

MINUTES**THE STATE MEDICAL BOARD OF OHIO****April 10, 2013**

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

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Michael Miller, Interim Assistant Executive Director, Licensure and Renewal; Sallie J. Debolt, General Counsel; William J. Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Karen Mortland, Mark Blackmer, Angela Scott, Dan Zinsmaster, Cheryl Pokorny, and Dennis Tenison, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and Heidi Dorn, Assistant Attorneys General; Gregory Porter, Acting Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kay Rieve, Administrative Officer, Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; and Benton Taylor, Executive Assistant to the Executive Director.

MINUTES REVIEW

Dr. Mahajan moved to approve the draft minutes of the March 13-14, 2013, Board meeting, as written. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

EXECUTIVE SESSION

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

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

Mr. Kenney - aye

The motion carried.

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

Mr. Gonidakis entered the meeting immediately following the vote to declare Executive Session.

The Board returned to public session.

APPLICANTS FOR LICENSURE

Dr. Madia 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 massage therapy applicants listed in Exhibit "C," and the acupuncturist applicants listed in Exhibit "D," the anesthesiologist assistant applicants listed in Exhibit "E," and the Oriental medicine applicants listed in Exhibit "F." Ms. Elsass seconded the motion. A vote was taken:

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

The motion carried.

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

STEVEN FRANCIS BREZNY, 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. Mahajan moved to send the Citation Letter to Dr. Brezny. Dr. Madia seconded the motion. A

vote was taken:

ROLL CALL:

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

The motion to send carried.

JEFFREY T. DARDINGER, 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. Dardinger. Dr. Mahajan seconded the motion.

A vote was taken:

ROLL CALL:

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

The motion to send carried.

ERICA LYNNE FORNEY, 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.

Dr. Madia moved to send the Citation Letter to Ms. Forney. Dr. Mahajan seconded the motion. A

vote was taken:

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

The motion to send carried.

YASHWANT B. GIRI, M.D. – NOTICE OF AUTOMATIC SUSPENSION AND OPPORTUNITY FOR HEARING

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

Dr. Madia moved to send the Notice of Automatic Suspension and Opportunity for Hearing to Dr. Giri. Dr. Mahajan seconded the motion. A vote was taken:

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

The motion to send carried.

HEATHER L. KOCHENASH, 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.

Dr. Madia moved to send the Citation Letter to Ms. Kochenash. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
------------	---------------	-----------

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

The motion to send carried.

ANIL CHOUDARY NALLURI, 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. Nalluri. Dr. Mahajan seconded the motion. A vote was taken:

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

The motion to send carried.

CAROL G. RYAN, 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. Ryan. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye

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

The motion to send carried.

REPORTS AND RECOMMENDATIONS

Dr. Steinbergh announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Dr. Steinbergh 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: Ellyn M. Castro; Franklin Donald Demint, D.O.; Aida Esther Figueroa, M.D.; and Erica Lynne Forney, M.T.

A roll call was taken:

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

Dr. Steinbergh 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
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye

Ms. Elsass - aye
Mr. Kenney - aye
Mr. Gonidakis - aye

Dr. Steinbergh 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 any disciplinary matters. In the matters before the Board today, Dr. Strafford served as Secretary, Dr. Bechtel served as Supervising Member, and Dr. Talmage served as Secretary and/or Acting Supervising Member.

Dr. Steinbergh 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.

ELLYN M. CASTRO, Case No. 12-CRF-110

Dr. Steinbergh directed the Board's attention to the matter of Ellyn M. Castro. She advised that no objections were filed. Ms. Blue was the Hearing Examiner. Dr. Steinbergh noted that this is a non-disciplinary matter, and therefore all Board members may vote.

Dr. Mahajan moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Ellyn M. Castro. Dr. Madia seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Mahajan stated that Ms. Castro received a certificate of completion as a holistic health provider from the Heartwood Institute in Garberville, California, in 2001. Ms. Castro acknowledges that the Heartwood Institute is not a school, college, or institution in good standing with the Board. After practicing in California for two years, Ms. Castro moved to Oregon and received a license as a private pilot. In August 2011, Ms. Castro passed the National Certification Examination for Therapeutic Massage and Bodywork (NCBTMB) and in March 2012, she passed the Massage and Bodywork Licensing Examination (MBLEX). In November 2012, Ms. Castro filed an application for a license to practice massage therapy in Ohio, which is still pending.

Dr. Mahajan continued that Ms. Castro completed 1,012 hours in course instruction at Heartwood Institute, including 240 hours in anatomy, physiology, and pathology. In addition, Ms. Castro had further instruction in neuromuscular therapy, advanced clinical technique, massage theory and technique, and deep tissue massage. Dr. Mahajan opined that these are science-related subjects and that Ms. Castro meets the science course requirements. Dr. Mahajan was uncertain if Ms. Castro meets the minimum 25 hours of required instruction in ethics. However, Dr. Mahajan opined that Ms. Castro should have enough experience and insight into ethics due to her two years of practicing in California and her work as an assistant to a chiropractor in Ohio. Dr. Mahajan further noted that Ms. Castro was able to pass both national massage therapy board examinations, despite the fact that she took the examinations 10 to 11

years after finishing her education.

Dr. Mahajan felt that this matter should be remanded back to the Board's Licensure Section for re-review of Ms. Castro's education. Alternatively, Dr. Mahajan stated that he would support granting Ms. Castro's application for licensure without remanding the matter.

Dr. Steinbergh stated she supports the Report and Recommendation and disagrees with the suggestion to remand this matter. Dr. Steinbergh observed that Ms. Castro did not graduate from or hold a diploma or certificate from a school or institution that has a Certificate of Good Standing from the Board, nor has she held a license to practice massage therapy in another state for at least the preceding five years.

Dr. Talmage stated that if Ms. Castro was licensed under these circumstances, it would create a totally different pathway to licensure for massage therapists. Dr. Talmage acknowledged that Ms. Castro passed the two national certification examinations for massage therapy, but noted that some people can be very good at taking written examinations but are not necessarily skilled or capable to perform the physical duties of the field. Dr. Talmage stated that this pathway to licensure does not exist and that the Recommendation of the Hearing Examiner is supportable.

Dr. Mahajan stated that Ms. Castro practiced holistic medicine in California for two years, and that California considers holistic medicine to be massage therapy. Dr. Talmage stated that holistic medicine is not massage therapy and that the State Medical Board of Ohio does not license the practice of holistic medicine.

Ms. Debolt stated that the real issue in this case is whether Ms. Castro's education fits within the areas of curriculum required in Ohio. Ms. Debolt stated that the Board's Licensure Section and the Hearing Examiner found that Ms. Castro had 240 hours of education in anatomy, physiology, and pathology, while Ohio law requires 325 hours of instruction in this area. Ms. Debolt noted that Dr. Mahajan feels that additional hours should be credited toward the anatomy, physiology, and pathology area. Ms. Debolt stated that if the Board wishes to have all of Ms. Castro's education re-examined, then the matter should be remanded back to the Hearing Examiner for further investigation into her coursework.

Dr. Mahajan moved to remand the matter of Ellyn M. Castro to the Hearing Examiner for further analysis of her coursework. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion to remand did not carry.

A vote was taken on Dr. Mahajan's previous motion to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Elynn M. Castro:

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

The motion to approve the Report and Recommendation did not carry.

Dr. Strafford moved to table this topic for reconsideration at a later time. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

FRANKLIN DONALD DEMINT, D.O., Case No. 12-CRF-018

Dr. Steinbergh directed the Board's attention to the matter of Franklin Donald Demint, D.O. She advised that objections were filed to Mr. Porter's Report and Recommendation and were previously distributed to Board Members.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Demint. Five minutes will be allowed for that address.

Dr. Demint was represented by his attorney, James Kingsley.

Mr. Kingsley stated that he had two updates in this case. First, Mr. Kingsley stated that yesterday Dr. Demint was granted intervention in the related criminal case. Mr. Kingsley noted that Dr. Demint had performed 150 hours of service, as well as 20 hours of instruction to individuals with drug offenses. Second, Dr. Demint's proposed expert, Phillip Prior, M.D., passed away last week. Consequently, if this case is remanded, Dr. Prior will be unable to testify. Mr. Kingsley stated that Dr. Prior had been Dr. Demint's mentor.

Mr. Kingsley stated that this case does not involve a pill mill, no patient harm resulted, and there were no patient complaints. Mr. Kingsley stated that the case against Dr. Demint began because his name was in the files of another case that was under investigation. Mr. Kingsley stated that the State's expert, Wendy Cicek, M.D., would not have been able to testify against Dr. Demint in a malpractice case under the three-

quarters rule, under which an expert in a malpractice case must have a practice that is three-quarters similar to that of the defendant in order to testify. Mr. Kingsley asked the Board to disregard Dr. Cicek's opinions because she is not a qualified expert. Conversely, Mr. Kingsley stated that Dr. Demint and Dr. Prior are both experts.

Mr. Kingsley stated that the issue of continuance of the hearing is troublesome because Dr. Demint's prior counsel threatened to quit if Dr. Demint did not plead guilty. Dr. Demint then hired Mr. Kingsley 30 days before the hearing. Mr. Kingsley stated that the continuance was denied because Dr. Cicek had scheduled time to appear at the meeting. Dr. Kingsley found the reason for denial of the continuance to be specious and opined that it was not fair to Dr. Demint.

Mr. Kingsley stated that Dr. Cicek tried to impose perfect rules on an imperfect practice in an imperfect world. Mr. Kingsley stated that Dr. Cicek said that no medications can be given to a patient unless he or she finishes physical therapy and completes counseling. Mr. Kingsley also stated that Dr. Cicek said medications cannot be given until the patient's prior medical records are obtained, a report from the Ohio Automated Rx Report System (OARRS) is obtained, and toxicology screenings are consistent. Mr. Kingsley stated that in actual practice, many patients may have no transportation and no insurance to pay for physical therapy. Mr. Kingsley also stated that the Board has no rule that a doctor must provide another doctor with records upon request, and therefore the Board should not punish Dr. Demint for not getting the records. Mr. Kingsley stated that the Board is asking Dr. Demint not to diagnose, give medications, or have a patient because another doctor is not doing his job. Mr. Kingsley stated that these are the issues that physicians in southern Ohio who practice pain management must deal with.

Mr. Kingsley asked the Board to not make rules that do not make any sense in an imperfect world. Mr. Kingsley stated that if the Board accepts what Dr. Cicek says, then the patients who are trying to manage their pain will be thrown out into the street because the doctor cannot see them. Mr. Kingsley stated that the patients will buy or borrow the drugs they need and will turn to crime.

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

Mr. Wilcox stated that Dr. Demint had five to six months to obtain an expert in this case. Within a few weeks of the scheduled hearing, Dr. Demint reported that he had no expert and asked for a continuance. Mr. Wilcox stated that the Board has no obligation to wait for Dr. Demint to get an expert. In addition, Mr. Wilcox stated that Dr. Cicek is a very good expert. Mr. Wilcox stated that when Dr. Cicek reviewed these records, she was practicing family medicine and was qualified to opine in this matter. Mr. Wilcox also stated that the three-quarters rule may be a rule of evidence, but it is not strictly applied in Board proceedings.

Mr. Wilcox continued that Dr. Demint displayed significant problems in his ability to diagnose and treat pain. Mr. Wilcox stated that Dr. Demint either did not follow the Board's rules on treatment of intractable pain, or chose to ignore them. Mr. Wilcox stated that the records in this case do not reflect an appropriate assessment of patients, documenting ongoing analysis of their pain or formulating individual treatment plans. As Dr. Cicek testified, writing down "see prescriptions" in the patient records does not constitute

the formulation of an individualized treatment plan. Mr. Wilcox stated that Dr. Demint showed an inability to take responsibility for his poor record-keeping. Mr. Wilcox stated that Dr. Demint's practice demonstrated no real attempt to explore alternative treatment options or address the underlying causes of the patients' pain. Dr. Cicek testified that the goal of pain management is not the elimination of pain, but rather is to provide treatment that will allow the patient to function in daily life.

Mr. Wilcox opined that the key aspect of this case is that Dr. Demint did a poor job of risk assessment of his patients and is far too trusting of them. Mr. Wilcox stated that Dr. Demint did little to verify the information provided by patients, such as gathering prior treatment records or ordering tests at initial visits. Mr. Wilcox stated that many of the patients in this case would have been found to be poor candidates for narcotic treatment had Dr. Demint ordered a simple urine screen at the initial visit. Mr. Wilcox stated that when Dr. Demint did order a urine screen, it was often many months into treatment and they were almost always inconsistent. Mr. Wilcox stated that the standard of care requires that inconsistencies be immediately addressed and that patients be dismissed if a second violation occurs. Mr. Wilcox stated that Dr. Demint's routine failure to recognize clear abuse and diversion of medications is below the standards of care.

Mr. Wilcox noted several examples of Dr. Demint's practice. Patient 11 was dismissed from another practice one month before seeing Dr. Demint due to testing positive for cocaine, marijuana, and Xanax. Dr. Demint failed to order a urine screen for Patient 11 and did not obtain prior treatment records. Patient 11 was treated with narcotics by Dr. Demint for four months before a screen is ordered; the screen was positive for illicit medication and was dismissed. Mr. Wilcox continued that Dr. Demint continued to prescribe narcotics and benzodiazepines to Patient 12, despite that patient's daily use of marijuana.

Mr. Wilcox stated that Dr. Demint has practiced below the minimal standards of care, has violated his Step II Consent Agreement, and has failed to follow the Board's rules on the treatment of intractable pain. Mr. Wilcox agreed with Mr. Porter's Proposed Order, but felt that a more extensive suspension may be appropriate.

Dr. Madia moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Frankin Donald Demint, D.O. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Ramprasad stated that Patient 1 was diagnosed with fibromyalgia and back ache. Patient 1 came to Dr. Demint's practice with a possible history of misuse of pain medication. Dr. Ramprasad stated that he could not find documented evidence of a diagnosis of fibromyalgia or evidence of any intent on Dr. Demint's part to use other medications. Dr. Ramprasad stated that the algorithms for treatment of fibromyalgia are well-established and does not include initial treatment with pain medication.

Dr. Ramprasad stated that Patient 2 had back pain and thoracic pain. Dr. Ramprasad observed that a red flag in this case is that Patient 2 indicated the Neurontin upset her stomach, Lyrica made her swell, and she had no insurance for Voltarin. Dr. Ramprasad noted that with no insurance, Patient 2 was unable to pay for all her visits.

Dr. Ramprasad stated that Patient 3 was diagnosed with anxiety and depression. Patient 3 reported that Opana did nothing for her and Celexa did not help her depression, and that the only medicine that worked for her was OxyContin. Dr. Ramprasad opined that this was a significant red flag. Dr. Ramprasad noted that an MRI showed degenerative joint disease, for which morphine, oxycodone, fluoxetine, Xanax, and other medications were prescribed. The MRI did not show a meniscus tear in the knee. Dr. Ramprasad stated that some patients have symptomology that is out-of-line with what is seen on x-ray, but one should be able to assess such patients without much difficulty. Dr. Ramprasad stated that Patient 3's urine screen did not show hydrocodone which had been prescribed, but did show benzodiazepines which had not been prescribed; a subsequent screen had the same result. Dr. Demint considered these results to be false positives.

