

July 9, 2014

MINUTES**THE STATE MEDICAL BOARD OF OHIO****JULY 9, 2014**

Krishnamurthi Ramprasad, President, called the meeting to order at 9:45 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: Anita M. Steinbergh, D.O.; Donald R. Kenney, Sr., Vice President; Mark A. Bechtel, M.D., Secretary; Bruce R. Saferin, D.P.M, Supervising Member; Amol Soin, M.D.; Sushil M. Sethi, M.D.; Kim G. Rothermel, M.D.; Michael L. Gonidakis; and Robert P. Giacalone. Absent from the meeting was Andrew P. Schachat.

Also present were: Jonathan Blanton, Interim Executive Director and Deputy Director, Investigations and Enforcement; Kimberly Anderson, Chief Legal Counsel; Michael Miller, Deputy Director, Licensure and Operations; Mary Courtney Ore, Deputy Director of Communications; Sallie Debolt, Senior Counsel; David Katko, Assistant Legal Counsel; William Schmidt, Senior Counsel for Investigations, Compliance and Enforcement; Susan Loe, Assistant Executive Director, HR and Fiscal; Joan Wehrle, Education and Outreach Program Manager; K. Randy Beck, Acting Chief of Investigations; Marcia Barnett and Chad Yoakam, Enforcement Investigators; Rebecca Marshall, Chief Enforcement Attorney; Mark Blackmer, Andrew Lenobel, Angela McNair, Marcie Pastrick, Cheryl Pokorny, and Greg Tapocsi, Enforcement Attorneys; Jonithon LaCross, Director, Public Policy and Governmental Affairs; Kyle Wilcox, Melinda Snyder and James Wakley, and Ashley Addo, Assistant Attorneys General; Sana Ahmed, Attorney General Law Clerk; Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones and Angie Moore, Compliance Officers; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Staff Attorney; Tamara Spencer, Licensing Assistant; Jacqueline A. Moore, Legal/Public Inquiries Assistant; Judy Rodriguez, Legal Department Secretary; Benton Taylor, Business Office Assistant; and Paula Farrell, Executive Assistant to the Executive Director.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the June 11, 2014 Board meeting and the June 23, 2014 Special Board Meeting, as written. Dr. Saferin seconded the motion. All members, but Dr. Rothermel, voted aye. Dr. Rothermel abstained. 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 filed in the matters of: Michael H. Bomser, D.O.; James Michael DeSantis, M.D.; Naja Norlishia Tucker; Julie Anne

VanderLaan; and James Andrew Williams, D.O. A roll call was taken:

ROLL CALL:	Dr. Sethi	- aye
	Dr. Soin	- aye
	Mr. Giacalone	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- 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. A roll call was taken:

ROLL CALL:	Dr. Sethi	- aye
	Dr. Soin	- aye
	Mr. Giacalone	- aye
	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- 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. Bechtel served as Secretary and Dr. Saferin served as Supervising Member.

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 H. Bomser, D.O.

Dr. Ramprasad directed the Board's attention to the matter of Michael H. Bomser, D.O., and stated that no 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. Bomser. Five minutes would be allowed for that address.

Dr. Bomser was represented by his attorney, Eric Jones.

Dr. Bomser addressed the Board saying that the record shows that Dr. Bomser suffers from addictive disorders, which are very serious and possibly fatal illnesses and had been fighting these addictions most of his life. Mr. Jones indicated that about six years ago, Dr. Bomser entered a program of recovery and had been sober and working a solid program of recovery since that time. Mr. Jones said that when the investigation started, Dr. Bomser agreed not to renew his medical license and it has been over a year since he had been licensed to practice medicine in Ohio or any other state. Mr. Jones reminded the Board that they had Dr. Bomser examined by Dr. Noffsinger, who diagnosed him with Xanax and opiate dependence, but said these dependencies were in sustained full remission. Mr. Jones continued on to say that Dr. Noffsinger also diagnosed a major depressive disorder, in full remission, an anxiety disorder, not otherwise specified and sexual disorder, not otherwise specified, that would be considered in sustained and full remission since around December of 2012.

Mr. Jones said that Dr. Bomser does not dispute that he had done some terrible things over his career, but the Hearing Examiner and the facts show that Dr. Bomser's actions were a result of his serious mental health issue and chemical dependencies. Mr. Jones stated that Dr. Bomser had successfully addressed his addictions and issues and the Hearing officer agreed and that Dr. Bomser had maintained sobriety for well over six years and was firmly established in a stable recovery program. Mr. Jones concluded by urging the Board to consider what Dr. Bomser had done in the last six years, making great strides in recovery and that Dr. Bomser had been unlicensed for over a year, abstaining from practicing. Mr. Jones said that the Hearing Examiner's recommendation for allowing Dr. Bomser's reinstatement was appropriate and that permanent revocation stayed is quite a harsh penalty, considering the strides that Dr. Bomser had made.

Dr. Bomser addressed the Board and said that he had come to the point where he was glad this issue was uncovered, so he did not have to live the way he was living. Dr. Bomser said it was the best thing that happened to him, causing him to open his eyes, take a strong look at himself and find a strong support group. Dr. Bomser said that prior to the issue being uncovered he was isolated. However, since then, he had developed a strong AA program, which included a sponsor, working the steps, and going to church where he had found a very strong support network. Dr. Bomser indicated that some of those supporters were in attendance on his behalf.

Dr. Bomser concluded by saying that through the church, he had gone into a jail to help addicts and attended bible studies there. Dr. Bomser said that he had strengthened bonds with his family. He said that when he was acting out in his addiction, everything was secret and that was a horrible way to live. Dr. Bomser admitted that once the issues became public and he was able to speak freely about it, he developed much better relationships with people. Dr. Bomser said that he takes full responsibility for his actions, with no excuses or blame on anyone else and he asked the Board to consider allowing him to practice again.

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

Ms. Snyder indicated that she did and stated that there are no factual disputes in Dr. Bomser's case. Ms. Snyder said that Dr. Bomser freely admits that he suffers from mental diagnoses, which has impaired his ability to practice and that he admits he engaged in illegal conduct in order to satisfy those compulsions. Ms. Snyder said that the Board had a very comprehensive record for review, the Hearing Examiner did an excellent job of outlining all of the issues, and she leaves the matter with the discretion of the Board on how to proceed.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Michael H. Bomser, D.O. Mr. Giacalone seconded the motion.

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

Mr. Kenney reviewed Dr. Bomser's case saying the Board should consider all the choices Dr. Bomser had made through his adult life. Mr. Kenney indicated that Dr. Bomser has had serious problem with alcohol and drugs since his teenage years. Mr. Kenney said that Dr. Bomser first obtained treatment in 1987, at the age of 19, for alcohol and drugs and after his treatment, remained sober until 2001 when he relapsed. Mr. Kenney stated that in 2002, Dr. Bomser used Xanax and Vicodin, obtaining them by writing prescriptions in the names of others for self-use. Mr. Kenney said that Dr. Bomser also admitted that he stole medicine from patients.

Mr. Kenney noted that in June of 2013 the Board ordered an evaluation of Dr. Bomser by Dr. Noffsinger, who determined that Dr. Bomser suffered from mental disorders, including anxiety and sexual disorder. Dr. Noffsinger determined that Dr. Bomser was incapable of practicing medicine and surgery and that he suffers from major depression disorder, finding that Dr. Bomser's disorders are chronic relapsing disorders that have substantial risk of future symptoms. Mr. Kenney said that Dr. Noffsinger further opined that Dr. Bomser's disorders have impaired his judgment and his ability to practice medicine.

Mr. Kenney concluded by saying that the Findings of Fact show that Dr. Bomser had been diagnosed with five separate disorders and although Dr. Bomser is currently in remission, he had no assurance that Dr. Bomser's behavior would not continue. Mr. Kenney read excerpts from the Report and Recommendation and suggested that the Board consider patient care and permanently revoke Dr. Bomser's certificate to practice medicine, effective immediately.

Mr. Kenney moved to amend the proposed order to permanent revocation. Mr. Giacalone seconded the motion.

Dr. Steinbergh stated that this was one of the more egregious cases the Board has reviewed, further noting that Dr. Bomser had reported to work under the influence of opiates and benzodiazepines and that the physician knew when he went to work that he was impaired. Dr. Steinbergh stated that Dr. Bomser did not acknowledge that he had any patient complaints about his medical care, but when a physician makes the choice to go to work impaired, it is an extremely serious consideration on both the part of the physician and the Board at decision making time. Dr. Steinbergh reviewed the evidence with the Board,

pointing out several issues and reviewing Dr. Noffsinger's notes and diagnoses. Dr. Steinbergh noted that there is a high correlation between people who are depressed and then seek to self-medicate using alcohol and drugs. Dr. Steinbergh said in Dr. Bomser's case, it appears that there are two separate disorders – a substance abuse disorder and a depressive disorder. Dr. Steinbergh stated that Dr. Noffsinger opined that there is a biological aspect to addiction, but there are other personality facets and personal choices. Dr. Steinbergh reviewed Dr. Noffsinger's testimony regarding personal choices that individuals with addiction make, knowing that they cannot handle the situation and have a loss of control.

