



# YOUR REPORT

FROM THE STATE MEDICAL BOARD OF OHIO

SPRING/SUMMER 1997

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## A WORD FROM THE EDITORS

With the second millennium nearly upon us, the Medical Board has leapt aboard the technology bullet train with the unveiling of its new World Wide Web site. Those of us who still find the feats of the microwave oven impressive are amazed that, with a few keystrokes, you can now learn the latest on medical licensing and regulation in Ohio, from new legislation that affects your practice to the Medical Board's stance on current issues. Our home page also gives you access to a Consumer's Guide to the Medical Board, Continuing Medical Education publications, licensure requirements and disciplinary guidelines. By the time this issue of *Your Report* reaches your mailbox, our new Roster On-line Lookup service should also be operational. The service offers a thumbnail sketch of each licensee, including a summary of any Ohio disciplinary action. Perhaps most importantly, the Board's web site gives you the opportunity to e-mail us with your comments and suggestions. You'll find our Internet address on page 18 of this issue of *Your Report*. Please let us know what you think.

It is exciting to begin the Medical Board's second century with the prospect of even greater advancements just ahead to help us better serve Ohio's health care consumers and providers.

*Charles D. Stienecker, M.D.  
& Lauren Lubow, J.D., co-editors*

## Inside YOUR REPORT

More on Pain .....	2
Revised Position Paper on Pain Management .....	3
Advanced Practice Nursing Law Affects Doctors .....	5
New Rules Clarify Podiatry Scope of Practice .....	6
Toward a Rational Licensing System .....	9
Disciplinary Actions .....	11
Medical Board on the Internet .....	18
Child Support Default Jeopardizes License .....	19

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# More on Pain

By Thomas E. Gretter, M.D.

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The State Medical Board of Ohio is part of the ongoing national trend to expand the view of pain management. The Board's position paper on management of **Chronic Benign Pain** (chronic non-malignant pain) was published in the Summer 1995 issue of *Your Report*, and was updated in August 1996 (see page 3). The paper outlines guidelines adopted by the Board for the management of a specific type of pain. Opiate use is addressed formally, noting that it has a place in the treatment of that pain class. More importantly, the position paper outlines and reaffirms a process that should be followed in treating chronic nonmalignant pain with special reference to prescribing drugs. The position paper addresses the process that continues to be the base standard in medical care: **developing a treatment plan and following up on that therapeutic plan.**

Treatment is based on the diagnosis determined by an appropriate history, physical examination and diagnostic studies. These elements

(history, physical examination, consultations, diagnosis or impression) must be documented for every patient encounter including the treatment plan. The use or non-use of controlled substances in treatment is not a factor to decide the presence of these elements.

A history appropriate for the complaint, an appropriate physical examination, consultation as needed, indicated diagnostic studies, a treatment

***Pain management is not simple. It requires not only the talents of physicians, but also the resources of the community.***

plan and follow up are the established standards for patient care for every type of illness. A review of the grounds for Medical Board disciplinary actions reveals that the lack of these elements has often been the catalyst for formal proceedings. It is not the use of scheduled drugs *per se* that prompts Board action but, rather, the absence of the basic elements of good care that include a history, physical examination and appropriate studies. **It is the failure to meet these minimal standards of care, not the actual drugs used, that lead to Board action in these instances.**

Physicians prescribing opiates must be aware of the unique properties of this drug class. They are excellent analgesics. Nevertheless, it is a fact that opiates have addiction properties and are abused by some individuals. A single Dilaudid tablet currently has a street value of \$25. A drug's addictive properties and its potential monetary worth may prompt criminal activity, including drug diversion. To curtail this activity, federal and state laws have been enacted that physicians must know and heed. Ignorance of the law is not an excuse accepted by civil or criminal authorities.

These laws address the manufacturing, purchasing, storing, dispensing and recordkeeping of controlled substances.

Opiate use is associated with dependence and increasing tolerance, although recent evidence suggests this may not be as severe a problem as originally thought. These are two characteristics of this drug class, and must not be confused with addiction. Federal law prohibits prescribing for addiction except in limited situations, such as in approved treatment centers.

Although the recent emphasis is on the treatment of chronic benign pain and the use of

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opiates in that pain type, the Medical Board continues to be concerned about treatment of all types of pain. There is growing concern that pain is undertreated or inappropriately managed. There are many modalities for pain management available that need to be evaluated and considered in each case. Care plans need to be appropriate to the conditions present. The patient needs to be in on the decision process and informed of the treatment options and risks. Often an initial, conservative treatment trial may be the treatment plan of choice. The Board's position paper outlines several available modalities for pain management.

Non-scheduled drugs used for pain control are not without risk. For example, non-steroidal anti-inflammatory drugs (NSAIDS) can cause gastrointestinal problems and bleeding, especially in the elderly. Last year, NSAIDS were reported responsible for 41,000 hospitalizations and 3,300 deaths nationally.

Pharmacists are helpful in informing physicians of problems with prescriptions. The patient who shows up at the pharmacy early for a medication refill may be indicating that the drug or dose is not sufficiently controlling the pain, and a review and possible adjustment are necessary. It may not be a signal of

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*STATE MEDICAL BOARD OF OHIO - POSITION PAPER*

**SCHEDULED DRUG THERAPY  
INCLUDING NARCOTICS FOR CHRONIC  
BENIGN PAIN**

Adopted June 14, 1995; Revised August 14, 1996

**OVERVIEW**

**Background**

Historically, Chronic Benign Pain (subsequently referred to as CBP, and sometimes termed non-malignant pain) is a difficult medical problem to manage. For physicians and health care workers whose goal is to relieve pain and suffering, CBP management can be frustrating and hazardous. For the physician, the risks include failing to control pain, failing to return an individual to a more normal life, and contributing to patient dependence. For the patient, the risk is continued pain and suffering, and drug addiction.

Scheduled drugs, including opiates, can be appropriately used for treatment of CBP. Yet physicians may be reluctant to prescribe potentially addictive analgesics, fearing that law enforcement agencies

See **POSITION PAPER** on page 4

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drug abuse, but simply a call for help. On the other hand, drugs are abused by some, and pharmaceutical information is valuable in appropriate patient management.

Pain in any form or type should be managed. The process described above and the universally accepted standards for caring should apply not only to pain, but to all illnesses. Pain may be acute, associated with trauma or surgery, chronic, or part of a malignancy. Pain management is not simple. It

requires not only the talents of physicians, but also the resources of the community. Multiple different care modalities are available and effective for pain management. They should be explored and used efficiently and effectively. Opiates are an accepted pain management tool. The State Medical Board of Ohio encourages physicians to continue educational efforts toward increasing their knowledge and skills in pain management. ♦

and the State Medical Board will prosecute them. No such fear should exist with appropriate and legitimate use. The State Medical Board of Ohio has developed this position on CBP management to guide both the physician and the patient.

