

March 12, 2014

MINUTES

THE STATE MEDICAL BOARD OF OHIO

MARCH 12, 2014

Krishnamurthi Ramprasad, M.D., President, called the meeting to order at 10:30 a.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: J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Lance A. Talmage, M.D., Vice-President; Anita M. Steinbergh, D.O.; Bruce R. Saferin, D.P.M.; Amol Soin, M.D.; Sushil M. Sethi, M.D.; Donald R. Kenney, Sr.; Michael L. Gonidakis; and Robert P. Giacalone.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Chief Legal Counsel; Jonathan Blanton, Deputy Director of Investigations and Enforcement; Michael Miller, Assistant Executive Director, Licensure and Operations; Sallie Debolt, Senior Counsel; David Katko, Assistant Legal Counsel; William Schmidt, Senior Counsel, Investigations, Compliance and Enforcement; Susan Loe, Assistant Executive Director, HR and Fiscal; Joan Wehrle, Education and Outreach Program Manager; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; K. Randy Beck, Chief of Investigations; Angelo Kissos, Chris Forshey, and Greg McGlaun, Investigators; Rebecca Marshall, Chief Enforcement Attorney; Mark Blackmer, Andrew Lenobel, Angela McNair, Karen Mortland, Marcie Pastrick, Cheryl Pokorny, and Greg Tapocsi, Enforcement Attorneys; Kyle Wilcox and Melinda Snyder, Assistant Attorneys General; Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Vickie Oldham, Fiscal Officer; Judy Rodriguez, Legal Department Secretary; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones and Angela Moore, Compliance Officers; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; Christine Schwartz, Enforcement Intern; Benton Taylor, Business Office Assistant; and Paula Farrell, Executive Assistant to the Director and Program Administrator.

MINUTES REVIEW

Dr. Saferin moved to approve the draft minutes of the February 12, 2014, Board meeting, as written. Dr. Talmage seconded the motion. All members voted aye. The motion carried.

OHIO ETHICS COMMISSION RULE UPDATE

Ms. Debolt discussed Ohio Ethics Commission Rule 102-3-08 O.A.C. and stated that the office received clarification from the Commission that the rule does not apply when the agency or any other agency of the state is a member of an organization that pays for travel or reimburses for travel. Therefore, the full amount of scholarships for travel can be accepted for the Federation of State Medical Boards (FSMB), Administrators in Medicine (AIM), and the National Association of Attorneys General (NAAG) meetings that Board Members and staff will be attending.

Dr. Steinbergh moved that the February 12, 2014 travel approvals for Anita M. Steinbergh, D.O.; Robert Giacalone; Aaron Haslam; and Lance Talmage, M.D., be amended by authorizing each to accept the full scholarship and/or reimbursement amounts offered by the specified organizations, according to the listing below:

- **Federation of State Medical Boards Annual Meeting**
Anita M. Steinbergh, D.O.
Aaron Haslam
Robert Giacalone
Lance A. Talmage, M.D.
- **Administrators in Medicine New Executive Orientation and Annual Meeting**
Aaron Haslam
- **National Association of Attorneys General, Southern Regional Meeting**
Aaron Haslam

Dr. Saferin seconded the motion. All members voted aye. The motion carried.

REPORTS BY ASSIGNED COMMITTEES

Policy Committee

Mr. Gonidakis stated that the Policy Committee had another successful and well attended meeting. He invited Ms. Anderson to give an update on the One-Bite Rule.

Ms. Anderson stated that the Committee took information from Mr. Giacalone's proposal last month, spoke to internal staff, and revamped the One-Bite reporting exemption. Ms. Anderson provided an outline of the new proposal. She voiced concerns that communication and coordination are needed between Compliance, Investigation, and Enforcement, with regard to individuals who are identified as One-Bite, allowing ample opportunity for information to be received by all involved. Ms. Anderson continued to say that the Committee proposed that individuals who are diagnosed with chemical dependency make an online report to the Board. That online report would go to the Compliance area and the staff would consult with the Secretary and Supervising Member to determine if the One-Bite requirements were met. If yes, then there would be a notation made in the internal confidential computer system so that it would be available to people who have access to that system, showing that the licensee has been given the One-Bite status. Notification would be sent to the licensees advising them that the requirements are: 28 days of in-patient treatment, no practice of medicine during this treatment, two years of aftercare, etc. If the One-Bite requirement is not met, then a complaint would be filed. Changes to the statute, Ohio Revised Code Section 4731.224, would be required and also changes to the computer system to accommodate this information or credentials. The State Medical Board will need to work with the Ohio Department of Administrative Services (DAS) on the required changes to the computer system.

There were quite a few comments about this proposal, such as the chilling effect for requiring everyone to report. The Committee decided that the Board would solicit outside comments from individuals who have expressed an interest in the impairment rules, such as Ohio Physicians Health Program, as well as the committee that the Board worked with regarding impairment rules. Staff would ask these groups for their thoughts and the Policy Committee would then review and discuss those comments at the April Committee meeting.

Mr. Gonidakis said that many good comments were made during the meeting and he invited Dr. Bechtel to share his concerns regarding One-Bite.

Dr. Bechtel voiced his concerns about physicians who are developing early issues with alcohol and are afraid to go to the Board. He went on to say that, if a licensee reports a concern and wants to apply for One-Bite and finds out that they didn't qualify, the licensee would be cited by the Board and would face repercussions. These repercussions could deter some physicians who could benefit early on from registering with the Board. Dr. Bechtel stated in working with physicians over the years, he feels that when physicians don't seek treatment early and their alcohol condition gets out of control, then they really put the public at risk and our mission is about patient protection. He said that a physician out of control commits malpractice and makes bad judgments and decisions, which results in poor patient-doctor relationships. Dr. Bechtel wants to ensure that there are no impediments or increasing impediments for physicians to seek early treatment that also is protective of the public.

Dr. Talmage echoed Dr. Bechtel's statement saying that he has worked with impairment for 15 years while serving on the State Medical Board, and as Secretary for nine of those years. He stated that addiction is a disease and the Board doesn't require diabetics or people with Multiple Sclerosis to report. Dr. Talmage indicated that if the Board makes addicts report, they will refrain from doing so. When licensees don't report and don't go to treatment, then the public is harmed because the licensee gets deeper into their alcoholism or drug addiction and they are more prone to make bad decisions or do something wrong to patients.

Dr. Talmage stated that he believes the Board is about rehabilitation. He said that many boards are not about rehabilitation and they handle the issue by taking away the licenses and telling the licensee to come back when they are cured. He stated that the Board can't afford to lose physicians like that, in particular, when the Board has a 90% success rate with rehabilitation for alcohol and drugs. The chilling effect is something the Board has to keep in mind and allow physicians to report outside of the Board process, so that they can get help, return to practice, and not be stigmatized. When the Board puts a licensee on probation, they are stigmatized and many times cannot get a job, can't be covered by malpractice insurance and can't be on insurance panels. If the licensee can stay outside of that system and successfully practice, the Board should do everything possible to make that happen.

Dr. Sethi added that he feels that other programs do not shame the licensees or kick them out. These programs provide employee assistance and Dr. Sethi feels that the Board should make an effort to help the licensees before getting into harsh punishments.

Mr. Gonidakis joined the discussion and stated that there are many compassionate and passionate opinions on this matter and that is why the Committee delayed bringing the matter formally to the Board. The Committee's goal is to have all the feedback from Board members, colleagues, and various associations and then bring a formal proposal to the Board in April.

Ms. Anderson reiterated that to move any of these changes forward, it would require changes to the statute and rule. This timeframe would allow ample opportunity to receive all the feedback.

Ms. Anderson stated that last month the Board approved the Committee moving forward on the office based opioid treatment rules. Those were developed with a panel of five individuals who are addiction specialists. She indicated that Orman Hall and Dr. Hurst, of Mental Health and Addiction Services (MHAS), came to the Board with a literature review that was recently released with respect to Suboxone. The literature could indicate that Suboxone was more effective at higher doses, and the Board has a soft limit of 16 milligrams in the rule. Because of that information, the Committee wanted to send the Cochrane review out to the panel for their input. Ms. Anderson stated that the Committee had a telephone meeting with the panel on Wednesday, March 5. The panel believes that the soft limit is still the way to proceed, balancing concerns for effectiveness with patients verses diversion. The panel also felt that the study they reviewed was quite old. There were 31 separate studies based on the time that Suboxone was first being introduced and used, as well as a comparison of Suboxone and Methadone. The panel felt that it did not cause concerns clinically to have a soft limit of up to 16 milligrams in the rule. Ms. Anderson finished by saying that the Staff will move forward with filing the rule as approved at the February meeting.

Dr. Steinbergh added that she gave a report on these rules to the OOA where several members spoke about national statistics and they seem to feel that 16 milligrams was appropriate. Dr. Steinbergh indicated she did not get the opportunity to read the research paper, but wanted to let the Board know that the OOA members involved in the conversation support the 16 milligrams.

Ms. Anderson ended the discussion by saying that was also the consensus of the panel and that the Committee will be moving forward on those rules.

Dr. Ramprasad asked Ms. Anderson to discuss telemedicine.

Ms. Anderson stated that the Board has been receiving inquiries and information about companies and individuals practicing telemedicine and questions about how our rule applies. She said that the staff is responding by providing information on the rule and interpretive guidelines. The Board would like to move forward by looking at the rule and incorporating some of those interpretive guidelines into the rule to clarify what's required at an examination. Ms. Anderson also stated that staff has provided some clinical comments to the Department of Medicaid on their reimbursement rules. Medicaid has draft rules on Medicaid reimbursement and a copy of those rules were provided to the Board.

Mr. Haslam interjected that staff are getting a lot of questions about telemedicine and we are finding that there are many individuals that are compliant. However, the Board also knows that there are many who are not. Mr. Haslam indicated that staff members are providing licensees with examples of what would be in compliance with the rule. Mr. Haslam continued by saying that the Board refers to it as telemedicine, but many times it is internet prescribing and other types of issues. Mr. Haslam said it is important that the Board continues to share information about telemedicine to clarify it. Additionally, the Board should let everyone know that the Board is very supportive of telemedicine and that our concerns lie with issues that are disguised as telemedicine, but are really internet prescribing and other violations.

Mr. Gonidakis joined the discussion by saying that he echoed comments made by Dr. Strafford and Dr. Bechtel. As a non-physician, Mr. Gonidakis said it is a fascinating issue with potential unintended consequences and it is going to take an enormous mindset shift from this Board going forward. He continued by saying that Ms. Anderson described a 3-D experience that they had last week. Mr. Gonidakis believes that the Board needs to be out in front as to where the Board and staff stand on telemedicine.

Mr. Haslam agreed with Mr. Gonidakis and said that the Board is very supportive of technology if it is going to improve the practice of medicine and expedite it in areas where it is not available. However, Mr. Haslam said, the Board doesn't want those unintended consequences to harm patients.

Dr. Bechtel added there is a wide range in the sophistication of technology that has a direct impact on the patient-doctor relationship, accuracy of diagnosis and ability to prescribe medicine. As technology expands and in the perspective of our current rules and regulations, the patient-doctor relationship will be critical in order to avoid patient harm.

Dr. Talmage added that the Board should remember that medical care takes place where the patient is and that speaks to licensure. In order for the Board to protect the public, the Board has to ensure that the physician is held accountable in Ohio and that's a principle that the FSMB has espoused. Dr. Talmage said the licensure compact is one method of addressing multiple licensure issues and that should always be kept in mind.

Mr. Gonidakis then asked Mr. LaCross to give a legislative update.

Mr. LaCross stated that House Bill (H.B.) 170, which is the Naloxone Bill, was signed by the Governor yesterday. Mr. LaCross said that H.B. 314, controlled substance prescription to minors that staff has been working on with Representatives Baker and Kunze, passed the House unanimously, reached the Senate and had been stalled.

Dr. Soin indicated when discussing H.B. 170 to remember that certain physicians would have wrapped into H.B. 93. With that bill you have to register for a certain terminal distributor license and there is a certain fining authority built in. Dr. Soin asked the staff to share their discussion on H.B. 93 during meetings on H.B. 170.

Mr. Haslam and Mr. LaCross both indicated that the information will be part of the discussion. Mr. Haslam clarified that H.B. 93 already encompasses a large amount of terminal distributors in the current proposed Pharmacy Board legislation that would affect less than 50% of patients receiving pain medication.

Dr. Saferin asked if there was going to be a list provided of the dangerous drugs. He continued by saying that the legislature tried this before and they included steroids and other drugs that a practitioner would not normally consider dangerous.

Mr. LaCross indicated that he would get the Board a list of what is being considered as dangerous drugs.

Mr. Schmidt joined the discussion by saying that dangerous drugs is a statutory term. He continued to say that dangerous drugs is probably a horrible misnomer and that the term includes all prescription drugs, all controlled substances except those listed in Schedule I, and all drugs intended for injection.

Dr. Saferin said that they say injectables and almost everyone would give a steroid shot. Now you need a separate license to do that and it becomes very cumbersome for a normal physician. Dr. Saferin concluded by saying that it should be eliminated.

Mr. Giacalone stated the way it's written now, a terminal distributor license is required even if you are a sole practitioner, once you form a corporation, LLC or similar business entity. Only an unincorporated sole practitioner can dispense or administer drugs without a terminal distributor license.

Mr. Schmidt clarified Mr. Giacalone's concerns and said that he was fairly confident that the Pharmacy Board recently amended that. Mr. Schmidt said under current law, a sole practitioner can dispense or administer drugs without a terminal distributor license.

Mr. Haslam asked if any other Board members had concerns that they wanted to share as the staff continues to meet with the Pharmacy Board.

Dr. Soin asked for clarification on the dangerous drugs, for example, if he had Celebrex as a sample and gave it to patients as samples, would that constitute distribution of a dangerous drug?

Mr. Schmidt stated that it would.

Dr. Saferin stated that he felt it was wrong and irrelevant in almost anyone's practice to make them have a separate license and pay a separate fee.

Mr. LaCross indicated that he would get clarification on the dangerous drug list and would share that information with the Board.

Dr. Ramprasad said that he understood Mr. LaCross to mean scheduled drugs and indicated that the Board does need clarification. Dr. Ramprasad asked about Demerol and Versed that they give during endoscopy procedures and if he would be considered a

distributor. Dr. Ramprasad continued by saying that they give moderate sedation medications and injections for procedures in doctors' offices.

Mr. Schmidt indicated in that situation Dr. Ramprasad would be considered a distributor.

Dr. Ramprasad indicated that they are all documented and he felt it was overreaching.

Mr. Haslam asked Mr. Schmidt if samples were excluded.

Mr. Schmidt indicated that samples were not excluded.