Dr. Ramprasad stated that Patient 4 had back pain and was on morphine, oxycodone, OxyContin, and alprazolam. Another treating physician subsequently discharged Patient 4, but Dr. Demint continued to treat him. An MRI was obtained and documented to be normal. Dr. Ramprasad noted that the morphine equivalent doses prescribed for Patient 4 varied from 140 to 220.

Dr. Ramprasad stated that Patient 6 had a urine screen that was positive for alprazolam and lorazepam, which were not prescribed, and was negative for oxycodone, which was prescribed. A subsequent test showed that oxycodone was still not present. Dr. Ramprasad noted that Patient 7 had urine screens with the same results.

Dr. Ramprasad stated that Patient 9 was on oxygen and had not used much medication before seeing Dr. Demint. Dr. Demint prescribed OxyContin and oxycodone. Dr. Ramprasad noted that it is argued that these prescriptions were safe in this situation because it did not harm the patient. However, Dr. Ramprasad stated that the prescriptions potentially could have been very harmful and led to respiratory failure. Subsequently, Patient 9 tested positive for substances not prescribed.

Dr. Ramprasad stated that Patient 13 tested positive for cocaine. Patient 13 was subsequently discharged from Dr. Demint's practice due to addiction problems and was referred to an addictionologist. Dr. Ramprasad noted that when a pill count was done on Patient 13, she was found to have more oxycodone pills than had been prescribed.

Dr. Ramprasad stated that Patient 14 had undergone a laminectomy and was on pain medications.

Dr. Ramprasad contended that many of the patients in this case had significant red flags. Dr. Ramprasad sympathized with the fact that it is difficult to obtain urine tests and previous medical records. Dr. Ramprasad stated that these things do not necessarily need to be obtained immediately. Dr. Ramprasad also disagreed with the statement that if it is not written down in the record, then it was not done. However, Dr. Ramprasad found it very difficult to ignore all the things that were done. Dr. Ramprasad stated that these facts show a pattern that was harmful to patients. Dr. Ramprasad stated that when patients test negative for prescribed medications, its potential to be sold and be harmful to others is great.

Dr. Ramprasad stated that he disagrees with Finding of Fact #3 from the Report and Recommendation,

which states that the evidence is insufficient to support a finding that Dr. Demint practiced below the minimal standards of care by inappropriately prescribing narcotics to Patient 1 for treatment of diagnosed fibromyalgia. Dr. Ramprasad opined that there was sufficient evidence to support that finding. Dr. Ramprasad accepted all other Findings of Fact and Conclusions of Law.

Dr. Steinbergh stated that, by Dr. Demint's own admission, he has not practiced pain management. Dr. Steinbergh agreed with Dr. Ramprasad's statements. Dr. Steinbergh found that Dr. Demint's medical records lacked a great deal of information. Dr. Steinbergh stated that one of the reasons medical records are kept is so that any practitioner can follow the physician's thought process and treatment plan.

Dr. Steinbergh noted that Dr. Prior, who had served as Dr. Demint's monitoring physician, testified at the hearing that, in his opinion, Dr. Demint's records demonstrated minimal standards. Dr. Steinbergh also noted the testimony of Barry Bennett, Executive Director of Pickaway Area Recovery Services, and the testimony of Stephen Allen, a registered pharmacist. Both Mr. Bennett and Mr. Allen supported the fact the Dr. Demint has concern for his patients and followed-up on them. Dr. Steinbergh opined that, even though the Board has identified deficiencies in his practice, Dr Demint has good intentions.

Dr. Steinbergh stated that a proposed amendment has been developed which is the same as the Proposed Order, except that the requirement that Dr. Demint participate in the Post-Licensure Assessment Program (PLAS) has been removed from the Conditions for Reinstatement or Restoration. In its place, the proposed amendment requires the successful completion of the ACOFP course from the American College of Osteopathic Family Physicians. Dr. Steinbergh opined that the ACOFP course would be good for Dr. Demint and allow him to immerse himself in discussions of family medicine.

Dr. Talmage exited the meeting at this time.

Dr. Madia moved to amend Finding of Fact #3 to read as follows:

The evidence is sufficient to support a finding that Dr. Demint practiced below the minimal standard of care by inappropriately prescribing narcotics to Patient 1 for treatment of diagnosed fibromyalgia.

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

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** Commencing on the thirty-first day following the date on which this Order becomes effective, the certificate of Franklin Donald Demint, D.O., to practice osteopathic 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. Demint shall not undertake the care of any patient not already under his care.

B. **INTERIM MONITORING:** During the period that Dr. Demint's certificate to practice osteopathic medicine and surgery in Ohio is suspended, Dr. Demint shall comply with the following terms, conditions, and limitations:

1. **Obey the Law:** Dr. Demint 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. Demint 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 date his quarterly declaration would have been due pursuant to his March 2010 Step II Consent Agreement. 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. Demint shall appear in person for interviews before the Board or its designated representative. The first such appearance shall take place on or before the date his appearance would have been scheduled pursuant to his March 2010 Step II Consent Agreement. Subsequent personal appearances shall occur every three 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. **Absences from Ohio:** Dr. Demint shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the probationary terms set forth in this Order for occasional periods of absence of fourteen days or less.

In the event that Dr. Demint resides and/or is employed at a location that is within fifty miles of the geographic border of Ohio and any of its contiguous states, Dr. Demint may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Demint is able to otherwise maintain full compliance with all other terms, conditions and limitations set forth in this Order.

5. **Ban on Administering, Furnishing, or Possessing Controlled Substance; Log:** Dr. Demint shall not, without prior Board approval, administer, personally furnish, or possess (except as allowed under Paragraph B.6.a) any controlled substances as defined by state or federal law.

In the event that the Board agrees at a future date to modify this Order to allow Dr. Demint to administer or personally furnish controlled substances, Dr. Demint shall keep a log of all controlled substances prescribed, administered or personally furnished. Such log shall be submitted in the format approved by the Board and shall be submitted to the Board no later than the date upon which Dr. Demint's declarations of compliance quarterly declaration is due, or as otherwise directed by the Board. Further, Dr. Demint shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board immediately upon request.

6. **Sobriety**

- a. **Abstention from Drugs:** Dr. Demint shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Demint's history of chemical dependency. Further, in the event that Dr. Demint is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Demint shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Demint received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Demint shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.
- b. **Abstention from Alcohol:** Dr. Demint shall abstain completely from the use of alcohol.

7. **Drug and Alcohol Screens/Drug Testing Facility and Collection Site:**

Dr. Demint shall submit to random urine screenings for drugs and alcohol at least two times per month, or as otherwise directed by the Board. Dr. Demint shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Demint's drug(s) of choice.

Dr. Demint shall abstain from the use of any substance and the consumption of poppy seeds or any other food or liquid that may produce a low level positive result in a toxicology screen. Dr. Demint shall be held to an understanding and knowledge that the consumption or use of such substances, including but not limited to substances such as mouthwash or hand cleaning gel, may cause a positive

drug screen that may not be able to be differentiated from intentional ingestion, and therefore such consumption or use is prohibited under this Order.

All such urine screenings for drugs and alcohol shall be conducted through a Board-approved drug testing facility and collection site pursuant to the global contract between said facility and the Board, that provides for the Board to maintain ultimate control over the urine screening process and to preserve the confidentiality of all positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code, and the screening process shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph B.8 below, to approve urine screenings to be conducted at an alternative drug testing facility and/or collection site or a supervising physician, such approval shall be expressly contingent upon the Board retaining ultimate control over the urine screening process in a manner that preserves the aforementioned confidentiality of all positive screening results.

Dr. Demint shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. All specimens submitted by Dr. Demint shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order. Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

Further, within thirty days of the effective date of this Order, Dr. Demint shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug testing facility and/or collection site in order to facilitate the urine screening process in the manner required by this Order. Further, Dr. Demint shall promptly provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Demint and the Board-approved drug testing facility and/or collection site. Dr. Demint's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

Dr. Demint shall ensure that the urine screening process performed through the Board-approved drug testing facility and/or collection site requires a daily call-in procedure; that the urine specimens are obtained on a random basis; and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Demint and the Board-approved drug testing facility and collection site shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Demint shall ensure that the Board-approved drug testing facility and/or collection site provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.

In the event that the Board-approved drug testing facility and/or collection site becomes unable or unwilling to serve as required by this Order, Dr. Demint must immediately notify the Board in writing, and make arrangements acceptable to the Board pursuant to Paragraph B.8 below, as soon as practicable. Dr. Demint shall further ensure that the Board-approved drug testing facility and/or collection site also notifies the Board directly of its inability to continue to serve and the reasons therefore.

The Board expressly reserves the right to withdraw its approval of any drug testing facility and/or collection site in the event that the Secretary and Supervising Member of the Board determine that the drug testing facility and/or collection site has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

8. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Demint shall submit his urine specimens to the Board-approved drug testing facility and collection site chosen by the Board. However, in the event that utilizing said Board-approved drug testing facility and/or collection site creates an extraordinary hardship upon Dr. Demint, as determined in the sole discretion of the Board, then subject to the following requirements, the Board may approve an alternate drug testing facility and/or collection site, or a supervising physician, to facilitate the urine screening process for Dr. Demint:
 - a. Within thirty days of the date upon which Dr. Demint is notified of the Board's determination that utilizing the Board-approved drug testing facility and/or collection site constitutes an extraordinary hardship upon Dr. Demint, he shall submit to the Board in writing for its prior approval the identity of either an alternate drug testing facility and collection site, or the name of a proposed supervising physician, to whom Dr. Demint shall submit the required urine specimens. In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Demint's residence or employment location, or to a physician who practices in the same locale as Dr. Demint. Dr. Demint shall ensure that the urine screening process performed through the alternate drug testing facility and/or collection site, or through the supervising physician, requires a daily call-in procedure; that the urine specimens are obtained on a random basis; and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Demint acknowledges that the alternate drug testing facility and collection site, or the supervising physician, shall assure that appropriate

control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- b. Dr. Demint shall ensure that the alternate drug testing facility and/or collection site, or the supervising physician, provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
 - c. In the event that the designated alternate drug testing facility and/or collection site, or the supervising physician, becomes unable or unwilling to so serve, Dr. Demint must immediately notify the Board in writing. Dr. Demint shall further ensure that the previously designated alternate drug testing facility and collection site, or the supervising physician, also notifies the Board directly of the inability to continue to serve and the reasons therefore. Further, in order to ensure that there will be no interruption in his urine screening process, upon the previously approved alternate drug testing facility, collection site, or supervising physician becoming unable to serve, Dr. Demint shall immediately commence urine screening at the Board-approved drug testing facility and collection site chosen by the Board, until such time, if any, that the Board approves a subsequent alternate drug testing facility, collection site, or supervising physician, if requested by Dr. Demint.
 - d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Demint's designated alternate drug testing facility and/or collection site, or any person proposed to serve as his supervising physician, or to withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
 - e. In the event that the Board approved an alternate drug testing facility and/or collection site, or a supervising physician, pursuant to the March 2010 Step II Consent Agreement between Dr. Demint and the Board, the entity, facility or person previously approved by the Board to so serve pursuant to the March 2010 Step II Consent Agreement may, in the sole discretion of the Board, be approved to continue as Dr. Demint's designated alternate drug testing facility and collection site or as his supervising physician under this Order.
9. **Reports Regarding Drug and Alcohol Screens:** All screening reports required under this Order from the Board-approved drug testing facility and/or collection site, or from the alternate drug testing facility and/or collection site or supervising physician, must be received in the Board's offices no later than the due date for Dr.

Demint's quarterly declaration. It is Dr. Demint's responsibility to ensure that reports are timely submitted.

10. **Additional Screening Without Prior Notice**: Upon the Board's request and without prior notice, Dr. Demint shall provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Demint, or for any other purpose, at Dr. Demint's expense. Dr. Demint's refusal to submit a specimen upon the request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary and Supervising Member of the Board.
11. **Rehabilitation Program**: Dr. Demint shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than twice per week with a minimum of ten per month. At least one of the abovementioned meetings shall be a Caduceus meeting. Substitution of any other specific program must receive prior Board approval.

Dr. Demint shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Demint's quarterly declarations.

12. **Comply with the Terms of Aftercare Contract**: Dr. Demint shall maintain continued compliance with the terms of the aftercare contract entered into with a Board-approved treatment provider, provided that, where terms of the aftercare contract conflict with terms of this Order, the terms of this Order shall control.
13. **Releases**: Dr. Demint shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Demint's chemical dependency or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. Dr. Demint shall also provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

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

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Demint's certificate to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Demint shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Demint shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.
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. Demint 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. Demint 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.

4. **Medical Records Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Demint 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. Demint 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.

5. **ACOFP Course:** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Demint shall provide acceptable documentation of successful completion of the Annual ACOFP Intensive Update and Board Review in Osteopathic Medicine. This course shall be taken in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) during which it is completed.

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

6. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Demint 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.

D. **PROBATION:** Upon reinstatement or restoration, Dr. Demint's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least three years:

1. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Demint shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
2. **Practice Plan and Monitoring Physician:** Within 30 days of the effective date of Dr. Demint's reinstatement or restoration, or as otherwise determined by the Board, Dr. Demint shall submit to the Board and receive its approval for a plan of practice in Ohio. Dr. Demint shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Demint 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. Demint and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Demint and his medical practice, and shall review Dr. Demint'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. Demint and his medical practice, and on the review of Dr. Demint's patient charts. Dr. Demint 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. Demint's declarations of compliance.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Demint shall immediately so notify the Board in writing. In addition, Dr. Demint 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. Demint 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. Demint's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Demint'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.

- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Demint's certificate will be fully restored.
- F. **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. Demint 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. Demint 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. Demint 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. Demint 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. Demint 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. Demint 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. Demint receives from the Board written notification of the successful completion of his probation.
3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Demint shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Demint. This requirement shall continue until Dr. Demint receives from the Board written notification of the successful completion of his probation.
4. **Required Documentation of the Reporting Required by Paragraph F:** Dr. Demint 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.

- G. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Demint 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.

- H. **SUPERSEDE PREVIOUS CONSENT AGREEMENT:** Upon becoming effective, this Order shall supersede the terms and conditions set forth in the March 2010 Step II Consent Agreement between Dr. Demint and the Board.

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

Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she will now entertain discussion in the above matter.

Dr. Madia stated that Dr. Demint's practice had many deficiencies, including inappropriate prescribing and ignoring urine tests. Dr. Madia opined that the practice does not seem to be a pill mill, but noted that similar cases in the past have resulted in permanent revocation of the physicians' license. Dr. Madia asked why Dr. Ramprasad and Dr. Steinbergh believe that this case does not rise to the level of permanent revocation.

Dr. Ramprasad replied that Dr. Demint has done many appropriate pill counts and OARRS reports. Dr. Ramprasad agreed with Dr. Steinbergh that Dr. Demint seems to care about his patients and that his treatment involves more than just medications. Dr. Ramprasad noted that patients had been referred for colonoscopies, MRI's, rehabilitation, and other procedures. Dr. Ramprasad stated that Dr. Demint's record-keeping is deficient, but not grossly deficient. Dr. Ramprasad further noted that Dr. Demint discharged a patient who had powder in their nose, showing that he did take some appropriate actions.

