

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF _____ :

TERRY ALAN DRAGASH, D.O. :

ENTRY OF ORDER

On June 13, 2013, Terry Alan Dragash, D.O., executed a Surrender of his license to practice osteopathic medicine and surgery in Ohio with consent to permanent revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 34-004340 authorizing Terry Alan Dragash, D.O., to practice osteopathic medicine and surgery in the state of Ohio be permanently REVOKED.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 10th day of July 2013, and the original thereof shall be kept with said Journal.



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

(SEAL)

July 10, 2013
Date

**STATE OF OHIO
THE STATE MEDICAL BOARD
PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY**

12-CRF-145

Do not sign this agreement without reading it. An individual who permanently surrenders a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.

I, Terry Alan Dragash, D.O., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Terry Alan Dragash, D.O., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice osteopathic medicine and surgery, License #34.004340, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice osteopathic medicine and surgery in Ohio.

I acknowledge that my certificate is subject to certain terms, conditions, and limitations as set forth by Order of the Board on or about September 12, 2012, and that I have not been legally authorized to practice osteopathic medicine and surgery in Ohio since on or about March 9, 2011, the date upon which my license to practice was summarily suspended. I understand that as a result of the surrender herein I am no longer permitted to practice osteopathic medicine and surgery in any form or manner in the State of Ohio now or in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice osteopathic medicine and surgery License #34.004340 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Permanent Surrender of Certificate to Practice Osteopathic Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice osteopathic medicine and surgery, License #34.004340, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice osteopathic medicine and surgery.

Permanent Surrender of Certificate
Terry Alan Dragash, D.O.

I, Terry Alan Dragash, D.O., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Terry Alan Dragash, D.O., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

I stipulate and agree that I am taking the action described herein in lieu of pursuing the right to defend myself at an administration hearing against possible further formal disciplinary proceedings related to the violations alleged in the Notice of Opportunity for Hearing [Notice] issued to me by the Board on or about December 12, 2012, a copy of which is attached hereto as Exhibit A, and incorporated herein.

EFFECTIVE DATE

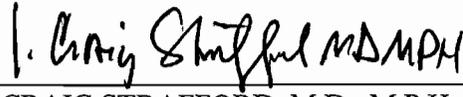
It is expressly understood that this Permanent Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.



TERRY ALAN DRAGASH, D.O.

6/13/13

DATE

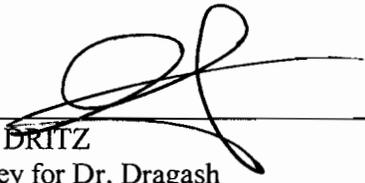


J. CRAIG STRAFFORD, M.D., M.P.H.
Secretary

July 10, 2013

DATE

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Permanent Surrender of Certificate
Terry Alan Dragash, D.O.



STAN DRITZ
Attorney for Dr. Dragash

6-13-13
DATE



MARK A. BECHTEL, M.D.
Supervising Member

7/10/2013
DATE



HEIDI WAGNER DORN
Assistant Attorney General

6/18/13
DATE

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934
med.ohio.gov

December 12, 2012

Case number: 12-CRF- 145

Terry Alan Dragash, D.O.
177 Laurel Lane
Pataskala, OH 43062

Dear Doctor Dragash:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about July 13, 2011, you entered into a Consent Agreement with the Board [July 2011 Consent Agreement] based on your violation of Sections 4731.22(B)(26) and (B)(9), Ohio Revised Code. The July 2011 Consent Agreement provided that you would be suspended for an indefinite period of time, but not less than 180 days, and you also would be subject to certain terms, conditions and limitations.

On or about September 12, 2012, the Board issued an Entry of Order, with an effective date of September 13, 2012 [September 2012 Board Order] that modified the July 2011 Consent Agreement and extended the duration of the indefinite suspension for at least nine months from the effective date of the September 2012 Board Order. The September 2012 Board Order was based on your violation of Sections 4731.22(B)(5) and (B)(10), Ohio Revised Code.

To date, you remain subject to the July 2011 Consent Agreement, as modified by the September 2012 Board Order.