Mr. Talmage stated that if you dispense a sample, it is required that you list a lot number, make a note that you have given it to the patient, and have a record that you can recover. Dr. Talmage said most don't give samples anymore as a consequence, but if the physician did, they would be considered a terminal distributor.

Dr. Steinbergh indicated that physicians all over the state have concerns about distributor licenses. She said it makes no sense that physicians have a separate license for routine types of medication that they give, whether it is samples or if doctors have purchased it to distribute for their practice. She agreed clarification is needed.

Mr. Talmage indicated that Michigan has a state narcotics prescription license, which probably addresses just narcotics and it may be closer to what the intent is in this situation.

Mr. Giacalone indicated that, in regards to terminal drug distributors, at the Board of Pharmacy there is a legend portion of that. Then there would be an add-on for state control above the DEA registration that the terminal drug distributor would need.

Mr. Haslam and Mr. LaCross both said they will have additional information about this matter after the meeting with the Pharmacy Board.

Mr. LaCross touched on Zohydro, and mentioned a Dispatch article that the Board participated in.

Mr. Haslam indicated that a group that the Board is involved with from Northeastern Ohio, including the U.S. Attorney's Office, Cleveland Clinic and several other stakeholders, is concerned with the heroin and opiate epidemic. The group has asked the Board to sign onto a letter to the FDA urging them not to approve Zohydro. The panel recommended not approving the drug and the FDA is moving forward even without the panel's support. Mr. Haslam wanted the Board members' thoughts on this issue.

Dr. Steinbergh asked if the Board could get a copy of the letter for review before determining if the Board should sign it and Mr. Haslam indicated they would have a copy of the letter by the afternoon session.

Discussion followed with Mr. Giacalone stating that Zohydro is already on the market. He said that Blumberg issued a note that Purdue Pharma is coming out with a tamper

resistant version of it and has applied for regulatory approval. Mr. Giacalone said it is Hydrocodone, is extended release, and ranges from 5 to 50 milligrams.

Dr. Steinbergh continued the discussion by saying that it is important to know if this is legitimate or is it going to cause more problems with opioids. It is important to know the variation on the theme, why people are using it, and if they think it is really necessary to have another option. Dr. Steinbergh finished by saying that without physicians' support the drug won't be on the market for long.

Dr. Soin voiced concern about the content of the letter and stated that he would be interested in hearing about a tamper resistant form of Zohydro, because there are some isolated areas where Zohydro could be beneficial. He said, for instance, palliative care and cancers. Dr. Soin indicated that he would be interested in learning about a tamper resistant option of any type of opioid.

Licensure Committee

Licensure Application Reviews

Janerall D. Brown, L.M.T.

Dr. Ramprasad stated that Janerall D. Brown is applying for restoration of his Licensed Massage Therapist license in Ohio. Mr. Brown has not actively practiced Massage Therapy since October 2011 and is requesting restoration of his Ohio license originally issued in 2009. The Committee determined that Mr. Brown must successfully complete the MBLEx.

The Committee recommends that licensure be granted, pending the successful completion of the MBLEx.

Dr. Steinbergh moved to approve Mr. Brown's request for Ohio licensure as presented. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Raewyn Campbell, M.D.

Dr. Ramprasad stated that Raewyn Campbell, M.D., has applied for medical licensure. Dr. Campbell graduated from the University of Newcastle, Newcastle, Wales in December of 2002 and has completed seven months of U.S. post graduate training. She trained and practiced in New Zealand and Australia in Surgery, Plastic Surgery and Ear, Nose and Throat Surgery from January of 2003 until immigrating to the United States in June of 2013. Dr. Campbell has been in training in an Otolaryngology/Rhinology and Skull Based Surgery Fellowship at the University of Pennsylvania since July 2013. Dr. Campbell holds a full license in Pennsylvania and does not hold an American Board of Medical Specialties certification.

The Committee recommended that Dr. Campbell complete her entire one year fellowship and appear before the Committee prior to the recommendation of approval for her licensure. Therefore, the Committee chose to table this matter until additional information about her work in Australia and New Zealand and additional reference letters are received.

Anne Miller Kaeser, M.D.

Dr. Ramprasad stated that Anne Miller Kaeser, M.D., applied for her initial license in Ohio and that she has not participated in clinical practice since 2004. Dr. Kaeser graduated from the University of Florida, College of Medicine in June of 1978 and completed an internship at the University of Florida from July 1978 to June of 1979, as well as an Anesthesia residency at the University of San Diego from July of 1979 to August of 1981. Dr. Kaeser practiced Anesthesiology in the San Diego, California area until 1999 and continued to practice in Connecticut, South Carolina and Massachusetts until September of 2004. Since that date Dr. Kaeser has practiced Administrative Medicine with Anthem Blue Cross and Coventry Health Care as a Medical Director. Dr. Kaeser has licenses in South Carolina, Missouri, Michigan, New York, Massachusetts, Connecticut and California and holds a lifetime ABMS certification in Anesthesiology.

Although Dr. Kaeser intends to practice administrative medicine, when the Board issues a restricted license it involves reporting to the National Practitioners Data Bank (NPDB) as a penalty. The Committee recommends that Dr. Kaeser take the Special Purpose Examination (SPEX) for the Anesthesiology Board. Additionally, Mr. Miller and Ms. Rieve will look into a separate Administrative License and will report back to the Committee next month about that possibility.

Dr. Steinbergh moved to grant Dr. Kaeser's request for Ohio licensure, pending successful completion of the SPEX or recertification of the Anesthesiology Boards. Dr. Saferin seconded the motion. A roll call was taken:

ROLL CALL:	Dr. Strafford:	- aye
	Dr. Bechtel:	- aye
	Dr. Saferin:	- aye
	Dr. Soin:	- aye
	Dr. Steinbergh:	- aye

Dr. Ramprasad: - aye
Dr. Sethi: - aye
Dr. Talmage: - aye
Mr. Kenney: - aye
Mr. Gonidakis: - aye
Mr. Giacalone: - aye

The motion carried.

Accommodation Request

Anat Cohen, M.D.

Dr. Ramprasad stated that Anat Cohen, M.D., requested to take the computer-based United States Medical Licensing Examination (USMLE) Step 3 with special accommodations under the Americans with Disabilities Act of 1990. Dr. Cohen has been diagnosed with Attention Deficit Hyperactivity Disorder, Combined Type and is requesting extra time (time and one half) and additional break time.

The Committee recommends granting Dr. Cohen's accommodation request.

Dr. Steinbergh moved to approve Dr. Cohen's Accommodation Request during the administration of the Step 3 of the USMLE. Dr. Bechtel seconded the motion. A roll call was taken:

ROLL CALL:

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

The motion carried.

Dr. Ramprasad indicated that Dr. Saferin will be stepping in as the Chair of the Licensure Committee beginning next month. Dr. Ramprasad thanked Dr. Saferin for serving in that role.

Revised Physician Licensure Application

Dr. Ramprasad indicated that Mr. Miller and staff members created a revised physician licensure application that incorporates components of the Uniform Application and incorporating military related questions required through the Governor's Veterans Executive Order. The application is based upon the expedited licensure application,

which has been working well and will assist in streamlining the licensure application process.

Dr. Steinbergh moved to approve the revised Physician Licensure Application. Dr. Saferin seconded the motion. A roll call was taken:

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

The motion carried.

Finance Committee

Mr. Kenney stated that Mr. LaCross is working with Representative Anne Gonzales' assistant on fining authority legislation. Fines were also discussed and guidelines will be utilized to draft a fine schedule. The fine schedule will be brought to the Board once it is prepared for approval.

Mr. Kenney said that the collection method of fines was questioned and Committee members will be meeting with the Attorney General's Collections Enforcement section. At the meeting, the AG's office will discuss their collection process for fines owed to the State Medical Board of Ohio.

Mr. Kenney assured the Board that the Finance Committee will not make any final decisions on fining authority legislation without full Board approval.

Dr. Saferin asked if a licensee could lose their license or be prevented from renewing their license if they don't pay their fine.

Mr. Haslam responded by saying that the fines are directly associated to disciplinary action taken against the licensee. If part of the disciplinary action is loss of license, then the licensee will not be eligible for reinstatement until the fine is paid.

Physician Assistant/Scope of Practice Committee

Dr. Steinbergh stated that an Acupuncture and Oriental Medicine Practitioner Advisory Panel was developed to educate the staff as to the various activities falling under the term "supplemental techniques" in the scope of practice and to advise staff on the appropriateness of the requests by licensees. Dr. Steinbergh continued by stating that the

panel will consist of a representative from the Ohio Association of Acupuncture and Oriental Medicine, a community physician who practices acupuncture, a non-physician acupuncturist, an Oriental Medicine practitioner, as well as an Oriental Medicine and Acupuncture educator. The Committee has reviewed the curricula vitae and made the following recommendations for approval:

Association of Acupuncture and Oriental Medicine: Lisa Wilson, L.Ac., of Sandusky, Ohio, who the Association named to be its representative.

Physician: Steven Walkowski, D.O., of Athens who practices acupuncture and is a board certified family physician, using acupuncture in his practice, and has a great understanding of Oriental Medicine.

Acupuncturist: Jared West, L.Ac., was selected from five applicants.

Oriental Medicine Practitioner: Galina Roofener, L.Ac., was the third Oriental Medicine Practitioner licensed in Ohio and has an appropriate curricula vitae.

Educator: The American Institute of Alternative Medicine verbally accepted the invitation to have a representative on the Panel but subsequently did not submit a name. The Committee reviewed the curricula vitae that were received and selected David Wang, L.Ac.

Dr. Sethi moved to appoint Lisa Wilson, L.Ac.; Steven Walkowski, D.O.; Jared West, L.Ac.; Galina Roofener, L.Ac.; and David Wang, L.Ac. to the Acupuncture and Oriental Medicine Practitioner Advisory Panel. Mr. Kenney seconded the motion. All members voted aye. The motion carried.

Physician Assistant Matters

Dr. Steinbergh noted that the Physician Assistant Policy Committee tabled the proposed Model Orthopaedic Plan for revision. Once the revisions are complete, it will be brought to the Board.

Five-Year Rule Review – Additional Amendments

Dr. Steinbergh asked Ms. Debolt to discuss the revised Supervision Agreement.

Ms. Debolt noted that the change was additional language concerning the requirement that a physician routinely practice where a Physician Assistant are practicing. There are concerns that no connection between the supervising physician and the physician assistant in at least some urgent care settings exists. Those Supervision Agreements and plans have had to go to the Committee and Board in order to resolve the concerns. With the correct information being requested and provided on the application, it will alleviate taking the matter to the Board. Therefore, the revisions are such that on the application there are two boxes to select from - “Yes, I routinely practice in that location” or “No, I don’t.”

Dr. Steinbergh stated that the PAPC recommended the Board approve the revised Supervision Agreement Application.

Dr. Bechtel moved to approve the revised Supervision Agreement Application. Dr. Sojn seconded the motion. All members voted aye. The motion passed.

Review Proposed Changes to the Physician Assistant Rules

Ms. Debolt explained that the rules first went to the Common Sense Initiative (CSI) office for its review and recommendation. The rule package consisted of 20 rules. Of those, ten were no-change, nine amended and one new rule. This resulted from the five-year review of current rules and implementation of legislation effective in 2013. CSI recommended that the Medical Board proceed to file the proposed rules with the Joint Committee on Agency Rule Review (JCARR).

Ms. Debolt continued in saying that two additional changes to the proposed rules need to be made prior to filing with JCARR. Although the changes are technical in nature only, the Physician Assistant Policy Committee (PAPC) and the Medical Board will both have to approve the following changes before they can be officially made:

1. Paragraph (E)(2) of proposed Rule 4730-2-07 prohibiting the prescribing of Schedule II controlled substances should be deleted.
2. Proposed Rule 4730-2-02, sets forth the educational requirements for a certificate to prescribe as found in Section 4730.46 ORC. The proposed rule filed with CSI references Division (B)(1)(b) of Section 4730.46, ORC, in defining the requirements for a master's degree to be in a course of study with clinical relevance to the practice of physician assistants. However, in HB 284, effective March 22, 2103, the language of Section 4730.45, ORC, was amended so that the provision related to a course of study with clinical relevance to the practice of physician assistants was moved to become Division (B)(2)(b), ORC. The proposed rule needs to reflect the current statutory citation. Also, paragraph (B) of the rule needs to be deleted as the provision of law it implements is no longer in effect.

Dr. Saferin moved that proposed rule 4730-2-07 be amended by deleting paragraph (E)(2) and refiguring the format accordingly and that proposed rule 4730-2-02 be amended to reference Section 4730.46(B)(2)(b), ORC, that paragraph (B) of the proposed rule 4730-2-02 be deleted, and that the proposed rules in Chapter 4730, as further amended, be filed with JCARR. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

Physician Supervisory Plan and Physician Assistant Supervision Agreement Applications

Dr. Steinbergh indicated that there were two Physician Supervisory Plan and Physician Assistant Supervision Agreement Applications: Dr. James Chaillet and Pamela Coffey, M.D. These are Urgent Care applications and the Committee has been working over the

last few months to organize the applications so that the administrative staff can identify if it can be approved or has to go to the P.A. Committee.

Dr. Steinbergh indicated that the first application for review was James Chaillet, M.D., Urgent Care Specialist. Dr. Chaillet will be on site at the Milford location for 40 hours per week, is in compliance with ORC 4730.21, and will be in communication with the Physician Assistant. The Committee recommends approval of this application.

Dr. Sethi moved to accept the Physician Supervisory Plan and Physician Assistant Supervision Agreement for James Chaillet, M.D., Urgent Care Specialists. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh indicated that the second application for review was for Pamela Coffey, M.D., Doctors Urgent Care Office. This matter was tabled last month and the application for a Supervisory Plan was resubmitted to cover only the site location of Doctors Urgent Care on Village Drive, Franklin, Ohio, in Warren County called the Franklin Middletown location. At this time, several of their other requests are not being addressed. The Franklin Middletown location is open 8:30 to 10:00 and this will be the third plan for this location. Dr. Coffey will be providing 100% on site supervision for the Physician Assistant.

Dr. Saferin moved to accept the Physician Supervisory Plan and Physician Assistant Supervision Agreement for Pamela Coffey, M.D., Doctors Urgent Care Office. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Compliance Committee

Dr. Ramprasad indicated that the Compliance report was provided to the Board and no action was necessary at this time.

APPLICANTS FOR LICENSURE

Dr. Steinbergh moved to approve 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 therapist applicants listed in Exhibit "C," acupuncturist applicants listed in Exhibit "D," the anesthesiologist assistant applicants listed in Exhibit "E," and the genetic counselor applicants in Exhibit "F." Dr. Bechtel seconded the motion. A roll call was taken.

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

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Mr. Kenney - aye
Mr. Gonidakis : - aye
Mr. Giacalone: - aye

The motion carried.

