

# Contents

## Minutes of the July 11-12, 2012 Meeting of The State Medical Board of Ohio

<b>Subject</b>	<b>Page Number</b>
Approval of June 13-14, 2012 Minutes.....	20,725
Executive Session.....	20,725
Approval of Applicants for Licensure.....	20,726
Reports and Recommendations	
Michael W. Corbin, M.D.....	20,728
Bruce Saul Kay, M.D.....	20,731
Mark G. Midei, M.D.....	20,742
Proposed Findings and Proposed Orders	
Christina E. Noga, M.T.....	20,743
Findings, Orders, and Journal Entries	
Henry Kurtis Biggs, D.O.....	20,744
Raymond L. Mathis, D.O.....	20,745
Citations, Proposed Denials, Dismissals, Orders of Summary Suspension & Notices of Immediate Suspension	
Joseph Franklin Daugherty, III, M.D.....	20,746
Aida Esther Figueroa, M.D.....	20,747
Philip F. Fisher, D.O.....	20,747
Steven Lamont Mallory, Sr., L.M.T.....	20,748
Roberto Rosete Pagarigan, M.D.....	20,748
Lawrence B. Rothstein, M.D.....	20,749
Sharon Leilani McRae, M.D.....	20,749
Ratification of Settlement Agreements	
Laila Ibrahim Gomaa, M.D.....	20,750
Earl C. Scheidler, D.O.....	20,750
Paula Clark Adkins, M.D.....	20,751
Terry L. Fortune, D.O.....	20,751
Dawn Marie Kotch, L.M.T.....	20,752
Ronica Ann Neuhoff, M.D.....	20,752
Michael J. Palma, M.D.....	20,753
Alan Dale Sabino, M.D.....	20,753
Samuel Angelo Nigro, M.D.....	20,754
Christopher J. Karakasis, M.D.....	20,754
Regis Burlas, D.O.....	20,754

Probationary Appearances	
Hatem M. Dajani, M.D.....	20,755
Melissa J. Marker, D.O.....	20,555
David Rath, M.D.....	20,756
Leroy P. Rise, M.D.....	20,757
Philip M. Hutchison, D.O.....	20,758
James E. Breidenstein, D.O.....	20,759
Michael D. Goodyear, II, M.D.....	20,760
Gregory G. Johnson, M.D.....	20,761
Rebecca E. Johnson, M.D.....	20,761
Sheila S. Paul, D.O.....	20,762
Discussion of Suboxone.....	20,763
Presentation on the State of Electronic Health Records in Ohio.....	20,765
Fiscal Report.....	20,767
Probation and Reinstatement Consent Agenda.....	20,767
Administrative Report.....	20,769
Massage Therapy Rules.....	20,769
Reports by Assigned Committees	
<i>Ad Hoc</i> Committee on Maintenance of Licensure.....	20,770
Licensure Update.....	20,774
Licensure Application Reviews	
Amit Anand, M.D.....	20,775
Erica Forney, L.M.T.....	20,776
Ilias Iliopoulos, M.D.....	20,776
Juanne Osigweh, M.D.....	20,777
Legislative Updates.....	20,777
Inquiry from the State Board of Nursing Concerning the Sapiens Tip Confirmation System.....	20,779
Appointment to Massage Therapy Advisory Committee.....	20,779
Motion to Reconsider the Matter of Raymond L. Mathis, D.O.....	20,780
Statement from Mr. Hairston.....	20,780

July 11, 2012

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**MINUTES****THE STATE MEDICAL BOARD OF OHIO****July 11, 2012**

Darshan Mahajan, M.D., President, called the meeting to order at 1:00 p.m. in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Anita Steinbergh, D.O., Vice President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Lance A. Talmage, M.D.; Dalsukh Madia, M.D.; W. Frank Hairston; Marchelle L. Suppan, M.D.; Kris Ramprasad, M.D.; Laurie O. Elsass; and Donald R. Kenney, Sr.

Also present were: Richard A. Whitehouse, Executive Director; Kimberly C. Anderson, Assistant Executive Director; Sara Vollmer, Assistant Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Mike Miller, Program Manager for Policy and Governmental Affairs; Rebecca J. Marshall, Chief Enforcement Attorney; David P. Katko, Marcie Pastrick, Karen Mortland, Mark Blackmer, Angela McNair, Cheryl Pokorny, Daniel Zinsmaster, and Sheldon Safko, Enforcement Attorneys; Kathy Bockbrader, Kyle Wilcox, Melinda Snyder and Heidi Dorn, Assistant Attorneys General; Patricia Davidson, Chief Hearing Examiner; Gregory Porter and Danielle Blue, Hearing Examiners; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Gary Holben, Operations Administrator; and Benton Taylor, Executive Assistant to the Executive Director.

MINUTES REVIEW

**Dr. Madia moved to approve the draft minutes of the June 13-14, 2012, Board meeting, as written. Mr. Hairston seconded the motion.** All members voted aye, except Dr. Steinbergh, who abstained. The motion carried.

EXECUTIVE SESSION

**Mr. Hairston moved that the Board declare Executive Session to confer with the Attorney General's representatives on matters of pending or imminent court action. Dr. Suppan seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye

Dr. Talmage - aye  
Ms. Elsass - aye  
Mr. Kenney - aye  
Dr. Ramprasad - aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session, with Mr. Whitehouse, Ms. Anderson, Ms. Vollmer, Ms. Loe, Ms. Debolt, Ms. Wehrle; Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Rieve, Ms. Jacobs, and Mr. Taylor in attendance.

The Board returned to public session.

#### APPLICANTS FOR LICENSURE

**Dr. Steinbergh moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician applicants listed in Exhibit "A," the physician assistant applicants listed in Exhibit "B," the limited practitioner applicants listed in Exhibit "C," the acupuncturist applicants listed in Exhibit "D," and to grant Certificates of Good Standing to the limited branch schools listed in Exhibit "E." Dr. Steinbergh further moved to approve the results of the June 2012 NBPME Part III Examination, and to certify as passing and license those receiving a score of 75 or greater on their examination, and to certify as failing and deny licensure to those who received a score of less than 75 on the examination. Mr. Hairston seconded the motion. A vote was taken:**

ROLL CALL:

Dr. Strafford - aye  
Dr. Bechtel - aye  
Mr. Hairston - aye  
Dr. Suppan - aye  
Dr. Steinbergh - aye  
Dr. Mahajan - aye  
Dr. Madia - aye  
Dr. Talmage - aye  
Ms. Elsass - aye  
Mr. Kenney - aye  
Dr. Ramprasad - aye

The motion carried.

#### REPORTS AND RECOMMENDATIONS

Dr. Mahajan announced that the Board would now consider the Reports and Recommendations, and the Proposed Findings and Proposed Order appearing on its agenda.

Dr. Mahajan asked whether each member of the Board had received, read and considered the hearing records; the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Michael W. Corbin, M.D.; Bruce Saul Kay, M.D.; and Mark G. Midei, M.D.

A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion carried.

Dr. Mahajan asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion carried.

Dr. Mahajan noted that, in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of this matter. In the matter before the Board today, Dr. Strafford served as Secretary, and Dr. Bechtel and Dr. Talmage served as Supervising Member.

Dr. Mahajan reminded all parties that no oral motions may be made during these proceedings.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

MICHAEL W. CORBIN, M.D., Case No. 11-CRF-105

Dr. Mahajan directed the Board's attention to the matter of Michael W. Corbin, M.D. He advised that objections were filed to Mr. Porter's Report and Recommendation and were previously distributed to Board members.

Dr. Mahajan continued that a request to address the Board has been timely filed on behalf of Dr. Corbin. Five minutes would be allowed for that address.

Dr. Corbin was represented by his attorney, Douglas Graff.

Mr. Graff stated that he agreed with the Report and Recommendation, but had a concern with the Proposed Order. Mr. Graff stated that Dr. Corbin is a board-certified OB/GYN who has been practicing in West Virginia for 15 years. Mr. Graff stated that due to some business law concerns unique to West Virginia, Dr. Corbin got into some problems that were brought to the attention of the West Virginia Board of Medicine. The West Virginia Board reprimanded Dr. Corbin and he was asked to complete some requirements, including a prescribing course. Mr. Graff stated that Dr. Corbin has fulfilled all the terms and conditions of the West Virginia Order. Mr. Graff opined that this matter does not require the State Medical Board of Ohio to act and recommended that the Proposed Order of reprimand be amended to No Further Action.

Dr. Corbin stated that this situation has been somewhat of a nightmare for him. Dr. Corbin stated that he opened a second office down the street from his first office. Dr. Corbin stated that he had been unaware that he needed a separate business license for that office. Dr. Corbin stated that he had also been unaware that he needed to pay a Business and Occupational tax in addition to the state and federal taxes. These issues are what led to this situation. Dr. Corbin asked the Board to allow him to continue to practice.

Dr. Mahajan asked if the Assistant Attorney General would like to respond. Mr. Wilcox stated that he would like to respond.

Mr. Wilcox stated that at his hearing, Dr. Corbin was very forthcoming and he answered all questions. Mr. Wilcox opined that in this case, the choice between a reprimand and an order of No Further Action is clearly something the Board can decide. Mr. Wilcox stated that he believes that Dr. Corbin explained what happened and produced documents supporting his explanation.

**Dr. Madia moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Michael W. Corbin, M.D. Mr. Hairston seconded the motion.**

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Dr. Suppan stated that this case resulted from an action taken by the West Virginia Board of Medicine. One consequence of this situation is that Dr. Corbin was required to surrender his buprenorphine certificate. Dr. Suppan explained that Dr. Corbin obtained a buprenorphine certificate because of special education he had taken and that the certificate is separate from Dr. Corbin's DEA license, which remains intact.

Dr. Suppan briefly described Dr. Corbin's career and stated that he is employed by Pleasant Valley Hospital in Point Pleasant, West Virginia. Dr. Suppan felt that Dr. Corbin's employment at the hospital was important to note, stating that it is understandable that when the hospital would ask him to do something, he would take it under consideration. Dr. Suppan also wanted to note that the Report and Recommendation included the statement, "No underlying violations were found that are addressed by the disciplinary guidelines."

Dr. Suppan continued that in 2009, Dr. Corbin and a colleague decided to take the buprenorphine course. Subsequently, when the individual who had been running the rural hospital buprenorphine clinic left, Dr. Corbin was asked to see those patients and he agreed.

Dr. Suppan stated that due to irregularities with payments, the hospital decided to discontinue the program. By that time, Dr. Corbin had developed a physician-patient relationship with many of the patients, so he continued their care from a rented office. Dr. Suppan noted that the office was rented by one of the members of the hospital's board of directors, so the hospital was certainly aware of this.

Dr. Suppan stated that a few months later, Dr. Corbin received a cease and desist order because he had not purchased a separate business license, had not paid the Business and Occupational tax, and did not have the correct number of parking spaces. Dr. Suppan also noted that previous to this, Dr. Corbin had disciplined two EMS personnel for a significant issue when he was medical director of EMS. One of those disciplined was the wife of the inspector who filed the complaint against Dr. Corbin. Dr. Corbin ultimately entered into a consent agreement with the West Virginia Board in which he accepted a reprimand for unprofessional conduct.

Dr. Suppan noted that the Report and Recommendation states that the West Virginia consent agreement constitutes in itself a violation of the Ohio Medical Practice Act. However, the business issues underlying the consent agreement were minor violations of civil law that, if committed in Ohio, would not have violated the Ohio Medical Practice Act. For this reason, Dr. Suppan suggested that the Proposed Order be amended to No Further Action.

Dr. Steinbergh stated that she agrees with much of what Dr. Suppan said. Dr. Steinbergh stated that if this was simply a civil action, she would agree with No Further Action. However, Dr. Steinbergh noted that Dr. Corbin was publically reprimanded in West Virginia for unprofessional conduct. Dr. Corbin agreed to never again operate or practice in any buprenorphine clinic in West Virginia and to permanently cease and desist from any participation in any other office-based practice for the treatment of opioid-addicted patients in West Virginia. The consent agreement also required Dr. Corbin to surrender his buprenorphine certificate. Dr. Steinbergh stated that these facts, particularly that he was asked to surrender his

buprenorphine certificate, indicate that there had been real concerns with Dr. Corbin's practice. Dr. Steinbergh stated that she agrees with the Proposed Order of reprimand.

Dr. Suppan opined that Dr. Corbin may have agreed to the surrender of his certificate to ensure that he could keep practicing in his community and not face the uncertainty of what may happen to his license if he had not agreed to the consent agreement.

Mr. Kenney opined that there seems to have been a vendetta against Dr. Corbin regarding his office space. Mr. Kenney saw no harm that had been done to a patient or would be done in the future. Mr. Kenney agreed with Dr. Suppan that the Proposed Order should be amended to No Further Action.