Dr. Steinbergh stated that she found Dr. Noffsinger's testimony to be interesting and that the Board should discuss it further. Dr. Steinbergh questioned how much of this is a part of the disease process and how much of it is under one's personal control. Dr. Steinbergh noted that she believes that much of the activity Dr. Bomser engaged in, including the fact that he left his children at a play area in a mall while he went to engage the services of a prostitute, is heartbreaking. Dr. Steinbergh said that she did not believe that Dr. Bomser is healthy enough to practice nor will he ever be capable of being a competent physician. Dr. Steinbergh remarked that the Board appreciates a physician that is working hard towards recovery, but there comes a time when the Board has to say that the physician is not a good candidate for monitoring. Dr. Steinbergh said that she is not convinced that Dr. Bomser is going to be healthy enough in the future to practice medicine, as evidenced by his decision to go to work knowing he was impaired. Dr. Steinbergh commented that practicing medicine is a privilege, rather than a right, and said that she agreed with permanent revocation.

Mr. Giacalone stated that he agreed with permanent revocation, adding that the Board's charge is to protect the public, not the profession nor to foster rehabilitation. Mr. Giacalone noted that in looking at Dr. Bomser's history, his past performance is a good indicator of his future actions. Mr. Giacalone reviewed Dr. Bomser's history, noting that Dr. Bomser started smoking marijuana at the age of 14, migrated to the use of cocaine by age 16, was kicked out of his parents' house due to his drug use, and went into a rehabilitation program to get back into his home in New Jersey. Mr. Giacalone continued by saying that when Dr. Bomser started his residency in 2001, he began drinking alcohol, and when he and his wife separated his drinking slowed but did not stop. Mr. Giacalone said that Dr. Bomser indicated that the stressors of his job in 2002 compounded his situation and he started using Xanax, which he got from another person in his office who had a legitimate prescription. Mr. Giacalone said that Dr. Bomser's drug use escalated when he started taking more Xanax per day and began using opiates, primarily Vicodin. Mr. Giacalone stated that Dr. Bomser would write prescriptions for pain medications in the names of his office staff, who would fill the prescriptions and return a portion of them to Dr. Bomser for his personal use.

Mr. Giacalone further noted that in 2005, Dr. Bomser took a position with Central Ohio Primary Care, but still contacted his Marion staff to get his illicit drugs. Mr. Giacalone said that Dr. Bomser admitted he was under the influence while working and knew he was impaired, but rationalized this by claiming that no patient was hurt. Mr. Giacalone remarked that no patient was hurt that the Board knows of. Mr. Giacalone said that Dr. Bomser entered Shepherd Hill in 2008, and claimed that he self-referred, but admitted that he sought treatment because the source of his illicit drugs cut him off and told him to get help. Mr. Giacalone said that many of Dr. Bomser's actions prove that he did not care and continued to

make bad choices. Mr. Giacalone noted that Dr. Bomser left his two young children ages seven and two unattended in a mall play area while he went to engage a prostitute. Mr. Giacalone also noted that in 2012, Dr. Bomser said that drugs and alcohol were out of his life, but that prostitutes became his coping mechanism in their place. Mr. Giacalone said that he sees a constant pattern, with Dr. Bomser replacing one illegal problem with another illegal problem. Mr. Giacalone said that perhaps Dr. Bomser has mental issues, but the Board was tasked with protecting the public and could not let someone who is impaired return to the practice. Mr. Giacalone concluded by saying that he supported permanent revocation.

A vote was taken on Mr. Kenney's motion to amend the proposed order to permanent revocation.

ROLL CALL:	Dr. Sethi:	- aye
	Dr. Soin:	- aye
	Mr. Giacalone:	- aye
	Dr. Bechtel:	- abstain
	Dr. Saferin:	- abstain
	Dr. Rothermel:	- aye
	Dr. Steinbergh:	- aye
	Mr. Kenney:	- aye
	Dr. Ramprasad:	- 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 Michael H. Bomser, D.O. Dr. Soin seconded the motion. A roll call was taken.

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

The motion carried.

James Michael DeSantis, M.D.

Dr. Ramprasad directed the Board's attention to the matter of James Michael DeSantis, M.D., and stated that objections had been filed on June 20, 2014, and were previously distributed to the Board. 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. DeSantis. Five minutes would be allowed for that address.

Dr. DeSantis was represented by his attorney, William Mann.

Mr. Mann addressed the Board saying that the evidence in the case shows that Dr. DeSantis does not and never has had alcohol or drug addiction or abuse problems. Mr. Mann said there was one incident on September 28, 2012, where Dr. DeSantis took Ambien through a legitimate prescription written by an independent physician and that is the last thing he remembers. Mr. Mann said that Dr. DeSantis was found unconscious in his hotel room, with alcohol in his system. The physician remembers nothing except for taking the Ambien and waking up in a hospital. Mr. Mann said that since September 29, 2012, Dr. DeSantis has not taken any more Ambien, even though he had a legitimate prescription. Dr. DeSantis had never been a big drinker and has not had any alcohol since the occurrence. Mr. Mann stated that Dr. DeSantis got out of medical school when he was 24 years old and is 53 years old now. Mr. Mann said that Dr. DeSantis had been sued for malpractice three times, and none of the cases went to trial. To the best of their knowledge, no money was paid out, on behalf of Dr. DeSantis, by any insurance company or any other party. Mr. Mann concluded by saying that the evidence shows that the September 28, 2012 matter was an isolated incident of a bad reaction to Ambien. Mr. Mann asked that no action against Dr. DeSantis, except to require him to fulfill the agreement that he voluntarily entered into in Georgia and keep the Ohio Board informed on the outcome of that matter.

Dr. DeSantis stated that he appreciated the opportunity to address the Board and said the prescription medication was 10 milligrams of Ambien and in January of 2013, the FDA recommended cutting the dose in half, due to the side effects of the drug. Dr. DeSantis agreed that he had alcohol in his room, but said he did not drink every day and would not drink before work. Dr. DeSantis indicated that what transpired was a total anomaly and he asked that the Board consider this was an isolated incident.

Mr. Mann reiterated that Dr. DeSantis had the alcohol in his room because he would not drink and drive. Mr. Mann stated that it was legal and allowable for him to have alcohol in the room and he consumed it and the Ambien in legal fashion.

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

Mr. Wilcox indicated that he did wish to respond briefly and said that Mr. Porter's Report and Recommendation did a good job of summarizing the facts in this case, with an unusual fact pattern and creating an order that the Board should adopt. Mr. Wilcox said that if Dr. DeSantis comes to Ohio, he would have to have approval of the Board, a monitoring physician and a practice plan. Mr. Wilcox said that it is a strange case because it seems like impairment is the issue, but ultimately it is a bootstrap case. Mr. Wilcox said there is no Eastway waiver, so an order needed to be fashioned that was not based on impairment. Mr. Wilcox indicated that he supported the order.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of James Michael DeSantis, M.D. Dr. Soin seconded the

motion.

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

Dr. Steinbergh stated that Dr. DeSantis was summarily suspended by the Georgia Board on April 18, 2013. This suspension occurred because the Georgia Board had reliable information regarding the event on September 28, 2012, when Dr. DeSantis was scheduled for an emergency room shift at a medical center in Georgia. Dr. DeSantis was found unresponsive in a hotel room, was hospitalized, and found to have a serum alcohol level of 437, as well as a Glasgow score of 4 to 6. Dr. Steinbergh stated that Dr. DeSantis was discharged 2 or 3 days later. Dr. Steinbergh said that the Georgia Board received reliable information that Dr. DeSantis admitted that he drank alcohol and took Ambien to assist with the shift work associated with being an emergency room physician.

Dr. Steinbergh continued by saying that after the Board cited Dr. DeSantis, he entered into a consent agreement with the Georgia Board, which includes a number of terms including psychiatric evaluations. Dr. Steinbergh noted that Dr. DeSantis received assessments stating that he could return to practice, but that Dr. DeSantis would have to submit to a monitoring program. Dr. Steinbergh stated that she found it interesting that if Dr. DeSantis does not have a problem with alcohol, there would be no reason for the consent agreement to require him to take Antabuse. From a physician's perspective, Antabuse inhibits the metabolism of alcohol and is used in the treatment of someone who is abusing or overusing alcohol. Dr. Steinbergh said that she does not see the incident that occurred on September 28, 2012, as an isolated event and feels that Dr. DeSantis would have known the side effects of combining alcohol and Ambien.

Dr. Steinbergh noted that Dr. DeSantis disagreed with the assessment performed at Talbott Recovery Campus, which indicated that he was impaired. The Board is aware that Dr. DeSantis also entered into a consent agreement with the Alabama Board. Dr. Steinbergh agreed with the Findings of Fact and Conclusions of Law as proposed by the Hearing Examiner in this case and also agreed that this matter is a bootstrap action with the Georgia consent order. Dr. Steinbergh agreed that placing Dr. DeSantis on probation in Ohio is appropriate, although Dr. DeSantis is not currently practicing in Ohio. However, Dr. Steinbergh noted that if Dr. DeSantis wishes to practice in Ohio, he would have to present evidence satisfactory to the Board that he has been released from the Georgia consent order.

Dr. Steinbergh acknowledged that Dr. DeSantis' counsel questioned why the Board would require approval of a practice plan should Dr. DeSantis return to practice in Ohio. Dr. Steinbergh stated that a practice plan is a way to monitor physicians that the Board finds to be impaired. If Dr. DeSantis does not return to practice in Ohio, he will not be required to submit a practice plan for Board approval. However, if Dr. DeSantis returns to practice in Ohio, he will be required to notify the Board and submit a practice plan as a means of protecting the citizens of Ohio. Dr. Steinbergh also noted that she had concerns about Dr. DeSantis notifying all of the insurance companies with which he participates, because he practices in a number of different locations and the Board members were provided a draft amended order to address those concerns. Dr. Steinbergh pointed the Board to pages three and four of the draft amended order for details on the specific changes and proceeded to discuss them.

