

MINUTES**THE STATE MEDICAL BOARD OF OHIO****December 13, 2017**

Amol Soin, M.D., President, called the meeting to order at 10:08 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: Robert P. Giacalone, Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Michael L. Gonidakis; Andrew P. Schachat, M.D.; Michael Schottenstein, M.D.; Ronan M. Factora, M.D.; and Betty Montgomery. The following members did not attend: Richard Edgin, M.D.; and Mark A. Bechtel, M.D.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; David Fais, Assistant Executive Director; Sallie Debolt, Senior Counsel; Bill Schmidt, Chief of Investigations; Susan Loe, Director of Human Resources and Fiscal; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Teresa Pollock, Director for Communications; Joseph Turek, Deputy Director for Licensure; Nathan Smith, Staff Attorney; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Angela McNair, Cheryl Pokorny, James Roach, Kimberly Lee, Adam Meigs, and Melissa Wood, Enforcement Attorneys; Kyle Wilcox and Melinda Snyder, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Annette Jones and Angela Moore, Compliance Officers; David Katko, Assistant Legal Counsel; Colin DePew, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the November 8, 2017, Board meetings, as written. Dr. Saferin seconded the motion. All members voted 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 genetic counselor applicants listed in Exhibit "A," the massage therapist applicants listed in Exhibit "B," the physician assistant applicants listed in Exhibit "C," and the physician applicants listed in Exhibit "D," as listed in the Agenda Supplement and handouts. Dr. Steinbergh seconded the motion. A vote was taken:

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

Dr. Factora - aye
Ms. Montgomery - aye

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Soin 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: Scott D. Gordon, D.O.; Janet Lynn Rice, M.D.; and Munawar Siddiqi, M.D. A roll call was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Ms. Montgomery	- aye

Dr. Soin 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. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Ms. Montgomery	- aye

Dr. Soin 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. Also, Dr. Bechtel served as Secretary and/or Supervising Member in the matter of Dr. Gordon.

Dr. Soin 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.

SCOTT D. GORDON, D.O.

Dr. Soin directed the Board's attention to the matter of Scott D. Gordon, D.O. Objections to Ms. Shamansky's Report and Recommendation have been filed and were previously distributed to Board members.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Scott D. Gordon, D.O. Dr. Schottenstein seconded the motion.

Dr. Soin stated that he will now entertain discussion in the matter of Dr. Gordon.

Dr. Schachat stated that in a letter dated February 1, 2017, the Board ordered Dr. Gordon to submit to a psychiatric examination. Dr. Schachat noted that there was also a question of inappropriate drug use. Dr. Schachat stated that at that time, Dr. Gordon's counsel communicated that Dr. Gordon was living and practicing in Nebraska at that time and that it would be difficult for him to attend an examination in Ohio due to travel time and expenses. Dr. Gordon's counsel had stated that Dr. Gordon was already scheduled to undergo a psychiatric examination in Nebraska on February 28, 2017, and that the results of that examination could be provided to the Ohio Board. However, the results of the Nebraska examination were not provided.

Dr. Schachat stated that Dr. Gordon, through his counsel, as put forward to major arguments. First, Dr. Gordon argued that the Ohio Board has no jurisdiction in this matter because Dr. Gordon's Ohio training certificate had expired. Second, Dr. Gordon argued that the Ohio Board had obtained information on Dr. Gordon illegally in violation of the Health Insurance Portability and Accountability Act (HIPAA).

Dr. Schachat stated that he agrees with the Hearing Examiner's Proposed Order, which would non-permanently revoke Dr. Gordon's Ohio medical license.

Dr. Schottenstein stated that Dr. Gordon's decision not to submit to the psychiatric examination in Ohio resulted in the automatic legal determination that Dr. Gordon was unable to practice medicine due to physical or mental illness. Dr. Schottenstein noted that under Ohio statute, the failure to submit to an examination constitutes an admission of the allegations in the Notice of Opportunity for Hearing unless the failure to submit was due to circumstances beyond the respondent's control. Dr. Gordon's counsel has argued that the circumstances of travel, expense, and time off work which would jeopardize Dr. Gordon's employment are all circumstances that were beyond Dr. Gordon's control. However, Dr. Schottenstein stated that the phrase "beyond control" implies something that is unexpected or cannot be changed. Dr. Schottenstein stated that Dr. Gordon's financial hardship is not something that is "beyond control" because it is neither unexpected nor unchangeable. Dr. Schottenstein stated that if the Board were to accept this argument, then any respondent could argue that the expense of an examination would be a financial hardship since hardship is relative. Consequently, the ability of practitioners to avoid Board-ordered examinations in this fashion would allow unfit physicians to continue practicing, leading to societal harm.

Dr. Schottenstein noted that in his objections to the Report and Recommendation, Dr. Gordon's counsel referenced the case *Reddy v. State Medical Board of Ohio* with regard to the Board's disciplinary authority and the fact that Dr. Gordon's Ohio training certificate had expired. Dr. Schottenstein stated although Dr. Gordon had left his Ohio training program when the Board ordered him to the examination, his training certificate was still active at that time. Dr. Schottenstein stated that if one were to accept Dr. Gordon's counsel's argument that a board cannot take action against a physician who has left the state, it would result in physicians jumping from state to state to avoid discipline, thereby leading to societal harm.

Dr. Schottenstein continued that Dr. Gordon's counsel has argued that the Board obtained information illegally in violation of HIPAA. However, Dr. Schottenstein stated that the Board is not a covered entity under HIPAA. Furthermore, Dr. Schottenstein stated that Dr. Gordon's training program is required to report to the Board if it feels that someone has violated the Ohio Medical Practices Act. Dr. Schottenstein stated that accepting this argument would result in an inability to properly monitor the Board's licensees.

Dr. Schottenstein stated that the evidence suggests that Dr. Gordon is unable to safely practice medicine. Dr. Schottenstein agreed with the Hearing Examiner's Findings of Fact, Conclusions of Law, and Proposed Order.

Mr. Giacalone agreed with Dr. Schachat and Dr. Schottenstein. Mr. Giacalone reiterated that the Board is not covered by HIPAA and that both Dr. Gordon and his training program had a duty to report any concerns regarding a physician's ability to practice.

Dr. Steinbergh stated that it is the expectation of every physician to attend an examination if the Board has concerns regarding impairment. Dr. Steinbergh stated that when a physician fails to appear for an examination, it is rarely due to circumstances beyond their control. Dr. Steinbergh stated that it is particularly concerning when a physician reschedules the date of the examination, as Dr. Gordon did, and still does not appear on the rescheduled date.

Dr. Steinbergh expressed concern about the issue of training certificates. Dr. Steinbergh stated that training certificates are limited to the certificate holder's specific training program and that there is a gray area between the certificate holder's completion of the program and the expiration of the training certificate. Dr. Steinbergh expressed concern about the jurisdiction of the Board once a certificate holder has completed the training program. The Board engaged in a brief discussion about whether a training program is required to report when a trainee has graduated or whether a new training certificate would be needed if a certificate holder switches to a different training program. Mr. Giacalone commented that a certificate holder should not be able to avoid discipline simply by leaving a training program.

Ms. Anderson noted that the Hearing Examiner addressed the legal arguments concerning the Board's jurisdiction and Dr. Gordon's training certificate. These arguments can be found on page 6 of the Report and Recommendation.

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

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

Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Ms. Montgomery	- aye

The motion to approve carried.

JANET LYNN RICE, M.D.

Ms. Anderson stated that Dr. Rice has contacted the Board and stated that she is unable to attend today's meeting due to inclement weather. Dr. Rice has made a motion to continue her case to the January 10, 2018 meeting. Responding to a question, Ms. Anderson stated the Dr. Rice was to travel to Columbus from Akron for this meeting. Dr. Schachat stated that he does not oppose continuing Dr. Rice's case to January, but he stated that the weather between Akron and Columbus is not bad today.

Ms. Anderson noted that Dr. Rice is a licensure applicant and is not currently licensed in Ohio. Therefore, continuing the case to January would not result in Dr. Rice's continuing to practice in Ohio for additional month without the potential discipline.

Dr. Steinbergh moved to grant Dr. Rice's request to continue her case to January. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to approve carried.

MUNAWAR SIDDIQI, M.D.

Dr. Soin directed the Board's attention to the matter of Munawar Siddiqi, M.D. Objections to Ms. Blue's Report and Recommendation have been filed and were previously distributed to Board members.

Dr. Soin stated that a request to address the Board has been filed on behalf of Dr. Siddiqi. Five minutes will be allowed for that address.

Dr. Siddiqi was represented by his attorney, Kevin Tierney.

Dr. Siddiqi urged the Board not to support any sanctions on his Ohio medical license. Dr. Siddiqi stated that he has already been cleared by the Kentucky Board of Medical Licensure and he has regained his

ability to prescribed controlled substances in that state. Dr. Siddiqi stated that he has fulfilled the requirements of the Kentucky Board and there are only two chart reviews pending at this time.

Dr. Siddiqi stated that he has practiced pain management for the last 15 years and he has never had a malpractice case or issues with morbidity or mortality. Dr. Siddiqi stated that his practice has been exceptional and that numerous physicians refer their patients to him because they are confident in his skills. Dr. Siddiqi commented that most of his patients are elderly and respected members of the community. Dr. Siddiqi stated that he wasted no time enrolling in all of the educational courses recommended by the Kentucky Board, and these courses have enhances his skills even further.

Dr. Siddiqi stated that he delivers safe, high-quality care to his patients, no harm has come to any of his patients, he has no impairment, and he exercises good judgment. Dr. Siddiqi stated that further action by the Ohio Board is not necessary and could negatively affect his practice and his ability to participate in insurance plans.

Dr. Soin asked if the Assistant Attorney General wished to respond. Ms. Snyder stated that she did wish to respond.

Ms. Snyder stated that the Kentucky board found that Dr. Siddiqi's practice departed from or failed to conform to acceptable and prevailing medical practices in regard to diagnoses one patient chart, treatment in seven charts, record keeping in one chart, and overall in four charts with another five charts being "borderline." Ms. Snyder stated that when she first saw this case, she felt that it looked very bad. However, upon review Ms. Snyder opined that Dr. Siddiqi's prescribing was borderline negligent/sloppy and not nefarious. Ms. Snyder stated that there is no question that the Kentucky Order raises significant issues about Dr. Siddiqi's practice. However, Ms. Snyder also pointed out that the Ohio Board does not have all the evidence in this case, as is typical with cases from out of state. Ms. Snyder also noted that Dr. Siddiqi had complied with the requirements of the Kentucky Order.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Munawar Siddiqi, M.D. Dr. Schottenstein seconded the motion.

Dr. Soin stated that he will now entertain discussion in the above matter.

Dr. Steinbergh briefly reviewed Dr. Siddiqi's medical education and career. In May 2015, in response to a complaint regarding medications prescribed to the complainant's relative, the Kentucky Cabinet for Health and Family Services, Office of Inspector General, initiated a review of Dr. Siddiqi's prescribing practices. Investigators noted several concerns after analyzing Dr. Siddiqi's Kentucky All Schedule Prescription Electronic Reporting (KASPER) records, including long-term use of one or more controlled substances; combinations of controlled substances favored by persons who abuse or divert controlled substances; multiple opiates prescribed concurrently; and self-prescribing. A subsequent review in March 2016 showed the same concerns. Dr. Steinbergh noted that Dr. Siddiqi has denied any improper prescribing practices.

Dr. Steinbergh continued that the Kentucky Board of Medical Licensure obtained the services of an expert consultant to review Dr. Siddiqi's medical records. The expert felt that the records from Dr. Siddiqi's hospital practice were of good quality, but the records from Dr. Siddiqi's private practice were of a very different quality. Dr. Steinbergh stated that Dr. Siddiqi disagreed with the expert's report and he continues

to disagree with it. Dr. Steinbergh noted that Dr. Siddiqi feels he has taken responsibility in this situation, but he also blames his inadequate medical records on the electronic medical record (EMR) system. Dr. Steinbergh briefly reviewed Dr. Siddiqi's treatment of patients and commented that Dr. Siddiqi felt that his opinion overrode evidence-based practices.

Dr. Steinbergh stated that following the Kentucky Board's investigation, Dr. Siddiqi entered into an Agreed Order in lieu of issuance of a Compliant and Emergency Order of Restriction. Dr. Steinbergh noted that the review of Dr. Siddiqi's charts showed that he had failed to document positive toxicology screens, among other things. Dr. Siddiqi also underwent evaluation by the Kentucky Physicians Health Foundation (KPHF) because he had self-prescribed Cheratussin, but he was not diagnosed with impairment. Also, pursuant to the Kentucky Agreed Order, Dr. Siddiqi was evaluated by the Center for Personalized Education for Physicians (CPEP). Dr. Steinbergh noted that Dr. Siddiqi unconditionally passed the CPEP program and had offered sophisticated remarks while in the program. Dr. Siddiqi has indicated that he understands his errors and will not repeat them. In May 2017, the Kentucky Board approved Dr. Siddiqi's request to reinstate his ability to prescribe controlled substances, with certain conditions.

Dr. Steinbergh stated that Dr. Siddiqi has no current plans to practice medicine in Ohio. Dr. Steinbergh further noted letters of support written on behalf of Dr. Siddiqi by M. Azeem Niazi, M.D., a colleague of Dr. Siddiqi's; and by Erin Caudill, R.T., and Kathy Cawood, R.N., employees in Dr. Siddiqi's office.

Dr. Steinbergh stated that the Proposed Order would suspend Dr. Siddiqi's Ohio medical license, stay the suspension, and establish probationary terms and conditions for a minimum of two years. Dr. Steinbergh opined that it would be appropriate to suspend Dr. Siddiqi's Ohio medical license indefinitely until his Kentucky medical license is unrestricted, whereupon the probationary term would commence.

Dr. Schottenstein agreed with Dr. Steinbergh's comments. Dr. Schottenstein observed that during Dr. Siddiqi's hearing it was pointed out that the Kentucky Board's expert consultant had found that Dr. Siddiqi's record-keeping rose to the level of gross negligence and even gross incompetence. In response, Dr. Siddiqi had stated that the expert's comments were baseless allegations. Dr. Schottenstein commented that when there is a strong disagreement of this nature, one should litigate the issue. However, instead of having a hearing in Kentucky, Dr. Siddiqi entered into an Agreed Order so that he could continue practicing uninterrupted. By entering into the Agreed Order, Dr. Siddiqi stipulated to having engaged in the conduct that had been alleged and that he is now calling baseless. Dr. Schottenstein questioned how the Ohio Medical Board can accept Dr. Siddiqi's explanation when he has stipulated to the concerns in Kentucky.