ADMINISTRATIVE REPORT

Mr. Haslam indicated that each Board member had received a copy of the proposed Zohydro letter for review, as requested.

Mr. Haslam introduced the newest member of the staff, Jonathan Blanton, Deputy Director for Investigations and Enforcement. Mr. Blanton came to the Board from the Ohio Attorney General's Economic Crimes Division and had also served as the Jackson County Prosecutor for ten years.

Mr. Haslam indicated that the Board received the Administrative Report and, therefore, he was only going to highlight a few items from it. On February 25, Dr. Strafford and staff members completed human trafficking training, which is required of anyone handling enforcement matters. Mr. Haslam indicated that because of the duties of the Supervising Member and Board Secretary, he felt they should participate in the training.

Dr. Strafford indicated that the training session was conducted by the Ohio State Highway Patrol (OSHP). The OSHP use this information in some of their officer awareness training. Dr. Strafford said that the presenting officer used anecdotes and the points he made had largely to do with females entrapped and trafficked sexually. The training, however, did not touch on domestic work or migrant workers. Dr. Strafford said that a graphic video was used to draw the attention of the attendees and he felt that the presentation was almost exclusively on awareness of the problem, with the solution being to call 911. Dr. Strafford said the problem goes beyond that, but indicated it was a worthwhile training.

Mr. Haslam stated that many are aware of the initiative from the Governor's and Attorney General's Offices and may question how this affects the Board. At the State Medical Board of Ohio, the human trafficking component is seen among Massage Therapists. Therefore, Mr. Haslam said, it is important that Board staff members are aware of what to look for as they are working investigations, case reviews, and so forth.

Mr. Haslam informed the Board members of the new VOIP telephone system now in place. He indicated to make a call, you must dial a one, the area code and the complete seven digit telephone number.

Mr. Haslam continued by discussing a customer service training that 16 staff participated in called "Taking Care of Ohio." The training was hosted by the Ohio Department of Administrative Services (DAS). Mr. Haslam continued by saying that the office is working hard to improve customer service and this training is a baseline that all employees will work through. As a follow-up, the office plans to schedule an internal half-day retreat to expand upon the initial training.

Mr. Haslam informed the Board that on March 4, approximately ten staff members visited a Telehealth site - Optimized Care Network at Easton. It was a good visit and the type of Telehealth he believes the Board would support. Mr. Haslam said the technology was amazing and he invited Optimized Care to do a demonstration for Board members one morning before a Board meeting.

Dr. Steinbergh noted that she found the technology to be interesting and thought it was remarkable.

Mr. Haslam asked Dr. Steinbergh if she agreed that it would be worthwhile for other Board Members to visit and Dr. Steinbergh indicated that she thought it would. Dr. Steinbergh also indicated that it is very impressive and one can get information from the company's website.

Mr. Haslam indicated that the Board received a request for a statement of support from the Governor's Office in reference to the Veterans' Executive Order.

Mr. Miller stated that the Executive Order requested that the Board identify a process to expedite individuals with military experience. The new application speaks to that matter and will ensure that the only exam administered by the Board – the Cosmetic Therapy exam – will be covered by the G.I. Bill.

Dr. Ramprasad and other Board members agreed that the Board supports these efforts.

Mr. Haslam began discussion on the Zohydro letter and asked Board members for their feedback.

Dr. Soin noted that prescription drug abuse is a big problem. He commented that when it comes to opioids, essentially all these drugs are being reformulated to time-released versions and Zohydro is one on them. Dr. Soin asked where the matter is going long term and if the Board plans to send letters each time another extended release version of Dilaudid becomes available.

Mr. Haslam said that Zohydro is a legitimate drug that may serve a legitimate purpose and the Board needs to rely on the physicians to decide whether or not to sign the letter.

Dr. Steinbergh said that her concern is for patient protection and not that she disagrees with this drug being on the market. Dr. Steinbergh is concerned about the message that the Board would be sending to clinicians who are obligated to use pain medications in various forms for appropriate pain management. The Board discussed the need for this type of product in this particular formulation and if the Board puts their name on the letter, is the message going to be construed as the Board is not going to tolerate these types of medications. Dr. Steinbergh indicated that for Dr. Soin and other physicians in pain management who may need this product, it is hard to say that the Board should automatically attach its name to the letter.

Dr. Talmage agreed saying the Board's expertise is in regulation. The FDA has the scientific background and committees that are best suited to decide what drugs should and should not be released. The Board is reviewing this matter in light of a tamper-resistant product that came out by Purdue Frederick, which may or may not be better. Dr. Talmage concluded by saying that he wouldn't favor signing the letter.

To ensure the Board had all the facts before making the decision, Mr. Haslam indicated that the Board should expect kickback if it doesn't sign off on the Zohydro letter. This issue will come back to the Board as Representative Sprague is presenting legislation to make Zohydro a Schedule I drug in Ohio. Mr. Haslam continued by saying that the Board will deal with some consequences by not signing off on it, at least in Northeastern Ohio. It could be viewed that the Medical Board is in support of the drug, which is not necessarily the case. Mr. Haslam concluded by saying that the Board is not in support of taking the drug completely off the market if it has a legitimate use.

Dr. Strafford joined the discussion and stated that the Board has its greatest opportunity in thoughtfully considering the aspect of pharmaceutical products that would endanger the citizens of Ohio. If there is some component to a product, such as formulation or instability to be mixed with something else, the Board should point out that fact because that is of vital interest to the Board. Dr. Strafford finished by urging the Board to resist being stampeded for a political agenda, but at the same time, not to be blind to the reality of politics. He said that it is indeed the environment in which the Board functions. He believes that by signing the letter, the public will know where the Board stands on the issue. The greatest danger, Dr. Strafford said, is if the Board stays silent. If the Board remains silent then the public will have reason to assume anything.

Dr. Steinbergh agreed with Dr. Strafford's thought process and offered the option of the Board developing its own letter that could be attached to the Zohydro letter. In the Board's letter, it could adequately address concerns about providing appropriate pain management. Dr. Steinbergh finished by saying that it's all about the appropriateness and use of these drugs.

Mr. Giacalone added that this product has a bit of a colored history to approval. The FDA advisory committee voted against it and the FDA approved it, but they denied another tamper resistant product. Yet, said Mr. Giacalone, they gave it specificity to OxyContin. He said there is an inconsistency in the way the FDA approached this product in its entirety. Mr. Giacalone suggested that our message be that the Board struggles with understanding what the rationale is as it doesn't follow the normal course and that the Board questions if it is good for Ohioans. Mr. Giacalone said that with our statement, the Board would be on the record.

Dr. Soin stated that he has no doubt that Zohydro will be abused, will have a high street value, and will be desired by drug abusers. That is a very big concern. Dr. Soin said he liked the last sentence of the letter, "We ask that the public release of Zohydro be halted until such time as a more abuse resistant formulation is completed, tested and approved." Dr. Soin continued by saying, there are hydrocodone products available and we don't necessarily need this product right now, as there are so many other options. He did comment that Zohydro would be beneficial at the end of life and in palliative care,

hospice, or cancer situations where the patient is a clear hydrocodone responder, doesn't respond well to other products, but can't take high doses because of Acetaminophen toxicity. In these particular situations, it would be good to have the option of Zohydro. Dr. Soin ended by saying that he does support the material of the letter regarding prescription drug abuse.

The Board decided to write their own letter to be sent along with the Zohydro letter. Mr. Haslam indicated that he would work with the appropriate staff to draft a letter from the State Medical Board of Ohio, which includes the Board's comments. That letter will be distributed to the Board for review in April. Mr. Haslam indicated that the Board's formal response has been very consistent, saying that with any approved drug, the Board expects it to be used within the guidelines and the Board supports responsible prescribing.

Mr. Haslam moved on to the review of the new Table of Organization and explained how it has been simplified with the office reorganization. He reviewed each section of the office and stated that a Legal Department was created, is headed by Ms. Anderson, and also includes Mr. Schmidt, Ms. Debolt, Mr. Katko, and Ms. Jacobs.

Mr. Haslam indicated that the Hearing Unit goes unchanged. However, the Board does have two contract hearing examiners and are in the process of signing a contract for a third. This contract is being processed because of an increase in the number of hearings and because Danielle Blue will be taking maternity leave later this year. Mr. Haslam clarified that the contracts are for independent contractors who only get paid when they work, and that they have immunity protection for their decisions.

Mr. Haslam discussed the newly created Communications section, with Ms. Ore, Ms. Wehrle and another staff member who will work on education, outreach and the rebranding of the Board. He also noted that Operations and IT has been moved to Mr. Miller's Licensure section and the Board is working to fill the vacant licensure position.

Mr. Haslam indicated the Investigations and Enforcement section also houses Compliance and Standards Review. He noted the Public Inquiries employees have been dispersed throughout the office into various sections.

In an effort to streamline the process and eliminate unnecessary paperwork for Board members, Mr. Haslam indicated that, as of March the Settlement Agreements will now be discussed in Executive Session. This allows staff to provide more of the confidential details to the Board at that time. Mr. Haslam continued by saying that beginning in April, routine Citations will not be on the agenda, as they will be approved by the Secretary and Supervising Member. Summary suspensions, automatic suspensions, and immediate suspensions will still be presented at the monthly Board meetings. Mr. Haslam concluded by saying an updated list of the routine citations issued will be distributed to the Board each month.

The Board recessed at 12:15 p.m. for lunch and resumed at 1:00 p.m.

EXECUTIVE SESSION

Dr. Steinbergh moved to go into Executive Session to confer with the Medical Board's attorneys on matters of pending or imminent court action and for the purpose of deliberating on proposed consent agreements in the exercise of the Medical Board's quasi-judicial capacity. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	Dr. Strafford:	- aye
	Dr. Bechtel:	- aye
	Dr. Saferin:	- aye
	Dr. Soin:	- aye
	Dr. Steinbergh:	- aye
	Dr. Ramprasad:	- aye
	Dr. Sethi:	- aye
	Dr. Talmage:	- aye
	Mr. Kenney:	- aye
	Mr. Giacalone:	- 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, Mr. Miller, Mr. Blanton, Ms. Loe, Ms. Debolt, Mr. Katko, Mr. Schmidt, Mr. LaCross, Mr. Beck, the Investigators, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Mr. Porter, Ms. Rodriguez, Ms. Rieve, Ms. Jacobs, Ms. Moore, Ms. Brooks, Mr. Taylor, and Ms. Farrell in attendance.

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTS**John Sherman Henry, M.D. – Step II Consent Agreement**

Dr. Steinbergh moved to ratify the Step II Consent Agreement with Dr. Henry. Dr. Saferin seconded the motion. A roll call was taken:

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

The motion carried.

JER, D.O. - Proposed Consent Agreement

Dr. Sethi moved to ratify the Proposed Consent Agreement with Dr. JER.

The motion failed for lack of a second.

Dr. Steinbergh stated for the record that, even though this matter failed for the lack of a second, she was abstaining in the consideration of this case.

Robert James Rosenstein, Jr., D.P.M. – Probationary Consent Agreement

Dr. Steinbergh moved to ratify the Probationary Consent Agreement with Dr. Rosenstein. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Thomas E. Reilley, D.O. – Voluntary Permanent Surrender of Certificate to Practice Osteopathic Medicine and Surgery

Dr. Steinbergh moved to approve the Voluntary Permanent Surrender of Certificate to Practice Osteopathic Medicine and Surgery of Dr. Reilley. Dr. Saferin seconded the motion. A roll call was taken:

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

The motion carried.

PROBATIONIONARY REQUESTS

Dr. Ramprasad advised that at this time the Board would consider the probationary requests on the consent agenda. Dr. Ramprasad asked if any Board member wished to discuss a probationary report or probationary request separately.

Dr. Steinbergh asked if Dr. Burtula was doing locums at this time or had he moved to New Hampshire, because his address is still listed as Toledo, Ohio. Also, she asked about the discontinuance of the comparative audit and ASA. Dr. Steinbergh inquired as to whether or not the Board had any data regarding the pros and cons of approving the discontinuance of it.

Ms. Bickers answered Dr. Steinbergh's question by saying that Dr. Burtula moved to New Hampshire and has not been prescribing controlled substances, so there was no data.

Dr. Steinbergh also voiced concerns about Dr. Levy who moved from Ohio to New Zealand, was disciplined by the Board, and required by the July 10th Board Order to make personal appearances before the full board during the third month and subsequent personal appearances every six months thereafter. Dr. Steinbergh indicated that Dr. Levy is now requesting the Board waive the personal appearances until the license reinstatement is requested. Dr. Steinbergh said the Board addressed this issue and despite the Hearing Examiner's recommendation, the Board decided to bring Dr. Levy back to monitor him. Dr. Steinbergh indicated that Dr. Levy's attorney argued that because of the cost of coming back, the Board should waive that personal appearance. Dr. Steinbergh stated that she believes the Board is setting a precedent and that all physicians should be monitored in the same way. Dr. Steinbergh said she checked to see if Dr. Levy was making appearances before the New Zealand Board and, as far as she knows, the answer is no, even though his attorney gave the Board information suggesting otherwise. Dr. Steinbergh concluded by saying that Dr. Levy was reprimanded by the New Zealand board, but no one is monitoring him. Dr. Steinbergh feels that Dr. Levy should be treated the same as other physicians.

Dr. Strafford indicated when reviewing this case, they were never in favor of no appearances, but of substituting Skype or some visual real time in lieu of forcing the physician to travel 10,000 miles for a five minute appearance. Dr. Strafford reiterated there was no plan to change the reporting requirements, but to change the place, time, and circumstances of how the meeting would occur; to change the manner of which the report was received.

Dr. Steinbergh asked how the Board could accomplish that via webcam and did the Board have the capacity to appropriately monitor Dr. Levy electronically. Dr. Steinbergh feels it should be done by the Compliance Committee and it would open discussion for this type of monitoring, how effective will it be and how it will look in this case, as well as others. Dr. Steinbergh indicated that, quite often, technology freezes up and there is never just a one on one conversation. Dr. Steinbergh asked if the Board would be able to

interact the same as when sitting together in a room.

Dr. Strafford clarified for the record that he and Dr. Steinbergh's prior discussion was about the principle or the means of using telecommunication both in terms of telemedicine and interacting with our licensees, rather than a direct discussion on this case. They discussed having the technical capability being as good as having the individual in their physical presence. Dr. Strafford continued in saying that the monitoring group would have to see the licensee walk in for the session, see their facial expressions, and be able to sense their presence. Dr. Strafford indicated that the session would have to be as good as the person being in the room with them.

Dr. Soin asked if this was the first time a monitoring session would occur via webcam.

Dr. Stafford indicated yes, it is the first time it had been considered because the argument was made regarding licensees living far distances from Columbus.

