guilty plea in the United States District Court, Southern District of Ohio, on one felony count of conspiring to knowingly, intentionally acquire or obtain controlled substances, namely OxyContin and Percocet, by misrepresentation, fraud or deception. Order effective 10/9/13.

REYES, Charles Wesley, M.D – Belpre, Ohio 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 8/14/13; Agreement to remain in effect for at least five years prior to any request for termination.

REZAEI-MIRGHAED, Mona, M.D. – Youngstown, Ohio Voluntary Agreement: Doctor’s withdrawal of application for training certificate accepted by the Board in lieu of further investigation of a possible violation of Section 4731.22(B)(26), Ohio Revised Code. Effective 10/9/13.

ROSE, Bernard Joseph, M.D. – Kettering, Ohio 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 9/12/13; Agreement to remain in effect for at least five years prior to any request for termination.

RUBENS, Lawrence Michael, M.D. – Greensboro, North Carolina Consent Agreement: Medical license suspended for an indefinite period of time, with 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 is impaired in his ability to practice medicine and surgery according to acceptable and prevailing standards of care due to his diagnoses of alcohol dependence and depression. Agreement effective 10/9/13.

SALIM, Ali, M.D. – New Albany, Ohio Immediate Suspension: Pursuant to Section 4731.22(I), Ohio Revised Code, medical license automatically suspended. Based on doctor’s conviction in the Delaware County Court of Common Pleas on two felony counts of Involuntary Manslaughter, an Alford plea of guilty to Rape, one felony count of Tampering with Evidence, and one felony count of Abuse of a Corpse. Suspension effective 10/24/13.

SHAFFER, Mark Baylies, Jr., M.D. – Aurora, Ohio Voluntary Agreement: Permanent revocation of medical license authorized by doctor in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(9), Ohio Revised Code, arising from criminal charges pending in the Court of Common Pleas of Portage County, Ohio, including Kidnapping, a felony of the first degree. Effective 8/14/13.

SHAH, Mahendrakumar Chiman, M.D – Middleport, Ohio Board Order: Medical license permanently revoked. Based on a prior action by the West Virginia Board of Medicine wherein the doctor was required to surrender his license to practice medicine and surgery in West Virginia and to surrender his Drug Enforcement Certificate of Registration. Order effective 10/25/13.

SHERBOURNE, Casey R. – Cardington, Ohio Board Order: Application for license to practice massage therapy permanently denied. Based on the applicant’s guilty plea in the Court of Common Pleas of Marion County, Ohio, to four counts of Theft of Drugs, for which she received intervention in lieu of conviction; prior action against the applicant’s license to practice nursing based on her admission that she had diverted Dilaudid from two hospitals in Ohio; and on the applicant’s 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. (Journal Entry – No hearing requested.) Order effective 9/12/13.

SMITH, Timothy William, D.O. – Fairfield, Ohio Voluntary Agreement: Permanent revocation of osteopathic medical license authorized by doctor in lieu of further formal disciplinary proceedings pursuant to 11/14/12 Notice of Opportunity for Hearing and doctor’s admission that in his treatment of twelve specified patients, the doctor departed from or failed to conform to minimal standards of care; failed to maintain minimal standards applicable to the selection or administration of drugs or failed to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease; and violated the Board’s rules governing the treatment of intractable pain. Effective 8/14/13.

STARR, Christopher Shane – Defiance, Ohio Board Order: Application for license to practice as a massage therapist denied. Based on the legal presumption that the applicant’s failure to submit to a chemical dependency examination as ordered by the Board constitutes an admission that he is unable to practice according to acceptable and prevailing standards of care by reason of his habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Order effective 11/14/13. (Journal Entry – No hearing requested.)

TRACY, David Alexander, M.D. – Cleveland, Ohio Consent Agreement: Training certificate subject to probationary terms, conditions, and limitations for at least five years. Based on doctor having completed at least 28 days of inpatient treatment for chemical dependency, which requires further monitoring. Agreement effective 10/9/13.
Summary Suspension:

- VON DER EMBSE, Kendra Nicole, D.O. – Sandusky, Ohio
  Consent Agreement: Doctor reprimanded and medical license placed on probation for at least two years. Based on doctor’s admission that he wrote prescriptions for controlled substances for his girlfriend and a male friend without having documented such prescriptions or any examination, evaluation or treatment of the two individuals in any patient record. Agreement effective 8/14/13.