Dr. Schottenstein opined that the monitoring provided for in the Kentucky Board Order is inadequate. Dr. Schottenstein expressed surprise that the Kentucky Order did not establish a probationary period or require a practice plan. Dr. Schottenstein stated that he had asked the Board staff to draft a proposed amendment that he had intended to introduce to address his concerns. However, Dr. Schottenstein approved of Dr. Steinbergh's suggestion to suspend Dr. Siddiqi's Ohio medical license indefinitely until his Kentucky medical license is unrestricted. Dr. Schottenstein wished to propose his amendment and also include the provision suggested by Dr. Steinbergh.

Dr. Schottenstein moved to amend the Proposed Order as discussed. Dr. Steinbergh seconded the motion.

Dr. Steinbergh suggested that this matter be tabled so that the amendment, as proposed by Dr.

Schottenstein, can be drafted by the Board staff and reviewed by the Board members.

Dr. Steinbergh moved to table the matter of Dr. Siddiqi. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Soin stated that in the following matters, the Board issued Notices of Opportunity for Hearing. No timely request for hearing were received. The matters were reviewed by a Hearing Examiner, who prepared Proposed Findings and Proposed Orders for each, and are now before the Board for final disposition. These matters are disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In these matters, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

DENISE ANN HAMILTON, M.D.

Dr. Steinbergh moved to Find that the allegations as set forth in the June 14, 2017 Notice of Opportunity for Hearing in the matter of Dr. Hamilton have been proven to be true by a preponderance of the evidence and to adopt Mr. Porter's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

Dr. Soin stated that he will now entertain discussion in the above matter.

Mr. Gonidakis stated that Dr. Hamilton's Ohio medical license was summarily suspended by the Board due to a report that she had relapsed on alcohol. Mr. Gonidakis stated that Dr. Hamilton had been under monitoring by the Ohio Physicians Health Program (OPHP) pursuant to the One Bite reporting exemption. When OPHP performed a random drug screen which came back positive, Dr. Hamilton admitted to having drunk alcohol. Mr. Gonidakis noted that Dr. Hamilton initially had no intention of self-reporting her relapse to the Board, but she later did so.

Mr. Gonidakis stated that he supported the Hearing Examiner's Proposed Order, based on Dr. Hamilton's relapse and the lack of evidence that she has sought treatment since the relapse. The Proposed Order would suspend Dr. Hamilton's medical license indefinitely, but not less than 90 days from the June 14, 2017 summary suspension; provide for interim monitoring; and establish conditions for reinstatement or restoration of the license, followed by probationary terms for a minimum of five years.

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

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

The motion to approve carried.

KEVIN THOMAS HANZEL, D.P.M.

Dr. Steinbergh moved to Find that the allegations as set forth in the April 12, 2017 Notice of Opportunity for Hearing in the matter of Dr. Hanzel have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

Dr. Soin stated that he will now entertain discussion in the above matter.

Dr. Steinbergh stated that the proposed action on Dr. Hanzel's podiatric medical license is based on his failure to cooperate with a Board investigation. Dr. Steinbergh stated that the Board sent letters to Dr. Hanzel's credentials mailing address on September 2, 2015, and October 20, 2015, asking for a response. Dr. Hanzel failed to respond to either letter. On January 11, 2016, a Board investigator personally served a letter from the Board to Dr. Hanzel. When the investigator asked Dr. Hanzel about his lack of response to the previous two letters, Dr. Hanzel replied that he was semi-retired, his receptionist had quit, he was not good at picking up his mail on a timely basis, and he had had health issues. Dr. Steinbergh noted that Dr. Hanzel also failed to provide a response to this personally-delivered letter.

Dr. Steinbergh stated that a Board investigator contacted Dr. Hanzel by telephone on October 14, 2016. Dr. Hanzel indicated at that time that he had been hospitalized for several weeks during the summer and he had not been aware that the Board was still waiting for response from him. The Board Investigator made arrangements to pick up Dr. Hanzel's response on a date to be determined later. However, when the Board Investigator tried to contact Dr. Hanzel again in November and December 2016, Dr. Hanzel's practice was closed. Dr. Hanzel also did not respond to the investigator's calls or e-mails.

Dr. Steinbergh continued that on January 23, 2017, the Board sent a first set of interrogatories to Dr. Hanzel via certified mail, return receipt requested, to his credentials mailing address. The letter and interrogatories were returned to the Board marked "Return to Sender – Unclaimed – Unable to Forward."

Dr. Steinbergh agreed with the Proposed Findings that Dr. Hanzel's acts, conduct, and/or omissions constitute a "failure to cooperate in an investigation conducted by the board under division (F) of this section, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board at a deposition or in written interrogatories," as set forth in Ohio Revised Code 4731.22(B)(34). Dr. Steinbergh also agreed with the Proposed Order to suspend Dr. Hanzel's license indefinitely, establish conditions for reinstatement or restoration that include cooperation with the Board's investigation, and imposing a civil penalty of \$4,500.

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

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

Dr. Soin - aye
Mr. Gonidakis - aye
Dr. Schachat - aye
Dr. Factora - aye
Ms. Montgomery - aye

The motion to approve carried.

RAYMOND A. LLOYD, II, M.D.

Dr. Steinbergh moved to Find that the allegations as set forth in the April 12, 2017 Notice of Opportunity for Hearing in the matter of Dr. Lloyd have been proven to be true by a preponderance of the evidence and to adopt Mr. Porter's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

Dr. Soin stated that he will now entertain discussion in the above matter.

Dr. Schottenstein stated that Dr. Lloyd first came to the attention of the State Medical Board of Ohio due to an action taken by the Delaware Board of Medical Licensure and Discipline. Specifically, the Delaware Board reprimanded Dr. Lloyd and imposed a civil penalty for failing to comply with Delaware's continuing medical education (CME) requirements for renewal of his Delaware medical license. It is also alleged that Dr. Lloyd failed to cooperate with the Ohio Board's investigation of this matter.

Dr. Schottenstein continued that Dr. Lloyd had been the subject of a random CME audit by the Delaware Board. In response to the Delaware Board's request of CME documentation, Dr. Lloyd provided a single entry of 21 hours with no certificate of completion. Dr. Schottenstein noted that the Delaware Board requires 40 hours of CME to be completed for each two-year renewal cycle. Dr. Schottenstein further noted that Dr. Lloyd failed or refused to attend a hearing in Delaware regarding this matter.

Dr. Schottenstein opined that the Hearing Examiner's Proposed Order is reasonable. Dr. Schottenstein wished to offer an amended Order, which the staff provided to Board members. The amended Order, if accepted by the Board, would change the Proposed Order in three respects:

- First, the amended Order would add a reprimand. Dr. Schottenstein felt that a reprimand is proper given Dr. Lloyd's inappropriate behavior.
- Second, the amended Order would make a minor change to the language regarding Dr. Lloyd's compliance with the Delaware Board Order. Since the Delaware Board Order was issued one-and-a-half years ago, Dr. Schottenstein felt that the Certificate of Compliance with the Delaware Order should state that Dr. Lloyd "has fulfilled the conditions" of the Order, rather than "has maintained full compliance" with the Order.
- Third, since Dr. Lloyd's original concern was his failure to document his compliance with CME requirements to the Delaware Board's satisfaction, Dr. Schottenstein felt that the Ohio Order should require him to supply documentation of the completion of the requisite number of CME credits for the CME period in which he applies for reinstatement or restoration. In addition, the amended Order would require Dr. Lloyd to supply documentation of CME credits for two additional CME periods following the reinstatement or restoration of his Ohio license.

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

It is hereby ORDERED that:

- A. **REPRIMAND:** Raymond A. Lloyd, II, M.D., is REPRIMANDED.
- B. **SUSPENSION OF CERTIFICATE:** The certificate of Dr. Lloyd to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.
- C. **FINE:** Within thirty days of the effective date of this Order, Dr. Lloyd shall remit payment in full of a fine of four thousand five hundred dollars (\$4,500.00). Such payment shall be made via credit card in the manner specified by the Board through its online portal, or by other manner as specified by the Board.
- D. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Lloyd's certificate to practice medicine and surgery until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration:** Dr. Lloyd shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Certification of Fulfillment of the July 2016 Order of the Delaware Board:** At the time he submits his application for reinstatement or restoration, Dr. Lloyd shall submit to the Board certification from the Delaware Board, dated no earlier than 60 days prior to Dr. Lloyd's application for reinstatement or restoration, that Dr. Lloyd has fulfilled the conditions of the July 2016 Order of the Delaware Board.
 3. **Certification of Cooperation with Board Investigation:** Dr. Lloyd shall submit a written statement from the Board's Enforcement Division that he has fully complied with all subpoenas and interrogatories issued to him by the Board.
 4. **Documentation of CME for Current Period:** Dr. Lloyd shall supply documentation acceptable to the Board of satisfactory completion of the requisite number of CME credits for the CME period that is current at the time Dr. Lloyd files his application for reinstatement or restoration.
 5. **Payment of Fine:** Dr. Lloyd shall have fully paid the fine as set forth in Paragraph C of this Order.
 6. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Lloyd has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.
- E. **DOCUMENTATION OF CME FOLLOWING REINSTATEMENT OR RESTORATION:** Subsequent to reinstatement or restoration, Dr. Lloyd shall supply documentation acceptable to the Board of satisfactory completion of the requisite number of CME credits for two additional CME periods following reinstatement or restoration. This documentation shall be due in the Board's offices within 30 days of the conclusion of each CME period, unless otherwise determined by the Board.
- F. **REQUIRED REPORTING TO THIRD PARTIES; VERIFICATION:**

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Lloyd shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Lloyd shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Lloyd provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

Further, within 30 days of the date of each such notification, Dr. Lloyd shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

This requirement shall continue until Dr. Lloyd's certificate is reinstated or restored, or until otherwise determined by the Board.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Lloyd shall provide a copy of this Order by certified mail to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Lloyd shall provide a copy of this Order by certified mail at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license.

Additionally, within 30 days of the effective date of this Order, Dr. Lloyd shall provide a copy of this Order to any specialty or subspecialty board of the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists under which he currently holds or has previously held certification.

Further, within 30 days of the date of each such notification, Dr. Lloyd shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

This requirement shall continue until Dr. Lloyd's certificate is reinstated or restored, or until otherwise determined by the Board.

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

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

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

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

The motion to amend carried.

Dr. Steinbergh moved to Find that the allegations as set forth in the April 12, 2017 Notice of Opportunity for Hearing in the matter of Dr. Lloyd have been proven to be true by a preponderance of the evidence and to adopt Mr. Porter's Proposed Findings and Proposed Order, as amended. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Soin stated that in the following matter, the Board issued a Notice of Opportunity for Hearing, and documentation of Service was received. There was no timely request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter is therefore before the Board for final disposition. This matter is non-disciplinary in nature, and therefore all Board members may vote.

MEGHAN RENEE BUNKER, L.M.T.

Dr. Soin stated that Ms. Bunker has applied for restoration of her Ohio massage therapy license. The Board notified Ms. Bunker that it proposed to approve her application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) due to the fact that she has not engaged in the active practice of massage therapy for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the August 14, 2017 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, approving Ms. Bunker's application for restoration of her Ohio massage therapy license, pending successful completion of the MBLEX within six months of the date of mailing of the Notice of Opportunity for Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

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

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. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Ms. Montgomery	- aye

The motion carried.

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

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTSMARILYN J. HUHEEY, M.D. – VOLUNTARY PERMANENT RETIREMENT

Mr. Giacalone moved to ratify the proposed Voluntary Permanent Retirement with Dr. Huheey. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion to ratify carried.

ASA, M.D. – CONSENT AGREEMENT

Mr. Gonidakis moved to ratify the proposed Consent Agreement with ASA, M.D. Dr. Schachat seconded the motion. A vote was taken:

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

The motion to ratify did not carry.

ISRAEL HENIG, M.D. – VOLUNTARY PERMANENT RETIREMENT

Dr. Steinbergh moved to ratify the proposed Voluntary Permanent Retirement with Dr. Henig. Dr. Schottenstein seconded the motion. A vote was taken:

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

Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Ms. Montgomery	- aye

The motion to ratify carried.

JOHN KEITH KREBS, M.D. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step II Consent Agreement with Dr. Krebs. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

JOHN NAHLE, L.M.T. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MASSAGE THERAPY

Dr. Steinbergh moved to ratify the proposed Permanent Surrender with Dr. Nahle. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

FRANK GERARD STODDARD, III, D.P.M. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step II Consent Agreement with Dr. Stoddard. Dr.

Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

HEATHER DANIELLE STRAWBRIDGE, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Consent Agreement with Dr. Strawbridge. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

JWT, D.O. – CONSENT AGREEMENT

Mr. Gonidakis moved to ratify the proposed Consent Agreement with JWT, D.O. Dr. Schachat seconded the motion. A vote was taken:

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

The motion to ratify did not carry.

ROBERT L. THOMAS, III, M.D. – CONSENT AGREEMENT

Mr. Gonidakis moved to ratify the proposed Consent Agreement with Dr. Thomas. Dr. Schachat seconded the motion. A vote was taken:

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

The motion to ratify carried.

THOMAS JAMES GANTNER, P.A. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step I Consent Agreement with Mr. Gantner. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

FFY, M.D. – CONSENT AGREEMENT

Mr. Gonidakis moved to ratify the proposed Consent Agreement with FFY, M.D. Dr. Schachat seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- nay
	Dr. Steinbergh	- nay

Mr. Giacalone	- nay
Dr. Soin	- nay
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- nay
Ms. Montgomery	- nay

The motion to ratify did not carry.

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

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Jayaprakash Ayillath Gosalakkal, M.D.; Atul S. Goswami, M.D.; and James R. Taylor, III, L.M.T. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to send carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Mahmoud Abou El Soud, M.D.; Michael Wade Jones, D.O.; Mory Summer, M.D.; and Christopher Neil Vashi, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to send carried.

REPORTS AND RECOMMENDATIONSMUNAWAR SIDDIQI, M.D.

Dr. Schottenstein moved to remove the matter of Munawar Siddiqi, M.D., from the table. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

Board staff provided written copies of the proposed amended order to the Board members for their review.

Dr. Steinbergh stated that Paragraph B(2) of the Amended Order, concerning Conditions for Reinstatement or Restoration, should make it clear that Dr. Siddiqi must hold a full and unrestricted medical license in Kentucky as a conditions for reinstatement or restoration of his Ohio medical license. Ms. Anderson suggested that Paragraph B(2) include the following language: "Dr. Siddiqi shall demonstrate that he holds a full, unrestricted license in Kentucky." Dr. Schottenstein agreed.

Mr. Taylor noted that Dr. Schottenstein's motion to amend was made and seconded prior to the tabling of this topic, and the language currently being discussed was drafted subsequently to reflect that motion. Therefore, the refinement of the language discussed above does not necessitate a restatement or revision of the motion to amend and Dr. Schottenstein's acknowledgement that the draft accurately reflects his motion will suffice.