Dr. Steinbergh moved to amended proposed order for James Michael DeSantis, M.D., to read as follows:

It is hereby ORDERED that:

- A. **PROBATION:** The certificate of James Michael DeSantis, M.D., to practice medicine and surgery in the State of Ohio shall be subject to the following PROBATIONARY terms, conditions, and limitations until he presents evidence satisfactory to the Board that he has been released from the conditions imposed by the Georgia Composite Medical Board in an October 10, 2013 Public Consent Order Reinstating License:
1. **Obey the Law and Terms of Georgia Consent Order:** Dr. DeSantis shall obey all federal, state, and local laws; all rules governing the practice of medicine and surgery in the state in which he is practicing; and all terms, conditions, and limitations imposed by the Georgia Composite Medical Board (“Georgia Board”) in an October 10, 2013 Public Consent Order Reinstating License (“Georgia Consent Order”).
 2. **Declarations of Compliance:** Dr. DeSantis 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 this Order becomes effective. 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. DeSantis shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Dr. DeSantis shall also appear in person upon his request for termination of the probationary period, and/or as otherwise directed by the Board.
 4. **Evidence of Compliance with the Georgia Consent Order; Provide Reports:** At the time he submits his declarations of compliance, Dr. DeSantis shall also submit declarations under penalty of Board disciplinary action and/or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed by the Georgia Consent Order. Moreover, Dr. DeSantis shall cause to be submitted to the Board copies of any reports that he submits to the Georgia Board whenever and at the same time the Georgia Board requires such submission.
 5. **Notification of Change in Terms of the Georgia Consent Order:** Dr. DeSantis shall immediately notify the Board in writing of any modification or change to any term, condition, or limitation imposed by the Georgia Consent Order, including termination of the Georgia Consent Order.

6. **Refrain from Commencing Practice in Ohio:** Dr. DeSantis shall refrain from commencing practice in Ohio without prior written Board approval. Moreover, should Dr. DeSantis commence practice in Ohio, the Board may place his certificate under additional probationary terms, conditions, or limitations, including the following:
- a. **Practice Plan:** Prior to Dr. DeSantis' commencement of practice in Ohio, or as otherwise determined by the Board, Dr. DeSantis 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. DeSantis' activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. DeSantis shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

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

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. DeSantis shall immediately so notify the Board in writing. In addition, Dr. DeSantis 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. DeSantis 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. DeSantis' monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. DeSantis' monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

7. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. DeSantis 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.

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

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

C. **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. DeSantis 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 major third-party payors¹), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. DeSantis 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 major third-party payors¹), 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.

Further, Dr. DeSantis shall submit an application with the Council for Affordable Quality Healthcare ("CAQH") along with any supplemental forms required by that organization, and periodically update that application as required by CAQH.

In the event that Dr. DeSantis 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, or within 30 days of Dr. DeSantis commencing the provision of such services, whichever is later, 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. DeSantis 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. DeSantis 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. DeSantis 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. DeSantis receives from the Board written notification of the successful completion of his probation.

3. **Required Documentation of the Reporting Required by Paragraph C:** Dr. DeSantis 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.

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

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

Dr. Soin seconded the motion to amend. A roll call was taken.

ROLL CALL:	Dr. Sethi:	- aye
	Dr. Soin:	- aye
	Mr. Giacalone:	- aye
	Dr. Bechtel:	- abstain
	Dr. Saferin:	- abstain
	Dr. Rothermel:	- aye
	Dr. Steinbergh:	- aye
	Mr. Kenney:	- aye
	Dr. Ramprasad:	- 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 James Michael DeSantis, M.D. Dr. Sethi seconded the motion.

A roll call was taken:

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

The motion carried.

Naja Norlishia Tucker

Dr. Ramprasad directed the Board's attention to the matter of Naja Norlishia Tucker, and stated that no objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Soin moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Naja Norlishia Tucker. Dr. Sethi seconded the motion.

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

Dr. Soin reviewed the case with the Board saying that the case involves making a false statement in order to secure a certificate to practice. Dr. Soin indicated that on question 14 of the application for a massage therapist license, there is a section asking if the applicant has ever been charged with, arrested for or convicted of etcetera, basically asking criminal background questions that is pretty clear and also says that expunged records must be included. Dr. Soin stated that Ms. Tucker answered yes to that question, but only disclosed one of her three incidents by disclosing an Operating a Vehicle while Intoxicated (OVI) from 2009. However, Dr. Soin said, Ms. Tucker also had an arrest and conviction in 1995 of a misdemeanor of the first degree, fleeing. Dr. Soin said that Ms. Tucker was arrested in 1999 on three felony counts, but was found not guilty on those cases.

Dr. Soin stated that the Board has to determine whether dishonest or misleading statements were made by Ms. Tucker on her application. Dr. Soin said that the records reflect that Ms. Tucker perhaps misread the question and she thought this question was only application for arrests or convictions that have occurred within five years. Dr. Soin indicated that by looking at the question itself, it is clear. Dr. Soin continued by saying that in his opinion, some of Ms. Tucker's statements were disingenuous and he agrees with the Findings of Fact and Conclusions of Law. Dr. Soin said that he did consider the fact that Ms. Tucker's issues were a long time ago, that she has matured and is a head of a household now. Dr. Soin did reiterate that honestly filling out an application should be taken seriously and he felt that the statements made on the application were misleading.

Dr. Rothermel noted that there was a typographical error on page 8, "ambiguous" should be "unambiguous."

Dr. Steinbergh stated that she has concerns when applicants falsify an application, saying she believes that they do not want to reveal this type of information to the Medical Board. Dr. Steinbergh reiterated that the Board is trying to stress the importance of absolute honesty. Dr. Steinbergh noted, however, that she does appreciate that Ms. Tucker has taken a new direction in her life and is trying to support her family. Dr. Steinbergh concluded by saying that the personal ethics course is very important for Ms. Tucker to appreciate and focus on so that she does not make these types of errors in the future.

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

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

The motion to approve carried.

Julie Anne VanderLaan

Dr. Ramprasad directed the Board's attention to the matter of Julie Anne VanderLaan, and stated that objections had been filed. Ms. Blue was the Hearing Examiner.

Dr. Ramprasad stated that the matter was not disciplinary in nature, therefore, the Secretary and Supervising member could vote.

Dr. Ramprasad indicated that a request to address the Board had been filed, but was not filed in a timely manner.

Dr. Steinbergh moved to accept Ms. VanderLaan's Request to Address. Dr. Soin seconded the motion. A roll call was taken.

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

The motion carried.

Ms. VanderLaan addressed the Board saying that she wanted to thank Ms. Snyder and Ms. Blue for their thoroughness and accurateness during the process. Ms. VanderLaan said she now understands that pursuant to the law, she is not permitted to practice in Ohio. However, Ms. VanderLaan stated that she hoped the Board would have a plan for her to have the ability to practice, by meeting the requirements.

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

Ms. Snyder indicated that she did and said that Ms. VanderLaan did take the process very seriously and they had to piece together her training. Ms. Snyder indicated that ultimately, Ms. VanderLaan did not meet the statutory requirements in Ohio. Ms. Snyder indicated that Ms. VanderLaan does practice in Michigan, but that state does not license massage therapists.

Dr. Soin moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Julie Anne VanderLaan. Dr. Steinbergh seconded the motion.

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

Dr. Ramprasad reviewed the case with the Board reading Ms. VanderLaan's education information. Dr. Ramprasad said that from 2004 to 2010, Ms. VanderLaan was employed part-time as a massage therapist in Michigan. Dr. Ramprasad indicated that Ms. VanderLaan has completed many different courses and meets clock hours pursuant to the requirements, but does not meet the 12-month instruction period timeframe. Dr. Ramprasad stated that Ms. VanderLaan has a wide variety of trainings, and seems passionate about massage therapy and he commended her on them. However, pursuant to the relevant statute and rules, Ms. VanderLaan does not meet them. Therefore, Dr. Ramprasad indicated that he agrees with Ms. Blue's recommendation.

Dr. Steinbergh noted that if Ms. VanderLaan wants to stay in Ohio, she will have to go back to school now that she understands the requirements.

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

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

The motion to approve carried.

James Andrew Williams, D.O.

Dr. Ramprasad directed the Board's attention to the matter of James Andrew Williams, D.O., and stated that objections had 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. Williams. Five minutes would be allowed for that address.

Dr. Williams was represented by his attorney, James McGovern.

Mr. McGovern stated that Dr. Williams was going to utilize the time allotted to address the Board.

Dr. Williams said that he wanted to address the Board on what was a huge misunderstanding on his part. Dr. Williams said in past year he had come to realize that his life's dedication to medicine could be decimated in a short period of time. Dr. Williams stated that he did not understand or realize that his reputation and dedication to medicine could be threatened by allegation, hearsay, and misunderstanding in regards to a minor in an unintentional discretion. Dr. Williams said that in the past few years he has endured severe hardship. He has to close his practice that his father started over 50 years ago. Dr. Williams said that he has suffered financial burdens, filed bankruptcy, lost his retirement and personal savings, and put immeasurable stress on his family and himself. Dr. Williams stated that now, as he was starting to revitalize the suspension brought him and his family back to rock bottom.