Dr. Steinbergh noted that the physician chose to leave this country and then asked whose responsibility is it. She added that the question becomes, does the Board accommodate the person who is out in Southern California? Dr. Steinbergh continued by saying that the Board had to be ready to address those issues because there will be others who come to the Board wanting the same consideration. The Board will have to be prepared to make those considerations if the Board feels it is reasonable. Dr. Steinbergh ended by saying the Board hasn't had that conversation before.

Mr. Giacalone said this is a very unique situation and asked if the Board was going to allow people from London, Ohio, to use this type of monitoring method.

Dr. Strafford stated that the Board is trying to be a more friendly Board and we possess audio visual capabilities that are sophisticated. Dr. Strafford indicated that what seemed reasonable to him was if a licensee had more than a three hours flight to get back to Ohio, that licensee should be able to raise the question if the technology available.

Dr. Saferin stated that user friendly is what the Board should be and he feels this will set public precedent. Youngstown, Ohio, Dr. Saferin said, is a three hours away by car. With technological advancements, this type of monitoring would certainly be more user friendly for the licensee and Dr. Saferin felt it would be appropriate.

Dr. Strafford stated that the Board clearly has an opportunity to explore this methodology, and may recall that meetings in January were cancelled because licensees couldn't get to Columbus, causing the agenda to be moved back by weeks. Dr. Strafford indicated that using this method can help alleviate these deterrents.

Dr. Talmage agreed and said this is a move into the future. There are commercial websites, such as gotomymeeting.com which could be utilized with the capability of our own equipment. He continued by saying we don't know that further technological developments may occur in the next few years. There are entire boards of directors of major companies who meet by gotomymeeting.com and make million dollar decisions. This is a 10,000 mile decision, which is not hard to make. Dr. Talmage said, if it is

within this state, that would be a very different issue. Dr. Talmage continued by saying, if it were elsewhere in this country, that's an intermediate distance and another matter. However, Dr. Talmage feels that the Board needs to start considering this manner of monitoring.

Dr. Steinbergh asked Ms. Debolt if there were any statutory problems in monitoring this way and Ms. Debolt stated there would be none. Dr. Steinbergh then asked about the cost of the technological event.

Mr. Haslam indicated that the burden of making sure the physician has the technology and equipment to participate in this type of monitoring, as well as the cost associated with it, would fall on the physician. If the physician cannot meet those requirements, then that physician would have to appear in person. Mr. Haslam reiterated that the Board already has the technology and it is paid for. Mr. Haslam reminded the Board that in calendar year 2014, the Board is seeking approval from the Legislature to conduct part of its meetings in the same manner that the Board is discussing, with some of the committees meeting throughout the month and not just on Board meeting day. Therefore, in considering this type of technology for monitoring, Mr. Haslam asked that the Board be mindful of that.

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

- **To grant Mark L. Allen, M.D.'s request for discontinuance of the drug log requirement and reduction in 12-step meetings from three per week to two per week with a minimum of 10 meetings per month;**
- **To grant Joseph E. Baus, M.D.'s request for discontinuance of injectable Vivitrol in favor of oral Naltrexone;**
- **To grant Ajay Bhatia, M.D.'s request for reduction in the chart review requirement to ten per month;**
- **To grant Sean A. F. Burtula, M.D.'s request for reduction in personal appearances to every six months, discontinuance of the comparative audit and assay report requirement, and discontinuance of the drug log requirement;**
- **To grant Aimee V. Chappelow, M.D.'s request for discontinuance of the chart review requirement;**
- **To grant Christopher L. Demas, M.D.'s request for approval of *Intensive Course in Medical Ethics, Boundaries and Professionalism*, offered by Case Western Reserve University;**
- **To grant Peter Fragatos, M.D.'s request for approval of John H. Johnson, M.D., to serve as his new monitoring physician;**

- To grant Deborah Lynne Frankowski, M.D.'s request for approval of Ronald A. Sachs, M.D., to serve as the new monitoring physician with the review of 10 charts per month;
- To grant Gregory Gene Johnson, M.D.'s request for reduction in appearances from every three months to every six months;
- To grant Eric P. MacDonald, M.D.'s request for discontinuance of the drug log requirement, discontinuance of the comparative audit and random assay report requirements; and reduction in appearances to every six months;
- To grant Tina Marie D. Nelson, M.D.'s request for approval of Mark D. Snavely, M.D., to conduct return to work psychiatric assessment and serve as the treating psychiatrist;
- To grant Subramanya K. Prasad, M.D.'s request for approval of *Patient Care Documentation Seminar*, administered by The Colorado Foundation for Medical Care to fulfill the medical records keeping course requirement; approval of *Intensive Course in Controlled Substance Prescribing*, administered by Case Western Reserve University to fulfill the controlled substance prescribing course requirement; and approval of *Medical Ethics for Disciplined Professionals* course, administered by Professional Boundaries Inc. to fulfill the personal/professional ethics course requirement;
- To grant Rodney E. Stone, M.D.'s request for approval of Amarjeet Birdi, M.D., to serve as the new treating psychiatrist;
- To grant Terry L. Thomas, D.O.'s request for approval of Frank A. Puckett, M.D., to serve as the monitoring physician with the review of 10 charts per month;
- To grant David Brian Levy, D.O.'s request to conduct personal appearances via webcam while the doctor resides in New Zealand.

Dr. Saferin seconded the motion. A roll call was taken:

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

Mr. Giacalone: - aye

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Ramprasad stated in the following matter, the Board issued Notice of Opportunity for Hearing, 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. The matter is therefore before the Board for final disposition.

Dr. Ramprasad stated that the matter is disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In this matter, Dr. Strafford served as Secretary, Dr. Bechtel served as Supervising Member, and Dr. Talmage served as Secretary and/or Acting Supervising Member.

Ali Salim, M.D.

Dr. Steinbergh moved that the allegations as set forth in the November 13, 2013 Notice in the matter of Dr. Salim have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, permanently revoking Dr. Salim's license to practice medicine and surgery in Ohio. Dr. Saferin seconded the motion.

Dr. Ramprasad stated that he would entertain discussion in the above matter. No discussion occurred. A roll call was taken:

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

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Ramprasad 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

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filed in the matters of: Michael C. Bengala, M.D.; James P. Cleary, D.O.; Muhammad Imran Kaleem, M.D.; Srinivas Perugu Reddy, M.D.; Cynthia A. Renfrow, P.A.; Donald R. Savage, Jr., M.D.; and Ronald Gerard Verrilla, D.P.M? A roll call was taken:

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

Dr. Ramprasad 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 or permanent denial? A roll call was taken:

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

Dr. Ramprasad 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. Ramprasad noted that Dr. Talmage served as Secretary and/or Acting Supervising Member in the matters of Dr. Bengala, Dr. Kaleem, and Dr. Savage.

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

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

Michael C. Bengala, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Michael C. Bengala, M.D., and stated that objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Michael C. Bengala, M.D. Dr. Saferin seconded the motion.

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

Mr. Kenney reviewed the case with the Board reading from the Report and Recommendation. He stated that Dr. Bengala obtained his medical degree in 1979 at the Loyola University Stritch School of Medicine in Chicago, Illinois, followed by a one year internship and one year of a family practice residency at St. Joseph's Hospital in Chicago. Mr. Kenney continued by saying that from 1980 to 1981, Dr. Bengala worked in emergency medicine at Bethany Methodist Hospital and from 1983 to 1988, Dr. Bengala had a private general practice in Missoula, Montana. In 1988, Dr. Bengala moved back to Ohio and worked for the Ohio Department of Mental Health in psychiatry until 1994. From 1994 to 1997, Dr. Bengala completed a three year residency in psychiatry at the Cleveland Clinic. From 1997 through 2008, Dr. Bengala held various positions in Ohio as an independent contractor in psychiatry. In 2008, Dr. Bengala moved to Florida to semi-retire. Mr. Kenney said that until 2012 Dr. Bengala worked at several locations as an independent contractor. Furthermore Dr. Bengala testified that he worked at Pompano Beach Pain Management in Florida from January 2012 to June 2012 and at Miami Dade Medical Solutions, another pain management clinic, from February 2012 through June 2012.

Mr. Kenney continued by saying that Dr. Bengala testified that he has not practiced medicine since June 2012. In July of 2013, the Board issued an Entry of Order to Dr. Bengala indefinitely suspending his certificate, based upon the Florida Surgeon General and Secretary of Health issuing an emergency suspension of Dr. Bengala's Florida medical license in 2012.

Mr. Kenney stated that on June 27, 2012, Dr. Bengala signed a Voluntary Surrender of Controlled Substances Privileges form. Two relevant sections of that document state that Dr. Bengala surrendered his privileges: 1) with the understanding that he was not required to surrender them, but freely and under no duress, implied or express, executed the document and choose to take the action; 2) in view of his alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of his good faith in desiring to remedy any incorrect or unlawful practices on his part. Mr. Kenney noted that Dr. Bengala voluntarily surrendered his Drug Enforcement Administration Certificate.

Dr. Bengala was arrested on or about June 27, 2012, when he was confronted by a police officer who came to his house along with a DEA agent, accompanied by approximately 15 law enforcement agents. At that time, these individuals indicated to Dr. Bengala that he could no longer practice medicine in Florida.

Mr. Kenney continued reviewing the file saying that Dr. Bengala first refused to sign the agreement, and testified that the DEA agent became very nice and indicated that if he signed the document, he would not have to go through the court system to ask for his

DEA number back. According to the testimony, Dr. Bengala admitted that he must have scanned the document but didn't read it in detail. Continuing to read, Mr. Kenney said, it should be noted when asked to surrender his license, Dr. Bengala did not, but the fact remains that he executed a voluntary surrender of controlled substance privileges to the DEA and that it constitutes the termination or suspension of the certificate of registration to prescribe drugs by the DEA. Mr. Kenney stated that Dr. Bengala had many excuses why he signed the agreement, such as stating that he was under severe mental duress.

Mr. Kenney indicated that the Board has the authority to take action against Dr. Bengala's license because he executed this surrender, but counsel for the state argued that the Board should not permanently revoke his license. Mr. Kenney indicated he agreed because the Florida actions are just allegations. Mr. Kenney asked the Board to indefinitely suspend Dr. Bengala's license to practice medicine and surgery until all the conditions set forth in the order are met.

Mr. Giacalone moved to amend the Proposed Order to Revocation. Dr. Steinbergh seconded the motion.

Mr. Giacalone noted that there are several issues in this case that caught his attention and elaborated on them. First, he discussed the voluntary surrender of the DEA license. The Board's Hearing Officer wasn't buying the story of duress. This physician had discussion over the phone, was represented in the hearing and was present and answered questions. The Hearing Officer determined that the veracity of this individual was not there.

Secondly, Mr. Giacalone stated, there were two pain clinics involved and that Dr. Bengala was a locums tenens doctor. Mr. Giacalone did not feel that Dr. Bengala's testimony was credible. For example, Mr. Giacalone pointed out that in Dr. Bengala's testimony, he stated that Judge Peg had signed a court order that he couldn't prescribe any controlled substances. That was incorrect because it was only Schedule II controlled substances that Dr. Bengala was prohibited from prescribing. Then Dr. Bengala proffered a Settlement Agreement that he claimed exists with the Florida Department of Health. However, that agreement was not signed by either himself or the Department. Dr. Bengala stated that he had signed the Settlement Agreement which states that he agreed to voluntarily and permanently stop prescribing controlled substances in Florida, except for benzodiazepines. Also in his statement, Dr. Bengala stated that he didn't prescribe controlled substances in large volumes. However, in reviewing the records, it was found that during the DEA's investigation he allegedly overprescribed for the three undercover agents. In addition, Mr. Giacalone pointed out that it was extremely strange that prior to writing these prescriptions for the undercover agents, Dr. Bengala consulted with the owner of the pain clinic to determine what prescriptions should be written and whether a MRI was needed for these patients. This was especially suspect given that the owner was not medically licensed or trained. Additionally, for one of these undercover agents, Dr. Bengala wrote a prescription for oxycodone 30 milligrams, cariprodol 600 milligrams and Xanax® 2 milligrams. According to the DEA, this combination is one highly sought after by drug abusers and diverters and is referred to among this illegitimate drug seeking population as the "Holy Trinity." The details presented show a pattern of overprescribing and if Florida gives Dr. Bengala back his license and he signs

that Settlement Agreement, then he may come back to Ohio.

Mr. Giacalone stated that the Board should revoke Dr. Bengala's license and if he comes back to Ohio, Dr. Bengala can choose to petition and come before the Board for reinstatement.

Dr. Steinbergh joined the discussion and said that she is in favor of revoking Dr. Bengala's license because it does give the Board the ability to take a fresh look after the concerns in Florida are completed. If the Board indefinitely suspends his license, there would be conditions for reinstatement. What happens in Florida may influence the Board's decisions and when or if Dr. Bengala comes back to Ohio, the Board may want to do something different.

Dr. Saferin stated that by suspending Dr. Bengala indefinitely there are conditions. However, when revoking him, there are no conditions at all and Dr. Bengala could come back at any time and the Board would be tasked with dealing with the matter.

Dr. Ramprasad stated that he would support suspending Dr. Bengala's license. He agreed that there were many inconsistencies in Dr. Bengala's testimony, but feels that the Board should see what happens in Florida to ensure that no errors were made.

Dr. Soin said that he supports, at the minimum, revocation and would actually support permanent revocation. Dr. Soin voiced major concerns when hearing that 15 to 20 law enforcement agents were used in Dr. Bengala's Florida case. Dr. Soin stated that clinics and doctors like this cause a huge problem and harm to patients, by moving from clinic to clinic and writing scripts over and over again.

Mr. Giacalone said that Dr. Bengala had opportunity to respond. This case screams that this physician was involved with an obvious pill mill. If the Board revokes Dr. Bengala's license, we send the correct message that the Board won't have these types of individuals practicing in our state.

Dr. Steinbergh noted that she does agree with the Findings of Fact, Conclusions of Law, and the Amended Order of revocation.

A roll call was taken on Mr. Giacalone's motion to amend:

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

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order as amended. Dr. Saferin seconded the motion. A roll call was taken:

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

The motion carried.

James P. Cleary, D.O.

Dr. Ramprasad directed the Board's attention to the matter of James P. Cleary, D.O., and stated that no objections have been filed. Ms. Shamansky was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of James P. Cleary, D.O. Dr. Saferin seconded the motion.

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

Dr. Talmage reviewed the case with the Board stating that Dr. Cleary was one of the Board's two percent audits. On his licensure renewal, Dr. Cleary stated that he completed his Continuing Medical Education (CME). When confronted by the audit, Dr. Cleary stated that he probably didn't and that he assumed the Board found evidence that he had not completed his CME. Dr. Talmage had concerns that Dr. Cleary felt intimidated by the Board and didn't think the Board was fair. Dr. Cleary has varied his specialty in his practice considerably from training in an Ear, Nose & Throat residency program, to working a family practice, prove that he had completed his 40 hours of category one CME. Dr. Talmage finished by speaking to the medical students in attendance and encouraged them to know where their CME records are located in case they are requested.