- (2) During the time period of in or around 2000 to in or around 2009, you provided care in the routine course of your practice for Patients 1 through 16 as identified on the attached Patient Key (Key is confidential and to be withheld from public disclosure). You inappropriately treated, and/or failed to appropriately treat, and/or failed to appropriately document your treatment of, these patients, which included:

Mailed 12-13-12

- Inappropriate and/or excessive prescribing;
- Inappropriate and/or inadequate monitoring of patients' medications, and inappropriate and/or inadequate management of patients' conditions;
- A failure to appropriately and/or adequately explain the reason(s) you prescribed the medications chosen, and/or a failure to document the same, especially for patients who were prescribed narcotics, benzodiazepines and/or other medications on a long-term basis;
- Inappropriate diagnoses and/or a failure to document diagnoses; and
- Inadequate, contradictory, and/or incomplete documentation.

(3) Specific examples of such care to Patients 1 through 16 include, but are not limited to, the following:

- (a) You provided care to Patient 1 from in or around 2002 to at least April 2008 for conditions that included lumbosacral strain, myositis, migraine headaches, rib and shoulder fractures, and anxiety attacks. Your treatment included numerous trigger point injections and prescribing a number of medications, including Fioricet, Soma, Vicodin, Percocet, Xanax and Trazodone. The patient's history included a compression fracture of L3 from a motor vehicle accident in the 1990's. While you made referrals to pain clinics, there was no indication in the chart that you followed the recommendations (or explained why you did not follow the recommendations) made by the specialists, such as utilizing a narcotic contract and random drug screens to monitor compliance. Your medical management of the patient was inappropriate. From in or around April 2005 to January 2006, a combination of two SSRI's plus Trazodone was prescribed simultaneously, placing the patient at risk of serotonin syndrome. A note in the chart indicated that prescribing of controlled substances was discontinued in April 2008, because the patient had been receiving medications from multiple physicians. However, there had been an earlier reference (from a note in the chart), indicating that a physician from a hospital had called in December 2007, stating that the patient had been seeking medications on multiple occasions. You failed to appropriately and/or timely address, or document addressing, the matter with the patient. While a note in the chart indicated that a referral to pain management was made in or around January 2008, there was no documentation in the chart as to whether the patient went to the appointment, or what the specialist may have recommended. In addition, the examinations listed in the chart often did not support the diagnoses, and the overall documentation was inadequate.

- (b) You provided care to Patient 2 from in or around April 2005 to at least in or around December 2008, for complaints including anxiety, back pain, myositis, abdominal pain, ankle/foot pain, diabetes, chest pain and COPD. You prescribed medications, including Darvocet, Diovan, Ultram, Valium, Soma and Ambien. You failed to appropriately manage the patient's medications and medical conditions. You prescribed an excessive number of medications, which at one time included approximately twenty medications. While you prescribed hypnotics during the course of your treatment, the patient chart does not document that a diagnosis of insomnia was appropriately established. For a significant period of time, two SSRI's and tramadol were prescribed, placing the patient at risk for serotonin syndrome. Similarly, you prescribed two NSAIDs concomitantly, placing the patient at risk of GI bleeding, renal failure and other serious side effects. You also prescribed Premarin on a long term basis to the patient who was 44, menstruating, had no complaints of hot flashes and smoked. While the chart indicated that the patient had diabetes mellitus adult onset, you failed to appropriately establish this diagnosis, and the one A1C that was done in April 2005 and several blood sugar tests were normal. While you also prescribed benzodiazepines and SSRI's to treat anxiety, you failed to appropriately establish a diagnosis for anxiety. The patient records were also incomplete and/or inaccurate.
- (c) You provided care to Patient 3 from in or around August 2006 until on or about June 20, 2008, for complaints including back pain, myositis and anxiety, for which you prescribed narcotics, benzodiazepines, SSRI's and antidepressants. From the first visit, you treated the patient with narcotic medications, and there was no documentation of a discussion with the patient when the dosage was increased. While you also prescribed benzodiazepines and SSRI's to treat anxiety, you failed to appropriately establish a diagnosis for anxiety. The overall documentation of the physical examinations was inadequate or inaccurate. Although the chart indicated that the patient was referred to pain management in May 2007, there was no documentation whether the patient was actually evaluated, or the results of any evaluation. While you continued to prescribe narcotic medications to the patient on a long-term basis, with increased dosages, there was no documentation that the patient was appropriately asked to provide urine drug screens, to ensure that he was only taking the drugs that you prescribed and to rule out use of illegal substances. According to a coroner's report, the patient died on or about June 22, 2008, of a combined drug overdose, and toxicology testing indicated the presence of illegal drugs.
- (d) You provided care to Patient 4 from in or around May 2006 to June 2008 for conditions that included major depression, anxiety, gastroesophageal reflux,