Dr. Madia agreed with Dr. Steinbergh and questioned why the West Virginia Board would ask Dr. Corbin to surrender his buprenorphine certificate. Dr. Madia supported the Proposed Order of reprimand.

Dr. Suppan noted that Dr. Corbin has a history of doing things that benefitted his community, such as taking over the buprenorphine clinic when he was asked to. Dr. Corbin was also the medical director of the EMS, was a team physician for the high school team, was a professor at the university, and ran free clinics. Dr. Suppan opined that this situation was a nightmare that spun out of control.

**Dr. Suppan moved to amend the Proposed Order to No Further Action. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- nay
	Dr. Mahajan	- aye
	Dr. Madia	- nay
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to amend carried.

**Dr. Suppan moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Michael W. Corbin, M.D. Ms. Elsass seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye

Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to approve carried.

BRUCE SAUL KAY, M.D., Case No. 11-CRF-024

Dr. Mahajan directed the Board's attention to the matter of Bruce Saul Kay, M.D. He advised that objections were filed to Mr. Porter's Report and Recommendation and were previously distributed to Board members.

Dr. Mahajan continued that a request to address the Board has been timely filed on behalf of Dr. Kay. Five minutes would be allowed for that address.

Dr. Kay was represented by his attorney, Eric Plinke.

Mr. Plinke stated that his written objections to the Report and Recommendation have already been distributed to the Board. Mr. Plinke opined that Mr. Porter did a thorough job of reviewing this factually-complex record. Mr. Plinke agreed with Mr. Porter's statement that Dr. Kay's motivation was not financial and his practice was not a pill mill, and that these are mitigating factors.

Mr. Plinke continued that Dr. Kay is an orthopedic surgeon who was hired to run an orthopedic outpatient interventional pain management practice. Mr. Plinke noted that when Dr. Kay started, he found that the practice did not have the necessary equipment such as a C-arm. Mr. Plinke stated that instead of leaving the practice, Dr. Kay stayed and encountered a new kind of patient in this new kind of practice that he was not accustomed to. Dr. Kay has admitted that he was ill-prepared for this kind of practice.

Mr. Plinke stated that Dr. Kay's situation was compounded by the fact that the practice had a very poor record-keeping process for its physicians, and this is reflected throughout the medical records. Mr. Plinke stated that there were many times when Dr. Kay testified about what his clinical rationale or his order was in a given case, but these were not reflected in the records. As a result, Dr. Kay put himself in a difficult position and did not have the necessary support from his medical records to justify and explain his thinking for this very difficult patient population.

Dr. Kay stated that he has spent his entire career as an orthopedic surgeon treating pain and aiming to make people whole again. Dr. Kay explained that the orthopedic physician treats pain acutely to alleviate pain and discomfort, and opioids are a common tool.

Dr. Kay stated that he joined his current practice in 2005 believing that it would be as advertised: An

orthopedic-oriented medical practice using interventional pain procedures. Dr. Kay stated that for various reasons, this did not come to be for a number of years, during which time he took on a practice for which he was neither accustomed nor fully prepared. Dr. Kay stated that all the patients he saw came from the previous practice and had already tried non-narcotic care and had been on opioids for pain. Dr. Kay stated that in his 25 years of experience as an orthopedic spine surgeon, severe pain was the norm and opioids were a mainstay of treatment, adjunct to other treatments. Therefore, Dr. Kay felt he could handle this new practice.

Dr. Kay continued that, unfortunately, the practice was unable to get an organized and reliable system of record-keeping for a number of years. Dr. Kay stated that he had been taught that when he has a Worker's Compensation patient, he is that patient's advocate and it was his responsibility to believe in that patient's pain. Dr. Kay stated that when a physician instantly denies a patient's pain, the patient's faith in the physician is destroyed. Dr. Kay stated that until recently, physicians had come to trust that opioids, when taken appropriately and as prescribed, can help a patient become a functional member of society. Dr. Kay stated that only a small percentage of the practice's patients abused that privilege.

Dr. Kay stated that after about a year of such practice, he gained humility and realized how different pain management was from other fields of medicine. Dr. Kay stated that his practice has adopted a "trust but verify" attitude and makes use of pain contracts, urine toxicology screens, and pill counts. Dr. Kay stated that his practice has now become what it was intended to be. Dr. Kay stated that today he does not prescribe narcotics or benzodiazepines and only does interventional pain management. Dr. Kay stated that he intends to stay with what he is most confident and comfortable with, an outpatient non-surgical orthopedic medicine practice.

Dr. Kay apologized to the Board and to all his patients that he may not have helped in his practice. Dr. Kay opined that his care was better than what is demonstrated in the medical records. Nonetheless, Dr. Kay stated that the errors and poor documentation are his responsibility.

Dr. Mahajan asked if the Assistant Attorney General would like to respond. Mr. Wilcox stated that he would like to respond.

Mr. Wilcox stated that Mr. Porter did an excellent job condensing the record into a digestible report. Mr. Wilcox stated that the record clearly establishes that Dr. Kay routinely supplied large quantities of narcotic pain medications and other controlled substances to the patients reviewed, without documenting that he performed an appropriate evaluation and without heeding obvious signs of drug abuse. Mr. Wilcox stated that Dr. Kay's practice fell far short of the standard of care and violated the Board's rules regarding the treatment of intractable pain.

Mr. Wilcox agreed with Mr. Plinke that the practice was not a pill mill and that medical practice did occur there. However, Mr. Wilcox stated that the evidence shows that it was poor or below standard medical practice. Mr. Wilcox stated that new patients were almost always prescribed Schedule II narcotic medications by Dr. Kay. Mr. Wilcox opined that Dr. Kay admitted this was poor practice in his hearing when he stated that he has completely changed that practice. Dr. Kay testified that before prescribing medications, he now thoroughly reviews the patient's prior treatment records and uses a pre-screening

process to determine what medications they are currently on or if they are taking illegal drugs. Mr. Wilcox noted that from 2005 to 2008, Dr. Kay did not do that.

Mr. Wilcox stated that this case is about more than poor documentation. Nonetheless, Mr. Wilcox noted that it was Dr. Kay's responsibility to have accurate charts. Mr. Wilcox stated that in his hearing, Dr. Kay tended to blame many of his practice deficiencies on others, including the record-keeping process.

Regarding Dr. Kay's consistent use of narcotics without other modalities, Dr. Kay had testified that his patients would not go to physical therapy. Dr. Kay also testified that his patients tested positive for marijuana because they associated with others that smoked marijuana, not because they had used it themselves. Dr. Kay had also stated that his patients could not afford other treatment options and that non-steroidal and anti-inflammatory drugs upset their stomachs. Mr. Wilcox stated that these are all excuses and did not give Dr. Kay the right to essentially give people Schedule II narcotic medications on a long-term basis.

Mr. Wilcox stated that every patient chart reviewed in this case showed either misuse of medications or abuse of street drugs. The State's expert, William Fitz, M.D., testified that the standard of care requires that patients who exhibit these behaviors be immediately referred to addiction treatment or an addiction specialist and, if possible, narcotic prescriptions should cease. Mr. Wilcox noted that the Board's rules also stated that the patient should be referred to an addiction specialist.

Mr. Wilcox noted the example of Patient 11, for whom all 15 drug screens came back abnormal, and 13 of the 15 were positive for marijuana. There were also notes in Patient 11's charts about reports that Patient 11 was shooting up and would do anything for drugs. Mr. Wilcox also stated that Dr. Kay ignored the medication contracts. Mr. Wilcox acknowledged that the Report and Recommendation stated that Dr. Kay was not seeking monetary gain, but stated that the effect on the patient was the same.

Mr. Wilcox opined that the Proposed Order of a minimum six-month suspension was too lenient. Mr. Wilcox opined that Dr. Kay should at least be required to receive training through the Post-Licensure Assessment System (PLAS) and the suspension should be at least one year. Mr. Wilcox also opined that permanent revocation of Dr. Kay's license would be appropriate.

**Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Bruce Saul Kay, M.D. Mr. Hairston seconded the motion.**

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Dr. Steinbergh commented that Mr. Porter did an excellent job on the hearing record. Dr. Steinbergh also complimented Dr. Fitz on an excellent job reviewing the records and articulating his concerns.

Dr. Steinbergh opined that Dr. Kay understands what he did wrong. Dr. Steinbergh stated that Dr. Kay, a board-certified orthopedist, chose to walk away from orthopedics and go into a pain management practice. Dr. Kay had stated that he had visions of what the practice would be like, but found that the established patient population was used to getting drugs. Dr. Steinbergh opined that Dr. Kay should have walked

away from the practice at that time. However, Dr. Kay chose to remain in a situation that he could not handle. Dr. Steinbergh stated that Dr. Kay had no training in addiction medicine and no understanding of its practice. Dr. Steinbergh appreciated that orthopedists use a lot of narcotics in their treatments, but pointed out that there is a big difference between short-term and long-term narcotics treatment.

Dr. Steinbergh continued that Dr. Kay mis-prescribed, over-prescribed, and sometimes recklessly prescribed narcotics to patients and ignored many red flags that indicated abuse. Dr. Steinbergh stated that Dr. Kay seemed unaware of the damage such large doses of narcotics can have on the human body. Dr. Steinbergh also agreed that Dr. Kay had very poor record-keeping, to the point that Dr. Fitz said he could not read the handwriting. In his written objections, Dr. Kay blamed the practice's record-keeping system for his documentation deficiencies. However, Dr. Steinbergh stated that the physician must accept responsibility for documentation errors. Dr. Steinbergh stated that Dr. Kay made the decision to continue with the practice, even though it did not meet his personal expectations.

Dr. Steinbergh noted that Dr. Kay brought up the concept of Medicaid patients and patients who have no insurance. Dr. Steinbergh stated that patients should not be thought of in this way. Dr. Steinbergh stated that all physicians are trained to have clinical skills and must use their clinical judgment to determine whether an MRI or a CT scan is required. Dr. Steinbergh stated that there are times when physicians have to understand what is happening in the body and, while the question of who will pay for an MRI or a CT scan can create a barrier, she opined that every patient can be treated the same. Dr. Steinbergh noted that Mr. Porter referred to the minimal standards of care as they relate to economically disadvantaged patients in the Report and Recommendation.

Dr. Steinbergh stated that she agreed with the Findings of Fact in the Report and Recommendation. Dr. Steinbergh noted that under the Conclusions of Law, Mr. Porter stated in a footnote, "Should the Board determine that hydrocodone is a contaminant of Oxycodone and that low-level positive hydrocodone results are acceptable when a patient is taking Oxycodone, the Board should amend Conclusions of Law 1, 2, and 3 to reflect that Finding of Fact #13.a is not included among the findings upon which the statutory violations are based." Dr. Steinbergh stated that she will accept Dr. Kay's comments on that subject because that particular laboratory gave him information which one could possibly lead one to believe that there had been contamination. Dr. Steinbergh stated that she will offer an amendment to the Conclusions of Law.

Regarding the Proposed Order, Dr. Steinbergh agreed that a minimum 180-day suspension is appropriate. However, Dr. Steinbergh wished to offer an amended Order which will provide a 30-day wind-down period for Dr. Kay's practice, during which time he may not accept new patients. Dr. Steinbergh stated that she supports the requirement that Dr. Kay participate in a PLAS assessment, but will include in her proposed amendment that Dr. Kay shall ensure that the written Assessment Report by PLAS shall be received by the Board within 14 days of completion instead of 10 days. Dr. Steinbergh added that her proposed Alternative Order will also include a practice plan requirement prior to Dr. Kay resuming practice.

**Dr. Steinbergh moved to amend Conclusions of Law #1, #2, and #3 to read as follows:**

1. The acts, conduct, and/or omissions of Bruce Saul Kay, M.D., as described in Findings of Fact 1 through 7 and 9 through 16 ( not including 10.a, 13.a, 13.b, and 16.a), individually and/or collectively, constitute “[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,” as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.
2. The acts, conduct, and/or omissions of Dr. Kay as described in Findings of Fact 1 through 7, and 9 through 16 (not including 10.a, 13.a, 13.b, and 16.a), individually and/or collectively, constitute “[f]ailure 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,” as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.
3. The acts, conduct, and/or omissions of Dr. Kay as described in Findings of Fact 1 through 15 (not including 10.a, 13.a, 13.b, and 16.a) that occurred after 12 weeks of continuous treatment, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-21-02, Ohio Administrative Code, as in effect from November 11, 1998, until October 31, 2008.