The Order, if amended, shall read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** The certificate of Munawar Siddiqi, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Siddiqi's certificate to practice medicine and surgery until all of the following conditions have been met:
 1. **Application for Reinstatement or Restoration:** Dr. Siddiqi shall submit an application for reinstatement or restoration, accompanied by the appropriate fees, if any.
 2. **Evidence of Unrestricted Licensure in Kentucky:** at the time he submits his application for reinstatement or restoration, Dr. Siddiqi shall demonstrate that he holds a full, unrestricted license in Kentucky. If the sole remaining condition for full and unrestricted licensure in Kentucky is that Dr. Siddiqi must demonstrate full and unrestricted licensure in Ohio, then this requirement may be deemed by the Board to be satisfied.
 3. **Additional Evidence of Fitness to Resume Practice:** In the event that Dr. Siddiqi has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

- C. **PROBATION:** Upon reinstatement or restoration, Dr. Siddiqi's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitation for a period of at least two years:
1. **Obey the Law:** Dr. Siddiqi shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in the state in which he is practicing.
 2. **Declarations of Compliance:** Dr. Siddiqi shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Siddiqi's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 3. **Personal Appearances:** Dr. Siddiqi shall appear in person for an interview before the full Board or its designated representative during the sixth month following the month in which Dr. Siddiqi's certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
 4. **Evidence of Compliance with the Order of the Kentucky Board:** At the time he submits his declarations of compliance, Dr. Siddiqi shall also submit declarations under penalty of Board disciplinary action and/or criminal prosecution stating whether he has complied with all terms, conditions, and limitations imposed by the Kentucky Board, Case No. 1767. Moreover, Dr. Siddiqi shall cause to be submitted to the Board copies of any reports that he submits to the Kentucky Board whenever and at the same time the Kentucky Board requires submission.
 5. **Notification of Change in Terms of Probation by the Kentucky Board:** Dr. Siddiqi shall immediately notify the Board in writing of any modification or change to any terms, conditions, or limitation imposed by the Kentucky Board in Case No. 1767, including termination of the Agreed Order and/or Amended Agreed Order.
 6. **Practice Plan:** Prior to commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Siddiqi shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Siddiqi's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Siddiqi shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Siddiqi submits his practice plan, he shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary and Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary and Supervising Member will give preference to a physician who practices in the same locale as Dr. Siddiqi and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Siddiqi and his medical practice, and shall review Dr. Siddiqi's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Siddiqi and his medical practice, and on the review of Dr. Siddiqi's patient charts. Dr. Siddiqi shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's office no later than the due date for Dr. Siddiqi's declarations of compliance.

In the event the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Siddiqi shall immediately so notify the Board in writing. In addition, Dr. Siddiqi shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician become unable or unwilling to serve, unless otherwise determined by the Board. Dr. Siddiqi shall further ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove any physician proposed to serve as Dr. Siddiqi's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Siddiqi's monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

7. **Required Reporting of Change of Address:** Dr. Siddiqi shall notify the Board in writing of any change of address and/or principal practice address within 30 days of change.
8. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Siddiqi is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

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

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

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

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Siddiqi shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training; and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Siddiqi shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments. This requirement shall continue until Dr. Siddiqi receives from the Board written notification of the successful completion of his probation.

In the event that Dr. Siddiqi provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Siddiqi receives from the Board written notification of the successful completion of his probation.

2. **Required Reporting to Other State Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Siddiqi shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Dr. Siddiqi shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Siddiqi receives from the Board written notification of the successful completion of his probation.

3. **Required Documentation of the Reporting Required by Paragraph F:** Dr. Siddiqi shall provide this Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

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

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Soin	- aye
	Mr. Gonidakis	- nay
	Dr. Schachat	- aye
	Dr. Factora	- aye
	Ms. Montgomery	- 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 Munawar Siddiqi, M.D. Dr. Schottenstein

seconded the motion. A vote was taken:

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

The motion to approve carried.

The Board took a brief recess at 12:15 p.m. and resumed the meeting at 1:35 p.m.

AD HOC COMMITTEE

Dr. Steinbergh moved to appoint an *ad hoc* committee composed of Mr. Giacalone, Dr. Steinbergh, Mr. Gonidakis, and Dr. Schottenstein to assist with the employment law section on a human resources issue and a filing. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

OPERATIONS REPORT

Human Resources: Mr. Groeber stated that with the consolidation with the Ohio Board of Dietetics and the Ohio Respiratory Care Board effective on January 21, 2018, the Medical Board will be gaining additional staff members. Karen Morrison, currently with the Dietetics Board, will begin work in the Medical Board's Communications Section and will be tying together the Board's licensee types in order to tell a more comprehensive story about how all the license types work together. Don Davis, also currently with the Dietetics Board, will have tasks to help the Board speed up some of its investigative and enforcement processes.

Investigator Firearms: Mr. Groeber stated that staff is continuing to work with the union to implement the changes directed by the Board, and to work with its representative on updated drafts of the

investigator manual. The staff has also compiled a number of safety equipment and training ideas to help support the changes directed by the Board. The Finance Committee considered these this morning and voted upon the purchase. If approved, staff will work to implement these trainings as quickly as possible. Management will continue to refine the manual and work with the union to prepare for the return of firearms should the Board vote to rescind investigator authority to carry firearms at the January meeting.

Mr. Groeber stated that until such time as the Board takes a formal vote, the Board will maintain the investigators' authority to carry firearms.

Education and Outreach: Mr. Groeber stated that Ms. Pollock is working with the Ohio University Heritage College of Osteopathic Medicine (OUHCOM) to take the Partners in Professionalism program to the next level of technical integration.

Mr. Groeber stated that the latest quarterly edition of HealthScene Ohio has been published.

Mr. Groeber stated that the Board has initiated quarterly meetings for health communication directors across Ohio's associations, societies, health care systems, and state agencies and boards.

Mr. Groeber noted that the Board's labor trafficking video was the Board's most-viewed video. This video for medical staff in institutions is about identifying victims of labor trafficking and how to help those individuals. Dr. Sojin commented that he watched the video and learned a great deal about the scope of this problem. Dr. Steinbergh commented that there is a physician who is an expert on this subject at OUHCOM who could advise the Board in such matters.

Agency Operations: Mr. Groeber noted that there has been a small increase in the number of cases in investigations, which reflects a normal variation. Otherwise, the Board's total number of cases continues to decrease and is down to nearly 1,000, as opposed to about 3,000 a few years ago.

Mr. Groeber stated that the number of licenses issued is up 5% over this time last year and is up 4% month-to-month. The time to issue licenses continues to decrease. Mr. Groeber stated that expedited licenses were issued in an average of 24 days, a figure that includes a few outlying numbers.

Mr. Groeber stated that the number of cases in Compliance is down by 9% compared to this time last year.

Annual Ethics Training: Mr. Groeber reminded the Board members that they are required to complete their annual ethics training by Dec. 28 this year.

Reports of Sexual Misconduct: Mr. Groeber stated that the Board members may have heard media reports about sexual misconduct issues at Massage Envy. Mr. Groeber stated that on the first day that the reports appeared, a statement was placed on the Board's website reminding licensees that the Board has a zero-tolerance policy on this matter. The statement advised the public to notify law enforcement immediately and to file a complaint with the Board if they have experienced or know of such activity.

Charity Coat Drive: Mr. Groeber stated that dozens of coats were collected in the Board's recent charity coat drive. Mr. Groeber thanked everyone who donated.

Board Consolidation: Mr. Groeber stated that an amendment has been finalized in order to help the

Board meet the January 21, 2018 deadline for consolidation with the Ohio Board of Dietetics and the Ohio Respiratory Care Board.

Contact with Board Members: Mr. Groeber reminded the Board that occasionally licensees, applicants, complainants, and patients will attempt to directly contact Board member for assistance with their issues and concerns. Mr. Groeber stated that many of these issues may be under review with the Board staff, and it is possible that the communication needs to be filed and handled as a compliant with the Board. Mr. Groeber asked the Board members to not respond to any such communication, but to forward it to Mr. Groeber and he will route it to the appropriate staff.

CLEAR and FARB: Mr. Groeber stated that in order to support the new license types that the Board will begin regulating in January 2018, the Board has joined the Council on Licensure, Enforcement & Regulation (CLEAR) and the Federation of Associations of Regulatory Boards (FARB). Mr. Groeber noted that CLEAR has offered some price reductions on training for the Board's investigators.

Federation of State Medical Boards: Mr. Groeber stated that two Board members have expressed interest in engaging more actively with the Federation of State Medical Boards (FSMB). Mr. Giacalone would like to serve on the FSMB's Nominating Committee, and Dr. Steinbergh would like to run for consideration of the Board of Directors. Mr. Groeber stated that letters have been drafted for each of these Board members indicating their interests, to be sent to the FSMB.

Dr. Saferin moved to support Mr. Giacalone and Dr. Steinbergh in these efforts. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

RULES AND POLICIES

Ms. Debolt stated that the hearing reports for Rules 4731-2-01 and 4731-11-01, have been provided to the Board members. Ms. Debolt stated that these rules were final filed with an effective date of December 7, 2017, as authorized by the Board at the November Board meeting.

ELECTION OF OFFICERS

Dr. Steinbergh moved to elect Mr. Giacalone as President, Dr. Schachat as Vice President, Dr. Rothermel as secretary, and Dr. Saferin as Supervising Member for terms beginning on January 1, 2018, and ending December 31, 2018. Dr. Bechtel seconded the motion.

Mr. Gonidakis stated that each year the Board elects a President and Vice President, as well as a Secretary and Supervising Member. Mr. Gonidakis stated that in recent months the Board seems to be spending more time examining items approved by the Secretary and Supervising Member. Mr. Gonidakis stated that the Secretary and Supervising Member work hard and do a great job for the Board. Mr. Gonidakis opined that the Secretary and Supervising Member should be given the opportunity to do their jobs. Mr. Gonidakis stated that the Board can trust that the Secretary and Supervising Member are working closely with the Board's staff on a regular basis.

Dr. Steinbergh stated that she has always respected the roles of Secretary and Supervising Member. Dr. Steinbergh added, however, that Board members must feel good about the decisions they make. Dr. Steinbergh stated that she understands the responsibilities of the Investigations and Enforcement Sections, but there are times when she looks at something and simply does not agree with it. Dr. Steinbergh stated that she has never felt that the Board is a "rubber-stamp" organization, and she did not believe that the Secretary and Supervising Member felt that way either. Dr. Steinbergh stated that she admires and respects the responsibilities of the Secretary and Supervising Member, but the voting Board members have their own responsibilities. Dr. Steinbergh appreciated Mr. Gonidakis' comments, but she felt that there should be a discussion when there are differences of opinion.

Mr. Gonidakis thanked Dr. Steinbergh for her comments.

A vote was taken on Dr. Steinbergh's motion to elect officers for 2018:

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

The motion carried.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

FISCAL REPORT

Dr. Schottenstein stated that in October 2017, the Board's revenue was \$549,350, a decrease of 28% over the two-year cycle. Dr. Schottenstein stated that two variables have disrupted the Board's typical revenue cycle: The early license renewals prior to the license system conversion in May and June 2017, thus resulting in the loss of that revenue that would have naturally occurred in Fiscal Year 2018; and the change in the notification schedule for licensees, which was recently abbreviated. These factors make the assessment of the revenue cycle by comparing one fiscal year to another less predictable.

Dr. Schottenstein stated that the Board's cash balance is \$3,127,696 and has decreased 35.3%

compared to this time last year. Dr. Schottenstein pointed out that in December 2016, \$1,488,000 transferred from the Board's fund to support the eLicense development. Also, the Board is expecting another \$1,100,000 transfer out of the cash balance in the Spring. Preliminary figures show that the Board's cash balance will drop to around \$3,000,000 in the November fiscal report.

Dr. Schottenstein stated that total expenditures for the Board in October 2017 were \$662,486, a 2% increase in expenditures year-to-date. Dr. Schottenstein stated that this is substantially a function of payroll increase due to the filling of vacant positions. Besides payroll, spending for October was unremarkable. Spending for Fiscal Year 2018 is projected at about \$8,500,000, roughly the same as Fiscal Year 2017.

Dr. Schottenstein stated that it is likely that the Board's cash balance will continue to decrease into November, hopefully even out in December, and start to increase again in January. Dr. Schottenstein noted that the January of even-numbered years is when the Board's allied professionals, except for massage therapists, renew their licenses. Consequently, January should be a substantial revenue month. Dr. Schottenstein stated that the Board's revenue is expected to pick up and the deficit to lessen over time. Dr. Schottenstein commented that the fourth quarter of Fiscal Year 2018 is expected to be good.

Dr. Schottenstein stated that the Board will have three new sources of revenue going forward: Disciplinary fines, which should increase over time; licenses and license renewals for respiratory care therapists; and licenses and license renewals for dietitians.

ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that the Board has collected three fine payments totaling \$25,500 since the last Board meeting. The Board has also received its first payment from a licensee who has been sent to collections, in the amount of \$667.48. Dr. Schottenstein observed that this was originally a \$1,000 fine, but the Attorney General's office referred the collection to a Special Counsel, who took \$333.00 of that \$1,000 for their expenses. Dr. Schottenstein stated that the Board's agreement with the Attorney General's office stipulates that the Board is to collect the entire amount of the original fine. The Board's staff has discussed the matter with Attorney General's office and they will hopefully correct that process going forward by charging the special counsel fee to the licensee.

OFFICE RECONFIGURATION COSTS

Dr. Schottenstein stated that the Medical Board staff needs additional office space to accommodate three new staff members from the Board of Dietetics and the Respiratory Care Board. The Finance Committee reviewed a proposal to create a new office for the Executive Director in an unused area of the office near the Enforcement Section, thus freeing up the current Executive Director office and a meeting room to accommodate the 3 new staff. The proposed new office will be about the same size as the Executive Director's current office, with a small meeting room space included.

Dr. Schottenstein stated that the two best price proposals came to approximately \$35,000 and \$39,000. The Finance Committee approved the expenditure of up to \$45,000 allowing for cost overruns for the office reconfiguration cost.

Dr. Steinbergh moved to approve the recommendation of the Finance Committee. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

SAFETY TRAINING FOR FIELD INVESTIGATORS

Dr. Schottenstein stated that the Finance Committee has proposed training for the Board's investigators in the areas of de-escalation and sensitive conversations, identifying and avoiding dangerous situations, and how to properly use pepper spray, among other things. The Finance Committee has also proposed the purchase of safety equipment, including body armor, pepper spray, keychain panic alarm and whistle, and GPS location with notification to police. Lastly, the Finance Committee has proposed policy changes to make the day-to-day job of investigators safer, such as hiring outside agents to collect urine screens and deliver sensitive documents.