Dr. Williams noted that in his 23 years as a physician, he had never been sanctioned, reprimanded or accused of impairment by any governing body, medical institution or legal authority. Dr. Williams stated that since the allegations, he has continued to practice in multiple settings and organizations with no trace of impairment or wrongdoing. Dr. Williams said that his previous employers are waiting for him to return to their organization since his expertise and abilities had been demonstrated in their clinics. Dr. Williams said that he has already undergone a pre-employment physical, including drug and alcohol testing.

Dr. Williams said that he inadvertently ingested medicinal marijuana candy at his home at a family function in Michigan, where medicinal marijuana is legal. Dr. Williams said he does not and has not used marijuana intentionally, stating when he was tested, he ignorantly had forgotten about the incident. Dr. Williams admitted that he was embarrassed and ashamed when he received the test results. Dr. Williams said that he was in no way impaired as a physician since it happened.

Dr. Williams said that the Medical Board Investigator claimed she smelled alcohol on him and he admitted to drinking beer the night while watching football. Dr. Williams had confided in the investigator and told her that at a time that he was going through closure of his office, he had been drinking more. However, Dr. Williams indicated that he had curbed that consumption on his own, demonstrating appropriate adjustment behavior. Dr. Williams also said that during the interview the investigator she said had a drug test that she was prepared to use. When Dr. Williams indicated that he

was happy to comply, the test was not done, which denied him the opportunity to prove he was not intoxicated or under the influence of any other drugs.

Dr. Williams stated that he had worked in a clinic with much drug testing and knew it was customary to immediately test if there was suspected alcohol or drug consumption and then to test again in one to two hours to see if there was recent consumption. Therefore, Dr. Williams believed that there was a predetermined intention to find him impaired. Dr. Williams addressed the prescriptions that he wrote for his wife in 2012, saying that they were written at a time when they could not afford to have her wife be seen by another physician. Dr. Williams said that his wife was and is still suffering severe physical impairment and continues to be seen by pain management and other specialists and the Board has those records.

Dr. Williams concluded by saying that he had never and would never take prescriptions that were not prescribed to him by another physician. Lastly, Dr. Williams asked that the Board consider allowing him to be evaluated to determine the question of his impairment, so that he may be allowed to return to active practice to relieve the financial burden on his family and himself. He requested this so that he may be afforded the time and means necessary to prove his innocence and further reassure the Board that he is capable and safe to serve the community and his profession as he has done for the last 23 years.

Mr. McGovern stated that this is a presumed impairment case, based upon Dr. Williams' failure to attend the examination as ordered, based upon financial constraints. Therefore, Dr. Williams had not yet been evaluated and there is a presumption of impairment. Mr. McGovern indicated that he believes the Proposed Order is flawed and should be amended to make the conditions for reinstatement or restoration, which says he has to complete 28 days of treatment. Mr. McGovern said that those conditions should be contingent upon the drug and alcohol assessment that is going to take place and is also ordered as an interim monitoring condition. Otherwise, the Board is tying the hands of the evaluator, regardless of whether the assessment is impaired, saying Dr. Williams has to complete 28 days, which makes no sense.

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

Mr. Wakley indicated that he did and addressed the Board by thanking Ms. Blue for her efforts in the case. Mr. Wakley said there is a problem in these types of cases. There were a number of allegations that were being investigated by the Board. As a result of those allegations, Dr. Williams was ordered to participate in an evaluation, but did not do so. Mr. Williams said that the only issue relevant at the hearing was did he go to the evaluation and why not. Mr. Wakley said that Dr. Williams was legally found to have agreed to all of the terms and therefore, it is suggested that the appropriate sanction that can only be lifted upon completion of a 28 day program.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of James Andrew Williams, D.O. Dr. Soim seconded the motion.

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

Mr. Giacalone reviewed the case with the Board stating Dr. Williams' educational and medical background. Mr. Giacalone said that in 1991, after graduation, Dr. Williams joined his father's medical practice and continued to practice medicine there until August 2012. Beginning in June 2013, said Mr. Giacalone, Dr. Williams started working various locum tenens positions in Ohio and Indiana and is currently is working in a locum tenens position in urgent care and family practice for St. Vincent Medical Group in Kokomo, Indiana.

Mr. Giacalone continued by saying that in a certified letter dated February 5, 2014, the Board ordered Dr. Williams to submit to an examination with Richard Whitney, M.D., at Shepard Hill in Newark, Ohio and to pay \$4,689 for the cost of the examination.

Mr. Giacalone indicated that Dr. Williams was required to submit to the Ohio Board order examination because of the following reasons. Mr. Giacalone noted that in or around 2013, it was reported to the Board that Dr. Williams had been terminated from a locum tenens position after he tested positive for THC. It was also reported, that when confronted with the positive test, Dr. Williams stated he had been given a piece of candy containing marijuana by a friend, whom he later identified as his son. In addition, Dr. Williams chuckled and asked if he was "going to be in trouble" for this. Dr. Williams denied in his testimony that he did not take this matter seriously. Secondly, said Mr. Giacalone, while at the same position, it was reported that on Dr. Williams' first day of work, he suddenly left his position in the middle of completing his paperwork without explaining the reason for his departure to the Human Resources department. In his testimony, Dr. Williams admitted to leaving due to a family emergency involving a grandchild, but denied not telling anyone that he was leaving; The third reason indicated by Mr. Giacalone was that in or around October of 2013, two Board investigators interviewed Dr. Williams and during the interview one of the investigators smelled alcohol. When Dr. Williams was asked about the smell, he stated that he had consumed alcohol the night before – specifically, one beer with dinner and three more at his home. In addition, said Mr. Giacalone, Dr. Williams stated that he drank three or four beers approximately three or four times per week. Furthermore, Dr. Williams had decreased his consumption of alcohol before this interview, which was previously approximately six to eight beers per day. During the hearing, Dr. Williams testified that he had not drank alcohol for several weeks prior to his hearing out of fear of being questioned that he was an alcoholic – of which he denies. Finally, Mr. Giacalone said, Dr. Williams admitted to prescribing Vicodin® to a family member on two separate occasions in 2012, but denies ever taking any of that medication.

Mr. Giacalone stated that in light of these events, Dr. Williams received a letter from the Board dated February 5, 2014. This letter ordered Dr. Williams to submit to an examination at Shepard Hill in Newark, Ohio on March 3, 2014 at 9:00 a.m. for a 72 hour in-patient evaluation to determine whether he was impaired and, therefore, in violation of O.R.C. Sect. 4731.22(B)(26). Mr. Giacalone continued by saying that Dr. Williams did not attend this examination. Instead, he sent the Board a letter stating that he was unable to attend the Board ordered examination claiming among other things that the allegations presented were "an exaggeration," that he was in "financial dire straits" recovering from a foreclosure and bankruptcy; and, he had practiced in Ohio for 23 years with an "unblemished record."

Mr. Giacalone said that currently, the issue before the Board is whether Dr. Williams violated O.R.C. Sect. 4731.22(B)(26) by failing to attend the Board ordered examination, thus permitting them to presume that Dr. Williams was impaired. This determination would allow the Board to either take action against Dr. Williams' license or decide that his non-compliance was excusable because it was "due to circumstances beyond the individual's control." Mr. Giacalone indicated that in reviewing the testimony and information provided and taking into account the Hearing Examiner's assessment, he agreed that Dr. Williams' failure to submit to the examination was due to circumstances within his control. Mr. Giacalone also said that Dr. Williams' statements that he most likely could have obtained the funds from a family member to take the examination, further support his decision to support the proposed order.

Mr. Giacalone concluded by saying that based upon the foregoing, he recommended that the Board accept the Hearing Examiner's proposed Findings of Facts, Conclusions of Law and Proposed Order which includes an indefinite suspension; an examination by a Board-approved treatment provider in the Toledo area; and subsequent monitoring, reinstatement and probationary terms.

A vote was taken on Steinbergh's motion to approve:

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

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Ramprasad indicated that there was none.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Ramprasad indicated that there was none.

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

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

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Blanton, Ms. Anderson, Mr. Miller, Ms. Marshall, Mr. Beck, Mr. Lenobel, Mr. Taposci, Mr. Blackmer, Mr. Katko, Mr. Wilcox, Mr. Wakley, Ms. Snyder, Ms. Debolt, Ms. Loe, Ms. Rodriguez, Ms. Spencer, Ms. Jacobs, Ms. Moore, Ms. McNair, Ms. Pokorny, Ms. Pastrick, Ms. Wehrle, Ms. Bickers, Ms. Barnett, Mr. Yoakam, Mr. Taylor and Ms. Farrell.

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTS

Ramez Reda Gharabawy, M.D. – Voluntary Permanent Surrender/Permanent Revocation of Certificate to Practice Medicine and Surgery

Dr. Soin moved to ratify the Voluntary Permanent Surrender/Permanent Revocation of Certificate to Practice Medicine and Surgery in Ohio for Dr. Gharabawy. Mr. Kenney seconded the motion. A roll call was taken:

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

The motion carried.