Probation Completed
August – November 2013

The following licensees have completed probation required by Board Order or Consent Agreement effective the date listed below

- Baker, Franklin H., P.A. – Cincinnati, Ohio; 8/25/13
- Bowers, Walter T., II, M.D. – Cincinnati, Ohio; 10/13/13
- Gibson, Kristie L., M.T. – North Royalton, Ohio, 9/16/13
- Goldsmith, Mark E., M.D. – Westerville, Ohio; 9/12/13
- Johnson, James C., D.O. – Grove City, Ohio; 10/9/13
- Lee, Hungchih, M.D. – West Chester, Ohio; 8/14/13
- Macheret, Leonid, M.D. – Cincinnati, Ohio; 8/14/13
- Rhodeback, Mark A., M.T. – Dublin, Ohio; 8/14/13

- WEST, Lisa Ann, D.O. – Toledo, Ohio
  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 9/12/13; Agreement to remain in effect for at least five years prior to any request for termination.

- ZUCCO, Anthony Donald, D.O. – West Jefferson, Ohio
  Board Order: Medical license suspended for at least 180 days, with conditions for reinstatement established. Upon reinstatement of license, doctor shall be subject to probationary terms, conditions and limitations for at least two years. Based on doctor’s conviction in the Fairfield County Juvenile Court, Lancaster, Ohio, on one misdemeanor or count of Failure to Report Child Abuse or Neglect, the underlying basis being the doctor’s failure to report to law enforcement or child services the rape of a minor who presented to his office with complaints stemming from sexual abuse. Order effective 11/21/13.
COURT ACTION UPDATE

Court appeals and decisions from August—November 2013 related to Medical Board disciplinary actions.

CLARK, Dustin Michael, M.D. – Gray, Tennessee
Court Action: Notice of Appeal of Board’s 9/12/13 order filed by the doctor with the Franklin County Court of Common Pleas on 10/8/13.

DARDINGER, Jeffrey Todd, M.D. – Union, Kentucky
Court Action: Notice of appeal of Board’s 9/12/13 permanent revocation order filed by the doctor with the Franklin County Court of Common Pleas on 9/27/13.

DEMINT, Franklin Donald, D.O. – Kingston, Ohio
Court Action: By Decision and Entry issued on 8/10/13, the Board’s 4/10/13 indefinite suspension order is reversed and the case remanded to the Board for a new hearing

DRAKE, Miles Edward, Jr., M.D. – Worthington, Ohio
Court Action: Notice of appeal of Board’s 9/12/13 permanent denial order filed by the doctor with the Franklin County Court of Common Pleas on 10/7/13.

GRIFFITH, Duane Lee, M.D. – Tyler, Texas
Court Action: Notice of appeal of Board’s 8/14/13 revocation order filed by doctor with the Franklin County Court of Common Pleas on 10/31/13.

MCRAE, Sharon Leilani, M.D. – Brookline, Massachusetts
Court Action: By Decision and Entry filed on 9/26/13, Franklin County Court of Common Pleas granted doctor’s motion for stay of the Board’s 1/9/13 Order of probation.

SHAH, Mahendrakumar Chiman, M.D. – Middleport, Ohio
Court Action: Notice of appeal of Board’s 10/9/13 permanent revocation order filed by doctor with the Franklin County Court of Common Pleas on 10/28/13. Court Action: By Entry filed on 11/5/13, Franklin County Court of Common Pleas denied doctor’s motion for stay of the Board’s 10/9/13 permanent revocation order.

SIDDQUI, Siraj Ahmed, M.D. – Mansfield, Ohio
Court Action: By Decision and Entry filed on 8/2/13, Franklin County Court of Common Pleas affirmed Board’s 4/11/12 order of indefinite suspension and permanent limitation. Court Action: Notice of Appeal to 10th District Court of Appeals filed by the doctor on 8/12/13. Court Action: By Order and Entry filed on 8/23/13, 10th District Court of Appeals denied doctor’s motion for stay of the Board’s 4/11/12 order of indefinite suspension. Court Action: By Notice filed on 8/23/13, doctor dismissed his pending appeal and the 10th District Court of Appeals granted same on 8/27/13.

TEMPONERAS, Margy, M.D. – Portsmouth, Ohio
Court Action: Notice of appeal of Board’s 7/10/13 Order of permanent revocation filed by doctor with the Franklin County Court of Common Pleas on 7/24/13.

VILLAVICENCIO, Jose, M.D. – Columbus, Ohio
Court Action: By Entry and Decision issued on 7/29/13, Franklin County Court of Common Pleas affirmed Board’s 9/12/12 order of permanent revocation.

WEISS, Justin Fredric, M.D. – Bonsall, California
Court Action: By Decision and Entry filed on 9/26/13, 10th District Court of Appeals affirmed the judgment of the Franklin County Court of Common Pleas, which had upheld the Board’s 10/13/10 order reprimanding the doctor.

We welcome your comments and suggestions regarding the newsletter. Contact us at this e-mail address: medboardnews@med.state.oh.us