

September 11, 2013

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

Anita M. Steinbergh, D.O., President, called the meeting to order at 1:05 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; Michael L. Gonidakis; Amol Soin, M.D.; Sushil M. Sethi, M.D.; and Bruce R. Saferin, D.P.M. The following member arrived at a later time: Lance A. Talmage, M.D. The following members did not attend: Laurie O. Elsass; and Donald R. Kenney, Sr.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Assistant 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; Joan K. Wehrle, Education & Outreach Program Manager; Randy Beck, Interim Chief of Investigations; Rebecca Marshall, Chief Enforcement Attorney; Cheryl Pokorny, Enforcement Attorney; Kyle Wilcox, Assistant Attorney General; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kay Rieve, Administrative Officer; Nicole Weaver, Chief of Licensure; Cathy Hacker, P.A. Program Administrator; Barbara Jacobs, Senior Executive Staff Attorney; Fonda Brooks, Public Information Assistant; Vicky O'Leary-Litteral, Licensure Assistant; and Benton Taylor, Executive Assistant to the Executive Director.

MOMENT OF SILENCE

Dr. Steinbergh asked everyone present to observe a moment of silence in honor of those who lost their lives during the tragic events of September 11, 2001, and September 11, 2012.

Dr. Talmage entered the meeting at this time.

MINUTES REVIEW

Mr. Taylor reviewed some recent minor amendments to the August 14-15, 2013 draft minutes which had previously been distributed to Board members. The amendments were grammatical and stylistic in nature.

Dr. Strafford moved to approve the draft minutes of the August 14-15, 2013, Board meeting, as written. Dr. Soin seconded the motion. All members voted aye. The motion carried.

EXECUTIVE SESSION

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

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Dr. Saferin	- aye
Mr. Gonidakis	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Haslam, Ms. Anderson, Ms. Loe, Mr. Beck, Ms. Debolt, Ms. Wehrle, Ms. Marshall, Ms. Pokorny, Mr. Wilcox, Ms. Bickers, Ms. Jones, Ms. Rieve, Ms. Weaver, Ms. Jacobs, Ms. O'Leary-Litteral; and Mr. Taylor in attendance.

The Board returned to public session.

NEW BOARD MEMBER

Dr. Steinbergh stated that Bruce R. Saferin, D.P.M., was appointed to the Medical Board by Governor Kasich yesterday. Dr. Steinbergh welcomed Dr. Saferin and thanked him for his willingness to serve on the Medical Board.

APPLICANTS FOR LICENSURE

Dr. Talmage 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," the acupuncturist applicants listed in Exhibit "D," the anesthesiologist assistant applicants listed in Exhibit "E," the Oriental medical practitioner applicants listed in Exhibit "F," the genetic counselor applicants listed in Exhibit "G," and to approve the results of the August 2013 Cosmetic Therapy Examination in Exhibit "H" and to certify as passing and license those receiving a score of 75 or greater on their examination, and to certify as failing and deny licensure to those who received a score of less than 75 on the examination, as listed in the Agenda Supplement. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye

Dr. Talmage - aye
Dr. Saferin - aye
Mr. Gonidakis - aye

The motion carried.

ADMINISTRATIVE REPORT

Meetings with Staff and Stakeholders: Mr. Haslam stated that he and other senior staff met with the senior staff of the Ohio Board of Pharmacy, a meeting which occurs at least once per month. Mr. Haslam stated that the Board of Pharmacy has identified many scheduled narcotics that are not being properly reflected in the Ohio Automated Rx Reporting System (OARRS). The Medical Board is working with the Pharmacy Board to identify the prescriber of these narcotics and investigate those matters.

Mr. Haslam stated that Mr. Miller and other staff members attended an Ohio Boards and Commissions meeting and discussed the new E-licensure system project, which is moving more quickly than expected. Mr. Haslam stated that a detailed report of the current status of the project should be ready for next month's Board meeting.

Mr. Haslam stated that members of the staff have participated in a demonstration of the new telephone system which the Medical Board, and all other state agencies, will adopt soon.

Mr. Haslam met with representatives of the Ohio Academy of Family Physicians (OAFP). The OAFP discussed several topics, especially prescribing and concerns about possible data-mining of OARRS. Mr. Haslam informed the representatives that the Medical Board does not maintain OARRS and has limited access to the system. There were also concerns that pharmacists are questioning some prescriptions. Mr. Haslam speculated that the Medical Board will eventually be asked to take a position on that practice.

Mr. Haslam stated that he met with representatives of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) on September 4, and with representatives of the Ohio Chapter of the American Massage Therapy Association (AMTA) on September 5. Topics discussed include the coming requirement of continuing education for massage therapists and the massage therapy examination. Mr. Haslam noted that the Board recognizes the Massage and Bodywork Licensing Examination (MBLEX), but does not currently recognize the examination of the NCBTMB. Mr. Haslam stated that he and the staff are looking for ways to objectively measure the NCBTMB examination to see if it measures the Ohio curriculum.

Mr. Haslam stated that on September 10, he and other staff met with representatives from the Ohio Osteopathic Association (OOA), the Ohio State Medical Association (OSMA), the Ohio Podiatric Medical Association (OPMA), and the Academy of Medicine of Cleveland and Northern Ohio (AMCNO) to discuss telemedicine. Mr. Haslam stated that there are serious concerns that the Board's interpretive guidelines are being disregarded. Specifically, some business entities may be providing information to the public and some physicians that is inconsistent with the Board's guidelines. At the September 10 meeting, a plan was created that includes a position paper and some marketing strategies. Once finalized, the Board

will continue to work on making the Board's position clear to businesses and legislators.

Prescribing Issue Meetings: Mr. Haslam stated that a meeting was held in Warren County on August 19 regarding heroin use. Since abuse of prescription drugs lead to heroin use, Mr. Haslam and Mr. Beck were asked to attend the meeting. Mr. Haslam stated that the meeting was productive and they asked that the Board continue what it has been doing on prescribing matters.

Mr. Haslam stated that the Health and Aging Committee of the Ohio House of Representatives has hosted four traveling committee meetings to discuss prescription drug addiction and healthcare reform. The Medical Board was invited to participate in one of the meetings. On September 3, Ms. Anderson testified in front of the committee about the Medical Board's activities in these matters and her testimony was well received. Mr. Haslam stated that he will continue to work with the Committee.

Mr. Haslam stated that he and Orman Hall of the Governor's Cabinet Opiate Action Team met with several members of the Ohio House of Representatives to discuss Suboxone prescriptions. Mr. Haslam updated the legislators on what the Board has done in this area, including forming a panel of Suboxone experts to assist the administrative staff in developing rules on Suboxone prescribing.

Other Meetings: Mr. Haslam stated that he attended a meeting of the National Insurance Crime Bureau (NICB), which is an organization that includes most insurance companies to coordinate the investigation of common crimes such as healthcare fraud. This marked the first time that anyone from the Medical Board has attended their meeting and the Board was warmly received. Collaboration between the Board and the NICB has already occurred as a result of this meeting.

Rules: Mr. Haslam stated that there was a public rules hearing for proposed Rule 4731-6-14, concerning eligibility for licensure by examination, as well at proposed Rule 4731-6-16, concerning eligibility for licensure by endorsement of licenses held in other states. Ms. Debolt stated that the genetic counselor rules were also part of the hearing.

Legislative Service Commission Annual Report: Mr. Haslam stated that the Board has submitted the Legislative Service Commission (LSC) Annual Report on August 29, 2013. A copy will be sent to each Board member.

Agency Operations Updates: Mr. Haslam stated that he and other staff met with LeanOhio on August 21 to begin moving forward with a potential Kaizen project for the Board's licensure section. Mr. Haslam noted that LeanOhio also provides strategic planning advice and/or assistance, and this issue was discussed with an eye towards the Board's upcoming strategic planning.

Mr. Haslam stated that on September 3, he and other staff members met with the Department of Administrative Services (DAS) to discuss the Board's office space allocation.

Education and Outreach Activities: Mr. Haslam noted that the Administrative Report lists multiple presentations that many Board and staff members have been involved in. Mr. Haslam noted that Dr. Steinbergh, Mr. Miller, Mr. Schmidt, and he will travel to Granville, Ohio, to provide a presentation for the

medical directors of the Ohio Association of Health Plans on the topic of telemedicine.

Other Matters: Mr. Haslam stated that the Board's average calendar days for completion of a licensure application is down to 88, which is very good considering that an employee recently left and the licensure section has been short-staffed. Mr. Haslam stated that Nicole Weaver, Chief of Licensure, returned today from leave, so it is hoped that this statistic will be lowered further. Mr. Haslam noted that Vickie Litteral has been promoted to licensure examiner and she began her new position this week to provide much-needed help in licensure. The Board and staff applauded Ms. Litteral's promotion.

Dr. Talmage stated that at some time in the past, the Medical Board received a list of those physicians who received wholesale scheduled medications, from which the Board gleaned information on possible pill mills and addicted physicians. Dr. Talmage asked if the Board is still receiving that list from the Board of Pharmacy. Mr. Haslam replied that that list is still being received and the two boards are working together to co-investigate some individuals on that list.

Dr. Talmage noted that Mr. Haslam was recently quoted in the Cincinnati Enquirer on the prescription drug abuse issue. Dr. Talmage stated that the article was about those who cannot get prescription pain medications and the increase in heroin use since passage of the pill mill legislation.

On the subject of pharmacists calling physicians to question prescriptions, Dr. Talmage stated that the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy, and the National Council of State Boards of Nursing are meeting regularly to discuss this issue. Dr. Talmage stated that this has come about due to a fine of approximately \$8,000,000.00 imposed on Walgreens drugstores. Walgreens was told that they must confirm prescriptions of any scheduled medications. Dr. Talmage noted that the American Medical Association (AMA) has a resolution against this process.

The Board briefly discussed this matter. Dr. Steinbergh stated that she never opposes a pharmacist calling her if there is a suspected error with a prescription, but agreed that it would be very cumbersome if pharmacists called on every prescription for a controlled substance. Dr. Soin stated that he has received such calls from Walgreens, but only on patients there were outliers in his practice. Dr. Soin stated that the practice is fairly benign, but he understands the concerns others may have. Mr. Haslam noted that pharmacists have duty to ensure that prescriptions are legitimate.

Fiscal Report: Mr. Haslam stated that there is not a fiscal update this month because last month's fiscal report is still current. Mr. Haslam stated that the Board currently has about \$3,000,000.00 on hand.

Legislative Update: Mr. Haslam stated that the legislature is still on break, but there should be an update at next week's meeting as the legislature comes back into session. Dr. Talmage asked if Representative Terry Johnson, D.O., is disposed to talk with the Board as a member of the legislature who is also a licensee. Mr. Haslam speculated that Representative Johnson would be happy to talk with the Board and offered to arrange such a meeting.

EXECUTIVE COMMITTEEDISCUSSION OF MEETING WITH REPRESENTATIVES OF THE OHIO PODIATRIC MEDICAL ASSOCIATION

Dr. Steinbergh stated that the Executive Committee met with representatives from the Ohio Podiatric Medical Association. Issues discussed included LeanOhio updates, the Ohio Automated Rx Reporting System (OARRS), licensure issues, questions on what constitutes an expert witness, telemedicine, and social media issues. Dr. Steinbergh stated that the exchange was very pleasant.

MEDICAL BOARD RETREAT

Dr. Steinbergh stated that a draft agenda for the Board's October 10, 2013 Retreat is now available. Dr. Steinbergh stated that the morning session will consist of presentations designed to provide an overview of the Board's functions and processes, especially for newer Board members. The afternoon session will be devoted to strategic planning.

Mr. Haslam stated that additional topics to be discussed at the Retreat include telemedicine and the recent *USA Today* article on medical board actions across the country.

TRAVEL REQUESTS

Dr. Steinbergh stated that the Executive Committee recommends approval for Mr. Haslam to travel to the telemedicine summit in Washington, D.C., on September 25.

Dr. Strafford moved to approve Mr. Haslam's travel to the telemedicine summit in Washington, D.C., on September 25, 2013. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh stated that the Executive Committee recommends approval for Ms. Anderson and Mr. Miller to attend the Administrators in Medicine (AIM) meeting in Indianapolis on October 27 and 29, 2013.

Dr. Talmage moved to approve Ms. Anderson's and Mr. Miller's travel to the Administrators in Medicine (AIM) meeting in Indianapolis on October 27 and 29, 2013. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

FEDERATION OF STATE MEDICAL BOARDS CALL FOR NOMINATIONS

Dr. Steinbergh stated that the Federation of State Medical Boards (FSMB) has made a call for nominations for individuals to serve on the Board of Directors or on committees. Dr. Talmage stated that he will be stepping down from the FSMB Board of Directors in April 2014 and he would like there to be a continued Ohio presence there. Dr. Talmage asked anyone who would be interested in such a position to let him know. Dr. Talmage stated that Ohio has had a presence on the FSMB Board of Directors and a significant

influence on the FSMB for several years. Dr. Steinbergh agreed, noting that she has the pleasure of serving as chair of the FSMB Bylaws Committee.

Dr. Steinbergh noted that Jon Thomas, M.D., M.B.A., the current Chair of the FSMB, and Michael Dugan, M.B.A., the Chief Information Officer of the FSMB, will visit the Board at its November meeting.

LICENSURE APPLICATION REVIEWS

JESSICA DENMAN, L.M.T.

Dr. Ramprasad stated that Ms. Denman is applying for restoration of her Ohio massage therapy license, which expired in 2009. The Group 1 Committee recommends approval of Ms. Denman's application, provided she takes and passes the Massage and Bodywork Licensing Examination (MBLEX).

Dr. Strafford moved to approve Ms. Denman's request for restoration, pending successful completion of the MBLEX. Dr. Sojin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Sojin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Dr. Saferin	- aye
	Mr. Gonidakis	- aye

The motion carried.

JOSE CRESPO, M.D.

Dr. Ramprasad stated that Dr. Crespo has applied for an initial medical license in Ohio. Dr. Crespo had applied in 2005, but he did not meet the requirements for licensure at that time. When Dr. Crespo reapplied in 2012, the Board asked him to complete one year of training residency because he had not practiced since 2004. Subsequent to that, Dr. Crespo provided information that he had passed all three steps of the United States Medical Licensing Examination (USMLE). Dr. Ramprasad stated that Dr. Crespo is not currently board-certified and he has not completed the training or residency that the Board requested. Dr. Crespo wants to practice obstetrics and gynecology.