### **Definition**

Chronic benign pain (CBP) defined, for purposes of this position paper, is long-standing pain not associated with malignancy or acute pain caused by trauma, surgery, infection or other factors. However, these and other pain sources, such as sprains or twists, may symptomatically persist to become CBP. The intensity will vary from mild to severe disabling pain that may significantly reduce quality of life.

### **Diagnosis**

A diagnosis of CBP is established by a careful and complete history and physical examination, diagnostic studies, and appropriate consultation.

### **Treatment**

There are many effective treatment methods for CBP, including, but not limited to:

- mild analgesics such as caffeine-free acetylsalicylic acid (aspirin) and acetaminophen (Tylenol)
- nonsteroidal anti-inflammatory compounds
- antidepressants
- anticonvulsants
- physical therapy
- manipulative therapy (including osteopathic)
- transcutaneous nerve stimulation (TENS)
- nerve block
- mild analgesics with caffeine (non-narcotic)
- psychiatric care or psychological counseling

- biofeedback relaxation techniques
- surgical techniques

### **SCHEDULED DRUGS**

Some patients are refractory to treatment programs and require scheduled medications, including narcotics, to allow an acceptable quality of life. When narcotic therapy is necessary to control pain, the patient must be carefully managed to reduce the risk of developing addiction and to assure that treatment goals are met. The Medical Board has adopted the following guidelines for managing chronic benign pain when it has been determined that narcotics and other scheduled substances are needed for pain control.

1. The diagnosis of CBP is established through a history and physical examination and appropriate diagnostic studies. The examination includes a documented assessment of pain, physical and psychological function and other medical and psychological problems, as a baseline for management, which includes scheduled drugs.
2. Evidence of previous substance abuse or an addictive personality should be considered in the treatment plan.
3. There is documentation that pain cannot be adequately controlled by other treatment methods such as, but not limited to:
  - a. Behavior modification
  - b. Non-narcotic medications
  - c. Physical therapy
  - d. TENS
  - e. Manipulation
  - f. other forms of recognized treatment
4. An appropriate drug should be chosen that

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has the fewest side effects and the least chance of causing addiction or tolerance.

5. There should be evidence of informed patient consent with respect to the risks and benefits of the therapy and drugs utilized.
6. The medication dosage, the route administered and the amount dispensed or prescribed is precisely and clearly documented.
7. The patient is evaluated at regular intervals, based on the stability of the disorder. That review includes:
  - a. An evaluation of the effectiveness of treatment, including medication, in controlling the patient's pain.
  - b. Verification of the patient's compliance with medical directions.
  - c. Consultation with pain management specialists and other consultants if indicated.
  - d. Follow-up and update of the treatment plan as needed. Continuation or modification of the drug treatment depends on the patient's progress toward the treatment objectives. Without progress, the physician should assess the appropriateness of continued therapy.
8. The physician maintains an accurate and complete clinical record.
9. The treating physician is licensed in the State of Ohio and obeys all State and Federal laws concerning the practice of medicine. ♦

## Advanced Practice Nursing Law Affects Doctors

Ohio now recognizes four advanced practice nursing specialties as the result of a law that took effect last fall. Senate Bill 154, which became effective on September 10, 1996, defines scopes of practice and establishes certification and educational requirements for certified registered nurse anesthetists, clinical nurse specialists, certified nurse-midwives and certified nurse practitioners. The State Medical Board published a summary of the bill in the Fall 1996 issue of *Your Report*.

As a corollary to the bill, Ohio's Board of Nursing recently proposed rules to establish procedures for issuing certificates of authority to advanced practice nurse specialists. The Board of Nursing anticipates that the rules will be adopted and become effective in early April 1997. As proposed, the rules offer requirements in the areas of written standard care arrangements, scope of practice, and quality assurance. Copies of the proposed rules can be obtained by contacting the Board of Nursing directly at 614/466-3947.

Physicians who plan to work in collaboration with advanced practice nurses should heed some specific changes that were made to Ohio's Medical Practices Act by Senate Bill 154. The Bill creates a basis for physician discipline for "failure of a physician or podiatrist to maintain a (written) standard care arrangement with a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner with whom the physician or

See **A.P.N. LAW** on page 6

podiatrist is in collaboration pursuant to Section 4731.27 of the Revised Code and practice in accordance with the arrangement." Section 4731.27 of the Code requires that the written standard care arrangement be retained on file by the physician or podiatrist and nurse at the site where the nurse practices. Prior approval of the arrangement by the Medical Board is not required, but the statute permits the Medical Board to review it periodically.

Section 4731.27 of the Revised Code also permits hospitals to hire advanced practice nurses as employees and to negotiate standard care arrangements on their behalf with collaborating physicians. These written arrangements are subject to approval by the hospital's medical staff and governing body prior to implementation of the arrangement at the hospital.

Another new provision included in Section 4731.281 of the Revised Code requires that, at the time of licensure renewal, the physician licensee "shall include with the application a list of names and addresses of any clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners with whom the applicant (licensee) is currently collaborating."

## DPMs' Scope of Practice Clarified in New Rules

As of January 30, 1997, new Medical Board rules specifically define "foot" to include the ankle joint and articulate the minimum level of adequate education, training and experience needed by a podiatrist to perform ankle joint surgery. The rules clarify the scope of practice of podiatry that was adopted by Ohio's General Assembly almost thirty years ago. (See Section 4731.51, Practice of podiatry, on page 7.)

New Ohio Administrative Code Rule 4731-20-01 defines the foot as "the terminal appendage of the lower extremity" including the "ankle joint." Rule 4731-20-02, O.A.C., governs the minimum level of "adequate education, training, and experience needed" by a podiatrist to perform surgery on the ankle joint. In general, the rule requires American Board of Podiatric Surgery (ABPS) certification and twenty-four months of residency training in podiatric surgery in an approved program. The rule provides for "grandfathering" of podiatrists who can meet other specific criteria. While Rule 4731-20-02, O.A.C., establishes

Additionally, Medical Board licensees must give written notice to the Board of any change to this list within thirty days of the change.

Another product of S.B. 154, the Direct Entry Midwifery Study Council, is charged with preparing a report to Ohio's General Assembly containing the Council's recommendations on whether the state should recognize and regulate direct entry midwives, and what qualifications are needed

for recognition of these practitioners. The report is due December 31, 1997. The Council held its first two meetings in December 1996 and January 1997, and plans to meet every other month throughout 1997. Anyone with a special interest in direct entry midwifery may contact the Board's Government Affairs Officer, Tom Dilling, or the Co-Chairs of the Council, State Representative Joan Lawrence or State Senator Merle Kearns to offer input. ♦

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that podiatrists must meet a minimum educational base prior to performing surgery on the ankle joint, the rule does not purport to preclude hospitals from establishing more stringent standards for certain procedures involving complex medical problems of the foot and ankle.