Dr. Steinbergh added that she felt the case was not egregious enough to warrant sending Dr. Demint to PLAS. Dr. Steinbergh recognized Dr. Demint's deficiencies and stated that the ACOFP course could help Dr. Demint, as it has many other physicians, by refreshing and reinforcing the knowledge he already has. Dr. Steinbergh stated that she appreciated the opinions of the State's expert, Dr. Cicek, and that she knew what was going on in Dr. Demint's practice. However, Dr. Steinbergh stated that she read Dr. Demint's objections and recognized that some of them were appropriate. Dr. Steinbergh opined that Dr. Demint is an interested physician who wants to do what he should be doing. Dr. Steinbergh stated that the Board Order suspends Dr. Demint's license for at least 180 days and will be difficult for him, but it does allow him to return to practice.

Dr. Madia asked if, basically, the reason the case does not rise to the level of permanent revocation is because Dr. Demint's actions were not criminal. Dr. Steinbergh agreed that that was the case.

Regarding the proposed amendment to Finding of Fact #2, Dr. Ramprasad stated that he did not see an adequate diagnostic consideration of fibromyalgia. Dr. Ramprasad stated that there is a very organized system of diagnosis of fibromyalgia as defined by the American Rheumatism Association. Dr. Ramprasad also stated that even if the patient did have fibromyalgia, he did not believe that initial treatment should have included such high doses of pain medications. Dr. Mahajan stated that narcotics are the last things to use when treating fibromyalgia, not the first things.

A vote was taken on Dr. Madia's motion to amend:

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

The motion to amend carried.

Dr. Ramprasad exited the meeting at this time.

Dr. Mahajan moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Franklin Donald Demint, D.O. Dr. Madia seconded the motion. A vote was taken:

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

The motion to approve carried.

AIDA ESTHER FIGUEROA, M.D., Case No. 12-CRF-059

Dr. Steinbergh directed the Board's attention to the matter of Aida Esther Figueroa, M.D. She advised that no objections were filed. Mr. Porter was the Hearing Examiner.

Dr. Madia moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Aida Esther Figueroa, M.D. Dr. Mahajan seconded the motion.

Dr. Steinbergh stated that she will now entertain discussion in this matter.

Dr. Ramprasad returned to the meeting at this time.

Dr. Madia briefly reviewed Dr. Figueroa's medical career and stated that she currently holds no active license in any state. Dr. Madia stated that the Colorado Medical Board took action on Dr. Figueroa's Colorado medical license based on the following findings:

- Dr. Figueroa prescribed approximately 50,000 mg of hydrocodone to a family member over a period of time;
- Dr. Figueroa was taking higher-than-normal doses of a narcotic and a benzodiazepine for treatment of back pain which resulted from her spinal stenosis, though addiction was never proven;
- Dr. Figueroa surrendered her Drug Enforcement Agency certificate; and
- Dr. Figueroa exhibited bizarre behavior.

Dr. Madia continued that following an evaluation, the Colorado Physician Health Program found that Dr. Figueroa had a cognitive deficiency and was not fit to practice medicine at that time. The Colorado Medical Board suspended Dr. Figueroa's license and ordered her to undergo a ten-day inpatient evaluation to determine if she is impaired. However, Dr. Figueroa did not undergo an inpatient evaluation because she did not have \$10,000.00. After six months, the Colorado Medical Board revoked Dr. Figueroa's Colorado medical license for failure to undergo an inpatient evaluation.

Dr. Madia stated that Dr. Figueroa would like to return to Ohio to practice medicine. Dr. Madia opined that the action of the Colorado Medical Board was appropriate and that Dr. Figueroa did need an inpatient evaluation, as well as a prescribing course.

Dr. Madia stated that he would like to offer an amendment to the Hearing Examiner's Report and Recommendation. Dr. Madia stated that his amendment is essentially the same as the Proposed Order, but rearranges some of the conditions for interim monitoring and reinstatement of her license. Notably, Dr. Madia stated that his proposed amendment removes the phrase "At some time in the future when she is ready to comply with the requirements set forth in this Order, ..." Dr. Madia opined that this statement should not be in the Order because the Board does not know if Dr. Figueroa will be ready to comply in the future.

Dr. Madia noted that the Proposed Order states that Dr. Figueroa's license will be fully restored "unless the Board determines ... that any limitations on Dr. Figueroa's practice plan ... should become permanent." Dr. Madia opined that the Board does not have the authority to add a conditional addendum such as this, and so his proposed amendment removes that phrase. Dr. Maida stated that if the neuropsychologist recommends a permanent limitation on Dr. Figueroa's license, then that can be accomplished by a new order.

Dr. Madia moved to amend the Proposed Order to read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** The certificate of Aida Esther Figueroa, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.

B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Figueroa's certificate to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Figueroa shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Controlled Substances Prescribing Course(s):** At the time she submits her application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Figueroa 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. Figueroa submits the documentation of successful completion of the course(s) dealing with the prescribing of controlled substances, she shall also submit to the Board a written report describing the course(s), setting forth what she learned from the course(s), and identifying with specificity how she will apply what she has learned to her practice of medicine in the future.

3. **Neuropsychological Assessment/Treatment:** At the time she submits her application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Figueroa shall submit to the Board for its prior approval the name and curriculum vitae of a neuropsychologist, or other appropriate mental health professional ("other professional"), of Dr. Figueroa's choice.

Upon approval by the Board, Dr. Figueroa shall obtain from the approved neuropsychologist or other approved professional an assessment of Dr. Figueroa's current cognitive status. The assessment shall take place no later than 60 days following such approval, unless otherwise determined by the Board. Prior to the assessment, Dr. Figueroa shall furnish the approved neuropsychologist or other professional 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 which the Board may deem appropriate or helpful to that neuropsychologist or other professional.

Upon completion of the assessment, Dr. Figueroa shall cause a written report to be submitted to the Board from the approved neuropsychologist or other professional. The written report shall include:

- a. A detailed report of the evaluation of Dr. Figueroa's current cognitive status and condition;
- b. A detailed plan of recommended neuropsychological treatment, if any, based upon the neuropsychologist's or other professional's informed assessment of Dr. Figueroa's current needs;
- c. A statement regarding any recommended limitations upon her practice and whether such practice limitations should be permanent; and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved neuropsychologist or other professional recommend treatment, he or she shall submit to the Board for its approval a treatment plan. Upon approval by the Board of the treatment plan, Dr. Figueroa shall undergo and continue such approved treatment at the rate of visits recommended by the approved treating neuropsychologist or other professional, or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means unless otherwise approved in advance by the Board. Dr. Figueroa shall comply with her approved treatment plan, including taking medications as prescribed for her cognitive disorder and submitting to periodic tests of her blood and/or urine.

4. **Neuropsychological Reports Evidencing Fitness to Practice; Recommended Limitations:** Should the neuropsychological evaluation set forth in Paragraph B.3, above, reveal cognitive impairment, Dr. Figueroa shall provide the Board with written reports of evaluation by two neuropsychologists or other professionals acceptable to the Board indicating that Dr. Figueroa's ability to practice has been assessed and that she has been found capable of practicing in accordance with acceptable and prevailing standards of care. Such evaluations shall have been performed within 60 days prior to Dr. Figueroa's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Figueroa has been found capable of practicing according to acceptable and prevailing standards of care and shall include any recommended limitations upon her practice and whether those limitations upon her practice should be permanent.
5. **Drug/Alcohol Assessment; Initiate Drug/Alcohol Treatment:** Prior to submitting her application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Figueroa shall submit to a drug/alcohol assessment and any appropriate drug/alcohol treatment, as determined by an informed assessment of her current needs. Such assessment and treatment shall be provided by a treatment provider

approved under R.C. 4731.25 for treatment of drug and/or alcohol dependency or abuse.

Prior to the assessment, Dr. Figueroa shall furnish the approved treatment provider copies of the Board's 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 the treatment provider. Within ten days after the completion of the assessment, or as otherwise determined by the Board, Dr. Figueroa shall cause a written report to be submitted to the Board from the treatment provider that shall include, to the extent applicable, the following:

- a. A detailed plan of recommended treatment based upon the treatment provider's informed assessment of Dr. Figueroa's current needs, to include a minimum of 28 days of inpatient/residential treatment for chemical dependency/abuse at a treatment provider approved by the Board;
 - b. A statement indicating whether Dr. Figueroa entered into or commenced the recommended treatment program within 48 hours of its determination;
 - c. A copy of a treatment contract signed by Dr. Figueroa establishing the terms of treatment and aftercare, including any required supervision or restrictions on practice during treatment or aftercare; and
 - d. A statement indicating that the treatment provider will immediately report to the Board any failure by Dr. Figueroa to comply with the terms of the treatment contract during inpatient or outpatient treatment or aftercare.
6. **Demonstration of Ability to Resume Practice:** Should the report of the approved treatment provider set forth in Paragraph B.5, above, indicate that Dr. Figueroa suffers from drug or alcohol abuse and/or dependency that requires treatment, Dr. Figueroa shall demonstrate to the satisfaction of the Board that she can practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but not be limited to the following:
- a. Certification from a treatment provider approved under R.C. 4731.25 that Dr. Figueroa has successfully completed a minimum of 28 days of inpatient/residential treatment for chemical dependency/abuse at a treatment provider approved by the Board.
 - b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under R.C. 4731.25. Such evidence shall include, but shall not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Ohio Administrative Code Rule ("Rule") 4731-16-10.

- c. Two written reports indicating that Dr. Figueroa's ability to practice has been assessed and that she has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependency/abuse.

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Figueroa. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Figueroa shall provide the assessors with copies of patient records from any evaluation and/or treatment that she has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Figueroa, and any conditions, restrictions, or limitations that should be imposed on Dr. Figueroa's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may require an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

7. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Figueroa 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 R.C. 4731.222 to require additional evidence of her fitness to resume practice.

- C. **PROBATION:** Upon reinstatement or restoration, Dr. Figueroa's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. **Obey the Law:** Dr. Figueroa 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. Figueroa 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. Figueroa'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. Figueroa 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. Figueroa's certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur every three 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. **Continue Neuropsychological Treatment Plan:** Dr. Figueroa shall undergo and continue any Board-approved neuropsychological treatment plan as set forth in Paragraph B.3 at the rate of visits recommended by the approved treating neuropsychologist or other professional, or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means unless otherwise approved in advance by the Board. Dr. Figueroa shall comply with her approved treatment plan, including taking medications as prescribed for her cognitive disorder and submitting to periodic tests of her blood and/or urine.

Dr. Figueroa shall continue in treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating neuropsychologist or other professional. The reports shall contain information describing Dr. Figueroa's current treatment plan and any changes that have been made to the treatment plan since the prior report; her compliance with the treatment plan; her neuropsychological status; her progress in treatment; and results of any laboratory or other studies that have been conducted since the prior report. Dr. Figueroa 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. Figueroa's declarations of compliance.

Dr. Figueroa shall ensure that her treating neuropsychologist or other professional immediately notifies the Board of Dr. Figueroa's failure to comply with her approved treatment plan and/or any determination that Dr. Figueroa is unable to practice due to her cognitive disorder.

In the event that the designated neuropsychologist or other professional becomes unable or unwilling to serve in this capacity, Dr. Figueroa shall immediately so notify the Board in writing and make arrangements acceptable to the Board for another neuropsychologist or other professional as soon as practicable.

Dr. Figueroa shall further ensure that the previously designated neuropsychologist

or other professional 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 neuropsychologist or other professional proposed to serve as Dr. Figueroa's designated treating neuropsychologist or other professional, or may withdraw its approval of any neuropsychologist or other professional previously approved to serve as Dr. Figueroa's designated treating neuropsychologist or other professional, in the event that the Secretary and Supervising Member of the Board determine that any such psychiatrist has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

5. **Conditions If Dr. Figueroa is Determined to Require Treatment for Chemical Abuse/Dependency:** Should the report of the approved treatment provider as set forth in Paragraph B.5, above, indicate that Dr. Figueroa suffers from drug or alcohol abuse and/or dependency that requires treatment, Dr. Figueroa shall comply with the following requirements:

a. **Sobriety**

- i. **Abstention from Drugs:** Dr. Figueroa shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed, or administered to her by another so authorized by law who has full knowledge of Dr. Figueroa's history of chemical dependency and/or abuse and who may lawfully prescribe for her (for example, a physician who is not a family member).

Further, in the event that Dr. Figueroa is so prescribed, dispensed, or administered any controlled substance, carisoprodol, or tramadol, Dr. Figueroa shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Figueroa received, the medical purpose for which she received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use.

Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to her, Dr. Figueroa shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

- ii. **Abstention from Alcohol:** Dr. Figueroa shall abstain completely from the use of alcohol.

- b. **Drug and Alcohol Screens; Drug Testing Facility and Collection Site**
- i.* Dr. Figueroa shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Figueroa shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Figueroa's drug(s) of choice.
- ii.* Dr. Figueroa shall submit, at her expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also be used herein for "urine screen" and/or "drug screen.")
- All specimens submitted by Dr. Figueroa shall be negative, except for those substances prescribed, administered, or dispensed to her in conformance with the terms, conditions and limitations set forth in this Order.
- Refusal to submit such specimen, or failure to submit such specimen on the day she is selected or in such manner as the Board may request, shall constitute a violation of this Order.
- iii.* Dr. Figueroa shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.
- Dr. Figueroa shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen, and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result on a toxicology screen is prohibited under this Order.
- iv.* All urine screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and Board-approved collection site pursuant to the global contract between the approved facility and the Board, which provides for the Board to maintain ultimate control over the urine-screening process and to preserve the confidentiality of positive screening results in accordance with R.C. 4731.22(F)(5). The screening process for random testing shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as

provided in Paragraph C.5.c, below, to approve urine screenings to be conducted at an alternative drug-testing facility, collection site, and/or supervising physician, such approval shall be expressly contingent upon the Board's retaining ultimate control over the urine-screening process in a manner that preserves the confidentiality of positive screening results.

- v. Within 30 days of the reinstatement or restoration of her certificate, Dr. Figueroa shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Figueroa shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Figueroa and the Board-approved DFCS. Dr. Figueroa's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- vi. Dr. Figueroa shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Figueroa and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening result.

- vii. Dr. Figueroa shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- viii. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Figueroa shall immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph C.5.c, below, as soon as practicable. Dr. Figueroa shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.

- ix.* The Board, in its sole discretion, may withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
- c.* **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Figueroa shall submit urine specimens to the Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Figueroa, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Figueroa.
- i.* Within 30 days of the date on which Dr. Figueroa is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Figueroa, she shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Figueroa shall submit the required urine specimens.
- In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Figueroa's residence or employment location, or to a physician who practices in the same locale as Dr. Figueroa. Dr. Figueroa shall ensure that the urine-screening process performed through the alternative DFCS or through the supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Figueroa shall ensure that the alternative DFCS or the supervising physician maintains appropriate control over the specimen and immediately informs the Board of any positive screening result.
- ii.* Dr. Figueroa shall ensure that the alternative DFCS or the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- iii.* In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Figueroa shall immediately notify the Board in writing. Dr. Figueroa shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to

continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Figueroa shall, in order to ensure that there will be no interruption in her urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Figueroa.

