

MINUTES**THE STATE MEDICAL BOARD OF OHIO****August 12, 2015**

Michael L. Gonidakis, Acting President, called the meeting to order at 9:50 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: Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Amol Soin, M.D.; Sushil Sethi, M.D.; Robert P. Giacalone; Andrew P. Schachat, M.D.; and Michael Schottenstein, M.D. The following member arrived at a later time: Richard Edgin, M.D. The following member did not attend: Donald R. Kenney, Sr., President.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; Michael Miller, Assistant Executive Director for Licensure and Renewal; Sallie J. Debolt, Senior Counsel; William Schmidt, Senior Counsel for Investigations; David Katko, Assistant Legal Counsel; Joan K. Wehrle, Education and Outreach Program Manager; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Angela McNair, Gregory Taposci, James Roach, and Kimberly Lee, Enforcement Attorneys; Katherine Bockbrader, Kyle Wilcox, and James Wakley, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Danielle Bickers, Compliance Supervisor; Annette Jones and Angela Moore, Compliance Officers; Mitchell Alderson, Administrative Officer; Chantel Scott, Chief of Renewal; Stuart Nealis, Project Manager; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Christine Schwartz, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; Bernadette Simon, Executive Programs Specialist; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Saferin moved to approve the draft minutes of the July 8, 2015, Board meeting, as written. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion carried.

APPLICANTS FOR LICENSURE

Dr. Saferin moved to approve for 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,” the genetic counselor applicants listed in Exhibit “C,” the massage therapist applicants listed in Exhibit “D,” the physician assistant applicants listed in Exhibit “E,” and the physician applicants listed in Exhibit “F” Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Dr. Schottenstein	- aye

The motion carried.

Dr. Edgin entered the meeting at this time.

REPORTS AND RECOMMENDATIONS

Mr. Gonidakis announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Mr. Gonidakis 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: Mark L. Allen, M.D.; Thuan Duc Dang, M.D.; Martin Richard Hobowsky, D.O.; Sheila S. Reddy, M.D.

A roll call was taken:

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

Dr. Schottenstein - aye
Dr. Edgin - abstain

Mr. Gonidakis 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. Rothermel	- aye
Dr. Saferin	- aye
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- abstain

Mr. Gonidakis 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. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

Mr. Gonidakis 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.

MARK L. ALLEN, M.D.

Mr. Gonidakis directed the Board's attention to the matter of Mark L. Allen, M.D. Objections to Ms. Blue's Report and Recommendation were filed and were previously distributed to Board members. However, Dr. Allen's objections were not filed in a timely manner. Mr. Gonidakis stated that the Board must determine whether to accept Dr. Allen's objections.

Dr. Steinbergh moved to accept Dr. Allen's objections to the Report and Recommendation. Mr. Giacalone seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye

Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- abstain

The motion carried.

Mr. Gonidakis stated that a request to address the Board has been timely filed on behalf of Dr. Allen. Five minutes will be allowed for that address.

Dr. Allen was represented by his attorney, John Irwin.

Mr. Irwin thanked the Board for accepting Dr. Allen's objections to the Report and Recommendation and stated that they had been filed in order to highlight what he felt was a misunderstanding on the part of the Hearing Examiner regarding the weight of the evidence.

Dr. Allen thanked the Board for allowing him to make final comments on his accidental alcohol exposure. Dr. Allen also thanked the Board for helping him in his recovery. Dr. Allen stated that he has not had a drink for over fourteen years and he works his 12-step recovery program daily. Dr. Allen stated that he has been blessed to be able to restart his life in Poland, Ohio, and to get his dream job at a surgical hospital. Dr. Allen stated that he is now surrounded by individuals who know his past and support him daily. Dr. Allen stated that, while he has not been perfect, he has not had a drink for 5,208 days and he would not do anything to compromise his recovery. Dr. Allen stated that five years ago he examined his life and saw how selfish and ungrateful he was. This led to a spiritual awakening and he realized that only his higher power could help him recover from his disease. Dr. Allen stated that today there are no drugs in his life and he is healthier than he has ever been.

Dr. Allen stated that he has been truthful regarding the incident in question and that he had had no knowledge that there was alcohol in the pomegranate juice he drank. Dr. Allen explained that when he discovered that his blood sugar was low in the middle of the night, he went to his refrigerator and drank a container of what he thought was cranberry juice. Dr. Allen stated that he later learned that alcohol had been mixed with the juice. Dr. Allen stated that when he drank the juice he did not detect any taste of alcohol and felt no alcoholic effects.

Dr. Allen stated that he has committed himself to earning the trust and respect of the Board. Dr. Allen stated that he and Ms. Preston, his significant other of 13 years, have spoken to all their friends and relatives to ensure that alcohol will never again enter their home. Dr. Allen stated that he has also put new safeguards in place at his hospital to ensure that he does not miss any more call-ins to FirstLab. Dr. Allen stated that his unique history gives him a perspective that helps him in treating opiate addicts in clinics.

Dr. Allen asked the Board to issue a reprimand on the basis of the facts and the testimony of Ms. Preston, his neighbors, his sponsor, his employer, his supervising physician, and his treating physician. Dr. Allen asked the Board to refrain from suspending his license and allow him to continue to work to gain the Board's trust and respect.

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

Mr. Wilcox stated that he agrees with the Hearing Examiner and disagreed with Dr. Allen's contention that his consumption of the juice and alcohol mixture was unintentional. Mr. Wilcox emphasized that a characteristic of alcoholics and addicts is that they lie about their disease. Mr. Wilcox stated that an alcoholic in recovery would be extremely careful about anything they ingest. Mr. Wilcox stated that, according to testimony, there had never been pomegranate juice in Dr. Allen's home. Mr. Wilcox opined that it defies logic that Dr. Allen would drink the juice with inquiring about what was in the container.

Mr. Wilcox continued that Dr. Allen has a history of not being honest with the Board. Mr. Wilcox stated that in 2010 a Medical Board investigator asked Dr. Allen for a urine sample but Dr. Allen refused. The following day Dr. Allen notified the Board that he had recently used cocaine. Mr. Wilcox stated that in that instance Dr. Allen self-reported to the Board because he knew he was caught. Mr. Wilcox opined that in the current matter Dr. Allen thought he could get away with using alcohol, but when the Board ordered a blood test he invented this story to explain the test results. Mr. Wilcox stated that even if the Board believes Dr. Allen he still violated his Consent Agreement because he is solely responsible for what he drinks.

Mr. Wilcox related that on November 8, 2014, Dr. Allen missed a required call-in to FirstLab and on November 13, 2014, he missed an ordered screen. Dr. Allen did not submit to a urine screen until 5:30 p.m. the following day. On December 8, 2014, a blood screen was ordered which was positive for alcohol. Mr. Wilcox stated that the Board had granted Dr. Allen a waiver from screens from November 26 to December 3 due to planned travel. However, Dr. Allen did not travel during that period and he did not inform the Board of his changed plans. Mr. Wilcox stated that this created an opportunity for Dr. Allen to use alcohol.

Mr. Wilcox opined that the Board cannot trust Dr. Allen. Mr. Wilcox stated that if the Board believes that there is some chance to redeem Dr. Allen, then the Proposed Order, including the minimum one-year suspension, is appropriate.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Mark L. Allen, M.D. Dr. Sethi seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the above matter.

Mr. Gonidakis briefly reviewed Dr. Allen's career. Mr. Gonidakis also reviewed Dr. Allen's history of alcohol and drug abuse, his Driving Under the Influence (DUI) conviction in 1991, his reckless operation conviction in 2001, and his inpatient treatment in 2003. Dr. Allen's medical license was first disciplined in 2003. Dr. Allen relapsed in 2010 on cocaine, after which he underwent further treatment for chemical dependency. Dr. Allen is currently subject to the terms of a Step II Consent Agreement due to his 2010 relapse.

Mr. Gonidakis stated that Dr. Allen has admitted to missing required call-ins to FirstLab on June 30, 2014 and November 8, 2014. Dr. Allen has claimed that he missed the call-ins because he had been busy at work. After missing the call-in on November 8, Dr. Allen waited until November 13 to notify the Board. The Board staff advised Dr. Allen to provide a urine screen that day, but he indicated that he was very busy and he waited until 5:30 p.m. the following day before providing a specimen. A blood sample collected on December 8, 2014, was positive for alcohol.

Mr. Gonidakis continued that in 2014 Dr. Allen had notified the Board of his intent to travel to Kansas City where his father lives, and therefore he was excused from urine screens during that time. However, medical conditions involving Dr. Allen's significant other prevented him from going on the trip. Dr. Allen has testified that he was not aware that he needed to notify the Board that he was not traveling. The day after Thanksgiving Dr. Allen's neighbors brought leftovers and a container of juice when Dr. Allen was not present. Dr. Allen's significant other, Ms. Preston, placed these items in the refrigerator. According to testimony, neither Dr. Allen nor Ms. Preston was aware that the juice contained vodka. Dr. Allen, an insulin-dependent diabetic, testified that he awoke in the middle of the night with low blood sugar, went to the refrigerator, and drank the juice in order to raise his sugar levels. Dr. Allen and Ms. Preston testified that they only learned that the juice contained vodka several days later.

Mr. Gonidakis stated that the Hearing Examiner has recommended a minimum one-year suspension of Dr. Allen's medical license, monitoring conditions, and an additional five years of probationary terms. Mr. Gonidakis opined that Mr. Wilcox made a compelling argument and, noting that Dr. Allen has been monitored by the Board for approximately ten years, asked when enough is enough.

Dr. Soin observed that the Report and Recommendation's Findings of Fact list about seven different red flags in this matter, including Dr. Allen's failure to call FirstLab in a timely manner and failure to be forthright about his travel plans. Dr. Soin was uncertain whether the Board could trust Dr. Allen given his long history of problems. Dr. Soin stated that he would be interested in hearing whether his fellow Board members feel that a one-year suspension is sufficient or if a longer suspension would be appropriate.