Dr. Ramprasad stated that the Group 1 Committee, in view of Dr. Crespo's extended absence from medical practice, felt that Dr. Crespo is not ready for licensure despite his passage of the USMLE. The Group 1 Committee recommends that Dr. Crespo be approved for licensure, pending successful completion of one year of training.

Dr. Steinbergh felt that the Board could approve Dr. Crespo if he passes the Special Purpose Examination (SPEX) or specialty board certification. Dr. Talmage opined that the SPEX is not adequate in this case because it is a general examination. Dr. Talmage noted that obstetrics and gynecology has been advanced a great deal recently by robotic surgery, hormonal therapy, and other techniques.

Dr. Steinbergh asked if Dr. Crespo meets the standards for specialty board certification in obstetrics and gynecology. Dr. Ramprasad believed that Dr. Crespo is unable to apply for specialty board certification because he is not licensed in a state. Dr. Ramprasad noted that Dr. Crespo intends to practice in a remote area with his wife, and there is no indication that there would be a good monitor for him. Dr. Ramprasad stated that, with the changes in the practice of obstetrics and gynecology mentioned by Dr. Talmage, it would be difficult for Dr. Crespo to practice up to standards without going through a training program.

Dr. Ramprasad moved to approve Dr. Crespo's request for Ohio licensure, pending successful completion of one year of additional training in a residency or fellowship. Dr. Strafford seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Dr. Saferin	- aye
	Mr. Gonidakis	- aye

The motion carried.

CHARLES SHELTON, D.O.

Dr. Ramprasad stated that Dr. Shelton, a psychiatrist, has not practiced since July 2011 due to significant heart problems. Dr. Shelton had a heart transplant in December 2011. Since that time, Dr. Shelton has been volunteering in the Lindner Center. Dr. Ramprasad stated that Dr. Shelton's cardiologist has cleared him to go back to work. The Group 1 Committee opined that Dr. Shelton can be approved for licensure because his application was made within two years of the last time he practiced. Dr. Ramprasad also noted that Dr. Shelton's continuing medical education is up-to-date.

Dr. Bechtel moved to approve Dr. Shelton's request for Ohio licensure as presented. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye

Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Dr. Saferin	- aye
Mr. Gonidakis	- aye

The motion carried.

CLINICAL RESEARCH FACULTY CERTIFICATE APPLICATION REVIEW

PETER BABATUNDE OLAITAN, M.D.

Dr. Ramprasad stated that Dr. Olaitan has been trained primarily in Nigeria in plastic surgery, but also trained for a brief time in India. The Group 1 Committee felt that Dr. Olaitan can be approved for a Clinical Research Faculty Certificate, but it wanted more information regarding Dr. Olaitan's supervision and responsibilities at the Ohio State University College of Medicine. Dr. Ramprasad stated that Dr. Olaitan would be performing plastic surgery on children. A letter will be sent to the Dean requesting information regarding Dr. Olaitan's oversight and proof of competency.

Dr. Ramprasad moved to approve Dr. Olaitan's application, pending receipt of requested materials form the Dean of the Ohio State University College of Medicine, or from the head of the department in which Dr. Olaitan will be practicing. Dr. Strafford seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Dr. Saferin	- aye
	Mr. Gonidakis	- aye

The motion carried.

VISITING CLINICAL PROFESSIONAL DEVELOPMENT CERTIFICATE APPLICATION REVIEW

YUSUKE NAKAMURA, M.D.

Dr. Ramprasad stated that Dr. Nakamura has applied to be a visiting clinical professor at Children's Hospital in Cincinnati. Dr. Nakamura will be a candidate for oncology, primarily learning pancreatic transplants and other procedures. Dr. Ramprasad stated that the only apparent problem with Dr. Nakamura's application is that he has not passed the Test Of English as a Foreign Language (TOEFL), which is required by statute. Dr. Ramprasad stated that Dr. Nakamura took the TOEFL and his reading

scores were low, his listening scores were intermediate, and his total score of 54 was very low. The Group 1 Committee recommends approval of the application, pending successful completion of the TOEFL.

Dr. Ramprasad moved to approve Dr. Nakamura's application, pending successful completion of the TOEFL. Dr. Stafford seconded the motion. A vote was taken:

ROLL CALL:	Dr. Stafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Dr. Saferin	- aye
	Mr. Gonidakis	- aye

The motion carried.

EXPEDITED LICENSURE DRAFT APPLICATION AND DISCUSSION

Mr. Miller stated that the legislation authorizing expedited licensure will go into effect on September 29, 2013. Mr. Miller asked the Board to determine how applicants can demonstrate compliance with the medical education and training requirements of the statute. The Group 1 Committee discussed accepting specialty board certification, submission of Federation Credentials Verification Service, or submission of an American Medical Association (AMA) profile or American Osteopathic Association (AOA) profile. Applicants must also show that they have successfully passed the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX), or other examination sequence approved by the Board.

The Group 1 Committee had also discussed whether these applications need approval by an affirmative vote of six members of the Board or not. Mr. Miller stated that the statute does not require that. The Group 1 Committee felt that time could be saved by delegating that responsibility to the Secretary and Supervising Member, which could save two to four weeks in this process. Mr. Miller noted that the expedited licensure process will only be for "clean" applications which do not have a criminal history, do not have more than a certain number of malpractice cases, and have not been the subject of investigation by other regulatory bodies.

Dr. Steinbergh stated that she supports delegating the authority for approval of expedited licensure applicants to the Secretary and Supervising Member, but felt that the applications should also be approved by the full Board. Dr. Stafford stated that the whole process is designed for expedited licensure, as opposed to standard licensure. Dr. Stafford felt that if an application is entirely within the bounds of the expedited process, then it can be approved by the Secretary and Supervising Member. Dr. Stafford stated that a list of those approved in this fashion can be provided at each Board meeting. Dr. Stafford opined that this process would facilitate those applicants who seek expedited licensure. Dr. Steinbergh agreed.

Dr. Strafford moved to approve the proposed processes for expedited licensure. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

DRAFT APPLICATION FOR CONCEDED EMINENCE CERTIFICATION

Dr. Ramprasad stated that the proposed changes to the application for a Certificate of Conceded Eminence certificate instruct the dean of the institution in question to provide all of the required facts about the applicant and present them to the Board in an organized manner. In this way, the Board will be able to determine whether the applicant is appropriate for conceded eminence. The Group 1 Committee recommended approval of the proposed changes.

Dr. Ramprasad moved to approve the proposed changes to the application for a Certificate of Conceded Eminence. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

SCOPE OF PRACTICE – PODIATRY

Dr. Steinbergh stated that Ralph Napolitano, D.P.M., has inquired about whether the treatment of fingernail fungus and hand scars is within the scope of practice of a podiatrist. Dr. Steinbergh stated that the Group 2 Committee has drafted response for the Board's review. However, in the interests of time, Dr. Steinbergh asked that this topic be tabled until tomorrow.

Dr. Strafford moved to table this topic until the September 12, 2013 meeting. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

PHYSICIAN ASSISTANT MATTERS

PROVISIONAL CERTIFICATE TO PRESCRIBE APPLICATION REVIEW

CYNTHIA RENFROW, P.A.-C.

Dr. Steinbergh stated that Ms. Renfrow has applied for a provisional certificate to prescribe. Dr. Steinbergh noted that Ms. Renfrow's master's degree is in social agency counseling and not in physician assistant studies. Ms. Renfrow asks that her master's be considered for relevancy for a provisional certificate to prescribe. The Group 2 Committee felt that the master's degree in social agency counseling, which has certainly helped Ms. Renfrow as a physician assistant in a family medicine practice, is not clinically relevant to a provision certificate to prescribe.

Dr. Sooin moved to deny Ms. Renfrow's application because the master's degree is not clinically relevant. Dr. Bechtel seconded the motion. A vote was taken:

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

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Dr. Saferin	- aye
Mr. Gonidakis	- aye

The motion carried.

FORMULARY DISCUSSION

Dr. Steinbergh stated that Dr. Tepper of the Cleveland Clinic is requesting approval of Botox for inclusion in the physician assistant formulary. Dr. Steinbergh stated that the Physician Assistant Policy Committee differentiated between Botox type A and Botox type B. Dr. Tepper is asking that physician assistants be allowed to inject Botox A to treat chronic migraine headaches. Dr. Steinbergh stated that the Physician Assistant Policy Committee and the Group 2 Committee recommend adding Botox A to the physician assistant formulary as a physician-initiated medication and the requirement that it be approved in a special services plan before the physician assistant can prescribe it.

Dr. Steinbergh continued that the committees further recommended the inclusion of a number of anti-infectives, as listed in the agenda materials, in the Physician-Initiated category; the committees recommended that these medications be initiated and monitored by an infectious disease specialist. A number of interferons, as listed in the agenda materials, were also recommended for the Physician-Initiated category. The anti-neoplastics listed in the agenda materials were recommended for the May Not Prescribe category. The anti-depressants listed in the agenda materials were recommended for the Physician-Initiated category due to the rarity of their use. Dr. Steinbergh noted that Trazodone may not be prescribed by physician assistants. Lactulose and Neomycin were recommended for the Physician-Initiated category. Kayexalate was recommended for the May Prescribe category; Dr. Steinbergh noted that both pharmacists on the Physician Assistant Policy Committee agreed that Kayexalate would be safe to prescribe. The respiratory tract agents in the agenda materials were recommended for the May Not Prescribe category because they are highly-specialized respiratory agents and typically would not be prescribed except by specialists under very special conditions. The gastrointestinal medication Ipecac was recommended for the Physician-Initiated category.

Dr. Stafford moved to approve the physician assistant formulary recommendations of the Physician Assistant Policy Committee and the Group 2 Committee. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

SPECIAL SERVICES APPLICATION

DERMATOLOGY OF SOUTHEASTERN OHIO

Dr. Steinbergh stated that Dermatology of Southeastern Ohio has requested approval of a special services plan for excision of benign lesions on the trunk and extremities, utilizing 90% on-site supervision and 10% direct supervision. The Physician Assistant Policy Committee recommended denying this application due to concerns about malignant lesions. Dr. Bechtel stated that he supports the recommendation to deny the application because it is inconsistent with the Board's established precedent that physician assistants must have at least two years of experience in dermatology, a concept supported by the Ohio Dermatologic Association due to concerns about possible mis-diagnosis. Dr. Bechtel also stated that the request that the physician assistant be able to excise squamous cell carcinomas greater than 1.5 cm is inconsistent with previously-approved applications. Dr. Bechtel stated that squamous cell carcinomas have a much higher potential for metastasis and death, especially when they are over one centimeter in diameter.

Dr. Talmage exited the meeting at this time.

Dr. Soin moved to deny the special services application of Dermatology of Southeastern Ohio, based on Rule 4730-1-08(C)(1), (C)(2), and (C)(3). Dr. Strafford seconded the motion. All members voted aye. The motion carried.

Dr. Talmage returned to the meeting at this time.

RESTORATION REQUEST

JANICE ELECTA GREEN DOUGLAS, M.D.

Dr. Ramprasad moved that the request for the restoration of the license of Janice Electa Green Douglas, M.D., be approved, subject to the probationary terms and conditions as outlined in the July 13, 2011 Board Order, for a minimum of five years. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Dr. Saferin	- aye
	Mr. Gonidakis	- aye

The motion carried.

The Board took a recess at 2:35 p.m. and returned at 3:00 p.m.

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 asked if any Board member wished to discuss a probationary report or probationary request separately. No member wished to discuss a probationary report or request separately.

Dr. Talmage moved to accept the Compliance staff's Reports of Conferences on August 12 & 13, 2013, with: Mark L. Allen, M.D.; Joseph H. Banks, Jr., M.D.; Michael R. Baum, M.D.; Andrew J. Beistel, D.O.; Thomas M. Bender, A.A.; Valentino J. Bianco, III, D.O.; Craig L. Bierer, D.O.; Paul Lewis Blanchard, M.D.; James E. Breidenstein, D.O.; Sean A. F. Buturla, M.D.; Erin Kaye (Ball) Clark, M.T.; Ericka L. Davis, P.A.; Christine M. Graham, L.M.T.; Timothy Ross Halstead, P.A.; William Clark Harlan, D.O.; Timothy J. Heyd, M.D.; Deborah A. Jorgensen, P.A.; Matthew D. Kellems, M.D.; Krzysztof J. Kubicki, M.D.; Howard C. Larky, D.O.; Mark C. Leeson, M.D.; Paul D. Lopreato, P.A.; Eric P. MacDonald, M.D.; William G. Martin, M.D.; Jeffery T. Nelson, M.D.; Kurt J. Palazzo, M.D.; William Popovich, M.D.; Subramanya K. Prasad, M.D.; Lawrence Gene Ratcliff, M.D.; Paul D. Reikowski, Jr., L.M.T.; Richard J. Ryan, M.D.; Siraj A. Siddiqui, M.D.; Jon Berkley Silk, Jr., M.D.; Rick D. St. Onge, M.D.; Rodney E. Stone, M.D.; Stephen A. Straubing, M.D.; Randall G. Whitlock, Jr., P.A.; Adil Y. Yamour, M.D.; and Dawn M. Zacharias, M.D.

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

- **To grant Jennifer S. Dyer, M.D.'s request for acceptance of the Compliance staff's report of conference on August 12, 2013; and approval of Jason A. McCray, Ph.D., to serve as the new mental health professional;**
- **To grant Mary Jo Foote, P.A.'s request for acceptance of the Compliance staff's report of conference on August 13, 2013; and discontinuance of psychiatric treatment;**
- **To grant Brian F. Griffin, M.D.'s request for acceptance of the Compliance staff's report of conference on August 12, 2013; and approval of Michael J. Alexander, M.D., to serve as the primary care physician;**
- **To grant Allison C. (Grauer) Heacock, M.D.'s request for acceptance of the Compliance staff's report of conference on August 13, 2013; and approval of Eric Schumacher, D.O., to serve as the new monitoring physician;**
- **To grant John R. Kerns, D.O.'s request for acceptance of the Compliance staff's report of conference on August 12, 2013; and approval of AlcoMate AccuCell breathalyzer to fulfill the breathalyzer testing requirement;**
- **To grant Sharon L. McRae, M.D.'s request for approval of *Ethical Dilemmas and Best Strategies in Medical and Psychological Practice* online course, administered by Prime, to fulfill the professional ethics course requirement;**

- **To grant Ronica A. Neuhoff, M.D.’s request for acceptance of the Compliance staff’s report of conference on August 13, 2013; and reduction in appearances from every three months to every six months;**
- **To grant Charles W. Reyes, M.D.’s request for approval of Seyed Adolreza Ghodsi, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per month;**
- **To grant Chris Allen Rhoades, M.D.’s request for approval of David D. Powell, D.O., to serve as the new monitoring physician; and**
- **To grant Alan D. Sabino, M.D.’s request for acceptance of the Compliance staff’s report of conference on August 13, 2013; Reduction in personal appearances to every six months; and reduction in alcohol and drug rehabilitation meetings to twice per week with a minimum of 10 per month.**

Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Dr. Saferin	- aye
	Mr. Gonidakis	- aye

The motion carried.