William J. Platt, D.O. – Voluntary Permanent Surrender/Permanent Revocation of Certificate to Practice Medicine and Surgery

Dr. Steinbergh moved to ratify the Voluntary Permanent Surrender/Permanent Revocation of Certificate to Practice Medicine and Surgery in Ohio for Dr. Platt. Dr. Soin seconded the motion.

A roll call was taken:

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

The motion carried.

Baojian Xiang – Voluntary Permanent Withdrawal of Application for Medical Licensure

Dr. Steinbergh moved to ratify the Voluntary Permanent Withdrawal of Application for Medical Licensure in Ohio for Mr. Xiang. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

NOTICES OF OPPORTUNITY FOR HEARING, ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, & NOTICES OF AUTOMATIC SUSPENSION

Kevin Scott Balter, M.D. – Citation Letter

Dr. Soin moved to send a Citation Letter to Dr. Balter. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Sethi:	- aye
	Dr. Soin:	- aye

Mr. Giacalone: - aye
Dr. Bechtel: - abstain
Dr. Saferin: - abstain
Dr. Rothermel: - aye
Dr. Steinbergh: - aye
Mr. Kenney: - aye
Dr. Ramprasad: - aye

The motion carried.

John Andrew Dahlsten, M.D. – Notice of Immediate Suspension and Opportunity for Hearing

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

Dr. Soin moved to send the Notice of Immediate Suspension and Opportunity for Hearing to Dr. Dahlsten. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

Paul E. Jackson, M.D. – Citation Letter

Dr. Soin moved to send a Citation Letter to Dr. Jackson. Dr. Steinbergh seconded the motion. A vote was taken:

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

Dr. Ramprasad: - aye

The motion carried.

Deborah A. Jorgensen, P.A. – Citation Letter

Dr. Soin moved to send a Citation Letter to Ms. Jorgensen. Dr. Steinbergh seconded the motion.

A vote was taken:

ROLL CALL:

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

The motion carried.

Robert John Miller, M.D. – Citation Letter

Dr. Steinbergh moved to send a Citation Letter to Dr. Miller. Dr. Soin seconded the motion. A

vote was taken:

ROLL CALL:

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

The motion carried.

Dennis S. Momah, M.D. – Citation Letter

Dr. Steinbergh moved to send a Citation Letter to Dr. Momah. Dr. Soin seconded the motion. A

vote was taken:

ROLL CALL:

Dr. Sethi:	- aye
Dr. Soin:	- aye

Mr. Giacalone: - aye
Dr. Bechtel: - abstain
Dr. Saferin: - abstain
Dr. Rothermel: - aye
Dr. Steinbergh: - aye
Mr. Kenney: - aye
Dr. Ramprasad: - aye

The motion carried.

APPLICANTS FOR LICENSURE

Dr. Sethi moved to approve licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the acupuncturist applicants, listed in Exhibit "A," the anesthesiologist assistant applicants, listed in Exhibit "B," genetic counselor applicants, listed in Exhibit "C," massage therapist applicants, listed in Exhibit "D," oriental medicine practitioner applicants, listed in Exhibit "E," physician assistant applicants listed in Exhibit "F," and physician applicants, listed in Exhibit "G" and the physician applicant handout. Dr. Soin seconded the motion. A roll call was taken.

ROLL CALL:

Dr. Sethi: - aye
Dr. Soin: - aye
Mr. Giacalone: - aye
Dr. Bechtel: - aye
Dr. Saferin: - aye
Dr. Rothermel: - aye
Dr. Steinbergh: - aye
Mr. Kenney: - aye
Dr. Ramprasad: - 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 commented that she wanted to discuss Dr. Beekman's case. Dr. Steinbergh commented that Dr. Homenko notified the Board that she has relocated out of Ohio and is recommending conference calls in lieu of face-to-face visits with Dr. Beekman. Dr. Steinbergh continued to say that Dr. Homenko also stated that she could potentially come back to Ohio at different times for teaching. Dr. Steinbergh said she has concerns for conferencing calling. However, Dr. Steinbergh noted that she would not want to stop the progress at this point in this particular case, as Dr. Beekman has moved far enough along. Dr.

Steinbergh indicated that the Board should monitor the situation closely since there is a deviation from the Board's normal process and program. Dr. Steinbergh said that the Board should research this topic to expand the opportunities for physicians as it relates to the ethics contacts and training.

Ms. Bickers clarified that Dr. Homenko would only be doing conference calls with this particular licensee. Ms. Bickers noted that Dr. Homenko agreed that in some cases conference calls would not suffice, but in Dr. Beekman's situation, felt it was appropriate. Ms. Bickers said that Dr. Homenko provided a list of other ethicists that the Board could consider using.

Dr. Soin addressed the situation and said that a conference call could suffice in this instance, but there could be cases where a conference call would not be appropriate.

Dr. Steinbergh noted that licensees have reported, when they personally attend the training, that the conversations and contacts they have are very meaningful and well received.

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

- **To grant Stanley Beekman, D.P.M., L.M.T.'s request for approval of the Personal and Professional Ethics course tailored for the doctor by Donna F. Homenko, PhD.;**
- **To grant Paul P. Chu, M.D.'s request for approval of discontinuance of the Comparative Audit/Pyxis Medstation report and the Assay report;**
- **To grant Shane R. Hanzlik, M.D.'s request for discontinuance of the drug log requirement;**
- **To grant Brian D. Hesler, M.D.'s request for permission to continue under the terms and conditions of the May 9, 2012, Step II Consent Agreement while residing in Illinois;**
- **To grant Gregory Gene Johnson, M.D.'s request for approval of Nicole T. Labor, D.O., to serve as the new treating psychotherapist;**
- **To grant Allen James Jones, M.D.'s request for release from the terms of the May 11, 2011 Consent Agreement effective immediately;**
- **To grant I. Praveen Kumar, M.D.'s request for approval of Frederick C. Hayek, M.D., to serve as the monitoring physician and reduction of chart review to 10 charts per week;**
- **To grant Carol E. Lewis, M.D.'s request for termination of the limitation restricting the doctor's participation in a post-graduate training program or fellowship approved in advance by the Board;**

- To grant Jeffrey C. Maludy, M.D.'s request for approval of Lawrence W. Elmer, M.D., to serve as the treating neurologist;
- To grant Jeffery T. Nelson, M.D.'s request for reduction in drug and rehabilitation meeting attendance to two per week with a minimum of ten per month and reduction in appearances from quarterly to every six months;
- To grant Michael J. Palma, M.D.'s request for approval of Jason M. Jerry, M.D., to serve as the treating psychiatrist, approval of Kristie L. Carlson, R.N., to conduct the psychotherapy, and motion to continue the terms of the May 14, 2014 Step II Consent Agreement, with future appearances before the Board Secretary or designee;
- To grant Lawrence M. Rubens, M.D.'s request for approval Fred P. Romeo, M.D., to conduct one of the psychiatric return to work assessments;
- To grant Shannon Dimetra Weikert, M.T.'s request for approval an online ethics course *Behind Closed Doors: Massage for the 21st Century*, offered by Massage Envy;
- To grant Emmett E. Whitaker, III, M.D.'s request for reduction in drug and alcohol rehabilitation meetings from three per week to two per week with a minimum of ten per month, reduction in psychiatric treatment session from once a month to every other month, and reduction in personal appearances from every three months to every six months;
- To grant Anthony D. Zucco, D.O.'s request for approval of a new practice plan, approval of Roger Garcia, D.O., to serve as the monitoring physician, and the review of 10 charts per week.

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

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

The motion carried.

REINSTATEMENT REQUESTS

Elizabeth Unk, M.D.

Dr. Ramprasad stated that Elizabeth Unk, M.D., has requested reinstatement of her license to practice medicine in Ohio.

Dr. Steinbergh moved that the request for the restoration of the license of Elizabeth Unk, M.D., be approved, effective July 13, 2014, subject to the probationary terms and conditions as outlined in the June 11, 2014 Board Order, for a minimum of five years. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

ADMINISTRATIVE REPORT

Mr. Blanton gave the Administrative Report saying that the Board's newest member, Andrew Schachat, M.D., was appointed on July 2, 2014, to the vacated seat of Dr. Craig Strafford. Dr. Schachat is an Ophthalmologist who serves as Vice Chairman for Clinical Affairs at the Cleveland Clinics Cole Eye Institute and the Director of Clinical Research Facility. Dr. Schachat's term continues until March 18, 2019. Mr. Blanton noted that while Dr. Schachat could not join the July Board meeting, he would be attending the July Retreat and the August Board meeting.

Mr. Blanton said that the Board is interviewing applicants for the Chief of Licensure position and extended an offer for the Enforcement Attorney position. Mr. Blanton informed the Board that Andrew Lenobel will be leaving the Board to work with the Case Western University Hospital. Mr. Blanton wished Mr. Lenobel well in his new endeavor.

Mr. Blanton reviewed and summarized many of the meetings, trainings and presentations that Board members and staff attended and stated that all the information is included in the Administrative Report. Mr. Blanton informed the Board that he received outstanding reviews of Enforcement Investigator Mike Staples presentation for the Board of Nursing.

Mr. Blanton noted that a draft outline for the FY2014 Annual Report that is due at the end of July was included in the Administrative Report.