Dr. Steinbergh expressed concerns about some of the testimony in this case. Dr. Steinbergh stated that Dr. Allen's neighbors were supposedly unaware that Dr. Allen was a recovering alcoholic, yet when they learned that Dr. Allen had drunk the juice instead of Ms. Preston they commented that it contained vodka. Dr. Steinbergh questioned why the neighbors would mention the vodka if they had not known that Dr. Allen was a recovering alcoholic. Further, Dr. Steinbergh stated that there is no documentation to support Dr. Allen's assertion that his blood glucose during the night was 32, even though Dr. Allen has provided the Board with other records of his glucose levels. Dr. Allen claimed that his endocrinologist had the record of his glucose level that night, yet the endocrinologist was not questioned about this when he testified. Dr. Steinbergh expressed disappointment that the endocrinologist's testimony was not developed to either support or contradict Dr. Allen's comments.

Regarding Dr. Allen's failure to notify the Board that his plans to travel to Kansas City had been cancelled, Dr. Steinbergh stated that there was no language in Dr. Allen's Consent Agreement requiring him to inform the Board if he changes his travel plans. Therefore, Dr. Steinbergh stated that she is not concerned about that issue.

Regarding the juice in question, Dr. Steinbergh stated that Dr. Allen thought it was cranberry juice when it was in fact pomegranate juice mixed with vodka. However, Dr. Steinbergh stated that cranberry juice does not look or taste like pomegranate juice, and therefore Dr. Allen should have known immediately that he was not drinking cranberry juice. Dr. Steinbergh did not find this portion of Dr. Allen's testimony to be believable. Dr. Steinbergh stated that the Board members have viewed the empty container that had held the juice and there is some question of whether it is a 32 ounce container or a 48 ounce container. Dr. Steinbergh stated that in any case it was a great deal of juice and she questioned whether drinking the entire container would have resulted in a reactive hyperglycemic episode. Dr. Steinbergh also questioned why Ms. Preston would not immediately inform Dr. Allen that the juice contained alcohol when she learned that fact. Dr. Steinbergh opined that Dr. Allen did not inadvertently drink the juice.

Dr. Steinbergh stated that she supports the Hearing Examiner's Proposed Order.

Mr. Giacalone stated that Dr. Allen's story seems elaborate and is supported by multiple witnesses, yet it is missing the key element of documentation of Dr. Allen's blood glucose level on the night in question. Mr. Giacalone stated that he is not convinced by Dr. Allen's story largely because it is so perfect except for the crucial missing record of the glucose level.

Dr. Schottenstein stated that diabetics must be careful about over-correcting for a low glucose level. Dr. Schottenstein stated that a diabetic who drinks approximately 46 ounces of pomegranate juice would end up in the hospital with a sugar level that is too high. Dr. Schottenstein stated that the correct way to correct hypoglycemia is to drink 4 ounces of juice and then check the sugar level in 15 minutes. Dr. Schottenstein stated that 4 ounces of juice will usually correct the problem, but if the level is still low then the person can continue to drink 4 ounces at a time at 15 minute intervals until the level is corrected. Dr. Schottenstein stated that if Dr. Allen had done this, it would have taken him almost three hours to drink the entire container. Dr. Schottenstein also stated that if the sugar levels do not rise, most people would call 911 instead of continuing to drink that much juice.

Dr. Schottenstein continued that it would make sense to him if Dr. Allen had only drunk a little juice and not the entire container, except that his phosphatidyl ethanol test came back positive. Dr. Schottenstein stated that the phosphatidyl ethanol test only shows positive if a good deal of alcohol is consumed. Dr. Schottenstein stated that Dr. Allen must have consumed the entire container in order for the phosphatidyl ethanol test to show positive, but this raises the question of why Dr. Allen's sugar levels did not become too high. Dr. Schottenstein also stated that the phosphatidyl ethanol test can detect alcohol consumed up to about three weeks prior; therefore, the December 8 test would cover the entire time that Dr. Allen was excused from screens due to his travel plans.

Dr. Soin opined that some of the testimony in this matter has been disingenuous and that Dr. Allen's pattern of behavior makes Dr. Soin uncomfortable with the Proposed Order. Dr. Steinbergh opined that Dr. Allen's alcohol consumption constitutes a second relapse. Dr. Steinbergh stated that, though the Board is not bound by its guidelines, the Board's guidelines recommended a one-year suspension in cases of a second relapse. Dr. Steinbergh also noted that Dr. Allen will be reassessed and he will undergo another 28-day inpatient treatment program if that is judged necessary by the assessing physician. Dr. Soin opined

that Dr. Allen can be rehabilitated, though he would have preferred a two-year suspension. However, Dr. Soin did not wish to offer an amendment to the Proposed Order.

Dr. Schottenstein commented that if one accepts the disease model of alcoholism and Dr. Allen's relapse is considered to be an exacerbation of the disease, then Dr. Schottenstein did not wish to be overly-punitive to someone who has had breakthrough symptoms of his disease. Mr. Giacalone commented that he supports the Proposed Order only because there is still a question in his mind as to whether Dr. Allen is being truthful or not. Mr. Giacalone stated that if he knew for sure that Dr. Allen had intentionally drunk alcohol, he would support revocation of Dr. Allen's license.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- nay
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion to approve carried.

THUAN DUC DANG, M.D.

Mr. Gonidakis directed the Board's attention to the matter of Thuan Duc Dang, M.D. No objections have been filed. Ms. Shamansky was the Hearing Examiner.

Mr. Gonidakis stated that a request to address the Board has been timely filed on behalf of Dr. Dang. Five minutes will be allowed for that address.

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

Ms. Collis stated that she supports the portion of the Hearing Examiner's Proposed Order that would grant Dr. Dang's application for licensure and place him under probationary terms for a minimum of five years. However, she opposed the proposed limitation on Dr. Dang's license because a limited medical license would make Dr. Dang unemployable in Ohio. Ms. Collis stated that the Ohio Department of Medicaid will not grant participation status to a physician with a limited license and most specialty certification boards will not allow participation with a limited license. Ms. Collis stated that many jobs in hospitals require specialty board certification.

Ms. Collis acknowledged that Dr. Dang experienced surgical complications while practicing in Maryland.

Dr. Dang entered into an Agreement with the Maryland Board of Physicians and he has now completed all the terms of that probation, including the required continuing medical education courses. The Maryland Board also placed a restriction on Dr. Dang's Maryland license barring one procedure, namely a carotid endarterectomy. Although Dr. Dang was not required to take additional training, he chose to do so and he entered a two-year acute surgical care fellowship at Wright State University in Dayton, Ohio.

Ms. Collis continued that Dr. Dang has no intention of practicing elective vascular surgery, and therefore the Proposed Order's limitation is both unnecessary and too broad. Ms. Collis stated that Dr. Dang's specialty board already requires him to refrain from performing carotid endarterectomies. Ms. Collis also noted that the Proposed Order requires Dr. Dang to be under a practice plan and that the Board can choose to approve a practice plan that bars Dr. Dang from performing carotid endarterectomies. Ms. Collis further stated that no hospital would credential Dr. Dang to perform a carotid endarterectomy since his specialty board will not allow him to perform it.

Ms. Collis opined that by granting Dr. Dang a full, unrestricted license to practice medicine and surgery in Ohio, with the probationary terms outlined in the Proposed Order, the Board can take the steps necessary to protect the public without making Dr. Dang essentially unemployable in Ohio.

Dr. Dang stated that in 2006 and 2007 while practicing in Maryland, he experienced complications in various surgical procedures. Dr. Dang stated that while he had received training in general surgery, the cases in question had multiple risk factors for which he did not have the training or experience to properly manage. Dr. Dang stated, as an explanation and not an excuse, that his residency program at Drexel University in Philadelphia had its limitations; the program was suffering financially and ultimately closed in 2007. Dr. Dang stated that in hindsight he feels that he did not receive adequate training during his residency.

Dr. Dang stated that in his early practice he performed a small amount of vascular surgery, but it was never his intention to make this a significant part of his practice. Dr. Dang stated that he initially performed carotid endarterectomies with his senior partner, but when this partner left the practice he was left to do these procedures on his own. Dr. Dang stated that when he experienced complications from the procedure he voluntarily stopped performing it.

Dr. Dang stated that he has completed all the requirements of his probation in Maryland and his probation in that state has been terminated. Dr. Dang stated that he is limited in Maryland from performing carotid endarterectomies, an agreement that went into effect before he sought additional fellowship training. Dr. Dang noted that he had temporarily lost his certification by the American Board of Surgery, but his certification was reinstated when he completed remedial continuing medical education. Dr. Dang stated that he has agreed with the American Board of Surgery to not perform non-emergency vascular procedures.

Dr. Dang stated that he moved his family, including his three school-aged children, from Maryland to Dayton in order to complete his training. Dr. Dang stated that this move was financially and emotionally difficult for his family, but he felt that the additional training was important. Dr. Dang stated that he came to Ohio to become a better surgeon and he urged the Board to grant him an unrestricted license to practice.

Dr. Dang stated that he has no intention of performing elective vascular surgery, but his fellowship is training him to perform elements of vascular surgery that are required in cases of surgical emergencies.

Mr. Gonidakis asked if the Assistant Attorney General would like to respond. Mr. Wakley stated that he would like to respond.

Mr. Wakley stated that there are two issues involved in this case: The matter of Dr. Dang's training certificate and the matter of his application for full licensure. Mr. Wakley stated that while the State agrees that no restrictions should be placed on Dr. Dang's training certificate, that State also agrees with the Hearing Examiner that Dr. Dang's full medical license should be restricted. Dr. Wakley stated that Dr. Dang clearly operated well out of his depth in performing these specific vascular procedures in Maryland. Mr. Wakley stated that while it is admirable that Dr. Dang sought additional training, he did not seek the specific training recommended by the American Board of Surgery. Mr. Wakley stated that Dr. Dang's fellowship will not address the specific deficiencies found by the American Board of Surgery and the Maryland Board of Physicians.