A roll call was taken:

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

Dr. Saferin	- aye
Dr. Soin	- aye
Dr. Steinbergh	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

Muhammad Imran Kaleem, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Mohammad Imran Kaleem, M.D., and stated that no objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Muhammad Imran Kaleem, M.D. Dr. Saferin seconded the motion.

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

Mr. Gonidakis reviewed the case with the Board stating that Dr. Kaleem was licensed to practice medicine and surgery in 1995 in Ohio, but his license is currently inactive. Prior to the inactive status, Dr. Kaleem was an internist in Cincinnati and saw approximately 30 patients a day. Mr. Gonidakis continued by stating that on April 5, 2013, the Board required him to submit to a neurological exam because of violations of Section 4731.22 (B)(19), ORC, which is standard of care due to mental or physical illness, because he had previously been diagnosed with Huntington's disease. Mr. Gonidakis indicated that Dr. Kaleem had a neurological exam on May of 2013. The examining doctor concluded that, unfortunately, Dr. Kaleem was no longer capable of safely practicing medicine in Ohio. Mr. Gonidakis finished the review by saying that Dr. Kaleem did not attend the hearing but did send a letter dated February 2, 2014. In that letter Dr. Kaleem admitted he was suffering from Huntington's Disease, is currently getting treatment, and said that it was his and his family hopes that he recover and practice again in the future. Dr. Kaleem asked for a revocation instead of a permanent revocation.

Mr. Gonidakis moved to approve the Proposed Order of Revocation for Muhammad Imran Kaleem, M.D. Dr. Saferin seconded the motion. A roll call was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Steinbergh	- aye
	Dr. Ramprasad	- aye

Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

Srinivas Perugu Reddy, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Srinivas Perugu Reddy, M.D., and stated that objections have been filed. Mr. Porter was the Hearing Examiner.

Dr. Ramprasad continued in saying that a request to address the Board had been filed timely on behalf of Dr. Reddy. Five minutes would be allowed for that address.

Dr. Reddy was represented by his attorney, Dan Zinsmaster.

Mr. Zinsmaster stated that this is a unique case and that they did file objections but commended Mr. Porter for an accurate summarization of the facts. He stated that they agree with Mr. Porter's legal analysis that Dr. Reddy satisfied the current system guidelines of the One-Bite rule. Mr. Zinsmaster's disagreement with Mr. Porter's conclusion rests with the appropriateness of any type of formal probation in this case and he stated that written objections had been distributed. Zinsmaster said that the Board's actions are unwarranted, because Dr. Reddy satisfied the One-Bite rule. He continued to say that the rule was created decades ago to encourage physicians who have concerns about substance issues and abuse to voluntarily take it upon themselves to seek an evaluation and, if treatment was warranted, to seek it on their own accord. The exact same treatment is warranted in every situation with physicians, which is a 28 days of in-patient treatment followed by an aftercare contract with a Board approved provider. Mr. Zinsmaster stated that Dr. Reddy has done both of those things and went the extra mile by having two assessments with Board approved addictionologists, who both opined that Dr. Reddy is ready, fit and safe to practice in accordance with appropriate standards of care.

Mr. Zinsmaster stated that Dr. Reddy has done everything that someone in his position who is suffering from a disease such as alcohol abuse should do. He continued by saying that One-Bite can be a confusing issue. Mr. Zinsmaster quoted part of the Board-issued public policy statement which said that "resident physicians practicing under training certificates are entitled to the protection of the One-Bite rules to the same extent as are fully licensed physicians." He stated that as of July 22, 2013, Dr. Reddy has been a fully licensed training certificate holder, which this Board issued. Therefore, Zinsmaster stated that the law requires that Dr. Reddy be treated as any similarly situated physician.

Mr. Zinsmaster finished by saying that Mr. Porter concluded that Dr. Reddy had satisfied One-Bite guidelines. Dr. Reddy took the opportunity to get himself sober with no Board intervention, has been sober for well over one year, and has made a life-long commitment to sobriety. By granting One-Bite, the mechanisms for the protection of the public are in

place by way of his aftercare arrangements with a Board approved treatment provider.

Dr. Reddy thanked the Board for the opportunity to address them and admitted that he had made some very poor decisions that he was sorry for. Dr. Reddy said that on December of 2012, he realized he'd hit rock bottom and decided to get treatment. Dr. Reddy immediately began treatment with a Toledo psychologist who specialized in chemical and abuse disorders. Dr. Reddy said that when learning that Ohio physicians had to complete a specific course of treatment, he sought an evaluation with Dr. Gregory Collins of the Cleveland Clinic and subsequently Glenbeigh Hospital for intervention treatment. In mid-May of 2013, Dr. Reddy was successfully discharged with staff approval from Glenbeigh Hospital and he began his aftercare program. Dr. Reddy continued by saying that he has been 100% compliant with his aftercare contract and that this all occurred well before his residency training program. Dr. Reddy said that he was forthcoming when he submitted his application for the training certificate and the Board granted his request, which is when he started the PGY1 Internal Medicine residency program at Mercy Saint Vincent Medical Center in Toledo, Ohio.

Dr. Reddy said that he is doing well, and expecting to transition to PGY2 this year. He has enjoyed the challenges the program has provided to him. Dr. Reddy concluded his statement by saying that he believed being a physician was his destiny, because he watched his father, who was a hematologist, slowly succumbed to cancer at the age of 48.

Dr. Ramprasad asked if the Assistant Attorney General wished to respond.

Mr. Wilcox indicated that he did wish to respond and addressed the Board by saying that this is an impairment issue and it is the Board's duty to decide if the Report and Recommendation and the evidence shows that Dr. Reddy is impaired and if so, what the appropriate penalty is. Mr. Wilcox said the physician and his attorney are trying to distract the Board with the issue of One-Bite, but Dr. Reddy has never been eligible for it and that the exception has never been given to applicants for licensure. Mr. Wilcox indicated that Dr. Reddy was an applicant for a training certificate and that this case is about a physician with severe alcohol abuse and dependency issues. Mr. Wilcox said that Dr. Reddy has had four separate arrests in a ten year period, including three Driving while Under the Influence (DUI) charges. Mr. Wilcox said that if this were a One-Bite case, we would not be here today. Mr. Wilcox said that Dr. Reddy even noted that he was actively impaired at the time he applied for the training certificate. He reminded the Board that they do not allow One-Bite for applicants and that the Board treats training certificates and applicants for full licensure somewhat differently. Mr. Wilcox finished his statement by saying that he doesn't agree that Dr. Reddy is eligible for the One-Bite exemption, that it would be contrary to the rules, would be unprecedented, and that the Board's decision should be to support the Report and Recommendation and determine if Dr. Reddy is impaired.

Dr. Saferin reviewed the case with the Board and said that the issue is whether Dr. Reddy is impaired in his ability to practice medicine according to acceptable and prevailing standards of care due to abuse of or dependency upon alcohol and/or other substances with regard to Section 4731.22(B)(26), Ohio Revised Code. Dr. Saferin continued saying in April of 2013, Dr. Reddy submitted an application to the Board for a training

certificate. Dr. Saferin indicated that Dr. Reddy did properly disclose his three prior DUI convictions in response to several questions and that he further disclosed having been evaluated for and diagnosed with alcohol abuse.

Dr. Saferin said that Dr. Reddy voluntarily submitted to a 72-hour in-patient evaluation at the Cleveland Clinic, where he was diagnosed with alcohol abuse shortly before submitting his application. He then completed 28 days of in-patient treatment at Glenbeigh Hospital. Following the treatment, Dr. Reddy has complied with an aftercare contract that requires, among other things, continued sobriety, random urine screens, three 12-step meetings per week, weekly Caduceus meetings, and weekly aftercare group meetings.

Dr. Saferin continued by saying that Hearing Examiner Porter believes that Dr. Reddy's demeanor at the hearing was appropriate and that he appeared sincere when he expressed remorse for his past conduct and for not having sought treatment sooner. Since Dr. Reddy's last DUI conviction, he has made a series of good decisions, including voluntarily obtaining treatment. Dr. Saferin stated that Hearing Examiner Porter believes that Dr. Reddy is taking his recovery very seriously and that Dr. Mahajan sent a recommendation agreeing that he felt Dr. Reddy is doing extremely well in his residency.

Dr. Saferin concluded by saying that he does not feel that Dr. Reddy qualifies for One-Bite exemption and that the acts, conduct, and/or omissions of Dr. Reddy constitutes a violation of 4731.22(B)(26), ORC. Dr. Saferin stated that he supports the recommendation of probationary terms for a period of at least 5 years, including but not limited to, abstention from drugs and alcohol; random urine screens; participation in A.A., N.A., C.A., or Caduceus; and compliance with the terms of the aftercare contract.

Dr. Talmage stated that the Assistant Attorney General said that the Board doesn't allow One-Bite for applicants and he would say the Board hasn't up to this point. Dr. Talmage sees no reason why the Board doesn't and thinks it is logical to do it. Dr. Talmage continued by saying that a training certificate is still given to a M.D. or D.O., they are pre-licensure because they must have their training for a sufficient period of time to gain licensure. This physician fulfills all the One-Bite criteria, other than that. It is an encouragement to report and get treated before patient harm occurs and Dr. Reddy did that. Dr. Talmage said that Dr. Reddy is progressing well in aftercare and if he relapses, he will come before board. As far as establishing precedent, Dr. Talmage stated that he has no problem with it if it encourages people to get treated early while still residents. He recommended that the Board not give probation. If probation is given, Dr. Reddy would probably not be able to take Family Practice boards and it will be difficult for him to get on several insurance panels and hospital staffs. The Board's decision is not just about encouraging continued recovery, it is about putting restrictions on Dr. Reddy that would have lasting consequences. Dr. Talmage finished by saying that he believes One-Bite would be more appropriate.

Dr. Sethi concurred with Dr. Talmage and said it would encourage others to come forward and get treatment.

Mr. Giacalone interjected by saying that if this was a typical situation, he might agree. But Dr. Reddy's DUI history shows a pattern. Mr. Giacalone believes that probation would keep Dr. Reddy honest and Dr. Reddy has proven in the past that he can't do this by himself.

Dr. Steinbergh stated that regarding One-Bite, she didn't feel that Dr. Reddy qualified because at the time he applied, he had not completed treatment. Dr. Reddy applied prior to entering treatment when he was an applicant. Dr. Steinbergh said she understands Dr. Talmage's comments, and she cannot disagree with him, except she believes there is value in putting Dr. Reddy in a probationary period. Dr. Steinbergh said Dr. Reddy is on the right track but voiced concern about the DUIs and what would happen if the Board fails to put him into a probationary order. Dr. Steinbergh said that the value of the Board's monitoring system will be proven to Dr. Reddy, although it may look like a barrier, but ultimately it may save his life and others. Dr. Steinbergh agreed that there will be hurdles and barriers, but said if Dr. Reddy can stay for the rest of the meeting to see the doctors who have been impaired and are being released from probation come before the Board today, he will see what the Board has done with these individuals. Dr. Steinbergh believes that Dr. Reddy will see how thankful those individuals are to have gotten this off their back.

Dr. Steinbergh concluded by saying that the Board's mission is public protection and that she agrees with the Conclusion of Law, Findings of Fact and the Proposed Order of putting Dr. Reddy on probation for five years. If the Board votes that way, Dr. Steinbergh hoped that Dr. Reddy would understand the value of their decision and that it is not punitive as much as the Board is trying to help him.

Dr. Ramprasad agreed that good points have been made, but he voiced concerns that, when releasing Dr. Reddy from Glenbeigh, they indicated he was at high risk for relapse. Dr. Ramprasad was also concerned about the number of events that occurred and he indicated that he supported the Hearing Examiners report and recommendation.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Srinvas Perugu Reddy, M.D. Dr. Soin seconded the motion. A roll call was taken:

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

The motion to approve carried.

Cynthia A. Renfrow, P.A.

Dr. Ramprasad directed the Board's attention to the matter of Cynthia A. Renfrow, P.A., and stated that objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Ramprasad stated that the matter of Ms. Renfrow is non-disciplinary in nature. Therefore, all Board members may vote in the matter.

Dr. Ramprasad continued in saying that a request to address the Board had been filed timely on behalf of Ms. Renfrow. Five minutes would be allowed for that address.

Ms. Renfrow was represented by her attorney, David M. Johnston.

Mr. Johnston addressed the Board and stated that Ms. Renfrow had applied for a P.A.'s provisional certificate to prescribe and they believe that her master's degree course work was clinically relevant within the meaning of the statute and regulations. Mr. Johnston and Mr. Renfrow believe that the Hearing Officer's report and recommendation draws the wrong conclusion and they urge the Board not to adopt the report and recommendation, but to grant Ms. Renfrow's request.

Ms. Renfrow thanked the Board for having the opportunity to address them. She reviewed her credentials and said she has been a registered physician assistant (P.A.) in Ohio since 1992. In 1994, Ms. Renfrow obtained a Master's degree in Education and Allied Professions from the University of Dayton and has seven years of teaching experience. On June 27, 2013, she applied to the Board for a Provisional Certificate to Prescribe as a P.A. in Ohio. Ms. Renfrow stated that she was unable to be grandfathered in because of her employer's preferences. The primary question is about her degree and she whole heartedly believes that clinical counseling skills are vitally important to anyone practicing in medicine, because they deal with so many different things in primary care and she utilizes her counseling skills on a daily basis. Ms. Renfrow said that it is not just her opinion, she's reviewed multiple journal articles referring to counseling and family practice and she read to the Board portions of a few articles. Ms. Renfrow said that she believes her coursework does meet state requirements. With no disrespect meant, Ms. Renfrow stated that she feels Officer Blue's conclusion is inaccurate, that she is looking at the letter of the law, and basing her conclusion on the fact that Ms. Renfrow's degree is not on that particular list. Ms. Renfrow said that however, when looking at her degree, it is almost a mirror image of what you see in psychology. Ms. Renfrow said that she has 20 years of experience, the support of all of her supervising physicians, has recertified every six years, and has done all of her Continuing Education for this application. Ms. Renfrow concluded by saying that granting her request would be beneficial to both her and her patients.

Dr. Ramprasad asked if the Assistant Attorney General wished to respond.