PROBATIONARY APPEARANCES

PATRICK R. DENNISON, D.O.

Dr. Dennison was making his final appearance before the Board pursuant to his request for release from the terms of his September 10, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Dennison’s history with the Board.

Dr. Steinbergh asked how Dr. Dennison is doing currently. Dr. Dennison stated that he feels very fortunate to be before the Board today. Dr. Dennison stated that he has a lot of support, particularly from his family. Dr. Dennison attends church regularly and feels that it helps him a great deal. Dr. Dennison advised the medical students in attendance to always observe proper physician/patient relationships and to take the time to learn what the ethical rules are. Dr. Dennison stated that because of his violation, he has had a very difficult time finding employment in Ohio. Though we would prefer to stay in Ohio, Dr.

Dennison has accepted a position in Elkhart, Indiana, and will be pursuing licensure in that state.

Dr. Talmage stated that the goal of the Board is to, when possible, rehabilitate physicians. Dr. Talmage opined that Dr. Dennison has learned his lesson and has made it through five years of probation. Dr. Talmage stated that he liked Dr. Dennison's attitude.

Dr. Talmage moved to release Dr. Dennison from the terms of his September 10, 2008 Consent Agreement. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

KRISTIE L. GIBSON, L.M.T.

Ms. Gibson was making her final appearance before the Board pursuant to her request for release from the terms of her August 13, 2011 Consent Agreement. Ms. Bickers reviewed Ms. Gibson's history with the Board.

Dr. Steinbergh asked Ms. Gibson to describe her healing process. Ms. Gibson stated that she has been seeking psychiatric and psychological counseling for several years to help her deal with issues from her upbringing. Ms. Gibson stated that she has been diagnosed with personality conflict. Ms. Gibson stated that she had been angry, but she has come to terms with her anger. Ms. Gibson has a husband and new baby and reported that all is well.

Dr. Steinbergh asked how often Ms. Gibson receives counseling. Ms. Gibson stated that she sees her psychologist monthly and her psychiatrist every three months, but she does not intend to continue seeing them after her release. Dr. Sojin asked what coping mechanisms Ms. Gibson has developed. Ms. Gibson replied that she has a different outlook and she has changed the person that she is. Ms. Gibson stated that if she needs help, she can contact her psychologist or psychiatrist again.

Dr. Steinbergh asked about Ms. Gibson's massage therapy practice and her teaching. Ms. Gibson stated that her practice is doing well and she continues to teach at a college in Cleveland.

Dr. Sojin moved to release Ms. Gibson from the terms of her August 13, 2011 Consent Agreement. Dr. Talmage seconded the motion. All members voted aye. The motion carried.

MARK E. GOLDSMITH, M.D.

Dr. Goldsmith was making his final appearance before the Board pursuant to his request for release from the terms of his September 10, 2003 Consent Agreement. Ms. Bickers reviewed Dr. Goldsmith's history with the Board.

Dr. Steinbergh asked how Dr. Goldsmith is doing currently. Dr. Goldsmith replied that he is doing well. Dr. Goldsmith stated that he has suffered from depression in the past, but is doing well on medication. Dr. Goldsmith stated that he enjoys doing civic work, is active in Alcoholics Anonymous, and has sponsees. Dr. Goldsmith commented that working with Dr. Homenko in the ethics course was a very positive experience.

Dr. Steinbergh noted that Dr. Goldsmith is a practicing psychiatrist and has expressed interest in going into aesthetic medicine. Dr. Steinbergh advised Dr. Goldsmith to be cautious because many physicians put themselves at risk when they begin doing procedures for which they have not trained. Dr. Goldsmith stated that he has done over 50 hours of training with a laser and will continue with further training. Dr. Goldsmith stated that he will also have a nurse practitioner and a nurse working with him.

Mr. Gonidakis exited the meeting at this time.

Dr. Sethi noted that Dr. Goldsmith is on a number of medications and asked how he can function with so many medications in his system. Dr. Goldsmith responded that he takes as little medication as possible for his attention deficit disorder. Dr. Goldsmith stated that he functions well, better than he ever has in his life.

Dr. Talmage asked if Dr. Goldsmith used narcotic medication following his back surgery. Dr. Goldsmith answered that he did take prescribed narcotics during his week in the hospital and month in a nursing home. Since that time, Dr. Goldsmith takes one Tramadol every eight hours and Tylenol every six hours. Dr. Goldsmith stated that he is still uncomfortable, but he is okay with that. Dr. Talmage commented that oftentimes the goal of zero pain is unrealistic.

Dr. Sethi expressed concern that Dr. Goldsmith has simply replaced street drugs with medications, but he is still taking a lot of drugs. Dr. Goldsmith stated that he takes medications under the supervision of physicians and he is doing better than ever. Dr. Sethi asked who is monitoring Dr. Goldsmith. Dr. Goldsmith responded that he is monitored by his psychiatrist and his family physician.

Dr. Talmage moved to release Dr. Goldsmith from the terms of his September 10, 2003 Consent Agreement, contingent upon receipt of all required documents. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

JASON L. RICH, M.D.

Dr. Rich was making his final appearance before the Board pursuant to his request for release from the terms of his March 9, 2011 Consent Agreement. Ms. Bickers reviewed Dr. Rich's history with the Board.

Dr. Steinbergh asked Dr. Rich to describe his current practice. Dr. Rich replied that he has a solo family practice in the Lancaster, Ohio area. Dr. Rich sees a combination of family practice patients and addiction medicine patients. Dr. Steinbergh asked how Dr. Rich is currently handling billing. Dr. Rich answered that his practice is fee for service, so there is no billing. Dr. Rich stated that if he resumes billing in the future, he will consult with a billing coder to review the billing.

Mr. Gonidakis returned to the meeting at this time.

Dr. Steinbergh noted that Dr. Rich is currently excluded from Medicare due to his Medicaid fraud. Dr. Rich stated that he is on a five-year exclusion from both Medicare and Medicaid. Dr. Steinbergh asked

how Dr. Rich's courses in ethics and billing have enhanced his practice. Dr. Rich stated that the ethics course taught him that when he encounters a situation that may be ethically challenging, if he takes the time to think through it he will probably come to the correct ethical decision. Dr. Rich noted that billing and coding will be even more complicated in the future, so the need of a billing coder to help review the billing will become even more necessary.

Dr. Ramprasad asked if Dr. Rich's errors occurred by mistake. Dr. Rich replied that some were true errors, while others were errors in judgment. Dr. Rich stated that this will not happen again.

In response to questions about family support, Dr. Rich stated that he is married and has two young sons.

Dr. Ramprasad asked if Dr. Rich is happy with his family medicine/addiction medicine practice. Dr. Rich replied that he is happy and his practice is going well. Dr. Steinbergh asked if Dr. Rich requires his addiction medicine patients to attend counseling at part of their treatment. Dr. Rich answered that he does not require counseling, but it is strongly recommended.

Dr. Ramprasad moved to release Dr. Rich from the terms of his March 9, 2011 Consent Agreement. Dr. Soim seconded the motion. All members voted aye. The motion carried.

SOHAIL AMAN, M.D.

Dr. Aman was making his initial appearance before the Board pursuant to the terms of his May 8, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Aman's history with the Board.

Dr. Steinbergh asked how Dr. Aman got into his troubles with overprescribing pain medications. Dr. Aman replied that he had a lapse of judgment. Dr. Aman stated that he was told about the pain clinic by a recruiter. The pain clinic closed down after Dr. Aman had worked there for six months. Dr. Aman stated that he cooperated with the investigation and surrendered his Drug Enforcement Administration (DEA) license; Dr. Aman's DEA license has since been returned unrestricted and there were no findings from their investigation.

Dr. Talmage asked when during Dr. Aman's practice at the pain clinic did he figure out that what the clinic was doing was not good medicine. Dr. Aman stated that there were five doctors who worked at the clinic and that they reported the red flags to the DEA. Dr. Aman stated that all the physicians practiced separately at the clinic and each was responsible for what they did there. Dr. Aman stated that he learned to not just believe what he is told about a place, but to pursue the truth.

Dr. Talmage asked what was being done in the pain clinic that was not proper. Dr. Aman stated that the clinic was accepting out-of-state patients and was running a cash practice. Dr. Aman stated that he only worked in the clinic for six weeks on a part-time basis, so he has been unable figure out what was going on.

Dr. Talmage asked if Dr. Aman was satisfied that he provided good care to patients who were on narcotics. Dr. Aman reiterated that he and his colleagues called the DEA and were told that it was not illegal in

Maryland to see those patients and have a cash-only practice. Dr. Aman stated that he and his colleagues relied on the administrators running the clinic to deal with those issues. Dr. Aman admitted that he should have been more proactive regarding the administration of the clinic.

Dr. Talmage expressed concern about whether Dr. Aman is properly prescribing narcotics now and if he is familiar with Ohio law. Dr. Aman stated that he is familiar with Ohio's laws in this area and has taken a controlled substance course in Ohio, as well as a course in medical record keeping. Dr. Steinbergh asked if Dr. Aman has taken his required ethics course. Dr. Aman replied that his ethics course will begin next week.

Dr. Sethi ask if Dr. Aman used his conscious, education, and internal ethics to determine if he is doing the right thing when he is asked to write a prescription. Dr. Aman responded that he uses everything at his disposal to determine if it is the right thing to do. Dr. Aman stated that prescribing must be done the right way and physicians should not be enablers. Dr. Aman also stated that patients cannot be kept suffering. Dr. Aman stated that patients must be properly screened, including checking the Ohio Automated Rx Reporting System (OARRS), performing drug screens, and questioning family members.

Dr. Sojin also asked if Dr. Aman had been aware that the pain clinic was a cash-only practice for narcotics. Dr. Aman stated that he was aware that it was cash-only. Dr. Aman stated that 3% of all practices in the United States are cash practices.

Dr. Talmage stated that, despite Dr. Aman's statements that the administrators and front desk handled the business aspects of the clinic, Dr. Aman knew that the patients were coming there to get narcotics. Dr. Aman agreed and reiterated that he called the DEA. Dr. Talmage asked if Dr. Aman tried to get his patients off of narcotics or to use non-narcotics therapies. Dr. Aman replied that he did try to get his patients off narcotics and use non-narcotic therapies, which his employers did not like. Dr. Aman stated that his medical records document attempts to taper his patients, drug screens, and referrals to physical therapy and neurosurgeons.

Dr. Steinbergh stated that his case represents an important lesson. Dr. Aman had been a hospitalist who took a job at a pain clinic in order to make money. Dr. Steinbergh stated that sometimes a physician will come to a job and realize it is a mistake. Dr. Steinbergh stated that in those instances, the physician must walk away from that position despite financial concerns.

Dr. Talmage moved to continue Dr. Aman under the terms of his May 8, 2013 Consent Agreement. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

PHILICIA S. DUNCAN, M.D.

Dr. Duncan was making her initial appearance before the Board pursuant to the terms of her June 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Duncan's history with the Board.

Dr. Steinbergh asked what Dr. Duncan is doing day-to-day. Dr. Duncan replied that she is currently attending aftercare meetings and seeing a therapist and a psychiatrist twice per month. Dr. Duncan is also

being treated for depression and anxiety. Dr. Duncan reported that she is doing well and her depression is under control. Dr. Duncan stated that she has a part-time job with the Cleveland Browns in the team shop. Dr. Duncan is speaking with her family and friends more often now and is happier than she has been in a long time.

Dr. Steinbergh asked if Dr. Duncan will be able to return to her residency program. Dr. Duncan answered that her program is ready to bring her back and she is very thankful for that. Dr. Duncan also expressed gratitude towards the Board for the opportunity to regain her medical license.

Dr. Talmage asked if Dr. Duncan had been on Ritalin and Paxil from another physician's prescriptions before prescribing them for herself. Dr. Duncan answered that she had been on those medications prior to self-prescribing them. Dr. Duncan explained that she had just moved from Michigan to Ohio and had difficulty finding a new psychiatrist. Dr. Duncan stated that she had not realized how bad her depression had gotten or that she had become dependent on Ritalin. Dr. Duncan said she is learning from her new psychiatrist that she must admit that she needs help, something she did not want to admit before. Dr. Talmage stated that the need to recognize when one needs help or treatment is an important lesson for the medical students in attendance.

Dr. Steinbergh asked what training program Dr. Duncan is in. Dr. Duncan replied that she is in the internal medicine program at Case Western Reserve University.

Dr. Ramprasad asked if Dr. Duncan has family support. Dr. Duncan replied that she has family support, but none are present with her in the United States. Dr. Duncan stated that her family is from Jamaica and mental illness is not recognized there, which made it very difficult to discuss with her family initially. Dr. Duncan stated that she also has close friends who provide support here. Responding to Dr. Ramprasad, Dr. Duncan stated that she does not drink alcohol.

Dr. Steinbergh asked if Dr. Duncan has any questions about her Consent Agreement. Dr. Duncan replied that she has no questions.

Dr. Ramprasad expressed concern that Dr. Duncan is at risk of relapse due to her young age. Dr. Ramprasad advised Dr. Duncan to follow her medication regimen and be vigilant. Dr. Duncan agreed.

Mr. Gonidakis exited the meeting at this time.

Responding to Dr. Steinbergh, Dr. Duncan stated that her psychiatrist is the physician who is prescribing medications for her. Dr. Duncan stated that she is becoming more relaxed with her new psychiatrist.

Dr. Ramprasad moved to continue Dr. Duncan under the terms of her June 12, 2013 Consent Agreement. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

ALAN ARNOLD GODOFSKY, M.D.

Dr. Godofsky was making his initial appearance before the Board pursuant to the terms of the Board's

Order of March 27, 2013. Ms. Bickers reviewed Dr. Godofsky's history with the Board.

Dr. Ramprasad asked if Dr. Godofsky is currently working. Dr. Godofsky replied that he works part-time and sometimes does *locum tenens* work. Dr. Ramprasad asked if Dr. Godofsky sees a psychiatrist or has had a psychiatric evaluation. Dr. Godofsky replied that he has not had any psychiatric care or evaluation.