Both new rules are printed in their entirety in this issue of *Your Report*.

The Medical Board's adoption of the new rules followed a public hearing during which a number of interested parties testified. Testimony at hearing substantiated that podiatrists had already been credentialed and privileged at many Ohio hospitals to perform surgical procedures on the ankle. In addition to the testimony offered at the rules hearing, the Medical Board also received input from interested parties when the scope of podiatric practice was initially addressed through its Scope of Practice Committee. The rules underwent final public scrutiny before the state's Joint Committee on Agency Rule Review (JCARR), a select group of legislators who evaluate proposed rules to ensure that agen-

cies stay within their statutory rule-making authority. The transcript from the Medical Board's public rules hearing, as well as voluminous written materials from the hearing and Scope of Practice Committee, are available for review. Those

interested should contact Medical Board Government Affairs Officer, Tom Dilling, at 614/466-3934.

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*See Rules 4731-20-01 and 4731-20-02 on page 8.*

### **4731.51, O.R.C. Practice of Podiatry**

The practice of podiatry consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments. The podiatrist may treat the local manifestations of systemic diseases as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself. General anaesthetics may be used under this section only in colleges of podiatry approved by the medical board pursuant to section 4731.53 of the Revised Code and in hospitals approved by the joint commission on the accreditation of hospitals, or the American osteopathic association. The use of x-ray or radium for therapeutic purposes is not permitted.

Effective 12-14-67

### **CHANGE OF ADDRESS NOTICE**

**Do we know where you are? State law requires that you notify the Medical Board in writing of your new address within thirty days.**

### **4731-20-01 DEFINITION OF FOOT.**

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

Effective 1/30/97

### **4731-20-02 SURGERY: ANKLE JOINT.**

- (A) A podiatrist may perform surgery on the ankle joint, if:
- (1) the podiatrist holds privileges to perform surgery on the ankle joint from one or more of the following entities:
    - (a) a college of podiatry approved by the board pursuant to section 4731.51 of the Revised Code;
    - (b) a hospital approved by the joint commission on the accreditation of health care organizations or the American osteopathic association; or
    - (c) an ambulatory surgical facility approved by the department of health pursuant to its authority under Chapter 3702. of the Revised Code; and
  - (2) the podiatrist can demonstrate adequate education, training, and experience needed to conform to minimal standards of care of similar practitioners under the same or similar circumstances by meeting either of the following criteria:
    - (a) has attained board qualified status from the American board of podiatric surgery and has successfully completed at least a twenty-four month residency in podiatric surgery approved by the council on podiatric medical education, or
    - (b) holds privileges to perform surgery on the ankle joint from an institution meeting criteria under paragraph (A)(1) of this rule, and such privileges were granted prior to the effective date of this rule.
  - (3) A podiatrist who performs surgery on the ankle joint other than in accordance with all the terms of this rule violates divisions (B)(6) and (B)(20) of section 4731.22 of the Revised Code.

Effective 1/30/97

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# Toward a Rational Licensing System

By Ray Q. Bumgarner, Executive Director

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## Excerpts from a July 20, 1996 presentation to the American College of International Physicians

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Those who successfully navigate the backwaters of the U.S. medical licensing system and achieve licensure in at least one state deserve our congratulations, for not everyone escapes that rite of passage to physician-hood unscathed. Unfortunately, those who embark upon a change in career path or location—or, with the ascendancy of managed care, have a change forced upon them—will be required to renavigate the licensing system, often under a different set of rules, being treated all the while as if they had never previously held a license to practice.

Variance from state to state is precisely the problem. All of us would likely agree upon the need for a licensing system that would consistently, effectively, and fairly assess each candidate's knowledge base, skills base, character, and ability to interact with others. But I must wonder how closely the medical licensing system as it has evolved in the U.S. meets these criteria.

After all, the U.S. licensing system features all of the following:

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### ***The repetitive, almost pernicious, document chase as we know it today could become a thing of the past.***

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- 1) inconsistent educational requirements;
- 2) inconsistent testing requirements;
- 3) inconsistent training requirements;
- 4) undefined or nonspecific equivalencies of education and training;
- 5) inconsistencies in all of the above based upon geographic location rather than the type of activity to be undertaken; and
- 6) repetitive collection and submission of documents that, by definition, do not change in nature or meaning over time.

A logical question is whether, with these features, the current U.S. medical licensing system can be characterized as a rational one. In my opinion, it's

doubtful at best. Can anything be done about it? My personal response, at least, is "yes." A better job can be done on behalf of the profession and the public alike. But will we actually do anything to improve it? Of that, unfortunately, I cannot be sure. Nonetheless, some progress has already been made, and exciting opportunities for

landmark improvement lie just ahead.

For instance, the Federation of State Medical Boards, recognizing concerns about variance in the remaining licensing standards and requirements, hosted a discussion among state medical board executives in April 1993 to address endorsement licensure issues. Some general conclusions arose from those discussions. Two, in particular, were that

- There will likely be greater impetus for physician mobility in the future, not less; and
- Licensure should not unnecessarily impede mobility.

An underlying premise of the Federation recommendations is

See **RATIONAL** on next page

that candidates for licensure in the U.S. should be able to provide their core education and training documents to a centralized repository to be maintained by the Federation of State Medical Boards only once, ordinarily at the time of their initial licensure application in the U.S. The core documents could then be authenticated by the Federation through primary source verification and permanently stored, to be accessed and relied upon in the future by all state licensing boards as the practitioner moves from state to state. The repetitive, almost pernicious, document chase as we know it today could then become a thing of the past.

The Federation's Board of Directors voted to implement the suggested credentials repository and verification service, now labeled with the acronym FCVS, for Federation Credentials Verification Service.

In December 1995, Ohio became the first state to endorse exclusive, prospective use of the FCVS, effective upon its availability to all Ohio license applicants. Utah and Wyoming were the first states to use the FCVS service, beginning in August 1996. Ohio joined in November, with Georgia, Maryland and Virginia following in December. In addition, 14 medical boards have agreed at the time of writing to accept FCVS-verified documents. They are

Arizona	Massachusetts
California	Montana
Hawaii	New Hampshire
Idaho	New Mexico
Indiana	Oregon
Kentucky	Rhode Island
Louisiana	Texas

In all likelihood, use will grow steadily as candidates apply for licensure in states like Ohio that utilize the FCVS on an exclusive, prospective basis for all examination and endorsement applicants. General acceptance will have an opportunity to grow based upon satisfaction with the service, both as to its quality and its promptness. As that happens, more and more physicians will apply directly to the FCVS for inclusion. But explosive growth in the use of FCVS services is unlikely to occur unless or until a large number of states adopt exclusive use for their licensure candidates, or those taking the USMLE are required to provide core documents to the FCVS as part of the examination application process. To date, no announcement of such a requirement for entrance to the USMLE has been made.