Mr. Wakley opined that a certain amount of gamesmanship was involved in Dr. Dang's proceedings. Mr. Wakley stated that when the hearing began the Board already had letters from Mary McCarthy, M.D., of Wright State University, and from the American Board of Surgery recommending that Dr. Dang not do vascular surgery. A letter to the same effect was also supposed to have been received from Mbaga Walusimbi, M.D., the head of the second-year program at Wright State University. The hearing record was held open so that Dr. Walusimbi's letter, which was supposed to have been drafted prior to the hearing, could be introduced into the record. When Dr. Walusimbi's letter was submitted it included a specific inserted section about how vascular surgery would be necessary for the second year of training. Because of this new letter, an additional day of hearing was held. In the additional testimony, Dr. Walusimbi testified that vascular surgery is a necessary component of the second year of training. Mr. Wakley stated that this contradicts testimony from the first day of hearing that vascular surgery in the second year is optional. Mr. Wakley stated that he did not know what to make of this and he suggested that the Board determine what an appropriate response would be.

Mr. Wakley opined that the record is sufficiently clear that Dr. Dang should not have an unrestricted medical license unless he does the type of training suggested by the American Board of Surgery. Mr. Wakley stated that if the Board is satisfied that Dr. Dang will receive that training in his current program, then he should be granted an unrestricted license. However, if the Board is not satisfied of that, then Mr. Wakley recommended adopting the Proposed Order with the restriction.

Dr. Sethi moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Thuan Duc Dang, M.D. Dr. Soin seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the above matter.

Dr. Schottenstein briefly reviewed Dr. Dang's career and the actions taken against his Maryland medical license. Dr. Schottenstein stated that the Maryland Board of Physicians found that Dr. Dang had practiced below the minimal standards of care in six cases. Dr. Schottenstein summarized each of these cases:

- Dr. Dang operated on Patient A to remove a sebaceous cyst in the upper midline of the abdomen. Dr. Dang was unable to locate the cyst and was therefore unable to remove it.
- Patient B, an 81-year-old male, experienced a syncopal episode and he was found to have 75% to 80% left internal carotid artery stenosis. Dr. Dang performed a left carotid endarterectomy. Patient B experienced complications post-operatively, including acute right-sided upper neurological deficits and aspiration symptoms. Patient B subsequently become unresponsive and had to be resuscitated. A diagnostic work-up revealed a left parietal lobe infarct and a left carotid artery residual 50% to 75% stenosis. Patient B required a feeding tube and was transferred to a long-term facility.
- Patient C, a 43-year-old female, was admitted to the emergency department with a diagnosis of acute cholecystitis. Dr. Dang performed a laparoscopic cholecystectomy. Patient C returned to the emergency department two days later with worsening abdominal pain. A diagnostic work-up showed that Dr. Dang had mistakenly cut the common bile duct instead of the cystic duct and he had failed to convert to an open procedure despite substantial abdominal inflammation. Dr. Dang also failed to discover signs of bleeding or bile leak prior to completing the procedure.
- Patient D, an 82-year-old male, had a diagnostic work-up which showed 90% left carotid stenosis. Dr. Dang performed a left carotid endarterectomy. Post-operatively, Patient D suffered a cerebral vascular accident resulting in right-sided paralysis. A diagnostic work-up showed a post-operative infarct of the left parietal lobe. Dr. Dang did not adequately assess Patient D for stroke symptoms post-operatively and did not act in a timely manner to address post-operative complications.
- Patient E, a 73-year-old male, had a diagnostic work-up which showed 80% stenosis in the left proximal carotid artery. Dr. Dang performed a left carotid endarterectomy. Post-operatively, Patient E developed swelling in the neck and complained of choking sensation for several hours. Patient E became unresponsive and he was taken to the operating room, where a large hematoma was evacuated. Patient E never regained consciousness and died several days later. Despite symptoms of post-operative bleeding, Dr. Dang took no action to address these symptoms.
- Dr. Dang performed a laparoscopic paraesophageal hernia repair on Patient F, a 56-year-old female. Patient F's spleen was injured during the procedure but no explanation for this was provided. Post-operatively, Patient F experienced significant difficulty swallowing. Dr. Dang had improperly constructed a Nissen fundoplication and failed to maintain proper documentation.

Dr. Schottenstein stated that Dr. Dang had mismanaged these six cases, and in the three cases involving a carotid endarterectomy the post-operative complications were catastrophic. Dr. Schottenstein stated that a

carotid endarterectomy is an elective vascular procedure typically performed by vascular surgeons, not general surgeons. However, Dr. Schottenstein stated that the local standard of care can vary in smaller communities and that sometimes a general surgeon who feels comfortable with it may elect to perform the procedure as part of his or her practice.

Dr. Schottenstein continued that Dr. Dang is currently in a two-year fellowship in acute care surgery and surgical critical care at Wright State University. Dr. Schottenstein stated that Dr. Dang will need a full medical license in order to begin the second year of the fellowship. Dr. Schottenstein noted that Dr. Dang has received glowing recommendations from physicians familiar with his work. Dr. Schottenstein stated that refusing to grant Dr. Dang's application for full licensure will prevent him from completing the training that has been recommended for him by the American Board of Surgery.

Dr. Schottenstein stated that he favors the Proposed Order, which would restrict Dr. Dang from the independent practice of elective vascular surgery. Dr. Schottenstein stated that some vascular surgery on an emergency basis will be unavoidable in the course of trauma surgery, but restricting Dr. Dang from independently practicing elective vascular surgery is reasonable.

Dr. Steinbergh stated that the most important part of this case for her are the terrible mistakes Dr. Dang had made in surgical judgment. Dr. Steinbergh expressed concern about Dr. Dang's decision-making and stated that if a physician is not trained in a certain procedure then they should not perform that procedure under any circumstances. Dr. Steinbergh acknowledged that Dr. Dang is undergoing retraining, but she questioned whether retraining can change bad judgment.

Dr. Steinbergh stated that she supports the Proposed Order. Dr. Steinbergh stated that the Board does not enjoy restricting a medical license so early in a physician's career, but opined that if Dr. Dang's license is unrestricted and he makes another significant error in judgment in the future, then the Board will not have done its job of patient protection.

Regarding the Proposed Order's probationary terms, Dr. Steinbergh noted that next year Dr. Dang will be in the second year of his fellowship and will be monitored by his program. Therefore, Dr. Steinbergh opined that the requirement for Dr. Dang to be in a practice plan should become effective once he goes into practice following his fellowship. Dr. Steinbergh also felt that a five-year probationary term is not necessary and opined that a two-year probationary term, following Dr. Dang's fellowship, would be appropriate.

Dr. Sethi stated that he is a board-certified vascular surgeon and he has performed over 1,000 carotid endarterectomies in his career. Dr. Sethi stated that the risk of stroke as a complication of a carotid endarterectomy is less than 1% nationwide, not 6% as Dr. Dang has contended. Dr. Sethi stated that a carotid endarterectomy is a very delicate procedure that can only be learned by performing them under supervision and cannot be learned by simply watching another surgeon. Dr. Sethi stated that training to be a trauma surgeon does not train one to be a vascular surgeon. Dr. Sethi stated that there is never a time when a general surgeon has to perform carotid surgery.

Dr. Sethi questioned why Dr. Dang would have performed an operation that he had not been trained to do.

Dr. Sethi noted that an improperly-performed carotid surgery can result in permanent paralysis and deprive the patient of a normal life. Dr. Sethi opined that it would be wrong not to place a permanent restriction on Dr. Dang's license. Dr. Sethi stated that if Dr. Dang does not have the personal ethics to refrain from performing a procedure in which he has not been properly trained, then the Board has an obligation to put a permanent restriction on his license.

Dr. Schottenstein agreed with Dr. Sethi's comments and stated that, while general surgeons in small communities may perform more operations than are typical for general surgeons, a carotid endarterectomy is a highly technical procedure which should only be performed by a surgeon with the proper experience. Dr. Schottenstein likened this to a hypothetical general surgeon in a small community who decides to perform a heart transplant or a hip replacement, which is unheard of. Dr. Schottenstein opined that Dr. Dang exercised poor judgment and that the system let Dr. Dang down by giving him the opportunity to engage in this procedure.

Dr. Schachat stated that there is no question that Dr. Dang had problems in the past and that the system which should have prevented this broke down. However, Dr. Schachat stated that there must be some trust in the system; otherwise all physicians' licenses would have to be limited to their own specialty. Dr. Schachat stated that he would trust hospitals in the future to review Dr. Dang's history and to not credential him to perform vascular surgery. Dr. Schachat stated that he opposes restricting Dr. Dang's license because it will make him almost unemployable.

Dr. Soin stated that he has struggled with the proposed restriction on Dr. Dang's license. However, Dr. Soin noted that the restriction applies to elective vascular surgery. Dr. Soin did not agree with the argument that Dr. Dang had had to perform these procedures because he was in a small community. Dr. Soin pointed out that the procedures were elective and therefore Dr. Dang had an opportunity to refer the patients to an appropriate physician and he chose not to. Dr. Soin supported the Proposed Order.

Mr. Giacalone stated that he also supports the Proposed Order based on Dr. Dang's significant history of complications which included a patient death. Mr. Giacalone opined that the proposed restriction on Dr. Dang's license is not punitive, but is protective of patients.

Dr. Schachat expressed concern that the restriction in the Proposed Order may prevent Dr. Dang from billing Medicaid or seeing Medicaid patients and thereby make him virtually unable to be employed by a hospital. Dr. Steinbergh opined that the restriction will not make Dr. Dang unemployable, noting that Wright State University is currently paying Dr. Dang to be a fellow and will bill for his services in the second year of his fellowship. Dr. Steinbergh also noted that the Board has placed restrictions on other physicians' licenses who have gone on to be productive members of the medical community.