**Dr. Steinbergh further moved to amend the Proposed Order to read as follows:**

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE; NO NEW PATIENTS DURING THIRTY-DAY INTERIM PERIOD:** Commencing on the thirty-first day following the date on which this Order becomes effective, the certificate of Bruce Saul Kay, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than 180 days. During the thirty-day interim, Dr. Kay shall not undertake the care of any patient not already under his care.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Kay’s certificate to practice medicine and surgery until all of the following conditions have been met:
  1. **Application for Reinstatement or Restoration:** Dr. Kay shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
  2. **Post-Licensure Assessment Program:** Prior to submitting his application for reinstatement or restoration, Dr. Kay shall have undergone an assessment and

completed the recommended educational activities, as developed for Dr. Kay by the Post-Licensure Assessment System [PLAS] sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners. Dr. Kay's participation in the PLAS shall be at his own expense.

- a. Prior to the initial assessment by the PLAS, Dr. Kay shall furnish the PLAS copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record that the Board may deem appropriate or helpful to that assessment.
- b. Should the PLAS request patient records maintained by Dr. Kay, Dr. Kay shall furnish copies of the patient records at issue in this matter along with any other patient records he submits. Dr. Kay shall further ensure that the PLAS maintains patient confidentiality in accordance with Section 4731.22(F)(5), Ohio Revised Code.
- c. Dr. Kay shall ensure that the written Assessment Report by the PLAS includes the following:
  - A detailed plan of recommended practice limitations, if any;
  - Any recommended education;
  - Any recommended mentorship or preceptorship;
  - Any reports upon which the recommendation is based, including reports of physical examination and psychological or other testing.

Moreover, Dr. Kay shall ensure that, within 14 days of its completion, the written Assessment Report by the PLAS is submitted to the Board.

- d. Any Learning Plan recommended by the PLAS shall have been developed subsequent to the issuance of a written Assessment Report, based on an assessment and evaluation of Dr. Kay by the PLAS. Dr. Kay shall successfully complete the educational activities as recommended in the Learning Plan, including any final assessment or evaluation.
- e. At the time he submits his application for reinstatement or restoration, Dr. Kay shall submit to the Board satisfactory documentation from the PLAS indicating that he has successfully completed the recommended educational activities.

3. **Controlled Substances Prescribing Course(s)**: At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Kay shall provide acceptable documentation of successful completion of a course or courses dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Kay submits the documentation of successful completion of the course(s) dealing with the prescribing of controlled substances, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

Documentation of successful completion of a controlled substance prescribing course successfully completed as part of the PLAS may be submitted to satisfy this requirement. However, Dr. Kay remains subject to the written report requirement as stated above.

4. **Medical Records Course(s)**: At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Kay shall provide acceptable documentation of successful completion of a course or courses on maintaining adequate and appropriate medical records. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Kay submits the documentation of successful completion of the course(s) on maintaining adequate and appropriate medical records, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

Documentation of successful completion of a medical records course successfully completed as part of the PLAS may be submitted to satisfy this requirement. However, Dr. Kay remains subject to the written report requirement as stated above.

5. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Kay has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.
- C. **PROBATION:** Upon reinstatement or restoration, Dr. Kay's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least three years:
1. **Obey the Law:** Dr. Kay shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
  2. **Declarations of Compliance:** Dr. Kay shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Kay's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
  3. **Personal Appearances:** Dr. Kay shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Kay's certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
  4. **Post-Licensure Assessment Program:** Dr. Kay shall practice in accordance with the Learning Plan developed by the PLAS, unless otherwise determined by the Board. Dr. Kay shall cause to be submitted to the Board quarterly declarations from the PLAS documenting Dr. Kay's continued compliance with the Learning Plan.

Dr. Kay shall obtain the Board's prior approval for any deviation from the Learning Plan.

If, in a manner not authorized by the Board, Dr. Kay fails to comply with the Learning Plan, Dr. Kay shall cease practicing medicine and surgery beginning the day following Dr. Kay's receiving notice from the Board of such violation and shall refrain from practicing until the PLAS provides written notification to the Board that Dr. Kay has reestablished compliance with the Learning Plan. Practice

during the period of noncompliance shall be considered practicing medicine without a certificate, in violation of Section 4731.41, Ohio Revised Code.

5. **Practice Plan and Monitoring Physician:** Within 30 days of the effective date of Dr. Kay's reinstatement or restoration, or as otherwise determined by the Board, Dr. Kay shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Kay's activities will be directly supervised and overseen by a monitoring physician approved by the Board. The practice plan shall, as determined by the Board, reflect, but not be limited to, the PLAS Learning Plan. Dr. Kay shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Kay submits his practice plan, he shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary and Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary and Supervising Member will give preference to a physician who practices in the same locale as Dr. Kay and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Kay and his medical practice, and shall review Dr. Kay's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Kay and his medical practice, and on the review of Dr. Kay's patient charts. Dr. Kay shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Kay's declarations of compliance.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Kay shall immediately so notify the Board in writing. In addition, Dr. Kay shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Dr. Kay shall further ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove any physician proposed to serve as Dr. Kay's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Kay's monitoring physician, in the event that

the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

6. **Required Reporting of Change of Address:** Dr. Kay shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

**D. TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Kay's certificate will be fully restored.

**E. REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Kay shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Kay shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Kay provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

These requirements shall continue until Dr. Kay receives from the Board written notification of the successful completion of his probation.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Kay shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Kay shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall

continue until Dr. Kay receives from the Board written notification of the successful completion of his probation.

**3. Required Documentation of the Reporting Required by Paragraph E:**

Dr. Kay shall provide this Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

**F. VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Kay violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.

**EFFECTIVE DATE OF ORDER:** This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

**Dr. Madia seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to amend carried.

**Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Bruce Kay Saul, M.D. Dr. Suppan seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
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Dr. Bechtel	- abstain
Mr. Hairston	- aye
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to approve carried.

MARK G. MIDEI, M.D., Case No. 11-CRF-120

Dr. Mahajan directed the Board's attention to the matter of Mark G. Midei. He advised that no objections have been filed. Ms. Blue was the Hearing Examiner.

**Dr. Madia moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Mark G. Midei, M.D. Mr. Hairston seconded the motion.**

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Dr. Madia stated that this case resulted from action taken by the Maryland Board of Physicians. Dr. Madia briefly reviewed Dr. Midei's career.

Dr. Madia stated that the Maryland Board reviewed the records of five of Dr. Midei's patients and found that in all five, Dr. Midei had inappropriately diagnosed a block in the coronary arteries. Specifically, Dr. Midei overstated the amount of plaque and placed a stent when it was not required. Dr. Madia noted that Dr. Midei's documentation included the overstatement, so that subsequent treating physicians would rely on incorrect documentation. The Maryland Board concluded that Dr. Midei's motivation was financial in nature.

Dr. Madia stated that Dr. Midei's actions were totally inappropriate and harm could have occurred to the patients from the unnecessary procedures. Dr. Madia agreed with the Proposed Order of revocation. However, Dr. Madia opined that the provision in the Proposed Order that Dr. Midei must wait two years before applying for reinstatement should be removed. Dr. Madia felt that if Dr. Midei reapplies for a new license, the Board can determine at that time if his application is appropriate.

**Dr. Madia moved to amend the Proposed Order to remove the provision that Dr. Midei shall not submit an application for reinstatement or restoration of his Ohio medical license for at least two years from the effective date of the Order. Dr. Steinbergh seconded the motion. A vote was taken:**

ROLL CALL: Dr. Strafford - abstain

Dr. Bechtel	- abstain
Mr. Hairston	- aye
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to amend carried.

**Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Mark G. Midei, M.D. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to approve carried.

#### PROPOSED FINDINGS AND PROPOSED ORDERS

##### CHRISTINA E. NOGA, M.T., Case No. 12-CRF-023

Dr. Mahajan directed the Board's attention to the matter of Christina E. Noga, M.T. He advised that the Board issued a Notice of Opportunity for Hearing to Ms. Noga, and documentation of service was received. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter was reviewed by Hearing Examiner Davidson, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

**Dr. Steinbergh moved to find that the allegations as set forth in the March 14, 2012 Notice of Opportunity for Hearing in the matter of Ms. Noga have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Dr. Madia seconded the**

**motion.**

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Mr. Hairston stated that the evidence provided demonstrates that Ms. Noga repeatedly violated her Board Order. Mr. Hairston stated that it is reasonable to conclude that Ms. Noga is currently unable or unwilling to comply with the impairment monitoring requirements set forth in the Order. Mr. Hairston stated that this Proposed Order will revoke Ms. Noga's massage therapy license. This Order will supersede the Board's March 2011 Order and will be effective upon mailing of the notification of approval by the Board.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to approve carried.

**FINDINGS, ORDERS, AND JOURNAL ENTRIES**

Dr. Mahajan advised that, in the following matters, the Board issued a Notice of Opportunity for Hearing, and documentation of service was received for each. There were no requests for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. The matters are therefore before the Board for final disposition. Dr. Mahajan stated that the following matters are disciplinary in nature, and therefore, the Secretary and Supervising Member cannot vote. In these matters, Dr. Strafford served as Secretary, and Dr. Bechtel and Dr. Talmage served as Supervising Member.

**HENRY KURTIS BIGGS, D.O., Case No. 12-CRF-044**

Dr. Ramprasad stated that this case resulted from action taken by the Florida Board of Osteopathic Medicine. Dr. Ramprasad continued that Dr. Biggs was charged in Florida with having left pre-signed prescriptions that were used in a fraudulent manner. Dr. Biggs entered into a consent agreement with the Florida Osteopathic Board and paid a fine and court costs.

**Dr. Ramprasad moved to find that the allegations as set forth in the May 9, 2012 Notice in the matter of Henry Kurtis Biggs, D.O., have been proven to be true by a preponderance of the evidence,**

**and that the Board enter an Order, effective upon mailing, revoking the license of Dr. Biggs to practice medicine and surgery in the state of Ohio, effective immediately upon mailing of Notification of the Board's approval. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- abstain
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to approve carried.

RAYMOND L. MATHIS, D.O., Case No. 12-CRF-046

Dr. Mahajan stated that five requests have been filed on behalf of Dr. Mathis. Specifically, Dr. Mathis' counsel has filed a request to appear before and address the board, a request to appear before the board, a request to table this matter, a request to schedule a hearing in this matter, and submission of additional evidence for consideration by the Board or motion to proffer additional evidence for the court's consideration on appeal.

**Dr. Steinbergh moved to deny all the requests made on behalf of Dr. Mathis. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to deny the requests carried.

Ms. Elsass stated that this case resulted from action taken by the Medical Licensing Board of Indiana. The

Indiana Board found that a court order barring Dr. Mathis from practicing medicine in Kentucky constituted a disciplinary action under Indiana law. The Facts and Findings include that on January 22, 2010, Dr. Mathis entered into an Agreed Order for Criminal Action 096-CR-0070, in which it was agreed that Dr. Mathis must immediately cease and desist practicing medicine in Kentucky and to never seek to practice medicine in Kentucky; must move out of Kentucky within 60 days; and must divest himself of ownership of all real estate in Kentucky within one year.

**Ms. Elsass moved to find that the allegations as set forth in the May 9, 2012 Notice in the matter of Raymond L. Mathis, D.O., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, revoking Dr. Mathis' license to practice osteopathic medicine and surgery in the state of Ohio, effective immediately upon mailing of the Notification of approval by the Board. Dr. Madia seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to approve carried.

CITATIONS, PROPOSED DENIALS, DISMISSALS, ORDERS OF SUMMARY SUSPENSION & NOTICES OF IMMEDIATE SUSPENSION

JOSEPH FRANKLIN DAUGHERTY, III, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**Mr. Hairston moved to send the Citation Letter to Dr. Daugherty. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye

Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to send carried.

AIDA ESTHER FIGUEROA, M.D. - CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**Dr. Steinbergh moved to send the Citation Letter to Dr. Figueroa. Dr. Madia seconded the motion.**  
A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

PHILIP F. FISHER, D.O. – CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**Dr. Madia moved to send the Citation Letter to Dr. Fisher. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye

Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to send carried.

STEVEN LAMONT MALLORY, SR, L.M.T. – CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**Mr. Hairston moved to send the Citation Letter to Mr. Mallory. Dr. Steinbergh seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

ROBERTO ROSETE PAGARIGAN, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**Dr. Steinbergh moved to send the Citation Letter to Dr. Pagarigan. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye

Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to send carried.

LAWRENCE B. ROTHSTEIN, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**Dr. Madia moved to send the Citation Letter to Dr. Rothstein. Mr. Hairston seconded the motion.**  
A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

SHARON LEILANI MCRAE, M.D. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

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

**Dr. Steinbergh moved to send the Notice of Summary Suspension and Opportunity for Hearing to Dr. McRae. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye

Dr. Mahajan	- aye
Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to send carried.

**Dr. Steinbergh moved to table this topic in case of possible additional citations. Mr. Hairston seconded the motion.** All members voted aye. The motion carried.