Dr. Soin asked if Dr. Godofsky prescribes medications in his *locum tenens* work. Dr. Godofsky replied that he only administers anesthesia and does not prescribe medications. Dr. Soin asked Dr. Godofsky to describe the practice environment of the Kentucky pill mill he had practiced in. Dr. Godofsky replied that it was cash or debit card only, but opined that it was not a cash-for-narcotics situation. Dr. Godofsky stated that it was more like cash-for-an-evaluation. Dr. Soin asked if Dr. Godofsky had ever refused to prescribe narcotics for a patient. Dr. Godofsky answered that he had sometimes refused to prescribe medications, which made the patients unhappy. Dr. Soin asked if Dr. Godofsky had ever taken continuing medical education (CME) on the appropriate prescribing of controlled substances. Dr. Godofsky responded that he has taken such CME's, but has not since this incident because he is now barred from that type of practice.

Dr. Talmage asked how many medical licenses Dr. Godofsky holds. Dr. Godofsky answered that he is licensed in Ohio, Kentucky, and Indiana. Dr. Godofsky stated that his Louisiana license recently expired and he does not intend to renew it. Dr. Talmage asked if there are any restrictions on Dr. Godofsky's Indiana medical license. Dr. Godofsky replied that there are no restrictions on that license. Dr. Godofsky commented that his Indiana medical license will expire soon and he will not renew it. Dr. Godofsky also commented that he recently renewed his Drug Enforcement Administration (DEA) certification with no restrictions.

Dr. Talmage asked if the Kentucky clinic that Dr. Godofsky had practiced in was closed. Dr. Godofsky answered that the clinic eventually closed. Dr. Godofsky stated that he left the clinic after the one and only discussion he had with the owner about how many patients he should see per day. Dr. Godofsky stated that there had never been any incentive or disincentive to prescribe or not prescribe to patients. Dr. Godofsky stated that he had been encouraged to weed out the patients who were obviously there for ulterior motives.

Dr. Steinbergh asked Dr. Godofsky to describe his current practice. Dr. Godofsky replied that he currently practices anesthesiology in a hospital in Chillicothe, Ohio. Responding to further questions, Dr. Godofsky stated that he had had no problems obtaining hospital privileges.

Dr. Sethi asked how Dr. Godofsky came to be the subject of discipline in Kentucky. Dr. Godofsky replied that he had been working in a clinic that was under investigation. Dr. Sethi asked how Dr. Godofsky's practice had deviated from standard practice to bring him to the attention of the Kentucky Board of Medical Licensure. Dr. Godofsky replied that the Kentucky Board had been investigating the clinic as a whole. Dr. Godofsky stated that when he was working at the clinic, Kentucky had a published statement encouraging physicians to treat patients in need of pain management. Dr. Godofsky stated that he takes responsibility for his actions and the patients he treated. Dr. Sethi asked if Dr. Godofsky had documented the reasons for prescribing narcotics to patients. Dr. Godofsky replied that he had documented those

reasons.

Dr. Godofsky stated that he wished to address an item in the Ohio Board's published minutes from its March 2013 meeting. Dr. Godofsky stated that the minutes describe Dr. Steinbergh being astounded that Dr. Godofsky had been seeing 14 to 20 patients every day, as well as 40 to 50 follow-up patients daily. Dr. Godofsky understood why that would draw concern, but believed that those comments came from the summary of Dr. Godofsky's testimony. Dr. Godofsky stated that the summary does not say that he saw 14 to 20 new patients every day in addition to 40 to 50 follow-up patients per day. Rather, Dr. Godofsky stated that he saw either 14 to 20 new patients or 40 to 50 follow-up patients, not both in combination. Dr. Godofsky stated that he simply wanted to clarify this matter.

Dr. Soin moved to continue Dr. Godofsky under the terms of the Board's Order of March 27, 2013. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

VINCENT JAMES KEISER, M.D.

Dr. Keiser was making his initial appearance before the Board pursuant to the terms of his June 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Keiser's history with the Board.

Dr. Steinbergh asked when Dr. Keiser's most recent sobriety date is. Dr. Keiser replied that his most recent sobriety date is March 13, 2013. Regarding current medications, Dr. Keiser stated that he is only taking Lisinopril.

Dr. Talmage noted that Dr. Keiser's drugs of choice were alcohol, benzodiazepines, and Ativan. Dr. Keiser responded that, in fact, his only drug of choice was alcohol. Dr. Keiser stated that benzodiazepines were not a factor until end of his efforts to stop consuming alcohol. Dr. Keiser commented that around the end of 2012 and beginning of 2013, he would get anxious when he stopped drinking and would take Ativan at those times. Dr. Talmage asked about Dr. Keiser's opinion of the treatment program at Glenbeigh Toledo. Dr. Keiser responded that it was a good program.

Dr. Steinbergh asked what Dr. Keiser is doing day-to-day in terms of his recovery. Dr. Keiser replied that he attends five Alcoholics Anonymous meetings per week, is working the steps, has a sponsor, and attends aftercare meetings at Glenbeigh.

Mr. Gonidakis returned to the meeting at this time.

Dr. Talmage moved to continue Dr. Keiser under the terms of his June 12, 2013 Consent Agreement. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

I. PRAVEEN KUMAR, M.D.

Dr. Kumar was making his initial appearance before the Board pursuant to the terms of his June 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Kumar's history with the Board.

Dr. Steinbergh asked if Dr. Kumar has taken his required courses in controlled substance prescribing and medical record keeping. Dr. Kumar replied that he will be taking those courses in November and December. Dr. Steinbergh asked what insight Dr. Kumar has into his documentation errors. Dr. Kumar stated that he is making every effort to improve his documentation and has read a great deal on this subject. Dr. Steinbergh asked if Dr. Kumar felt that a failure in his education led to his errors. Dr. Kumar responded that he had kept a very busy schedule for 15 years and had taken calls every day. Dr. Kumar stated that his partner did not go to the hospitals, so Dr. Kumar had to see all the practice patients in both of the hospitals where he had privileges. Dr. Kumar opined that sleep deprivation contributed to his problems to some extent.

Dr. Talmage asked if Dr. Kumar understands the necessity of documentation, stating that other physicians cannot determine the course of a patient's care if the medical record is incomplete. Dr. Kumar replied that he understands the necessity of documentation. Dr. Kumar stated that all of his patients had legitimate reasons for their pain, but he failed to document them. Dr. Talmage asked if Dr. Kumar utilizes electronic medical records (EMR). Dr. Kumar replied that he only uses manual records.

Dr. Steinbergh asked how Dr. Kumar will modify his behavior when he returns to practice. Dr. Kumar answered that he will probably decrease his patient load and spend more time in his office than in the hospitals. Dr. Kumar commented that hospital work is a burden because he would receive calls at night.

Dr. Ramprasad asked if Dr. Kumar has considered adopting an EMR system. Dr. Kumar replied that he is planning on that. Dr. Soin opined that EMR would be helpful to Dr. Kumar's record keeping. Dr. Soin also cautioned Dr. Kumar about calling in prescriptions for controlled substances after hours because it is very difficult to chart that. Dr. Ramprasad stated that EMR requires the physician to specify how much medication is being prescribed and in what dose. Dr. Ramprasad commented that he has difficulty understanding why these things occurred in Dr. Kumar's practice. Dr. Steinbergh opined that Dr. Kumar had not been in control of his practice.

Dr. Kumar stated that he often tried to refer patients to a pain management specialist, but they ended up seeing Dr. Kumar anyway because they would be discharged from pain management for non-compliance. Dr. Kumar stated that the patients had legitimate reasons for their chronic pain due to biosocial and psychosocial conditions, even when there were no objective causes of the pain. Dr. Soin opined that if a patient has been discharged from a pain management clinic, it is a significant red flag that they should not be prescribed opioids. Dr. Steinbergh agreed and stated that physicians must be able to say "no."

Dr. Ramprasad agreed with Dr. Kumar that some patients can have pain that cannot be explained and that physicians must be empathetic to that. However, Dr. Ramprasad stated that a physician should not have more than a few such patients, otherwise it causes concern. Dr. Soin agreed and strongly cautioned Dr. Kumar against prescribing controlled substances without a good working diagnosis.

Dr. Soin moved to continue Dr. Kumar under the terms of his June 12, 2013 Consent Agreement. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

KENDRA N. VON DER EMBSE, D.O.

Dr. von der Embse was making her initial appearance before the Board pursuant to the terms of her June 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. von der Embse's history with the Board.

Dr. Steinbergh asked how Dr. von der Embse is doing. Dr. von der Embse replied that she is doing well and is meeting all the requirements of her Consent Agreement. Dr. von der Embse stated that she talks to her sponsor every day. Dr. von der Embse stated that she is excited about starting her residency. Dr. Steinbergh asked about Dr. von der Embse's most recent sobriety date. Dr. von der Embse replied that her most recent sobriety date is March 17, 2013.

Dr. Ramprasad asked how Dr. von der Embse felt about her treatment program at Glenbeigh. Dr. von der Embse stated that she could not say she loved being there, but she appreciated the different way of looking at things and the introduction to the 12 steps. Dr. Ramprasad asked if Dr. von der Embse's medical school had asked her to go into rehabilitation when she had her alcohol-related incident there. Dr. von der Embse stated that she saw counselors at the medical school, but there was no suggestion that she enter into rehabilitation.

Dr. Ramprasad asked when Dr. von der Embse started drinking. Dr. von der Embse replied that she first drank alcohol at the age of 18 when she was treated for cancer. Dr. von der Embse did not drink alcohol again until college. Dr. von der Embse stated that she does not have a family history of alcoholism.

Dr. Ramprasad asked how Dr. von der Embse is progressing. Dr. von der Embse answered that she is progressing well and the Wellbutrin she is prescribed is helpful. Dr. von der Embse stated that she is learning different techniques to deal with stress. Dr. Ramprasad asked if Dr. von der Embse feels she will be able to handle the stress of a residency program. Dr. von der Embse believed that she would be able to handle the stress.

Dr. Ramprasad asked if Dr. von der Embse had any questions for the Board. Dr. von der Embse stated that she has no questions. Dr. von der Embse stated that she is grateful to the Board for its support and for allowing her to have the opportunity to begin her residency.

Dr. Sojin moved to continue Dr. von der Embse under the terms of her June 12, 2013 Consent Agreement. Dr. Talmage seconded the motion. All members voted aye, except Dr. Steinbergh, who abstained. The motion carried.

ALBERT J. WEISBROT, M.D.

Dr. Weisbrot was making his initial appearance before the Board pursuant to the terms of his June 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Weisbrot's history with the Board.

Dr. Steinbergh asked how this experience has affected Dr. Weisbrot, noting that this is particularly important for the medical students in attendance. Dr. Weisbrot stated that when he was in medical school, pain management was not an entity. Dr. Weisbrot stated that treating pain is much more difficult than treating conditions such as diabetes or heart conditions. Dr. Weisbrot advised the medical students to do as

much as they can to protect themselves and, if need be, refer patients to pain specialists.

Dr. Talmage appreciated Dr. Weisbrot's comments, but observed the Dr. Weisbrot had treated someone who he had never seen as a patient. Dr. Weisbrot agreed and stated that he had been treating a patient in a nursing home. This patient was also a nurse who Dr. Weisbrot had considered to be very trustworthy. The patient would often identify other residents of the nursing home who needed pain medications but could not make an appointment. Therefore, Dr. Weisbrot would treat those patients. Later, the patient said that her husband wanted to see Dr. Weisbrot and that he is on Vicodin. Dr. Weisbrot agreed to prescribe Vicodin on the condition that the patient's husband see him in his office. However, the patient's husband never came to see Dr. Weisbrot. Despite this, Dr. Weisbrot continued to provide Vicodin prescriptions and sometimes did not document it. Dr. Weisbrot stated that this was a lapse in judgment and an isolated incident in his practice. Dr. Weisbrot later learned that the patient had been calling in her own prescriptions, as well as other unethical conduct. Dr. Weisbrot stated that he had been duped and he now knows how to say "no."

Dr. Talmage stated that this is a very important lesson for students and cautioned them against prescribing for colleagues unless there is an established physician/patient relationship. Dr. Sethi agreed and added that a medical record must always be kept.

Dr. Weisbrot stated that he had made a mistake and that there had been no secondary gain for his actions. Dr. Weisbrot stated that this situation has been terribly embarrassing and demoralizing for him.

Dr. Talmage moved to continue Dr. Weisbrot under the terms of his June 12, 2013 Consent Agreement. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

EMMETT E. WHITAKER, III, M.D.

Dr. Whitaker was making his initial appearance before the Board pursuant to the terms of his June 12, 2013 Consent Agreement. Dr. Whitaker was also requesting approval of Alvin D. Pelt, M.D., to serve as the treating psychiatrist. Ms. Bickers reviewed Dr. Whitaker's history with the Board.

Dr. Steinbergh asked if Dr. Whitaker is currently taking any medications. Dr. Whitaker replied that he is taking Wellbutrin, Lexapro, and Naltrexone daily. Dr. Steinbergh asked if Dr. Whitaker is currently practicing. Dr. Whitaker replied that he is not practicing because there has been an issue with credentialing at Nationwide Children's Hospital due to an administrative error. Dr. Whitaker felt that the problem will be worked out soon.

Dr. Talmage asked what kinds of opiates Dr. Whitaker had abused. Dr. Whitaker answered that he would use anything he could get, including anesthesia drugs. Dr. Talmage asked how Dr. Whitaker felt about returning to practice. Dr. Whitaker answered that this is not new to him and that his sobriety date is April 23, 2009. Dr. Whitaker advised the medical students in attendance that the risk of drug abuse is high in his specialty of anesthesiology, but addiction does not discriminate. Dr. Whitaker explained that he had been a high-achieving individual with a major ego complex. Dr. Whitaker decided to self-treat and he became impaired within a very short time, moving from oral opioids to injection of multiple anesthetic medications

within about six weeks. Dr. Whitaker was given an opportunity to go to treatment after he had totaled his second car.

Dr. Whitaker continued that he has been in recovery for nearly five years and has found that alcohol addiction and drug addiction are essentially the same. Dr. Whitaker stated that he has done well since returning to training, despite the high risk of relapse in anesthesiology. Dr. Whitaker stated that he is no longer the person he once was and he maintains a very vigorous recovery program. Dr. Whitaker appreciated the Medical Board's willingness to grant him a license.

Dr. Whitaker advised the medical students that everyone in the field of medicine is at risk due to stress and the ability to obtain substances of abuse.