Dr. Steinbergh reiterated that she does not favor a probationary term of five years and opined that probationary terms for two years following the end of Dr. Dang's fellowship would be sufficient. Ms. Anderson stated that the Proposed Order would impose the probationary terms immediately, including the final year of his fellowship. With the final year of fellowship included, Dr. Steinbergh favored a probationary term of three years.

Dr. Steinbergh moved to amend the Proposed Order so that the probationary term will be for a minimum of three years. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- nay
	Dr. Soin	- nay
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Thuan Duc Dang, M.D. Mr. Giacalone seconded the motion.

Dr. Soin opined that the proposed restriction will not materially harm Dr. Dang but it may afford additional protection for the patients. Dr. Sethi agreed and stated that if he had had even one complication, he would have stopped performing the procedure and would not have continued as Dr. Dang did. Dr. Sethi also supported the five-year probationary term as provided for in the Proposed Order.

Dr. Schachat reiterated his concerns that the restriction may make Dr. Dang unable to find employment. Dr. Schachat asked for clarification on this point. Ms. Anderson replied that if the Board imposes a restriction on Dr. Dang's license, that information will be reported to the National Practitioners Databank and will be shared with Medicaid. Ms. Anderson could not say if Medicaid would take any action based on that information. Dr. Steinbergh stated that other physicians have restrictions on their licenses and they are able to see Medicaid and Medicare patients. Mr. Giacalone stated that the Board's mission is to protect the public, not to ensure that physicians can be reimbursed.

Dr. Schachat stated that since he is uncertain of the implications of his vote, he will abstain from voting.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- nay

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Dr. Soin	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- abstain

Having failed to achieve six affirmative votes, the motion to approve did not carry.

Dr. Sethi moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Thuan Duc Dang, M.D. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- abstain
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion to approve carried.

MARTIN RICHARD HOBOWSKY, D.O.

Mr. Gonidakis directed the Board's attention to the matter of Martin Richard Hobowsky, D.O. No objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Martin Richard Hobowsky, D.O. Dr. Soin seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the above matter.

Dr. Soin stated that Dr. Hobowsky failed to timely submit quarterly declarations of compliance that had been due in July 2012, October 2012, April 2013, July 2013, October 2013, January 2014, April 2014, July 2014, October 2014, and January 2015, as required by his April 2010 Consent Agreement. Further, the Board alleges that Dr. Hobowsky failed to provide the names and addresses of his treating physicians. In his hearing, Dr. Hobowsky stated that he had failed to submit declarations because he did not have it marked on his calendar or he had forgotten because he had been engaged in other activities. Regarding the failure to provide the names and addresses of his treating physicians, Dr. Hobowsky indicated privacy concerns and he felt it was not relevant to his case. Dr. Soin noted that Dr. Hobowsky provided the names and addresses of his treating physicians before the hearing record was closed. Dr. Hobowsky also provided some evidence that he did, in fact, submit timely declarations of compliance on a couple of the dates in question.

Dr. Soin stated that he agreed with the Hearing Examiner's Findings of Fact, Conclusions of Law, and the Proposed Order to reprimand Dr. Hobowsky.

Dr. Steinbergh noted that Dr. Hobowsky's pulmonologist, Jeffery Kaufman, D.O., is incorrectly listed in the Report and Recommendation as "Jeffery Kaufman, M.D."

Mr. Giacalone opined, based on the hearing transcript, that Dr. Hobowsky has been belligerent and has shown no respect to the Board. Mr. Giacalone stated that Dr. Hobowsky only grudgingly provided the names of his treating physicians at the end of his hearing. Mr. Giacalone also expressed concern that Dr. Hobowsky has had numerous incidents of non-compliance. Mr. Giacalone questioned why Dr. Hobowsky should only be sanctioned with a reprimand. Dr. Soin stated that he agrees with Mr. Giacalone to an extent, but stated that there is no evidence that the fact that Dr. Hobowsky is stubborn in his views affects his ability to practice medicine. Dr. Soin opined that a reprimand sends an appropriate message to Dr. Hobowsky while protecting the public.

Mr. Giacalone observed that Dr. Hobowsky's medical license was initially revoked, but the revocation was stayed and his license was suspended for one year. Dr. Hobowsky had also surrendered his Drug Enforcement Administration (DEA) registration. Mr. Giacalone stated that Dr. Hobowsky has a history of non-compliance and he wondered how Dr. Hobowsky could continue to be non-compliant after his medical license was nearly revoked. Mr. Giacalone favored imposing a 30-day definite suspension of Dr. Hobowsky's medical license and extending his probationary term for an additional year.

Mr. Giacalone moved to amend the Proposed Order to add a 30-day suspension and to extend the terms and conditions of his April 2010 Consent Agreement by one year. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- nay
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- nay
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Martin Richard Hobowsky, D.O. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- nay
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion to approve carried.

SHEILA S. REDDY, M.D.

Mr. Gonidakis directed the Board's attention to the matter of Sheila S. Reddy, M.D. No objections have been filed. Ms. Blue was the Hearing Examiner.

Mr. Gonidakis stated that a request to address the Board has been timely filed on behalf of Dr. Reddy. Five minutes will be allowed for that address.

Dr. Reddy was represented by her attorney, John Irwin.

Mr. Irwin stated that he has filed no objections to the Report and Recommendation, which he found to be an appropriate response to the facts in this case.

Dr. Reddy thanked the Board for what it has done for her to this point. Dr. Reddy stated that as a result of the Board's instructions and working closely with the Board's Compliance staff, she is in a much better place than she was before. Dr. Reddy stated that today she is healthy and is the best version of herself. Dr. Reddy apologized for her non-compliance with her Consent Agreement and the additional work it has created for the Board members and the Board staff.

Dr. Reddy stated that she did not relapse, but acknowledged that she made mistakes by failing to call-in or test on the cited days. Dr. Reddy stated that she has learned about any weaknesses in her program, how they have resulted in mistakes, and how to correct for those weaknesses in order to avoid any mistakes in the future. Dr. Reddy stated that she has set up a strict daily routine that includes daily alarms and reminders to call in and to test when she is selected. Dr. Reddy stated that she has included this process in her daily journaling and has also included her family, friends, and colleagues in the process. Dr. Reddy noted that her current schedule as a senior resident is more manageable and regular, which will also help her stay compliant.

Dr. Reddy stated that her future goals are to graduate from her residency program in December 2015, take her board examinations, and begin working in an outpatient setting.

Mr. Gonidakis asked if the Assistant Attorney General would like to respond. Mr. Wilcox stated that he did not wish to make a response.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Shiela S. Reddy, M.D. Dr. Soin seconded the motion.

Mr. Gonidakis stated that he will now entertain discussion in the above matter.

Dr. Schachat stated that this matter involves Dr. Reddy's alleged violations of her February 2013 Step II Consent Agreement, including failure to call in to FirstLab and failure to provide timely specimens. Dr. Schachat stated that Dr. Reddy currently holds an Ohio training certificate and is a senior resident in internal medicine at MetroHealth Medical Center. Dr. Reddy initially came to the attention of the Board due to alcohol dependence.

Mr. Gonidakis exited the meeting at this time. Dr. Steinbergh assumed the chair.

Dr. Schachat continued that the Board had alleged that Dr. Reddy failed to comply with the call-in requirement on three occasions in November and December 2013; the Hearing Examiner noted other such instances subsequent to those dates. Dr. Reddy had testified that her failure to comply was due to being a busy resident with a complex schedule and time demands. Dr. Schachat noted that Dr. Reddy has not had a positive test indicative of a relapse. Dr. Schachat further noted that Dr. Reddy did notify the Board about many of her missed call-ins and testing was done as soon as possible in those instances. Dr. Schachat stated that Dr. Reddy had failed to notify more people at her training program about her alcohol dependence, but she has subsequently done so.

Dr. Schachat stated that Dr. Reddy feels strongly about her sobriety, her program, and the support of her family, friends, and sponsor. Dr. Reddy expects to complete her residency in December 2015 and may pursue fellowship training. Dr. Schachat noted that Dr. Reddy's Associate Program Director wrote a strong letter of support on Dr. Reddy's behalf.

Dr. Schachat stated that Dr. Reddy's explanations that her violations are a result of her time demands and schedule complexity are reasonable, but he opined that they do not excuse her non-compliance. Dr. Schachat reiterated that there is no evidence that Dr. Reddy has relapsed. Dr. Schachat supported the Proposed Order to extend Dr. Reddy's probationary terms and conditions by an additional eight months.

Mr. Giacalone stated that Dr. Reddy has already received two tolling letters extending her probationary period and wondered what it will take to convince her that the Board is serious. Mr. Giacalone stated that Dr. Reddy agreed to the stipulations in her Consent Agreement, including the call-in and testing requirements.

Mr. Gonidakis returned to the meeting at this time and resumed the chair.

Mr. Giacalone opined that simply extending Dr. Reddy's probation would do a disservice to the Board and to Dr. Reddy herself. Mr. Giacalone stated that he could support a recommendation made by Dr. Reddy's

attorney that, should a suspension be imposed on Dr. Reddy's training certificate, it be imposed following December so that Dr. Reddy can complete her residency program.

Dr. Steinbergh agreed with Mr. Giacalone's comments. Dr. Steinbergh stated that if Dr. Reddy, as a senior resident, forgets to take a page or to see a patient her residency program would place her on probation. Dr. Steinbergh opined that the fact that Dr. Reddy needs to set several alarms to remind her of her call-in and testing obligations indicates that she feels she does not have time for it. Dr. Steinbergh stated that if Dr. Reddy does not have time for her Consent Agreement, then she will not have a medical license. Dr. Steinbergh stated that Dr. Reddy is an alcoholic and if she cannot take care of her disease then the Medical Board cannot allow her to practice medicine and put patients at risk. Dr. Steinbergh stated that no one wants to stop Dr. Reddy in the midst of her residency program, but stated that perhaps the Board should do that so that Dr. Reddy can see how serious this is. Dr. Steinbergh stated that Dr. Reddy's responsibilities to the Board are as important as her responsibilities in her residency program, and perhaps more so since continued failure to follow her Consent Agreement will result in the loss of her privilege to practice medicine.