Dr. Schottenstein stated that the proposed costs for the safety training, equipment purchases, and policy changes are approximately \$45,000. The Finance Committee has recommended approval of this expenditure.

Dr. Steinbergh moved to approve the expenditure as recommended by the Finance Committee. Dr. Saferin seconded the motion. The motion carried.

COMMUNICATIONS UPDATE

Dr. Schottenstein stated that Ms. Pollock updated the Finance Committee on the Board's efforts to help licensees implement phase 2 of the acute prescribing pain rules, including helping licensees find the correct ICD-10 codes and how to issue a valid prescription. There is intention to create a video and possibly develop an app to help facilitate the ability to use the correct ICD-10 code.

Dr. Schottenstein stated that Ms. Pollock and Ms. Wehrle has been working on a project to list the history of the Medical Board as an institution. Ms. Pollock and Ms. Wehrle provided the Finance Committee with a very good handout of this nature, which may be turned into a video. Dr. Schottenstein opined that this video will help build an institutional memory of the board.

Dr. Schottenstein stated that the Board will reach out with presentations in Athens, Dublin, and Cleveland as part of the Partners in Professionalism program, and Board members are able to participate.

Dr. Schottenstein stated that the Board's HealthScene Ohio magazine will include features on Dr. Steinbergh and Dr. Bechtel in the winter edition.

POLICY COMMITTEE

LEGISLATIVE REVIEW

Dr. Soin stated that the Policy Committee received updates on pending legislation regarding the One-Bite Reporting Exemption and the upcoming consolidation with the Ohio Board of Dietetics and the Ohio Respiratory Care Board.

RULES UPDATE

Dr. Soin stated that the Policy Committee received updates on the non-disciplinary program for inability to practice due to physical or mental illness; the medication-assisted treatment rules; and the acute pain

prescribing rules. The Committee also reviewed a flyer on that included some educational materials on the acute pain prescribing rules.

FSMB RESOLUTION UPDATE

Dr. Soin stated that the Policy Committee reviewed the Board's proposed resolution for the Federation of State Medical Boards (FSMB) concerning acute pain prescribing, which was developed by Dr. Schottenstein. Dr. Soin stated that the resolution is still a working document.

LICENSURE COMMITTEE

ELIZABETH RAJAN, M.D.

Dr. Saferin stated that the matter of Dr. Rajan has been withdrawn from the agenda.

RULE 4731-1-08, COSMETIC THERAPY CONTINUING EDUCATION

Dr. Saferin stated that the Licensure Committee has recommended approval of this proposed Rule to be filed with the Common Sense Initiative (CSI) office. The proposed rule would require cosmetic therapists to obtain at least 25 hours on continuing education in each two-year license renewal cycle, including 24 hours of clinical education and 1 hour of business education. Dr. Saferin stated that a representative of the Cosmetic Therapy Association of Ohio was present in the Committee meeting and she seemed comfortable with the proposed rule.

Dr. Saferin moved to file proposed Rule 4731-1-08, with the CSI Office. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

AMAN RAMELLA, M.D.

Dr. Saferin stated that Dr. Ramella is applying for a license and has requested a waiver of the United States Medical Licensing Examination (USMLE) ten-year rule based on Ohio Administrative Code 4731-6-14(C)(3)(b)(ii), which states that the Board may grant a good-cause waiver to any applicant that "demonstrates good cause, as determined by the board, for not having passed all three steps or levels within the ten year period, and otherwise meets the requirements set forth in paragraph (C)(3)(a) of this rule."

Dr. Saferin stated that Dr. Ramella passed Step 1 of the USMLE on the first attempt in 2007; Step 2 (CK) on the first attempt in 2000; Step 2 (CS) on the third attempt in 2008; and Step 3 on the first attempt in 2015. Dr. Ramella graduated from Jordan University of Science and Technology in Jordan in 1999. Dr. Ramella successfully completed two-and-a-half years of Accreditation Council for Graduate Medical Education (ACGME) postgraduate training (PGT) in a three-year Internal Medicine program at St. Vincent Charity Medical Center/Case Western Reserve University Program, July 2015 to the present. Dr. Ramella also completed two years of PGT in Jordan, worked as an emergency physician in Jordan for two years following his training (where he advised he obtained certification by the Jordanian Board of Internal Medicine), completed a 4-year residency in Internal Medicine in Israel, and worked as an Internist in Israel for 8 years.

Dr. Ramella has explained he took Step 2 (CK) of the USMLE in 2000 as a starting point toward pursuing PGT in the United States, but due mainly to first financial reasons and then career opportunities and training reasons, his goal of training in the United States was delayed. Dr. Ramella was accepted in the Internal Medicine PGT Program at Case Western Reserve University in 2015 after passing Step 3 of the USMLE.

The Licensure Committee has recommended approval of Dr. Ramella's request. Committee recommend approval.

Dr. Saferin moved to approve the good cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accept the examination sequence to be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Mr. Giacalone	- aye
	Dr. Sojn	- aye
	Mr. Gonidakis	- aye
	Dr. Schachat	- aye
	Dr. Factora	- aye

The motion carried.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

Dr. Steinbergh stated that documentation regarding the medications discussed by the Physician Assistant/Scope of Practice Committee has been provided to Board members. These medications were introduced to the market between February 2017 and July 2017 and were considered for inclusion on the physician assistant formulary.

- **Parsabiv**, an antiparathyroid agent used in secondary hyperparathyroidism (HPT). Parsabiv has been recommended for the new category called "parathyroid/antiparathyroid" and in the Physician-Initiated/Consultation category.
- **Emflaza**, a glucocorticoid. The Physician Assistant/Scope of Practice Committee has sent

this back to the Physician Assistant Policy Committee (PAPC) with a suggestion to change the recommended category from CPT May Prescribe to Physician-Initiated/Consultation, due to the specificity of dosage reduction for the CYP3A4 inhibitors. The Physician Assistant/Scope of Practice Committee has also requested that the PAPC review the drugs in this category for consistency of delineation of privileges.

- **Xermelo**, a carcinoid syndrome antidiarrheal agent, recommended for the Physician-Initiated/Consultation category.
- **Kisqali**, an antineoplastic agent and kinase inhibitor. This medication, like all antineoplastic agents, is recommended for the May Not Prescribe category.
- **Xadago**, an MAO-B inhibitor for adjunctive treatment with levodopa and carbidopa in patients with Parkinson's disease, recommended for the Physician-Initiated/Consultation category.
- **Symproic**, which has been used for treatment of opioid-induced constipation, is recommended for the Physician-Initiated/Consultation category. Dr. Schottenstein has noted that the Drug Enforcement Administration (DEA) has removed Symproic from the list of controlled substances as of September 2017.
- **Zejula**, an antineoplastic agent, recommended for the May Not Prescribe category.
- **Austedo**, for treatment of chorea associated with Huntington disease, and also an anti-Parkinson's agent. The committee felt that this medication may be prescribed by a physician assistant, but should be in the Physician Initiated/Consultation category if prescribed for treatment of Huntington's disease.
- **Ingrezza**, a central nervous system agent used for treatment of adults with tardive dyskinesia. Ingrezza is also an anti-Parkinson's agent. The committee felt that this medication, like Austedo, may be prescribed by a physician assistant, but should be in the Physician Initiated/Consultation category if prescribed for treatment of Huntington's disease.
- **Rydapt**, an antineoplastic agent for treatment of acute myeloid leukemia (AML), recommended for the May Not Prescribe category.
- **Alungrig**, an antineoplastic agent, recommended for the May Not Prescribe category.
- **Tymlos**, a parathyroid hormone for treatment of postmenopausal women with osteoporosis at high risk for fracture. Tymlos is a subcutaneous once-daily injection. This medication has been placed in the Parathyroid/Anti-Parathyroid category and the Physician-Initiated/Consultation category.
- **Radicava**, a central nervous system agent for treatment of amyotrophic lateral sclerosis (ALS), recommended for the May Not Prescribe category and to be listed on the formulary as a Free Radical Scavenger.
- **Baxdela**, a quinolone for treatment of acute bacterial skin and skin structure infections, recommended for the Anti-Infective category under quinolones and the May Not Prescribe category.
- **Bevyxxa**, a direct factor Xa inhibitor for prophylaxis of venous thromboembolism (VTE) in adult patients hospitalized for an acute medical illness at risk for thromboembolic complications. The PAPC has recommended placing this medication and all oral anti-coagulants in the May Not Prescribe category. The Physician Assistant/Scope of Practice

Committee has tabled this topic and asked the PAPC to have further discussion of anti-coagulants.

- **Nerlynx**, an antineoplastic agent, recommended for the May Not Prescribe category.
- **Vosevi**, for treatment of chronic hepatitis C virus (HCV) infection without cirrhosis, recommended for the Anti-Infective/Anti-Viral/Anti-Hepatitis C agent category and the Physician-Initiated/Consultation category.
- **Corlanor** and **Entresto**, cardiovascular drugs used in congestive heart failure. There is some evidence that those two drugs are currently recommended over previous therapies. The PAPC recommended that these drugs for the May Prescribe category. The Physician Assistant/Scope of Practice Committee tabled this topic because the request to review these medications came from a physician assistant and the Committee would like the physician assistant's supervising physician to sign off on the request to review.
- **Esthetic injectables**, one of the pharmacist members of the PAPC has agreed to prepare a guidance document listing the drugs on the formulary that are used as injectables for cosmetic purposes. The document will list each drug classification and the level of prescriptive authority. This topic has been tabled.

Dr. Steinbergh moved to approve the recommendations of the Physician Assistant/Scope of Practice Committee. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh stated that the topics of Hydroxurea and respiratory tract agents were tabled due to lack of time to discuss them.

Dr. Steinbergh stated that the Committee continues to have discussions about inclusionary vs. exclusionary formularies. Dr. Steinbergh commented that members of the Committee continue to want any new formulary to include a Physician-Initiated category.

Dr. Steinbergh stated that the Committee is in the process, along with the PAPC, of producing a standard physician assistant formulary request form. Dr. Steinbergh commented that the Committee would like any request from a physician assistant to also be signed by the physician assistant's supervising physician.

RULES REVIEW, 4730-1-05, 4730-2-04, AND 4730-2-05

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) and the Physician Assistant/Scope of Practice Committee has recommended moving forward with these proposed Rules.

Ms. Debolt stated that these proposed rules reflect the changes to statute that were approved by the Legislature in 2015. Rule 4730-1-05, concerning the quality assurance system, has no recommended changes.

For Rule 4730-2-04, it is recommended to change the phrase "provisional period of physician delegated prescriptive authority" because that is no longer required. While the documentation of the provisional period no longer has to be filed with the Medical Board, it must be in the office of the supervising physician and available to the Board upon request.

Rule 4730-2-05 the fact that physician assistants used to have to file a separate application for a separate

certificate to prescribe. Now, physician assistants' prescriptive authority is attached to their licenses. However, sometimes a physician assistant gets a license without meeting the requirements for the prescriptive authority. The proposed change in the rule provides a mechanism for physician assistants who subsequently complete the requirements for prescriptive authority to apply for an endorsement on their license to allow prescribing.

Dr. Steinbergh moved to approve the recommendations of the Physician Assistant/Scope of Practice Committee. Dr. Saferin seconded the motion. The motion carried.

REGULATION OF PA PRESCRIPTIVE AUTHORITY IN OTHER STATES

Dr. Steinbergh stated that this topic was tabled due to a lack of time.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on November 8, 2017, the Compliance Committee met with John K. Krebs, M.D.; Steven S. McNutt, M.D.; Stephen Lee Moore, D.O.; and Wayne J. Myles, D.O.; and moved to continue them under the terms of their respective Board actions. The Compliance Committee also accepted Compliance staff's report of conferences on October 10 & 12, 2017.

Dr. Schachat exited the meeting at this time.

TREATMENT PROVIDER APPLICATIONS

Dr. Steinbergh stated that the Compliance Committee recommended approval of the Applications for Certificates of Good Standing as a Treatment Provider for Impaired Practitioners from the Glenbeigh and from MARR, Inc.

Dr. Saferin moved to approve the Applications for Certificates of Good Standing as a Treatment Provider for Impaired Practitioners from Glenbeigh and from MARR, Inc. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

PROBATIONARY REQUESTS

PROBATIONARY REQUESTS

Dr. Soin advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Dr. Soin asked if any Board member wished to discuss a probationary request separately. No Board member wished to discuss a probationary request separately.

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

- **To grant Malak S. Adib, M.D.'s request for approval of the course *Comprehensive Controlled Substance Prescribing in the Age of Increased Regulations, Legal Challenges and Diversion*, offered by Practice Shields, LLC, to fulfill the controlled substance prescribing course requirement;**

- To grant Roozbeh Badii, M.D.'s request for approval of the course *PBI Ongoing Education Course for Prescribers: Opioids, Pain Management and Addiction – Physician Edition*, offered by Professional Boundaries, Inc., to fulfill the controlled substance prescribing course requirement;
- To grant Ross Rosario Lentini, M.D.'s request for reduction in 12-step meeting attendance to two per week with a minimum of ten per month;
- To grant Michael C. Macatol, M.D.'s request to discontinue the chart review requirement; and request to discontinue the drug log requirement;
- To grant Richard Ray Mason, D.O.'s request for approval of Steven J. Tomik, D.O., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at ten charts per month;
- To grant Bethany J. Notestine, M.T.'s request to reduce personal appearances to once per year;
- To grant Joshua D. Palmer, M.D.'s request to discontinue the chart review requirement; and request to reduce 12-step meeting attendance to two per week with a minimum of ten per month;
- To grant Aly M. A. Zewail, M.D.'s request to reduce 12-step meeting attendance to two per week with a minimum of ten per month; and request to reduce personal appearances to every six months; and
- To grant Paul R. Brown, P.A.'s request to continue under the terms of the April 17, 2017 Step II Consent Agreement while residing in Alabama; and approval of the drug testing and recovery meeting monitoring to be conducted by the Alabama Physician Health Program.

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

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

The motion carried.

REINSTATEMENT REQUEST

CASSANDRA R. PARROTT, D.O.

Dr. Steinbergh moved that the request for the reinstatement of the license of Cassandra R. Parrott, D.O., be approved, subject to the probationary terms and conditions as outlined in the September 10, 2014 Board Order. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

FINAL PROBATIONARY APPEARANCES

FONDA L. BLACKER, M.T.

Ms. Blacker was appearing before the Board pursuant to her request for release from the terms of the Board's Order of December 9, 2015. Dr. Soin reviewed Ms. Blacker's history with the Board.

In response to questions from Dr. Steinbergh, Ms. Blacker stated that she currently practices massage therapy in Vandalia, Ohio, Monday through Friday, about five to six massages per day. Ms. Blacker stated that her practice is going very well and she has updated all of her contact information with the Board.