ulcer, joint pain in leg, back pain and myositis. The patient was initially seen by other physicians at your office, and once you began to provide care on a regular basis in or around May 2006, you prescribed a number of medications, including benzodiazepines, SSRIs, ibuprofen, Soma, Fluoxetine and Vicodin (up to 168 tablets every four weeks). The patient's history included a hospitalization in October 2004 for altered mental status, and it was further noted that the patient had a history of polysubstance abuse. Although the patient chart indicated that the patient was referred to pain management in March 2007, there was no documentation whether the patient went to the appointment, or the results. While the chart included a long term narcotic use contract dated March 2, 2007, there was no documentation that it was appropriately utilized by you, and the patient was not asked to provide urine drug screens. Despite a prior diagnosis of major depression, there was no documentation in the chart by you about whether the patient experienced any suicidal thoughts, nor did you establish the severity of the depression. Although the patient was diagnosed with ulcer and gastroesophageal reflux, you prescribed NSAID medications, putting the patient at risk for GI bleeding. While you also prescribed Phenergan for approximately one year, it is contraindicated for use in patients with severe depression. The documentation in the patient records, especially as to the exams and History of Present Illness [HPI]s, was incomplete and/or inaccurate. According to a coroner's report, the patient died on June 29, 2008, due to multiple drug toxicity, with a toxic concentration of Fluoxetine.

- (e) You provided care to Patient 5 from approximately 2004 to at least February 2009. Initially, the patient was treated by other physicians at your office. When your care of the patient began in 2004, you provided treatment for complaints of headaches, as well as shoulder, neck and knee pain, for which you prescribed medications, including Fioricet, Soma, and Vicodin. The patient underwent surgery for an ACL repair in late 2006, and he was hospitalized in 2008 for a myocardial infarction. Although the patient was prescribed narcotic medications on a long-term basis, the chart does not indicate that the drug/pain contract (which was signed by the patient in or about March 2007) was appropriately utilized, as there was no indication that the patient was requested to provide a urine screen to ensure that the medications were used properly. While there was also a referral to pain management in or around March 2007, there is no documentation as to whether the patient went to the appointment, or the results. The overall documentation in the patient chart was inadequate and/or inaccurate. For example, the documentation of HPIs was often repeated on numerous occasions even when it did not make sense, and the physical exam documentation was often inadequate for the problems listed.

- (f) You provided care to Patient 6 from in or around September 2005 to at least January 2009, for conditions including back pain, anxiety, joint pain in lower leg, and myositis, for which the patient was prescribed Xanax, Soma and narcotic medications. While a benzodiazepine was prescribed during the course of your treatment for complaints of anxiety, you failed to appropriately establish, or document establishing, the diagnosis. You further failed to appropriately manage and/or monitor the patient's medications. Although the patient was prescribed Lortab and Xanax on the initial visit, you failed to consider or try, and/or document the consideration or trial of, other treatment modalities or non-narcotic medications. In addition, you failed to document an appropriate justification or rationale for the long-term use of a benzodiazepine. You failed to appropriately utilize, or document the utilization of, urine screens for a patient who was being prescribed (on a long-term basis) a number of drugs with potential for abuse, and to ensure compliance with the medications prescribed. While the patient was referred to pain management in or around April 2008, there was no documentation whether the patient went to the appointment or the results. The overall documentation in the chart was incomplete and/or inaccurate.
- (g) You provided care to Patient 7 from in or around 2005 to at least in or around October 2008, for conditions including asthma, headaches, irritable bowel syndrome, and back pain. The patient had a history of seizures and numerous surgeries. Starting on the first visit with you, the patient was prescribed Vicodin. Although the patient chart indicated that there were numerous referrals, including to pain management, there is no documentation whether the patient went to the evaluations, or the results. While a controlled substance was prescribed for a diagnosis of anxiety, you failed to appropriately establish, or document establishing, this diagnosis. Although the patient was prescribed narcotic medications on a long-term basis, the chart did not document whether the patient was appropriately requested to provide a urine screen, to ensure that the medications were being used appropriately. While the patient was treated for low back pain during the course of her treatment, a complete musculoskeletal exam was not appropriately documented. The overall documentation in the patient chart was inadequate and/or inaccurate. For example, the documentation of HPIs was often repeated on numerous occasions, even when it did not make sense, and the physical exam documentation was often inadequate and repeated from one visit to the next.
- (h) You provided care to Patient 8 from in or around March 2006 to at least in or around February 2009 for conditions that included anxiety, hip pain, back pain, and myositis, for which he was prescribed Vicodin, Naprosyn, Lortab and Xanax. A MRI of the lumbar spine in 2006 and 2007 showed evidence of lumbar degenerative disc disease. The patient was seen by another