#### RATIFICATION OF SETTLEMENT AGREEMENTS

##### LAILA IBRAHIM GOMAA, M.D. – PERMANENT SURRENDER

**Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. Gomaa. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

##### EARL C. SCHEIDLER, D.O. – NON-DISCIPLINARY PERMANENT SURRENDER

**Dr. Steinbergh moved to ratify the Proposed Non-Disciplinary Permanent Surrender with Dr. Scheidler. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye

Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion to ratify carried.

PAULA CLARK ADKINS, M.D. – PERMANENT SURRENDER

**Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. Adkins. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

TERRY L. FORTUNE, D.O. – STEP I CONSENT AGREEMENT

**Dr. Madia moved to ratify the Proposed Step I Consent Agreement with Dr. Fortune. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

DAWN MARIE KOTCH, L.M.T. – CONSENT AGREEMENT

**Mr. Hairston moved to ratify the Proposed Consent Agreement with Ms. Kotch. Dr. Suppan seconded the motion.**

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that she continues to oppose this type of consent agreement and opined that it does not suspend the massage therapist's license for a long enough period of time. Dr. Steinbergh stated that when someone continues to practice after the expiration of their license, they show that they are not responsible professionals. Dr. Steinbergh also noted that the proposed Consent Agreement does not meet the Board's minimum disciplinary guidelines.

A vote was taken on Mr. Hairston's motion to ratify:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- nay
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

Dr. Talmage and Dr. Ramprasad exited the meeting at this time.

RONICA ANN NEUHOFF, M.D. – CONSENT AGREEMENT

**Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Neuhoff. Dr. Madia seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye

Dr. Madia	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye

The motion to ratify carried.

MICHAEL J. PALMA, M.D. – STEP I CONSENT AGREEMENT

**Dr. Madia moved to ratify the Proposed Step I Consent Agreement with Dr. Palma. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

Dr. Ramprasad returned to the meeting at this time.

ALAN DALE SABINO, M.D. – STEP II CONSENT AGREEMENT

**Dr. Steinbergh moved to ratify the Proposed Step II Consent Agreement with Dr. Sabino. Dr. Madia seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

Dr. Talmage returned to the meeting at this time.

SAMUEL ANGELO NIGRO, M.D. – PERMANENT SURRENDER

**Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. Nigro. Dr. Madia seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

CHRISTOPHER J. KARAKASIS, M.D. – STEP I CONSENT AGREEMENT

**Dr. Madia moved to ratify the Proposed Step I Consent Agreement with Dr. Karakasis. Dr. Steinbergh seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

REGIS BURLAS, D.O. – STEP I CONSENT AGREEMENT

**Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Dr. Burlas. Dr. Madia seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

**Dr. Steinbergh moved to table this topic in case of possible additional settlement agreements. Mr. Hairston seconded the motion.** All members voted aye. The motion carried.

The Board took a brief recess at 2:40 p.m. and returned at 3:00 p.m. Dr. Talmage was not present when the meeting resumed.

#### PROBATIONARY APPEARANCES

##### HATEM M. DAJANI, M.D.

Dr. Dajani was making his final appearance before the Board pursuant to his request for release from the terms of the Board's Order of July 14, 2010. Ms. Bickers reviewed Dr. Dajani's history with the Board.

Dr. Madia asked if Dr. Dajani is working in Indiana as a hospitalist and living in Wisconsin. Dr. Dajani replied that that is correct. Dr. Madia asked if Dr. Dajani also practiced as a cardiologist. Dr. Dajani replied that he is not a cardiologist, noting that his cardiology fellowship program released him when he was convicted and he did not complete it.

Dr. Madia asked if Dr. Dajani had any difficult finding employment. Dr. Dajani answered that he had no difficulty. Dr. Madia asked if Dr. Dajani understands ethics as they relate to the medical profession. Dr. Dajani replied that he definitely understands medical ethics.

**Dr. Madia moved to release Dr. Dajani from the terms of the Board's Order of July 14, 2010. Dr. Steinbergh seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh commented that Dr. Dajani's summary of what he learned in his ethics course was very good.

##### MELISSA J. MARKER, D.O.

Dr. Marker was making her final appearance before the Board pursuant to her request for release from the terms of the Board's Order of July 13, 2011. Ms. Bickers reviewed Dr. Marker's history with the Board.

Dr. Steinbergh asked if Dr. Marker has learned from this experience and what she will do to avoid repeating these types of actions. Dr. Marker replied that she will not repeat those actions and stated that she had at that time been unaware of the rules and mandates regarding prescribing to family members. Dr. Marker stated that she took the required courses and learned a great deal about record-keeping and prescribing. Dr. Steinbergh encouraged Dr. Marker to keep up with the Board's rules and the laws in Ohio regarding medical practice.

**Dr. Steinbergh moved to release Dr. Marker from the terms of the Board's Order of July 13, 2011. Dr. Suppan seconded the motion.** All members voted aye. The motion carried.

DAVID RATH, M.D.

Dr. Rath was making his final appearance before the Board pursuant to his request for release from the terms of the Board's Order of April 12, 2006. Ms. Bickers reviewed Dr. Rath's history with the Board.

Dr. Madia asked if Dr. Rath is currently on any medications. Dr. Rath replied that he is on no medications. Dr. Madia asked if Dr. Rath's addiction had a psychiatric component. Dr. Rath answered that there was not a psychiatric component.

Dr. Madia asked what Dr. Rath is doing currently. Dr. Rath replied that he is working at Southfield Family Practice, an adult family medicine-internal medical practice in southern Columbus. Dr. Madia asked if Dr. Rath's practice is inpatient or outpatient. Dr. Rath answered that his practice is outpatient.

Dr. Madia asked how many physicians work with Dr. Rath. Dr. Rath replied that he is currently the only physician, though there are slots for two other physicians which are being recruited for. Dr. Rath stated that he also works with two physician assistants. Dr. Madia commented that working with a group of physicians would help Dr. Rath avoid future problems.

Dr. Madia asked if Dr. Rath owns his practice. Dr. Rath explained that the practice has been turned into an Employee Stock Option Program (ESOP), whereby the practice's employees will gradually take ownership of it. Dr. Rath stated that the practice is currently owned by Columbus Southern Medical Associates.

Dr. Steinbergh asked if Dr. Rath's practice is heavily Medicaid-based. Dr. Rath estimated that about 65% of the practice is private insurance, 15% is Worker's Compensation, and the balance is Medicaid and some self-pay. Dr. Steinbergh asked if Dr. Rath is comfortable with the pace of the practice and the number of patients he sees per day. Dr. Rath replied that he is comfortable and that the practice sees about 60 to 70 patients per day, of which he sees 10 to 20 patients per day. Dr. Steinbergh asked if Dr. Rath is comfortable supervising the two physician assistants. Dr. Rath answered that he is comfortable.

Dr. Steinbergh asked about Dr. Rath's recovery network and support. Dr. Rath stated that one of the greatest things about his recovery is realizing what is important in life. Dr. Rath stated that when he was

dependent on opiates, he was more self-focused and ignored his family. Dr. Rath stated that since completing his treatment and his 12-step program, he realizes that his family is most important. Dr. Rath stated that he and his family have moved to a place in the country and that he and his son are working together on an outdoor project. Dr. Rath added that he attends meetings regularly and he socializes with other meeting participants.

Dr. Steinbergh asked if Dr. Rath had any questions for the Board. Dr. Rath replied that he has no questions. Dr. Rath expressed appreciation that the Board considered addiction to be a disease and works with the practitioner to get through it while still protecting the public. Dr. Rath also appreciated the help he has received from Ms. Bickers and Ms. Jones.

**Dr. Steinbergh moved to release Dr. Rath from the terms of the Board's Order of April 12, 2006. Mr. Hairston seconded the motion.**

Dr. Mahajan stated that he would now entertain discussion on the above matter.

Mr. Kenney expressed concern that Dr. Rath's place of employment does not seem like a stable environment. Dr. Steinbergh agreed. Dr. Rath commented that he has been employed at the practice for two years. Mr. Kenney asked if Dr. Rath had been the only physicians when he was hired by the practice. Dr. Rath answered that there were two other physicians when he began, but those two physicians are no longer with the practice.

Dr. Suppan asked if the employee stock option program referred to only the physician employees of the practice, or to all employees. Dr. Rath replied that it referred to all employees, of which he is one. Dr. Rath commented that he does not have much of a financial background and does not understand all the details of the ESOP.

Dr. Steinbergh stated that the Board is concerned about Dr. Rath's disease process and the pressure he may encounter in an unstable environment, as well as the pressure of being an eventual owner of the practice. Dr. Steinbergh advised Dr. Rath to be vigilant of possible stressors that could lead to relapse. Dr. Rath stated that the ESOP trust has engaged the services of a local law firm which actually runs the business side of the practice.

Mr. Kenney repeated his concerns and stated that he would feel better if Dr. Rath was engaged in a practice with three or four other physicians. Dr. Rath stated that he is currently in the process of looking into joining a four-physician family medicine practice.

**A vote was taken on Dr. Steinbergh's motion to release.** All members voted aye. The motion carried.

LEROY P. RISE, M.D.

Dr. Rise was making his final appearance before the Board pursuant to his request for release from the terms of his July 11, 2007 Consent Agreement. Ms. Bickers reviewed Dr. Rise's history with the Board.

Dr. Steinbergh noted that Dr. Rise is currently practicing in New Mexico and asked if he is under a board order in that state. Dr. Rise replied that the New Mexico Medical Board had had him under a one-year agreement, from which he has already been released. Dr. Rise stated that he is currently a fellow at the University of New Mexico and he has taken a job in Santa Fe that begins in August. Dr. Steinbergh asked if things are going well in Dr. Rise's fellowship. Dr. Rise replied that things in his fellowship program are terrific.

Dr. Steinbergh asked about Dr. Rise's ultimate goal. Dr. Rise answered that his ultimate goal is to take a job like he has taken in Santa Fe as an orthopedic trauma hospitalist.

Dr. Steinbergh asked Dr. Rise to describe his recovery. Dr. Rise responded that the most important key to his recovery being successful is being personally healthy. Dr. Rise stated that being healthy is his number one goal every day and he engages in activities like wakeboarding and mountain biking. Dr. Rise stated that his wife is supportive and he has a 14-year-old son.

Dr. Mahajan asked if Ritalin is enough by itself to treat Dr. Rise's ADHD. Dr. Rise answered that the Ritalin is enough and it has changed the game for him.

**Dr. Madia moved to release Dr. Rise from the terms of his July 11, 2007 Consent Agreement. Mr. Hairston seconded the motion.** All members voted aye. The motion carried.

PHILIP M. HUTCHISON, D.O.

Dr. Hutchison was making his final appearance before the Board pursuant to his request for release from the terms of the Board's Order of July 13, 2011. Ms. Bickers reviewed Dr. Hutchison's history with the Board.

Dr. Steinbergh asked Dr. Hutchison to describe his current practice. Dr. Steinbergh also asked how Dr. Hutchison can assure the Board that he will not repeat these violations. Dr. Hutchison stated that his practice is going very well and he is very busy. Dr. Hutchison stated that the courses he took on controlled substance prescribing and medical record-keeping were eye-openers and opined that every physician coming to Ohio should take those courses. Dr. Hutchison commented that the prescribing course taught him the degree to which controlled substances are diverted and his prescribing habits have become more conservative. Dr. Hutchison stated that he is aware that it is unwise to prescribe to one's family members, no matter how straight-forward or simple the situation may appear.

Dr. Hutchison stated that the record-keeping course was very useful. Dr. Hutchison stated that his own practice is switching to electronic medical records (EMR). Dr. Hutchison stated that he was bothered that the EMR trainers seemed to push the idea that the purpose of EMR is to optimize income. Dr. Hutchison stated that the true purpose of EMR is to provide transparent medical records to other healthcare professionals and to evaluate patients in a timely fashion. Dr. Hutchison stated that he and his colleagues have arranged for a major overhaul of the EMR before it is implemented.

Dr. Steinbergh congratulated Dr. Hutchison on his efforts and hoped that he continues to do well and keep

up-to-date with Ohio's laws and regulations. Dr. Hutchison thanked the Board for its patience and for the professional and courteous demeanor it has shown throughout this process.

**Dr. Steinbergh moved to release Dr. Hutchison from the terms of the Board's Order of July 13, 2011. Dr. Madia seconded the motion.** All members voted aye. The motion carried.

JAMES E. BREIDENSTEIN, D.O.

Dr. Breidenstein was making his initial appearance before the Board pursuant to the terms of his May 9, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Breidenstein's history with the Board.

Dr. Madia asked about Dr. Breidenstein's practice and how he is complying with the chaperone requirement of his Consent Agreement. Dr. Breidenstein replied that he is not currently practicing, noting that his license was reinstated in just the last couple of months and he has not yet started looking for employment. Dr. Madia asked what specialty Dr. Breidenstein practiced. Dr. Breidenstein replied that he practiced family medicine.