Dr. Steinbergh asked what Ms. Blacker is doing proactively to prevent another failure to renew her massage therapy license. Ms. Blacker replied that she is now using her email instead of her husband's email for communications from the Board. Ms. Blacker added that she has also programmed a reminder to renew into her cell phone. Dr. Steinbergh asked if Ms. Blacker displays her massage therapy certificate. Ms. Blacker answered that she displays her certificate in her massage room.

Dr. Schottenstein recalled that Ms. Blacker had also had some health issues that had been very distracting at the time her license was due for renewal. Dr. Schottenstein asked if Ms. Blacker's health is good now. Ms. Blacker replied that her health at that time had been okay, but she was donating a kidney to a close family friend whom she had always called her "niece." Ms. Blacker commented that her kidney ended up going to another patient, but her "niece" received a kidney from another donor. Ms. Blacker stated that both her and her "niece" are well today.

Dr. Steinbergh suggested that Ms. Blacker have conversations with other massage therapists, perhaps through a local massage therapy association, about the importance of timely license renewal. Ms. Blacker agreed.

Dr. Steinbergh moved to release Ms. Blacker from the terms of the Board's Order of December 9, 2015, effective December 24, 2015. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

APPRECIATION FOR DR. SOIN

Dr. Soin thanked the Board for allowing him to serve as President this year. Dr. Soin stated that being

President was an honor and privilege. Dr. Soin opined that the Board accomplished many good things this year, but there is still much to be done next year. The Board and staff applauded Dr. Soin.

Mr. Giacalone presented Dr. Soin with an engraved gavel in appreciation for his service as President in 2017.

ADJOURN

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

Thereupon, at 3:45 p.m., the December 13, 2017 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 December 13, 2017, as approved on January 10, 2018.



Robert P. Giacalone, President



Kim G. Rothermel, M.D., Secretary

(SEAL)



State Medical Board of Ohio

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE MEETING

December 13, 2017

30 E. Broad St., Columbus, OH Room 345

Members: Anita M. Steinbergh, D.O., Chair Andrew P. Schachat, M.D. Mark A. Bechtel, M.D. Robert P. Giacalone Other Member Present: Bruce R. Saferin, D.P.M. Michael Schottenstein, M.D. Ronan M. Factora, M.D.	Staff: Sallie Debolt, Senior Counsel
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Dr. Steinbergh called the meeting to order at 7:30 a.m.

MINUTES REVIEW

Dr. Bechtel moved to approve the draft minutes of November 8, 2017, as written. Mr. Giacalone seconded the motion. The motion carried.

REVIEW OF DRUGS FOR PHYSICIAN ASSISTANT FORMULARY.

Parsabiv

Dr. Steinbergh stated that Parsabiv is an anti-parathyroid agent. The Physician Assistant Policy Committee (PAPC) has recommended placing the medication under a new category called "parathyroid/antiparathyroid." Parsabiv has also been recommended for the Physician-Initiated/Consultation category.

Dr. Factora asked if the medication Forteateo, which is similar to Parsabiv, is on the physician assistant formulary. Ms. Debolt replied that she will look it up.

Dr. Bechtel moved to recommend approval of Parsabiv for the Physician-Initiated/Consultation category. Mr. Giacalone seconded the motion. The motion carried.

Emflaza

Dr. Steinbergh stated that Emflaza, a glucocorticoid, is used for treatment of Duchenne muscular dystrophy (DMD) and comes in an oral suspension and an oral tablet. Dr. Steinbergh commented that glucocorticoids are always listed in the May Prescribe category, so that is the recommendation of the PAPC.

Dr. Bechtel moved to recommend approval of Emflaza for the May Prescribe category. Mr. Giacalone seconded the motion. The motion carried.

Xermelo

Dr. Steinbergh stated that Xermelo is an antidiarrheal agent for carcinoid syndrome. A pharmacist member of the PAPC has recommended placing Xermelo in the Physician Initiated/Consultation category.

Dr. Schachat commented that Xermelo sounds like a safer medication than Emflaza, which was approved for the May Prescribe category. Mr. Giacalone agreed. Dr. Schachat opined that the average physician probably cannot name all CYP3 inhibitors, which would be affected by Emflaza.

Emflaza

Dr. Schachat moved to reconsider the matter of Emflaza. Dr. Bechtel seconded the motion.
The motion carried.

Dr. Bechtel agreed with Dr. Schachat's comments, stating that there can be significant drug interactions with Emflaza.

Dr. Schachat stated that he wished to reconsider Emflaza based on his concern that the dose has to be adjusted tremendously if the patient is on a CYP3 inhibitor, and it is difficult to remember all of the drugs that are CYP3 inhibitors. Therefore, having someone else like a supervising physician double-check is probably safer. Dr. Schachat did not think this would be a big burden because the volume of use will be small.

Dr. Schottenstein opined that there are probably other 3A4 inhibitors on the formulary that physicians should be mindful of in general. Dr. Schachat agreed. Ms. Debolt stated that such a review of the formulary can be added to the current reviews.

After further discussion, the Committee favored sending Emflaza back to the PAPC with a recommendation that it be placed in the Physician-Initiated/Consultation category.

Xermelo

Dr. Bechtel stated that Xermelo has relatively minor side effects, consisting of headache and nausea, and it is very specific for diarrhea with carcinoid syndrome.

Dr. Bechtel moved to approve Xermelo for the Physician-Initiated/Consultation category. Dr. Schachat seconded the motion.

Mr. Giacalone stated that Xermelo is so specific and is indicated for just one condition that it should be placed in the May Prescribe category. Mr. Giacalone stated that Xermelo would not be prescribed unless the patient chart indicates that specific condition, particularly with the great number of other anti-diarrheals available.

Dr. Schachat stated that he feels comfortable leaving Xermelo in the Physician-Initiated/Consultation category because he tends to support the more conservative recommendation. Dr. Bechtel commented that a physician assistant who is not familiar with the diseases could prescribe Xermelo for a non-indicated diagnosis. Dr. Steinbergh agreed that that was the concern of the PAPC. Dr. Schachat agreed, especially if three or four other anti-diarrheals have been unsuccessful. Mr. Giacalone replied that that assumes that the prescriber does not read the indications for use. Dr. Schachat commented that the indications for use are often not read. Mr. Giacalone replied that that is concerning. Dr. Schachat commented that that can happen due to drug advertising and drug marketing.

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

ROLL CALL:	Dr. Steinbergh	- aye
	Mr. Giacalone	- nay
	Dr. Schachat	- aye
	Dr. Bechtel	- aye

The motion carried.

Kisqali

Dr. Steinbergh stated that Kisqali is an antineoplastic agent and a kinase inhibitor. Dr. Steinbergh stated that the PAPC has recommended the May Not Prescribe category.

Dr. Bechtel commented that many hospitals have mid-level providers who see patients on a daily basis to help manage care. In a setting where a physician initiates Kisqali, a physician assistant would not be able to refill it under the proposed category. However, nurse practitioners are able to prescribe Kisqali. Dr. Steinbergh agreed, but pointed out that physician assistants are dependent practitioners while nurse practitioners are independent practitioners. Dr. Steinbergh stated that she is aware that facilities use physician assistants and nurse practitioners interchangeably, but the truth is their training is different.

Mr. Giacalone moved to recommend approval of Kisqali for the May Not Prescribe category. Dr. Bechtel seconded the motion. The motion carried.

Xadago

Dr. Steinbergh stated that Xadago is an MAO-B inhibitor and anti-Parkinson's agent. The PAPC has recommended the Physician-Initiated/Consultation category.

Dr. Bechtel moved to recommend approval of Xadago for the Physician-Initiated/Consultation category. Mr. Giacalone seconded the motion. The motion carried.

Symproic

Dr. Steinbergh stated that Symproic has been used for treatment of opioid-induced constipation and non-cancer pain. The PAPC has recommended the Physician-Initiated/Consultation category under gastrointestinal products. Mr. Giacalone supported the recommendation because it forces the supervising physician to realize that the patient has an opioid prescription.

Mr. Giacalone moved to recommend approval of Symproic for the Physician-Initiated/Consultation category. Dr. Bechtel seconded the motion. The motion carried.

Dr. Schottenstein commented that Symproic was removed from the list of controlled substances by the Drug Enforcement Agency (DEA) on September 29, 2017. Dr. Steinbergh thanked Dr. Schottenstein for that information and opined that Symproic is still appropriate for the Physician-Initiated/Consultation category.

Zejula

Dr. Steinbergh stated that Zejula an antineoplastic agent. The PAPC has recommended the May Not Prescribe category. Dr. Bechtel agreed with the recommendations due to the medication's side-effects.

Dr. Bechtel moved to recommend approval of Zejula for the May Not Prescribe category. Mr. Giacalone seconded the motion. The motion carried.

Austedo

Dr. Steinbergh stated that Austedo is a central nervous system agent for treatment of chorea associated with Huntington disease. Austedo is also an anti-Parkinson's agent. The PAPC has recommended the May Prescribe category for most prescribing, but the Physician-Initiated/ Consultation category when prescribed for Huntington's disease.

Dr. Bechtel moved to recommend approval of Austedo for the May Prescribe category for most prescribing, but the Physician-Initiated/ Consultation category when prescribed for Huntington's disease. Mr. Giacalone seconded the motion. The motion carried.

Ingrezza

Dr. Schachat commented that Ingrezza has the same issue with CYP3 inhibitors as Emflaza. Dr. Schottenstein agreed, but noted that Ingrezza does not have a black box warning. Dr. Schottenstein did not know why Ingrezza does not have a black box warning like Austedo does, considering that both medications deplete dopamine and can lead to suicidal ideation.

Ms. Debolt observed that the PAPC recommendation for Ingrezza is the same as for Austedo.

Dr. Schachat moved to recommend approval of Ingrezza for the May Prescribe category for most prescribing, but the Physician-Initiated/ Consultation category when prescribed for Huntington's disease. Mr. Giacalone seconded the motion. The motion carried.

Rydapt

Dr. Steinbergh stated that Rydapt is an antineoplastic agent and kinase inhibitor. The PAPC has recommended the May Not Prescribe category.

Dr. Bechtel moved to recommend approval of Rydapt for the May Not Prescribe category. Mr. Giacalone seconded the motion. The motion carried.

Alungrig

Dr. Steinbergh stated that Alungrig is an antineoplastic agent and kinase inhibitor. The PAPC has recommended the May Not Prescribe category.

Dr. Schachat moved to recommend approval of Alungrig for the May Not Prescribe category. Dr. Bechtel seconded the motion. The motion carried.

Tymlos

Dr. Steinbergh stated that Tymlos is a parathyroid hormone for treatment of postmenopausal women with osteoporosis at high risk for fracture. Tymlos is a subcutaneous once-daily dose. The PAPC has

recommended the Parathyroid/Anti-Parathyroid category and the Physician-Initiated/Consultation category.

Dr. Bechtel moved to recommend approval of Tymlos for the Physician-Initiated/ Consultation category. Mr. Giacalone seconded the motion. The motion carried.

Radiclava

Dr. Steinbergh stated that Radiclava is a IV infusion drug and central nervous system agent for treatment of amyotrophic lateral sclerosis (ALS). Radiclava is also called a free radical scavenger. The PAPC had recommended the May Not Prescribe category.

Dr. Bechtel asked why Radiclava would be May Not Prescribe instead of Physician-Initiated. Dr. Bechtel stated that Radiclava is given on 14 consecutive days and it is possible that a physician assistant may be involved in the care of the patient on some days. Dr. Steinbergh stated that a physician assistant may be involved with the care, but the physician would actually prescribe the medication and direct the infusion cycle. Dr. Steinbergh stated that this is different from setting up a protocol for a physician assistant to follow. Dr. Bechtel thanked Dr. Steinbergh for the clarification.

Dr. Bechtel moved to recommend approval of Radiclava for the May Not Prescribe category. Mr. Giacalone seconded the motion. The motion carried.

Baxdela

Dr. Steinbergh stated that Baxdela is a quinolone and is also an anti-infective agents and anti-bacterial agent. The PAPC has recommended the May Prescribe category.

Dr. Schachat moved to recommend approval of Baxdela for the May Prescribe category. Dr. Bechtel seconded the motion. The motion carried.

Bevyxxa

Dr. Steinbergh stated that she had some concerns about Bevyxxa. Bevyxxa is a direct Factor Xa inhibitor and is currently in the Physician-Initiated/Consultation category. However, the PAPC had recommended placing it with other anti-coagulants in the May Prescribe category. Dr. Schachat commented that it does not oppose oral anti-coagulants to be placed in the May Prescribe category. However, he would oppose placing complex IV anti-coagulants that are used in emergency departments for stroke victims in that category. Dr. Schachat stated that such drugs can be deadly if given to the wrong type of stroke victim. Dr. Steinbergh stated that she is uncertain if the PAPC intends to put all anti-coagulants in the May Prescribe category or just oral anti-coagulants.

After some discussion, the Committee decided to send this back to the PAPC for clarification.

Dr. Bechtel moved to table this topic. Dr. Schachat seconded the motion. The motion carried.

Nerlynx

Dr. Steinbergh stated that Nerlynx is an antineoplastic agent and kinase inhibitor. The PAPC has recommended the May Not Prescribe category.

Dr. Schachat moved to recommend approval of Nerlynx for the May Not Prescribe category. Dr. Bechtel seconded the motion. The motion carried.

Vosevi

Dr. Steinbergh stated that Vosevi is an anti-hepatitis-C product. The PAPC had recommended the Physician-Initiated/Consultation category.

Dr. Steinbergh recalled that there had been a decision in the past to place hepatitis-C products in the May Prescribe category. Dr. Steinbergh asked the Committee's feelings on this. The Committee did not object to placing the medication in the Physician-Initiated/Consultation category.

Dr. Schachat moved to recommend approval of Vosevi for the Physician-Initiated/ Consultation category. Dr. Bechtel seconded the motion. The motion carried.

Corlanor and Entresto

Dr. Steinbergh stated that the requests to review Corlanor and Entresto were filed by Tiffany Fisher, P.A. Ms. Fisher provided documentation that these medications have been recommended instead of some other agents and are currently used for congestive heart failure. Ms. Fisher also documented that the American College of Cardiology and the American Heart Association have shifted towards using these products, which reduce the relative risk of hospitalization for worsening heart failure and cardiovascular death by 18%. The PAPC has recommended the May Prescribe category.

Dr. Schachat commented that this medication has CYP3 inhibitor issues, and so it should be placed in the Physician-Initiated/Consultation category if that is a criterion. Dr. Schachat also questioned whether requests to review medication should come from physician assistants and not their supervising physicians. Dr. Steinbergh commented that in the past, the Committee has always asked the supervising physician to sign off on requests filed by a physician assistant.

After some discussion, the Committee decided to send this matter back to the PAPC for clarification on whether Ms. Fisher's supervising physician will sign off on the request to review.