- iv.* The Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Dr. Figueroa's designated alternative DFCS or any person proposed to serve as her supervising physician, or may withdraw its approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
- d.* **Reports Regarding Drug and Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Figueroa's declarations of compliance. It is Dr. Figueroa's responsibility to ensure that reports are timely submitted.
- e.* **Additional Screening Without Prior Notice:** Upon the Board's request and without prior notice, Dr. Figueroa shall provide a specimen of her blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Figueroa, or for any other purpose, at Dr. Figueroa's expense. Dr. Figueroa's refusal to submit a specimen upon the request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary and Supervising Member of the Board.
- f.* **Rehabilitation Program:** Dr. Figueroa shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval.

Dr. Figueroa shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Figueroa's declarations of compliance.

- g. **Comply with the Terms of Aftercare Contract:** Dr. Figueroa shall maintain continued compliance with the terms of any aftercare contract(s) entered into with her treatment provider(s), provided that, where terms of any aftercare contract conflict with terms of this Order, the terms of this Order shall control.
- h. **Absences from Ohio:** Dr. Figueroa shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the suspension/probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have discretion to waive part or all of the monitoring terms set forth in this Order for occasional periods of absence of 14 days or less.

In the event that Dr. Figueroa resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Dr. Figueroa may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Figueroa is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

6. **Practice Plan:** Prior to Dr. Figueroa's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Figueroa 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. Figueroa's activities will be directly supervised and overseen by a monitoring physician approved by the Board. **The practice plan shall further include any limitations upon Dr. Figueroa's practice as recommended by the neuropsychologist(s) or other professional(s) as set forth in Paragraphs B.3.c and/or B.4 and which, in the sole discretion of the Board, should be included in Dr. Figueroa's practice plan.** Dr. Figueroa shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Figueroa submits her practice plan, she 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. Figueroa and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Figueroa and her medical practice, and shall review Dr. Figueroa'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. Figueroa and her medical practice, and on the review of Dr. Figueroa's patient charts. Dr. Figueroa 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. Figueroa's declarations of compliance.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Figueroa shall immediately so notify the Board in writing. In addition, Dr. Figueroa 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. Figueroa 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. Figueroa's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Figueroa'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.

7. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Figueroa is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

D. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Figueroa'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. Figueroa shall provide a copy of this Order to all employers or entities with which she 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 she has privileges or appointments.

Further, Dr. Figueroa shall promptly provide a copy of this Order to all employers or entities with which she 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 she applies for or obtains privileges or appointments.

In the event that Dr. Figueroa 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, she 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. Figueroa receives from the Board written notification of the successful completion of her probation.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Figueroa shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which she currently holds any professional license or certificate. Also, Dr. Figueroa shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which she applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Figueroa receives from the Board written notification of the successful completion of her probation.
3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Figueroa shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Figueroa. This requirement shall continue until Dr. Figueroa receives from the Board written notification of the successful completion of her probation.
4. **Required Documentation of the Reporting Required by Section E:** Dr. Figueroa 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. Figueroa violates the terms of this Order in any respect, the Board, after giving her notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of her certificate.

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

Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she will now entertain discussion in the above matter.

Dr. Steinbergh stated that the Report and Recommendation's summary of evidence states that Dr. Figueroa's medical licenses in other states are all inactive. Dr. Steinbergh noted that, in fact, Dr. Figueroa's Colorado medical license was revoked.

A vote was taken on Dr. Madia's motion to amend:

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

The motion to amend carried.

Dr. Mahajan moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Aida Esther Figueroa, M.D. Dr. Madia seconded the motion. A vote was taken:

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

Mr. Kenney - aye
Mr. Gonidakis - aye

The motion to approve carried.

ERICA LYNNE FORNEY, M.T., Case No. 12-CRF-094

Dr. Steinbergh directed the Board's attention to the matter of Erica Lynne Forney, M.T. She advised that no objections were filed. Ms. Blue was the Hearing Examiner.

Dr. Maida moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Erica Lynne Forney, M.T. Ms. Elsass seconded the motion.

Dr. Steinbergh stated that she will now entertain discussion in the above matter.

Dr. Steinbergh stated that, according to the Report and Recommendation, Ms. Forney provided evidence that she had engaged in the practice of massage therapy from August 31, 2009, to May 22, 2012, a period during which her massage therapy license was inactive. Dr. Steinbergh asked if any member wished to remand the matter of Erica Lynne Forney, M.T., back to the Hearing Examiner.

Dr. Ramprasad moved to remand the matter of Erica Lynne Forney, M.T., back to the Hearing Examiner to receive additional testimony and documentary evidence concerning Ms. Forney's engagement in the practice of massage therapy between August 31, 2009, and May 22, 2012. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Madia	- aye
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to remand carried.

The Board took a brief recess at 2:45 pm and returned at 3:05 pm.

PROPOSED FINDINGS AND PROPOSED ORDERS

JESSICA LYNN NEIMEISTER, L.M.T., Case No. 12-CRF-124

Dr. Steinbergh directed the Board's attention to the matter of Jessica Lynn Neimeister, L.M.T. She

advised that the Board issued a Notice of Opportunity for Hearing to Ms. Neimeister, 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 Porter, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

Dr. Mahajan moved to find that the allegations as set forth in the November 14, 2012 Notice of Opportunity for Hearing in the matter of Ms. Neimeister 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. Steinbergh stated that she would now entertain discussion in the above matter.

Ms. Elsass stated that in September 2011, the Board issued an order suspending Ms. Neimeister's license due to impairment of her ability to practice massage therapy according to acceptable and prevailing standards of care. That Board Order is still in effect.

Ms. Elsass stated that Ms. Neimeister is not in compliance with several stipulations of the Board's Order. Specifically, Ms. Neimeister failed to fulfill the following requirements:

- Submit written declarations of compliance as required on December 1, 2011, March 1, 2012, June 1, 2012, and September 1, 2012;
- Appear for interviews with a designated representative of the Board;
- Submit urine screening reports for drug and alcohol testing between September 15, 2011, and November 14, 2012;
- Submit documentation that she has entered into a contractual agreement with a Board-approved drug-testing facility and/or collection site; and
- Submit documentary evidence of her attendance at any alcohol and drug rehabilitation program meetings between September 15, 2011, and November 14, 2012;

Ms. Elsass stated that the evidence establishes that Ms. Neimeister is currently unable or unwilling to comply with the Board's Order. The proposed order is to revoke Ms. Neimeister's license to practice massage therapy and not grant any future application for Ms. Neimeister until she is able to prove that she is in a stable recovery program, can document to the Board's satisfaction that she has maintained continuous sobriety for at least 90 days, and is able and willing to comply with any terms and conditions that the Board deems necessary to protect the public.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Mahajan	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Madia	- aye

Dr. Talmage	- abstain
Ms. Elsass	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Steinbergh 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. Steinbergh stated that these items are non-disciplinary in nature. Therefore, all Board members may vote.

WENDY LYNN BREIBACH, Case No. 12-CRF-111

Dr. Mahajan moved to find that the allegations as set forth in the November 6, 2012 Notice in the matter of Wendy Lynn Breibach have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying her application for a license to practice massage therapy in Ohio. Dr. Madia seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Kenney stated that Ms. Breibach submitted an application for a massage therapy license in January 2012. Ms. Breibach graduated from the Pensacola School of Massage and Dayton College, neither of which holds a Certificate of Good Standing with the Medical Board. Ms. Breibach submitted documentation that she completed 640 hours of training over eight months of instruction, falling short of Ohio's requirements of 750 hours of instruction over nine months of instruction. Ms. Breibach is a licensed massage therapist in Florida, but has not held that license for the last five years.

Based on Ms. Breibach's lack of fulfillment of state requirements, Mr. Kenney supported the proposed order of denial.

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

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

Mr. Kenney - aye
Mr. Gonidakis - aye

The motion carried.

LORI ANNE THARP, P.A.

Dr. Mahajan moved to find that the allegations as set forth in the December 6, 2012 Notice in the matter of Lori Anne Tharp, P.A., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying her application for a provisional certificate to prescribe in Ohio. Dr. Madia seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Mr. Gonidakis stated that in November 2012, Ms. Tharp, who is currently licensed as a physician assistant, applied for a provisional certificate to prescribe as a physician assistant. Mr. Gonidakis stated that Ms. Tharp does not possess a master's or higher degree from an accredited program, nor does she have ten years of experience as a physician assistant. Therefore, the Board has proposed to deny Ms. Tharp's application. Ms. Tharp requested a hearing, but on February 27, 2013, she submitted a letter withdrawing her request for a hearing. Mr. Gonidakis stated that he supports the propose order of denial.

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

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

The motion carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

JENNIFER ACH GREEN, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE
MEDICINE AND SURGERY

Dr. Madia moved to ratify the Proposed Permanent Surrender with Dr. Green. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to ratify carried.

JOHN A. HEATHER, M.D. – CONSENT AGREEMENT

Dr. Madia moved to ratify the Proposed Consent Agreement with Dr. Heather. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to ratify carried.

GERALD K. PERELMAN, D.P.M. – CONSENT AGREEMENT

Dr. Mahajan moved to ratify the Proposed Consent Agreement with Dr. Perelman. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Madia	- aye
Dr. Talmage	- abstain
Ms. Elsass	- aye

Mr. Kenney - aye
Mr. Gonidakis - aye

The motion to ratify carried.

RAUL A. RODAS, D.O. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE
OSTEOPATHIC MEDICINE AND SURGERY

Dr. Madia moved to ratify the Proposed Permanent Surrender with Dr. Rodas. Dr. Mahajan seconded the motion. A vote was taken:

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

The motion to ratify carried.

ALI SALIM, M.D. – CONSENT AGREEMENT

Dr. Mahajan moved to ratify the Proposed Consent Agreement with Dr. Salim. Dr. Madia seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Steinbergh asked if the courts can take away a practitioner's license in cases such as this, in which the practitioner has been charged criminally. Ms. Marshall replied that the court does not have the authority to revoke a medical license; a court may order a defendant to surrender his or her license, but the Medical Board still has to execute that surrender.

Mr. Gonidakis asked if the Board is able to do anything more than a consent agreement in this case. Ms. Marshall answered that, under current law, the Board does not have the ability to summarily suspend a physician's license based on an indictment. Also, prosecutors in cases such as this are very reluctant to share their evidence with the Medical Board and potentially taint their case against the defendant.

Mr. Kenney asked what would have happened if this physician did not agree to this Consent Agreement. Ms. Marshall answered that the Board would not be able to take action until he was convicted. Ms. Marshall stated that if a practitioner is convicted of certain offenses, such as murder or kidnapping, there is

a statute that automatically suspends the medical license. Mr. Kenney asked why the physician agreed to the Consent Agreement. Ms. Marshall replied that she could not discuss the details of this case, but generally speaking, there are situations when the criminal defense attorney does not want the client to be deposed or interviewed by the Medical Board and possibly say something that could be used against them in the criminal case.

A vote was taken on Dr. Mahajan's motion to ratify:

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

The motion to ratify carried.

ROBERT C. TURNER, M.D. – CONSENT AGREEMENT

Dr. Madia moved to ratify the Proposed Consent Agreement with Dr. Turner. Dr. Mahajan seconded the motion. A vote was taken:

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

The motion to ratify carried.

THOMAS W. ZINNI, M.T. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MASSAGE THERAPY

Dr. Madia moved to ratify the Proposed Permanent Surrender with Mr. Zinni. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to ratify carried.

JEAN ANN CAIRNS, M.D. –CONSENT AGREEMENT

Dr. Madia moved to ratify the Proposed Consent Agreement with Dr. Cairns. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to ratify carried.

JAMES H. SILVERBLATT, M.D. –CONSENT AGREEMENT

Dr. Madia moved to ratify the Proposed Consent Agreement with Dr. Silverblatt. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Mahajan	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Madia	- aye
Dr. Talmage	- abstain

April 10, 2013

Ms. Elsass - aye
Mr. Kenney - aye
Mr. Gonidakis - aye

The motion to ratify carried.

NATALIE ANN MONDARY, M.D. – CONSENT AGREEMENT

Dr. Madia moved to ratify the Proposed Consent Agreement with Dr. Mondary. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to ratify carried.

LAWRENCE BRIAN ROTHSTEIN, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Madia moved to ratify the Proposed Permanent Surrender with Dr. Rothstein. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to ratify carried.

PROBATIONARY APPEARANCES

MELISSA K. ANDERSON, M.T.

Ms. Melissa Anderson was making her final appearance before the Board pursuant to her request for release from the terms of her February 9, 2011 Consent Agreement. Ms. Bickers reviewed Ms. Melissa Anderson's history with the Board.

Dr. Steinbergh asked Ms. Melissa Anderson to describe her massage therapy practice. Ms. Melissa Anderson replied that she is practicing massage therapy part-time.

Dr. Steinbergh asked what Ms. Melissa Anderson learned from her experience with the Board. Ms. Melissa Anderson answered that she has learned to be more efficient with her paperwork and to keep track of when her massage therapy license needs to be renewed. Dr. Steinbergh asked when Ms. Melissa Anderson's license next expires. Ms. Melissa Anderson stated that her current license expires in July 2013.

Dr. Madia moved to release Ms. Melissa Anderson from the terms of her February 9, 2011 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

JOHN W. SHAW, M.D.

Dr. Shaw was making his final appearance before the Board pursuant to his request for release from the terms of his April 9, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Shaw's history with the Board.

Dr. Madia asked Dr. Shaw to describe his practice. Dr. Shaw answered that he practices full-time at the same practice he had been with when his troubles began, a multi-specialty practice in Defiance, Ohio.

Dr. Madia asked if Dr. Shaw is currently under the care of a psychiatrist for depression. Dr. Shaw replied that he sees a psychiatrist every three months and will continue to do so for at least another year after his release from his Consent Agreement. Dr. Madia asked what medications Dr. Shaw is taking for depression. Dr. Shaw responded that he is taking Zoloft. Dr. Shaw stated that he had also been taking Naltrexone, but his psychiatrist discontinued that medication on the last visit. Dr. Mahajan asked if Naltrexone had helped Dr. Shaw. Dr. Shaw answered that Naltrexone was very helpful and made a big difference.

Dr. Madia advised Dr. Shaw to be vigilant, noting that it is more common to relapse with depression. Dr. Madia stated that if Dr. Shaw relapses again it will be difficult for him to keep his medical license. Dr. Madia asked if Dr. Shaw had any questions for the Board. Dr. Shaw replied that he had no questions.

Dr. Steinbergh asked Dr. Shaw to describe his recovery and his support system. Dr. Shaw responded that he attends Alcoholic Anonymous and has a sponsor, but no longer attends caduceus meetings. In addition to seeing his psychiatrist, Dr. Shaw stated that he is active in his church and has a lot of family support.

Dr. Madia moved to release Dr. Shaw from the terms of his April 9, 2008 Consent Agreement. Dr.

Mahajan seconded the motion. All members voted aye. The motion carried.

BRETT E. TOWARD, M.D.

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

In response to Dr. Ramprasad, Dr. Toward stated that he has been doing very well lately.

Dr. Ramprasad noted that Dr. Toward had two prior DUI's. Dr. Toward acknowledged that he has had two DUI's and the last one was in 2001 or 2002. Ms. Bickers noted that the Board's Consent Agreement was not based on impairment, but rather was based on inaccurate information Dr. Toward provided on his applications. Dr. Toward stated that he had not disclosed his DUI arrests on his applications. Dr. Ramprasad asked if Dr. Toward had any problems with alcohol. Dr. Toward stated that he underwent an assessment and was found not to be impaired. Dr. Toward stated that he no longer drinks because it is not worth the risk of another DUI.