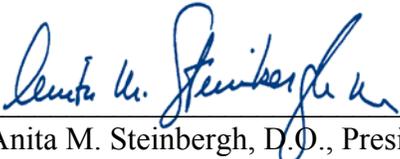
Dr. Talmage commented that the Board does not normally allow anesthesiologists who are addicted to anesthesia drugs to return to the practice of anesthesiology. Dr. Talmage stated that Dr. Whitaker is an exception to that and hoped that Dr. Whitaker is successful.

Dr. Sethi asked if Dr. Whitaker has a support system and how Dr. Whitaker will prevent a relapse. Dr. Whitaker replied that he undergoes random urine screens, which he will continue for the rest of his career. Dr. Whitaker also sees a psychiatrist monthly who manages his Naltrexone therapy, which provides another level of accountability. Dr. Whitaker added that he has strong family support, attends weekly caduceus meetings, and attends Alcoholic Anonymous meetings three times per week. Dr. Whitaker stated that his partner is very supportive and is also a clinical psychologist. Lastly, Dr. Whitaker stated that he will be monitored by the Ohio Physicians Health Program and the occupational health program at Nationwide Children's Hospital. Dr. Whitaker stated that those in recovery cannot promise that they will never relapse.

Dr. Talmage moved to continue Dr. Whitaker under the terms of his June 12, 2013 Consent Agreement. Dr. Talmage further moved to grant Dr. Whitaker's request for approval of Alvin D. Pelt to serve as the treating psychiatrist. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

Thereupon, at 5:10 p.m., the September 11, 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 September 11, 2013, as approved on October 9, 2013.


Anita M. Steinbergh, D.O., President


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

(SEAL)



MINUTES**THE STATE MEDICAL BOARD OF OHIO****September 12, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 8:45 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; Laurie O. Elsass; Donald R. Kenney, Sr.; Michael L. Gonidakis; Sushil M. Sethi, M.D.; and Bruce R. Saferin, D.P.M. The following members did not attend the meeting: Lance A. Talmage, M.D.; and Amol Soin, M.D.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; Randy Beck, Interim Chief of Investigations; William Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca Marshall, Chief Enforcement Attorney; David Katko, Marcie Pastrick, Angela McNair; Cheryl Pokorny, and Dennis Tenison, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder and Heidi Dorn, Assistant Attorneys General; Gregory Porter, Chief Hearing Examiner; Danielle Bickers, Compliance Supervisor; Gary Holben, Operations Administrator; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; and Benton Taylor, Executive Assistant to the Executive Director.

DR. SOIN'S ABSENCE

Dr. Steinbergh announced that Dr. Soin was unable to attend today's meeting because his wife gave birth to their third son early this morning. Dr. Steinbergh reported that both mother and baby are doing well. Dr. Steinbergh thanked Ms. Elsass for agreeing to attend today's meeting to ensure a quorum. Dr. Steinbergh noted that Ms. Elsass' term on the Board ended on July 31, but since her successor has not yet been appointed, she is able to continue acting as a member of the Board for 60 days beyond the end of her term.

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: Dustin Michael Clark, M.D.; Jeffrey T. Dardinger, M.D.; Margaret A. Davidson; Miles E. Drake, Jr., M.D.; Erica Lynne Forney, M.T.; and Emmart Yost Hoy, Jr., D.O.

A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- nay
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

Dr. Saferin explained that he has not had opportunity to review and consider the hearing records in these cases. Therefore, he will abstain from the discussion and vote in these matters.

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
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- 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 and Dr. Bechtel served as 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.

DUSTIN MICHAEL CLARK, M.D., Case No. 13-CRF-035

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

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

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

Mr. Plinke stated that this case is somewhat unusual. Mr. Plinke stated that Dr. Clark had a hearing because he and the Board staff could not come to an agreement on the terms and conditions of what would have been his Step II Consent Agreement. The primary issue of contention was a proposed restriction on Dr. Clark's ability to practice anesthesiology.

Mr. Plinke continued that Dr. Clark had committed significant violations involving the abuse of medications. Dr. Clark entered into a Step I Consent Agreement, which he was compliant with for three-and-a-half years. Dr. Clark also underwent a number of legal processes in Tennessee and Texas. Dr. Clark has switched his specialty from anesthesiology to family practice and has neared the completion of a family practice residency in Tennessee. Mr. Plinke stated that Dr. Clark is unable to move toward full medical licensure in Tennessee until his Ohio medical license is reinstated.

Mr. Plinke stated that, based on the evidence, the Hearing Examiner's Proposed Order is the only sustainable outcome.

Dr. Clark accepted full responsibility for his past wrongdoing. Dr. Clark stated that he has worked hard to remain compliant with his Consent Agreement and has also worked hard in recovery. Dr. Clark asked the Board to consider reinstating his Ohio medical license so he can move forward in Tennessee, noting that he has no plans to practice in Ohio. Dr. Clark stated that he is in his last year of training and having a license to practice is extremely important.

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 the Hearing Examiner's Report and Recommendation does an excellent job of summarizing the issues. Mr. Wilcox explained that the impasse is whether Dr. Clark should be restricted from practicing anesthesiology. Mr. Wilcox stated that Dr. Clark was addicted to medications, including Fentanyl, during his training program in Texas and had been diverting medication from patients for his own use. Mr. Wilcox added that Dr. Clark abused the medications while still on duty in the hospital. Since this issue could not be resolved in negotiation, a hearing was held and the matter is now before the Board.

Mr. Wilcox stated that with the facts before them in a well-developed record from the Hearing Examiner, the Board can use its expertise to decide whether there should be any restrictions on Dr. Clark's Ohio medical license.

Dr. Ramprasad moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Dustin Michael Clark, M.D. Ms. Elsass seconded the motion.

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

Dr. Ramprasad stated that Dr. Clark had been in residency in the United States Air Force when he began to misuse opiates. Dr. Clark procured medications in the names of patients and administered the appropriate dosage, but he took what was left and falsified the medical records. Dr. Clark has also had a history of alcohol abuse since the age of 18. Dr. Ramprasad briefly reviewed Dr. Clark's history of treatment and recovery.

Dr. Ramprasad stated that Dr. Clark's Step I Consent Agreement required the approval of three physicians for Dr. Clark to return to the practice of medicine. The three physicians who performed evaluations of Dr. Clark are Curtis Markham, M.D., Navjyot S. Bedi, M.D., and Ronald A. Sachs, M.D. Dr. Markham reported that Dr. Clark could resume practice, but did not indicate if Dr. Clark could return to anesthesiology. Dr. Bedi reported that Dr. Clark could probably return to anesthesiology with reasonable skill and safety. Dr. Sachs reported that he would not recommend that Dr. Clark return to anesthesiology, but noted that Dr. Clark was in family practice now and opined that that was a safe choice for him. In a subsequent letter, Dr. Sachs reaffirmed his previous recommendation that Dr. Clark can practice without restriction. In 2013, Dr. Sachs clarified that Dr. Clark should not practice anesthesiology due to his past dependence on Fentanyl.

Dr. Ramprasad continued that during negotiations on Dr. Clark's Step II Consent Agreement, there was disagreement about a proposed restriction from anesthesiology. Dr. Ramprasad opined that Dr. Clark would be at risk of a relapse if he returned to the practice of anesthesiology. Dr. Ramprasad noted that Dr. Clark plans to practice family medicine in Tennessee, but noted that, although he did not complete his anesthesiology residency and cannot become board-certified in anesthesiology, he could potentially practice anesthesiology if there is no restriction. Dr. Ramprasad stated that Dr. Clark has multiple risk factors for relapse, including underlying problems with anxiety and/or depression. Therefore, it is risky for Dr. Clark to return to practicing anesthesiology, where he would have unfettered access to medications.

Dr. Ramprasad stated that the State Medical Board of Ohio, as a panel of experts that can determine the ethical requirements of its profession, concludes that the public is best protected by a permanent restriction of Dr. Clark from practicing anesthesiology. Dr. Ramprasad stated that he would like to amend the proposed order so that Dr. Clark's license may be reinstated with permanent restrictions from practicing anesthesiology, ordering anesthesia, or personally furnishing anesthesia. The proposed amendment would allow Dr. Clark to order moderate sedation, but would restrict him from administering moderate sedation. Dr. Ramprasad also offered an amendment to the Hearing Examiner's Conclusion of Law.

Dr. Ramprasad moved to amend the Conclusions of Law of the Report and Recommendation to read as follows:

1. As set forth in the Findings of Fact, there is a conflict of opinion among the experts who evaluated Dr. Clark with respect to Dr. Clark's return to training in or practicing anesthesiology. This Board, as a panel of experts equipped with the necessary knowledge and experience to interpret the technical and ethical requirements of its profession, concludes that the interests of the public would best be protected by including in its Order a permanent limitation concerning Dr. Clark's training in or practicing anesthesiology.

2. The Chapter 119 hearing as described in Findings of Fact 5, above, has been completed. The Board may now issue an Order setting forth the terms, conditions, and limitations, if any, that it determines should be imposed upon Dustin Michael Clark, M.D.

Dr. Ramprasad further moved to amend the Proposed Order of the Report and Recommendation to read as follows:

It is hereby ORDERED that:

- A. **PHYSICIAN REINSTATEMENT; PROBATION:** The certificate of Dustin Michael Clark, M.D., to practice medicine and surgery in Ohio is REINSTATED, provided that he otherwise meets all statutory and regulatory requirements, and subject to the conditions set forth below.
- B. **PERMANENT LIMITATION/RESTRICTION:** The certificate of Dr. Clark to practice medicine and surgery in the State of Ohio shall be permanently LIMITED and RESTRICTED as follows:
- Dr. Clark shall not participate in any anesthesia residency program.
 - Dr. Clark shall not order or personally administer general anesthesia.
 - Dr. Clark may order moderate sedation, but he shall not personally administer moderate sedation.
- C. The certificate of Dr. Clark to practice medicine and surgery in the State of Ohio shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
1. **Obey the Law:** Dr. Clark shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in the state in which he is practicing.
 2. **Declarations of Compliance:** Dr. Clark 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 I 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. Clark 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 I 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:** During any period of time when Dr. Clark resides in Ohio, he 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 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. Clark resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Dr. Clark may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Clark is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

5. **Controlled Substances Log**: Dr. Clark shall keep a log of all controlled substances he prescribes. Such log shall be submitted in a format of Dr. Clark's choosing and approved in advance by the Board. All such logs required under this paragraph must be received in the Board's offices no later than the due date for Dr. Clark's declarations of compliance, or as otherwise directed by the Board. Further, Dr. Clark shall make his patient records with regard to controlled substance prescribing available for review by an agent of the Board upon request.
6. **Ban on Administering, Furnishing, or Possessing Controlled Substance; Log**: Dr. Clark shall not, without prior Board approval, administer, personally furnish, or possess (except as allowed under Paragraph A.7.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. Clark to administer, personally furnish, or possess controlled substances, Dr. Clark shall keep a log of all controlled substances administered or personally furnished. Such log shall be submitted in a format of Dr. Clark's choosing and approved in advance by the Board. All such logs required under this paragraph must be received in the Board's offices no later than the due date for Dr. Clark's declarations of compliance, or as otherwise directed by the Board. Further, Dr. Clark shall make his patient records with regard to such administering, or personally furnishing controlled substances available for review by an agent of the Board upon request.

7. **Sobriety**
 - a. **Abstention from Drugs**: Dr. Clark 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. Clark's history of chemical dependency and/or abuse and who may lawfully prescribe for him (for example, a physician who is not a family member).

Further, in the event that Dr. Clark is so prescribed, dispensed, or administered any controlled substance or tramadol, Dr. Clark shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug

Dr. Clark received, the medical purpose for which he 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 the drug is so prescribed, dispensed, or administered to him, Dr. Clark 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. Clark shall abstain completely from the use of alcohol.

8. **Drug and Alcohol Screens; Drug Testing Facility and Collection Site**

- a. Dr. Clark shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Clark 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. Clark's drug(s) of choice.
- b. Dr. Clark shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Clark 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.

- c. Dr. Clark 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. Clark 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.

- d. 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 Section 4731.22(F)(5), Ohio Revised Code. 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 A.9, below (“Alternative Drug-testing Facility and/or Collection Site”), 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.

- e. Within 30 days of the effective date of this Order, Dr. Clark 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. Clark shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Clark and the Board-approved DFCS. Dr. Clark’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.

- f. Dr. Clark 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. Clark 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.

- g. Dr. Clark 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.
- h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Clark shall immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph A.9, below, as soon as practicable. Dr. Clark shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.
- i. 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.

9. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Clark 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. Clark, 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. Clark.

- a. Within 30 days of the date on which Dr. Clark is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Clark, he 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. Clark 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. Clark's residence or employment location, or to a physician who practices in the same locale as Dr. Clark. Dr. Clark 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. Clark 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.

- b. Dr. Clark 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.
- c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Clark shall immediately notify the Board in writing. Dr. Clark 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. Clark shall, in order to ensure that there will be no interruption in his 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. Clark.
- d. The Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Dr. Clark's designated alternative DFCS or any person proposed to serve as his 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.

10. **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. Clark's declarations of compliance. It is Dr. Clark's responsibility to ensure that reports are timely submitted.
11. **Additional Screening Without Prior Notice:** Upon the Board's request and without prior notice, Dr. Clark 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. Clark, or for any other purpose, at Dr. Clark's expense. Dr. Clark'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.
12. **Rehabilitation Program:** Dr. Clark shall 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. Clark 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. Clark's declarations of compliance.
13. **Comply with the Terms of Aftercare Contract:** Dr. Clark shall maintain continued compliance with the terms of the aftercare contract(s) entered into with his treatment provider(s), provided that, where terms of an aftercare contract conflict with terms of this Order, the terms of this Order shall control.
14. **Coordination with the Tennessee Medical Foundation:** The Board, in its sole discretion, and with the agreement of the Tennessee Medical Foundation, may coordinate with the Tennessee Medical Foundation with respect to Dr. Clark's rehabilitation programs and monitoring, including, among other things, the random urine screenings as described in Paragraphs A.8 through A.9.
15. **Releases:** Dr. Clark 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. Clark's chemical dependency, mental health treatment, and/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, Ohio Revised Code, and are confidential pursuant to statute.

Dr. Clark shall also provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event Dr. Clark 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.