Ms. Snyder stated that she did wish to respond. She indicated that Ms. Renfrow has a P.A. license and is seeking a provisional certificate to prescribe and there are two ways that she can qualify for that. The first is to have a master's degree or higher from an

ARC-PA approved program. The second way is have a master's degree or higher with coursework clinically relevant to the practice of a physician assistant. Ms. Snyder indicated that they thoroughly reviewed her coursework and determined that it was not clinically relevant according to the Board's guidelines and that there is no disputing that Ms. Renfrow's Master's is not in an ARC-PA approved program. Ms. Snyder concluded her statement by saying that Ms. Renfrow said she was unable to get her provisional certificate during the grandfather period, there was a window of time and she was practicing during that period of time but Ms. Renfrow failed to ask to be grandfathered in.

Mr. Giacalone moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Cynthia A. Renfrow, P.A. Dr. Saferin seconded the motion.

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

Mr. Giacalone reviewed the case and Ms. Renfrow's credentials with the Board. He began by restating Ms. Renfrow's degrees, reiterating that Ms. Renfrow holds a Bachelor of Arts in Zoology from Miami University of Ohio which she received in 1983, along with a Master's Degree in Education and Allied Professions (with a major in Social Agency Counseling) from the University of Dayton received in 1994. He continued saying that Ms. Renfrow has worked for a number of physicians as a physician assistant. He said that in June of 2013, Ms. Renfrow submitted an application for a provisional certificate to prescribe as a physician assistant in Ohio and to qualify for that certificate, the applicant must hold master's degree or higher from an appropriately credited program according to the Ohio Revised Code (ORC) 4730.46(B). Ms. Renfrow's application failed the first test under ORC 4730.46(B) because her degree came from the University of Dayton, and was not obtained from an ARC-PA approved program. This was confirmed by Ms. Rieve, the Board's Administrative Officer. Thus the issue that remained to be decided to be able to grant Ms. Renfrow's request was to determine, under the second and remaining test set forth in ORC 4730.46(B), whether the Respondent's Master's Degree "...was in a course of study with clinical relevance to the practice of a physician assistant." For a course of study to be "clinically relevant to the practice of a physician assistant," Ohio Administrative Code (OAC) 4730-2-02(A) states that it must be "...a biological science related to the anatomy and physiology of the human body." OAC 4730-2-02(A)(1) goes on to provide examples of courses of study that meet the criteria of "clinical relevance" which include: "anatomy, biochemistry, physiology, microbiology, pharmacology, genetics, neuro-science and molecular assistant studies, athletic training, medical sciences and psychology."

Mr. Giacalone continued by saying that Ms. Renfrow argues that her Master's Degree in Education and Allied Professions (with a major in social agency counseling) meets this criteria of "clinical relevance" and was a course of study in "a biological science related to the anatomy and physiology of the human body" given that her curriculum included courses such as: Psychology/Personality Development; Psychology of Individual Differences; Games-Counseling with Children; Substance Abuse Intervention and Prevention; Women Speak; Theories and Techniques of Counseling and Group Counseling; and Evaluation of Educational Systems. Ms. Renfrow further testified that

she believed her coursework "...was definitely more geared toward psychology and psychological development."

Mr. Giacalone went on to state that while Ms. Renfrow's educational history is commendable, he would agree with the State that the Respondent's Master's Degree in Education and Allied Professions does not meet the definition of "clinical relevance" insofar as it is not a course of study in "a biological science related to the anatomy and physiology of the human body." Unfortunately, Ms. Renfrow's simply listing and describing select courses or asserting that a curriculum "is more geared towards" being a biological science such as psychology, does not make it a degree in that discipline nor its equivalent. In addition, the fact that Respondent's Master's Degree is one in Education and Allied Professions lends further question as to whether it falls into the category of "biological sciences" or something far less.

Therefore, Mr. Giacalone restated the motion he made of approving and confirming Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Cynthia A. Renfrow, P.A.

Dr. Steinbergh remarked on Ms. Renfrow's comment that the Hearing Examiner did not have clinical experience and therefore the Board should be able to discern this matter. She continued to state that this matter has been reviewed by the Board's Physician Assistant Committee and was considered and voted on by the Board, where it was decided that the Master's Degree was not clinically relevant for a provisional certificate to prescribe. Dr. Steinbergh concurred with the Findings of Fact, Conclusion of Law and the Proposed Order of denial of the certificate.

Dr. Talmage joined the discussion to say, having sat on the Physician Assistant Committee of the Board for over ten years, they have previously approved non-ARC degrees if they were relevant. He reiterated that relevance means, biochemistry, physiology, and pharmacology and those were not present in this case. Dr. Talmage also commended Ms. Renfrow on her educational history, but felt that it did not qualify her to prescribe drugs with physiological, dangerous and side effects. Therefore, Dr. Talmage agreed with the Hearing Examiners recommendation.

A roll call was taken:

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

The motion to approve carried.

Donald R. Savage, Jr., M.D.

Dr. Ramprasad directed the Board's attention to the matter of Donald R. Savage, Jr., M.D., and stated that no objections have been filed. Mr. Porter was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Donald R. Savage, Jr., M.D. Dr. Saferin seconded the motion.

Ms. Debolt indicated that a request to address the Board was not filed, however Dr. Savage was in attendance and did wish to address the Board.

Dr. Steinbergh moved to allow Dr. Savage to address the Board. Mr. Gonidakis seconded the motion. A roll call was taken:

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

The motion carried.

Dr. Savage addressed the Board by saying he apologized for his actions of violating the rules and that he was embarrassed for them. He indicated that he had already taken the initiative to complete a course on physician patient values and ethics and will complete any and all requirements deemed necessary by this Board to keep his Ohio license. Dr. Savage said he provides good quality care to his pediatric patients and can't imagine being unable to help new parents on new-born care or help them with testy teenagers. Dr. Savage said that he loves his job and is good at it. Dr. Savage indicated that his wife, family and patients one through four will accept any punishment the Board deems necessary. Dr. Savage outlined what has happened in the last four years, which had essentially been a suspension of his license. Dr. Savage said that the Board investigation began in May of 2010 and because of the investigation the hospital, where he was the assistant medical director, asked him to resign. He applied for and got a job at Columbus Children's Hospital, but after being hired, Children's decided they should wait for the results of the Medical Board matter and denied Dr. Savage the job. After that decision was made, he and his wife determined that Dr. Savage should begin utilizing his Florida license that he had obtained many years before. Dr. Savage had planned to use that

license to moonlight in Florida and be there one weekend a month to spend time with his mother because he is an only child.

Dr. Savage continued to say that while working in Florida solved the employment issue, it caused the magistrate in the child custody case, to change her ruling removing his wife as residential parent and leaving his wife's children in the custody of their father in Ohio. This action was a big blow to the family and they are working to get that motion reinstated. Dr. Savage indicated that the results of this case will affect that decision. Dr. Savage indicated that while in Florida and with the support of the present practice that knows about this investigation, he has been able to begin again, be promoted to assistant lead in office, built a sizable practice, and has been asked to participate in their leadership program. Dr. Savage's request is that the board consider whatever punishment they deem necessary and if appropriate consider it as time served, as he has essentially been unable to work in the State of Ohio for four years. Dr. Savage said that, as important as employment is, a ruling, if reciprocated by Florida, would bring him back to square one and virtually extinguish his and his wife's opportunity to regain custody of their children.

Dr. Savage said that he understands the statute was created to protect women in vulnerable situations, but their relationship began as a colleague and a friend, and had little to do with a doctor-patient relationship. Dr. Savage stated that he lived in a town that only had one pediatric option. Dr. Savage stated that he is not a threat to his patients or his parents and he is not a sexual predator, as the attorney general characterized him in her closing before the hearing officer. Dr. Savage invited the Board to ask his friends, his patients, his colleagues, and his wife, who is an elementary school teacher and had personal experience for years with a sexual predator in medical school, and they would tell the Board that he is not a predator. Dr. Savage said that he regretted his actions of writing a prescription for face cream for his wife, he regrets treating his now-step-daughter, Patient two, in the urgent care when she was having an asthma attack, and mostly he regrets being instrumental in his wife losing custody of her children. Dr. Savage concluded by saying that had a few months elapsed before he and his wife started dating, this issue may not have arisen and he was truly sorry and accepted full responsibility for his actions.

Ms. Snyder addressed the Board and said that she didn't recall calling Dr. Savage a predator in her closing statements, but rather said that he preyed on women. She indicated that Dr. Savage slept with two mothers of patients of his pediatric practice and married one of them. Ms. Snyder set the stage by indicating that Dr. Savage was charged for the relationship of those two mothers who are key third parties, because they are the mothers of the child patients. The statute makes those actions illegal, as well. M. Snyder continued by saying that women that bring their children to pediatricians, the moment they walk in the door there is an imbalance of power, because they are there seeking help, even if it is a well visit where you are seeking affirmation that you are raising your child right.

Ms. Snyder reviewed the case and noted information about the women that Dr. Savage had relationships with. She said that the first, YH, was a cocktail waitress and the mother of patient five. Ms. Snyder said Dr. Savage, in his interrogatories that he filed with the Board and swore to, said he had sexual relationship with YH for a period of time from

2006 to 2008. Then in the hearing, Dr. Savage said that the information was not correct and that the two of them also had sexual contact in the men's restroom of the restaurant. Ms. Snyder stated that she questioned his credibility and supports the report and recommendation, but Dr. Savage's credibility was not discussed there, and that is an inconsistency. Another inconsistency, Ms. Snyder stated, was that Dr. Savage said that he gave YH an engagement ring and gifts to keep her in the relationship. There is evidence that at some point, YH started to back off and Dr. Savage believed that it was because he wasn't proceeding with his divorce the way she wanted. That relationship crumbled and he moved to the next mother who is considered as Patient one, because at one point, Dr. Savage prescribed to her. Ms. Snyder said that these vulnerable women came to Dr. Savage for affirmation for how to raise their children, for help if they had sick children, and there was an imbalance of power. Ms. Snyder indicated that neither Dr. Savage nor his counsel, who is also a physician, seemed to understand that in the hearing.

Ms. Snyder continued by saying that the Board heard Dr. Savage say he was sorry for his actions, but that was not Dr. Savage's message at the hearing. With regards to Dr. Savage's credibility, Ms. Snyder said that Dr. Savage claimed he wrote the prescription for Patient one, never did an evaluation, and he never kept a patient record. But, Dr. Savage walked into the hearing with a patient record. Ms. Snyder concluded by saying that she doesn't think Dr. Savage understands the imbalance of power he has as a physician, especially with pediatric patients and mothers, and there is no such thing as consensual sex with a patient or a patient's mother.

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

Dr. Steinbergh stated that many years ago, the Board was responsible for driving the statutes we have and for the American Medical Association's CEJA decision on key third party providers. She continued to say that she is very sensitive about these things and at that time, the Board had a pediatrician who had relationships with more than eight of his patients' mothers. It was the first time this type of matter had been challenged in Ohio and that particular pediatrician was forced to go into a suspension with his license. Dr. Steinbergh continued by saying when she reviewed this case, it was not as egregious as the previous case, but it certainly met the criteria for concerns about this pediatrician.

Dr. Steinbergh reviewed Dr. Savage's credentials and said that the hearing examiner had a difficult time with the players, as did she. Ultimately, Dr. Savage did have sexual relationships with both women, with Patient one, who ultimately became his wife and he prescribed some medication for her. Dr. Steinbergh reiterated Ms. Snyder's comment that Dr. Savage indicated he didn't keep a patient record, but showed up with one at the hearing. Dr. Steinbergh indicated that she understands as she has often taken a call during a meeting and wrote notes regarding her actions of the call on the back of an agenda. She noted that her biggest concern is that doctors should not be having sex with their patients or key third parties. Ultimately, while Dr. Savage was treating Patient five, you were having sex with the patient's mother and while you were having a sexual relationship with Patient one, you were treating her children. Dr. Steinbergh did not find that Dr. Savage couldn't have been objective at those times, and that was the difference between this case and the case that made case law. Another difference in the two cases was that in

the previous case, the child patient was dying of osteosarcoma and that the pediatrician was forced to never see the patient again once the mother complained. Dr. Steinbergh said that ultimately, the child died without understanding why the pediatrician wasn't coming to visit her. In that situation, Dr. Steinbergh indicated that she was convinced that the physician's care of that patient was affected.

Dr. Steinbergh stated that, in Dr. Savage's situation, she didn't get the sense that these patients would have received compromised care, but she believes that Dr. Savage understands that he should not have done what he did and the potential effects of the power differential with the patients and their mothers.

Dr. Steinbergh concluded that she agreed with the Findings of Fact and Conclusions of Law and the Proposed Order, except she feels that Dr. Savage should go into a period of probation. Dr. Steinbergh indicated that she had drawn up a proposed order. Dr. Steinbergh reviewed the proposed order and shared it with the Board. She indicated that Dr. Savage broke the law, but she is convinced that he learned through this process. However, she feels that the Board can't walk away from the situation.

Dr. Steinbergh moved to amend the Proposed Order of the Report and Recommendation of Donald R. Savage, Jr., M.D., to read as follows:

It is hereby ORDERED that:

- A. SUSPENSION OF CERTIFICATE: The certificate of Donald R. Savage, Jr., M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than 180 days.**
- B. CONDITIONS FOR REINSTATEMENT OR RESTORATION: The Board shall not consider reinstatement or restoration of Dr. Savage's certificate to practice medicine and surgery until all of the following conditions have been met:**
- 1. Application for Reinstatement or Restoration: Dr. Savage shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.**
 - 2. Course(s) Concerning Physician/Patient Boundaries: At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Savage shall provide acceptable documentation of successful completion of a course or courses on maintaining physician/patient boundaries. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.**

In addition, at the time Dr. Savage submits the documentation of successful completion of the course(s) on maintaining physician/patient boundaries, he shall also submit to the Board a written report describing the course(s), setting forth what

he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

3. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Savage has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

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

1. **Obey the Law:** Dr. Savage 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. Savage shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Savage's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

3. **Personal Appearances:** Dr. Savage shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Savage's certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled. Dr. Savage shall also appear in person upon his request for termination of the probationary period and/or as otherwise directed by the Board.

4. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Savage 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.

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

D. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Savage'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. Savage 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 payers), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Savage 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 payers), 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. Savage 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. Savage 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. Savage 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. Savage 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. Savage receives from the Board written notification of the successful completion of his probation.

3. Required Documentation of the Reporting Required by Paragraph E: Dr. Savage 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. Savage 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.

G. PARTIAL DISMISSAL OF ALLEGATIONS: The allegations against Dr. Savage pertaining to Patient 4, as set forth in Paragraph 2(d) of the June 12, 2013 notice of opportunity for hearing in Case No. 13-CRF-056, shall be **DISMISSED**.

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

Dr. Saferin seconded the motion.

Dr. Talmage spoke briefly about this matter before realizing he must abstain from participation in the case.