physician at your office for his first visit. Before continuing the patient on narcotic medications during his second office visit in March 2006 and thereafter increasing the doses, you failed to try or consider, and/or document the consideration or trial of, non-narcotic medications for the patient's pain. While a lab report in September 2006 was positive for cannabinoid and negative for benzodiazepines (even though the patient had been prescribed Xanax since March 2006), you failed to address, or document addressing, that matter with the patient, and you continued to prescribe the controlled substances to the patient. Although the chart indicated that the patient was referred to pain management in June 2007, there was no documentation whether the patient went to the appointment, or the results of any evaluation. While a drug or pain contract was signed by the patient in February 2008, there was no documentation as to whether it was appropriately utilized. Although there is a March 31, 2008 note in the chart from a medical facility in southern Ohio indicating that the patient stated he was out of medications, he had been treated at your office approximately 24 days earlier. You failed to appropriately address, and/or document addressing, that matter with the patient, and you continued to prescribe the same medications to the patient. The documentation in the patient records was inadequate and/or inaccurate, as the same verbiage for certain examinations is repeated on numerous office visits, and the treatment was often inconsistent with the exam findings.

- (i) You provided care to Patient 9 from in or around December 2005 to at least February 2009 for conditions including insomnia, low back pain, myositis, migraine headaches and muscle spasms. During the patient's first office visit in or around August 2005, he was seen by another physician in your office, and Flexeril, Naproxen and Ultram were prescribed. You began providing treatment on the patient's second office visit, and you prescribed Vicodin and Robaxin. Although you started the patient on Xanax in or around February 2007, the patient records do not adequately explain your rationale for utilizing the medication. Hospital records indicated that the patient was hospitalized in 2007 for bleeding ulcers, and it was noted the patient had a history of aggressive use of alcohol, up to a 12-pack per day. You failed to appropriately manage the patient's medications. You continued prescribing high doses of narcotic medications to a patient who had an alcohol problem, and the patient chart does not appropriately document that the patient's alcohol use was discussed with him or taken into account. Even after the patient's hospitalization in 2007, it was indicated in the patient chart that the patient only drinks occasionally. You failed to appropriately request, or document the request of, urine screens for a patient (with a history of aggressive alcohol use) who was being prescribed, on a long-term basis, medications easily abused. The physical examinations, and/or the documentation, were inadequate. The overall documentation in the chart was inadequate, incomplete and/or inaccurate.