Esthetic Injectables, Hydrourrea, and Respiratory Tract Agents

Dr. Steinbergh stated that these medications were tabled by the PAPC.

PROPOSED FORMULARY REQUEST FORM

Dr. Steinbergh stated that Ms. Debolt has provided a draft Formulary Request Form for the Committee's review. The Committee generally approved of the draft form, but suggested that it should include a place for signature by a supervising physician and a place for the requester's license number and title or position. Dr. Schachat also suggested that the phrase "estimated frequency of use" be clarified to mean the frequency in the requester's practice, not frequency in general.

RULES REVIEW, 4730-1-05, 4730-2-04, AND 4730-2-05

Ms. Debolt stated that these proposed rule changes are intended to reflect the changes to the physician assistant statute passed by the Legislature in 2015.

- Rule 4730-1-05, concerning the quality assurance system, has no recommended changes.
- For Rule 4730-2-04, it is recommended to change the phrase “provisional period of physician delegated prescriptive authority” because that is no longer required. While the documentation of the provisional period no longer has to be filed with the Medical Board, it must be in the office of the supervising physician and available to the Board upon request.
- Rule 4730-2-05 the fact that physician assistants used to have to file a separate application for a separate certificate to prescribe. Now, physician assistants’ prescriptive authority is attached to their licenses. However, sometimes a physician assistant gets a license without meeting the requirements for the prescriptive authority. The proposed change in the rule provides a mechanism for physician assistants who subsequently complete the requirements for prescriptive authority to apply for an endorsement on their license to allow prescribing.

Dr. Bechtel moved to accept the recommendations. Dr. Schachat seconded the motion. The motion carried.

REGULATION OF PA PRESCRIPTIVE AUTHORITY IN OTHER STATES

Dr. Schachat moved to table this topic. Mr. Giacalone seconded the motion. The motion carried.

ADJOURN

Dr. Bechtel moved to adjourn the meeting. Dr. Schachat seconded the motion. The motion carried.

The meeting adjourned at 8:25 a.m.

Anita M. Steinbergh, D.O.
Chair

blt

State Medical Board of Ohio

LICENSURE COMMITTEE MEETING
December 13, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Bruce R. Saferin, D.P.M., Chair Kim G. Rothermel, M.D. Ronan M. Factora, M.D. Member absent: Richard A. Edgin, M.D. Other Board members present: Michael Schottenstein, M.D.	Staff: Joseph Turek, Deputy Director of Licensure/Renewal Mitchell Alderson, Chief of Physician Licensure Chantel Scott, Chief of Allied Licensure and Renewal Colin DePew, Assistant Attorney
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Dr. Saferin called the meeting to order at 8:03 a.m.

MINUTES REVIEW

Dr. Rothermel moved to approve the draft minutes of October 11, 2017. Dr. Factora seconded the motion. The motion carried.

Dr. Factora moved to approve the draft minutes of November 8, 2017. Dr. Rothermel seconded the motion. The motion carried.

LICENSURE APPLICATION REVIEWS

Elizabeth Rajan, M.D.

Dr. Saferin stated that the matter of Dr. Rajan has been withdrawn from the agenda.

Aman Ramella, M.D.

Dr. Saferin stated that Dr. Ramella is applying for a license and has requested a waiver of the United States Medical Licensing Examination (USMLE) ten-year rule based on Ohio Administrative Code 4731-6-14(C)(3)(b)(ii), which states that the Board may grant a good-cause waiver to any applicant that “demonstrates good cause, as determined by the board, for not having passed all three steps or levels within the ten year period, and otherwise meets the requirements set forth in paragraph (C)(3)(a) of this rule.”

Dr. Saferin stated that Dr. Ramella passed Step 1 of the USMLE on the first attempt in 2007; Step 2 (CK) on the first attempt in 2000; Step 2 (CS) on the third attempt in 2008; and Step 3 on the first attempt in 2015. Dr. Ramella graduated from Jordan University of Science and Technology in Jordan in 1999. Dr. Ramella successfully completed two-and-a-half years of Accreditation Council for Graduate Medical Education (ACGME) postgraduate training (PGT) in a three-year Internal Medicine program at St. Vincent Charity Medical Center/Case Western Reserve University Program, July 2015 to the present. Dr. Ramella also completed two years of PGT in Jordan, worked as an emergency physician in Jordan for two years following his training (where he advised he obtained certification by

the Jordanian Board of Internal Medicine), completed a 4-year residency in Internal Medicine in Israel, and worked as an Internist in Israel for 8 years.

Dr. Ramella has explained he took Step 2 (CK) of the USMLE in 2000 as a starting point toward pursuing PGT in the United States, but due mainly to first financial reasons and then career opportunities and training reasons, his goal of training in the United States was delayed. Dr. Ramella was accepted in the Internal Medicine PGT Program at Case Western Reserve University in 2015 after passing Step 3 of the USMLE.

Dr. Rothermel moved to recommend approval the good cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accept the examination sequence to be granted a license. Dr. Factora seconded the motion.

Dr. Schottenstein noted that Dr. Ramella appears to have taken Step 2 (CK) of the USMLE before taking Step 1. Dr. Schottenstein commented that he did not think that was possible. Other Committee members agreed. Mr. Alderson stated that it, in fact, is possible, though it is very rare.

A vote was taken on Dr. Rothermel's motion. The motion carried.

RULE 4731-1-08, COSMETIC THERAPY CONTINUING EDUCATION

Dr. Saferin stated that as currently drafted, the Rule would require cosmetic therapists to obtain 25 hours of continuing education (CE) in each two-year renewal cycle; the 25 hours may include one hour of business-related education, while the other 24 hours must be clinical in nature. Dr. Saferin noted that many public comments were received regarding this provision, with most comments asking for more than one hour of business-related CE. Dr. Rothermel stated that some had suggested increasing the allowable number of business-related CE from one to four, and she would be comfortable with that.

Dr. Schottenstein opined that, while business education is important, CE's should have a clinical purpose. Dr. Schottenstein stated that the purpose of CE is to keep one's clinical skills sharp. Dr. Schottenstein commented that he had been taken aback by one comment which basically said that cosmetic therapists already know how to do electrolysis, and therefore hands-on education in that area would be ridiculous and a waste of time and the therapist may have well learn business instead. Dr. Schottenstein commented that if the number of required CE hours is truly so excessive that it needs to be filled with business classes, then it would make more sense to reduce the number of required CE hours.

Dr. Factora agreed with Dr. Schottenstein's comments. Dr. Factora noted that there has been a movement to modernize the cosmetic therapy licensing examination to make sure the information in the examination is relevant and up-to-date. As a corollary to that, Dr. Factora stated that there have been changes in the clinical practice of cosmetic therapists that need to be brought forward. Dr. Factora stated that it is important to focus on the clinical aspects of practice. Dr. Factora commented that a person could learn about business on their own time, but not as endorsed CE.

Dr. Rothermel understood the points made by Dr. Factora and Dr. Schottenstein. However, Dr. Rothermel felt that some of the suggestions received by the public are valid. Dr. Rothermel stated that classes on how to appropriately interact with certain clients is not clinical in nature, but is important to the practice. Dr. Schottenstein agreed that dealing with clients is part of clinical work and could qualify for CT CE. However, Dr. Schottenstein was less certain about classes about self-defense and how to manage a business, as important as those subjects may be in general. Dr. Rothermel

commented that the courses described by Dr. Schottenstein could be taken on one's own time, just as physicians do. Dr. Saferin agreed.

Dr. Saferin asked from the opinion of Amanda Nelson, who is present in the meeting. Ms. Nelson introduced herself as the President of the Cosmetic Therapy Association of Ohio (CTAO) and appreciated the opportunity to speak.

Ms. Nelson understood the need for CE's to have a clinical focus. Ms. Nelson opined that it is helpful for cosmetic therapists to hear from other licensed individuals who cannot count business classes towards their CE requirements. Ms. Nelson stated that it would be very beneficial for cosmetic therapists to be able to take courses on patient relations and to count those CE hours. Ms. Nelson stated that cosmetic therapists would be grateful to keep the one hour of business CE and to not have it removed. Ms. Nelson commented that if the one hour of business CE were to be removed, it would be helpful to reduce the total number of CE required so that those to organize seminars can still offer business course within the typical eight-hour CE event for cosmetic therapists. Ms. Nelson also commented that the 25 hours of required CE does not fit well with the eight-hour seminars offered, often leaving a cosmetic therapist looking for ways to add the additional hour, possibly by attending another full eight-hour seminar.

Dr. Factora asked if there is a accrediting body for approving CE credits for cosmetic therapists. Ms. Nelson replied that the CTAO offers CE that is approved by the Medical Board, but not every organizational body puts on events that are subject to such vetting. Dr. Factora asked if there are any national standards for cosmetic therapy CE. Ms. Nelson stated that the CTAO has moved towards alignment with the Society of Medical and Clinical Hair Removal (SMCHR), but there are other national bodies. Dr. Factora commented that a nationally-recognized accrediting body can lead to nationwide consistency for cosmetic therapy CE standards.

The Committee continued to discuss this matter thoroughly and resolved to accept the initial proposal of 25 hours of required CE, with one of those hours being available for business-related topics.

Dr. Rothermel moved to recommend approval of Rule as currently drafted to be filed with the Common Sense Initiative Office. Dr. Factora seconded the motion.

Ms. Nelson asked if courses on patient relations would be applicable to clinical CE credits under this proposed rule. Dr. Saferin replied that such courses would be acceptable for clinical CE credits, though a cosmetic therapist probably should not limit himself or herself to such courses. Dr. Saferin asked if Ms. Nelson is comfortable with the rule as drafted. Ms. Nelson replied affirmatively.

A vote was taken on Dr. Rothermel's motion. The motion carried.

ADJOURN

Dr. Factora moved to adjourn the meeting. Dr. Rothermel seconded the motion. The motion carried.

The meeting adjourned at 8:39 a.m.

Bruce R. Saferin, D.P.M.
Chair

blt

State Medical Board of Ohio

POLICY COMMITTEE MEETING

December 13, 2017

30 East Broad Street, Columbus, OH 43215, Room 336

<p>Members: Andrew P. Schachat, M.D. Robert Giacalone Mark. A. Bechtel, M.D. Amol Soin, MD</p> <p>Other Board Members present: Kim G. Rothermel, M.D. Bruce Saferin, D.P.M. Michael Schottenstein, M.D. Anita Steinbergh, D.O. Ronan Factora, M.D.</p>	<p>Staff: A.J. Groeber, Executive Director Kimberly Anderson, Chief Legal Counsel Sallie J. Debolt, Senior Counsel Nathan Smith, Senior Legal and Policy Attorney David Fais, Deputy Director Jonithon LaCross, Director of Public Policy & Government Affairs Tessie Pollock, Director of Communication Joan Wehrle, Education & Outreach Program Manager</p>
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Dr. Soin called the meeting to order at 8:32 a.m.

MEETING MINUTES REVIEW

Dr. Soin asked for approval of the draft minutes of the November 8, 2017 meeting which were included in the agenda materials.

Ms. Wehrle reported that a slight correction needed to be made to the draft minutes. She referred to the Rules Review topic on page 51 of the agenda: the current wording in the third paragraph refers to rules 4731-15 and that should be changed to Chapter 4731-15 (Duty to Report) and Chapter 4731-16 (Treatment providers).

Dr. Bechtel moved to approve the Policy Committee minutes of the November 8, 2017 meeting as amended. Dr. Schachat seconded the motion. The motion carried.

Legislative Review

HB145, One-Bite Reporting Exemption/Board Consolidation amendment – Mr. LaCross reported that we ran into some issues yesterday regarding this bill which is in the Senate Health, Human Services and Medicaid Committee. We took our amendment regarding Board consolidation of the Dietetics and Respiratory Care Boards and vetted it through the associations through a lot of work. We had come to agreement regarding the administrative side of things. Dietetics licensure renewal was moved from an annual cycle to a two-year cycle and the fee was doubled, then rolled back by \$20.

In hindsight, the two-year cycle puts us about \$500,000 less than we would have with a one year cycle, but with the changes we've made to our licensure process and the eLicense implementation, Mr. LaCross believed it is something the Medical Board can handle. Moving forward, we will continue

to review licensure costs for all licensees and see how we can cut the fat out of the process and make it affordable for our licensees.

Mr. LaCross reported that the two advisory councils were agreed upon including the composition and responsibilities of the councils. There will be some issues moving forward once the amendment in HB 145 gets passed. The two councils will help the Medical Board understand the scope of practice of dietetics and respiratory care. The Medical Board will have 90 days after the bill goes into effect to implement the advisory councils.

Mr. LaCross indicated that he bill was supposed to go last week with the amendment, however they wanted to sit on the amendment because it was 171 pages. It was supposed to be in Senate Health on December 12th however the President of the Senate directed Chairman Burke to hold it until January 9, 2018. Mr. LaCross did not think it had anything to do with the bill or the amendment, but with some other issues. Mr. LaCross thanked Mr. Gonidakis for his counsel on how to move forward. January 9th is the date the amendment to HB145 will be addressed by Senate Health.

Mr. LaCross reported that we have a January 21, 2018 deadline for the board consolidation. The eLicense side of things for the board consolidation will be in place as Mike Miller and others have been working on building what we need.

Mr. LaCross indicated that after HB145 is passed, we can begin working on the litany of other legislative changes the Board has identified. He again thanked Mr. Gonidakis and the professional associations for their help with the HB145 amendment.

The legislative action track was distributed to Board members yesterday but Mr. LaCross noted that there is not much moving right now. He encouraged anyone with question to contact him.

Rules Update

Ms. Anderson distributed a spreadsheet depicting the most up-to-date rules status report. It replaces the information included in the agenda packet. She indicated that she would address some of the rules we are working on now.

Non-disciplinary program mental/physical health: She reported that on November 14th we met with interested parties regarding the non-disciplinary program for inability to practice due to physical or mental illness. Mr. Giacalone, Dr. Schottenstein and Dr. Rothermel attended the meeting and a robust discussion was held. Ms. Anderson indicated there is a letter in the meeting packet from individuals from the medical association consortium that reiterates their concerns. She said that we wanted the Policy Committee to see the information so that we could get your feedback. There is no proposal for committee review this month but we anticipate making a recommendation at the January Policy Committee meeting. She indicated that we welcome any input in the meantime.

Dr. Schottenstein reported that he appreciated the feedback from the medical association consortium. *Regarding the first point that the program is based solely on a diagnosis:* Dr. Schottenstein said that it is important to keep in mind that this program is voluntary, it's nothing that anybody is forced into, so if anybody is ever uncomfortable with it they don't have to proceed with it. He said that even if you looked at the statute which says . . . "inability to practice according to acceptable and prevailing standards of care" . . . the emphasis is on the inability to practice, the impairment. It doesn't say somebody with mental or physical illness, just the ability to practice whether it's mental or physical. If the licensee's ability to practice is not compromised, then it is not the business of the medical board.