Dr. Madia asked about Dr. Breidenstein's plans for the future. Dr. Breidenstein responded that for the last two years he has been a stay-at-home dad and he has embraced that. However, Dr. Breidenstein's children are getting older and he needs to return to work because he loves it and he financially needs to. Dr. Breidenstein stated that his preference would be to join a physician group.

Dr. Steinbergh asked what kind of practice Dr. Breidenstein had prior to his disciplinary action. Dr. Breidenstein answered that he had been in a group practice of about 30 physicians, though his office location had only five physicians.

Dr. Steinbergh stated that the Board sometimes struggles with cases that involve sexual boundary issues. Dr. Steinbergh asked Dr. Breidenstein to address that issue and the process of entering into a Consent Agreement. Dr. Steinbergh also asked how Dr. Breidenstein will deal with the chaperone requirement when he returns to practice and if that requirement might be a barrier to finding employment. Dr. Breidenstein replied that he went through the Consent Agreement process with the guidance of his attorney, who gave him good advice. Dr. Breidenstein stated that he has no personal problem with having a chaperone and would insist on it even if it were not a requirement. Dr. Breidenstein expressed concern that a potential employer may frown on that aspect of his Consent Agreement.

Dr. Steinbergh asked if Dr. Breidenstein has maintained his board certification. Dr. Breidenstein replied that he has kept up with his continuing medical education, but his board certification has been suspended pending the resolution of his matters with the Medical Board.

Dr. Steinbergh asked if Dr. Breidenstein had any questions for the Board. Dr. Breidenstein asked if any Board member had advice or recommendations on his efforts to re-enter the workforce. Dr. Steinbergh suggested that Dr. Breidenstein may want to seek assistance from his local medical academy or the Ohio Osteopathic Association. Dr. Mahajan commented that Ms. Bickers can write a letter of support when Dr. Breidenstein re-applies for board certification.

Dr. Ramprasad stated that he has known Dr. Breidenstein for several years and that many of his patients have spoken highly of him. Dr. Ramprasad stated that this unfortunate incident is unbecoming of Dr. Breidenstein and he hoped that it is behind him. Dr. Breidenstein assured the Board that this incident will not be repeated.

**Dr. Steinbergh moved to continue Dr. Breidenstein under the terms of his May 9, 2012 Consent Agreement. Mr. Hairston seconded the motion.** All members voted aye, except Dr. Ramprasad, who abstained. The motion carried.

Dr. Talmage returned to the meeting at this time.

MICHAEL D. GOODYEAR, II, M.D.

Dr. Goodyear was making his initial appearance before the Board pursuant to the terms of his April 11, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Goodyear's history with the Board.

Dr. Steinbergh asked where Dr. Goodyear currently works. Dr. Goodyear replied that he currently practices at Ohio State University Wexner Medical Center and Mount Carmel East Hospital. Dr. Steinbergh asked if Dr. Goodyear still practices general surgery. Dr. Goodyear responded that he has revised his practice and currently works in the outpatient wound clinics of the two hospitals. Dr. Goodyear stated that the only surgery he does is debriding wounds and similar minor procedures. Dr. Steinbergh asked if Dr. Goodyear finds his work satisfying. Dr. Goodyear answered that he finds the work very satisfying.

Dr. Steinbergh asked if Dr. Goodyear is receiving counseling and how he has handled his two convictions for misdemeanor public indecency. Dr. Goodyear replied that after his second arrest, he arranged to go through counseling. For about one year, Dr. Goodyear met weekly with a therapist and delved into many issues of his personal and professional life, including what caused him to put himself in those situations. Dr. Goodyear stated that his therapy gave him enough insight to break away from his practice environment, which was extremely stressful, and begin his own practice focusing on wound care.

Dr. Madia stated that his own practice, Smith Clinic, had employed Dr. Goodyear for a few years. Dr. Madia stated that he was surprised to see Dr. Goodyear, since the Board was given only his initials when his Consent Agreement was approved. Dr. Madia asked if Dr. Goodyear is receiving any psychiatric treatment. Dr. Goodyear replied that he is not receiving psychiatric treatment.

Dr. Goodyear stated that excessive personal stress had led him to act out in a self-destructive way. Dr. Goodyear stated that his therapy helped him muster the courage to escape his situation and strike out on his own. Subsequently, Dr. Goodyear started his own business providing wound care at the Wexner Medical Center and Mt. Carmel East Hospital. Dr. Goodyear stated that he is now his own boss; he finds his work immensely satisfying and much less stressful. Dr. Madia was pleased that Dr. Goodyear was able to find a practice that suited him.

**Dr. Madia moved to continue Dr. Goodyear under the terms of his April 11, 2012 Consent**

**Agreement. Dr. Steinbergh seconded the motion.** All members voted aye. The motion carried.

GREGORY G. JOHNSON, M.D.

Dr. Gregory Johnson was making his initial appearance before the Board pursuant to the terms of his May 9, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Gregory Johnson's history with the Board.

Dr. Steinbergh asked if Dr. Gregory Johnson is working at this time. Dr. Gregory Johnson replied that he is working at the Toledo-Lucas County Health Department. In response to further questioning, Dr. Gregory Johnson stated that aside from the electronic medical records, his current job is the best job he has ever had. Dr. Gregory Johnson stated that he works from 8:00 am to 4:00 pm five days per week with no weekend call.

Dr. Steinbergh stated that she had been the Acting Secretary on Dr. Gregory Johnson's case and opined that she should abstain from further discussion.

Dr. Madia asked about Dr. Gregory Johnson's depression. Dr. Gregory Johnson answered that the treatment of his depression is going well. Dr. Gregory Johnson stated that at the time of his relapse, he had not yet been diagnosed with depression. When the diagnosis was made at the Talbot Recovery Center, Dr. Gregory Johnson was started on appropriate medical therapy.

Dr. Madia cautioned Dr. Gregory Johnson that any future relapse would make it more difficult for him to continue in the practice of medicine. Dr. Madia encouraged Dr. Gregory Johnson to continue his treatment.

Dr. Madia asked if Dr. Gregory Johnson had good family support. Dr. Gregory Johnson replied that his family support is very good and his wife is a member of Al-Anon. Dr. Gregory Johnson stated that he has an excellent relationship with his sponsor and he attends at least three meetings per week.

**Dr. Madia moved to continue Dr. Gregory Johnson under the terms of his May 9, 2012 Consent Agreement. Mr. Hairston seconded the motion.** All members voted aye, except Dr. Steinbergh, who abstained. The motion carried.

REBECCA E. JOHNSON, M.D.

Dr. Rebecca Johnson was making her initial appearance before the Board pursuant to the terms of her April 11, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Rebecca Johnson's history with the Board.

Dr. Madia asked how Dr. Rebecca Johnson's recovery is going. Dr. Rebecca Johnson replied that her recovery is going very well and she is grateful for the opportunity to have a much better life. Dr. Rebecca Johnson was also grateful to the two physicians who brought this issue to her attention. Dr. Rebecca Johnson stated that her life is infinitely better, she has a great sponsor, and she attends meetings on a weekly basis, including caduceus and a women's meeting.

Dr. Madia asked how Dr. Rebecca Johnson, as a radiologist, obtained benzodiazepines and opiates. Dr. Rebecca Johnson responded that her addiction began when she was prescribed pain medications during a difficult pregnancy. Dr. Rebecca Johnson stated that, in retrospect, she now knows that she left the hospital dependent on the medications. Dr. Rebecca Johnson stated that she received treatment from a physician in New York who she had understood to be a pain management specialist who maintained her on Suboxone and a high dose of Xanax. Dr. Rebecca Johnson stated that she had been in denial about the mess her life had become in those years.

Dr. Madia asked how Dr. Rebecca Johnson currently spends her time. Dr. Rebecca Johnson replied that she spends a lot of time with her twin 10-year-old children and her husband, attends meetings, and exercises. Dr. Rebecca Johnson stated that she also tries to maintain her reading and take continuing medical education to prepare for her return to work.

Dr. Madia asked where Dr. Rebecca Johnson had worked before. Dr. Rebecca Johnson replied that she had worked at the Cleveland Clinic as a neuroradiologist.

**Dr. Madia moved to continue Dr. Rebecca Johnson under the terms of her April 11, 2012 Consent Agreement. Dr. Steinbergh seconded the motion.** All members voted aye. The motion carried.

Dr. Steinbergh was pleased the Dr. Rebecca Johnson was doing well, but cautioned that her illness is a disease and she must be careful every day. Dr. Steinbergh encouraged Dr. Rebecca Johnson to understand her disease process.

Ms. Elsass exited the meeting at this time.

SHEILA S. PAUL, D.O.

Dr. Paul was making her initial appearance before the Board pursuant to the terms of her April 11, 2012 Consent Agreement. Dr. Paul was also requesting approval of Brahmaiah Tandra, M.D., to serve as her treating psychiatrist. Ms. Bickers reviewed Dr. Paul's history with the Board.

Dr. Steinbergh asked if Dr. Paul's physician-patient relationship with Dr. Tandra is a good one. Dr. Paul replied that it is a good relationship and Dr. Tandra was one of the psychiatrists who had treated her at Glenbeigh.

Dr. Steinbergh asked Dr. Paul to describe her recovery. Dr. Paul felt that her recovery is going well. Dr. Paul stated that she is attending 3-4 meetings per week and is seeing Dr. Tandra and a therapist on a regular basis. Dr. Paul stated that Dr. Tandra has prescribed Wellbutrin for treatment of ADHD and possible depression, as well as Endoral for potential anxiety. Dr. Paul stated that she is spending time with her children this summer.

Dr. Steinbergh asked how Dr. Paul's diagnoses have affected her ability as a psychiatrist. Dr. Paul replied that she is looking at things differently than she had previously. Specifically, Dr. Paul opined that she had been too quick to diagnose ADHD in adults prior to her own diagnosis. Dr. Steinbergh asked if Dr. Paul's

clinical judgment may have been affected by her illness. Dr. Paul replied that that is a possibility. Dr. Steinbergh suggested that considering her own diagnosis, Dr. Paul should obtain objective testing from someone else to support any ADHD diagnosis she makes for a patient. Dr. Paul found this to be a very good idea and stated that she intends to treat ADHD only in children in the future.

Dr. Steinbergh asked if Dr. Paul had a good support system. Dr. Paul replied that she does have a good support system with her parents, her husband, and her two teenaged children.

**Dr. Steinbergh moved to continue Dr. Paul under the terms of her April 11, 2012 Consent Agreement. Dr. Steinbergh further moved to approve Brahmaiah Tandra, M.D., to serve as Dr. Paul's treating psychiatrist. Dr. Madia seconded the motion.** All members voted aye. The motion carried.

#### DISCUSSION OF SUBOXONE

Dr. Ramprasad stated that he had thought that physicians on Suboxone were not allowed to practice due to impairment of their judgment. Ms. Bickers stated that, according to the Board's rule, a physician may not practice if he or she is taking Suboxone for treatment of chemical dependency, but may practice if he or she is taking Suboxone for treatment of pain. This distinction surprised several Board members.

The Board engaged in a discussion of this issue. Dr. Talmage stated that when this issue was last considered, the use of Suboxone was a relatively new development and its effects on mental ability were uncertain. At that time, addictionologist Ted Parran, M.D., suggested the rule that the Board adopted. Dr. Talmage suggested that the Board may wish to revisit that issue. The Board agreed. Ms. Bickers stated that she will gather data on this topic for the Board's consideration.

Ms. Marshall noted that the Board's rule allows that a physician who is taking suboxone for reasons other than treatment of addiction may be allowed to practice, but it does not require the Board to allow the physician to practice. Ms. Anderson also noted that there is a difference of opinion on this subject among addictionologists. Ms. Anderson stated that some in the treatment community feel that the Board's current rule is too harsh and that physicians should be allowed to practice while receiving medication-assisted addiction treatment. Ms. Anderson felt that both sides of this controversy should be represented as the Board considers this issue.

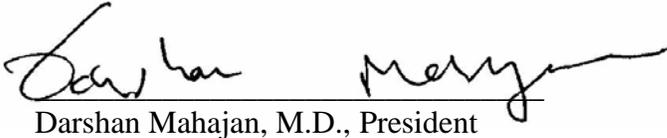
Thereupon, at 4:25 p.m., the July 11, 2012 session of the State Medical Board of Ohio was adjourned by Dr. Mahajan.

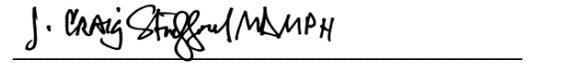
We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on July 11, 2012, as approved on August 8, 2012.