Dr. Steinbergh moved to strike the comments made by Dr. Talmage regarding this matter. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order as amended in the matter of Donald R. Savage, Jr., M.D. Dr. Sethi seconded the motion. A roll call was taken:

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

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Mr. Gonidakis - aye
Mr. Giacalone - aye

The motion to approve carried.

Ronald Gerard Verrilla, D.P.M.

Dr. Ramprasad directed the Board's attention to the matter of Ronald Gerard Verrilla, D.P.M., and stated that objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Ramprasad continued in saying that a request to address the Board had been filed timely on behalf of Dr. Verrilla. Five minutes would be allowed for that address.

Dr. Verrilla was represented by his attorney, Robert C. Buchbinder.

Mr. Buchbinder addressed the Board and stated that Dr. Verrilla is asking that the Request and Recommendations and Proposed Order be amended to the extent that certain items in the report be reconsidered. He specifically stated those requests and on what page they are located in the documents. Mr. Buchbinder then turned the address over to Dr. Verrilla.

Dr. Verrilla stated that he appreciated the opportunity to address the Board and said that he moved to Ohio over eight years ago to start over and has spent the last six years reeducating himself. Over the last four years he has accumulated more than double the CME required credits, and will continue to do so. He also indicated that he has spent the last three and a half years shadowing Dr. Buchan, who gave him the ability to feel comfortable in a patient setting and in seeing patients. Dr. Verrilla indicated that Dr. Buchan also agreed to supervise him. Dr. Verrilla said that he was grateful for all that Dr. Buchan has done.

Dr. Verrilla appreciated the hearing examiner's time and efforts and said that he is happy with the Report and Recommendation, except for the two statements that his attorney mentioned. Regarding wound care, Dr. Verrilla stated that he did not desire to do surgery and that he requested that portion be stricken from or reworded in the Proposed Order. Lastly, Dr. Verrilla requested that the word "permanent" be removed. He indicated that he has a very definitive plan, specializing in biomechanics, and said that he would like to one day come before the board, show his proficiency and ask for future abilities.

Dr. Ramprasad asked if the Assistant Attorney General wished to respond.

The Assistant Attorney General indicated that they did not wish to respond.

Dr. Steinbergh stated that she would be abstaining from this matter as she knows Dr. Verrilla.

Mr. Kenney indicated the same.

Dr. Ramprasad stated that he would now entertain discussion regarding the above matter.

Dr. Sethi reviewed the case with the Board and stated that the issue was whether to grant or deny Dr. Verrilla's application for restoration to practice podiatric medicine and surgery in Ohio or take other disciplinary action based on his prior actions with the Pennsylvania Board of Podiatry. He continued by saying that Dr. Verrilla was initially licensed to practice in Ohio in 1990, but his license expired in 1992 due to nonrenewal. Dr. Verrilla was also licensed in Pennsylvania in 1992 and that expired on December 31, 1996. Dr. Verrilla has never been board certified and is not licensed to practice in any other state. Dr. Sethi went on to say that Dr. Verrilla testified that in 1997, he closed his practice because he was not financially responsible, had substance abuse issues, did not maintain medical malpractice insurance, and failed to maintain his medical education. Dr. Sethi continued by saying that Dr. Verrilla closed his practice because he lost his license because he started drinking and was not being a good responsible citizen. After he left his practice, Dr. Verrilla worked as a waiter in several Pittsburgh restaurants and in 2003 worked at a shoe store owned by several doctors. Dr. Sethi stated that Dr. Verrilla moved to Columbus in 2005 to start over and has worked as a salesperson at Easton Shoes. Dr. Sethi said going back to the original problem in 1996, the Pennsylvania Consent Agreement ordered Dr. Verrilla to admit that his license to practice podiatry was subject to disciplinary action and the Pennsylvania Board issued a Consent and fined him \$250 dollars.

Dr. Sethi stated that in 2011 the OBOPP Consent Agreement that Dr. Verrilla had opportunity for a hearing to determine whether or not a temporary license in pedorthics would be issued. In August of 2011, the Board received the application for temporary license and found that Dr. Verrilla incorrectly answered questions number three, four, and five. Dr. Verrilla entered into an agreement with OBOPP where he admitted the facts and allegations in the Consent Agreement and was reprimanded and issued a temporary licensed. At the hearing, Dr. Verrilla testified that he planned to work in the office setting, trim nails, calices and corns, heal spur injections, and basic work on feet. Dr. Sethi indicated that Dr. Verrilla doesn't plan to prescribe narcotics and regarding his substance abuse, he testified that in 2005, a friend asked him to move to Columbus and get clean. Dr. Sethi continued that Dr. Verrilla completed in-patient treatment for alcohol abuse and marijuana at Talbot Hall and then attended 20 intensive out-patient program sessions. Dr. Verrilla then completed two years of aftercare and his sobriety date is January, 2007.

Dr. Sethi concluded the review by saying that Dr. Verrilla provided good testimonies from podiatrists and the testimonials stated that Dr. Verrilla had been faithfully working at his office on Thursdays and staying late. Another testimonial indicated that Dr. Verrilla had involvement with church and community activities. Dr. Verrilla hasn't practiced podiatry for almost 17 years and Dr. Sethi assessed that over the past five years, he has reengaged in the practice of podiatry, taken CME classes, and provided good support letters to the Board.

Dr. Saferin stated that according to Board requirements, anyone who has been out of practice for in excess of two years is required to do more than what the Proposed Order indicates.

Dr. Saferin moved to amend the Proposed Order of the Report and Recommendation of Ronald Gerard Verrilla, D.P.M., to read as follows:

A. GRANT OF APPLICATION; LIMITATIONS/RESTRICTIONS; PROBATION: The application of Ronald Gerard Verrilla, D.P.M., for restoration of his certificate to practice podiatric medicine and surgery in Ohio is **GRANTED**, provided that he otherwise meets all statutory and regulatory requirements, and subject to the **Limitations/Restrictions and Probationary Conditions** set forth below.

B. PERMANENT LIMITATIONS/RESTRICTIONS: The certificate of Dr. Verrilla to practice podiatric medicine and surgery in the State of Ohio shall be permanently **LIMITED and RESTRICTED** as follows:

The certificate of Dr. Verrilla to practice podiatric medicine and surgery in Ohio shall be limited and restricted to routine, non-surgical care, not including wound care or nail surgery.

C. PROBATION: Immediately upon restoration, Dr. Verrilla's certificate shall be subject to the following **PROBATIONARY** terms, conditions, and limitations for a period of at least three years:

1. **Obey the Law:** Dr. Verrilla shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Declarations of Compliance:** Dr. Verrilla shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Verrilla's certificate is restored. 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. Verrilla shall appear for an interview before the full Board or its designated representative during the third month following the month in which Dr. Verrilla's certificate is restored, or as otherwise directed by the Board. Dr. Verrilla shall also appear in person upon his request for termination of the probationary period and/or as otherwise directed by the Board.
4. **Practice Temporarily Limited to Preceptorship/Establishment of Practice Plan:** Prior to commencing practice in Ohio, Dr. Verrilla shall submit to the Board for its prior approval a plan for a one year

preceptorship to ensure that Dr. Verrilla's podiatric skills and knowledge are up-to-date. Until this limitation is terminated by the Board, Dr. Verrilla's certificate shall be temporarily **LIMITED** and **RESTRICTED** to participation in the approved preceptorship. This limitation shall not be terminated until Dr. Verrilla provides the Board with acceptable documentation verifying successful completion of such program.

Prior to the termination of the temporary limitation, or as otherwise determined by the Board, Dr. Verrilla 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. Verrilla's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Verrilla shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order. Unless otherwise determined by the Board, the practice plan requirement shall continue throughout the term of probation, including after the temporary limitation has been terminated by the Board.

At the time Dr. Verrilla 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. Verrilla and who is engaged in the same or similar practice specialty. The Board may consider the preceptor as the monitoring physician.

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

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

5. **Exam:** Upon completion of the preceptorship and before the temporary limitation and restriction is terminated, Dr. Verrilla shall take and pass Step III of the American Podiatric Medical Licensing Examination.
6. **Personal/Professional Ethic Course(s):** Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Verrilla shall submit 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. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

7. **Required Reporting of Change of Address:** Dr. Verrilla shall notify the Board in writing of any change of address and/or principal practice address within 30 days of change.
8. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Verrilla 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. Verrilla's certificate will be restored, but shall thereafter be permanently LIMITED and RESTRICTED as specified in paragraph B, above.

E. VIOLATION OF THE TERMS OF THIS ORDER: If Dr. Verrilla 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.

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

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Verrilla 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 payers), or is receiving training; and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Verrilla 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 payers), 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. This requirement shall continue until Dr. Verrilla receives from the Board written notification of the successful completion of his probation.

In the event that Dr. Verrilla 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. This requirement shall continue until Dr. Verrilla receives from the Board written notification of the successful completion of his probation.

2. **Required Reporting to Other State Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Verrilla 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 Agency, through which he currently holds any license or certificate. Also, Dr. Verrilla 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. Verrilla receives from the Board written notification of the successful completion of his probation.

3. **Required Documentation of the Reporting Required by Paragraph F:** Dr. Verrilla 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.

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

Mr. Gonidakis seconded the motion.

Mr. Gonidakis inquired as to why, if we have a rule that requires this doctor to do more, wasn't it in the original recommendation from the hearing officer. He asked if there were special circumstances.

Dr. Ramprasad echoed that same question and said anytime there is no practice for two years you have to take an exam.

Ms. Debolt answered the Board members' questions by saying that there are several options. She explained, to restore the license of someone who has been out of practice for more than two years, the Board can require an exam be taken, limit and restrict their license permanently, or require training at the conclusion of which there is an examination. Ms. Debolt said that because training was part of this order, there should be an examination at the conclusion of the training.

Mr. Gonidakis followed up by asking Dr. Saferin about the additional items he suggested and if the Board is raising the bar and adding additional layers of professionalism.

Dr. Saferin answered Mr. Gonidakis' question by saying that it would not be raising the bar, but meeting our requirements for anyone in this situation.

Dr. Ramprasad stated that even after Dr. Verrilla went through all that he went through in Pennsylvania, he left that specific information out of his application. Dr. Ramprasad voiced his support for the amendment.

Dr. Soin echoed Dr. Ramprasad's concerns and asked about the restrictions and specifically using permanent verses non-permanent.

Ms. Debolt replied to Dr. Soin stating that if it weren't a permanent restriction it would be a restriction and limitation for a short period of time, and then there would need to be criteria for increasing abilities.

A roll call was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Steinbergh	- abstain

Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- abstain
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to amend carried.

Dr. Saferin moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order as amended in the matter of Ronald Gerard Verrilla, D.P.M. Dr. Sethi seconded the motion. A roll call was taken:

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

The motion carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Abubakar Atiq Durrani, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Abubakar Atiq Durrani M.D. He advised that the Board issued a Notice of Opportunity for Hearing to Dr. Durrani, 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 the Proposed Findings and Proposed Order, and the case is now before the Board for final disposition.

Dr. Sethi moved to find that the allegations as set forth in the September 12, 2013 Notice of Opportunity for Hearing in the matter of Dr. Durrani have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Dr. Steinbergh seconded the motion.

Dr. Soin reviewed the case history with the Board stating that in the case of Dr. Durrani, in November, the Board summarily suspended his certificate to practice medicine and surgery in Ohio, stating that the action was based on clear and convincing evidence including the following: in advance of a trip to Pakistan, Dr. Durrani had pre-signed blank prescriptions so that staff could issue prescriptions for controlled substances while

he was gone; that these prescriptions were in fact unlawfully issued to patients; and that he had denied these facts in his deposition by a Board attorney. Dr. Soin continued to say that in October of 2013, Dr. Durrani’s Kentucky Board of Medical Licensure had issued an emergency order suspension of his medical license and further stated that his medical practice represented a danger of immediate and serious harm to the public.

Dr. Soin indicated that the Proposed Order is to permanently revoke Dr. Durrani’s license and he reviewed the facts of the case, stating that the employees utilized Dr. Durrani’s blank prescriptions for oxycodone, Dilaudid, Percocet, and Morphine. In other words, Dr. Soin said, Dr. Durrani trafficked in controlled substances and lied in deposition. Dr. Soin concluded that given the seriousness of the matters, Dr. Durrani cannot be trusted to provide lawful and safe medical care.

A roll call was taken:

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

The motion carried.

Dr. Bechtel left the meeting at this time

CITATIONS, PROPOSED DENIALS, ORDERS OF SUMMARY SUSPENSION AND NOTICES OF IMMEDIATE SUSPENSION

Ranjan Prakash Bhandari, M.D. - Citation Letter

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

Dr. Steinbergh moved to send the Citation Letter to Dr. Bhandari. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	Dr. Strafford:	- abstain
	Dr. Saferin:	- aye
	Dr. Soin:	- aye
	Dr. Steinbergh:	- aye
	Dr. Ramprasad:	- aye
	Dr. Sethi:	- aye

Dr. Talmage:	- aye
Mr. Kenney:	- aye
Mr. Gonidakis:	- aye
Mr. Giacalone:	- aye

The motion carried.

Dr. Bechtel returned to the meeting at this time.

Dr. Strafford left the meeting at this time.

Timmappa P. Bidari, M.D. – Citation Letter

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

Dr. Steinbergh moved to send the Citation Letter to Dr. Bidari. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Patrick Lewis Bruno, M.D. - Citation Letter

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

Dr. Steinbergh moved to send the Citation Letter to Dr. Bruno. Dr. Soin seconded the motion. A roll call was taken:

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

Mr. Gonidakis: - aye
Mr. Giacalone: - aye

The motion carried.

Christopher James Edmands, 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. Steinbergh moved to send the Citation Letter to Dr. Edmands. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:

Dr. Bechtel:	- abstain
Dr. Saferin:	- aye
Dr. Soin:	- aye
Dr. Steinbergh:	- aye
Dr. Ramprasad:	- aye
Dr. Sethi:	- aye
Dr. Talmage:	- aye
Mr. Kenney:	- aye
Mr. Gonidakis:	- aye
Mr. Giacalone:	- aye

The motion carried.

Dr. Strafford returned to the meeting at this time.

David Jay Fishman, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Fishman. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:

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

The motion carried.

Anureet Gill, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Gill. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Su-Chiao Kuo, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Kuo. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Michelle Quynh Chi Lai, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Lai. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Marwan Massouh, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Massouh. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Poornanand Palaparty, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Palaparty. Dr. Soin seconded

the motion. A roll call was taken:

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

The motion carried.