Dr. Soin opined that Dr. Reddy's testimony and comments were refreshing and, hopefully, were genuine. However, Dr. Soin opined that Dr. Reddy's actions were disingenuous. Dr. Soin agreed with the comments of Mr. Giacalone and Dr. Steinbergh. Dr. Soin stated that if the Board does impose a suspension on Dr. Reddy's training certificate, it will not be punitive to her but would be an effort to help her realize the extent of her disease and her problem.

Ms. Anderson clarified that Dr. Reddy received one tolling letter extending her probationary period, not two letters has had been previously stated. Mr. Giacalone thanked Ms. Anderson for her correction, but opined that receiving even one tolling letter is one too many.

Mr. Giacalone moved to amend the Proposed Order to add a definite suspension of 30 days, commencing on January 1, 2016. Dr. Steinbergh seconded the motion.

Ms. Anderson noted that Dr. Reddy currently holds a training certificate, which may expire when she completes her training program in December. Ms. Anderson requested that the Board table this topic so the staff can research this matter.

Dr. Steinbergh moved to table the matter of Sheila S. Reddy, M.D. Mr. Giacalone seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye

Dr. Schottenstein - aye
Dr. Edgin - abstain

The motion to table carried.

REPORT AND RECOMMENDATION ON REMAND

WALEED NASR MANSOUR, M.D.

Mr. Gonidakis directed the Board's attention to matter of Waleed Nasr Mansour, M.D. Mr. Gonidakis explained that on December 11, 2013, the Medical Board entered an Order which reprimanded the license of Dr. Mansour and placed him under probationary terms, conditions and limitations for a minimum of two years. Dr. Mansour appealed the Board's Order to the Franklin County Court of Common Pleas, which issued a decision affirming the Board's Order. Dr. Mansour appealed that decision to the Tenth District Court of Appeals. On May 5, 2015, the Court of Appeals issued an order reversing the judgment of the Court of Common Pleas and remanding the matter to the Board for further consideration.

Mr. Gonidakis continued that the Court of Appeals found that the Board did not have sufficient evidence in the record to conclude that Dr. Mansour intended to deceive the Board and that the Board erred in upholding the decision to quash Dr. Mansour's request for a subpoena *duces tecum* to produce his interrogatory request. The Court of Appeals also found that the Board erred in its decision to increase the length of probation based upon concerns about an inability to practice according to acceptable and prevailing standards of care because of mental or physical illness when the Board did not find this violation to be substantiated. Finally, the Court of Appeals found that the Board erred in striking portions of Dr. Mansour's objections and that they should be considered upon remand.

Mr. Gonidakis stated that that Board is now asked to remand this matter to the Hearing Unit to take new evidence with respect to the charge of making a false statement. After review of that evidence, the Board will have the opportunity to re-examine any penalty it chooses to impose.

Dr. Steinbergh moved to remand the matter of Waleed Nasr Mansour, M.D., to the Hearing Unit to take new evidence. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- abstain

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Mr. Gonidakis stated that in the following matters the Board issued Notices of Opportunity for Hearing, and documentation of Service was received for each. There were no timely requests for hearing filed, and more than 30 days have elapsed since the mailing of the notices. The matters are therefore before the Board for final disposition. These matters are non-disciplinary in nature, and therefore all Board members may vote.

PATRICK FRANCIS BOLTZ, M.T.

Dr. Steinbergh moved to find that the allegations set forth in the June 15, 2015 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Mr. Boltz's application for restoration, provided that he takes and passes the Massage and Bodywork Licensing Examination within six months of June 15, 2015. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion carried.

PAULA DENISE DERBYSHIRE, M.T.

Dr. Saferin moved to find that the allegations set forth in the June 15, 2015 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Derbyshire's application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination within six months of June 15, 2015. Dr. Schachat seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye

Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- abstain

The motion carried.

CATHERINE ELIZABETH LIMAS, M.T.

Dr. Steinbergh moved to find that the allegations set forth in the June 15, 2015 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Limas' application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination within six months of June 15, 2015. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion carried.

AMALIE RUTH NELSON, M.T.

Dr. Steinbergh moved to find that the allegations set forth in the June 15, 2015 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Nelson's application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination within six months of June 15, 2015. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye

Dr. Soin	- aye
Dr. Schottenstein	- aye
Dr. Edgin	- abstain

The motion carried.

ANNETTE MARIE YOHO, M.T.

Dr. Steinbergh moved to find that the allegations set forth in the June 15, 2015 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Yoho's application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination within six months of June 15, 2015. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion carried.

EXECUTIVE SESSION

Dr. Saferin 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. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, Mr. Miller, Ms. Loe, Ms. Debolt, Mr. Schmidt, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Schwartz, Mr. Nealis, Ms. Murray, Ms. Simon, and Mr. Taylor in attendance.

The Board returned to public session.

The Board took a recess at 1:05 p.m. and returned at 1:55 p.m. Dr. Edgin was not present when the meeting resumed.

REPORTS AND RECOMMENDATIONS

SHEILA S. REDDY, M.D.

Dr. Steinbergh moved to remove the matter of Sheila S. Reddy, M.D., from the table. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Ms. Anderson provided the Board members with a written version of the amended Order, should Mr. Giacalone's motion to amend be adopted. Since Dr. Reddy currently holds a training certificate, the amended Order specifies that Dr. Reddy's training certificate or any other certificate issued by the Board will be subject to the terms, conditions, and limitations of the Order, unless otherwise determined.

Mr. Giacalone wished to change his motion to amend to match the written order provided by Ms. Anderson. No Board member objected to the change in the motion. The change in the motion to amend was accepted.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- nay
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and

Proposed Order, as amended, in the matter of Shiela S. Reddy, M.D. Dr. Sethi seconded the motion.

A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- nay
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion to approve carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

FADHIL K ABOUSY, M.D. – PERMANENT SURRENDER/RETIREMENT

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender/Retirement with Dr. Abbousy.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion to ratify carried.

WILLIAM O. SMITH, M.D. – PERMANENT SURRENDER

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. Smith. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye

Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye

The motion to ratify carried.

DAVID JAY FISHMAN, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Fishman. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion to ratify carried.

BEN LOMAS, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Lomas. Dr. Soin seconded the motion.

Mr. Giacalone noted that this proposed Consent Agreement provides for a prohibition against prescribing controlled substances during the physician's probationary period. Mr. Giacalone opined that the prohibition should be permanent, and he therefore opposes this Consent Agreement. Mr. Giacalone stated that simply relying on the physician's comment that he will not prescribe because he is retiring does not give full protection to patients.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- nay
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye

Dr. Soin - aye
Dr. Schottenstein - aye

The motion to ratify carried.

SUMAN C. VELLANKI, M.D. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step II Consent Agreement with Dr. Vellanki. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye

The motion to ratify carried.

IRAJ DERAKHSHAN, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Derakhshan. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye

The motion to ratify carried.

GAI, M.D. – CONSENT AGREEMENT

Mr. Giacalone stated that this matter involved 14 patients taking narcotic prescriptions, yet it only imposes a one-year suspension on the physician's license. Mr. Giacalone stated that he does not support this proposed Consent Agreement.

Dr. Soin moved to ratify the Proposed Consent Agreement with GAI, M.D. Dr. Sethi seconded the motion.

Dr. Steinbergh agreed with Mr. Giacalone. In addition to Mr. Giacalone's concerns, Dr. Steinbergh noted that this case involves minimal standards of care and she does not know enough about the physician to know what a legitimate practice plan would be. Dr. Steinbergh opined that this physician needs a deeper assessment.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- nay
	Dr. Steinbergh	- nay
	Mr. Gonidakis	- nay
	Dr. Sethi	- aye
	Dr. Soin	- nay
	Dr. Schottenstein	- nay

The motion to ratify did not carry.

HOLLY CHRISTINE KOTLIN, L.M.T. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Ms. Kotlin. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion to ratify carried.

MICAH SHAWN CROUSE, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Crouse. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye

The motion to ratify carried.

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

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Ross. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye

The motion to ratify carried.

GOVINDARAJU SUBRAMANI, M.D. – PERMANENT SURRENDER

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. Subramani. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schachat	- aye
Mr. Giacalone	- aye
Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- aye
Dr. Schottenstein	- aye

The motion to ratify carried.

CITATIONS AND ORDERS OF SUMMARY SUSPENSION, IMMEDIATE SUSPENSION, AND
AUTOMATIC SUSPENSION

Dr. Steinbergh moved to send the Notice of Immediate Suspension and Opportunity for Hearing to James Patrick Mima, P.A.-C. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion to send carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to the following: Devender Kumar Batra, M.D.; Traci L. Cardinal P.A.; Jennifer E. Leibold, P.A.; Bethany Joy Notestine; Cara E. Perez, M.D.; and Steven Barnet Schwartz, M.D. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye

The motion to send carried.

REQUEST FOR RECONSIDERATION OF VOTE TO DENY SPECIAL SERVICES PLANS

Ms. Debolt explained that in June the Board voted to deny four physician assistant special services plans submitted by Katharine Grawe, M.D. Dr. Grawe will have the opportunity to request a hearing into this matter. Ms. Debolt noted that Senate Bill 110, which was recently signed by the Governor and will become effective on October 15, 2015, will allow three of Dr. Grawe's four proposals to be implemented

without the Board's approval; the fourth proposal, involving light-based medical devices, will remain prohibited by law. Ms. Debolt stated that the hearing, should one be requested, will take place after October 15 and the new law will make the matter moot. For procedural reasons, Ms. Debolt asked the Board to reconsider those three applications and then table them.

Dr. Steinbergh opposed reconsidering this matter because the new legislation does not alter her opinion or the reasons for the Board's decision. Dr. Steinbergh stated that if Senate Bill 110 allows the plans, then that is a legislative decision that the Board does not have to condone. Dr. Sethi agreed with Dr. Steinbergh.