Lastly, Mr. Blanton indicated that he and Mr. Giacalone had discussed with Dr. Ramprasad what Boards are

seeing nationally, in terms of prescription drug diversion and how to better coordinate Boards' efforts nationwide with those of the DEA. Mr. Blanton said that Mr. Giacalone has been working on helping the Federation of State Medical Boards (FSMB) develop a physicians' red flag document on opioid prescribing and working to get the DEA on board to understand Boards' needs for the regulatory standpoint. Mr. Blanton stated that Mr. Giacalone suggested that the FSMB request Joseph Rannazzisi, Deputy Assistant Administrator of the DEA, to be a keynote speaker at next year's FSMB Annual Meeting and a letter will be drafted to that point.

Mr. Giacalone said that Mr. Rannazzisi is the head of prescription drug abuse enforcement for the DEA. Mr. Giacalone stated that having a better collaboration between state medical boards and the DEA will eliminate duplicative efforts of all agencies and better protect the public.

Dr. Ramprasad noted that information in a handout that was provided showed that the median days were reduced two different times, stating that Drs. Bechtel and Saferin, serving in their new capacity, have done a tremendous amount of work to eliminate the backlog.

The Board recessed for lunch at this time and returned at 1:00 p.m.

REPORTS BY ASSIGNED COMMITTEES

Physician Assistant/Scope of Practice Committee

Dr. Ramprasad indicated that this committee meeting was cancelled for the month of July. Dr. Ramprasad informed all in attendance that Dr. Sethi was appointed the new chairman of the Committee and Dr. Steinbergh will be the new Compliance Committee chairman.

Licensure Committee

Licensure Application Reviews and Accommodation Requests

Yulia Gray, M.D.

Dr. Saferin stated that Dr. Gray had applied for restoration of her license, indicating that she had not been engaged in clinical practice of medicine since 2003.

Dr. Saferin moved to grant Dr. Gray's request for a Restoration Application upon successful completion of the SPEX or the specialty board recertification and a mini residency for at least three months.

Dr. Steinbergh noted that the SPEX was inappropriate for this situation if she was going to pathology. Dr. Steinbergh indicated that she felt that Dr. Gray would be unqualified for family practice.

Dr. Ramprasad clarified that the thought process on their decision was that the Committee was not certain that Dr. Gray is going back to pathology. Therefore, the Committee felt that a mini residency in the area of practice that she chooses and do either SPEX or recertification depending on what area of

practice she selects.

Dr. Saferin noted that training would assist with Dr. Gray's general medical knowledge to study up on all areas.

Dr. Sethi asked if it would be reasonable to ask what Dr. Gray's practice plan was because once a license is issued, the physician is unlimited.

Dr. Saferin clarified the motion to read as: To grant Dr. Gray's request for a Restoration Application upon successful completion of the SPEX exam or the recertification board examination and a preceptorship of not less than 90 days.

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

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

The motion carried.

Michael Abrahams, M.D.

Dr. Saferin noted that Michael Abrahams, M.D., had filed a USMLE Step 3 Accommodation Request for his diagnosis of Attention Deficit Hyperactivity Disorder and Dyslexia/Reading disorder. Dr. Abrahams is requesting time and one-half for the examination and had been granted it on his prior USMLE examinations.

The Committee recommends granting the accommodation.

Dr. Saferin moved to approve the USMLE Step 3 Accommodation Request of Michael Abrahams, M.D. Dr. Steinbergh seconded the motion. A roll call was taken:

ROLL CALL:	Dr. Sethi:	- aye
	Dr. Soin:	- aye
	Mr. Giacalone:	- aye
	Dr. Bechtel:	- aye
	Dr. Saferin:	- aye
	Dr. Rothermel:	- aye
	Dr. Steinbergh:	- aye

Mr. Kenney: - aye
Dr. Ramprasad: - aye

The motion carried.

James H. Marcus, M.D.

Dr. Saferin stated that James H. Marcus, M.D., had filed a USMLE Step 3 Accommodation Request for his diagnosis of a Learning Disorder NOS. Dr. Marcus requested double time and an audio rendition of the examination.

Dr. Saferin noted that the Committee discussed this request in detail discussing concerns. The conversation was regarding whether or not Dr. Marcus would be able to practice and if he can practice, would have to have a certain specialty, which would accommodate his “handicap/disability” and whether or not there was such a practice. Dr. Saferin said that if Dr. Marcus was granted a license, then the Board could limit his practice options according to his disability.

The Committee has recommended approval of the accommodation.

Dr. Steinbergh noted that she agreed with the Committee’s decision and said that her concerns with Dr. Marcus would be that if he goes on to post-graduate education, what would the expectations of a residency program and practice be for him. Dr. Steinbergh stated that it is important that the record reflect that this discussion occurred and the issue was vetted appropriately through the Board.

Dr. Saferin moved to approve the USMLE Step 3 Accommodation Request of James H. Marcus, M.D. Dr. Steinbergh seconded the motion. A roll call was taken:

ROLL CALL:

Dr. Sethi:	- aye
Dr. Soin:	- aye
Mr. Giacalone:	- nay
Dr. Bechtel:	- aye
Dr. Saferin:	- aye
Dr. Rothermel:	- aye
Dr. Steinbergh:	- aye
Mr. Kenney:	- aye
Dr. Ramprasad:	- aye

The motion carried.

Mr. Giacalone indicated that the vote began before he had the opportunity to discuss his concerns and he wanted to have that opportunity even after the fact. Mr. Giacalone said he applauds Dr. Marcus for what he has done, despite his difficulties. However, Mr. Giacalone asked if the Board doing Dr. Marcus a

disservice by granting his accommodation. Mr. Giacalone said he struggled with how Dr. Marcus is ever going to be able to practice in any type of patient care environment.

Dr. Ramprasad interjected and said in this situation, the licensee has documentation that he is disabled and the Board has to approve or disapprove of the accommodation so that he can take the exam. If the Board denies the accommodation, it would have to give a reason as to why they felt the licensee was not disabled.

Dr. Steinbergh noted that at some point, the Board may wonder about the educational experience will be like for this licensee. Dr. Steinbergh said that the College, when they admitted this individual, knew of his disability and said it would be interesting to see how the monitoring gets developed throughout his tenure. Dr. Steinbergh questioned how Dr. Marcus will do on all of the examinations and how the college will accommodate him.

Dr. Sethi stated that the ADA definition is an accommodation within reason and the basic definition being, can this person do the basic/essential functions of the job.

Catherine Kiley, M.D.

Dr. Saferin stated that Catherine Kiley, M.D., applied for her initial license in Ohio and has not practiced clinical medicine since July of 2008. Dr. Kiley practiced administrative medicine as a Physician Case and Quality Reviewer at Southcoast Medical Group until January of 2011.

Dr. Saferin moved to approve the application of Catherine Kiley, M.D., upon successful completion of the SPEX or board recertification in internal medicine. Dr. Steinbergh seconded the motion. A roll call was taken:

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

The motion carried.

Chelsea Owens, M.T.

Dr. Saferin stated that Chelsea Owens, M.T., applied for a restoration of her license in Ohio. Ms. Owens has not actively practiced massage therapy since August of 2008.

Dr. Saferin moved to approve the application of Chelsea Owens, M.T., upon successful completion of the MBLEx. Dr. Steinbergh seconded the motion. A roll call was taken:

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

The motion carried.

Jan M. Schwab, M.D.

Dr. Saferin stated that Jan M. Schwab, M.D., applied for a clinical research faculty certificate. Dr. Schwab provided all the proper documentation and he will be doing clinical research at The Ohio State University.

Dr. Saferin moved to approve the application for a clinical research faculty certificate for Jan M. Schwab, M.D. Dr. Steinbergh seconded the motion. A roll call was taken:

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

The motion carried.

FINAL PROBATIONARY APPEARANCES

Paul Blanchard, M.D.

Ms. Bickers reviewed Paul Blanchard, M.D.'s history with the Board and stated that the licensee was appearing before the Board pursuant to his request for release from the terms of the July 8, 2009 Step II Consent Agreement.

Dr. Steinbergh welcomed Dr. Blanchard to the meeting and asked him to describe how he is doing in his recovery, his current type of practice and what his plans are once released from the Consent Agreement.

Dr. Blanchard indicated that he practices internal medicine, is part of a hospital-based group at a Jewish hospital in Cincinnati. He indicated that his responsibilities include serving on the faculty and overseeing the resident physicians in the outpatient internal medicine clinic. Dr. Blanchard said he is also the medical director at two nursing facilities in Cincinnati. He stated that his recovery continues to go well and he sees his psychiatrist and addiction specialist monthly and continues to attend meetings regularly. Dr. Blanchard noted that he is fortunate to have good support from his family and colleagues and is grateful for it.

Mr. Giacalone asked Dr. Blanchard for background information on what happened to him. Mr. Giacalone said that he applauded Dr. Blanchard for his work, but cautioned him that the Board is not in the habit of giving second or third chances and it will be his responsibility to stay on the program if he is released.

Dr. Blanchard answered, saying that he had spinal fusion surgery in 2006 and became dependent on opiates, which evolved into him inappropriately writing prescriptions most often in his wife's name to supplement his opiate prescription. He admitted that he recognizes it as a lifelong issue and that he will be in recovery for the rest of his life.

Dr. Soin asked Dr. Blanchard if he has a plan to manage his pain now, in case he has a flare-up.

Dr. Blanchard said that he recently encountered pain from a surgery that he had to have and he was honest with his physician and the anesthesiologist telling them he is a recovering opiate addict. Dr. Blanchard said that he gives his wife control of his prescriptions so that he does not misuse the medication.