16. **Practice Plan:** Prior to Dr. Clark's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Clark 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. Clark's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Clark shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

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

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

17. **Required Reporting of Change of Address:** Dr. Clark shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
18. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Clark 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. Clark'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. Clark 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. Clark 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. Clark 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. Clark 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. Clark 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. Clark 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. Clark 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. Clark shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Clark. This requirement shall continue until Dr. Clark receives from the Board written notification of the successful completion of his probation.
 4. **Required Documentation of the Reporting Required by Paragraph B:** Dr. Clark 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. Clark violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.

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

Mr. Kenney seconded the motion.

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

Mr. Gonidakis asked what the practical effects of this proposed amendment would be on Dr. Clark's practice. Dr. Ramprasad replied that if the amendment is accepted, Dr. Clark would not be able to participate in an anesthesiology residency, but he would be able to hire people to practice anesthesiology. Dr. Ramprasad stated that the proposed amendment restricts Dr. Clark from personally administering moderate sedation because it may put him at risk of a relapse.

Dr. Steinbergh noted Dr. Clark's testimony that he does not want to limit his ability to provide appropriate patient care in a hospital, emergency department, or urgent care. Dr. Steinbergh stated that the purpose of the stipulation that Dr. Clark may order, but not personally furnish, moderate sedation is to allow for his possible future practice in these settings. Dr. Steinbergh stated that she supports the proposed amendment because it protects both Dr. Clark and his patients. Dr. Steinbergh stated that the proposed amendment bars Dr. Clark from returning to anesthesiology, but allows him to, for instance, supervise a nurse anesthetist or similar practitioner.

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

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

The motion to amend carried.

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

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

The motion to approve carried.

JEFFREY T. DARDINGER, M.D., Case No. 13-CRF-021

Dr. Steinbergh directed the Board's attention to the matter of Jeffrey T. Dardinger, M.D. She advised that objections have been filed and were previously distributed to Board members. Ms. Blue was the Hearing Examiner.

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

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

Mr. Plinke stated that he filed objections on behalf of Dr. Dardinger because of the proposed order of permanent revocation and the commentary by the Hearing Examiner challenging Dr. Dardinger's facts.

Mr. Plinke stated that the background facts are uncontested and are the same facts as in Dr. Dardinger's criminal case. Mr. Plinke stated that Dr. Dardinger pled guilty in that case, and the circumstances are not flattering. Mr. Plinke noted that Dr. Dardinger has no prior disciplinary history and no issues of clinical competency. Mr. Plinke acknowledged that Dr. Dardinger is a registered sex offender and, under his plea agreement, is in the lowest level of sex offender.

Mr. Plinke stated that this was an unfortunate situation that Dr. Dardinger created himself. Mr. Plinke stated that Dr. Dardinger's family relationship had been tortured, distressed, and was not functioning. Dr. Dardinger set up video cameras around his house due to his impending divorce. Mr. Plinke explained that Dr. Dardinger is not present today because he is currently in jail as a result of violating the court's probationary restrictions on interstate travel. Mr. Plinke emphasized that Dr. Dardinger is in jail due to a probation violation and that he did not receive jail time as a result of the incident under discussion.

Mr. Plinke found it understandable that the Medical Board has virtually zero tolerance for sex crimes and sex offender status. However, Mr. Plinke stated that the facts of this case are materially different in a number of areas from other sex-related cases. Mr. Plinke opined that if there is a case in which the Medical Board would give a sex offender any benefit of the doubt, it was this case. Mr. Plinke asked the Board to consider a non-permanent revocation or indefinite suspension of Dr. Dardinger's license, which would allow him to show that he is fit to practice medicine in the future.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Dorn stated that she would like to respond.

Ms. Dorn agreed with Mr. Plinke that the facts of this case are different from other sex-related cases, but opined that they are worse than in other cases. Ms. Dorn stated that Dr. Dardinger videotaped a minor girl who was living in his home with video cameras he placed in her bedroom. Dr. Dardinger then took the videos, including video of the girl undressing, and downloaded them onto his computer. Dr. Dardinger was found guilty of Use of a Minor in Nudity Oriented Material, a fifth-degree felony. Dr. Dardinger must register as a sex offender for 15 years. Dr. Dardinger was also sentenced to community control, but he violated the terms of that control. Ms. Dorn asked how Dr. Dardinger will follow any order the Board issues if he cannot follow the terms of his community control. Ms. Dorn also stated that the Kentucky Board of Medical Licensure took action on Dr. Dardinger's medical license in that state.

Ms. Dorn continued that Dr. Dardinger clearly lacks any sound judgment. Ms. Dorn stated that it is disturbing that, in an effort to get his wife to agree to a divorce, he set up cameras in a minor girl's bedroom and captured images that no one should have captured. Ms. Dorn stated that he did this on multiple occasions. Ms. Dorn stated that there are no mitigating factors in this case and found it hard to imagine a situation where recording a minor nude and downloading the video is not for a sexual purpose. Ms. Dorn also found it unbelievable that there was no other place to record Dr. Dardinger's wife besides a minor girl's bedroom.

Ms. Dorn agreed with the Hearing Examiner that Dr. Dardinger's conduct was deplorable and his explanation is unbelievable. Ms. Dorn opined that this behavior is not acceptable for a physician treating patients. Ms. Dorn agreed with the proposed order of permanent revocation.

Ms. Elsass moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Jeffrey T. Dardinger, M.D. Dr. Ramprasad seconded the motion.

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

Dr. Steinbergh agreed with Ms. Dorn that there are no mitigating factors in this case. Dr. Steinbergh stated that Dr. Dardinger's behavior is intolerable and unacceptable for a physician. Dr. Steinbergh did not believe that the public would accept a sex offender as a physician. Dr. Steinbergh stated that this incident in Dr. Dardinger's life was unfortunate, but he made the decision to create the video and download it to his computer, which was wrong no matter what the reason. Dr. Steinbergh opined that permanent revocation is the only possible sanction in this case.

A vote was taken on Ms. Elsass' motion to approve:

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

The motion to approve carried.

MARGARET A. DAVIDSON, Case No. 13-CRF-002

Dr. Steinbergh directed the Board's attention to the matter of Margaret A. Davidson. She advised that no objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Ramprasad moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Margaret A. Davidson. Dr. Sethi seconded the motion.

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

Mr. Kenney stated that Ms. Davidson pled guilty to theft of drugs and illegal possession of drug documents. Consequently, Ms. Davidson voluntarily surrendered her Ohio nursing license. Since that time, Ms. Davidson has applied for a license to practice massage therapy in Ohio. Mr. Kenney stated that Ms. Davidson's plea of guilty constitutes an admission of impairment and an inability to practice due to excessive use of drugs.

The evidence shows that Ms. Davidson was drug-free for the 12 months of her supervised release. Mr.

Kenney stated that, unfortunately, Ms. Davidson did not appear at her Medical Board hearing, and therefore there is no evidence of her continuous sobriety since that time. Mr. Kenney stated that the Proposed Order is to deny Ms. Davidson's application, but he felt it should be a permanent denial.

Mr. Kenney moved to amend the Proposed Order of the Report and Recommendation to a permanent denial of Ms. Davidson's application. Dr. Sethi seconded the motion.

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

Dr. Ramprasad stated that he favored a non-permanent denial of Ms. Davidson's application. Dr. Ramprasad stated that a non-permanent denial would give Ms. Davidson a chance to prove that she is still drug-free. Dr. Ramprasad noted that Ms. Davidson is applying for a massage therapy license, not a physician's license, and stated that he may even support granting the application and suspending her license until she can prove that she is drug-free.

Dr. Steinbergh stated that she disagrees with granting and then suspending Ms. Davidson's license because it would be an unnecessary use of the Board's resources. Dr. Steinbergh reiterated that Ms. Davidson did not appear at her hearing and there is no evidence of continuous sobriety. Dr. Steinbergh stated that she could support a permanent denial or a non-permanent denial of Ms. Davidson's application.

A vote was taken on Mr. Kenney's motion to amend:

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

The motion to amend carried.

Ms. Elsass moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Margaret A. Davidson. Dr. Ramprasad seconded the motion. A vote was taken:

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

Dr. Saferin	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to approve carried.

Mr. Kenney clarified that he made the motion to amend the proposed order to a permanent denial because Ms. Davidson made no effort to show the Board or the Hearing Examiner that she is sober at this time. Mr. Kenney also based his decision on the fact that she had to permanently surrender her nursing license. Dr. Steinbergh added that she had concerns about Ms. Davidson's previous felony conviction and opined that Mr. Kenney also used that fact in his decision-making process.

MILES E. DRAKE, JR., M.D., Case No. 13-CRF-036

Dr. Steinbergh directed the Board's attention to the matter of Miles E. Drake, Jr., M.D. She advised that objections have been filed and were previously distributed to Board members. Mr. Porter was the Hearing Examiner.

Ms. Elsass moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Miles E. Drake, M.D. Dr. Ramprasad seconded the motion.

Ms. Elsass moved to table the topic of Miles E. Drake, Jr., M.D. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

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

Dr. Steinbergh directed the Board's attention to the matter of Miles E. Drake, Jr., M.D. She advised that objections have been filed and were previously distributed to Board members. Mr. Porter was the Hearing Examiner.

Dr. Sethi moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Erica Lynne Forney, M.T. Dr. Ramprasad seconded the motion.

Mr. Gonidakis stated that in November 2012, the Board sent a letter to Ms. Forney indicating its intent to grant her application for restoration of her massage therapy license, pending her passage of the Massage and Bodywork Licensing Examination (MBLEX) since she had not practiced for more than two years. Ms. Forney requested a hearing, during which she indicated that she had been practicing massage therapy without a license during the previous two years. The Board remanded the case back to the Hearing Unit for gathering of new evidence.

Mr. Gonidakis stated that when Ms. Forney applied for restoration of her massage therapy license, she signed an affidavit under oath that she was not currently practicing. Ms. Forney has admitted to lying multiple times and that she, in fact, did practice massage therapy from 2009 to 2011. At hearing, Ms. Forney claimed that her practice during that time was part-time and that she did not know that part-time

work counted.

Mr. Gonidakis noted the Hearing Examiner's report that Ms. Forney was forthcoming and remorseful in the hearing. The Hearing Examiner's recommendation is to grant Ms. Forney's application, suspend her license for 60 days, and impose probationary terms for two years. However, Mr. Gonidakis opined that the Hearing Examiner's Conclusions of Law and Proposed Order should be amended.

Mr. Gonidakis moved to amend Conclusion of Law #3 of the Report and Recommendation to read as follows, in its entirety:

3. The evidence is sufficient to support a conclusion that Ms. Forney's conduct as set forth in Findings of Fact 4 through 7 constitutes "[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as that clause is used in R.C. 4731.22(B)(5).

Mr. Gonidakis further moved to amend Conclusion of Law #4 of the Report and Recommendation to read as follows, in its entirety:

4. The evidence is sufficient to support a conclusion that Ms. Forney's conduct as set forth in Findings of Fact 4 through 7 constitutes "[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed," as that clause is used in R.C. 4731.22(B)(12), to wit: R.C. 2921.13, Falsification. As discussed above in the section entitled Relevant Statutes; Legal Issue, the criminal offense of Falsification requires that the offender commit the violation knowingly.

Mr. Gonidakis further moved to amend the Proposed Order of the Report and Recommendation to read as follows:

It is hereby ORDERED that:

- A. **GRANT OF RESTORATION OF MASSAGE-THERAPY CERTIFICATE; SUSPENSION:** The application of Erica Lynne Forney, M.T., for restoration of her certificate to practice massage therapy in Ohio is GRANTED, provided that she otherwise meets all statutory and regulatory requirements. Immediately upon restoration, Ms. Forney's certificate shall be SUSPENDED for an indefinite period of time, but not less than 90 days.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Ms. Forney's certificate to practice massage therapy until all of the following conditions have been met:
 1. **Application for Reinstatement or Restoration:** Ms. Forney shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.

2. **Personal/Professional Ethics Course(s):** At the time she submits her application for reinstatement or restoration, or as otherwise approved by the Board, Ms. Forney shall provide acceptable documentation of successful completion of a course or courses dealing with personal/professional ethics. 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.

In addition, at the time Ms. Forney submits the documentation of successful completion of the course(s) dealing with personal/professional ethics, 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 massage therapy in the future.

3. **Additional Evidence of Fitness To Resume Practice:** In the event that Ms. Forney has not been engaged in the active practice of massage therapy 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 her fitness to resume practice.

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

1. **Obey the Law:** Ms. Forney shall obey all federal, state, and local laws, and all rules governing the practice of massage therapy in Ohio.
2. **Declarations of Compliance:** Ms. Forney 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 Ms. Forney's certificate is reinstated following suspension. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances:** Ms. Forney shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Ms. Forney's certificate is reinstated following suspension. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. **Required Reporting of Change of Address:** Ms. Forney shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

5. **Tolling of Probationary Period While Out of Compliance:** In the event Ms. Forney 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, Ms. Forney'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, Ms. Forney 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, Ms. Forney 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.

For massage therapists, the term "healthcare services" includes massage-therapy services, and the term "healthcare center" includes but is not limited to entities that may be referred to as a wellness center, exercise center, health club, spa, salon, or gymnasium.

These requirements shall continue until Ms. Forney 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, Ms. Forney 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, Ms. Forney 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 Ms. Forney receives from the Board written notification of the successful completion of her probation.
3. **Required Documentation of the Reporting Required by Paragraph D:** Ms. Forney 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 Ms. Forney 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.

Mr. Kenney seconded the motion.

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

Dr. Ramprasad stated that Ms. Forney works as a manager of an internal medicine clinic and works long hours managing medical interns and residents. Dr. Ramprasad felt this is important because there was some possibility that Ms. Forney's actions and statements were due to a mental impairment that could have resulted from a motor vehicle accident. However, it appears to Dr. Ramprasad that Ms. Forney does not suffer from mental impairment since she works long hours in a complex environment. Dr. Ramprasad noted that when Ms. Forney was informed that the Board would restore her license if she passes the MBLEX due to not practicing for two years, that is when she came forward and admitted that she had been practicing without a license. Dr. Ramprasad stated that he may be more in favor of denying Ms. Forney's application for restoration.

Dr. Steinbergh concurred with Dr. Ramprasad. Dr. Steinbergh noted Ms. Forney's testimony about the responsibilities of her job, that she is professional, and her job requires her to be honest. Ms. Forney further testified that she works with hospital administration without any problems. Ms. Forney stated that she is a responsible individual and had simply made an error. Dr. Steinbergh stated that Ms. Forney's job requires her to fill out forms, understand procedures, and be responsible for hiring and firing employees, yet she cannot fill out an application correctly. Dr. Steinbergh found this to be incongruous. Dr. Steinbergh did not find Ms. Forney's explanations to be believable and opined that she manipulated the Board's processes in an attempt to get what she wanted.