The medical board has never gone after a licensee based solely on the fact that the licensee is prescribed a psychotropic medication, it's never happened. It always comes down to the issue of impairment, and rightly so.

In terms of the second point about the program not being truly confidential: Dr. Schottenstein said that what he's noticing is that this comparison is to a program they would envision compared to the reality of it now. To say that it's not confidential, compare it to the program that we have right now. It's clearly more confidential and it's a step in the right direction. They're making perfect the enemy of the good. By definition it is a non-disciplinary track. It is not being reported to the National Practitioner Data Bank, and that can only be a good thing for confidentiality compared to the program we have right now.

Regarding the third point which is that the program could aggravate mental or physical health conditions: Dr. Schottenstein asked how could it possibly aggravate mental or physical health conditions more than the program we have right now? The comparison should be of the proposed program to the program we have right now, not the one that is envisioned in the utopian kind of way that they might be contemplating. The proposed program is clearly a step in the right direction since it is much less stressful to be in a non-disciplinary track. He thought that is self-evident.

To the fourth point on due process: Dr. Schottenstein said he was not sure what they mean. He reported that we follow the statutes and we follow the law, so due process is taking place right now. Again, he would compare the proposed program to the program we have right now. At the bare minimum, it at least follows due process as much as what we have right now.

To the fifth point that the rules convey psychiatric disorders in a predominately deteriorating nature: Dr. Schottenstein thought that's painting with a broad brush and is probably an overstatement. He believed may have stemmed from the fact that schizophrenia is listed as one of the examples of a degenerative condition that requires career long monitoring. As Dr. Munetz clarified during the meeting, it was acknowledged that schizophrenia as a degenerative condition is a myth – it is fairer to say that it's a controversial topic. And to Dr. Munetz's point, it's not 100% the case that it's degenerative. Dr. Schottenstein commented that he would be comfortable removing schizophrenia from that list since it is not 100% likelihood of it being degenerative and he suggested review on a case-by-case basis.

Mr. Giacalone followed up on Dr. Schottenstein's comments who he thought did a marvelous job articulating responses to some of the questions. Mr. Giacalone stated that we have tried to craft a narrow pathway for individuals we felt were appropriate to not face a disciplinary track for a disease they have. That being said, it must be narrow, because our charge is to protect the public's health. The requests made by the consortium open the door to a lot of the requests, that while they may help protect the medical profession, in our view, do not align with protecting the public health. To Dr. Schottenstein's point of the perfect being the enemy of good, Mr. Giacalone said he would hate to see a well-intentioned proposal go down in flames simply because we can't agree on some of the minor points that are holding up the process. Again, as a respondent, you do not have to choose the path we are proposing. You can take any of the paths currently available in the existing process, if you believe that you would be less disenfranchised by doing so. No one is forcing anyone to participate in this program. It is voluntary. Hence, we struggle to understand the pushback we are getting on this proposed program. It's unfortunate because the people who will lose on this are the practitioners who

could benefit from this program. And if the changes were made by the people who provided comments, the public loses. Either of those aren't acceptable.

Dr. Soin commented that it is also important to note what we're trying to accomplish. The intention is to try to balance the protection of the public as well as advocate for physicians by offering physicians who need help a mechanism to do that confidentially without having an adverse impact on their professional practice. He said he understand the fear amongst licensees and advocacy groups when we change something like this because the agency is a regulatory board which both licenses and sanctions physicians. But in this instance, we are certainly trying to advocate for physicians and the public.

Ms. Anderson thanked the board members for their comments. She said that staff will take this information and come back to the committee with a recommendation.

Medication-Assisted Treatment (MAT) Rules: Ms. Anderson reported that the budget bill requires the Medical Board and the Nursing Board to develop rules related to several aspects of medication assisted treatment. Current Medical Board Rule 4731-11-12 addresses MAT for physicians. Now, PAs and APRNs can also provide buprenorphine for medication assisted treatment. The statute refers to all types of medication assisted treatment -- controlled substances, non-controlled substances, and substances for alcohol abuse as well -- so it broadens out the category. The Board must have rules that address detoxification, treatment, relapse prevention, diversion control and many other subject matters.

Ms. Anderson stated that the Board had been approached by NaphCare, a company that provides medical coverage in jails in three counties. The company is looking for carve out for the type of care they provide to inmates. It appears they are providing supervised withdrawal management which may fall into the detox category. She reported that we met with them a few weeks ago and it was a very informative meeting. Dr. Hurst from OHMAS and Dr. Ryan from the Ohio Chapter of the Society of Addiction Medicine also attended the meeting. We asked for information from those attendees and we received material that will help us draft rules.

Ms. Anderson reported that she and Sallie Debolt met with Holly Fischer from the Nursing Board last week to start outlining the MAT rules drafting process. We are aiming for the February 2018 Policy Committee meeting to have draft rules ready for circulation to interested parties for comment. She indicated that we will create a new chapter for the rules and will pull items from current rule 4731-11-12 in addition to new rules addressing the topics required by statute. Ms. Anderson said separate MAT rules for PAs are also required. The Medical Board is also required to be sure that our MAT rules are in line with the Nursing Board's MAT rules so we are working closely with the Nursing Board on this issue.

Mr. Groeber introduced Dr. Clint Koenig, Medical Director of the Ohio Department of Health. We will be working with him on many issues.

Mr. Groeber reported that NaphCare offered a site visit for Board members and staff to see how their program works. Dr. Schottenstein indicated his interest. Mr. Groeber said that the NaphCare meeting was a very productive and informative discussion. It was one of those things where the reality of life really should drive how the rule works as much as it can while assuring public protection.

Ms. Anderson there will be additional discussion about MAT as it will be one of the Board's big rule packages in 2018.

FSMB Resolution Update

Copies of the draft resolution to the FSMB were distributed to the committee. Dr. Steinbergh noted a typo near the bottom of the page. She said it should read “Therefore, be it hereby”. The correction will be made to the document.

Mr. Groeber said this was the draft we were working from up until about 5 pm yesterday.

Mr. Groeber reported that he had a conversation with Dr. Chaudhry of the FSMB a few months ago about the Board’s proposed resolution and the FSMB wanted to see if the report by the National Academy of Medicine (NAM) addressed the issue. Feedback from the Policy Committee was that the NAM report was not prescriptive enough.

Mr. Groeber spoke with Lisa Robin of the FSMB and talked through the Board’s draft resolution. She suggested that a narrower focus of the resolution would make it more effective. She was concerned that a resolution that says come up with an acute opiate prescribing plan is too broad and would require too many resources. As he talked with her about it he indicated that it was the Board’s intention to have an analysis of what other states with very narrow opiate prescribing limits are doing, to share information and share best practices, and to make that information available to states who are developing acute prescribing regulations. Mr. Groeber said that this is more about gathering information and looking at states that have outcome information. He said that Ohio doesn’t have that data yet but we should by the end of 2019 as we will have ICD-10 codes on prescriptions. He thought that Maine had a similar requirement. Additionally, the CDC prescribing guidelines could be factored in to see how that comports with what states are doing, and to try to reflect that in this document. Mr. Groeber said that the Board has until February to submit the resolution for inclusion on the agenda for the FSMB meeting. For right now it there are additional thoughts or comments that would be good but it is a working document.

Dr. Schottenstein said he was curious about the comments that this was overly broad as this trail has already been blazed. The FSMB has chronic pain guidelines. He asked why not essentially adopt the same process?

Mr. Groeber responded that there is concern about condition specific directives for acute pain management. In Ohio, we had to carve out some exceptions in the acute pain rules such as severe burns, crushing injuries etc. He was not sure if other states were taking a similar approach. He thought that the Ohio approach threads that needle really well and Ohio could model the way for other states. If there is a way to improve our program we want to consider that as well.

Dr. Soin thanked Dr. Schottenstein for spearheading this project and he supports his approach.

Dr. Soin voiced some concerns about the wording in the document. In the item fifth from the bottom it says that *prolonged opioid use is arguably the most common postsurgical complication*. He does not like that sentence as prolonged opioid use in and of itself may not be a postoperative complication. It may be a normal thing. Sometimes the patient needs to use opioids for a prolonged period. Is the opioid use actually a complication, or is it the addiction to opioids that’s the complication? Dr. Soin commented that prolonged opioid use may not be a complication at all. He was not sure if the word

arguably was even applicable to a resolution. He suggested that perhaps we could consider rewording the sentence to something like *opioid addiction is one of the common postsurgical complications*.

Dr. Soin also referred to the item that is third from the bottom *there are no established data for acute medical and postoperative prescribing*. He does not think that this is an accurate statement as there are multiple medical journals on pain medicine that publish articles on prescribing nearly every month. There is a lot of data out there but how people read and interpret it is not known, but he'll defer to the committee.

Regarding the no established data statement, Dr. Steinbergh commented that we have a lot of information, but she thought the resolution was looking for the FSMB to consider all this data and make recommendations that state medical boards across the nation can use to be consistent in guiding their prescribers.

Dr. Soin suggested “use established data to define acute medical and postoperative opioid prescribing” may be another way to word the statement.

Acute Prescribing Rules: Ms. Anderson said that the next topic relates to the acute prescribing rules. The fact sheet and FAQs were distributed. She said these materials have been helpful documents. The next issue is the requirement to include the ICD-10 code on prescriptions for opioid analgesics. The Pharmacy Board has developed information on issuing valid prescription. The Medical Board has also sent reminders to licensees that the ICD-10 code requirements go into effect on December 29, 2017.

FSMB - Information Sharing between Veterans Administration and Medical Boards

Ms. Anderson said that there have been several questions by the committee regarding the role of the Veterans Administration in prescribing issues. She wanted the committee to be aware of the FSMB press release regarding sharing information between the Veteran's Administration (VA) and Medical Boards and the approach the FSMB is taking to highlight the need for that and that it is an issue that needs improvement. She said that the press release was in response to media reports and studies that the VA was not properly reporting adverse actions to the National Practitioner Data Bank.

Ms. Anderson reported that an action taken by the Veterans Administration is grounds for disciplinary action by the Ohio Board. Mr. Giacalone asked if the practitioner must self-report that action and Ms. Anderson replied that the practitioner is obligated to provide the Board with that information.

ADJOURN

Dr. Schachat moved to adjourn the meeting. Dr. Bechtel seconded the motion. Motion carried.

The meeting adjourned at 9:04 a.m.

jkw

State Medical Board of Ohio

FINANCE COMMITTEE MEETING
December 13, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Michael Schottenstein, M.D., Chair Bruce R. Saferin, D.P.M. Michael L. Gonidakis Member Absent: Richard Edgin, M.D.	Staff: A.J. Groeber, Executive Director Susan Loe, Director of Fiscal and Human Resources Tessie Pollock, Director of Communications
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Dr. Schottenstein called the meeting to order at 9:06 a.m.

MINUTES REVIEW

Dr. Saferin moved to approve Finance Committee November 8, 2017 meeting minutes, as amended. Mr. Gonidakis seconded the motion. The motion carried.

FISCAL UPDATE

Dr. Schottenstein stated that in October 2017, the Board's revenue was \$549,350, a decrease of 28% over the two-year cycle. Dr. Schottenstein stated that two variables have disrupted the Board's typical revenue cycle: The early license renewals prior to the license system conversion in May and June 2017, thus resulting in the loss of that revenue that would have naturally occurred in Fiscal Year 2018; and the change in the notification schedule for licensees, which was recently abbreviated. These factors make the assessment of the revenue cycle by comparing one fiscal year to another less predictable.

Dr. Schottenstein stated that the Board's cash balance is \$3,127,696 and has decreased 35.3% compared to this time last year. Dr. Schottenstein pointed out that in December 2016, \$1,488,000 transferred from the Board's fund to support the eLicense development. Also, the Board is expecting another \$1,100,000 transfer out of the cash balance in the Spring. Preliminary figures show that the Board's cash balance will drop to around \$3,000,000 in the November fiscal report.

Dr. Schottenstein stated that total expenditures for the Board in October 2017 were \$662,486, a 2% increase in expenditures year-to-date. Dr. Schottenstein stated that this is substantially a function of payroll increase due to the filling of vacant positions. Besides payroll, spending for October was unremarkable. Spending for Fiscal Year 2018 is projected at about \$8,500,000, roughly the same as Fiscal Year 2017.

Dr. Schottenstein stated, as discussed before, that Fiscal Year 2018 revenue will likely be chronically behind fiscal year 2016 because fiscal year 2018 is artificially depleted. Dr. Schottenstein added that in all likelihood, Fiscal Year 2019 will be substantially behind fiscal year 2017 because fiscal year 2017 is artificially inflated. Dr. Schottenstein reiterated that this is related to the eLicense disruption to the revenue cycle and to the change in the notification schedule to licensees.

Dr. Schottenstein stated that it is likely that the Board's cash balance will continue to decrease into November, hopefully even out in December, and start to increase again in January. Dr. Schottenstein noted that the January of even-numbered years is when the Board's allied professionals, except for massage therapists, renew their licenses. Consequently, January should be a substantial revenue month. Dr. Schottenstein stated that the Board's revenue is expected to pick up and the deficit to lessen over time. Dr. Schottenstein commented that the fourth quarter of Fiscal Year 2018 is expected to be good.

Dr. Schottenstein stated that the Board will have three new sources of revenue going forward: Disciplinary fines, which should increase over time; licenses and license renewals for respiratory care therapists; and licenses and license renewals for dietitians.

Dr. Schottenstein stated that as listed in the Finance Committee Packet, additional spending from the Board's fine revenue has been proposed in the area of employee safety. Dr. Schottenstein noted that none of the money from the fine revenue has actually been spent, though it has been allocated. Dr. Schottenstein stated that as time goes by and some of the funds are spent, there will likely be a change in the nature of this report to reflect fine expenditures

Mr. Gonidakis commented that the term "artificially inflated" which Dr. Schottenstein had used earlier may not be accurate since the Board lacks the ability to control its funding when the administration chooses to take it. Dr. Schottenstein replied that he used the word "artificial" because it was due to an unusual circumstance. Mr. Groeber asked if the term "aberration" would be appropriate. Dr. Schottenstein agreed with Mr. Groeber's suggestion.

ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that the Board has collected three fine payments totaling \$25,500 since the last Board meeting. The Board has also received its first payment from a licensee who has been sent to collections, in the amount of \$667.48. Dr. Schottenstein observed that this was originally a \$1,000 fine, but the Attorney General's office referred the collection to a Special Counsel, who took \$333.00 of that \$1,000 for their expenses. Dr. Schottenstein stated that the Board's agreement with the Attorney General's office stipulates that the Board is to collect the entire amount of the original fine. The Board's staff has discussed the matter with Attorney General's office and they will hopefully correct that process going forward by charging the special counsel fee to the licensee.