Dr. Steinbergh asked how Dr. Blanchard responded after the surgery and asked if he was given an opioid post-op.

Dr. Blanchard indicated he believed it was Percocet that he received and he gave the prescription to his wife. He said that he took the prescription appropriately and did not have any cravings for additional medication and weaned off the medication completely within a few days after surgery.

Dr. Rothermel asked if Dr. Blanchard if, in his role supervising residents, he had taken the opportunity to use his experience in their education and incorporate into their training the importance of it.

Dr. Blanchard replied by saying that he had not specifically told them of his situation, but that he teaches responsible prescribing.

Dr. Steinbergh moved to release Paul Blanchard, M.D., from the terms of the July 8, 2009 Step II Consent Agreement, effective immediately. Dr. Rothermel seconded the motion. All members voted aye. The motion carried.

Ralph A. Hugunin, M.D.

Ms. Bickers reviewed Ralph A. Hugunin, M.D.'s history with the Board and stated that the licensee was appearing before the Board pursuant to his request for release from the terms of the May 13, 2009 Board Order.

Dr. Ramprasad asked why his situation happened twice.

Dr. Hugunin said with the first incident, the full extent of the family member's illness was not identified, even though the family member had seen two mental health workers to evaluate for substance abuse and addiction issues. Dr. Hugunin said the family member did not get adequate treatment. Dr. Hugunin stated that later on when he wrote for that family member again, he was trying to get her into treatment but was manipulated into a position to write another prescription for her. Since he wrote the prescription in a false name, it created the fraudulent documents and drug trafficking charges. Dr. Hugunin indicated that he has never used controlled substances that were not prescribed.

Dr. Steinbergh commented that she believed Dr. Hugunin developed good insight into the situation and has since then, given good advice to others. She asked how Dr. Hugunin's experience with the Board has been and how has it affected him and his practice.

Dr. Hugunin stated that the situation affected him personally and the way he looks at patients that have addiction problems, because he has lived through it with his wife and understands their issues more clearly. Dr. Hugunin continued on to say that it has affected his practice because it has made it much more difficult to find employment because of the history of the situation. He indicated that the hospitals do not worry about his qualifications, but about the publicity that could come along with his employment with them. Dr. Hugunin said that hospitals have told him that he is qualified, but in the competitive climate of medicine, a competitor could use it against their company. Dr. Hugunin said that he worked in a Columbus hospital until it closed and since then has been working for two years in Steubenville and is not dealing with the narcotics. Dr. Hugunin commented that while the order was punitive, the economic damages nearly devastated him and his family and he has concerns that those sanctions may not necessarily prevent others from doing the same thing and writing the prescriptions regardless.

Dr. Soin asked, since he and his family were so devastated, does that not make him feel that he never wants to be in that situation again.

Dr. Hugunin said that while he understands the Board's position and placing those sanctions, did not feel that these financial burdens help prevent other licensees from writing prescriptions in the wrong fashion.

Dr. Steinbergh commented that Dr. Hugunin's point was well taken and that the Board tries in its outreach education to help clinicians understand their responsibilities to prescribing and licensure. Dr. Steinbergh noted that she suspects the Board will help some, but not others in the same situation, but that they will continue to help educate licensees on the issue.

Dr. Hugunin said that there are situations where nurses ask doctors in their hospital for prescriptions, and he indicated that he does not write for them. Dr. Hugunin noted that if he becomes aware of a colleague who has written a prescription for a nurse, he pulls them aside, tells them they should not do it, states that it is a dangerous practice and indicates that prescribing should be done correctly after an office visit and with proper documentation.

Mr. Giacalone asked Dr. Hugunin if he only wrote improper prescriptions for his wife.

Dr. Hugunin indicated yes and that his wife has a very difficult sleep disorder and even under the continued care of an addiction specialist is still prescribed Ambien on a regular basis. Dr. Hugunin said that his wife's disorder became severe enough that it affected her mental health. Dr. Hugunin said that because of his wife's family's nationality have a very different opinion of mental health issues this made it difficult for Dr. Hugunin to convince her to see a mental healthcare worker. Dr. Hugunin admitted that in 2004 or 2005, he had been writing prescriptions for his wife's medications on a regular basis until he convinced her to see a mental healthcare worker. There were three episodes that he wrote prescriptions for his wife and they all had an urgency about them.

Dr. Hugunin explained that his wife continued to be under the care of a different mental healthcare worker who was prescribing her different medications – Ambien and benzodiazepines. Dr. Hugunin said that his wife began buying off the streets and, as a nurse herself, began diverting medications from her place of employment and was eventually caught. Prior to her being caught, Dr. Hugunin said that his wife had three episodes and was in such bad withdrawal that she could not sit up without passing out. Dr. Hugunin indicated that he tried repeatedly to get his wife to go into treatment but eventually made the conscious decision to get medication to get her out of withdrawal, because she agreed to go into an outpatient program.

Dr. Hugunin said that he found out that when his wife was going to outpatient AA/NA meetings, she purchased a drug there. He cautioned the Board that there are “wolves” who circulate among the AA meetings and sell drugs.

Mr. Giacalone questioned what type of drugs Dr. Hugunin's wife was using in 2005.

Dr. Hugunin stated that at that time, his wife was using Ambien and a benzodiazepine and that she began using them to help her sleep, along with an opioid.

Mr. Giacalone voiced his concerns of respiratory distress in that situation and said he struggled with the physician's decision to write his wife prescriptions at that time.

Dr. Hugunin said, if a physician has a patient that has a sleep disorder to the point that it is becoming psychotic, you want to get the sleep controlled so that you can discuss her seeing a mental healthcare worker, which he indicated is what happened. Dr. Hugunin reminded the Board that he had successfully gotten his wife to a mental healthcare worker prior to being cited and that he used it as a means to temporize the situation until he could get her to go into care.

Mr. Giacalone asked, in hindsight, was it the right way to handling the situation.

Dr. Hugunin indicated no, but he did not know how else it would have worked, as he had tried repeatedly and unsuccessfully to get her to seek treatment.

Dr. Ramprasad interjected saying that they understand the circumstances and after reading Dr. Hugunin's letter, the Board knows that he now understands the proper position. Dr. Ramprasad reiterated that the Board wants to ensure it does not happen again.

Dr. Steinbergh moved to release Ralph A. Hugunin, M.D., from the terms of the May 13, 2009 Board Order, effective July 15, 2014, subject to the permanent limitations set forth in the May 13, 2009 Board Order. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

James M. Kennen, D.O.

Ms. Bickers reviewed James M. Kennen, D.O.'s history with the Board and stated that the licensee was appearing before the Board pursuant to his request for release from the terms of the July 8, 2009 Step II Consent Agreement.

Dr. Steinbergh welcomed Dr. Kennen to the meeting, asked how he was feeling and when he takes his boards.

Dr. Kennen responded that he took the Core Examination for the ABR, saying he is already ABR board certified, and became eligible for the American Board of Radiology when they opened up a pathway for osteopaths two years ago. Dr. Kennen said that the ABR gave him one year of previous credit and that he is starting his fourth year of fellowship and is a part-time attending at an ACMU approved residency program. Dr. Kennen indicated that he took the first part of the Core Exam last month and has months before he takes the second part.

Dr. Steinbergh reiterated that Dr. Kennen had been with the Board for a long time and they were concerned about relapse and asked about the program he is working.

Dr. Kennen stated that when he first went through the process, he was surprised to find himself in it and never thought that he had the personality to develop the type of problem that he did. He believes that medication that he was taking created the symptoms and periods of depression and anxiety, which in turn created his situation. Dr. Kennen said that after seven years he realized the fact that the medication was most likely the cause and since his medication had been changed, he has had no other problems with depression or anxiety. Dr. Kennen said the episodes when he would drink, was himself medicating when he was overwhelmed.

Dr. indicated that he is not on any antidepressants, his health has been great, he has been working an AA program, and has volunteered at the Cleveland Clinic as a clinical instructor for quite a while. Dr.

Kennen said that he has gone from the point of realizing why he drank to getting help and getting sober, with much support during the process. Dr. Kennen said that he realized that his new lifestyle had to be one without alcohol and he has made that change. He admitted that his new lifestyle has given him the ability and opportunity to do more things than he was able to do in the past and noted that he is grateful. Dr. Kennen said the situation allowed him to blessing in the fact that he had to look inside, evaluate himself and grow and he felt that he has through the process.

Dr. Steinbergh asked Dr. Kennen if he feels like he is in control now after going through the program.

Dr. Kennen indicated that he works the program and takes his disease one day at a time.

Dr. Ramprasad noted that in 2006, Dr. Kennen had a DUI, asked if he received treatment, and if that was the situation that turned him towards the right direction.

Dr. Kennen said that he received treatment at the Cleveland Clinic and the process that turned him around was one of personal discovery and realizing the fact that part of his problem was not just his lack of will power, but that he was on medication that was causing him difficulties.

Mr. Giacalone reviewed Dr. Kennen's relapses and asked when he started on the new medication. Mr. Giacalone said that while he applauds Dr. Kennen for his efforts, the pattern is disconcerting and cautioned him that another time would not be acceptable.

Dr. Kennen answered that he was on the medication that caused his problems for seven years. After the final relapse is when he realized the medications were causing the symptoms. After October of 2006 is when his prescription was changed and he has no intention to be before the Board again. Dr. Kennen concluded by thanking the Board for giving him the opportunity and said he hopes to be an example to other physicians.