20764

July 11, 2012

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Darshan Mahajan, M.D., President

  
J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)



July 12, 2012

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**MINUTES****THE STATE MEDICAL BOARD OF OHIO****July 12, 2012**

Darshan Mahajan, M.D., President, called the meeting to order at 8:00 a.m., in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Anita Steinbergh, D.O., Vice-President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Lance A. Talmage, M.D.; Dalsukh Madia, M.D.; W. Frank Hairston; Marchelle L. Suppan, D.P.M.; Kris Ramprasad, M.D.; Laurie O. Elsass; and Donald R. Kenney, Sr.

Also present were: Richard Whitehouse, Executive Director; Sallie J. Debolt, General Counsel; Kimberly C. Anderson, Assistant Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; William J. Schmidt, Senior Counsel; Mike Miller, Program Manager for Policy and Governmental Affairs; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca J. Marshall, Chief Enforcement Attorney; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kyle Wilcox, Assistant Attorney General; Kay Rieve, Administrative Officer; Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; and Benton Taylor, Executive Assistant to the Executive Director.

**PRESENTATION ON THE STATE OF ELECTRONIC HEALTH RECORDS IN OHIO**

Dr. Mahajan invited Catherine Costello, J.D., from the Ohio Health Information Partnership (OHIP), to address the Board. Ms. Costello explained that OHIP was established by the Ohio Hospital Association, the Ohio State Medical Association, the Ohio Osteopathic Association, and the state of Ohio to support physicians and hospitals in converting to electronic health records (EHR). Ms. Costello stated that OHIP secured one grant to assist 6,000 primary care physicians in Ohio in adopting EHR. OHIP also secured a second grant of \$50,000,000.00 in state and federal funding to establish a state-wide health information exchange (HIE). Ms. Costello provided a very thorough overview of OHIP's activities and the current status of the EHR in Ohio.

Dr. Steinbergh asked about e-prescribing systems, particularly when prescribing controlled substances. Ms. Costello replied that the Ohio Board of Pharmacy produced a list of e-prescribing vendors that meet certain criteria, including dual authentication of the prescriber's identity. For controlled substance e-prescribing, OHIP has adopted the Drug Enforcement Agency (DEA) certification for vendors and physicians. E-prescribing controlled substances requires that the prescriber be individually identified, that the vendor has separate controlled substances credentials, and that the receiving pharmacy be certified to receive controlled substances.

Dr. Talmage asked if OHIP's EHR system will accommodate a possible multi-state prescription reporting system, which is being considered by the National Board of Pharmacy. Ms. Costello answered that there are cross-border prescription reporting systems currently operating as pilot projects. Ms. Costello also

stated that the Ohio Automated Rx Reporting System (OARRS) will be totally integrated into the electronic systems.

Mr. Kenney asked what fees will be associated with the EHR system. Ms. Costello responded that for authentication for prescribing controlled substances, physicians will be charged approximately \$75.00 to \$200.00 and the authentication will not need to be renewed. Ms. Costello continued that the EHR vendor must be certified every two years. In addition, the receiving pharmacy may be charged a small clearinghouse fee.

Dr. Strafford asked how the EHR system accounts for a physician who loses their prescribing privileges. Ms. Costello stated that she has met with members of the Board staff to develop a notification system for when a physician is disciplined and loses prescribing privileges.

Regarding biometric identifiers for authentication, Dr. Strafford commented that hand sanitizer that physicians use between patients can make their fingerprints unreadable by the device. Ms. Costello agreed and stated that eye and retina scanners will become more common in the future for that reason.

Dr. Ramprasad commented that he has found it difficult in his practice to determine if he is complying with his system's meaningful use standard. Ms. Costello stated that the vendor should be able to assist in producing a report on meaningful use. Dr. Ramprasad also commented that the EHR system can make actual patient care difficult. Dr. Madia stated that 100% of the physicians in his clinic have complied with meaningful use, resulting in a \$2,000,000.00 payment from Medicare/Medicaid.

Addressing the issue of inter-connectivity, Ms. Costello stated that more than 50 hospitals have signed onto the HIE, with 56 other hospitals contracted to do so. Ms. Costello estimated that by the end of 2012, about 75% of hospitals in Ohio will either have HIE implemented or be contracted to do so. 310 physician sites are also currently contracted. Ms. Costello also outlined aspects of the HIE dealing with behavioral health integration, public health reporting, payor's health plans, and data collection. The HIE involved 12 electronic vendors with mutually-compatible systems.

Dr. Bechtel agreed with Dr. Ramprasad's earlier comments that EHR, while tremendously useful in several ways, can interfere with patient care and negatively affect the doctor-patient relationship. Dr. Bechtel stated that in his experience, patient volume had to be reduced by 50% to compensate for the time it takes to click everything on the EHR. Ms. Costello agreed that this continues to be a problem with several systems. Dr. Talmage stated that the Federation of State Medical Boards' Ethics & Professionalism Committee will produce a report by next April addressing the professionalism of having an EHR system.

In summary, Ms. Costello stated that meaningful use has 3 stages: Adoption; inter-connectivity and reaching out to the patient and the patient's role in the process; and use of data for the improvement of care in individual patients. Ms. Costello stated that much more information, including which hospitals are being implemented, can be found at [ohip.org](http://ohip.org).

Dr. Strafford stated that Ms. Costello has given an excellent presentation. Dr. Strafford noted that any HIE system must address those patients with healthcare situations that they do not want on the system, such as

women with sexually-transmitted diseases. Ms. Costello stated that that is being addressed as part of the behavioral health pilot.

Dr. Mahajan thanked Ms. Costello for presenting this information to the Board.

### FISCAL REPORT

Ms. Loe stated that the May fiscal report has been provided to the Board members. Ms. Loe stated that Fiscal Year 2012 ended on June 30, and the Board had just under \$3,000,000.00 in its fund at that time. Ms. Loe noted that because of discrepancies in when physicians renew their licenses, even-numbered fiscal years tend to have higher revenue than odd-numbered fiscal years.

Ms. Loe stated that in developing the next budget, self-funded agencies like the Medical Board can ask for 100% of this year's budget; anything more would require evidence that the Board can sustain the increased budget with its fees. By contrast, Ms. Loe stated that agencies funded by the General Revenue Fund are capped at 90% of their current budget and any more than that must be justified.

Ms. Loe stated that she will soon have personnel projections of what currently-filled positions will cost in two years based on mandated pay step increases, benefits costs, and other factors.

Dr. Strafford exited the meeting at this time.

### PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Mahajan advised that at this time he would like the Board to consider the probationary reports and probationary requests on today's consent agenda. Dr. Mahajan asked whether any Board member wished to consider a probationary report or request separately. Dr. Steinbergh wished to discuss Jeffrey B. Rubinstein, M.D., separately.

Dr. Steinbergh opined that Dr. Rubenstein needs to be vigilant to make certain he does not repeat the violations that occurred in Kentucky. Dr. Steinbergh stated that Dr. Rubenstein needs to be very aware of the Ohio Medical Practices Act and all of Ohio's rules and laws. Dr. Steinbergh stated that she approves of Dr. Rubenstein's probationary request, but wanted to ensure that her thoughts on this matter are reflected in the meeting minutes.

**Dr. Steinbergh moved to accept the Compliance staff's Reports of Conferences on June 11 & 12, 2012, with: Franklin H. Baker, P.A.; Todd S. Carran, M.D.; Gregory G. Duma, M.D.; Mary Jo Foote, P.A.; Richard David Greczanik, D.O.; W. Andrew Highberger, M.D.; Jerome D. Homish, D.O.; James Cameron Johnson, D.O.; Leigh Allison Judge, P.A.; James M. Kennen, D.O.; Richard M. Kincaid, M.D.; Leonid Macheret, M.D.; Patrick K. McGriff, D.O.; Breton Lee Morgan, M.D.; Barbara G. O'Keefe Murrell, M.D.; Jerry G. Purvis, Jr., M.D.; Mark A. Rhodeback, M.T.; Joseph Aloysius Ridgeway, IV, M.D.; Matthew C. Riesen, M.D.; Steven E. Schwartz, P.A.; Christopher S. Shaw, M.D.; Joseph Cooper Simone, D.O.; Richard S. Skoblar, M.D.; Arthur H. Smith, M.D.; Paul Sresthadatta, D.O.; Andrea Herbert Szokoloczy-Syllaba, D.O.; Ernesto C. Tan, M.D.; Kimberly M.**

**Telmanik, P.A.; Ross Putman Turner, D.O.; and Chad Winfield Ulmer, M.D.**

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

- **To grant Mohammad A. Adas, M.D.'s request for approval of a new proposed practice plan;**
- **To grant Matthew H. Evenhouse, M.D.'s request for approval of Bradford L. Borden, M.D., to serve as the new monitoring physician;**
- **To grant Thomas A. Gibbs, D.O.'s request for approval of Jean A. Lange Loiudice, D.O., to serve as a second monitoring physician;**
- **To grant Paul H. Goodman, D.O.'s request for approval of Michael S. Summerfield, D.O., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at 10 charts per month;**
- **To grant Wesley F. Hard, M.D.'s request for approval of *Intensive Course in Medical Ethics, Boundaries & Professionalism*, administered by Case Western Reserve University, to fulfill the Personal/Professional Ethics Course requirement;**
- **To grant Brian D. Hesler, M.D.'s request for approval of Gregory B. Collins, M.D., to serve as the treating psychiatrist, and approval of Joseph W. Janesz, Ph.D., to serve as the treating psychotherapist;**
- **To grant Michael C. Macatol, M.D.'s request for approval of Larry Todd Hawkins, M.D., to conduct the psychiatric assessment required for reinstatement;**
- **To grant Mark S. McAllister, M.D.'s request for approval of Robert L. Murdock, M.D., to conduct one of the psychiatric assessments required for reinstatement;**
- **To grant Jeffrey B. Rubinstein, M.D.'s request for permission to engage in the practice of medicine in Ohio;**
- **To grant Dan Ryu, M.D.'s request for approval of Rani A. Lakhi, M.D., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at 10 charts per month;**
- **To grant Siraj A. Siddiqui, M.D.'s request for approval of *Intensive Course in Medical Ethics, Boundaries and Professionalism*, administered by Case Western Reserve University, to fulfill both the personal and professional ethics course requirements;**
- **To grant Jon Berkley Silk, Jr., M.D.'s request for approval of Cheng T. Pan, M.D., to serve as the new treating psychiatrist;**

- To grant Mitchell E. Simons, M.D.'s request for approval of the modified list of chaperones;
- To grant Amy R. Weidman, M.D.'s request for approval of *Professional Ethics and the Therapeutic Relationship: Boundary Crossings and Violations*, administered by Northeast Ohio Medical University, to fulfill both the Persona;/Professional Ethics and the Physician/Patient Boundaries course requirements; and
- To grant Richard Allan Zinni, D.O.'s request for approval of Nancy V. S. Rodway, M.D., to serve as the new monitoring physician.

**Dr. Madia seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion carried.

#### ADMINISTRATIVE REPORT

Mr. Whitehouse stated that the Massage Therapy Advisory Committee will meet later today at 1:30 p.m. Mr. Whitehouse stated that any and all Board members who wish to attend are invited to do so.

Dr. Strafford returned to the meeting at this time.

Mr. Whitehouse reminded the Board members that the Board meetings are audio recorded and the microphones detect everything the Board members say while in public session. Mr. Whitehouse advised the Board that no comments are really "off the record" when in public session, including side comments to one's neighbor. Mr. Whitehouse also stated that the audio recording is a public record available to anyone upon request.

#### MASSAGE THERAPY RULES

Ms. Debolt briefly reviewed the Board's adoption of last year's rule which established the Massage and Bodywork Licensing Examination as the Board's massage therapy examination. At that time, the Joint Committee on Agency Rule Review (JCARR) allowed the rule to be promulgated on the condition that the Board adopt an amendment that would sunset the rule in January 2013. During that one-year period, the

Board was to review the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination to determine if it would also be an appropriate licensing examination.

Ms. Debolt stated that the Board encountered difficulty in coming to an agreement with NCBTMB on certain aspects of how the review would be conducted. As a result, JCARR is no longer requiring the Board to promulgate the sunset amendment. Ms. Debolt asked if the Board wished to withdraw the sunset amendment from the promulgation process.

**Dr. Steinbergh moved that the proposed amendment to Rule 4731-1-12, Ohio Administrative Code, that was filed on March 30, 2012, be withdrawn from the rule promulgation process. Ms. Elsass seconded the motion.** All members voted aye. The motion carried.

#### REPORTS BY ASSIGNED COMMITTEES

##### AD HOC COMMITTEE ON MAINTENANCE OF LICENSURE

Dr. Steinbergh stated that the *Ad Hoc* Maintenance of Licensure (MOL) Committee had a very active discussion yesterday. Dr. Steinbergh asked Mr. Whitehouse to review the progress in developing an MOL pilot study.