- (j) You provided care to Patient 10 from in or around 2004 to at least August 2008 for complaints of joint pain in leg, and sinusitis, for which he was prescribed Lortab, Tessalon, Xanax, Soma and Restoril. You failed to appropriately monitor the patient's medications, and your medical management was inadequate. Although the patient was prescribed two sedative benzodiazepines, the patient records did not adequately justify, and/or document a justification for, those medications as information in the chart indicated that the patient denied depression and nervousness. The patient was inappropriately prescribed Xanax without an appropriate diagnosis or substantiation of need. While the patient chart indicated that the patient was referred to pain management on approximately three occasions, there are no follow-up reports in the chart as to whether the patient went to appointments, or the results of those referrals. The long-term use of a narcotic medication was inappropriate. The patient was prescribed a narcotic medication on his initial office visit, without first trying an alternative non-narcotic medication, and a narcotic medication was continued until in or about January 2008 when it was stopped, and then later restarted. Although there was a notation in the chart that the patient was incarcerated while you were treating him, no additional information was documented. While the patient was prescribed benzodiazepines and narcotic medications on a long-term basis, there was no documentation that the patient was requested to provide a urine screen, to ensure that the medications were being used properly. The overall documentation in the patient chart was inadequate and/or incomplete.
- (k) You provided care to Patient 11 from in or around January 2007 to on or about April 29, 2008, for conditions including back pain, myositis, right elbow tendonitis, and wrist fracture. Patient 11 was initially seen at your office by another physician in or around January 2006. During that first visit, the patient indicated he found relief from Vicodin for back pain, and a urine drug screen was ordered (although the results do not appear in the chart). On the patient's second office visit which was about one year later in or around January 2007, you prescribed Percocet, Soma, and Xanax. While a hospital reported in July 2007 that the patient had engaged in drug seeking behavior and had been seen at the hospital on an earlier date for an overdose, you failed to appropriately address, and/or document addressing, those matters with the patient. Although you made a referral to pain management in July 2007, there is a notation in the chart indicating that the patient was a "no show." You inappropriately failed to modify or adjust your treatment regimen to take into account the patient's failure to go to the pain management referral, as you continued to prescribe narcotic medications, Xanax and Soma. While the chart also included materials indicating that the patient was incarcerated in January 2008, you failed to address, and/or

document addressing, that matter with the patient. You further failed to appropriately monitor the prescribing of medications to the patient. Despite information of drug seeking behavior, you failed to appropriately order, and/or document ordering, urine screens, and you further failed to appropriately utilize, and/or document utilizing, the drug contract the patient signed. Your medical management was also inappropriate for the diagnoses made. For example, while you prescribed Xanax on a regular basis, there was no appropriate diagnosis to support that medication. The physical examinations were inadequate, and you also failed to appropriately establish diagnoses. Further, the overall documentation in the chart was inadequate and/or inaccurate. According to a coroner's report, the patient died on May 9, 2008, as a result of oxycodone toxicity.

- (l) You provided care to Patient 12 from in or around 2004 to on or about December 31, 2008, for conditions including back and shoulder pain, myositis, and anxiety. Your treatment included trigger point injections and prescribing narcotic medications, Xanax and Soma. While the patient had complained of anxiety in April 2004 and you continued to prescribe Xanax after you first provided treatment in or around September 2004, you failed to appropriately establish a diagnosis for anxiety. The physical examination, and/or the documentation of the examination, was inappropriate, and the treatment provided was not individualized. You failed to appropriately try or consider, and/or document the trial or consideration of, alternative treatment options or modalities (other than trigger point injections and narcotic medication) to treat the patient's pain. Although the patient was prescribed benzodiazepines and narcotic medications on a long-term basis, there was no documentation that the patient was requested to provide a urine screen, to ensure that the medications were being used properly. While there was a referral to pain management in May 2007, there is no documentation in the chart concerning the results of any evaluation. According to the postmortem documents, the patient died on January 3, 2009, from an acute combined drug overdose. Although the coroner's report noted that the patient had a history of poly-drug abuse, there was no documentation in the chart that you specifically inquired about drug or alcohol abuse.

- (m) You treated Patient 13 from in or around January 2008 to on or about May 11, 2009, for back and neck pain, shoulder pain and myositis. You prescribed medications, including narcotics, Soma and Xanax. In October 2008, the patient was evaluated at a hospital for altered mental status, the day after being involved in a motor vehicle accident, and it was noted that he appeared intoxicated, and the patient's girlfriend indicated that the patient went home after the accident and took some medication. The patient was also admitted to a hospital in March 2009 for somnolence and hypoxia, and he was found to have pneumonia. A consulting physician at the hospital