I think most of us would agree that the existing licensing system deserves change. Inequities and delays abound. Attempts at change, however, do not always flourish when initially proposed. When the Federation of State Medical Boards, for instance, introduced the FLEX in the 1960's as a national examination for medical licensure in the U.S., it took a number of years for universal acceptance to follow. The current effort to create a single, nationally recognized repository and source of licensing credentials for everyone must likewise overcome significant bureaucratic inertia to succeed in the 1990's. Yet the FCVS offers a step toward significant renovation of the U.S. medical licensing system. Its adoption nationwide could herald removal of other barriers to a rational licensing system. For that reason alone, the FCVS deserves our endorsement and encouragement—as long as it meets expected standards for quality. And should idealism prove insufficient motivation for support, one can always cite the potential advantages offered by “one-stop” access to vital licensing documents and credentials. ♦

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# STATE MEDICAL BOARD OF OHIO

## DISCIPLINARY ACTIONS

*August 1996 - December 1996*

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**ABDALLA**, Robert L. (MT #3471) - Newark  
**Board Order** - Massage therapy certificate suspended for at least one year; conditions for reinstatement and subsequent probation for at least five years established; license permanently limited to require third party present while examining or treating female patients. Effective 8/16/96.

**AMERICAN INSTITUTE OF MASSOTHERAPY/**  
Nancy J. Stover (MT #4183) - Tiffin  
**Board Order** - Massage school's Certificate of Good Standing subjected to probationary terms, conditions and limitations for at least two (2) years based on school's practice of enrolling students prior to their obtaining preliminary education certificates as required by Medical Board rule. Effective 10/21/96.

**BAILEY**, Gordon A. (MD #36965) - Zanesville  
**Pre-hearing Suspension** - Pursuant to Section 4731.22(D), O.R.C., doctor's license summarily suspended based on Board's determination that there is clear and convincing evidence that doctor improperly dispensed controlled substances and other dangerous drugs; and the Board's determination that the doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed and personally served on doctor on 11/1/96; summary suspension effective 11/1/96.

**BERZINS**, Talivaldis (MD #22306) - Columbus  
**Voluntary Surrender** - Permanent revocation authorized by doctor in lieu of further formal proceedings based on doctor's admission that his treatment of 30 patients violated Sections 4731.22(B)(2) and (B)(6), Ohio Revised Code. Effective 10/18/96.

**BRYNIARSKI**, Christopher E. (DPM #2874) - Mayfield Heights  
**Pre-hearing Suspension** - Pursuant to Section 3719.121(C), O.R.C., podiatrist's license immediately suspended based on his plea of guilty to one felony

count of knowingly possessing, with intent to distribute, approximately 200 grams of marijuana, and less than 5 grams of cocaine. Notice mailed 10/10/96.

**CARANDANG**, Napoleon V. (MD #34082) - Columbus  
**Consent Agreement** - Application for restoration of medical license granted, subject to probationary terms, conditions and limitations. Based on applicant's admission that beginning in January 1996, he practiced medicine by doing examinations and "return to work" evaluations as a company physician without applying for restoration of his Ohio license, which had expired in 1979. Agreement effective 12/4/96; agreement to remain in effect for a minimum of two years prior to any request for termination.

**CARPENTER**, Michael Ray (DO #2360) - Akron  
**Voluntary Surrender** - Permanent revocation of license to practice osteopathic medicine authorized by doctor in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(9), O.R.C., based upon doctor's plea of guilty to eleven counts of Drug Trafficking. Effective 5/23/96.

**CARSON**, Robert Clayton (MD #24255) - North Canton  
**Pre-hearing Suspension** - Pursuant to Section 4731.221, O.R.C., doctor's license automatically suspended on or about 11/17/93 upon his having been adjudged by a probate court to be mentally ill or mentally incompetent. Suspension to remain in effect until determination of doctor's restoration to competency. Notice mailed 8/14/96.

**CASTRO**, Orlando Roa (MD #39236) - East Liverpool  
**Board Order** - Medical license suspended for at least one year; conditions for reinstatement and subsequent probation for at least five years established. Based on doctor's exercise of poor clinical judgment and/or poor

surgical technique, and failure to timely recognize and treat post-operative complications in specified patients. Effective 10/27/96, except doctor required to immediately discontinue performing gastro-intestinal surgeries. **Court Action** - Notice of appeal of Board's 9/11/96 indefinite suspension Order filed by doctor with Franklin County Court of Common Pleas on 10/11/96.

**CINELLI**, Albert Burton (MD #29750) - Youngstown  
**Board Order** - Medical license permanently revoked based on doctor having plead guilty to one felony count of knowingly possessing, with the intent to illegally dispense and distribute, controlled substances. Effective 10/11/96.

**DAVIDSON**, Jerome Philip (DPM #1210) - Youngstown  
**Board Order** - Podiatry license indefinitely suspended for at least six months; conditions for reinstatement and subsequent probationary terms, conditions and limitations for a minimum of five years established. Based on doctor having been found guilty of a second degree misdemeanor. (Goldman hearing - request for hearing not timely filed) Order mailed 12/3/96; Order effective 1/3/97. **Court Action** - Notice of appeal of Board's 11/13/96 indefinite suspension Order filed in Franklin County Court of Common Pleas by doctor on 12/6/96. By Decision and Entry filed 1/16/97, Franklin County Court of Common Pleas denied doctor's request for a stay of Board's 11/13/96 indefinite suspension Order.

**DELLIQUADRI**, Thomas Joseph (MT #5548) - Girard  
**Board Order** - Massage therapist's application for restoration denied; massage therapist ordered not to resubmit a restoration application for three months. Based on massage therapist's practice of massage without a current and valid license from 9/1/93 through 8/95 or 10/95, after his license had been suspended by operation of law on 9/1/93 for failure to pay renewal fees. Order mailed 12/3/96; Order effective 12/3/96.

**GARTNER**, Hans E. (MT #2653) - Akron  
**Board Order** - Massage therapist reprimanded based on his performance of colonic irrigations, in violation of Medical Board rules. Order mailed 12/9/96; Order effective 12/9/96.

**GOSWAMI**, Atul S. (MD #50449) - Akron  
**Board Order** - Doctor reprimanded based on his having been found guilty of dispensing a Schedule IV controlled substance, phentermine, in the course of his practice, and failing to affix to the label the date it was dispensed; and doctor's failure to advise the Board of that guilty finding on his application for renewal of his Ohio medical license. Order mailed 12/3/96; Order effective 12/3/96.