Mr. Whitehouse stated that since the last Board meeting, he and the staff have reached out to stakeholders and advised them that the Board had decided to become a pilot study state for MOL. Mr. Whitehouse stated that some groups, such as Ohio Academy of Family Physicians and the Ohio Osteopathic Association, expressed interest in working with the Board as they develop their own certification programs. Other groups, such as the Ohio State Medical Association (OSMA) and the Academy of Medicine of Cleveland and Northern Ohio (AMCNO), have adopted resolutions opposing MOL. However, both OSMA and AMCNO have expressed a willingness to continue a dialogue with the Board. Mr. Whitehouse commented that OSMA's recent webinar on this subject was a very objective and measured discussion.

In response to Dr. Madia, Mr. Whitehouse stated that OSMA is generally opposed to the concept of MOL because they see it as just another requirement physicians have to fulfill, they do not know why it is necessary, they question the scientific basis for MOL, and concerns about cost and taking time away from patient care. Mr. Whitehouse stated that these are natural questions which must be answered. Mr. Whitehouse commented that much of the misinformation and misunderstandings about MOL was reflected in the OSMA webinar.

Mr. Whitehouse encouraged the Board to have a larger discussion about the issues surrounding MOL. Mr. Whitehouse noted that Dr. Ramprasad in particular has raised many points which the Board must address before determining what MOL will be in Ohio and if it is feasible.

Dr. Steinbergh noted that last month's discussion of MOL began with consideration of what actions the Board may take on a physician who fails to comply with MOL provisions. Dr. Steinbergh opined that beginning the MOL discussion with the punishment aspect was a mistake which physicians could find

unsettling. Mr. Whitehouse stated that the MOL discussion can begin with any topic the Board wished, but noted that the result of a practitioner's failure to comply must be discussed openly at some point. Mr. Whitehouse opined that MOL should not be equated with punishment. Dr. Madia agreed with Dr. Steinbergh and stated the discussion should begin with what MOL means and what the requirements will be.

Dr. Talmage stated that oftentimes medical associations' discussions of MOL begin with "punishment," questioning if physicians will lose their licenses for failure to comply with MOL. Dr. Talmage reiterated Mr. Whitehouse's point that MOL should be approached as a positive, noting that remediation and probation would be allowed and that he does not wish to see a productive practitioner lose his or her medical license. However, Dr. Talmage stated that there may come a time when a practitioner may lose their technical skills or cognitive abilities, or may not accede to the limitations of a physical handicap. Dr. Talmage stated that in such situations, the Board will have to act.

Dr. Talmage stated that he wants to begin the discussion positively. Dr. Talmage stated that the Board members have been provided with an extensive bibliography from the Federation of State Medical Boards (FSMB) on the rationale and possible testing processes for MOL. Dr. Talmage noted that the Massachusetts Medical Society is working closely with the Massachusetts Board of Registration in Medicine in developing MOL in that state, as are the Colorado Medical Society and the Colorado Medical Board. Dr. Talmage stated that it is likely that Colorado and Massachusetts will implement a more complete version of MOL than the pilot studies envisioned by the FSMB. Dr. Talmage stated that from their data and experience, as well as that of similar programs in Canada, Ireland, Australia and New Zealand, it will be known if MOL makes a difference or not.

Dr. Steinbergh asked if MOL would bring a deficient physician to the attention of the Board quicker or more efficiently than the current complaint-based method. Dr. Talmage noted an example from the previous day's disciplinary cases of a surgeon, Dr. Kay, who undertook practice in the field of pain management for which he was not trained or qualified. Dr. Talmage stated that MOL will not identify that a physician is deficient, but rather is an effort to proactively ensure that a physician maintains efficiency and competency. Dr. Talmage stated that if Dr. Kay had done the proper MOL or taken the appropriate continuing medical education courses, he may not have appeared before the Board.

Mr. Whitehouse noted that the Report and Recommendation on Dr. Kay stated that he had made a substantial career change and entered the field of pain management with a misplaced sense of overconfidence. The Report and Recommendation concluded that "his overconfidence and lack of significant formal training or experience in pain management probably contributed to the errors he made." Mr. Whitehouse stated that MOL is about trying to make physicians more aware and ensure that they are trained in the area in which they profess to practice. Mr. Whitehouse stated that more importantly, MOL is meant to provide the public with some assurance that measures of competency are taking place.

Dr. Mahajan stated that physicians with deteriorating skills can often be detected in hospitals or surgical centers, but this is not the case for physicians practicing in their own offices. Dr. Mahajan opined that no one system will catch all such physicians, but MOL is one piece of that effort. Dr. Mahajan further opined that if MOL is not adopted, it may be forced on the Board legislatively.

Mr. Kenney noted that other professions have instituted continuing education requirements to ensure competency. However, Mr. Kenney stated that the courses are available online and that the tests are usually taken by someone other than the professional, thus cheating the system. As a result, proficiency testing has questionable veracity. Dr. Talmage replied that one of the principles of MOL adopted by the FSMB is that there will be no high-stakes testing and that the process will be an identification of the physician's practice pattern to determine where further education may be needed.

Mr. Kenney commented that MOL sounds very intensive and questioned how it would be paid for. Dr. Talmage stated that some cost will be involved and speculated that the market could provide lower-cost alternatives. Mr. Kenney commented that it is difficult for him to embrace a concept that seems to impose more controls on people's activities. Mr. Kenney stated that a physician's failure to meet these new standards is not necessarily indicative of a poor-quality practice.

Dr. Ramprasad agreed with Dr. Steinbergh's and Dr. Madia's previous statements that to begin with the question of punishment gave the wrong impression to people, including himself. Dr. Ramprasad opined that MOL seems to be mostly about control and that no one has considered the costs to physicians. Further, neither the Board nor the FSMB will have any control over the organizations who will administer the tests and measures. Dr. Ramprasad noted that one representative from the American Board of Medical Specialties appeared on national media and berated physicians for being greedy, to which Dr. Ramprasad took great offense.

Dr. Ramprasad noted the extensive requirements that physicians certified by the American Board of Internal Medicine must meet, as well as the voluminous requirements of the Centers for Medicare and Medicaid Services (CMS). Dr. Ramprasad pointed out that physicians are already doing a great deal to address quality issues and that many errors are due to system failure rather than physician negligence. Dr. Ramprasad felt that if MOL does not have a scientific basis, then it should not be pursued.

Dr. Ramprasad questioned what Mr. Whitehouse does to maintain proficiency in his profession. Mr. Whitehouse replied that lifelong learning is a part of what is required of all attorneys and other professionals. Dr. Ramprasad noted that Mr. Whitehouse works as a manager for the Board and asked if he takes management or financial courses. Mr. Whitehouse replied he has not taken such courses recently, but noted that he is not licensed as a manager. Dr. Ramprasad questioned how Mr. Whitehouse can continue managing without taking management or financial courses. Dr. Suppan opined that this discussion should be limited to the practice of physicians.

Dr. Suppan stated that Dr. Ramprasad made good points regarding measures of quality and what physicians are already doing in this regard. Dr. Suppan opined that CMS and other organizations requiring proof of quality should be part of this nationwide discussion. Dr. Ramprasad stated that a problem must be identified before a solution is sought, and he was unsure that there is a problem.

Dr. Talmage stated that it is not appropriate to bring Mr. Whitehouse personally into this discussion, as he is only a messenger relating the FSMB's request to adopt a pilot study. Dr. Talmage stated that as the Chair of the FSMB, he will address Dr. Ramprasad's concerns.

Dr. Talmage stated that physicians certified by a specialty board already fulfill their board's educational requirements. However, 25% of physicians are not board-certified and have no such specialty-related educational requirements. In addition, 33% of physicians are grandfathered into lifetime certification, but that figure will dwindle as those physicians leave practice. Dr. Talmage stated that MOL may not be able to address all the physicians who may end up facing discipline before the Board, but it has a chance of helping some of them.

Dr. Ramprasad stated that one physician in particular appeared before the Board who was certified in two specialties. However, despite fulfilling the educational requirement of two specialty boards, he still did wrong. Dr. Talmage replied that some physicians are simply unethical people and MOL will not remedy that problem. However, Dr. Talmage noted that the Board's Quality Intervention Panels (QIP) deal specifically with physicians who are alleged to have violated the minimal standards of care in specific instances. Physicians reviewed by QIP are often referred to specific educational courses to address their issues and keep them from continuing practices that could result in future disciplinary action.

Dr. Ramprasad stated that no one is against better medicine or better practice of medicine. Dr. Ramprasad stated that he is not opposed to the concept of better learning. Dr. Ramprasad stated that he would like to engage in a discussion of how to deal with non-board certified physicians and whether fulfilling CMS requirements would satisfy MOL, but is disturbed by what seems to be dictates from an MOL system. Mr. Whitehouse stated that, contrary to some misconceptions, MOL will not require specialty board certification, but will provide something that suggests ongoing competency.

Dr. Talmage exited the meeting at this time.

Ms. Elsass asked if programs like MOL are being discussed among other licensed professions, such as nurses or physician assistants. Mr. Whitehouse replied that he is currently unaware of any models for those groups, though there have been discussions. Mr. Whitehouse stated that the massage therapy profession is currently trying to launch what is essentially an MOL program.

Ms. Elsass opined that Dr. Talmage's position as Chair of the FSMB has resulted in unspoken pressure for the Board to implement an MOL pilot study. Ms. Elsass noted that there is resistance on the Board from those who have legitimate questions about MOL and, as a result, the Board is becoming fractured by this issue. Mr. Whitehouse stated that he is not in a position to address Ms. Elsass' concerns about pressure. However, Mr. Whitehouse noted that the discussion of MOL began prior to his appointment as the Board's Executive Director. In 2004, the FSMB's House of Delegates suggested that some indicia of ongoing competence should be a prerequisite for renewal of a medical license. When Mr. Whitehouse came to the Board in 2005, the Board at that time expressed interest in furthering the MOL concept. Mr. Whitehouse stated that it is only recently that the issue has reached the point where pilot studies are being discussed.

Mr. Kenney noted that the goal of all involved is to improve patient care. Mr. Whitehouse agreed and stated that part of protecting the public is encouraging activities that will reduce errors. Mr. Kenney opined that the Board is often very lenient towards physicians, particularly impaired and addicted physicians, perhaps because physicians do not like to see other physicians become unable to practice. Mr.

Kenney opined that if the Board handed down more stringent discipline for physicians who have done wrong, it would send a message to the physician community that poor patient care will have serious consequences and thus accomplish MOL's goal of improved patient care. Mr. Kenney opined that the Board should be engaged in a discussion of the minimal standards of discipline.

Dr. Talmage returned to the meeting at this time.

Mr. Whitehouse opined that the issue of impaired physicians is a different issue from MOL. Mr. Kenney opined that MOL and discipline are, in fact, the same issue. Mr. Whitehouse stated that if the Board can ensure that physicians are involved in programs to demonstrate competency, then problems can be detected and corrected before discipline is warranted. Mr. Whitehouse agreed that the Board should be tough on physicians who are willfully unethical.

Dr. Suppan commented that the Board addresses the issues of impairment and addiction on a disease model, which is based on scientific medical evidence. Dr. Suppan stated that it would be highly unethical for any Board member to base a decision about a physician on the fact that they share a profession, as was implied earlier. Mr. Kenney responded that he is not suggesting that.

Dr. Strafford opined that the nature of an MOL pilot study should be specifically defined very soon. Dr. Strafford commented that he and Mr. Whitehouse will appear before OSMA's education committee at the end of August to give an update on MOL. Dr. Strafford opined that the Board is distressing itself unnecessarily on what MOL is imagined to be rather than what it will be. Dr. Madia agreed with Dr. Strafford and stated that enough discussion has taken place. Dr. Madia suggested that a plan for an MOL study should be presented to the Board for an up or down vote. Dr. Mahajan agreed.

Dr. Steinbergh expressed support for Dr. Suppan's earlier comments regarding impaired and addicted physicians. Dr. Steinbergh stated that the Board and its staff work diligently to get impaired physicians out of practice quickly. Dr. Steinbergh stated that when the Board is successful, an impaired physician can return to practice and continue their personal process of healing, whereas physicians who repeat the same behavior may have their medical licenses revoked.

Dr. Steinbergh related MOL to her experience teaching patient safety in the hospital setting. Dr. Steinbergh stated that at the end of teaching about better communication and recognizing red flags, it is not known if the education will be effective. However, it is what is not seen that indicates a positive endpoint. Dr. Steinbergh stated that if a reduction in certain kinds of errors can be demonstrated and that the improvement of physician education can improve patient care, that is the goal.