recommended that the patient go off his Xanax and carisoprodol, as the two together increased the risk of somnolence and respiratory depression with his current use of opiate medications. The specialist further noted that the patient displayed signs of opiate dependence, tolerance and withdrawal; that the patient had “behaviors that would elicit closer following by his primary physician, likely in the form of urine drug testing as well as monitoring his medications;” and it was recommended that long acting morphine be used to control the patient’s pain symptoms, and to decrease his short acting medications. But rather than of following the recommendations of the specialist, and/or documenting the reasons for not following those recommendations, you increased the patient’s dosage of oxycodone and continued the same doses of Soma and Xanax. Your management and monitoring of the patient’s medications was inappropriate, and you failed to adequately justify, and/or document justification, for the combinations and dosages of medications that you prescribed. In addition, you failed to adequately address and/or recognize the danger signs the patient was exhibiting, including the multiple hospitalizations and that the amount (and combinations) of medications you prescribed can cause life threatening respiratory depression. The overall documentation in the chart was inappropriate and/or inadequate. The patient was again admitted to a hospital on or about May 5, 2009, for an overdose of sedatives and pain medication. According to a coroner’s report, the patient died on May 15, 2009, from a mixed drug intoxication.

- (n) You treated Patient 14 for approximately ten years until in or around 2008, for conditions that included hip pain and problems, for which you prescribed a number of medications, including narcotics and benzodiazepines. According to a statement you provided to the Board, Patient 14 was a friend who had lived in your home for many years, and you provided treatment at your residence. While you indicated that you had maintained a patient chart, the chart was not available because you inappropriately gave it to the patient for copying and it apparently was stolen. According to a police report, the patient was charged with possession of cocaine in March 2008 at your residence. While you suspected the patient was not following your medical advice and was also using illegal drugs, you failed to appropriately address those matters and continued to prescribe. Although you further indicated that the patient had signed a drug contract, you did not appropriately enforce and/or utilize the contract, as you failed to ask the patient to provide a urine screen despite your concerns regarding illegal drug use. You failed to appropriately manage and monitor the medications you prescribed, and you continued to prescribe narcotics and a benzodiazepine to the patient for several months after the patient had been charged with illegal drug possession. You further failed to modify and/or timely modify your treatment plan for the patient after you suspected the patient was using illegal

drugs, and after the patient's arrest for possession. You also failed to appropriately refer the patient to an addiction specialist. Your treatment and long-term prescribing of narcotics and benzodiazepines, to an individual who you lived with, was inappropriate.

- (o) Patient 15 was treated by you from in or around August 2007 to on or about May 21, 2009, for conditions including back and knee pain, anxiety, depression, shortness of breath and headaches. The patient had previously been diagnosed with lung cancer in or around 2003 and followed by oncology at a hospital. MRIs of the lumbar spine in 2006 and cervical spine in 2009 showed disc disease. The patient chart indicated that she was initially seen by other health professionals at your office, and you began treating her on a regular basis starting in August 2007. The documentation of the physical exams in the chart was inappropriate and/or inadequate. During an office visit on or about May 21, 2009, the patient reported that she was hospitalized on or about May 19, 2009, for passing out and chest pain. On or about May 23, 2009, the patient died. According to a letter from the Coroner's Office, you refused to sign the death certificate because she was a non-compliant patient, however, your chart did not document what the non-compliance involved.
- (p) You treated Patient 16 from in or around 2005 to or around 2008 for conditions including respiratory ailments, anxiety and migraine headaches, for which she was prescribed inhalers, antihistamines, Xanax and Fioricet. You failed to appropriately manage the patient's medications. While the patient was treated for complaints of anxiety with Xanax for several years, you failed to appropriately establish, or document establishing, a diagnosis for anxiety, and you also failed to appropriately document an adequate explanation or justification for the long-term use of Xanax. You further failed to appropriately consider, or document the consideration of, alternative treatments or medications for the complaints of anxiety. While the patient was prescribed a barbiturate on a long-term basis for complaints of migraine headaches, you failed to appropriately document the diagnosis of migraine headaches. The HPI did not make sense. You failed to appropriately recommend, or document the recommendation of, prophylactic therapy, and/or consider, or document the consideration of, other medications, such as Sumatriptan. The overall documentation in the chart was inadequate and/or inappropriate. According to the coroner's report, the patient died on or about March 26, 2009, from acute intoxication by the combined effects of ethanol and heroin, and it was noted that she had a history of drug abuse.