**GUIDI**, John Charles (MT applicant) - Cincinnati  
**Board Order** - Application to practice massage therapy granted, following Board's consideration of allegations that applicant's previous request for licensure as a massage therapist had been denied based on Board findings that the applicant had failed on that previous application to submit complete and accurate information pertaining to convictions for driving under the influence, attempted drug abuse, and failure to pay local income taxes. Order mailed 12/17/96; Order effective 12/17/96.

**HATFIELD**, Mark C. (MD #71758) - Anderson, SC  
**Consent Agreement** - Application for medical license granted, subject to probationary terms, conditions and limitations. Based on applicant's admissions that in the course of his practice as an anesthesiologist, he fraudulently added to anesthesia times for patient billings over a three year period; that he resigned from a hospital staff after being informed that this unprofessional conduct was not consistent with the medical staff's ethical practices; and that he provided restitution in excess of \$100,000 and paid a civil fine of \$15,000. Agreement effective 12/4/96; agreement to remain in effect for at least five years prior to any request for termination.

**HORWITZ**, Lewis Leonard (MD #59625) - Euclid  
**Consent Agreement** - Doctor reprimanded; doctor agrees not to apply for return of Ohio license in the future. Based on doctor's admission that he failed to provide complete and accurate information pertaining to residency training on his application for initial licensure. Agreement effective 10/8/96.

**IAHN**, Paul H. (MD #31811) - Brunswick  
**Consent Agreement** - Medical license suspended for sixty days based on doctor's admission that he received

10% of psychotherapist's gross monthly income as compensation for supervising the psychotherapist's practice, and that insurance forms doctor signed and submitted indicated that the services were rendered at his office, when they were actually rendered at psychotherapist's office. Agreement effective 8/14/96; suspension effective 9/14/96 through 11/13/96.

**KAVANAUGH**, Daniel M. (DPM #1761) - Akron  
**Pre-hearing Suspension** - Pursuant to Section 3719.121(C), O.R.C., doctor's license immediately suspended based on doctor having been found guilty three felony counts of Trafficking in Drugs. Notice mailed 9/12/96.

**KELNER**, Paul E. (MD #61460) - Bucyrus  
**Consent Agreement** - Medical license reinstated subject to probationary terms, conditions and limitations for at least five years based on doctor's admitted relapse, for which he subsequently received treatment and aftercare through an approved provider. Agreement effective 8/14/96.

**KUKLA**, Robert Dale (MD #38208) - Florence, SC  
**Board Order** - Indefinite suspension of at least one year stayed, subject to probationary terms, conditions and limitations for at least five years. Based on prior action against doctor's South Carolina medical license by that state's medical board due to findings that, from 1988 through 1994, the doctor engaged in unethical and unprofessional sexual harassment and contact with one patient. Order mailed 12/3/96; Order effective 12/3/96.

**MAHER**, William Patrick (DO #4405) - Westerville  
**Consent Agreement** - Permanent revocation of medical license stayed subject to indefinite suspension for at least two years; conditions during suspension and subsequent probationary terms, conditions and limitations established for at least five years; doctor ineligible to hold or apply for D.E.A. registration without prior Board approval. Based on doctor's plea of guilty to one felony count of Drug Abuse, for which he was granted treatment in lieu of conviction, and his admissions that he relapsed by ingesting cocaine in violation of 12/6/95 consent agreement, for which he subsequently reentered treatment. Agreement effective 8/14/96.

**MAYS**, Dewey Ordic, Jr. (MD #31392) - Dayton  
**Board Order** - Doctor's request for reinstatement

denied based on his inability to practice according to acceptable and prevailing standards of care by reason of mental or physical illness. (*Goldman* hearing - no request for hearing filed) Order mailed 11/21/96; Order effective 11/21/96.

**MORRIS**, Louise Delyte (PA #354) - Xenia  
**Consent Agreement** - Probationary terms, conditions and limitations imposed based on Physician Assistant's admissions that she has a history of opiate abuse for which she was evaluated by a Board approved provider. Agreement effective 11/13/96; agreement to remain in effect for at least one year prior to any request for termination.

**MOZOLA**, Emil William (MD #13873) - Independence  
**Voluntary Surrender** - Permanent revocation authorized by doctor in lieu of further formal proceedings based on doctor's admissions that his dispensing of desiccated thyroid to specified patients as a component of a weight-loss regimen and other dispensing violated Ohio law. Effective 4/19/96.

**MYNKO**, Gregory S. (MD #69952) - Avon Lake  
**Board Order** - Permanent revocation stayed, subject to indefinite suspension for at least two years; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least five years established, including prescribing restrictions; license permanently limited to restrict doctor from practicing anesthesiology. Based on doctor's misrepresentation of material facts upon which his 2/14/96 consent agreement was based; failure to comply with conditions of limitation imposed on license by 2/14/96 consent agreement. Order mailed 12/3/96; Order effective 12/3/96.

**NADOLSKI**, Charles W. (PA applicant) - Chardon  
**Board Order** - Application for registration as a Physician Assistant denied based on applicant's designation of himself as a P.A. when he was not, in fact, registered as such. (*Goldman* hearing - no request for hearing filed) Order mailed 11/21/96; Order effective 11/21/96.

**PANDIT**, Sunil P. (MD #57681) - Saginaw, MI  
**Board Order** - Doctor reprimanded based on doctor's alleged failure to advise Ohio Medical Board on application for renewal of his Ohio medical license that

an administrative complaint had been lodged against him by Michigan's medical board. Effective 10/30/96.

**PAONI, Adam George (DO applicant) - Newburgh, IN**  
**Board Order** - Application for license to practice osteopathic medicine denied based on prior action by Missouri's medical board due to that board's finding that applicant knowingly executed prescriptions for narcotic drugs for other than bona fide professional treatment, for persons with no legitimate medical need, and that he accepted personal property that he knew to be stolen in exchange for his execution of prescriptions; alleged failure to provide complete and accurate information on application for Ohio licensure pertaining to actions against licensure and privileges in other states. Order mailed 11/21/96; Order effective 11/21/96.

**PHOTIADIS, James (MD #55076) - Springboro**  
**Board Order** - Indefinite suspension for at least sixty days imposed; conditions for reinstatement and subsequent probationary terms, conditions and limitations established for at least two years. Based on doctor having been found guilty of one misdemeanor count of Drugs, Records Required, due to his failure to keep complete and accurate dispensing records in the course of his practice as an anesthesiologist. Order mailed 12/17/96; Order effective 1/17/97.