#### LICENSURE UPDATE

Ms. Weaver stated that Ms. Vollmer's report on ongoing improvements in the licensure process has been provided to the Board members. Ms. Weaver stated that the revisions to the recommendation forms and to the Board's website have been made. The report also describes ongoing efforts to reduce the need for data entry and streamline the approval process for clean applications.

Dr. Steinbergh asked for clarification that the proposed changes discussed last month would expedite the approval of clean applications by having them approved by the Secretary and Supervising Member, and that approval will be affirmed by the full Board at its next meeting. Ms. Weaver replied that that is correct. Dr. Steinbergh stated that she approves of the proposal.

Dr. Madia stated that the Group 1 Committee discussed this topic yesterday and directed the staff to study the issue and submit the necessary changes to statute to the legislature. Mr. Miller opined that the proposal should be made in the context of the proposed changes in licensure fees that the Board will submit in September.

Regarding changes in licensure fees, Dr. Steinbergh stated that the time is approaching to discuss that topic with stakeholders. Dr. Madia noted that Mr. Whitehouse will arrange individual meetings with the Ohio State Medical Association (OSMA), the Ohio Osteopathic Association (OOA), and the Ohio Podiatric Medical Association (OPMA). Mr. Whitehouse stated that those meetings are being arranged, as well as a meeting with the Governor's office. Dr. Talmage and Dr. Steinbergh requested to be involved in the meetings with OSMA and OOA, respectively.

Dr. Suppan exited the meeting at this time.

#### LICENSURE APPLICATION REVIEWS

##### AMIT ANAND, M.D.

Ms. Rieve stated that Dr. Anand has had 10 months of fellowship in psychiatry at Yale University and 11 months of internship training in internal medicine at Griffin Hospital, which is affiliated with Yale University. Dr. Anand is asking that his application for licensure be granted based on his 21 months of graduate medication education in the United States and his training and experience in Australia. Dr. Madia stated that the Group 1 Committee recommends approval of Dr. Anand's request.

**Dr. Madia moved to deem Dr. Anand's training and experience to be equivalent to 24 months of graduate medical education and to grant his application for licensure. Dr. Steinbergh seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion carried.

ERICA FORNEY, L.M.T.

Ms. Rieve stated the Ms. Forney has not practiced massage therapy since 1999. The Group 1 Committee recommended that Ms. Forney's application for restoration of her massage therapy license be granted, provided she take and pass the MBLEx examination.

**Dr. Madia moved to approve Ms. Forney's application for restoration, provided she take and pass the Massage and Bodywork Licensing Examination (MBLEx). Dr. Steinbergh seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion carried.

ILIAS ILIOPOULOS, M.D.

Ms. Rieve stated that Dr. Iliopoulos had 12 months of fellowship training in pediatric cardiac intensive care at Miami Children's Hospital from June 2011 to June 2012. Dr. Iliopoulos was also trained in Greece and the United Kingdom for over 10 years and is a member of the Royal College in the United Kingdom. Ms. Rieve stated that the Group 1 Committee recommended granting Dr. Iliopoulos' application for licensure, given his training and experience.

**Dr. Madia moved to deem Dr. Iliopoulos' training and experience to be equivalent to 24 months of graduate medical education and to grant his application for licensure. Dr. Steinbergh seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye

Ms. Elsass - aye  
Mr. Kenney - aye  
Dr. Ramprasad - aye

The motion carried.

JUANNE OSIGWEH, M.D.

Ms. Rieve stated that Dr. Osigweh is applying for initial licensure. Dr. Osigweh finished her training in December 2009 and has not practiced medicine since that time. Dr. Osigweh is currently interning at a fellowship at Shriners' Hospital in Cincinnati. Ms. Rieve stated that the Group 1 Committee noted that Dr. Osigweh will be supervised in the fellowship and recommended granting Dr. Osigweh's application, provided she take and pass the Special Purpose Examination (SPEX). Dr. Steinbergh asked why Dr. Osigweh has not applied for a training certificate instead of a full license. Dr. Madia replied that Dr. Osigweh's fellowship is not her approved training program, and therefore she cannot be granted a training certificate.

**Dr. Madia moved to approve Dr. Osigweh's application for licensure, provided she take and pass the Special Purpose Examination (SPEX). Dr. Steinbergh seconded the motion.** A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Mr. Hairston	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Dr. Talmage	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion carried.

Dr. Bechtel exited the meeting at this time.

LEGISLATIVE UPDATES

**House Bill 284, Physician Assistants:** Mr. Miller stated that House Bill 284 has passed out of the House Health Committee, but is held up on the House floor by one issue. That issue is the ability granted to physician assistants to insert and remove inter-uterine devices. Mr. Miller stated that this has brought up the discussion of whether or not to remove from statute the list of services that physician assistants are allowed to perform. The Ohio Physician Assistants Association (OPAA) has provided draft language that would remove that list, as well as remove the special service applications from statute. Mr. Miller stated that while some Medical Board members are generally supportive of moving in this direction, the language

provided by the OPAA is much looser than what those Board members envisioned. Mr. Miller stated that in its current form, the draft language essentially allows a physician assistant to do anything a physician can do with no reference to training, experience, or the supervising physician's normal course of practice. Mr. Miller stated that he will be having conversations with the OPAA to strengthen the draft language. Dr. Steinbergh expressed interest in being involved in those conversations, if her schedule permits.

**Senate Bill 329, Prisoners' Medical-Behavioral Health Care Program:** Mr. Miller stated that this legislation allows psychologists to obtain prescriptive authority. The bill limits the number of psychologists who can have prescriptive authority to six at any one time. The bill allows psychologists to provide services through the prison system in conjunction with a telemedicine program established by the Director of the Department of Rehabilitation and Corrections.

Dr. Mahajan asked about the Ohio Psychiatric Physicians Association's position. Mr. Miller replied that the Association is not supportive of the bill.

**Senate Bill 301, Controlled Substances:** Mr. Miller stated that this follow-up to the pill mill legislation will give the Board authority to perform office inspections in relation to pain management clinics. Mr. Miller anticipated that this legislation will pass the legislature before the end of 2012.

**House Bill 251, Oriental Medicine:** Mr. Miller stated that the legislation to regulate the practice of Oriental medicine is moving forward.

**House Bill 259, Alternative Health Services:** Mr. Miller stated that there is concern among some professions regarding the alternative health care legislation which was passed out of the House. Mr. Miller stated that he will continue to monitor the alternative health care legislation since it affects all the Board's licensees as it is currently written.

**Written Informed Consent:** Mr. Miller stated that he, Ms. Elsass, Mr. Kenney, and Ms. Debolt met with representatives from the Governor's office regarding the potential of adding informed consent language to the Clinical Research Faculty Certificate legislation. Mr. Miller stated that draft language has been provided to the Board members. Dr. Madia opined that the draft language was very good and thanked all involved for their efforts. Mr. Kenney commented that the Governor's representatives listened to their proposal, but did not indicate if they would support the Board on this matter.

Dr. Steinbergh stated that patients should be informed about who is providing their care, noting that other providers in hospitals have identification tags which indicate "M.D.," "D.O.," "P.A.," "R.N.," and so forth. Dr. Steinbergh suggested that holders of the Clinical Research Faculty Certificate should likewise be identifiable to the patient. The Board agreed and engaged in a general discussion of this topic. The Board members also discussed the Board's responsibility to issue the certificates as prescribed by law, despite the Board's opposition to the legislation.

The Board encouraged Mr. Miller to continue his efforts to require informed consent and, secondarily, to require easy identification of the holders of the certificate in the hospital setting.

**Patient-Centered Medical Home Education Advisory Group:** Mr. Miller stated that the Medical Board is an ex-officio member of the Patient-Centered Medical Home (PCMH) Education Advisory Group. At its last meeting, the group reported that it has selected 50 pilot sites in Ohio to start transitioning from primary care practices to patient-centered medical home practices. Funding is being acquired and a vendor has been selected to start educating the practices and transform them to the PCMH model. In addition, the Ohio First Scholarships for PCMH education will go into place later in 2012.

**INQUIRY FROM THE STATE BOARD OF NURSING CONCERNING THE SAPIENS TIP CONFIRMATION SYSTEM**

Dr. Steinbergh stated that the Medical Board has received an inquiry from the Nursing Board regarding the use of the Sapiens Tip Identification System. Specifically, the Nursing Board has inquired if use of the Sapiens system to identify the tip of a peripherally-inserted central catheter (PICC) line is considered the practice of medicine, and therefore outside a nurse's scope of practice.

Ms. Debolt explained that in a prior opinion, the Medical Board had stated that the use of an x-ray to identify the tip of a PICC line is the practice of medicine and cannot be performed by a nurse. However, the Sapiens system is more akin to an EKG, which can be read by a nurse. Ms. Debolt stated that the Group 2 Committee discussed this issue yesterday and, with some amendments, approved the draft statement stating that a physician may rely on a nurse's confirmation of the tip placement using the system, provided that the nurse is properly trained in the competent use of the Sapiens system. Ms. Debolt stated that the amended draft statement has been provided to the Board members.

**Dr. Steinbergh moved to approve the draft response, as amended, to the Nursing Board's inquiry. Dr. Madia seconded the motion.** All members voted aye. The motion carried.

**APPOINTMENT TO MASSAGE THERAPY ADVISORY COMMITTEE**

Dr. Steinbergh stated that numerous massage therapists have applied for the vacant seat on the Board's Massage Therapy Advisory Committee. Dr. Steinbergh stated that the Group 2 Committee considered all the applicants and recommends that Jan Heppner-McConathy, L.M.T., be appointed to the position. The committee further recommended that, if Ms. Heppner-McConathy declines the appointment, then Mary Riley, L.M.T., should be appointed.

**Dr. Steinbergh moved to appoint Jan Heppner-McConathy, L.M.T., to the Board's Massage Therapy Advisory Committee. Dr. Steinbergh further moved that should Ms. Heppner-McConathy decline the appointment, then Mary Riley, L.M.T., should receive the appointment. Mr. Hairston seconded the motion.** A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Mr. Hairston	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye

Dr. Talmage - aye  
Ms. Elsass - aye  
Mr. Kenney - aye  
Dr. Ramprasad - aye

The motion carried.

MOTION TO RECONSIDER THE MATTER OF RAYMOND L. MATHIS, D.O., Case No. 12-CRF-046

Dr. Mahajan stated that a request for the Board to reconsider the matter of Raymond L. Mathis, D.O., has been filed. Dr. Mahajan noted that in yesterday's meeting, the Board denied five requests that had been filed on behalf of Dr. Mathis, and an Order was issued in the matter. Ms. Debolt stated that this request, as well as the previous five requests, is based on the fact that Dr. Mathis requested a hearing, but did not do so in a timely fashion.

**Dr. Madia moved to deny the request to reconsider the matter of Raymond L. Mathis, D.O. Ms. Elsass seconded the motion. A vote was taken:**

ROLL CALL:

Dr. Strafford	- abstain
Mr. Hairston	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye

The motion carried.

STATEMENT FROM MR. HAIRSTON

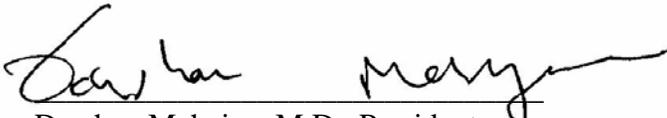
As this is potentially his final Board meeting, Mr. Hairston asked to address the Board. Mr. Hairston stated that his term on the Board has been a very interesting five years in his life and he has learned a great deal. Mr. Hairston stated that as a consumer, he is thankful to know that there are people on the Medical Board who truly care about the people of Ohio. Mr. Hairston stated that he is very comfortable that Ms. Elsass and Mr. Kenney will continue to represent the people of Ohio as he has. Mr. Hairston stated that he was honored to serve with the other Board members. Mr. Hairston also expressed appreciation for the work of Mr. Whitehouse and the rest of the staff and opined that they do not get the respect they deserve.

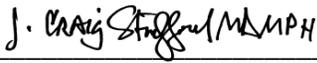
Mr. Hairston stated that the Board members will not always be in agreement, but at the end of the day they walk away as friends. Mr. Hairston encouraged the Board members to continue being positive with each other.

Dr. Steinbergh stated that it has been an honor and a pleasure to have Mr. Hairston serve on the Board. Dr. Steinbergh stated that Mr. Hairston has worked diligently to represent patients in Ohio and his input has been invaluable. Dr. Madia and Dr. Ramprasad congratulated Mr. Hairston for his work on issues related to massage therapy. Dr. Mahajan thanked Mr. Hairston for his insight and common sense.

Thereupon at 11:15 a.m., the July 12, 2012, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Mahajan.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on July 11-12, 2012, as approved on August 8-9, 2012.

  
Darshan Mahajan, M.D., President

  
J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)