Dr. Ramprasad asked if Dr. Toward continues to work at a clinic in Mansfield. Dr. Toward replied affirmatively. Dr. Ramprasad asked if Dr. Toward is satisfied with his work. Dr. Toward answered that he is satisfied and he enjoys his work.

Dr. Ramprasad asked if Dr. Toward had any questions for the Board. Dr. Toward replied that he had no questions.

Dr. Ramprasad moved to release Dr. Toward from the terms of his January 11, 2007 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

THOMAS D. KRAMER, JR., M.D.

Dr. Kramer was making his initial appearance before the Board pursuant to the terms of his October 10, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Kramer's history with the Board.

Dr. Madia asked what Dr. Kramer is doing currently. Dr. Kramer replied that he is currently practicing emergency medicine at the Cleveland Clinic. Dr. Madia asked Dr. Kramer to describe situational depression. Dr. Kramer responded that in his case, he had been separated from his wife and children when he moved from Georgia to Oregon for a new job. Dr. Kramer stated that this separation lasted for almost 12 months due to trouble selling his house in Georgia. It was during this time that he became addicted to hydrocodone. Dr. Kramer stated that the situation he was in caused him to be depressed.

Dr. Steinbergh noted that Dr. Kramer has been prescribed Effexor and Neurontin. Dr. Steinbergh asked why Dr. Kramer has been prescribed Neurontin. Dr. Kramer answered that he has had persistent, almost restless legs phenomenon since his recovery began. Dr. Kramer commented that the Neurontin works well. Dr. Mahajan stated that Neurontin is also a mood stabilizer. Dr. Steinbergh expressed some concern

about the mood-altering nature of Neurontin, but Dr. Mahajan stated that the effect is very mild. Dr. Kramer stated that he has not found Neurontin to be mood-altering in his case.

Dr. Steinbergh asked if Dr. Kramer's treatment at Hazelden was entirely inpatient. Dr. Kramer replied that his first 30 days at Hazelden were entirely inpatient and the following two months were also inpatient except that he could leave on weekends. Dr. Ramprasad asked how Dr. Kramer felt about his stay at the Hazelden treatment facility. Dr. Kramer responded that his stay at Hazelden was great and he could not imagine staying for only one month. Dr. Kramer stated that his extra two months at Hazelden were very helpful in smoothing out the initial peaks and valleys of his emotional state.

Dr. Madia asked if Dr. Kramer's treatment at Hazelden had been expensive. Dr. Kramer answered that the treatment had been very expensive, well over \$50,000.00. Dr. Kramer stated that much of the cost was covered by his insurance, something that most insurance companies would probably not do.

Dr. Steinbergh asked if Dr. Kramer has good support from his family. Dr. Kramer replied that he has good support and he also has parents and extended family in Ohio.

Dr. Steinbergh asked if Dr. Kramer had any questions about his Consent Agreement. Dr. Kramer replied that he has no questions.

Dr. Madia moved to continue Dr. Kramer under the terms of his October 10, 2012 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

SHARON L. MCRAE, M.D.

Ms. Bickers stated that Dr. McRae does not appear to be present in the meeting.

WENDY A. MILLIS, M.D.

Dr. Millis was making her initial appearance before the Board pursuant to the terms of her January 9, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Millis' history with the Board.

Dr. Steinbergh asked if Dr. Millis is returning to the group in which she had practiced prior to her suspension. Dr. Millis replied that she is returning to that group, which includes five pediatricians and five nurse practitioners. Dr. Millis stated that the group is supportive of her.

Dr. Steinbergh asked Dr. Millis to describe her recovery. Dr. Millis answered that she sees a therapist once per week and a psychiatrist monthly for medication monitoring. Dr. Millis stated that she is currently on Lexapro, Abilify, and Klonopin.

Dr. Ramprasad asked who first noticed Dr. Millis' depression. Dr. Millis replied that she herself noticed her depression, mostly related to work stress issues. Dr. Ramprasad asked how Dr. Millis dealt with the situation professionally. Dr. Millis answered that she took fewer patients and took one day off per week.

Dr. Millis stated that when she returns to practice, she will continue with the reduced patient load of about 20 to 25 patients per day and taking one day off per week. Dr. Millis stated that with her depression treated, she can handle situations that come up in her practice.

Dr. Steinbergh asked what Dr. Millis does on a daily basis. Dr. Millis replied that she engages in physical exercise and spends time with her family. Dr. Millis stated that she is married and has two stepchildren, both of whom are adults and are out of the house.

Dr. Steinbergh asked what Dr. Millis is doing in terms of continuing medical education in pediatrics. Dr. Millis stated that she is primarily reading journals.

Dr. Mahajan moved to continue Dr. Millis under the terms of her January 9, 2013 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

Dr. Ramprasad asked if Dr. Millis had any questions about her Consent Agreement. Dr. Millis replied that she has no questions.

SUDHIR S. POLISETTY, M.D.

Dr. Polisetty was making his initial appearance before the Board pursuant to the terms of his January 9, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Polisetty's history with the Board.

Dr. Madia asked if Dr. Polisetty has finished his residency. Dr. Polisetty replied that he has not finished his residency and was required to leave with three months remaining in his final year. Dr. Polisetty stated that he is working on getting back into his residency program at Wright State University, but is exploring other programs in which he can repeat his final year if need be. Dr. Polisetty explained that with his absences and tardiness that resulted from his abuse of alcohol, it is not certain that he will be accepted back into Wright State University. Dr. Polisetty noted that he admitted himself to treatment in California, which he repeated at Glenbeigh Hospital in Ohio.

Dr. Madia asked how Dr. Polisetty is doing currently. Dr. Polisetty replied that he is doing well and is attending at least three Alcoholics Anonymous meetings per week. Dr. Polisetty stated that he also attends an aftercare meeting weekly and sees a psychiatrist every three months. Dr. Polisetty stated that he has a lot of support from his family and his church.

Dr. Madia asked if Dr. Polisetty has a psychiatric diagnosis. Dr. Polisetty answered that he has been diagnosed with depression. Dr. Polisetty stated that he has been assessed by two addictionologists and one psychiatrist; none of the three assessments recommended medication for his depression, but follow-up was recommended.

Dr. Ramprasad asked how Dr. Polisetty felt about repeating his treatment in Ohio. Dr. Polisetty replied that he had not been excited to repeat the treatment, noting that he had been sober for seven months at that time. Dr. Polisetty stated that his treatment at Glenbeigh solidified his previous treatment and was less holistic and more clinical than his California treatment. Dr. Polisetty stated that, looking back on the

situation, he was glad he had gone to Glenbeigh.

Responding to further questioning, Dr. Polisetty stated that he is currently unemployed. Dr. Ramprasad asked how Dr. Polisetty supports his family. Dr. Polisetty replied that he gets some help from his parents, in addition to some temporary nonmedical employment in Illinois managing skin care marketing for a dermatology practice.

Dr. Steinbergh asked if Dr. Polisetty has any advocates for his rejoining the Wright State residency program. Dr. Polisetty responded that he has a great relationship with the program director, but some others, including the general counsel, are opposed to his return due to his past behavior. Dr. Steinbergh suggested that Dr. Polisetty ask for a meeting with representatives of the residency program to explain his current situation with his recovery. Dr. Polisetty replied that he did ask for a meeting, but his request was not granted.

Dr. Bechtel commented that Dr. Polisetty is an outstanding medical student and his recovery has moved him in a good direction.

Dr. Ramprasad asked if Dr. Polisetty is involved in a church-based recovery program. Dr. Polisetty replied that the Board approved his participation in Celebrate Recovery, a Christian-based program, in addition to his Alcoholics Anonymous program.

Dr. Madia moved to continue Dr. Polisetty under the terms of his January 9, 2013 Consent Agreement. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

Mr. Gonidakis exited the meeting at this time.

PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Steinbergh advised that at this time she would like the Board to consider the probationary reports and probationary requests on today's consent agenda. Dr. Steinbergh stated that she would like to discuss the probationary request of Malcolm A. Brahms, M.D., separately.

Dr. Steinbergh stated that she is not opposed to Dr. Brahms' request for release from his Consent Agreement. However, Dr. Steinbergh noted that Dr. Brahms will not be making a final appearance before the Board. Dr. Steinbergh felt it would be helpful to discuss the different requirements for appearances in the Board's consent agreements and Board orders.

Ms. Marshall stated that it is unusual for a consent agreement to not require a final appearance before release. Ms. Marshall stated that whether a licensee is required to make a final appearance before the Board is largely determined by the nature of the offense. Ms. Bickers noted that Dr. Brahms did agree to come to the Board's offices and met with the Secretary of the Board, though that was not required by his Consent Agreement.

Dr. Steinbergh opined that all probationary consent agreements should include a requirement to make a

final appearance before the Board prior to release. Dr. Talmage asked how many more personal appearances would result if the requirement was included in all consent agreements. Ms. Bickers stated that nearly all probationers are already required to make a final appearance, so making that requirement universal would not result in very many additional appearances.

Dr. Mahajan moved to accept the Compliance staff's Reports of Conferences on March 11 & 12, 2013, with: Paul Lewis Blanchard, M.D.; Arturo J. Bonnin, M.D.; Todd S. Carran, M.D.; Dustin Clark, M.D.; Matthew S. Cohen, D.O.; William M. Cox, M.D.; Michael D. Cragel, D.P.M.; Peter Fragatos, M.D.; Deborah Lynne Frankowski, M.D.; Joseph R. Freeman, D.O.; Paul H. Goodman, D.O.; Wesley F. Hard, M.D.; Michael J. Harper, M.D.; Matthew R. Harris, D.O.; Timothy A. Heinrichs, M.D.; Brian D. Hesler, M.D.; W. Andrew Highberger, M.D.; Leigh Allison Judge, P.A.; John K. Krebs, M.D.; Larry J. Little, M.D.; Michael C. Macatol, M.D.; Adam G. Mace, M.D.; Mahendra K. Mahajan, M.D.; Aiyappan Menon, M.D.; Breton Lee Morgan, M.D.; Tamyra L. Mouginis, M.D.; Siva Rao Murthy, M.D.; Gerald K. Perelman, D.P.M.; Jerry G. Purvis, Jr., M.D.; Charles W. Reyes, M.D.; Matthew C. Riesen, M.D.; Myron L. Shank, M.D.; Richard S. Skoblar, M.D.; Paul Sresthadatta, D.O.; Kimberly M. Telmanik, P.A.; and Terry L. Thomas, D.O.

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

- **To grant Malcolm A. Brahms, M.D.'s request for release from the terms of his April 9, 2008 Consent Agreement;**
- **To grant Joseph F. Daugherty, III, M.D.'s request for approval of Esly S. Caldwell, II, M.D., M.P.H., to serve as the monitoring physician; and to determine the frequency and number of charts to be reviewed at 10 charts per week;**
- **To grant Carey K. Gross, D.O.'s requests for reduction in appearances to annually; reduction in the frequency of drug and alcohol meetings to two per week with a minimum of 10 per month; discontinuance of the drug and alcohol meeting logs requirement; and discontinuance of the controlled substance logs requirement;**
- **To grant Richard M. Kincaid, M.D.'s request for reduction in appearances to every six months;**
- **To grant Joseph Francis Lydon, Jr., M.D.'s request for approval of Kathy Koznek, 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 Stephen T. McCarren, M.D.'s request for discontinuance of the random assays; discontinuance of the comparative audit reports of waste medications; and reduction in drug and alcohol rehabilitation meetings to two per week with a minimum of 10 per month;**
- **To grant Sheila S. Paul, D.O.'s request for approval of Ruth S. Martin, 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; and

- To grant Wayne Marshall Williams, M.D.'s request for reduction in appearances from once every six months to annually;

Ms. Elsass seconded the motion. A vote was taken:

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

The motion carried.

REPORTS AND RECOMMENDATIONS

ELLYN M. CASTRO, Case No. 12-CRF-110

Dr. Ramprasad moved to remove the topic of Ellyn M. Castro from the table. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Mahajan opined that Ms. Castro has proven herself and she has had enough education. Dr. Mahajan stated that someone may be able to pass one examination by coincidence, but passing two national certification examinations shows that Ms. Castro has the knowledge to do good for the people of Ohio as a massage therapist. Dr. Mahajan opined that the Board should grant her application for licensure.

Dr. Madia moved to deny Ms. Castro's application for licensure, based on the Findings of Fact and Conclusions of Law in the Report and Recommendation. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion in the above matter.

Dr. Ramprasad stated that he opposes licensing Ms. Castro because another applicant in the same or similar situation in California had recently been denied licensure by the Board. Dr. Ramprasad stated that if Ms. Castro's coursework does not meet the Board's educational requirements, then it does not matter if she falls short by five hours or 100 hours, regardless of her performance on the national examinations. Dr. Ramprasad stated that he could support Ms. Castro's application, as long as the Board was consistent with future applicants in similar circumstances.

Dr. Mahajan reiterated that Ms. Castro practiced holistic medicine in California, which he characterized as “massage therapy plus.” Dr. Mahajan also noted that Ms. Castro completed 1,012 hours of education, far exceeding the 750 total hours that Ohio requires. Dr. Mahajan stated that Ms. Castro has never been in trouble and opined that she has proven herself by passing two national examinations for massage therapy. Dr. Steinbergh stated that the rules regarding the licensure of massage therapists can be changed if the Board wishes, but the rules currently in place should be followed.

Dr. Talmage stated that he initially supported denying Ms. Castro’s application. However, since the Board can declare that an educational program from a non-approved school can meet the Board’s criteria, Dr. Talmage now supports remanding back to the Hearing Examiner. Dr. Talmage stated that if the Hearing Examiner reexamines Ms. Castro’s curriculum very closely and still finds that it does not meet Ohio’s licensure rules, the application can still be denied.

Ms. Debolt advised the Board to follow its own rules. Ms. Debolt stated that Ohio law establishes three pathways to licensure as a massage therapist. One pathway, the only one at issue in this matter, is to have graduated from a program that meets the Board’s curriculum. To fulfill this pathway to licensure, the applicant must have completed a certain number of hours in each of a number of categories. For instance, the applicant must have at least 325 hours in the category of anatomy, physiology, and pathology, whereas Ms. Castro was found to only have 240 hours in this area. Upon discovering this, the Board’s Licensure Section did not investigate whether Ms. Castro met the required number of hours in the other categories since she would be ineligible in any case. Ms. Debolt stated that the Board may wish to remand this matter to the Hearing Examiner for a more thorough examination of Ms. Castro’s program, but stated that the Board cannot grant her a massage therapy license if she is still found to be deficient in the category of anatomy, physiology, and pathology, or any other category.

Dr. Mahajan opined that Ms. Castro’s courses in neuromuscular therapy, advanced clinical techniques, neurology, and pathology should be counted towards her total for anatomy, physiology, and pathology, and therefore she does exceed the required 325 hours in that category. Dr. Mahajan acknowledged that it is not known if Ms. Castro’s program meets the other educational requirements, but this can be determined by remanding to the Hearing Examiner.

Dr. Mahajan noted that until a former Board member, Mr. Hairston, began to focus on issues of massage therapist education, the massage therapy schools in Ohio were below par yet their graduates continued to be licensed. Dr. Mahajan stated that that situation is now much better and opined that it makes no sense to apply the standards of ten years ago.