**POLAMREDDY, Ramalingareddy (MD #41746) - Toledo**  
**Consent Agreement** - Probationary terms, conditions and limitations imposed for at least two (2) years based on doctor's admissions that he received treatment and aftercare through an approved provider following a relapse on alcohol. Agreement effective 10/9/96.

**POLITO, Matthew A. (DPM #1531) - Willowick**  
**Board Order** - Podiatry license permanently revoked based on doctor having been found guilty of seven felony counts for knowingly, intentionally, and unlawfully distributing controlled substances outside the usual course of medical practice and for no legitimate purpose. (Based on 8/15/95 notice of opportunity for hearing.) **Court Action** - By Entry filed 8/16/96, Franklin County Court of Common Pleas dismissed doctor's appeal of Board's 8/15/95 summary suspension Order. By Decision filed 8/16/96, Franklin County Court of Common Pleas granted Board's

motion to dismiss doctor's appeal of Board's 2/14/96 notice of opportunity for hearing. Entry filed 9/12/96. Notice of appeal to Franklin County Court of Common Pleas of Board's 8/14/96 permanent revocation Order filed with Board by doctor on 9/3/96.

**PRICE, William Anthony (MD #51195) - Boardman**  
**Board Order** - Medical license indefinitely suspended for at least one year; conditions for reinstatement and subsequent probation for at least one year established. Based on doctor's plea of guilty to one felony count of Distribution of a Controlled Substance. Effective 9/26/96.

**PUDUPAKKAM, Ramachandra (MD #35640) - Lima**  
**Board Order** - Permanent revocation of medical license stayed, subject to indefinite suspension for at least three (3) years; conditions for reinstatement and subsequent probationary terms, conditions and limitations for five years established. Based on doctor's plea of guilty to one felony count of knowingly making and causing to be made false, fictitious and fraudulent material statements and representations in that he submitted and caused to be submitted for Medicaid reimbursement billings for services that were never performed on patients as represented. Effective 11/30/96.

**QUIROGA, Luis E. (MD #38290) - Cincinnati**  
**Board Order** - Medical license indefinitely suspended for a minimum of six (6) months; conditions for reinstatement and subsequent probationary terms, conditions and limitations for a minimum of three years established. Based on doctor's plea of guilty to two misdemeanor counts of Attempted Gross Sexual Imposition. Effective 11/30/96.

**REED, Barbara Anne (MD #16377) - Mansfield**  
**Board Order** - Doctor reprimanded based on her failure to advise Board on renewal application that co-admitting requirement had been imposed upon her hospital clinical privileges based on quality of care issues. Effective 8/27/96.

**REED, Esther Elizabeth (MD #13936) - Butler**  
**Board Order** - Doctor reprimanded based on her failure to advise Board on renewal application that co-admitting requirement had been imposed upon her hospital clinical privileges based on quality of care issues. Effective 8/27/96.

**RICH**, Joseph E. (MD applicant) - Harriman, TN/  
Midwest City, OK

**Board Order** - Application for medical license denied based on applicant's failure to provide complete and accurate information on licensure application in response to questions about prior action against his medical license, prior actions against his hospital privileges, prior actions against clinical privileges by the Department of Defense, and denial of hospital privileges, as well as applicant's failure to advise Ohio Medical Board of treatment for emotional or mental illness, drug addiction or abuse, or an alcohol problem. Effective 8/16/96. **Court Action** - Notice of appeal to Franklin County Court of Common Pleas of Board's 8/14/96 Order denying medical licensure filed with Board by doctor on 8/30/96.

**SINGH**, Rajinder (MD #46289) - East Liverpool  
**Pre-hearing Suspension** - Pursuant to Section 4731.22(D), O.R.C., doctor's license summarily suspended based on Board's determination that there is clear and convincing evidence 1) that doctor violated conditions of limitation imposed on his license by 4/17/96 consent agreement, and 2) that doctor's ability to practice according to acceptable and prevailing standards of care is impaired because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice; and the Board's determination that the doctor's continued practice presents a danger of immediate and serious harm to the public. Summary suspension effective upon service of notice on doctor (10/11/96).

**SPENCER**, Jeffrey C. (MD #40551) - Lyndhurst  
**Board Order** - Indefinite suspension for at least one year imposed, such time to be calculated from June 12, 1996, the date pre-hearing suspension of doctor's license took effect; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least two years established. Based on doctor having been found guilty of one felony count of unlawful operation of a methadone treatment program. Order mailed 12/17/96; Order effective 12/17/96.

**SPERRY**, Robert George (MD #65507) - Miamisburg  
**Board Order** - Allegations set forth in Board's 2/14/96 notice of opportunity for hearing dismissed following Board's determination that there was insufficient evidence to support a finding that doctor had been

convicted of driving while under the influence on or about 9/24/91. Order mailed 12/9/96; Order effective 12/9/96.

**SWIGER**, Frank (DPM #2925) - Willowick  
**Pre-hearing Suspension** - Pursuant to Section 3719.121(C), O.R.C., podiatrist's license immediately suspended based on his plea of guilty to one felony count of knowingly possessing, with intent to distribute, approximately 200 grams of marijuana, and less than 5 grams of cocaine. Notice mailed 10/10/96.

**THOMAS-MCCAULEY**, Tina Marie (MD #63897) - Cleveland

**Consent Agreement** - Permanent revocation of medical license stayed subject to indefinite suspension for at least two years; conditions during suspension and subsequent probationary terms, conditions and limitations established for at least five years; doctor ineligible to hold or apply for D.E.A. registration without prior Board approval. Based on impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs; and conviction of one (1) misdemeanor count of Possession of Cocaine. Agreement effective 12/5/96.

**TOROSIAN**, Michael Paul (DO applicant) - Novi, MI  
**Board Order** - Application for license to practice osteopathic medicine by endorsement of Michigan license denied based on applicant's failure to provide complete and accurate information about training and employment on licensure application. Effective 10/11/96.

**WALSH**, James Aloysius, Jr. (MD #64349) - Hilton Head, SC

**Board Order** - Matter dismissed on the basis of evidence presented by doctor to mitigate prior action against doctor's Colorado medical license, following a determination by that state's medical board that doctor's reading of mammograms was deficient, and his admission that he failed to detect lesions in seven cases that were later determined by biopsies to represent malignancies. Effective 10/30/96.

**WARGO**, John David (DO #3969) - Uniontown  
**Consent Agreement** - Probationary terms, conditions and limitations imposed for a minimum of two (2) years

based on doctor's admissions that he violated the terms of his 9/20/94 consent agreement by relapsing, that he has undergone evaluation by an approved provider, that he has maintained sobriety since 10/95, and that he has not practiced medicine since 7/93. Agreement effective 10/9/96.