A vote was taken on Mr. Gonidakis' motion to amend:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye

Mr. Gonidakis - aye

The motion to amend carried.

Dr. Ramprasad moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Erica Lynne Forney, M.T. Ms. Elsass seconded the motion. A vote was taken:

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

The motion to approve carried.

MILES E. DRAKE, JR., M.D., Case No. 13-CRF-036

Dr. Ramprasad moved to remove the topic of Miles E. Drake, Jr., M.D., from the table. Ms. Elsass seconded the motion. All members voted aye. The motion carried.

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

Dr. Drake was represented by his attorney, John Izzo.

Mr. Izzo agreed with the Hearing Examiner's findings, but he did not agree with the proposed order. Mr. Izzo stated that Dr. Drake's license to practice medicine was revoked by the Board in June 2012 due to non-compliance with a consent agreement. There were no conditions placed on any future reapplication for a license. Mr. Izzo stated that the Board's Order gave Dr. Drake 30 days from the effective date of the Order to wind down his practice, during which time he was not to initiate care of any new patients. Dr. Drake ceased practicing in July 2012 and applied for a new medical license in September 2012.

Mr. Izzo continued that the Board alleges that Dr. Drake saw a new patient during his 30-day wind-down period. The Hearing Examiner determined that Patient 1 was not a new patient, and therefore there was no violation. Despite this, the Hearing Examiner's proposed order is to deny Dr. Drake's application for a new license. Mr. Izzo stated that no other allegations were made in the Notice of Opportunity for Hearing and there is no evidence of any other current problems with Dr. Drake. The Hearing Examiner proposed denial based on Rule 4731-13-36(B), which was not cited in the Notice of Opportunity for Hearing, and the recommendation was based on the same facts as were cited in Dr. Drake's Order of revocation.

Mr. Izzo stated that the Board had had an opportunity to permanently revoke Dr. Drake's license in 2012, but chose a non-permanent revocation instead. Mr. Izzo stated that if the Board adopts the Hearing Examiner's proposed order, then Dr. Drake's non-permanent revocation will become a permanent revocation because no facts have changed since that time.

Dr. Drake entreated the Board to grant his application for a new medical license. Dr. Drake stated that he had been told that he could reapply and practice medicine again if he followed the rules. Dr. Drake reiterated that the Hearing Examiner found no violations and he has been in recovery for almost nine years. Dr. Drake stated that he understands the Board's previous decision to revoke his license. Dr. Drake stated that since that time, he has corrected all of his compliance deficits and adhered to his probationary conditions.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Dorn stated that she would like to respond.

Ms. Dorn stated that last June, the Board revoked Dr. Drake's license to practice medicine in Ohio based on numerous failures to comply with probationary conditions. Ms. Dorn urged the Board to deny Dr. Drake's application for a new license. The Hearing Examiner's Report and Recommendation states that when determining whether to grant or deny an application following a revocation, the Board may consider past or current violations, including those that were the basis of the revocation.

Ms. Dorn stated that Dr. Drake's disciplinary history is significant, dating to 2005. During that eight-year period, Dr. Drake repeatedly failed to follow his consent agreements with the Board. Dr. Drake's 2012 revocation was based on his failure to comply with almost every aspect of his Step II Consent Agreement. Ms. Dorn stated that Dr. Drake's history is a clear indicator that he is unwilling or unable to comply with the Board's regulations. For these reasons, Ms. Dorn asked the Board to deny Dr. Drake's application.

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

Dr. Ramprasad stated that in 2012, Dr. Drake's medical license was revoked due to non-compliance with a Consent Agreement. Dr. Drake was given 30 days from the effective date of the Order to wind down his practice, during which time he was not to accept any new patients. Dr. Ramprasad stated that Patient 1 had recently moved to Columbus and asked to see Dr. Drake. Dr. Drake reviewed Patient 1's medical records on June 26 or June 27, before the beginning of the wind-down period, and he first saw Patient 1 on July 23, after the beginning of his wind-down period. The billing and coding for the July 23 visit indicate that Patient 1 was a new patient at that time, though Dr. Drake claims that he merely circled the wrong code and had meant to document a follow-up visit. Dr. Drake had further noted that Patient 1 was charged \$100.00, which is the fee for a follow-up visit.

Dr. Drake had cited the American Medical Association (AMA) Opinion 10.015, indicating that "the physician/patient relationship exists when a physician serves a patient's medical needs, generally by mutual consent between the physician and patient or surrogate."

Dr. Ramprasad reviewed Dr. Drake's disciplinary history with the Board due to alcohol dependency and non-compliance with subsequent consent agreements.

Dr. Ramprasad stated that the primary question in this case is, when does the physician/patient relationship begin? The Hearing Examiner opined that the relationship begins when the physician receives the patient's medical records. However, Dr. Ramprasad disagreed and stated that would be a slippery slope if the Medical Board agreed with that concept. Dr. Ramprasad asked if a physician would be responsible for a patient death if the physician received the patient's records but the patient died before seeing the physician. Dr. Ramprasad also stated that with electronic medical records (EMR), most information goes into the EMR without the physician seeing it. Dr. Ramprasad further asked if the Board would bring an action against a physician if they received the medical record of someone with whom they had had a sexual relationship; Dr. Ramprasad opined that the Board would not because the physician should have a chance to review the record and decide that he or she should not see the patient.

Dr. Ramprasad opined that the physician/patient relationship begins when the physician sees the patient and provides care. Dr. Ramprasad stated that the AMA opinion is consistent because that was about a circumstance in which a physician was covering another physician's patient, which is a different situation.

Dr. Ramprasad stated that Dr. Drake has violated many of the Board's sincere attempts to correct his actions. Dr. Ramprasad opined that Dr. Drake knew that he was seeing a new patient when he saw Patient 1, as evidenced in his billing records.

Dr. Steinbergh agreed with Dr. Ramprasad and reiterated that Dr. Drake has violated his consent agreements on multiple occasions. Dr. Steinbergh stated that the order of revocation of Dr. Drake's license following a 30-day wind-down period became effective on July 10, 2012. Prior to July 10, Dr. Drake received the prior medical records of Patient 1. Dr. Steinbergh contended that this did not establish a physician/patient relationship. Dr. Steinbergh stated that as a primary care physician, she often receives medical records of patients referred by emergency rooms and other physicians, but the patients do not always come to see her. In such cases, Dr. Steinbergh stated that she does not have a physician/patient relationship with those patients.

Dr. Steinbergh also noted Dr. Drake's argument that in a prior court case, a court ruled that a physician who contractually agrees to provide back-up services to a hospital would have had a duty to report abnormal x-ray findings to a patient, even though the physician had never actually seen or treated the patient. Dr. Steinbergh found the current case to be a completely different circumstance. Dr. Steinbergh stated that in Dr. Drake's case, the patient brought records, Dr. Drake's staff scheduled an appointment, and the patient was seen on July 23. This marked the first time Dr. Drake had seen the patient, as indicated by the use of the evaluation code for a new patient.

Mr. Gonidakis noted that the Hearing Examiner found that Patient 1 was not a new patient on July 23, 2012, and asked for clarification of whether Dr. Ramprasad and Dr. Steinbergh disagreed with that assessment. Dr. Ramprasad stated that the physician/patient relationship begins when they come face-to-face in the physician's office, not when the medical records are received. Dr. Steinbergh agreed, stating that just because she may have a person's medical records does not mean that she assumes responsibility

for that patient until she sees the patient or makes a medical decision with the patient.

Dr. Steinbergh elaborated that if, prior to a patient's first scheduled visit to her office, that patient called her because she had run out of blood pressure medication, then Dr. Steinbergh will usually recommend that the patient contact her previous physician or a pharmacist. In that situation, Dr. Steinbergh will have interacted with the patient and provided a comment as to what should happen with the medication, but she will not have provided a medical service. Dr. Steinbergh stated that she does not have a physician/patient relationship with that patient and will not prescribe for that patient until she actually sees the patient.

Mr. Gonidakis asked if the opinions of Dr. Steinbergh and Dr. Ramprasad are generally-accepted medical standards. Dr. Ramprasad stated that they are generally-accepted medical standards. Dr. Ramprasad stated that many problems would result if it was recognized that the physician/patient relationship began upon receipt of the medical records. Dr. Ramprasad stated that it would make physicians responsible for something that they are not responsible for.

Dr. Ramprasad moved to amend the Conclusion of Law of the Report and Recommendation to read as follows:

For the reasons set forth below, the evidence is sufficient to support a conclusion that the conduct of Dr. Drake as described in Findings of Fact 1 and 2, individually and/or collectively, constitutes a "violation of the conditions of limitation placed by the board upon a certificate to practice," as that clause is used in R.C. 4731.22(B)(15).

This Board, as a panel of experts equipped with the necessary knowledge and experience to interpret the technical and ethical requirements of its profession, concludes that Dr. Drake did not render medical service sufficient to establish a physician/patient relationship with Patient 1 until July 23, 2012, when Dr. Drake took the patient's history, performed a physical examination, developed a treatment plan, and prescribed medication for the patient. Although Patient 1 previously signed appropriate forms and Dr. Drake received and reviewed the patient's prior treatment records, this did not constitute the performance of a medical service sufficient to establish a physician/patient relationship. Accordingly, Dr. Drake's conduct constitutes a violation of R.C. 4731.22(B)(15).

Dr. Ramprasad further moved to amend the Proposed Order to a permanent denial of Dr. Drake's application. Dr. Sethi seconded the motion.

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

Dr. Steinbergh stated that Dr. Drake has been disrespectful of his previous consent agreements and has now been disrespectful of his June 2012 Board Order. Dr. Steinbergh opined that Dr. Drake is not willing to be complaint with the Board. Dr. Steinbergh supported Dr. Ramprasad's proposed amendment.

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

ROLL CALL: Dr. Strafford - abstain

Dr. Bechtel	- abstain
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Saferin	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to amend carried.

Ms. Elsass moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Miles E. Drake, Jr., M.D. Dr. Ramprasad seconded the motion. A vote was taken:

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

The motion to approve carried.

EMMART YOST HOY, JR., D.O., Case No. 13-CRF-004

Dr. Steinbergh directed the Board's attention to the matter of Emmart Yost Hoy, Jr., D.O. No objections were filed. Ms. Blue was the Hearing Examiner.

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

Dr. Hoy was represented by his attorney, Elizabeth Collis.

Ms. Collis stated that she supports the proposed order. Ms. Collis noted that under the Board's rules, if a physician completes 28 days of inpatient treatment and maintains sobriety prior to a relapse, then the treatment shall be determined by the treatment provider. Dr. Hoy has exceeded 28 days of inpatient treatment, followed by three years of monitoring. Following his relapse, Dr. Hoy sought a 72-hour evaluation and sustained a partial remission. The Cleveland Clinic recommended that Dr. Hoy complete 90 days of intensive outpatient treatment.

Ms. Collis noted that if the Board adopts the proposed order, then Dr. Hoy's license will be suspended for a total of one year from the date of his summary suspension. Ms. Collis asked the Board to adopt the Hearing Examiner's proposed order.

Dr. Hoy stated that he has been licensed to practice medicine since 1981 and this is the first time he has been subject to Board discipline. Dr. Hoy stated that in 1992, he sought treatment for alcoholism and completed 30 days of inpatient treatment in Atlanta. Dr. Hoy then returned to Ohio and completed 90 days of treatment at Shepherd Hill Hospital. Dr. Hoy then entered into a contract with the Ohio Physicians Health Program (OPHP), which required drug screens and regular attendance at Alcoholics Anonymous and caduceus meetings.

Dr. Hoy continued that he abstained from alcohol for about five years. In 1997, he began drinking on a casual basis, once or twice a week, with no negative consequences. Dr. Hoy stated that in 2012, he came to the Board's offices to ask questions about an unrelated matter. Dr. Hoy explained that on that day, he had not shaved because he was not working and was wearing very casual clothing, including clogs. A staff person observed Dr. Hoy at that time and felt he looked thin and disheveled. Dr. Hoy stated that he is thin and that was simply how he dresses.

Dr. Hoy stated that when we received the letter from the Board ordering him to an evaluation, he sought the advice of a friend who is an attorney. Dr. Hoy's friend advised Dr. Hoy that he did not have to go to the evaluation. Dr. Hoy did not know that his failure to appear at the evaluation would lead to the suspension of his medical license. Dr. Hoy stated that he has not had any alcohol problems for 20 years, so he felt that the evaluation was unnecessary. Although the Board had ordered Dr. Hoy to go to Shepherd Hill for the evaluation, he chose to obtain an evaluation at the Cleveland Clinic, which recommended intensive outpatient treatment since he had already had 28 days of inpatient treatment and had been sober for many years. Dr. Hoy noted that his medical license was suspended in January 2013 and he has closed his practice.

Dr. Hoy stated that he is willing to undergo outpatient treatment and he plans to work for the Department of Veteran's Affairs. Dr. Hoy stated that as a veteran, he would like to work with other veterans.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Dorn stated that she would like to respond.

Ms. Dorn stated that she agrees with the Hearing Examiner's Report and Recommendation. Ms. Dorn stated that there is no dispute that Dr. Hoy failed to attend the Board-ordered evaluation and that his failure to attend was not due to circumstances beyond his control. Pursuant to the Board's rules, Dr. Hoy is now considered to be legally impaired. At his hearing, Dr. Hoy presented evidence that he attended more than 28 days of inpatient treatment in 1992, then entered into a monitoring contract with OPHP. Ms. Dorn stated that there is no evidence of any incidents of noncompliance with the OPHP contract. Therefore, Ms. Dorn agreed with the Proposed Order.

Dr. Ramprasad moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Emmart Yost Hoy, Jr., D.O. Ms. Elsass seconded the motion.

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

Dr. Ramprasad stated that Dr. Hoy has had impairment issues dating back to 1992 and had spent a prolonged time period in inpatient treatment. Dr. Ramprasad stated that the Board ordered Dr. Hoy to an impairment examination by Dr. Richard Whitney at Shepherd Hill Hospital. However, on December 6, 2012, Dr. Whitney notified the Board the Dr. Hoy had failed to appear.