Dr. Ramprasad stated that if a police officer stops a motorist for exceeding the speed limit by five miles per hour, that police officer has discretion to issue a ticket or not. Dr. Ramprasad stated that he does not understand why the Board cannot exercise similar discretion in determining who is or is not qualified to practice. Dr. Ramprasad stated that the Board has the ability as judges to decide who is acceptable to practice in Ohio. Ms. Debolt noted that the Board’s licensing rules were created by the Board itself, whereas police officers do not make traffic laws. Ms. Debolt stated that the courts have ruled that state agencies must follow their own rules.

A vote was taken on Dr. Madia's motion to deny Ms. Castro's application for licensure:

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

The motion to deny did not carry.

Dr. Talmage moved to remand this matter to the Hearing Examiner to reexamine Ms. Castro's entire curriculum and report the findings back to the Board. Ms. Elsass seconded the motion. A vote was taken:

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

The motion to remand carried.

EXECUTIVE SESSION

Dr. Madia moved that the Board declare Executive Session to consider the discipline of a public employee. Dr. Mahajan seconded the motion. A vote was taken:

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

April 10, 2013

Mr. Kenney - aye


The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Ms. Anderson, Ms. Loe, Ms. Debolt, and Mr. Wilcox in attendance.

The Board returned to public session.

Thereupon, at 5:00 p.m., the April 10, 2013 session of the State Medical Board of Ohio was adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on April 10, 2013, as approved on May 8, 2013.



Anita M. Steinbergh, D.O., President



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

(SEAL)



MINUTES**THE STATE MEDICAL BOARD OF OHIO****April 11, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 8:00 a.m., in the Administrative Hearing Room of the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Kris Ramprasad, M.D., Vice-President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Lance A. Talmage, M.D.; Darshan Mahajan, M.D.; Laurie O. Elsass; Donald R. Kenney, Sr.; and Michael Gonidakis. The following member arrived at a later time: Dalsukh Madia, M.D.

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; William Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Michael Miller, Interim Assistant Executive Director, Licensure and Renewal; Rebecca Marshall, Chief Enforcement Attorney; Danielle Bickers, Compliance Supervisor; Kyle Wilcox, Assistant Attorney General; Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; Cathy Hacker, P.A. Program Administrator; Regina Bouldware, Licensure Assistant; and Benton Taylor, Executive Assistant to the Executive Director.

ADMINISTRATIVE REPORT

Ohio Department of Alcohol and Drug Addiction Services: Ms. Anderson stated that the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) has asked the Medical Board for a letter of support for a cooperative agreement on Screening, Brief Intervention, and Referral to Treatment (SBIRT). The purpose of the SBIRT grant is to provide screening services to adults in primary care and community settings to identify the misuse of alcohol and other drugs, as well as substance abuse disorders. Ms. Anderson stated that the Board has been very supportive of increased screening as part of the prescription drug abuse issue. Ms. Anderson stated that the Executive Committee has recommended sending a letter supporting ODADAS' application.

Dr. Madia entered the meeting at this time.

Dr. Talmage asked if SBIRT is a widely-accepted program, noting that other screening programs are available. Ms. Anderson responded that SBIRT is widely-accepted and its efficacy is supported by scientific journal articles.

No Board member objected to sending a letter supporting the ODADAS application for SBIRT.

Budget Issues: Ms. Anderson stated that the substitute budget bill passed by the House did not include language for the Board's proposed physician renewal fee increase or for expedited licensure. The substitute bill did include language allowing the Board to enter into contracts with Hearing Examiners

without obtaining approval from the Controlling Board, provided the contract is for less than \$50,000.00. Ms. Anderson commented that using contracted Hearing Examiners in addition to the Board's own Hearing Examiners has been very helpful in providing fiscal flexibility.

Ms. Anderson stated that the Board is now reaching out to the Senate regarding the proposed physician renewal fee increase and expedited licensure. Ms. Anderson and members of the staff will meet with senators and prepare testimony to have those provisions included in the final bill. Ms. Anderson stated that contingency plans are being developed to remain in a fiscally sound position in the event that the fee increase is not approved.

Financial Disclosure Filings: Ms. Anderson reminded the Board members that Financial Disclosure Forms are due to be filed with the Ohio Ethics Commission by May 15, 2013. Ms. Anderson asked the Board members to contact Mr. Taylor if they have any questions regarding their Financial Disclosure Forms.

Prescription Drug Abuse Issues: Ms. Anderson stated that she and Mr. Miller have been meeting with representatives from the other prescribing boards and ODADAS, as well as with Director Ted Wymyslo of the Ohio Department of Health and Director Bonnie Kantor-Burman of the Ohio Department of Aging. The purpose of the meetings has been to develop a position statement regarding steps that practitioners should take when prescribing more than 80 morphine equivalent doses (MED). A current draft of the position statement has been provided to Board members. Ms. Anderson asked the Board members to provide her with any feedback on the draft proposed statement by the end of April. In accordance with a timeline developed with the Governor's Cabinet Opiate Action Team (GCOAT), Ms. Anderson would like a draft proposal that can be approved by the Board in May 2013 and be in place by July 1, 2013. Ms. Anderson recognized Mr. Miller, as well as Tom Dilling of the Nursing Board, for their work developing the proposal.

Ms. Anderson stated that GCOAT will reconvene in the near future, though a date has not yet been set. Dr. Strafford and Dr. Bechtel have been the Board's designees to that group.

Ms. Anderson stated that the Board continues to work with the Board of Pharmacy on ways to obtain data from the Ohio Automated Rx Reporting System (OARRS) for purposes of measurement. Ways to increase the number of physicians signed up to use OARRS have also been explored, such as including a link to the OARRS sign-up page on the Board's license renewal webpage. Kyle Parker, Executive Director of the Board of Pharmacy, has also agreed to add an "MED" column on each OARRS report and a statement at the bottom indicating that the prescriber's regulatory board has a position statement on actions to be taken if more than 80 MED is prescribed.

Ms. Anderson stated that Mr. Miller has been looking into the possibility of developing a small module allowing physicians to learn about this new policy and earn Continuing Medical Education (CME) credits at the same time. Dr. Talmage commented that the book *Responsible Opioid Prescribing*, published by the Federation of State Medical Boards Foundation, is now available electronically and physicians completing it can earn 7 CME.

Rules Update: Ms. Anderson stated that the Board is currently out-of-date with the Joint Commission on Agency Rule Review (JCARR) rule review process. Ms. Debolt has developed a 3-year plan to bring the Board back into compliance with rule review. Ms. Anderson stated that rule adoption and modification, as well as rules that need to be corrected, have been given a high priority. Dr. Steinbergh stated that it is very important that Board members read the proposed rule revisions each month.

Dr. Ramprasad asked for a review of the rules process. Ms. Debolt provided a brief overview of the various stages of the rules process, noting that adoption or revision of a rule takes several months. Dr. Ramprasad noted the significant volume of rules to be reviewed and asked how the Board fell behind. Ms. Debolt replied that she and Mr. Miller are in charge of rules and their time has been constrained. Ms. Debolt stated that recent changes in workflow have provided more time to focus on the rules process. Dr. Ramprasad wondered if Board members should be involved earlier in the rules process and offered any assistance he may be able to provide. Ms. Anderson felt that the staff can find ways to involve Board members earlier and make it a more smooth process.

LeanOhio: Ms. Anderson stated that the staff met with representatives from LeanOhio in March for a 30-day review. Ms. Anderson stated that the meeting went well and the Board continues to make progress on the recommendations that emerged from the LeanOhio event. Ms. Anderson stated that the change in the subpoena process, whereby hospitals are asked to waive the requirement that subpoenas be delivered personally by investigators, is going very well. Ms. Anderson stated that many hospitals have agreed to accept subpoenas electronically or by mail, greatly reducing the amount of time investigators spend on that function. Ms. Anderson stated that the staff is working on similar agreements with all hospitals in Ohio.

Ms. Anderson stated that another review with LeanOhio will occur soon. Ms. Anderson commented that LeanOhio's outside review of the Board's complaint process has been very positive.

Treatment Advisory Panel: Ms. Anderson stated that the Board's Treatment Advisory Panel met in March to discuss the Board's impairment rules and will meet again next week. Ms. Elsass and Dr. Ramprasad have been involved in these meetings. Ms. Anderson stated that the Board is getting good feedback from the addictionologists on the Panel, but it is a lengthy process.

New Computer System: Ms. Anderson stated that there have been meetings with the vendor for the Board's new computer system. Ms. Anderson explained that currently, the Board uses the e-Licensing system, which is maintained by the Department of Administrative Services and is used by all licensing boards. Ms. Anderson stated that the e-Licensing system is out of date. The new system is on track to be available for use by the Board in December 2013. Ms. Anderson stated that the first meetings with the vendor went very well and the new system seems very modern and versatile. Ms. Anderson stated that the new system may be able to be used for functions that have not historically been on the computer system, such as compliance and public records requests.

LEGISLATIVE UPDATES

Draft Joint Regulatory Statement on the Prescription of Naloxone to High-Risk Individuals: Mr. Miller provided the Board members with an updated draft of this proposed statement. In general, the

purpose of the proposed statement is to raise the awareness of providers and patients about some of the options that exist with respect to the Naloxone issue. Mr. Miller stated that many pieces of legislation have been and continue to be introduced on this topic. The Board has also been contacted by coroners from the Toledo area about focusing more attention around the Naloxone prescription programs, such as those that exist in Scioto County and in northern Ohio.

Mr. Miller stated that the goal is to issue this as a joint regulatory statement with the Board of Nursing and the Board of Pharmacy. Mr. Miller asked the Board to approve the proposed language as a Medical Board regulatory statement which can become a joint regulatory statement if also approved by the Board of Nursing and Board of Pharmacy.

Dr. Strafford moved to approve the proposed statement on the prescription of Naloxone to high-risk individuals as a regulatory statement from the Medical Board, or as a joint regulatory statement if approved by the Ohio Board of Nursing and the Ohio Board of Pharmacy. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Dr. Ramprasad asked if this regulatory statement would prohibit nurses from administering Naloxone by physician order during a procedure. Mr. Miller replied that nurses can administer Naloxone under that scenario. Mr. Miller explained that nurses are allowed to prescribe and administer Naloxone, but cannot personally furnish it.

Mr. Miller commented that there is a movement to allow law enforcement officers and other unlicensed individuals to provide and administer Naloxone. Mr. Miller stated that this regulatory statement is intended to raise awareness of the issue and to initiate discussion of best practices in utilizing Naloxone. Mr. Miller stated that the Board of Pharmacy has particular concerns about how laypersons may store Naloxone and the effectiveness of the medication if it is not stored properly. Dr. Mahajan opined that Naloxone is a reasonably safe medication that at least gives a chance to patients who are going to die without some intervention.

House Bill 59, State Operating Budget: Mr. Miller stated the he and Ms. Anderson met with Representative Gonzales and Representative Sears, as well as the Speaker's policy staff on healthcare, about possible amendments to the budget to allow for an increased physician license renewal fee and expedited licensure. Mr. Miller has also reached out to Senator Burke and Senator Oelslager, as well as the Senate's finance staff. Mr. Miller stated that he will move forward with these efforts and speak with as many senators as is feasible. Mr. Miller noted that he contacted the Ohio Council of Medical School Deans, which has offered its support for the amendments.

Mr. Miller stated that there was also a meeting with Representative Schuring regarding proposed changes to the podiatry licensure statute which the board had previously approved. The physician practice reentry proposal approved by the Board will be added to the podiatry licensure draft. In addition, Mr. Miller will attempt to add in the language the Board approved to align the Continuing Medical Education cycle with the physician license renewal cycle.

Test of Spoken English Requirement for Acupuncturists and Oriental Medicine Practitioners: Mr.

Miller stated that the Board has received a number of calls from legislators offices, the Acupuncture and Oriental Medicine Association, and the Common Sense Initiative regarding the statutory requirement that all applicants for a license to practice acupuncture or Oriental medicine must take a test for spoken English, regardless of whether they are native English speakers. Mr. Miller noted that individuals who were born and raised in the United States feel that they should not be required to take the test.

Mr. Miller provided the Board members with a chart of the English language requirements of other states. Mr. Miller noted that some states do not require applicants who are native English speakers to take an English language test. Mr. Miller stated that the statute specifies that if the National Certification Commission on Acupuncture and Oriental Medicine (NCCAOM) incorporates a spoken English component into their testing and certification process, then those individuals would not be required to take the Test Of English as a Foreign Language (TOEFL). However, the NCCAOM has not incorporated such a requirement and currently offers its written examinations in English, Chinese, and possibly other languages.

Dr. Madia opined that it is important that acupuncture and Oriental medicine applicants be required to take the TOEFL, stating that you cannot have a translator when you interact with a patient. Dr. Madia stated that applicants who are born and raised in the United States will have no problem passing the examination. Dr. Ramprasad agreed, noting the much more extensive English language testing that he underwent in the United Kingdom. Dr. Steinbergh expressed some concern in requiring native English speakers to sit through the examination.

Mr. Miller stated that, with the consent of the Board, he will work on language to try to exempt native English speakers from the TOEFL requirement. Mr. Miller suggested that one way may be to exempt those who take their certification examination in English; these applicants may not be proficient in speaking English, but they would have an understanding of the English language. Dr. Talmage stated that the state of New Jersey has a similar requirement and it works well.

Mr. Kenney asked if passage of the TOEFL can also be a requirement of applicants for the Certificate of Conceded Eminence. Mr. Miller was uncertain if the Board could implement such a requirement through their rule-making authority and that it would depend on the wording of the statute. Mr. Kenney noted that the statute requires that the “applicant has sufficient written and oral English skills to communicate effectively and reliably with patients, their families, and other medical professionals.” Mr. Miller stated that he will explore the issue and report back to the Board.

Ohio Association of Physician Assistants: Mr. Miller stated that he, Ms. Anderson, and Ms. Hacker met with representatives from the Ohio Association of Physician Assistants (OAPA) regarding possible legislation. One change the OAPA is proposing is to change the term “certificate to practice” to “license.” Mr. Miller stated that changing the term is not functionally problematic, but it would create a great deal of work internally to change all boilerplate language, forms, and other references. Mr. Miller stated that this would take a great deal of the staff’s time.

Dr. Steinbergh asked Mr. Miller to elaborate on the contention that making this change will eliminate reimbursement problems for physician assistants. Mr. Miller stated that, essentially, third-party payors are

refusing to reimburse for services if the physician assistant has a certificate to practice instead of a license, despite the fact that Ohio law states that a certificate to practice is the same as a license. Dr. Steinbergh stated that she would like to see documentation of a payor's refusal to reimburse. Dr. Steinbergh stated that she is not aware of any practice not getting reimbursed for work performed by a physician assistant. Dr. Bechtel noted that in his practice, Medicaid does not reimburse of cryosurgery if it is performed by a physician assistant.

The Board discussed this matter extensively. Dr. Steinbergh opined that if there is trouble obtaining reimbursement, it most likely has to do with the physician assistant's scope of practice rather than the term "certificate to practice." Dr. Mahajan opined that the Board should pursue making the change in terms in order to eliminate ambiguity. Dr. Talmage and Dr. Ramprasad agreed, especially since the request is from an association representing one of the Board's licensee groups.