Dr. Schottenstein stated that to date, the Board has received \$128,667.40 in fines and \$138,833.00 is still outstanding.

COMMUNICATIONS UPDATE

Ms. Pollock provided an outline of the Board's outreach activities, including those related to the new acute pain prescribing rules. Additional items related to the acute pain prescribing rules have been provided to the Ohio State Medical Association and the Ohio Osteopathic Association for inclusion in their respective newsletters. Ms. Pollock reviewed the materials, which include a document on how to issue a valid prescription; and ICD code template for looking up the proper code if that function is not supported by a physician's electronic medical record; and apps and free websites for appropriate prescribing. Ms. Pollock commented that the Medical Board has partnered with the Board of Pharmacy to produce many of these materials. Ms. Pollock stated that the inclusion of the ICD-10

codes on prescriptions will produce valuable data which will allow the Board to produce specific messaging for best practices.

Ms. Pollock stated that she and other Board staff had a robust discussion with representatives from the Ohio State University regarding licensure topics.

Mr. Groeber took a moment to introduce Clint Koenig, M.D., the new Medical Director of the Ohio Department of Health, who was present in the Committee meeting. Members of the Committee welcomed Dr. Koenig. Dr. Koenig commented that the initiatives being discussed by the Committee represent great opportunities.

Dr. Koenig commented that the Department of Health has a project involving naloxone prescriptions and being able to more accurately target where some of that prescribing is coming from. Combining that data with overdose data will allow the Department of Health to identify better targeting for naloxone and opioid medication.

Ms. Pollock continued that a revised video on the acute pain prescribing rules will be completed soon. The revised video will be shorter at about three minutes and will include valuable information on ICD-10 codes and prescribing. Ms. Pollock stated that she is communicating with Sara Norman of the Department of Health's Violence and Injury Prevention Program about how to build apps and what will be most useful.

Ms. Pollock opined that the HealthScene Ohio magazine is becoming a great platform for the Board. Ms. Pollock stated that the Take Charge Ohio campaign is being featured in the magazine and information about opioids will continue to be included. Ms. Pollock stated that the magazine is a great way to deliver education to providers in response to trends such as the recent resurgence in the production of meth.

Dr. Saferin observed that about 41,000 copies of HealthScene Ohio have been mailed around the state.

Ms. Pollock stated that in response to a suggestion by Dr. Schottenstein, the Communications staff has been working on a document concerning the history of the Medical Board. Ms. Pollock added that Dr. Steinbergh also provided valuable input. Ms. Pollock stated that a video on this subject will also be produced and placed on the Board's website.

OFFICE RECONFIGURATION COSTS

Dr. Schottenstein stated that the Medical Board staff needs additional office space to accommodate three new staff members from the Board of Dietetics and the Respiratory Care Board. The staff has proposed the creation of a new office for the Executive Director in an unused area of the office near the Enforcement Section, thus freeing up the current Executive Director office and a meeting room to accommodate the 3 new staff. The proposed new office will be about the same size as the Executive Director's current office, with a small meeting room space included.

Dr. Schottenstein stated that the Board's space limitation issue is related to the fact that the Board returned 2200 sq. ft. from the Hearing Unit's prior location on the 2nd floor in 2015. Because of that, the Medical Board saves about \$22,000 in rent every year, or \$44,000 to date. Since the one-time

projected cost to build the new office is approximately \$42,000, it appears to still be cost-efficient in the long run.

Dr. Schottenstein stated that the two best price proposals for construction of the new offices are \$34,878.61 and \$39,295.40. The staff has requested approval of expenditures up to \$45,000 to allow for cost overruns.

Dr. Saferin moved to recommend approval of up to \$45,000 for office reconfiguration costs. Mr. Gonidakis seconded the motion. The motion carried.

SAFETY TRAINING FOR FIELD INVESTIGATORS

Dr. Schottenstein stated that in our effort to train investigators in the area of safe investigation techniques and supply them with safety equipment, there is a proposal to initiate a series of training sessions and purchase nonlethal items to help investigators avoid dangerous situations. Dr. Schottenstein outlined some of the training programs available:

- The Council on Licensure Enforcement and Regulation (CLEAR) offers an on-site training for safe investigative techniques through its National Certified Investigator Training program. For the Board's 20 investigators, the total cost for that program would be \$14,600.
- Administrators in Medicine (AIM) offers certified medical board investigator training with an emphasis on safety. For the Board's investigators, the cost would be \$15,000.
- Non-Abusive Psychological and Physical Intervention (NAPPI) is an organization that offers online training in the area of verbal de-escalation and personal safety. The training would cost a total of \$2,400. Pepper spray training is also envisioned, at the cost of \$1000.
- The Ohio Peace Officer Training Academy (OPOTA) also offers online training on de-escalation of dangerous situations. Total training amount requested should come to approximately \$18,000.

Dr. Schottenstein added that safety equipment in the form of body armor, pepper spray, keychain panic alarm and whistle, and GPS location are also being contemplated for purchase. The amount of these purchases would be approximately \$3,065.

Dr. Schottenstein stated that policy changes are also being considered, including hiring outside agents to collect urine screens and delivering sensitive documents. In addition, legislative changes are being contemplated that will remove the need for investigators to go to a licensee's home to deliver a subpoena. Dr. Schottenstein stated that these proposed changes would cost about \$9,000.

Dr. Schottenstein stated that all together, the cost for the proposed safety, training, and policy changes are approximately \$45,000.

Dr. Saferin moved to recommend approval of the expenditures as discussed. Mr. Gonidakis seconded the motion.

Mr. Gonidakis asked if requiring this additional training and equipment would require negotiations with the bargaining unit. Mr. Groeber answered that it is within the managers' purview to require training of

their employees. Dr. Schottenstein opined that these suggestions are common sense, especially in light of the changes that the Board is considering for the investigators. Mr. Groeber added that these suggestions are reflective of the Board's recently-voiced views on investigator safety and avoidance of dangerous situations.

Dr. Saferin asked how long the trainings are. Ms. Loe answered that the CLEAR training would be two-and-a-half days. Dr. Saferin commented that employee safety is the Board's responsibility and is an important thing to spend money on.

A vote was taken on Dr. Saferin's motion. The motion carried.

ADJOURN

Mr. Gonidakis moved to adjourn the meeting. Dr. Saferin seconded the motion. The motion carried.

The meeting adjourned at 9:35 a.m.

Michael Schottenstein, M.D.
Chair

blt

State Medical Board of Ohio

COMPLIANCE COMMITTEE MEETING

December 13, 2017

30 E. Broad St., Columbus, OH Administrative Hearing Room

<p>Members: Anita Steinbergh, D.O., Chair Amol Soin, M.D. Robert Giacalone Michael Schottenstein, M.D.</p> <p>Other Board members present: Kim G. Rothermel, M.D. Ronan M. Factora, M.D.</p>	<p>Staff: Alexandra Murray, Managing Attorney Annette Jones, Compliance Officer Angela Moore, Compliance Officer Benton Taylor, Board Parliamentarian</p>
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Dr. Steinbergh called the meeting to order at 3:55 p.m.

INITIAL PROBATIONARY APPEARANCES

Michelle L. Ahmed, D.O.

Dr. Ahmed is making her initial appearance before the Committee pursuant to the terms of her September 13, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Ahmed's history with the Board.

Responding to questions from Dr. Soin, Dr. Ahmed stated that she still prescribed controlled substances and she checks the Ohio Automated Rx Reporting System (OARRS) regularly. Dr. Ahmed stated that she had been registered with OARRS prior to the Board's action, but had not been checking OARRS regularly. Dr. Ahmed stated that there was a delegate in her office to help her check OARRS; however, due to an oversight, that individual was actually delegated to someone else in the group practice and not to Dr. Ahmed. Dr. Soin asked if the seven patients that formed the basis of the Board's action was the total number that she had failed to check OARRS for. Dr. Ahmed replied that those seven patients were just the ones that the Board chose to review and did not represent all of the patients that Dr. Ahmed had failed to check.

Dr. Soin asked if Dr. Ahmed had any questions about her Consent Agreement. Dr. Ahmed had no questions.

In response to questions from Dr. Steinbergh, Ms. Murray explained that Dr. Ahmed is not on probation. Dr. Ahmed's Consent Agreement imposes a reprimand and requires her to take certain educational courses, but it does not establish a probationary period. Dr. Ahmed is not required to make another personal appearance after today, unless the Committee decides otherwise. Ms. Jones elaborated that the Secretary and Supervising Member will designate that Dr. Ahmed has fulfilled the terms of the Consent Agreement once she has completed the courses and provided a written report on the courses. Dr. Steinbergh noted that Dr. Ahmed has one year to complete the courses in controlled substance prescribing and medical record-keeping.

Dr. Soin moved to continue Dr. Ahmed under the terms of her September 13, 2017 Consent Agreement, with documentation of the completion of the required courses to reviewed by the Board's Secretary or Designee. Dr. Schottenstein seconded the motion. The motion carried.

Peter C. Johnson, M.D.

Dr. Johnson is making his initial appearance before the Committee pursuant to the terms of his November 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Johnson's history with the Board.

In response to questions from Dr. Schottenstein, Dr. Johnson stated that he is waiting to hear from his specialty board regarding recertification now that his license has been reinstated under a Step II Consent Agreement. Dr. Johnson stated that his certification was revoked when his medical license was suspended and he is uncertain what process he must go through to regain certification. Dr. Johnson had initially looked into doing *locum tenens* work when his license was reinstated, but he found that virtually all *locum tenens* opportunities require board certification. Dr. Johnson stated that he is not currently working in the medical field, but he has applied for positions in the military, with the Indian Health Service, and positions involving non-patient chart review.

Dr. Schottenstein noted that Dr. Johnson's Consent Agreement requires him to have a Boundary Protection Plan and a Return-to-Work proposal approved by both the Acumen Institute and the Board. Dr. Johnson is also required to have a chaperone when examining a female patient. Dr. Johnson confirmed those aspects of his Consent Agreement.

Responding to further questions from Dr. Schottenstein, Dr. Johnson stated that he still sees Dr. Levine weekly, he is not taking any psychotropic medications, he is still undergoing regular polygraph testing, and he is attending Sex Addicts Anonymous (SAA) three times per week. Dr. Johnson stated that he also has a sponsor through SAA.

Dr. Steinbergh noted that some specialty boards will not recertify a physician who is still on probation; Dr. Steinbergh asked if Dr. Johnson knows whether his specialty board would do so. Dr. Johnson replied that that issue has not been addressed. Dr. Johnson stated that other members of his specialty board have been able to regain certification, but the requirements have varied widely from simply catching up on Maintenance of Certification (MOC) to taking the equivalent of a board recertification examination. One physician Dr. Johnson knew of was required to repeat a year of residency to regain certification, though Dr. Johnson did not know the circumstances of that matter. Dr. Johnson stated that he had been current with his MOC requirements prior to the Board's action, but he was not allowed to participate further in MOC once his license was suspended.

Dr. Steinbergh commented that some specialty boards will not consider recertification for a physician who is still under probation. Dr. Johnson recognized that that was a possibility in his case.

Dr. Steinbergh advised Dr. Johnson that if he decides to enter other fields of medicine such as pain management in order to make money, the risk to his license will go up. Dr. Steinbergh advised Dr. Johnson to only take a position in which he understands was his expected of him and that those expectations are realistic for him. Dr. Steinbergh stated that Dr. Johnson should make certain that he is competent in the area of his employment and that he practices according to the minimal standards of care.

Dr. Schottenstein moved to continue Dr. Johnson under the terms of his November 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Leslie R. Swart, M.T.

Ms. Swart is making her initial appearance before the Committee pursuant to the terms of her September 13, 2017 Consent Agreement. Dr. Steinbergh reviewed Ms. Swart's history with the Board.

In response to questions from Mr. Giacalone, Ms. Swart stated that she is currently doing administrative work in an accounting firm while her massage therapy license is suspended. Ms. Swart also sells essential oils.

Mr. Giacalone noted that Ms. Swart practiced massage therapy for three years beyond the expiration of her license. Ms. Swart explained that at the time her license was due for renewal she was in an abusive relationship and had moved from her residence. Ms. Swart stated that she had not been keeping up with all of her information because her life was basically out of control. Ms. Swart commented that she also had a six-month-old child at that time. Since that time, Ms. Swart has been in trauma therapy and she also sees a life coach to help organize her life so that she does not miss things like license renewal. Ms. Swart stated that she has post-traumatic stress disorder (PTSD) from the abusive relationship, but the trauma counseling has helped her a great deal.

Ms. Giacalone asked what Ms. Swart does to make sure she does not allow her license to inadvertently lapse again. Ms. Swart replied that she is becoming more intentional about everything, uses a calendar, and is more mindful of what is on her checklist.

Dr. Schottenstein stated that he regrets Ms. Swart's troubles. Dr. Schottenstein observed that Ms. Swart had practiced massage therapy for a period of time even after she had become aware that her license had expired. Ms. Swart stated that at that time she was in an apartment from which she had almost been evicted twice and she was just trying to keep her head above water financially. When Ms. Swart realized her license had expired and how much money was required to get everything back in order, in addition to stopping work and looking for another job, she froze and did not know what to do. Ms. Swart stated that she spent that time period considering her options and figuring out what the process was. Ms. Swart stated that she regrets her actions because she wanted to stay right with everything.

Dr. Schottenstein asked if Ms. Swart's trauma counseling includes Eye Movement Desensitization and Reprocessing (EMDR). Ms. Swart replied that she is getting EMDR and it is very helpful. Dr. Schottenstein asked if Ms. Swart is taking medication. Ms. Swart replied that she is on medication.

Dr. Schottenstein wished Ms. Swart well.

Mr. Giacalone moved to continue Ms. Swart under the terms of her September 13, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Schottenstein seconded the motion.

Responding to questions from Dr. Steinbergh, Ms. Jones stated that Ms. Swart's Consent Agreement only stipulated further personal appearances "as requested by the Board." Dr. Steinbergh opined that Ms. Swart should meet with the Board's Secretary or Designee in six months, considering the problems she has had. Ms. Swart agreed. Mr. Giacalone also agreed.

Mr. Giacalone to change his motion so that Ms. Swart will appear before the Board's Secretary or Designee in six months. No Committee member objected to the change in the motion. The change in the motion was accepted.

All members voted aye. The motion carried.

APPROVAL OF REPORTS OF CONFERENCES

Dr. Schottenstein moved to approve the Compliance Staff's Reports of Conferences for November 6, 7, & 9, 2017. Mr. Giacalone seconded the motion. The motion carried.

MINUTES REVIEW

Dr. Soin moved to approve the draft minutes from November 8, 2017. Dr. Schottenstein seconded the motion. The motion carried.

The meeting adjourned at 4:20 p.m.

Anita M. Steinbergh, D.O.
Chair

blt