Dr. Edgin returned to the meeting at this time.

After thorough discussion, the Board determined that a letter should be sent to Dr. Grawe, in addition to the Notice of Opportunity for Hearing, stating that the Board is considering the three special services plans in question for denial. However, since the matter will become moot upon the effective date of Senate Bill 110, the Board will not pursue the matter further.

Dr. Saferin moved to send a letter to Dr. Grawe as discussed. Dr. Soin seconded the motion. All members voted aye. The motion carried.

PROPOSED REVISION TO DISCIPLINARY GUIDELINE VII.B

Ms. Marshall stated that, in response to requests from Board members, this proposal will change the Board's disciplinary guidelines regarding probationers who violate the terms of their probation. The current guidelines provide for a definite minimum suspension as appropriate. This proposal, if adopted, would establish a definite minimum suspension of 30 days for violation of probationary terms. Ms. Marshall emphasized that this is only a change to the guideline and that the Board retains discretion in what sanction to impose in each individual case.

Mr. Giacalone and Dr. Saferin expressed support for the proposed change in the guidelines, noting that it will indicate to probationers what to expect as a consequence of violating the terms of their probation. Mr. Giacalone opined that the possibility of a 30-day suspension will serve as a wake-up call to probationers about the importance of compliance. Dr. Rothermel stated that the current guidelines already state that there will be a definite suspension as appropriate and that it is not necessary to include a specific number of days. Dr. Rothermel stated that a suspension of any length is very onerous for a physician and can act as a deterrent.

Mr. Giacalone moved to adopt the proposed revision to Disciplinary Guideline VII.B. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- nay
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye

Dr. Steinbergh	- aye
Mr. Gonidakis	- aye
Dr. Sethi	- aye
Dr. Soin	- nay
Dr. Schottenstein	- aye
Dr. Edgin	- abstain

The motion carried.

RULES AND POLICIES

RULE 4731-31-01

Ms. Debolt stated that proposed Rule 4731-31-01 authorizes physicians to assess youth athletes for concussion and to determine whether the athletes are able to return to practice or play. Ms. Debolt stated that in order for this Rule to be in place by September 17 as required, the Board will need to authorize Mr. Kenney authority to approve final filing the Rule on September 8, 2015.

Dr. Steinbergh moved to grant Donald R. Kenney, Sr., President of the Medical Board, the authority to approve the final filing of proposed Rule 4731-31-01 on September 8, 2015. The formal adoption of the rule is to be presented for Medical Board action on September 9, 2015. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion carried

RULE 4731-1-24

Ms. Debolt stated that this rule establishes staggered license renewal and continuing education requirements for massage therapists. This rule was filed with a package of other rules with the Common Sense Initiative (CSI) office. Due to comments received by the public, Ms. Debolt asked the Board to withdraw Rule 4731-1-24 from the CSI office so that the Board can properly consider the public comments. Ms. Debolt stated that this will allow the other rules filed with CSI to proceed with the rule-making process.

Dr. Steinbergh moved to withdraw Rule 4731-1-24 from the CSI office so that public comments on the proposed rule can be considered. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion carried

PUBLIC RULES HEARING

Ms. Debolt stated that on August 3, 2015, the Board held a public rules hearing on 14 proposed rules. Comments were received only on the two rules concerning weight loss. Ms. Debolt asked the Board to discuss the comments received on the proposed weight-loss rules and, if appropriate, to incorporate them into the rules.

Dr. Steinbergh stated that she has not seen the documentation of the public rules hearing and asked that this matter be discussed at the Board's next meeting on September 9.

Dr. Steinbergh moved to discuss the comments on the proposed weight-loss rules at the September 9, 2015 Board meeting. Dr. Soin seconded the motion. All members voted aye. The motion carried.

OPERATIONS REPORT

Human Resources: Mr. Groeber announced that investigator Stacy Tuerck is now the new South Area Investigator Supervisor, replacing Mr. Woolwine who has retired. Mr. Groeber also announced that Bernadette Simon has joined the Board as a program administrator and will be a front-line employee on some strategic initiatives. Mr. Groeber stated that a new Chief of Investigations should be identified by next month and candidates are still being reviewed by Central Area Investigator Supervisor.

Budget: Mr. Groeber stated that revenue is up almost 7% compared to this time two years ago. Mr. Groeber stated that the Board's cash balance is \$4,700,000 compared to \$4,100,000 at this time last year.

Information Technology: Mr. Groeber stated that e-License 3.0 has been implemented for massage therapy license applications and renewals. Mr. Groeber stated that the new system is cloud-based and very user-friendly. Mr. Groeber stated that physician assistant licenses will soon be brought into the system, and ultimately all license types will be included. The system will eventually be expanded into the complaints process, investigation, enforcement, hearings, and compliance. Mr. Groeber stated that House

Bill 64 allocated \$6,000,000 to pay for the project; the Medical Board's share of that is \$518,000.

Mr. Groeber stated that the new phone system has been fully implemented and will handle calls into the Medical Board in a much more efficient manner, reducing hold time for each of the Board's 200 daily callers by approximately two minutes.

Agency Operations: Mr. Groeber stated that the number of total open complaints has decreased by 4% to 2,100. Mr. Groeber hoped that the number of open complaints by the end of 2015 will be below 2,000. There was a small increase in triage and parts of licensure renewal, but Mr. Groeber expected those numbers to trend downwards again by next month. Mr. Groeber noted that Compliance, which had seen an increase in complaints last month, has now reduced its open complaints from seventeen to three. Mr. Groeber stated that allopathic and osteopathic physician licenses issued have decreased slightly, but total licenses for the year have increased by 5% and are being processed 29% faster than the previous year. Mr. Groeber noted that Investigations did very well in filing 127 Reports of Investigation and receiving only 115 new complaints. Mr. Groeber congratulated the Enforcement section in closing 104 complaints last month, representing a total of 702 days of investigation.

Mr. Groeber stated that Alexandra Murray, the Board's new Managing Attorney for Standards Review, Experts, and Quality Intervention, will aid in expediting all outside expertise and to coordinate those efforts with overall investigation. In addition, the Hearing Unit's caseload has been reduced by 5%. Mr. Groeber stated that Mr. Nealis and Mr. Porter will discuss approaches to scheduling hearings more efficiently.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

MEDICAL BOARD JOURNAL

Dr. Saferin stated that the Finance Committee discussed the proposed Medical Board journal. A contract is being drafted with City Scene Media to produce a quarterly report for Medical Board to demonstrate the Board's good work and highlight licensees and organizations that provide excellent medical care. Dr. Saferin stated that City Scene Media will provide potential advertisers for the Board to review and to ensure that advertisers do not undermine or discredit the objectivity and integrity of the Board.

FINING AUTHORITY

Mr. Gonidakis related that Mr. Kenney will have a proposal regarding the Board's fining authority for the Board's review in September. Dr. Saferin stated that the Board's fining authority becomes effective on September 28, but fines cannot be imposed for actions that take place before that date.

INVESTIGATOR BODY ARMOR

Dr. Saferin stated that the Board's investigators have been issued body armor along with three carriers. Dr.

Saferin stated that the investigators are currently operating under a temporary policy which dictates the situations in which they must wear the body armor, and also urges the investigator to exercise an abundance of caution when the potential for danger is unclear. Dr. Saferin stated that investigators must wear their body armor if instructed to do so by their supervisor.

TRAVEL AUTHORIZATION

Dr. Saferin moved to approve Mr. Schmidt to attend a meeting organized by the Drug Enforcement Agency (DEA) on August 17 as a representative of the State Medical Board of Ohio, at an estimated cost of \$765. Dr. Saferin further moved that Mr. Schmidt's attendance at the meeting is in connection with his duties as, and is related to, his position with the State Medical Board of Ohio. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

POLICY COMMITTEE

JOINT REGULATORY STATEMENT ON NALOXONE

Dr. Steinbergh moved to approve the changes to the Joint Regulatory Statement on Naloxone which incorporate newly-passed legislation. Dr. Steinbergh further moved that the Board's approval will be rescinded and the statement will be re-reviewed should the Statement be altered by the Ohio Board of Pharmacy or the Ohio Board of Nursing. Dr. Soin seconded the motion. All members voted aye. The motion carried.

AYE

PHYSICIAN-OWNED DISTRIBUTORSHIPS

Dr. Steinbergh moved to approve the draft letter regarding physician-owned distributorships (POD's). Dr. Saferin seconded the motion. All members voted aye. The motion carried.

LEGISLATIVE UPDATE

Mr. LaCross stated that the Legislature is still in recess and will return in the last week of September. Mr. LaCross stated that work continues on draft legislation involving podiatric licensing, expedited partner therapy, and the licensing of surgical technicians.

LICENSURE COMMITTEE

LICENSURE APPLICATION REVIEWS

JOSEPH ANTHONY ROSE, M.D.

Dr. Saferin moved to approve Dr. Rose's request for restoration of his license to practice medicine and surgery in Ohio, pending successful passage of the Special Purpose Examination (SPEX) and

completion of a continuing medical education (CME) course or courses in wound care with a minimum of 16 hours, to be approved by the Board. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye
	Dr. Steinbergh	- aye
	Mr. Gonidakis	- aye
	Dr. Sethi	- aye
	Dr. Soin	- aye
	Dr. Schottenstein	- aye
	Dr. Edgin	- abstain

The motion carried

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on July 8, 2015, the Compliance Committee met with Jennifer C. Campbell, M.D.; David M. Heydt, M.D.; Thomas D. Kramer, Jr., M.D.; John W. Tedrow, P.A.; and Mark A. Weiner, D.O., and moved to continue them under the terms of their respective Board actions. The Compliance Committee further accepted Compliance staff's report of conferences on June 8th and 9th, 2015.

PROBATIONARY REQUESTS

Mr. Gonidakis advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Mr. Kenney asked if any Board member wished to discuss a probationary request separately. Dr. Steinbergh stated that she would like to discuss the probationary request of Shannon Lee Swanson, D.O., separately.