Your acts, conduct, and/or omissions as alleged in paragraphs 2 and (3)(a) through (3)(p), individually and/or collectively, constitute "[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar

circumstances, whether or not actual injury to a patient is established,” as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs 2 and (3)(a) through (3)(p) above, individually and/or collectively, constitute “[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease,” as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (3)(n) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08(B), Ohio Administrative Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (3)(n) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-02(D), Ohio Administrative Code. Pursuant to Rule 4731-11-02(F), Ohio Administrative Code, violation of Rule 4731-11-02(D), Ohio Administrative Code, also constitutes violation of Sections 4731.22(B)(2) and (B)(6), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery or to reprimand you or place you on probation.

Terry Alan Dragash, D.O.

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Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



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

LAT/MRB/pev
Enclosures

CERTIFIED MAIL #91 7199 9991 7031 2767 9776
RETURN RECEIPT REQUESTED

cc: Stanley B. Dritz, Esq.
400 South Fifth Street, Suite 303
Columbus, Ohio 43215

CERTIFIED MAIL #91 7199 9991 7031 2767 9769
RETURN RECEIPT REQUESTED

**IN THE MATTER OF
TERRY ALAN DRAGASH, D.O.**

12-CRF-145

**DECEMBER 12, 2012, NOTICE OF
OPPORTUNITY FOR HEARING -
PATIENT KEY**

**SEALED TO
PROTECT PATIENT
CONFIDENTIALITY AND
MAINTAINED IN CASE
RECORD FILE.**

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

September 12, 2012

Terry Alan Dragash, D.O.
177 Laurel Lane
Pataskala, OH 43062

RE: Case No. 12-CRF-019

Dear Doctor Dragash:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Gretchen L. Petrucci, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on September 12, 2012, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board and the Franklin County Court of Common Pleas. The Notice of Appeal must set forth the Order appealed from and state that the State Medical Board's Order is not supported by reliable, probative, and substantive evidence and is not in accordance with law. The Notice of Appeal may, but is not required to, set forth the specific grounds of the appeal. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO



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

JCS:jam
Enclosures

CERTIFIED MAIL NO. 91 7199 9991 7030 3308 9775
RETURN RECEIPT REQUESTED

Cc: Stanley B. Dritz, Esq.
CERTIFIED MAIL NO. 91 7199 9991 7030 3308 9782
RETURN RECEIPT REQUESTED

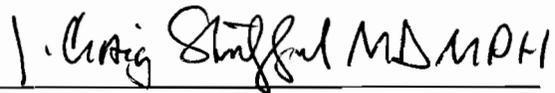
Mailed 9-13-12

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Gretchen L. Petrucci, Esq., State Medical Board Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on September 12, 2012, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Terry Alan Dragash, D.O., Case No. 12-CRF-019, as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.

(SEAL)



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

September 12, 2012

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

CASE NO. 12-CRF-019

TERRY ALAN DRAGASH, D.O.

*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on September 12, 2012.

Upon the Report and Recommendation of Gretchen L. Petrucci, Esq., State Medical Board Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

- A. **MODIFICATION OF 2011 CONSENT AGREEMENT:** The indefinite suspension set forth in the 2011 Consent Agreement between Terry Alan Dragash, D.O., and the Board is hereby modified to extend its duration for at least nine months from the effective date of this Order.
- B. Except to the extent modified by this Order, the 2011 Consent Agreement between Dr. Dragash and the Board remains otherwise in effect.

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



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

(SEAL)

September 12, 2012

Date

STATE MEDICAL BOARD
OF OHIO

2012 JUL 26 AM 10: 04

BEFORE THE STATE MEDICAL BOARD OF OHIO

In the Matter of

*

Case No. 12-CRF-019

Terry Alan Dragash, D.O.,

*

Hearing Examiner Petrucci

Respondent.