Dr. Steinbergh, noting the significant amount of administrative work involved in making this change and the other demands on the staff's time, suggested that documentation be obtained confirming that physician assistant services are not being reimbursed due to the term "certificate to practice" and not for some other reason. Dr. Steinbergh stated that if changing the term "certificate to practice" to "license" will correct this problem, then the Board can comply with their request. The Board agreed. Dr. Madia commented that his clinic utilizes physician assistants, but he has never heard complaints that their services are not being reimbursed.

Second, Mr. Miller stated that the OAPA would like to combine the certificate to practice as a physician assistant and the certificate to prescribe as a physician assistant into one license. Currently, the Board issues a provisional certificate to prescribe for most individuals, who then go on to obtain a full certificate to prescribe. Mr. Miller opined that the provisional certificate to prescribe can be discontinued, as long as the Board includes some additional supervisory requirements for an initial time period with the full certificate to prescribe, as well as the ability to audit records to ensure compliance with that requirement. Mr. Miller opined that this change could result in administrative savings by reducing paperwork.

Dr. Mahajan opined that this proposal makes sense and asked why the certificate to prescribe has not always been handled in this manner. Mr. Miller stated that when the certificate to prescribe was being established, it mirrored the similar certificate available to advanced practice nurses, which had a provisional certificate stage.

Mr. Miller stated that he is less certain about the idea of combining the certificate to practice with the certificate to prescribe because he is uncertain about how physician assistant education is progressing with respect to prescribing. Mr. Miller noted that many physician assistants who were licensed prior to the authority to prescribe have chosen not to obtain that certificate. Ms. Anderson further noted that some individuals could have become physician assistants after the certificate to prescribe was made available and have simply chosen not to pursue that. Mr. Anderson suggested that the staff gather data on the number of physician assistants who have not applied for a certificate to prescribe and present it to the Board at a future meeting.

Dr. Steinbergh agreed that information on the current state of physician assistant education regarding

pharmacology and on the number of physician assistants who have chosen not to get a certificate to prescribe should be gathered and presented to the Board for further discussion.

Third, the OAPA agrees with the Board's support of removing the list of physician assistant services in Section 4730.09, Ohio Revised Code, as well as removing the requirement that the Board approve special service plans. The OAPA is supportive of the Board's intention to strengthen the requirements making the supervising physician responsible for the physician assistants they supervise.

Fourth, the OAPA wants to adopt language to clarify that a physician delegates to a physician assistant only those activities that are within the physician's primary area of practice.

In addition, Mr. Miller stated that the OAPA supports initiatives that the Board has traditionally opposed. First, the OAPA would like to remove the limits on the number of physician assistants that a physician can supervise at one time. Second, the OAPA would like to remove the limit on the distance a physician can be when they are off-site. Lastly, the OAPA wishes to clarify that a physician assistant can delegate a task to a medical assistant if the task is the result of the physician assistant's plan of care for that patient.

Dr. Strafford expressed grave concerns about these last three issues. Dr. Strafford speculated that the current legislative trend to greatly expand the practice capability of mid-level providers will have unwanted adverse effects. Dr. Strafford stated that there are already situations in which physician assistants practice with a great deal of autonomy from their supervising physicians, and under this proposal physician assistants will be able to delegate to medical assistants. Dr. Strafford stated that the supervising physician is still ultimately accountable and speculated that significant problems will arise when a patient has a bad outcome. Dr. Strafford predicted that in the future, a physician will appear before the Medical Board for possible disciplinary action and explain that his or her physician assistant actually does everything. Dr. Steinbergh agreed with Dr. Strafford's comments.

Dr. Steinbergh stated that she had particular concerns regarding raising the limit on the number of physician assistants a physician is allowed to supervise, as well as removing the limit on the distance the physician can be removed from the physician assistant's location. Dr. Steinbergh felt that the delegation of tasks to a medical assistant is reasonable if it is the result of the physician assistant's plan of care for that patient.

Mr. Miller opined that, as Dr. Strafford has suggested, the proposal's language regarding physician assistants should be strengthened to emphasize that the supervising physician is responsible for what their physician assistant does.

Dr. Steinbergh asked if a significant majority of physician assistants in Ohio belong to the OAPA. Mr. Miller responded that only a certain percentage are members, but he did not know what the percentage was. Dr. Steinbergh stated that she does not have a physician assistant, but the physician assistants she interacts with like their relationships with their supervising physicians and do not seem interested in changing that relationship in the manner reflected in these proposals. Dr. Steinbergh worried that once physician assistants are allowed to practice more independently, it will become an expectation even if the physician assistant is uncomfortable with that.

American Massage Therapy Association – Ohio Chapter: Mr. Miller stated that he met with representatives from the Ohio Chapter of the American Massage Therapy Association (AMTA), in which legislation that the AMTA is pursuing was discussed. First, the AMTA have developed a proposal forbidding the use of the term “massage” in advertising unless one is licensed by the Medical Board or some other specified boards, or by the local township or municipality. Mr. Miller noted that the language actually allows people who are not authorized to practice massage therapy to advertise “massage.” Mr. Miller stated that he will work with the AMTA to clarify the language. Mr. Miller stated that this proposal is intended to address human trafficking concerns within that profession.

Second, the AMTA seeks to lessen the requirements to obtain licensure as a massage therapist. Mr. Miller opined that this proposal seems to be in contradiction to the first proposal. Mr. Miller stated that if the goal is to fight human trafficking, then higher standards for licensure would be warranted, not lower standards. Mr. Miller stated that higher standards would discourage the use of “diploma mills” or other illegitimate ways of getting a foothold into the profession. Mr. Miller discussed these issues with the AMTA.

Third, Mr. Miller stated that AMTA is pursuing a legislative amendment that would allow unlicensed massage therapists who meet certain criteria, such as educational requirements or practicing for five years in another state, to obtain temporary licensure in Ohio for six months under the supervision of a licensed massage therapist. Mr. Miller stated that the massage therapy schools do not seem receptive to this proposal. Mr. Miller stated that someone may have 1,000 or more hours of education in another state, but it is not recognized in Ohio because the curriculum does not meet the Board’s established standards. Mr. Miller stated that if Ohio’s educational standards are lessened, it will increase the opportunity for people obtain licensure through less-established programs.

Mr. Gonidakis opined that the Board is in a good position to make a compelling point to defeat the proposals regarding criteria for massage therapy licensure. Dr. Steinbergh commented that the Medical Board once had very good relationships with legislators and could coordinate efforts to do what they felt is right, but that this has changed over the years, possibly due to term limits. Mr. Kenney stated that it is still the Board’s responsibility to keep its relationships with legislators or develop new relationships quickly. Dr. Steinbergh agreed and opined that the Board has not met that burden. Mr. Gonidakis agreed with the concept of being more proactive with the legislature, noting that the lobbyists of professional associations are very engaged with the legislators.

Dr. Strafford commented that the issue of massage therapy and its scope of practice can become very vague in certain areas, particularly when it overlaps with relaxation massage. Dr. Strafford opined that the Board spends a great deal of time on variations of massage therapy practice and conduct which is disproportionate to other opportunities the Board has. Dr. Strafford stated that, in general, massage therapists present a more irregular background than do physicians and other professionals regulated by the Board.

Dr. Steinbergh stated that many years ago, the Board discussed whether the Medical Board is the appropriate agency to be regulating massage therapists. Dr. Steinbergh stated that at that time, there were leaders in the massage therapy profession who stood very strongly for the standards of massage therapist.

Dr. Steinbergh felt that these leaders are no longer participating in the AMTA and that the AMTA is seeking to expand the profession in a way that makes the Medical Board uncomfortable, taking it out of the realm of professional massage therapy. Mr. Kenney opined that because of the standards that the Medical Board adheres to, it is better for the public for massage therapists to continue to be regulated by this Board. Dr. Steinbergh agreed, but stated that the massage therapy profession must believe in that as well and understand that the Board must set professional standards.

REPORTS BY ASSIGNED COMMITTEE

FEDERATION OF STATE MEDICAL BOARDS ANNUAL MEETING 2013

Dr. Steinbergh stated that the final agenda for the Federation of State Medical Boards (FSMB) Annual Meeting 2013 has been provided to the Board members. Dr. Steinbergh stated that three Board members are attending this year's meeting. Dr. Steinbergh encouraged all Board members to provide any input regarding the proposed resolutions that will be discussed at the meeting.

OHIO STATE MEDICAL ASSOCIATION RESOLUTIONS 2013

Dr. Talmage stated that the Ohio State Medical Association's (OSMA) Reference Committee heard testimony on a series of proposed resolutions which OSMA had been asked to adopt. Dr. Talmage reported that all of the resolutions were rejected, with the exception of one concerning Maintenance of Certification (MOC). The resolution on MOC, after being amended, addresses employers and asks them not to discriminate in employment on the basis of whether a practitioner participates in MOC with their specialty board.

Dr. Talmage stated that because the proposed resolution to oppose the Medical Board's proposed increase in physician license renewal fees was defeated, OSMA will continue its support for that proposed increase in its current form. OSMA also asked for a number of reciprocal things from the Board, such as shortened licensure time. Dr. Talmage opined that most of what OSMA asked for are legitimate and are already in process at the Board.

Regarding the Board's proposal for an increase in physician license renewal fees, Dr. Ramprasad questioned whether the Board should continue to pursue that proposal, or pursue the proposals for cost recovery, or both. Dr. Steinbergh opined that the Board should pursue both avenues. Ms. Anderson agreed, stating that the proposed increase in physician license renewal is needed to stabilize the Board's funding.

Ms. Anderson continued that the proposals for cost recovery are needed because, though the proposed renewal increase is expected to get the Board through the next biennium, it is much less certain to get the Board through the following biennium without help. Ms. Anderson stated that cost recovery measures will diversify the Board's funding, but would not provide stability by itself. The three current proposals for cost recovery are non-disciplinary fines for Continuing Medical Education (CME) violations, recovery of costs from practitioners who are the subject of Board orders, and expedited licensure for an added fee.

Ms. Anderson expressed concern that if the proposals for cost recovery was suggested as part of the budget bill, legislators may decide to approve those proposals to the exclusion of the renewal fee increase. Ms. Anderson opined that if the Board is forced to choose one, the renewal fee increase would be preferable because it would be a more reliable source of funding and would provide fiscal stability. Ms. Anderson suggested that the cost recovery proposals can perhaps be pursued in a vehicle other than the budget bill. Dr. Steinbergh agreed.

The Board continued to discuss this matter thoroughly. Mr. Kenney opined that the cost recovery measures, if approved by the legislature, would provide a more substantial source of funding than may be expected. The Board and Ms. Anderson discussed the difficulty of accurately predicting how much revenue could be expected from the cost recovery proposals, especially considering possible impediments to collection, but that rough estimates can be calculated. Mr. Kenney stated that calculations should be as reliable as possible to help the Board make decisions on the matter.

FISCAL REPORT

Ms. Loe stated that the February Fiscal Report has been provided to Board members. Ms. Loe stated that the Board is now spending an average of \$630,000.00 per month, meaning that the Board will underspend its appropriation for this fiscal year by about \$1,000,000.00. Ms. Loe noted that a significant portion of these saving are the result of an unusually large number of instances of employees taking long-term unpaid disability leave, as well as the many positions that have been left temporarily vacant; therefore, savings of this magnitude should not be expected in the future.

Ms. Loe stated that the Board will have to help pay for the new computer system that Ms. Anderson discussed earlier. Ms. Loe stated that 30 regulatory boards will use the system, which will cost a total of about \$3,500,000.00. Each board will be responsible for a portion of the cost proportional to the board's number of active licensees; on that basis, the Medical Board will be responsible for about \$340,000.00 of the cost.

Mr. Gonidakis asked if there will be any additional leasing fees or licensing fees for use of the new computer system. Ms. Loe replied that, according to current information, the cost of future upgrades should be comparable to what the Board has been paying the Department of Administrative Services (DAS) to maintain the current system.

Dr. Ramprasad asked who will be running and servicing the software. Ms. Loe answered that DAS is actually purchasing the system from a company called Iron Data. DAS will pay Iron Data to perform upgrades and enhancements in the short-term, but those functions will be turned over to DAS for the day-to-day operation of the system in about two years.

STATEMENT BY DR. MADIA

Dr. Madia stated that after seven years on the Medical Board, he will be stepping down soon for personal reasons. Dr. Madia stated that he has had a wonderful time working with the Board and staff, the most dedicated public employees he has ever seen. Dr. Madia stated that he has learned a great deal over the

last seven years. Dr. Madia particularly remembers a former Board member, the late Raymond Albert, who did so much for the medical community in Ohio. The Board and staff applauded Dr. Madia.

Dr. Steinbergh stated that Dr. Madia's service to the Board has been outstanding and he is very well-respected. Dr. Steinbergh stated that Dr. Madia has exemplified the high ethical standards that are needed in a member of the Medical Board. Dr. Ramprasad thanked Dr. Madia for serving the Board for so long.

LICENSE APPLICATION REVIEWS

JEFFREY BARROWS, D.O.

Ms. Rieve stated that Dr. Barrows has applied for restoration of his license to practice osteopathic medicine and surgery in Ohio. Dr. Barrows has not practiced clinical medicine since 2009. Ms. Rieve stated that Dr. Barrows currently works with Abolition International to educate the public on issues of human trafficking and he would like to start practicing medicine again part-time. The Group 1 Committee recommends approval of Dr. Barrow's application, pending successful completion of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) or the American Osteopathic Association obstetrics and gynecology recertification examination.

Dr. Madia moved to approve of Dr. Barrow's application for licensure, pending successful completion of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) or the American Osteopathic Association obstetrics and gynecology recertification examination. Mr. Kenney seconded the motion. A vote was taken:

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

The motion carried.

PATRICK COLLIER, M.D.

Ms. Weaver stated that Dr. Collier graduated from medical school in June 2000, trained and practiced in Ireland, and is currently in the radiology and diagnostic cardiovascular imaging fellowship at the Cleveland Clinic. Dr. Collier will complete his program in June 2013; however, the Cleveland Clinic would like him to assume a staff position in May 2013. Ms. Weaver stated that Dr. Collier is registered to practice cardiology in Ireland, has held National Board of Echocardiology certification since 2012, and

Certification Board of Cardiovascular Computed Tomography certification since 2012. Ms. Weaver stated that the Group 1 Committee recommends approval of Dr. Collier's application, conditional on completion of his radiology and diagnostic cardiovascular imaging fellowship in June 2013.

Dr. Madia moved to approve Dr. Collier's application for licensure, conditional on completion of his radiology and diagnostic cardiovascular imaging fellowship at the Cleveland Clinic. Mr. Kenney seconded the motion.

Dr. Steinbergh stated that she will now entertain discussion in the above matter.

Dr. Steinbergh stated that she was impressed with the strong letters of recognition Dr. Collier submitted to the Board.

A vote was taken on Dr. Madia's motion to approve:

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

The motion carried.

Mr. Gonidakis exited the meeting at this time.

KARA DELASCHMIT, C.T.

Ms. Rieve stated that Ms. DeLaschmit has applied for restoration of her cosmetic therapy license. Ms. DeLaschmit has not practiced cosmetic therapy since 2009. The Group 1 Committee recommends approval of Ms. DeLaschmit's application, pending successful completion of the Cosmetic Therapy Practical Examination.

Dr. Madia moved to approve Ms. DeLaschmit's application for restoration of her license to practice cosmetic therapy, pending successful completion of the Cosmetic Therapy Practical Examination. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Mahajan	- aye

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

The motion carried.