Dr. Steinbergh stated that the proposed practice plan for Dr. Swanson would allow her to supervised ten physician assistants. Dr. Steinbergh asked how many physician assistants will be supervised by Dr. Swanson at any one time. Ms. Bickers stated that the proposed practice plan does not address the number of physician assistants to be supervised at one time. Ms. Anderson stated that current rules limit all doctors to supervising two physician assistants at any one time and suggested that Dr. Swanson's practice plan be approved in accordance with the Board's rules.

Dr. Steinbergh moved to approve Shannon Lee Swanson, D.O.'s request for approval of a new practice plan and to supervise physician assistants in accordance with the Board's rules. Dr. Schachat seconded the motion. All members voted aye. The motion carried.

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

- To grant Gregory M. Beddell, M.D.'s request for permission to continue under the terms of the August 11, 2010 Step II Consent Agreement while residing in New York; and approval of Jay O'Boyle, M.D., to serve as the monitoring physician;
- To grant Franklin D. Demint, D.O.'s request for approval of *Prescribing of Controlled Drugs & ER/LA Opioid REMS*, offered by the Medical Association of the State of Alabama, required prior to reinstatement;
- To grant Mary Jo-Ellen Erickson, M.D.'s, request for approval of *Intensive Course in Medical Ethics, Boundaries and professionalism*, offered by Case Western Reserve university, required prior to reinstatement;
- To grant David M. Hughes, D.O.'s request for approval of *PBI Medical Record Keeping Course*, offered by the university of California Irvine, required prior to reinstatement;
- To grant Gregory Gene Johnson, M.D.'s request for reduction in psychotherapy from every two months to every six months;
- To grant Kavita A. Kang, D.O.'s request for approval of Cynthia L. Reinhart, L.P.C., to serve as the new psychotherapist;
- To grant Christopher J. Karakasis, M.D.'s request for approval of the drug testing conducted by the North Carolina Physicians Health program (NCPHP) while the doctor resides in North Carolina;
- To grant Bruce S. Kay, M.D.'s request for approval of a new practice plan;
- To grant Muyuan Ma, M.D.'s request for approval of Leanne M. Chrisman-Khawam, M.D., to serve as the monitoring physician; approval of Thomas J. Thysseril, M.D., to serve as the treating psychiatrist; and determination of the frequency and number of charts to be reviewed at 10 charts per month;
- To grant Maneesh L. Mehra, M.D.'s request for approval of Jason M. Jerry, M.D., to serve as the treating psychiatrist;
- To grant David O'Connell, M.D.'s request for approval of Ronald Allen Sachs, M.D., to serve as the treating psychiatrist; and approval of Chris J. Tuell, Ed.D., to serve as the treating psychotherapist;
- To grant Michael J. Palma, M.D.'s request for approval of Lawrence G. Fischman, M.D., to serve as the new treating psychiatrist;
- To grant Kimberly Marie Peacock, D.O.'s request for approval of Anupam Anil Jha, M.D., to serve as the treating psychiatrist;

- To grant Florencia A. Riel-Guzman, M.D.'s request for approval of *Medical Record Keeping Course*, offered by Western Institute of Legal Medicine, or approval of *PBI Medical Record Keeping Course*, offered by the University of California, Irvine School of Medicine, to fulfill the record-keeping course required for reinstatement; and approval of *The Complete Practice Management Seminar*, offered by the University of Tennessee College of Medicine Chattanooga, to fulfill the office management course required for reinstatement;
- To grant Bradley Joseph Vargo, D.O.'s request for approval of *Intensive Course in Medical Ethics, Boundaries and Professionalism*, offered by Case Western Reserve University; and
- To grant Ronald G. Verrilla, D.P.M.'s request for extension of time to complete the personal and professional ethics course;

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

FINAL PROBATIONARY APPEARANCES

MICHAEL R. BAUM, M.D.

Dr. Baum was appearing before the Board pursuant to his request for release from the terms of his August 12, 2010 Consent Agreement. Ms. Bickers reviewed Dr. Baum's history with the Board.

In response to questioning by Mr. Giacalone, Dr. Baum stated that he had come to the attention of the Board due to alcohol abuse and poor judgment. Dr. Baum had 30 days of inpatient treatment and has completed more than five years of outpatient monitoring. Dr. Baum stated that he is ready to complete his probation and to sit for his specialty board renewal in general surgery. Dr. Baum stated that he continues to attend at least ten Alcoholics Anonymous meetings per month.

Dr. Soin moved to release Dr. Baum from the terms of his August 12, 2010 Consent Agreement. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

GREGORY M. BEDDELL, M.D.

Dr. Beddell was appearing before the Board pursuant to his request for release from the terms of his August 11, 2010 Consent Agreement. Ms. Bickers reviewed Dr. Beddell's history with the Board.

In response to questions from Dr. Steinbergh, Dr. Beddell stated that he moved to New York just six weeks ago to enter a one-year head and neck cancer fellowship. Dr. Beddell intends to move back to Ohio following his fellowship. Dr. Beddell stated that he stays in contact with his support group in Ohio and is beginning to find rehabilitation meetings to attend in New York. Dr. Beddell stated that his sobriety date is August 7, 2009.

Dr. Schottenstein noted that Dr. Beddell's drug of choice was Percocet. Dr. Schottenstein asked if Dr. Beddell finds that challenging given his specialty of general surgery. Dr. Beddell replied that when he first

prescribed Percocet following his initial treatment, it “stared [him] in the face.” Dr. Beddell stated that since that time he has prescribed hundreds of pain killers and it does not bother him anymore. Dr. Beddell stated that his recovery program and support group are strong enough.

Dr. Steinbergh moved to release Dr. Beddell from the terms of his August 11, 2010 Consent Agreement. Dr. Soin seconded the motion. All members voted aye. The motion carried.

EDWIN T. STRONG BROTT, M.D.

Dr. Brott was appearing before the Board pursuant to his request for release from the terms of his August 14, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Brott’s history with the Board.

Dr. Soin asked Dr. Brott to describe his previous practice in a pain clinic in Kentucky. Dr. Brott answered that he had practiced in the pain clinic on a *locum tenens* basis one day per week. Dr. Brott stated that he had had reservations about the practice, but he had been assured that the clinic would be billing Medicare, Medicaid, and other third-party payers for his services. However, after three to four months there had been no change and Dr. Brott realized he was dealing with an unethical situation. About one year after Dr. Brott left the practice, the situation became illegal due to new legislation. Investigators from the State obtained the practice’s medical records and grouped them all together without distinction between physicians, and this is how Dr. Brott became involved legally.

Dr. Soin asked about Dr. Brott’s future practice environment. Dr. Brott replied that he is trying to return to the full-time practice of anesthesiology. Dr. Brott stated that he found the practice of pain management to be very difficult due to the amount of oversight, the number of addicts in the patient population, and the fact that chronic pain patients get better but they never get well. Dr. Brott stated that he wished to avoid practicing pain management in the future, but if he did return to that practice he would comply with all rules and regulations. Dr. Brott stated that he would consider practicing in Ohio again.

Responding to Dr. Steinbergh, Dr. Brott stated that he is currently practicing anesthesiology about 55 hours per week and his specialty board certification is current.

Mr. Giacalone observed that, according to the Board’s documentation, Dr. Brott does not think his prescribing had been inappropriate. Dr. Brott stated that his patients had frequently needed 15-30 mg of OxyContin six to eight times per day, which is about 150% of current guidelines in Ohio. Dr. Brott stated that the vast majority of his patient had had multiple back surgeries and interventional treatments were ineffective. Dr. Brott stated that it is quite difficult to manage such cases with lower doses of medication. Responding further to Mr. Giacalone’s inquiry, Dr. Brott clarified that he had been prescribing supplies of about one month of long-acting opioids like OxyContin and MS Contin. Dr. Brott also prescribed Neurontin and Robaxin on an adjunct basis.

Mr. Giacalone noted that Dr. Brott had been a board-certified pain management physician at the time in question, yet he practiced in this facility for 16 days without suspecting that the practice was a pill mill. Dr. Brott stated that he began to suspect that the practice was a pill mill after practicing there for four or five days. Dr. Brott stated that his patients had been the working poor and they did not have insurance.

Dr. Brott stated that he had been promised improvements in the practice, such as accepting third-party payment and getting referrals from surgeons and primary care physicians, but these improvements never came about. Mr. Giacalone noted that Dr. Brott practiced in the facility for 16 days and questioned why he continued if he suspected that something was amiss after five days. Dr. Brott replied that many of his patients were not addicts but were medication-dependent patients. Dr. Brott stated that he did everything in his power to be selective about whom he prescribed to, including urine screens and checking the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system.

Dr. Schottenstein observed that Dr. Brott did not have the sense that he had been over-prescribing, but in his letter to the Board Dr. Brott stated that he may have made too much allowance for his patients and probably over-prescribed in many instances. Dr. Brott explained he had probably been relying too much on history and physical examination, causing him to engage in guess-work in terms of adequate treatment. Dr. Brott also stated that the practice had a tremendous volume of patients. Dr. Brott stated that it was never his intent to over-prescribe and that he had been trying to be as restrictive, but also as effective, as he could. Dr. Brott opined that he was caught up in this matter because prescription medication abuse became a public health issue and the well-being of the general public became more of a priority.

Dr. Steinbergh moved to release Dr. Brott from the terms of his August 14, 2013 Consent Agreement, effective August 14, 2015. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

MICHELE HANLON, M.T.

Ms. Hanlon was appearing before the Board pursuant to her request for release from the terms of her June 12, 2013 Consent Agreement. Ms. Bickers reviewed Ms. Hanlon's history with the Board.

Dr. Steinbergh asked what Ms. Hanlon has learned from this experience. Ms. Hanlon answered that she reminds her fellow massage therapists of the seriousness of renewing their licenses in a timely fashion. Ms. Hanlon stated that her business is going well. Dr. Steinbergh encouraged Ms. Hanlon to continue educating her fellow massage therapists, perhaps through a local massage therapy association.