William J. Platt, D.O. - Notice of Summary Suspension and Opportunity for Hearing

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

Dr. Steinbergh moved to enter an Order of Summary Suspension in the matter of William J. Platt, D.O., in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Paul Sresthadatta, 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. Steinbergh moved to send a Citation Letter to Dr. Sresthadatta. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Hassan Imanpoor Tahsildar, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Tahsildar. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Elizabeth Sauter Unk, M.D. – Citation Letter

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

Dr. Steinbergh moved to send a Citation Letter to Dr. Unk. Dr. Soin seconded the motion. A roll call was taken:

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

Dr. Soin:	- aye
Dr. Steinbergh:	- aye
Dr. Ramprasad:	- aye
Dr. Sethi:	- aye
Dr. Talmage:	- aye
Mr. Kenney:	- aye
Mr. Gonidakis:	- aye
Mr. Giacalone:	- aye

The motion carried.

Bradley Joseph Varga, D.O. - Notice of Summary Suspension and Opportunity for Hearing

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

Dr. Steinbergh stated that she was abstaining from this matter.

Dr. Saferin moved to enter an Order of Summary Suspension in the matter of Bradley Joseph Varga, D.O., in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Dr. Soin seconded the motion. A vote was taken:

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

The motion carried.

Dr. Ramprasad indicated that this could be Drs. Talmage and Strafford's last meetings and thanked both of them for their services.

Mr. Haslam indicated that the Governor's Office indicated to him, via email at noon, that no decision regarding the reappointments of Drs. Talmage and Strafford had been made.

Dr. Strafford took this opportunity to address the Board and say with no innuendos or sarcasm, that he believes in acronyms as memory tools. The word TEAM could stand for "together everyone accomplished more."

Dr. Strafford also indicated that he had passed out a piece of paper to each Board member with letters of the word BOARD on it. Dr. Strafford continued to say that in his five years on the Board, he has learned some things and if he is not privileged to return, he wanted the Board to have this document for reference. He suggested that that the letter B should stand for backlog and that he and the Supervising Member tried very hard to clear the backlog. Dr. Strafford feels that it is essential to clear the backlog as soon as possible and believes there should be no more than three to six months backlog in licensure applications and no more than six to 12 months backlog in any disciplinary actions. He continued by saying that the letter O should stand for organizational structure and the Board should explore getting a professional medical director and not to rely on Board members to assume the role of either Secretary or Supervising Member. Dr. Strafford said that the learning curve for those positions is long and complex and inexperience will be frustrating to the Board. The A should stand for a-political and that Board actions and decisions must be freed, an active not passive word, from political bias and ensure that does not experience political bias. Dr. Strafford said, not that they are experiencing it now, but it could happen in the future. Dr. Strafford indicated that the Board must remain diligent in following the law, free from political or social agendas and to protect the citizens of Ohio. The letter R in Board should stand for regulation verses rehabilitation. What job are we in, the business of regulation or regulation with rehabilitation? If the Board is in both jobs, then they need to determine what they can afford to do in terms of rehabilitation and who and how will it be paid for. Dr. Strafford stated that a committee suggestion was that the Board have licensees on consent agreements pay for office conferences. He continued to say that the letter D should stand for discipline as in structure. The Board must always strive to be consistent and thoughtful in the manner in which they do disciplinary actions, but they should view those actions from the point of view of the person being disciplined and from case to case. Dr. Strafford indicated that there is an opportunity for outreach to licensees in terms of newsletters, presentations, e-blasts which is all an educational component and part of the Boards disciplinary action. Finally, he indicated that the Board has a role with legislative process, to monitor and advise and requested that the role to support and oppose be considered.

Dr. Strafford stated that he and his wife moved into house in which she was born and the house was built in 1844. While going through boxes in attic, he found the first annual report of the Ohio State Board of Medical Regulation and Examination dated 1896. He also found a third annual report dated 1898 and said they were fascinating documents. The documents indicated that the first meeting of the current organizational structure was March 24, 1896 and the goal then was to register all physicians in Ohio. They registered 7,000 physicians who graduated from medical schools and rejected 100 of those graduates. Dr. Strafford gave other statistics and said that the total amount received by the Board in 1896 was \$38,486, of which the Board spent \$16,000. He said the minutes read that their mission was to administer the law at all times and under all circumstances, without malice in the most impartial manner. He continued to read through the annual reports and stated that the cost of a medical license at that time was \$5 and the attorneys earned \$1,000 per year.

Dr. Strafford read parts of the reports that he felt were important and interesting:

It is evident to the mind that the best interests of the public are conserved by educated and skillful medical service, as on the other hand they are injured by ignorance and incompetency.

Our laws contemplate furnishing the best possible medical skill to people of the State of Ohio.

For years past, the physicians in the entire state have been making efforts to elevate the standard of medical education. Without being coerced by mandatory law to do so the medical schools have in many states, extended the time of study from two years to four years.

The great commonwealth of Ohio demands from those charged with the duty of an acting law and enforcing them, the rights guaranteed by the Constitution to each and every individual, the chief of which is the protection of life.

The elevation of the standard of medical education and the strict enforcement of medical laws will, alone, free our state from charlatans, mountebanks, deceivers, and imposters. The workings of the present law have already accomplished much in this direction.

Dr. Strafford read from the third report saying that in 1898, the violation of practicing medicine without a license was a fine of \$200, the license fee was \$10, and the total revenue from the Board was \$7,000 of which the greatest expense was \$2,200 paid to the attorneys of the Board.

What the law has accomplished: when the law regulating the practice of medicine went into effect, it was probable that no equal territory contained so many vampires, charlatans, mountebanks, and quacks as did Ohio and the more the law was enforced the more did this class of individuals come to the surface.

Appeals to the Governor and Attorney General: The Board is empowered to refuse a certificate/license to any person guilty of felony or gross immorality or addicted to the liquor or drug habit, to such a degree as to render him unfit to practice medicine or surgery and may, after notice and hearing, revoke the certificate for like cause. It is further provided that an appeal be taken for the action of the Board refusing to grant or revoke a certificate for such cause to the Governor and Attorney General and are proud to report that in 1898 there were only five reversals of the Boards actions.

Dr. Strafford concluded his speech by saying that he sincerely thanked the Board for the opportunity to serve them for the last five years.

The attendees applauded for Dr. Strafford.

Dr. Ramprasad indicated that he would entertain discussion and asked for suggestions on the new committee and Board meeting structure.

Dr. Bechtel indicated that he liked the new structure, feels that it is more focused and efficient, and accomplishes what is needed.

Dr. Steinbergh said that she preferred the two day meeting as she feels it allows them more time for discussions about the committees. She does, however, like the new committee structure and feels that they will be more effective. Last month, in the PA/Scope of Practice committee, they needed more members present and were able to get them. Dr. Steinbergh indicated that the overlapping of the committees could cause a problem. Dr. Steinbergh stated she has always liked to have as much participation as possible for the in depth discussion and allowed time for consideration of those discussions. She also noted that the one day meeting makes for a long day

and that the great responsibilities of the Board should not be compromised by the new structure. Dr. Steinbergh indicated that with the Compliance Committee, having discussion with the licensees is a very important part of monitoring and she wished that Board members were not required to participate in a second day portion of a meeting.

Dr. Talmage noted that he has a three hour drive each way. He agreed that the structure is acceptable but it is exhausting, as the Board gets emotionally involved and then he has to drive three hours home. He agreed that having more time would be beneficial, but said that he would adapt depending on what the Board decides. Dr. Talmage concluded by saying that the lessons learned at probationary conferences are immense and has made him more appreciative of the rehabilitative mission the Board has. He indicated that it has been one of the most satisfying parts for him.

Mr. Kenney indicated that he likes the one day format and feels that the Board can get all the necessary work done.

Mr. Gonidakis agreed with Mr. Kenney, and said that the schedule seems more focused and engaging and he has gotten to know the staff.

Mr. Giacalone stated that he is undecided on this, but believes there is an opportunity for a solution. He said he likes the program and the committees that have been established are outstanding. However, Mr. Giacalone said, by the end of the day, attention spans start to wane a bit and suggested that the Board might consider moving the probationary items to a second day, allowing those interested Board members the opportunity to participate in them.

Dr. Ramprasad interjected that as a physician, he is accustomed to working ten to 12 hours a day.

Mr. Giacalone noted that he, too, was accustomed to working long hours and on weekends, but this was not an issue about length of time. Rather, no matter how astute a person is, after eight to ten hours of meetings, one's attention may tend to wane. He indicated that his proposal was just for everyone's consideration as another option.

Dr. Steinbergh asked Mr. Haslam how the Board meets the statutory requirement if they don't attend the Compliance committee.

Mr. Haslam indicated that the Compliance Committee is just that, a Committee, and the attendance requirement is not effective for it.

Dr. Sethi suggested that the Board try this new structure a few more months, because they may get adapted to it and like it.

Mr. Haslam agreed with Dr. Sethi and said that the new structure is change and change is not always accepted easily, but the system has been more efficient in the way that it's progressed from last month. He recommended trying the new structure for six months and then decide whether to stay with the one day meeting or go back to the two day meeting.

Dr. Soin indicated that he agreed that the Board should give the new structure a chance and try it for six months.

Dr. Strafford interjected and said that as long as we preserve an arena where there is adequate time for subject discussion, the meeting could be half a day or three days. In the past, the Board shied away from having retreats. If the Board decides to go to a one day meeting, they should, every six months, have a second day for discussion. Dr. Strafford continued by saying that earlier in the meeting, the Board discussed having an audio-visual means for interacting with licensees and he feels that more opportunity is needed to clarify those concepts.

Dr. Saferin concurred that he liked the one day meeting and thought it worked well. He agreed with Dr. Talmage about the long drive, as he does it himself. Dr. Saferin was fond of the idea of a retreat occasionally, and felt that it would be beneficial to new Board members.

Drs. Ramprasad, Bechtel, and Sethi, as well as Mr. Giacalone exited the meeting at this time.

PROBATIONARY APPEARANCES

Mark E. Blair, M.D.

Dr. Steinbergh welcomed Dr. Blair to the meeting, asked how he was doing, inquired about his healing process, work hours, and asked how he plans to commit himself moving forward.

Dr. Blair said that on July 17, 2008, he thought his life was over and in one sense it was. His life was filled with chaos and denial but he had no insight at the time. The consequences that the Board put on him took hold and Dr. Blair said that he stopped fighting the Board and began to benefit from the consequences, which included drug screens, etc. Dr. Blair indicated that recovery-wise, he has abstained from alcohol and illicit substances and has started to improve his life in many other ways. He is working the 12 steps, his relationships have started to heal, and his life is changing in positive ways that he never imagined.

Dr. Sethi returned to the meeting at this time.

Dr. Blair continued to say that he has come a long way but he must remain vigilant. He feels that he is in a good place and is at Dublin Springs, which has a dual recovery unit that he covers from time to time with in-patient care. The work is very fulfilling and the schedule is not grueling.

Dr. Steinbergh indicated that her concern is with Dr. Blair's dual diagnosis and she asked how he is handling his work in that area. Dr. Steinbergh also asked if Dr. Blair understands his personal risk in terms of dual diagnosis.

Dr. Blair indicated that he did. He said that he talks to his psychologist every two weeks and can talk to him as needed. Additionally, he sees a psychiatrist every three months and is still on medication to help maintain his mood.

Dr. Bechtel returned to the meeting at this time.

Dr. Blair continued to say that his administrators and coworkers are aware of his issues and if problems occur, those people would let his providers and the Board know. He indicated that work is enjoyable and fulfilling.

Dr. Talmage asked if Dr. Blair's relationship with the psychiatrist was part of his employment.

Dr. Blair indicated no, that his psychiatrist is in Dayton and he has seen him for four years and continues with him. He noted that there have been no changes with his medication in over four years and that he has maintained the same dose.

Dr. Steinbergh moved to release Mark E. Blair, M.D., from the terms of his March 12, 2009 Step II Consent Agreement. Dr. Saferin seconded the motion. All members present voted aye. The motion carried.

Dominic J. Maga, D.O.

Dr. Steinbergh welcomed Dr. Maga to the meeting and asked about his IRS situation and if he was making payments.

Dr. Maga indicated that he is making restitution and has been in compliance since 2009.

Dr. Soin asked if Dr. Maga was still working at Fayette Regional Hospital and asked if the new organization taking over the management will affect his job?

Dr. Maga indicated that in his department they have been under new management for two months now and it is currently running smoothly.

Dr. Steinbergh moved to release Dominic J. Maga, D.O., from the terms of his March 9, 2011 Board Order effective March 15, 2014. Dr. Saferin seconded the motion. All members present voted aye. The motion carried.

Michael J. Oser, M.T.

Dr. Ramprasad returned to the meeting at this time.

Dr. Steinbergh welcomed Mr. Oser to the meeting, asked how he is doing and asked about his work at this time, if he was obeying the law, and how his personal life is going.

Mr. Oser indicated that things are going well and said that he is currently employed at the same place. Their business has been very successful and he is the only one of 43 therapists who is certified in muscular therapy work. He said he has taken several different courses. Mr. Oser indicated that he is obeying the laws and that he and his girlfriend plan to marry soon and that his past is behind him. He stated that he has never been happier.

Mr. Giacalone returned to the meeting at this time.

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Dr. Talmage asked if there were any long term consequences of the weapons violation and reminded him that he should always be honest when completing forms and applications.

Mr. Oser said that the State of Ohio prohibits him from possessing a weapon and knows that it may hinder him for other reasons that are unbeknownst to him. Because of his age at the time of the charges, he plans to request the record be sealed. Mr. Oser indicated that he was considering schooling to become a physician. He reiterated that he has been open and honest about the situation.

Dr. Sethi moved to release Michael J. Oser, M.T., from the terms of his December 12, 2012 Board Order effective immediately. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

Kimberly M. Telmanik, P.A.

Dr. Steinbergh welcomed Ms. Telmanik to the meeting, asked how she was doing, how work was going, and asked about her recovery plan.

Ms. Telmanik indicated that she is doing well, that most of her friends are also in recovery, that she plans to continue her meetings, and act as if she is still on probation, which is the best way for her to handle the situation. She indicated that work is going extremely well and that she works with very understanding physicians. Ms. Telmanik indicated that she makes sure she gets personal time.

Dr. Talmage asked, for the students benefit, about Ms. Telmanik relapse and asked for her insight to it.

Ms. Telmanik said that she relapsed because she didn't initially accept that she was an alcoholic. She had originally come in as an opiate user and she believed, at that time, that was her only issue.

Dr. Steinbergh moved to release Kimberly M. Telmanik, M.T., from the terms of her September 8, 2010 Step II Consent Agreement effective immediately. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Dr. Strafford moved to adjourn the meeting. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

Dr. Ramprasad, thereupon at 4:45p.m., adjourned the March 12, 2014, meeting of the State Medical Board of Ohio.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on March 12, 2014, as approved on April 9, 2014.



Krishnamurthi Ramprasad, M.D., President



Lance A. Talmage, M.D., Secretary