IVOR DENNIS HILL, M.D.

Ms. Weaver stated that Dr. Hill has applied for a license to practice medicine and surgery in Ohio. Dr. Hill graduated from medical school in 1972, trained and practiced in South Africa, then practiced as a pediatric gastroenterologist in Pennsylvania and Maryland. Ms. Weaver stated that Dr. Hill intends to take a position as a professor at the Ohio State University and practice as a pediatric gastroenterologist for Pediatric Academic Association, Inc., which is affiliated with Nationwide Children's Hospital. Dr. Hill holds an active medical license in North Carolina and inactive licenses in Pennsylvania and Maryland. Dr. Hill received specialty board certification in pediatrics in 1992 and in gastroenterology in 1995.

Ms. Weaver stated that Dr. Hill is requesting that the Board deem his training and experience in South Africa and his experience in the United States to be equivalent to 24 months of graduate medical education. The Group 1 Committee recommends approval of Dr. Hill's request. Dr. Madia stated that Dr. Hill is a highly-qualified pediatric gastroenterologist.

Dr. Madia moved to deem Dr. Hill's training and experience in South Africa and his experience in the United States to be equivalent to 24 months of graduate medical education through the second-year level of graduate medical education, and to approve Dr. Hill's application for licensure. Dr. Mahajan seconded the motion. A vote was taken:

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

The motion carried.

WINGROVE THEOPHILUS JARVIS, M.D.

Ms. Weaver stated that Dr. Jarvis is applying for an initial license to practice medicine and surgery in

Ohio. Dr. Jarvis is requesting a waiver of the Board's ten-year rule, which stipulates that an applicant must have passed all three steps of the United States Medical Licensing Examination (USMLE) with ten years. Dr. Jarvis is over the ten-year limit by one year and six months. Ms. Weaver stated that Dr. Jarvis passed Step 1 of the USMLE on the first attempt, Step 2 CK on the first attempt, Step 2 CS on the first attempt, and Step 3 on the first attempt, with scores of 75, 75, and 78 respectively. Dr. Jarvis trained in the United Kingdom from 2006 to 2007 and participated in a fellowship in orthopedics at the University of Louisville from 2007 to 2008. Dr. Jarvis returned to the United Kingdom and practiced there from 2008 to 2010. Dr. Jarvis currently practices at Jackson Purchase Medical Center. Dr. Jarvis holds a full license in the states of Kentucky and Virginia, as well as intercollegiate specialty boards in trauma and orthopaedic surgery in the United Kingdom and Ireland.

Dr. Madia opined that Dr. Jarvis' explanation for why he did not complete the USMLE sequence within ten years was not compelling because there was no good cause or good reason. Dr. Jarvis stated that when he was practicing in the United Kingdom, he could not take Step 3 unless he was in a residency; Dr. Madia opined that this is not true. However, the Group 1 Committee felt that Dr. Jarvis is a highly-qualified orthopedic trauma surgeon, which is needed in Ohio. The Committee recommends that the Board use its discretion and grant Dr. Jarvis' application for licensure.

Dr. Madia moved to approve the good cause exception of the ten-year rule as outlined in 4731-6-14(C)(3)(c)(ii), Ohio Administrative Code, and accept Dr. Jarvis' examination sequence and grant him a license. Dr. Mahajan seconded the motion. A vote was taken:

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

The motion carried.

NICOLE ELLIS, L.M.T.

Ms. Rieve stated that Ms. Ellis has applied for restoration of her massage therapy license. Ms. Rieve stated that Ms. Ellis has not practiced massage therapy since 2009. The Group 1 Committee recommended approval of Ms. Ellis' application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX).

Dr. Madia moved to approve Ms. Ellis' request for restoration of her license to practice massage therapy, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX). Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

Mr. Gonidakis returned to the meeting at this time.

TREATMENT PROVIDER APPLICATION REVIEWS

METRO ATLANTA RECOVERY RESIDENCES, INC. (MARR)

Ms. Bickers stated that Metro Atlanta Recovery Residencies, Inc. (MARR), a non-profit organization, has applied for a Certificate of Good Standing as a Treatment Provider for Impaired Practitioners. Ms. Bickers stated that MARR meets the Board's qualifications for the certificate.

Dr. Madia moved to approve the application for a Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Metro Atlanta Recovery Residencies, Inc. Dr. Mahajan seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

RULES 4731-6-16, ELIGIBILITY FOR LICENSURE BY ENDORSEMENT

Mr. Miller stated that the proposed revision to Rule 4731-6-16 will correct an incorrect reference in paragraph (C)(8) of the rule concerning the time and attempt limit on the Comprehensive Osteopathic

Medical Licensing Examination (COMLEX-USA) for osteopathic physician applicants.

Dr. Bechtel moved to approve the draft amended Rule 4731-6-16 for filing with the Common Sense Initiative office. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

PROPOSED GENETIC COUNSELOR RULES

Mr. Miller stated that the proposed rules for genetic counselors mirrors rules from other allied health professions. Mr. Miller stated that the Group 1 Committee approved the proposed rules, but wanted to work on the collaboration agreement language to ensure that the physician is within that specialty area, or to develop more defining criteria for collaborative agreements and the type of genetic testing that will be occurring.

Dr. Madia stated that the Group 1 Committee felt that there should be clarification of what the collaborative agreement should be because the majority of physicians are not well-versed on the subject of genetics. Dr. Steinbergh agreed with Dr. Madia and noted that some physicians specialize in genetics. Dr. Steinbergh suggested that the title of the individual who oversees genetic counselors in institutions can be part of the language of the collaborative agreements. Dr. Bechtel agreed. Dr. Ramprasad observed that the collaborative agreement will be between the physician and the genetic counselor, and will not be submitted to the Board for approval.

The Board discussed the issue further and agreed with Dr. Madia that genetic counselors should be tied to physicians who specialize in genetics as a means of protecting the public. The Board agreed to approve the proposed rule and to further consider the issue of collaborative agreements in the future.

Ms. Elsass moved to approve the proposed rules for Chapter 4778 of the Ohio Administrative Code for filing with the Common Sense Initiative office. Dr. Madia seconded the motion. All members voted aye. The motion carried.

CERTIFICATE OF CONCEDED EMINENCE VERIFICATION PROCESS AND CRITERIA

Mr. Miller stated that he has had conversations with staff and others about ways to define the criteria of the requirements of the Certificate of Conceded Eminence, especially regarding unique talents and extraordinary abilities. Mr. Miller provided a list of criteria the resulted from the Group 1 discussion. Mr. Miller stated that he will produce a more formalized list of proposed criteria to present to the Board at a future date. Mr. Miller stated that a list of better-defined criteria will help the Board communicate more effectively with the medical centers and applicants about the Board's expectations of how one demonstrates these talents and abilities.

PHYSICIAN ASSISTANT MATTERS

SPECIAL SERVICES PLANS

Dr. Steinbergh stated that the Group 2 Committee reviewed the Special Services Plan Applications of

Encore Dermatology and Westerville Dermatology, which involve Botox injections for cosmetic purposes. The Group 2 Committee also reviewed the Report and Recommendation in the matter of Anderson Cosmetic & Vein Institute, for which the Board approved a similar special services plan in 2011 following a hearing on the matter. Dr. Steinbergh stated that the Group 2 Committee tabled this matter pending opinions from the professional associations for plastic surgeons, otolaryngologists, and ophthalmologists.

Dr. Ramprasad exited the meeting at this time.

Dr. Bechtel noted that part of this issue is the fact that nurse practitioners, registered nurses, and licensed practical nurses are allowed to perform this procedure. Since the approval of the plan for Anderson Cosmetic & Vein Institute, the Board has worked with the Ohio Dermatology Association (ODA) to develop a model plan for Botox injection performed by physician assistants. Dr. Bechtel stated that the applications from Encore Dermatology and Westerville Dermatology do not follow the Board's model, but the matter is complicated by the Board's previous approval of a similar plan for Anderson Cosmetic & Vein Institute. Dr. Bechtel stated that the Group 2 Committee wanted to reach out to the plastic surgeons, otolaryngologists, and ophthalmologists to gather their opinions of what would be appropriate.

PROVISIONAL CERTIFICATE TO PRESCRIBE APPLICATION REVIEW

ERIC ABOOD, P.A.

Dr. Steinbergh stated that Mr. Abood has applied for a provisional certificate to prescribe. Mr. Abood received a master's degree from a program not approved by the Accreditation Review Commission for Education of a Physician Assistant (ARC-PA). The Group 2 Committee discussed this matter and recommends that Mr. Abood's course of study be deemed clinically relevant, and to approve Mr. Abood's application for a provisional certificate to prescribe.

Dr. Mahajan moved to accept Mr. Abood's Masters of Science in Health Physical/Recreation Ed from the University of Pittsburgh and deem it to be clinically relevant, and to approve his application for a provisional certificate to prescribe. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

Dr. Ramprasad returned to the meeting at this time.

Ms. Elsass exited the meeting at this time.

PHYSICIAN ASSISTANT SCOPE OF PRACTICE INQUIRY

Dr. Steinbergh stated that the Ohio Association of Physician Assistants has made an inquiry regarding whether it is within a physician assistant's scope of practice at a Health Spot kiosk if the supervising physician is present at all times. The draft response, approved by the Group 2 Committee, states that practicing at a Health Spot kiosk is within the physician assistant's scope of practice, provided that the supervising physician routinely provides services at that same kiosk as well.

Dr. Bechtel moved to approve the draft response. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.

RULE 4731-14-01, PRONOUNCEMENT OF DEATH

Ms. Debolt stated that this proposed amendment to Rule 4731-14-01 is in response to recent legislation that adds physician assistants, nurse practitioners, and in some instances registered nurses, to the list of practitioners who are authorized to pronounce death. Ms. Debolt stated that these additional practitioners are not allowed to sign death certificates. In addition, the Group 2 Committee approved adding podiatric physicians and holders of the Certificate of Conceded Eminence to the list of practitioners who can pronounce death.

Ms. Debolt stated that Paragraphs B and C of the proposed amended rule deal with competent observers who can recite observations of a body to a physician who is not present, and that the physician can rely on that information to pronounce death.

Dr. Bechtel move to approve proposed amendment Rule 4731-14-01, as approved by the Group 2 Committee, for filing with the Common Sense Initiative office. Dr. Strafford seconded the motion. All members voted aye. The motion carried.

Ms. Elsass returned to the meeting at this time.

Dr. Bechtel exited the meeting at this time.

PROPOSED RULES 4731-27-01, 4731-27-02, AND 4731-27-03

Ms. Debolt stated that currently the Board has one rule, 4731-27-01, which addresses notification to patients which a physician leaves a practice and the dismissal of a patient from a practice. Ms. Debolt stated that recently-passed legislation requires a physician's former employer to notify his or her patients if the physician is terminated, unless they provide the list of patient names and addresses to the terminated physician, in which case it becomes the physician's responsibility to send the notifications.

Ms. Debolt stated that proposed rule 4731-27-02, concerning the dismissal of a patient from a practice, is not significantly different from the Board's current rule, except that it allows the physician more leeway in sending the notices. The proposed rule allows the physician to send the notices either by certified mail or electronically using a HIPAA-compliant Electronic Medical Record (EMR) system which is capable of notifying the sender if the notice was opened by the recipient. If the electronic notice is not opened within 10 days, the notice would have to be sent by certified mail.

Ms. Debolt noted some exceptions are included in proposed 4731-27-02. Specifically, notice would not be required if the care was rendered in an emergency setting, if the physician had formally transferred the patient's care to another provider who is not in the same practice group, or if the relationship is terminated by the patient. Ms. Debolt also stated that notice of dismissal is not required if the physician is leaving a practice, selling a practice, retiring from medical practice, or has been terminated from a healthcare entity; these instances are addressed by a different rule. Ms. Debolt noted that a physician assistant or anesthesiologist assistant cannot dismiss a patient from a practice. Ms. Debolt stated that if a physician dismisses a patient in a manner not in compliance with this rule, it could be a violation of the minimal standards of care for which the Board could take action. Dr. Madia asked if a physician can dismiss a patient for nonpayment. Ms. Debolt replied that such an action would probably be a violation of the American Medical Association Code of Ethics.

Ms. Debolt continued that proposed rule 4731-27-03 addresses notice of termination of physician employment or a physician leaving a practice. Ms. Debolt stated that the primary responsibility of notifying patients that a physician is terminated belongs to the employer. However, the employer may provide the names and addresses of the patients to the departing physician and requiring the physician to send the notices. Ms. Debolt noted that if the healthcare employer fails to meet this obligation, there is no means to enforce the provision. The physician is required to send the notices if the physician has an ownership interest in the practice or is an independent contractor.

Ms. Debolt stated that the Group 2 Committee was very concerned that oftentimes a physician is leaving a practice due to acute illness or other unforeseen emergency. Paragraph (C) of proposed rule 4731-27-03 states that in the case of acute illness or emergency, notice must be sent no later than 30 days after it is determined that the physician will not be returning to the practice.

Ms. Debolt stated that Paragraph (B) of proposed rule 4731-27-03 requires the terminated physician to send the notices if the former employer provides the patient names and addresses. The Group 2 Committee expressed concern about a scenario in which a physician is terminated suddenly and may not have the resources to send certified letters to every patient they had seen in the previous two years, which could potentially number in the thousands. The Committee considered an alternative method of notification, such as publication in a local newspaper; however, Ms. Debolt reviewed the statute and determined that newspaper publication does not satisfy the law. To address the Committee's concern, Ms. Debolt proposed language stating that the physician may, but is not required, to publish an advertisement in a newspaper and then send the notices to each individual patient as soon as is practicable.

The Board discussed this issue thoroughly and continued to have significant concerns about placing the burden of sending official notifications to a very large number of patients on a recently-terminated

physician, should a former employer choose to take that route. Ms. Debolt advised that the Board can only work within the statute passed by the legislature, which is clear about an employer's ability to place that burden on the departing physician. Dr. Steinbergh suggested that this topic be tabled until next month in order to give the Board members additional time to consider the issue. Ms. Debolt stated that if the Board does not start the rule promulgation process this month, the rules will not be completed before the statute's deadline. Dr. Ramprasad opined that the matter should be tabled, despite the fact that the deadline will not be met.

Dr. Ramprasad moved to table the matter of proposed rules 4731-27-01, 4731-27-02, and 4731-27-03. Ms. Elsass seconded the motion. All members voted aye. The motion carried.

LASER HAIR REMOVAL COURSE REVIEW

SOUTHEASTERN SCHOOL OF ELECTROLOGY

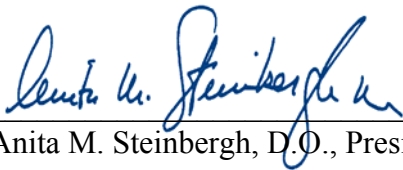
Dr. Talmage moved to approve the Southeastern School of Electrology's course on laser hair removal. Dr. Mahajan seconded the motion. All members voted aye. The motion carried.


E-REPORT

Dr. Strafford moved to approve the e-Report newsletter as drafted. Ms. Elsass seconded the motion. All members voted aye. The motion carried.

Thereupon at 11:30 A.M., the April 11, 2013, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on April 10-11, 2013, as approved on May 8, 2013.


Anita M. Steinbergh, D.O., President


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

(SEAL)