Dr. Steinbergh moved to release James M. Kennen, D.O., from the terms of the July 8, 2009 Step II Consent Agreement, effective immediately. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Finance Committee

Mr. Kenney indicated that Ms. Loe would review the Fiscal Report, which was distributed to the Board.

Ms. Loe indicated that the Board received approximately 9.2 million dollars and spent approximately 8.1 million dollars this fiscal year. Ms. Loe indicated that the Board spent approximately 1 million dollars in the month of June because the Board was billed for and paid in full an entire year's rent. She reminded the Board that we normally pay quarterly, but DAS waited and billed the agencies a full year's rent when they notified them of the rent increase.

Mr. Kenney stated that the Board hopes to have the Fining Authority approved prior to the end of 2014 and we continue to have dialogue with the Legislature.

Mr. Blanton reviewed the updated Per Diem policy that was created and reviewed and approved by the Ohio Ethics Commission. Mr. Blanton read the policy and reminded Board members that, when a Board member is involved in an outside entity, such as the Federation of State Medical Boards (FSMB), that compensation cannot be requested from the State Medical Board of Ohio, if they are receiving compensation from an association for performance of duties as an official of that association or on behalf of that association.

Mr. Blanton also indicated that he had spoken with the Ohio Ethics Commission regarding how per diems were calculated for Board members and the compensation schedule that the State Medical Board of Ohio falls under, which is 124.15(J), Ohio Administrative Code. Mr. Blanton stated that the suggested changes to that portion of the policy are included in paragraphs C and D in the policy. Mr. Blanton indicated that the Finance Committee approved the policy earlier in the day and asked the Board for their approval of the changes. Mr. Blanton concluded by answering questions regarding the policy.

Dr. Soin moved to approve of the changes to the Per Diem Policy. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Policy Committee

Internal Management Rule for Performance Metrics

Dr. Soin indicated that the Controlled Substances for Minors and the OARRS bills passed and will be enacted/implemented over the next year or so. Dr. Soin also indicated that the Committee also reviewed the Internal Management Rule for Performance Metrics to set forth criteria for assessing accomplishments, activities and performance data, including metrics detailing the Board's revenues and reimbursements, budget distributions, and investigation and licensing activity.

Ms. Anderson joined the conversation and stated that the purpose of the rule is to implement the statute, which was included in the Budget Bill last year, requiring uniformity with the performance metrics, particularly the metrics that appear in the annual report. Ms. Anderson said that the Board has an internal management rule, which follows a different process than the other rules that the Board has. Ms. Anderson indicated that the rule is under Section 111, Ohio Revised Code, instead of Section 119, Ohio Revised Code, and the Board does not have to go through the Common Sense Initiative (CSI) process and does not have to have a public hearing. The rule, however, would still need to be filed with JCARR and needs to be approved by the Board. Ms. Anderson said that the handout that was provided to the Board outlines the requirements and indicates the performance that the Board is going to measure and how that will be done for each of the subject matter areas. Ms. Anderson indicated the Committee approved bringing the rule to the Board for approval.

Dr. Ramprasad asked a few questions about the language of median versus average within the document and Ms. Anderson and Mr. Miller clarified the language. Ms. Anderson stated the information was based on what is currently being reported and that was the information that was intended to be captured

in the rule.

Dr. Ramprasad also asked about the outreach metrics. Ms. Anderson indicated that information is what staff has available. However, more can be done in the future and the Committee is open to suggestions.

Dr. Steinbergh moved to approve the Internal Management Rule for Performance Metrics. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

Medical Board Rule Regarding Prescribing to Patients Not Seen

Dr. Soin indicated that the next rule up for discussion is the Medical Board rule regarding prescribing to patients not seen and he turned the floor over to Ms. Anderson.

Ms. Anderson stated that this is a rule that the Board has had for a long time. For the initial visit, the physician needs to have an examination of a patient except in certain situations. One concern the Committee had was that the rule has been amended over time and the Board needed to be consistent with those amendments. Ms. Anderson indicated that the Board has done an interpretive guideline on the rule that reviews the different types of evaluations. The Committee's goal was to simplify the rule, capture the interpretive guideline information, ensure that it is in line with the Federal law, and remove any unnecessary add-ons. Ms. Anderson noted that this particular issue is one of high interest around Ohio and the Committee is asking for approval.

Dr. Ramprasad said that he had found that there are a lot of people performing telemedicine and asked why the language on line 40 says a physician is consulting with another physician and asked why it cannot be a nurse practitioner or a physician assistant (P.A.). Ms. Anderson indicated that the Board could explore that, but were trying to control internet prescribing.

Ms. Anderson also noted that Dr. Steinbergh suggested for line 25, that the Committee accepted, which was instead of talking about the patients symptoms to talk about the patient's physical condition.

Dr. Steinbergh asked if on line 40 reference to an Advanced Practice Nurse (APN) could be noted.

Ms. Debolt joined the conversation and said for certain drugs, the P.A. and A.P.N. formularies require that the supervising physician initiate the drug or consult with the P.A. or Nurse Practitioner (N.P.) prior to the P.A. or A.P.N. prescribing the drug and the addition of Dr. Soin's suggested wording would make it clear that the physician does not have to examine the patient.

Dr. Soin indicated that he agreed with the addition.

Dr. Ramprasad said that the changes discussed should be explored and made, then discussed with Dr. Soin. If no unforeseen impact or concerns arise, then the Board approves of the changes and the Committee should move forward with the rule. If concerns arise, the Committee should continue to work on the rule before bringing it back before the Board.

Dr. Bechtel interjected that it is important to clarify the policy because of patient protection.

It was determined that the changes would be taken back to the Policy Committee before it is approved by the Board.

Update to Rules Related to Licensing for Veterans and Military Staff

Dr. Soin stated that the Committee reviewed the update to rules related to licensing for veterans and military staff. Dr. Soin indicated that the Committee was reviewing and revising the policies and procedures to streamline the certification and licensing process and to take into account relevant military education, skills, and training.

Ms. Debolt explained that the Governor issued an Executive Order stating that each licensing board or agency needed to streamline the processes to facilitate licensure of veterans and active duty personnel. Ms. Debolt stated that there are new provisions of the Ohio Revised Code requiring the Board to consider whether there are education, skills training, and/or service that are substantially equivalent for licensure and continuing education purposes. The provisions also provide for the renewal of an expired license without penalty, if the license expired while the licensee was on active duty. Also, there is a provision to grant a licensee who has been on active duty additional time to complete continuing education that is required for renewal. Ms. Debolt indicated that the Board has reviewed the processes for Anesthesiologist Assistants, Acupuncturist, Oriental Medicine Practitioners, Radiologist Assistants, and Genetic Counselors, thus far, and are currently reviewing the P.A. process. Ms. Debolt indicated that it was determined there was no equivalent training experience in the military for the categories that are before the Board at this time. The Rule also speaks to the renewal of an expired license process and extension of the continuing education period that is required for renewal.

Dr. Steinbergh moved to approve the Rule for circulation to interested parties. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Chronic Weight Management Rule

Dr. Soin stated that the Committee discussed rules regarding short-term weight loss and an update on research, informing the Board that Mr. Beck is conducting a survey with law enforcement agencies and task forces. Dr. Soin admitted that when he first joined the Board, he did not support the weight loss rules as he thought they were too restrictive. Dr. Soin said that obesity is a major problem and felt that having more tools to combat it was helpful. However, Dr. Soin indicated that the research has been helpful to him and he wanted to share facts with the Board. Dr. Soin said that staff searched CASPER, which is essentially Kentucky's OARRS, and found their rules and restrictions on weight loss drugs are more liberal than Ohio's. Dr. Soin said that the population in Kentucky in 2013 is about 4.4 million and they have approximately 14.3 million circulating doses of phentermine that year, which is almost three pills per person. Dr. Soin continued in saying that Ohio's population is about 11.5 million and has about 2.6 million doses in circulation. He said that the Committee is going to continue to conduct research, wait to see what the results are so the Board has a better understanding of what is on the street and its value, before a decision was made.

A discussion followed among Board members about Kentucky's obesity rate versus Ohio. It was determined with information from the internet that Kentucky's self-reported obesity rate is 31.3% and Ohio's rate is 30.1%.

Legislative Update

Mr. LaCross gave a brief update saying that Ms. Ore agreed to prepare a question and answer sheet/frequently asked questions document that would be distributed to all licensees who need to use OARRS. Mr. LaCross also indicated that staff is compiling information about Lyme Disease so that we can properly educate the Board's licensees, as well.

Compliance Committee

Dr. Ramprasad stated that on June 11, 2014, the Compliance Committee met with Stanley Beekman, D.P.M., L.M.T., Robert J. Rosenstein, D.P.M., Carol G. Ryan, M.D., and Richard S. Skoblar, M.D., and moved to continue them under the terms of their respective Board actions.

Dr. Ramprasad further stated that the Compliance Committee accepted Compliance staff's report of conferences on May 12th and 13th, 2014, and further approved the draft minutes from the May 14, 2014 Compliance Committee.

Dr. Ramprasad thereupon at 2:50 p.m. adjourned the July 9, 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 July 9, 2014, as approved on August 13, 2014.



Krishnamurthi Ramprasad, M.D., President



Mark Bechtel, M.D., Secretary