Dr. Steinbergh asked how Ms. Hanlon selects continuing education courses. Ms. Hanlon replied that her courses are quite random and it depends on what she is interested in. Dr. Steinbergh stated that the Medical Board is contemplating requiring massage therapists to complete a certain amount of continuing education as a condition of their license renewal. Dr. Steinbergh asked where Ms. Hanlon goes for continuing education. Ms. Hanlon replied that *Massage Today* magazine often has several pages advertising continuing education courses and that massage therapy schools always offer weekend courses. Ms. Hanlon stated that she usually does about 12 hours of continuing education per year, but added that her practice in a chiropractor's office once per week seeing 25 to 30 patients per day is greater education than she receives anywhere else.

Dr. Steinbergh moved to release Ms. Hanlon from the terms of her June 12, 2013 Consent Agreement. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

NOOR U. HASSAN, M.D.

Dr. Hassan was appearing before the Board pursuant to his request for release from the terms of the Board's Order of August 13, 2014. Ms. Bickers reviewed Dr. Hassan's history with the Board.

Responding to questions from Dr. Steinbergh, Dr. Hassan stated that he practices at an urgent care center which is owned by his family. Dr. Hassan usually works 20 to 30 hours per week, but sometimes as much as 50 hours per week. Dr. Hassan stated that he enjoys his work.

Dr. Soin asked how Dr. Hassan currently manages patients with pain. Dr. Hassan replied that patients often come in with injuries and he evaluates each patient clinically. Dr. Hassan stated that most of the time he will prescribe 10 to 15 pain tablets, or 15 to 20 tablets in cases of fractures and sprains. If the patient returns in two to three weeks, Dr. Hassan may prescribe another 10 tablets and refer the patient to a pain management clinic. Dr. Steinbergh asked if Dr. Hassan uses non-narcotic medications such as non-steroid inflammation drugs. Dr. Hassan replied that he often prescribes such drugs and he also has a physical therapist and an athletic trainer on-site.

Dr. Steinbergh moved to release Dr. Hassan from the terms of the Board's Order of August 15, 2015, effective August 15. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

TAMYRA L. MOUGINIS, M.D.

Dr. Mouginis was appearing before the Board pursuant to her request for release from the terms of the Board's Order of June 9, 2010. Ms. Bickers reviewed Dr. Mouginis' history with the Board.

Dr. Saferin exited the meeting at this time.

Responding to questions from Mr. Giacalone, Dr. Mouginis stated that her sobriety is going well and she attends rehabilitation meetings several times per week. Dr. Mouginis stated that she has a sponsor and several sponsees. Dr. Mouginis stated that she is not currently employed and she has not decided whether or not to return to the practice of medicine. Dr. Mouginis stated that following the recent death of her father and the prior deaths of her mother and her brother, her only living relative is her daughter who lives in Chicago. Dr. Mouginis hopes to sell her home and move to Chicago.

Dr. Steinbergh, noting that Dr. Mouginis has not practiced medicine for two-and-a-half years, asked what Dr. Mouginis is doing to fulfill her continuing medical education (CME) requirements. Dr. Mouginis responded that she earns CME credits at the Cleveland Clinic. Dr. Mouginis also stated that she is lifetime certified in anesthesiology. Dr. Mouginis stated that she was once certified in internal medicine but she let that certification lapse. Dr. Steinbergh encouraged Dr. Mouginis to think about how she would demonstrate her clinical competence should she decide to return to practice in Chicago.

Dr. Schottenstein, noting the recent death of Dr. Mouginis' father, asked if stress can be a trigger for her craving to use alcohol. Dr. Mouginis stated that she has not felt any such cravings since her father's death.

in 2014. Dr. Mouginis stated that if she moves to Chicago she will immediately go into the local sobriety community. Dr. Mouginis stated that she has a lifetime commitment to her sobriety.

Regarding her diagnosis of major depression, Dr. Mouginis stated that she underwent interferon treatment when she contracted hepatitis C in 2000 and the treatment interfered with her Prozac. This resulted in a severe psychiatric collapse and she was admitted into a hospital psychiatric ward. After several trials, Dr. Mouginis' physicians found the correct medication combination for her depression. Dr. Mouginis stated that she is currently on Celexa, Trazadone, and lithium.

Dr. Steinbergh moved to release Dr. Mouginis from the terms of the Board's Order of June 9, effective August 13, 2015. Mr. Giacalone seconded the motion. All members voted aye. The motion carried.

JULIANA J. (OAK) TOBLER, M.D.

Dr. Tobler was appearing before the Board pursuant to her request for release from the terms of her August 14, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Tobler's history with the Board.

Responding to questions from Mr. Gonidakis, Dr. Tobler stated that when she applied for her training certificate she answered the questions truthfully. This led to an evaluation and her current Consent Agreement. Dr. Tobler stated that she is currently in the final year of her radiology residency and is serving as chief resident. Since entering into the Consent Agreement, Dr. Tobler has gotten married. Dr. Tobler's husband is currently in Pittsburgh and she will join him there next year when she enters a body imaging and intervention fellowship at the University of Pittsburgh Medical Center.

In response to questions from Dr. Schottenstein, Dr. Tobler stated that the reasons for her previous problems were multi-factorial. Dr. Tobler stated that she had initially been in complete denial about her depression and therefore she was non-compliant with her treatment. Dr. Tobler stated that she also had several personal problems at that time and poor coping mechanisms. Dr. Tobler added that she had also had difficulty finding the right medication regime for her. Dr. Tobler stated that she has been stable on her current medications for many years now.

Dr. Soin moved to release Dr. Tobler from the terms of her August 14, 2013 Consent Agreement, effective August 15, 2015. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

ALVARO D. WAISSBLUTH, M.D.

Dr. Waissbluth was appearing before the Board pursuant to his request for release from the terms of his August 14, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Waissbluth's history with the Board.

Dr. Steinbergh commented that Dr. Waissbluth's report on his medical record-keeping course was very good, particularly about the habits that have been created by electronic medical records (EMR). Dr. Waissbluth stated that his record-keeping course was eye-opening.

Dr. Saferin returned to the meeting at this time.

Responding to further questions from Dr. Steinbergh, Dr. Waissbluth stated that he has learned that he has no business prescribing narcotics even though he has the authority to do so. Dr. Waissbluth had thought that he was being a good guy by prescribing narcotics and other medications to everyone who asked him without seeing them as a patient in his office. Dr. Waissbluth stated that at that time he did not realize the potential devastation of abusing those medications or how rampant the problem was. Dr. Waissbluth stated that he no longer prescribes any medication without seeing the patient in his office first.

Dr. Steinbergh asked Dr. Waissbluth to describe his practice. Dr. Waissbluth replied that he practices cardiology and interventional cardiology four days per week. Dr. Waissbluth stated that his practice is one of the few private cardiology practices left but he and his partners have decided that they prefer to make less money and be their own bosses.

Dr. Steinbergh moved to release Dr. Waissbluth from the terms of his August 14, 2013 Consent Agreement, effective August 15, 2015. Dr. Soin seconded the motion. All members voted aye. The motion carried.

EMMETT E. WHITAKER, III, M.D.

Dr. Whitaker was appearing before the Board pursuant to his request for release from the terms of his June 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Whitaker's history with the Board.

Responding to questions from Mr. Giacalone, Dr. Whitaker stated that he was an anesthesiology resident at Johns Hopkins University when he developed a substance abuse problem in 2009. Dr. Whitaker went into treatment and subsequently completed his residency and a subsequent fellowship in pediatric anesthesiology. Dr. Whitaker accepted a position at Nationwide Children's Hospital in Columbus, Ohio, and was truthful on his application for an Ohio medical license. Dr. Whitaker stated that following his release from his Consent Agreement he will continue his recovery program. Dr. Whitaker stated that he has already enrolled in a voluntary extension agreement the Ohio Physicians Health Program to continue urine testing as long as he is practicing anesthesiology.

Mr. Giacalone noted that Dr. Whitaker's probationary period had been extended due to non-compliance. Dr. Whitaker stated that he had apparently missed his daily call-in on a couple of days, though he has no memory of missing those calls. Dr. Whitaker stated that he has redoubled his efforts to make sure such an oversight does not happen again. Dr. Steinbergh noted that the extension was also due to non-compliance with recovery meeting attendance. Dr. Whitaker stated that he had mishandled his documentation of a meeting.

Dr. Schottenstein stated that anesthesiology is a difficult field for someone addicted to opiates. Dr. Whitaker stated that he completed 94 days of inpatient treatment in Atlanta and the gentleman who directed the program opined that Dr. Whitaker could return to anesthesiology due to his passion for that work. Dr. Whitaker stated that he returned to anesthesiology with a very high level of vigilance for any

kind of cravings. Dr. Whitaker stated that he is uncertain whether is naltrexone helps him with his cravings, but it certainly provides piece of mind that he could not get anything from narcotics even if he wanted to relapse. Dr. Whitaker stated that his colleagues are vigilant as well and many called to check on him once when he called off work sick.

Dr. Steinbergh was pleased that Dr. Whitaker has self-confidence, but she advised Dr. Whitaker to be humble and to not feel that he is infallible. Dr. Steinbergh encouraged Dr. Whitaker to continue being vigilant, noting the high relapse rate among anesthesiologists. Dr. Whitaker agreed and stated that the moment an addict thinks they are not capable of relapsing is when they are at greatest risk.

Dr. Steinbergh moved to release Dr. Whitaker from the terms of his June 12, 2013 Consent Agreement, effective August 13, 2015. Dr. Soin seconded the motion. All members voted aye. The motion carried.

ADJOURNMENT

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

Thereupon, at 4:35 p.m., the August 12, 2015 session of the State Medical Board of Ohio was adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on August 12, 2015, as approved on September 9, 2015.



Donald R. Kenney, Sr., President



Kim G. Rothermel, M.D., Secretary

(SEAL)