According to Dr. Hoy, since 1997 he has continued to drink alcohol on a social basis. Dr. Hoy had explained that the rules are that he must never drink when he is lonely or angry, or when it is daytime; Dr. Hoy had stated that he broke the rules one time when he drank in the daytime at a college football game. Dr. Hoy had stated that he drank box wine, two to three drinks per day, perhaps five days per week. Dr. Hoy's expert, Dr. Jason Jerry, testified that since Dr. Hoy had previously attended an inpatient treatment, he would recommend a 90-day outpatient treatment for Dr. Hoy.

Dr. Ramprasad expressed concern that Dr. Hoy continues to drink alcohol despite having gone through an inpatient treatment program. Dr. Ramprasad agreed with the Proposed Order, except that he opined that Dr. Hoy should also be required to attend a 28-day inpatient treatment program. Dr. Ramprasad stated that Dr. Hoy is in "partial remission," according to Dr. Jerry, and therefore it is an unresolved issue that needs to be addressed for Dr. Hoy's protection and the protection of his patients.

Dr. Ramprasad moved to amend the Proposed Order to add the requirement that Dr. Hoy attend a 28-day inpatient treatment program at a Board-approved facility. Mr. Kenney seconded the motion.

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

Dr. Sethi agreed with Dr. Ramprasad's concerns. Dr. Sethi stated that the first step is for Dr. Hoy to recognize that he has a problem, but he has not done that. Dr. Sethi stated that Dr. Hoy should be intellectually honest about his situation.

Ms. Marshall stated that, according to the Board's rules, the Board does not have the authority to mandate a 28-day inpatient treatment in this case. Ms. Marshall stated that the Board may order a 28-day inpatient treatment if the practitioner has already completed such a treatment, maintained post-treatment sobriety, and then relapsed. However, that must be determined by a Board-approved treatment provider before an additional 28-day treatment can be imposed.

Dr. Steinbergh noted that Dr. Hoy was arrested for Operating a Motor Vehicle under the Influence (OMVI) in 1998 or 1999. At that time, Dr. Hoy admitted that he was an abusive binge drinker. An intervention was staged for him and he was put on a plane to Atlanta for treatment. Dr. Steinbergh did not see this as voluntary. Dr. Steinbergh agreed with Dr. Sethi that Dr. Hoy does not get it. Dr. Steinbergh appreciated the Board's rule, but opined that an outcome that is insufficient to allow healing is wrong. Dr. Steinbergh opined that until Dr. Hoy understands that he cannot drink, he should not be practicing medicine. Dr. Steinbergh stated that despite her misgivings, she will concur with the Board's rule.

Dr. Ramprasad stated that, in view of the Board's rules, he would like to withdraw his motion to amend.

Dr. Ramprasad wished to withdraw his motion to amend. As no Board member objected, the motion to amend was withdrawn.

Dr. Steinbergh noted that the letter ordering Dr. Hoy to an evaluation for impairment specifically stated that a failure to appear for the evaluation would constitute an admission of impairment. Since Dr. Hoy did not appear for the evaluation, he has admitted to his impairment.

Dr. Sethi asked what will happen if Dr. Hoy violates the Order that the Board is about to issue. Ms. Debolt replied that if Dr. Hoy does not comply with the Board's Order, another citation may be issued. Ms. Debolt also stated that Dr. Hoy's license could be summarily suspended if the facts warrant that action.

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

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

Dr. Strafford exited the meeting at this time.

PROPOSED FINDINGS AND PROPOSED ORDERS

HEATHER LYNN KOCHENASH, M.T., Case No. 13-CRF-024R

Dr. Steinbergh directed the Board's attention to the matter of Heather Lynn Kochenash, M.T. She advised that the Board issued a Notice of Opportunity for Hearing to Ms. Kochenash 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 Blue, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

Ms. Elsass moved to find that the allegations as set forth in the April 10, 2013 Notice of Opportunity for Hearing in the matter of Ms. Kochenash have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Dr. Ramprasad seconded the motion.

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

Dr. Steinbergh stated that Ms. Kochenash, who had been practicing as a massage therapist, was arrested for promoting prostitution. Dr. Steinbergh opined that permanent revocation of Ms. Kochenash's massage therapy license is warranted. Therefore, Dr. Steinbergh agreed with the Proposed Order of permanent revocation.

A vote was taken on Ms. Elsass' motion:

ROLL CALL:	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

Dr. Strafford returned to the meeting at this time.

KYMBERLY L. JACOBS, L.M.T., Case No. 13-CRF-038

Dr. Steinbergh directed the Board's attention to the matter of Kymberly L. Jacobs, L.M.T. She advised that the Board issued a Notice of Opportunity for Hearing to Ms. Jacobs 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 Blue, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

Dr. Ramprasad moved to find that the allegations as set forth in the May 8, 2013 Notice of Opportunity for Hearing in the matter of Ms. Jacobs have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Ms. Elsass seconded the motion.

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

Mr. Gonidakis stated that Ms. Jacobs has allegedly violated a 2009 Order issued by the Board. Specifically, Ms. Jacobs has not provided verification of completing the ethics course required by the Board Order. Mr. Gonidakis agreed with the Proposed Order to revoke Ms. Jacobs' license to practice massage therapy in Ohio.

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

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Saferin	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion carried.

Mr. Gonidakis opined that if Ms. Jacobs was ordered to an ethics course in 2009 and the Board is just now deciding the issue, then there has been a breakdown in the system. Mr. Haslam agreed and stated that as the overall structure of the Board is examined, the disposition of such old cases will be hastened. Dr. Steinbergh recognized that there has been a backlog of the Board's work, but the Board is working through it with Mr. Haslam's leadership. Dr. Strafford commented that Mr. Gonidakis was correct to make this observation and stated that the Board is working as aggressively as possible through hundreds of cases that have been discovered.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Steinbergh advised that in the following matters, the Board issued Notices 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. Dr. Steinbergh stated that the matters of Dr. Goldblum and Ms. Sherbourne are disciplinary in nature, and therefore Dr. Strafford and Dr. Bechtel may not vote in those matters.

KEITH DONALD GOLDBLUM, M.D., Case No. 13-CRF-064

Dr. Ramprasad moved to find that the allegations as set forth in the July 10, 2013 Notice in the matter of Dr. Goldblum have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, permanently revoking his license to practice medicine and surgery in Ohio. Ms. Elsass seconded the motion.

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

Dr. Ramprasad stated that one or about June 28, 2013, in the Montgomery County Court of Common Pleas, Dr. Goldblum was found guilty of eight felony counts of Rape, two felony counts of Unlawful Sexual Contact with a Minor, two felony counts of Voyeurism, and one misdemeanor count of Attempted Voyeurism. On or about July 10, 2013, the Board issued a Notice of Automatic Suspension and Opportunity for Hearing to Dr. Goldblum. Dr. Goldblum has not requested a hearing in this matter. Dr. Ramprasad agreed with the proposed order to permanently revoke Dr. Goldblum's license to practice medicine and surgery in Ohio.

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

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

CASEY R. SHERBOURNE, Case No. 13-CRF-057

Mr. Kenney stated that Ms. Sherbourne has applied for a license to practice massage therapy in Ohio, and that application is currently pending. On or about October 22, 2010, Ms. Sherbourne pled guilty to four felony counts of Theft of Drugs, and was granted Intervention in Lieu of Conviction. Subsequently, Ms. Sherbourne entered into a consent agreement with the Ohio Board of Nursing which suspended her nursing license for 28 months and established conditions for reinstatement. Ms. Sherbourne admitted that she diverted Hydromorphone from the hospitals where she had been employed as a registered nurse and self-administered the Hydromorphone.

Mr. Kenney opined that the Board should permanently deny Ms. Sherbourne's application.

Dr. Ramprasad moved to find that the allegations as set forth in the June 12, 2013 Notice in the matter of Ms. Sherbourne have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, permanently denying her application for a license to practice massage therapy in the state of Ohio. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

FRANK JOHN GONSALVES

Dr. Steinbergh stated that the matter of Mr. Gonsalves is non-disciplinary in nature. Therefore, all Board members may vote.

Dr. Ramprasad moved to find that the allegations as set forth in the July 1, 2013 Notice in the matter of Mr. Gonsalves have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying his application for a license to practice massage therapy in the state of Ohio. Dr. Sethi seconded the motion.

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

Dr. Ramprasad stated that Mr. Gonsalves has applied for a license to practice massage therapy in Ohio, and that application is currently pending. Mr. Gonsalves did not provide documentation that he has taken and passed the Massage and Bodywork Licensing Examination (MBLEX). Since Mr. Gonsalves is unable to provide such documentation, Dr. Ramprasad agrees with the proposed order to deny Dr. Gonsalves' application.

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

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

Dr. Steinbergh noted that the heading at the top of page 708 of the agenda materials should say "Frank John Gonsalves."

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

RAFAEL A. BADRI, 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. Ramprasad moved to send the Citation Letter to Dr. Badri. Ms. Elsass seconded the motion. A vote was taken:

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

Dr. Sethi	- aye
Dr. Saferin	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to send carried.

MICHAEL C. BENGALA, 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. Ramprasad moved to send the Citation Letter to Dr. Bengala. Ms. Elsass seconded the motion.
A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

JAMES PATRICK BRESSI, D.O. – CITATION LETTER

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

Dr. Ramprasad moved to send the Citation Letter to Dr. Bressi. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

ANTHONY HUEBERT LITTLE, 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. Ramprasad moved to send the Citation Letter to Mr. Little. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

WALEED NASR MANSOUR, M.D. – NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

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

Ms. Elsass moved to send the Notice of Summary Suspension and Opportunity for Hearing to Dr. Mansour. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

JOHN L. RATZ, 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. Ramprasad moved to send the Citation Letter to Dr. Ratz. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

CHRISTOPHER S. STARR – 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. Ramprasad moved to send the Citation Letter to Mr. Starr. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

MARSHA JOAN STEIN, 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.

Ms. Elsass moved to send the Citation Letter to Dr. Stein. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Saferin	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to send carried.

RONALD GERARD VERRILLA, D.P.M. – 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.

Ms. Elsass moved to send the Citation Letter to Dr. Verrilla. Dr. Ramprasad seconded the motion.

A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

SRINIVAS PERUGU REDDY, 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. Ramprasad moved to send the Citation Letter to Dr. Reddy. Ms. Elsass seconded the motion. A

vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to send carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

JIA YUE DONG – PERMANENT WITHDRAWAL OF APPLICATION

Dr. Ramprasad moved to ratify the Proposed Permanent Withdrawal with Mr. Dong. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

LOUIS ANDREW KOVACS, D.O. – PERMANENT SURRENDER OF CERTIFICATE

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

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

BERNARD JOSEPH ROSE, M.D. – STEP II CONSENT AGREEMENT

Dr. Ramprasad moved to ratify the Proposed Step II Consent Agreement with Dr. Rose. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Saferin	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to ratify carried.

LISA ANN WEST, D.O. – STEP II CONSENT AGREEMENT

Dr. Ramprasad moved to ratify the Proposed Step II Consent Agreement with Dr. West. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

DEBORAH L. FRANKOWSKI, M.D. – STEP II CONSENT AGREEMENT

Dr. Ramprasad moved to ratify the Proposed Step II Consent Agreement with Dr. Frankowski. Ms. Elsass seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

KENDRA N. VON DER EMBSE, D.O. – STEP II CONSENT AGREEMENT

Ms. Elsass moved to ratify the Proposed Step II Consent Agreement with Dr. von der Embse. Dr.

Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- abstain
	Dr. Sethi	- aye
	Dr. Saferin	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

VINCENT J. KEISER, M.D. – STEP II CONSENT AGREEMENT

Ms. Elsass moved to ratify the Proposed Step II Consent Agreement with Dr. Keiser. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

HEATHER NICOLE NIXON, L.M.T. – STEP I CONSENT AGREEMENT

Ms. Elsass moved to ratify the Proposed Step I Consent Agreement with Ms. Nixon. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Dr. Saferin	- abstain
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to ratify carried.

SCOPE OF PRACTICE – PODIATRY

Dr. Steinbergh stated that the Group 2 Committee approved a letter in response to an inquiry regarding the scope of podiatric medicine. Dr. Steinbergh reviewed the proposed response, which essentially states that the treatment of fingernail fungus is within the scope of practice of a podiatrist and is no different than the treatment of toenail fungus. The letter further stipulates that the laser used in the treatment must be FDA-approved and the treatment must be within the minimal standards of care. Dr. Steinbergh noted that a scar on the hand from a surgery or injury is not treatable by a podiatrist, unless the scar resulted from treatment provided by the podiatrist.

Dr. Ramprasad moved to approve the proposed response. Dr. Saferin seconded the motion.

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

Dr. Sethi stated he is very uncomfortable with the language of the proposed response. Dr. Sethi stated that treatment of the hands should be distinguished from treatment of the feet, noting that hands have a very different structure and function from the feet. Dr. Sethi felt that the Board should obtain the opinions of hand surgeons, orthopedists, and plastic surgeons before approving the proposed response.

Dr. Steinbergh noted that it is currently within the scope of practice of a podiatrist to treat superficial lesions of the hand that are not the result of trauma or a local manifestation of a systemic disease. Ms. Debolt agreed and stated that the podiatric scope of practice is defined in the Ohio Revised Code. Dr. Steinbergh stated that podiatrists are trained in the treatment of fingernail fungus, which is no different from toenail fungus.

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

ROLL CALL:	Dr. Strafford	- aye
	Ms. Elsass	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- nay
	Dr. Saferin	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion passed.

PRESCRIBING GUIDELINES

Ms. Anderson stated that yesterday afternoon she attended a meeting of the committee developing prescribing guidelines. Ms. Anderson provided a document detailing the plan to roll out the educational program for the prescribing guidelines.

Ms. Elsass exited the meeting at this time.

Ms. Anderson noted that the Medical Board has agreed to host the educational video on its website.

Mr. Haslam noted that the last two pages of the document is a letter from the Board of Pharmacy to the public, as well as an example of an Ohio Automated Rx Reporting System (OARRS) report which will include an active cumulative morphine score.

The Board took a brief recess at 11:25 a.m. and resumed at 11:40 a.m. in Room 336 of the Rhodes State Office Building.

ETHICS TRAINING

Sallie Debolt, General Counsel of the State Medical Board of Ohio, provided a one-hour training session in ethics to the Board members and staff present. Ms. Debolt's training focused on issues that may be encountered during Board meetings, such as conflicts of interest and when Board members should consider recusing themselves from discussion of a case.

Thereupon at 12:40 p.m., the September 12, 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 September 11-12, 2013, as approved on October 9, 2013.



Anita M. Steinbergh, D.O., President



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

(SEAL)