**WEINER**, Alan (DPM #1360) - Pepper Pike

**Board Order** - Podiatry license permanently revoked based on doctor's failure to conform to minimal standards of care with respect to care rendered to specified patients; publication of false, fraudulent, deceptive or misleading statements; and ethical violations. Order mailed 12/17/96; Order effective 12/17/96. **Court Action** - Notice of appeal of Board's 12/4/96 permanent revocation Order filed by doctor with Franklin County Court of Common Pleas on 12/24/96. Doctor's motion for stay denied by Common Pleas Court on or about 1/20/97.

**WELLS**, Darrell Keith (MD #41988) - Westerville

**Board Order** - Medical license permanently revoked based on prior action against doctor's Tennessee medical license by that state's medical board, and doctor's failure to advise the Ohio Medical Board on his application for renewal of his Ohio medical license that a notice of charges had been issued against him by Tennessee's medical board. (*Goldman* hearing - no request for hearing filed) Order mailed 12/3/96; Order effective 12/3/96.

**WENSINGER**, Jerome Arthur (MD #23025) - Marion

**Board Order** - Medical license suspended for thirty (30) days based on doctor's failure to advise Medical Board on license renewal application that a requirement that he obtain a written pre-operative concurring second opinion from a physician specializing in obstetrics and gynecology prior to performing any oophorectomies, hysterectomies, or treating cystocele or rectocele had been imposed on hospital clinical privileges. Effective 11/23/96. **Court Action** - Notice of appeal of Board's 10/10/96 suspension Order filed in Franklin County Court of Common Pleas by doctor on or about 11/5/96. By Entry filed 11/21/96, Franklin County Court of Common Pleas granted doctor's motion to stay Board's 10/10/96 suspension Order. Entry specifies that stay order shall terminate not more than 15 months after the date notice of appeal was filed with the Common Pleas

Court or upon the rendering of that Court's final decision, whichever occurs first.

**WU**, Haw-Chyr (MD #33550) - Warren

**Board Order** - Medical license permanently revoked based on improper prescribing and failure to conform to minimal standards of care with respect to treatment rendered to 19 specified patients. Effective 10/18/96, except that doctor required to immediately surrender D.E.A. certificate and not undertake care of any patient not already under his care. **Court Action** - Notice of appeal to Franklin County Court of Common Pleas of Board's 9/12/96 permanent revocation Order filed with Board by doctor on 9/18/96. By Decision and Entry filed 10/9/96, Franklin County Court of Common Pleas denied doctor's motion for a stay of Board's 9/12/96 permanent revocation Order.

**ZUCCO**, Anthony D. (DO #6525) -  
Richmond Heights

**Board Order** - Osteopathic medical license granted subject to probationary terms, conditions and limitations for one year based on doctor having pled guilty, while in the service of the U.S. Army, to having smuggled anabolic steroids into the United States, a felony. Effective 8/29/96.

### Continuing Medical Education Actions

**MEYERS**, Samuel (MD #30046) - Gallipolis

**Voluntary Retirement** - Permanent voluntary retirement of medical license accepted by Board in lieu of formal proceedings based on failure to comply with Continuing Medical Education requirements. Effective 11/28/96.

**MURRAY**, Timothy Colin (MD #56681) - Hudson

**Consent Agreement** - Probationary terms, conditions and limitations imposed for three biennial registration periods based on doctor having certified on license renewal application that he had completed required Continuing Medical Education hours when, in fact, he had not completed those hours at the time of certification. Required hours were completed subsequently. Agreement effective 12/14/96.

**RAMOS**, Victor L. (MD #30484) - Novelty  
**Board Order** - Medical license suspended for ninety days; subsequent probation imposed for at least three biennial registration periods. Based on doctor's failure to provide acceptable documentation of satisfactory completion of C.M.E. as required by 6/16/89 Board Order, despite his having certified on his license renewal application that the requisite hours had been completed. Effective 9/26/96.

### COURT APPEAL UPDATE

**ALLEN**, William H., Jr. (MD #16996) - Athens  
**Court Action** - By Decision filed on 7/23/96 and documented by Entry filed on 8/19/96, Franklin County Court of Common Pleas affirmed Board's 2/14/96 indefinite suspension Order. By Decision and Entry filed 9/6/96, Franklin County Court of Common Pleas denied doctor's request to continue the stay it had previously granted of the Board's 2/14/96 indefinite suspension Order. Notice of appeal to Tenth District Court of Appeals filed by doctor on 9/18/96. Tenth District Court of Appeals granted doctor's request for stay, effective 10/3/96. Notice of voluntary dismissal of appeal to Tenth District Court of Appeals filed by doctor on 10/16/96. (Note: Indefinite suspension Order was effective 9/19/96 through 10/2/96. Indefinite suspension became effective again on 10/16/96, following doctor's voluntary dismissal of his appeal.)

**BERNAT**, Donald Russell (MD #17723) - Youngstown  
**Court Action** - By Decision filed on 7/25/96 and documented by Entry filed on 8/20/96, Franklin County Court of Common Pleas affirmed Board's 10/11/95 permanent revocation Order.

**BEYER**, Carolyn (DO #1366) - Chesterton, IN  
**Court Action** - By Decision filed 8/2/96 and documented by Entry filed on 8/15/96, Franklin County Court of Common Pleas affirmed Board's 2/14/96 indefinite suspension Order.

**BOUQUETT**, Gaston (MD #28634) - Dayton  
**Court Action** - By Decision filed 11/1/96 and documented by Entry filed 12/2/96, Franklin County Court

of Common Pleas affirmed Board's 7/14/93 Order denying doctor's application for reinstatement of his revoked medical license. Notice of appeal to Tenth District Court of Appeals filed by doctor on or about 12/3/96.

**BREWER**, Eugene Allan (MD #45064) - Sayre, PA  
**Court Action** - By Decision filed 9/3/96, Franklin County Court of Common Pleas granted doctor's motion for a stay of Board's 7/10/96 indefinite suspension Order.

**GUANZON**, Noel Araneta (MD #67652) - Belpre  
**Court Action** - By Decision and Entry filed 7/15/96, Franklin County Court of Common Pleas granted doctor's motion for a stay of Board's 6/12/96 permanent revocation Order. By Decision filed 11/13/96, Franklin County Court of Common Pleas affirmed Board's 6/12/96 permanent revocation Order. Entry filed 12/5/96. Notice of appeal to Tenth District Court of Appeals filed by doctor on 1/6/97.

**HERSHNER**, Robert Richard (DO #2118) - Westerville  
**Court Action** - By Judgment Entry filed 11/25/96, Franklin County Court of Common Pleas affirmed Board's 9/6/95 permanent revocation Order.

**HILL**, Sam (DO #3607) - Lynchburg  
**Court Action** - Notice of appeal to Tenth District Court of Appeals filed by doctor on 5/20/96. By Entry filed 8/28/96, Tenth District Court of Appeals denied doctor's request for a stay. By Decision and Entry filed 12/5/96, Tenth District Court of Appeals affirmed Board's 4/12/95 indefinite suspension Order.

**KAYE**, Larry Carl (DPM #2678) - Mayfield Heights  
**Court Action** - Notice of appeal to Franklin County Court of Common Pleas filed with Board by doctor on 6/20/96 based on 4/17/96 pre-hearing suspension. Notice of appeal filed with the court on 7/22/96. By Decision filed on 10/2/96, Franklin County Court of Common Pleas granted Board's motion to dismiss doctor's appeal of Board's 4/17/96 pre-hearing suspension Order.

**KRALIK**, Rita Marie (MD #50161) - Mayfield Heights/Brooklyn, NY  
**Court Action** - By Decision and Entry filed 8/1/96,

Franklin County Court of Common Pleas granted Board's motion to dismiss doctor's appeal based on doctor's failure to file notice of appeal with Board. Notice of appeal of 8/1/96 Common Pleas Court Decision filed in Tenth District Court of Appeals by doctor on 8/30/96.

**LARACH**, Fernando C. (MD #51160) - St. Petersburg, FL

**Court Action** - By Decision filed 12/16/96, Franklin County of Common Pleas reversed Board's 5/9/96 suspension Order. Motion for reconsideration filed by State on 12/23/96.

**LITTLE**, David E. (DO #2895) - Pickerington

**Court Action** - Notice of appeal of Board's 7/10/96 permanent revocation Order filed on or about 7/29/96. Appeal voluntarily dismissed by doctor on 9/13/96.

**NASSIF**, Rita Mae (MD #25916) - Cleveland

**Court Action** - By Entry filed 7/8/96, Franklin County Court of Common Pleas granted doctor's motion for a stay of Board's 3/13/96 permanent revocation Order, provided that she not prescribe or dispense any controlled substances during the pendency of appeal. By Decision filed 12/20/96, Franklin County Court of Common Pleas affirmed Board's 3/13/96 permanent revocation Order. Entry to be filed.

#### OHIO COLLEGE OF LIMITED MEDICAL PRACTICE/Larry Kramer (MT #4412) - Cleveland

**Court Action** - By Entry filed 7/31/96, Ohio Supreme Court declined to accept jurisdiction of school's appeal.

**OLYNYK**, Maryanne S. (MD #60217) - Houston, TX

**Court Action** - By Decision and Entry filed 9/30/96, Franklin County Court of Common Pleas affirmed Board's 12/6/95 indefinite suspension Order. Notice of appeal to Tenth District Court of Appeals filed by doctor on 10/28/96. By Entry filed on or about 12/6/96, Tenth District Court of Appeals granted doctor's voluntary motion to dismiss the appeal.

**RAJAN**, Semur P. G. (MD #33496) - Mansfield

**Court Action** - Notice of appeal to Tenth District Court of Appeals filed by doctor on 7/18/96.

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**TANDON**, Mahendra Kumar (MD #36402) - Mayfield

**Court Action** - By Opinion rendered and documented by Entry filed on 9/30/96, Tenth District Court of Appeals affirmed the 3/21/96 Court of Common Pleas' decision dismissing doctor's appeal.

**TAYLOR**, Stanley Douglas (MD applicant) - Youngstown

**Court Action** - By Decision filed on 8/1/96 and documented by Judgment Entry filed on 9/4/96, Franklin County Court Of Common Pleas affirmed Board's 11/8/95 Order denying application for medical licensure.

**VAUGHN**, Mattie Lou (MD #41503) - Columbus

**Court Action** - Petition for Writ of Certiorari filed in U.S. Supreme Court on behalf of doctor on or about 8/26/96. Doctor's application for a stay of Board's Order denied by U.S. Supreme Court on 9/23/96. Doctor's renewed application for stay of Board's Order denied by U.S. Supreme Court on 10/15/96. Doctor's petition for a writ of certiorari denied by U.S. Supreme Court by order entered 11/4/96.

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# Child Support Default Jeopardizes License

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A state law that took effect in November 1996 requires the State Medical Board to suspend your professional license, or refuse to issue you a license in the future, if the Board is notified that you are in default on a child support obligation. The Ohio Department of Human Services has the following advice for professionals whose licenses are suspended or denied pursuant to the new law, O.R.C. 2301.373.

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**Q.** *I just found out that my licensing board is suspending my professional license, or will not issue a professional license to me, because of my child support debt. What right does the board have to do that?*

**A.** The licensing board is required to follow the law. According to the Ohio Revised Code (O.R.C. 2301.373), the board must suspend your professional license, or refuse to issue you a license in the future, if notified by a child support enforcement agency (CSEA) that you are in default on a child support obligation.

**Q.** *I told the people at the licensing board that I'm not in default on my child support, but they wouldn't listen to me.*

**A.** The licensing board cannot make exceptions to the law. The board also cannot do anything to help you with your child support case. The only place that can answer questions about your case is the CSEA in the county where the case is located.

**Q.** *This has caught me off guard. I didn't know I was behind in my payments.*

**A.** Your case went into default when the amount of past-due support equaled or exceeded the amount that you owed for one month. At that point, a notice was sent to you explaining that you were in default and telling you what the consequences could be. The notice also told you what you could do to contest the action if there was a mistake in your identity or the amount of the past-due support.

**Q.** *I can't pay my child support as it is. And without my professional license, I can't work, so that makes the problem even worse.*

**A.** Contact the CSEA handling your case right away. The faster you respond, the sooner you can put a stop to your problem.

**Q.** *What do I need to do to get my license back?*

**A.** You will need to pay off your past-due support in full, or agree to a payment arrangement. The licensing board will be able to reissue your license within two weeks after that is done, as long as you meet the qualifications for the license. The first step is to contact the CSEA handling your case.

**Q.** *Will I have to pay a fee or take a test to get my license back?*

**A.** The licensing board may charge you a fee of up to \$50. In addition, if losing your license has prevented you from performing activities for which the licensing was issued for

See **DEFAULT** on next page

**DEFAULT** (cont.)

more than one year, the board may also require you to take a test to get your license back.

***Q. Who do I call if I have further questions?***

- A.** The first place to turn is always the CSEA handling your case. If that office is unable to help you, call or write to the state office below:

Ohio Department of Human Services  
Office of Family Assistance and Child Support  
30 East Board Street, 31st Floor  
Columbus, Ohio 43266-0423

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1-800-686-1556 (in Ohio)  
or 614/752-9743  
614/752-3951 (TDD number)

**STATE OF OHIO**  
**THE STATE MEDICAL BOARD**  
77 South High Street, 17th Floor  
Columbus, Ohio 43266-0315