*

REPORT AND RECOMMENDATION

Basis for Hearing

By letter dated March 14, 2012, the State Medical Board of Ohio ("Board") notified Terry Alan Dragash, D.O., that it had proposed to take disciplinary action against his certificate to practice osteopathic medicine and surgery in Ohio. The Board based its proposed action on allegations that Dr. Dragash had provided untruthful and inaccurate statements twice to the Board regarding his use of cocaine. The Board further alleged that Dr. Dragash's acts, conduct, and/or omissions constitute:

- "Making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery * * *; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as set forth in Section 4731.22(B)(5), Ohio Revised Code.¹
- "Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as set forth in Section 4731.22(B)(10), Ohio Revised Code, to wit: Perjury, Section 2921.11, Ohio Revised Code.²

¹Section 4731.22(B)(5), Ohio Revised Code, defines "false, fraudulent, deceptive, or misleading statement" as "a statement that includes a misrepresentation of fact, is likely to mislead or deceive because of a failure to disclose material facts, is intended or is likely to create false or unjustified expectations of favorable results, or includes representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived."

²Section 2921.11, Ohio Revised Code, states in pertinent part:

- (A) No person, in any official proceeding, shall knowingly make a false statement under oath or affirmation, or knowingly swear or affirm the truth of a false statement previously made, when either statement is material.
- (B) A falsification is material, regardless of its admissibility in evidence, if it can affect the course or outcome of the proceeding. It is no defense to a charge under this section that the offender mistakenly believed a falsification to be immaterial.

Accordingly, the Board advised Dr. Dragash of his right to request a hearing in this matter. On March 23, 2012, Dr. Dragash requested a hearing. (State's Exhibit ("St. Ex.") 1)

Appearances at the Hearing

Mike DeWine, Attorney General, and Melinda Ryans Snyder, Assistant Attorney General, on behalf of the State of Ohio. Stanley B. Dritz and D. Chadd McKittrick, Esqs., on behalf of Dr. Dragash.

Hearing Date: May 29, 2012

PROCEDURAL MATTER

During the hearing in this matter, the Hearing Examiner determined that State's Exhibit 6 needed to be redacted to maintain the confidentiality of an individual. (Hearing Transcript ("Tr.") at 50-52) This exhibit was redacted after the hearing concluded and the Hearing Examiner admitted it into evidence. The hearing record closed on June 12, 2012.

SUMMARY OF THE EVIDENCE

All exhibits and the transcript, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Background

1. Terry Alan Dragash, D.O., earned an undergraduate degree at Ohio State University and a nursing degree from Youngstown State University. He practiced as a nurse from 1981 to 1986. He obtained his osteopathic medical degree in 1986 from Ohio University College of Osteopathic Medicine. (St. Ex. 4 at 7; Tr. at 85)
2. Dr. Dragash completed a one-year internship in 1987. Between 1987 and 2000, he worked at several different medical practices in Columbus, Ohio. From 2001 to January 2011, Dr. Dragash practiced family medicine at Columbus Southern Medical Center. He explained that the practice provided medical services to an underserved area of Columbus. (St. Ex. 4 at 8-10, 16-18; Tr. at 14, 86)
3. Dr. Dragash obtained his Ohio certificate in 1987. That certificate is currently inactive. He is board-certified in family practice. (St. Ex. 4 at 6, 7; Tr. at 101)

2008 Deposition

4. On November 25, 2008, a Board Enforcement Attorney deposed Dr. Dragash as part of an investigation pursuant to Section 4731.22(F), Ohio Revised Code. The questioning focused on Dr. Dragash's care and treatment of a particular patient ("Patient 1") and a March 2008

incident involving Patient 1. As part of the March 2008 incident, Patient 1 was arrested for cocaine possession. (St. Ex. 4; Tr. at 25-26, 87)

5. During the deposition, the following exchange occurred:

Q. [Board Enforcement Attorney:] * * * Did the police ever tell you that Patient 1 indicated to them that you were using cocaine?

A. [Dr. Dragash:] No.

Q. Okay. Have you ever used cocaine?

A. No.

Q. Over the last five years, have you ever used any recreational or illegal drugs?

A. No, I haven't.

(St. Ex. 4 at 87)

2011 Arrest and Substance Abuse Treatment

6. On January 2, 2011, Dr. Dragash was arrested for possession of cocaine. (Tr. at 15, 16)

7. On January 25, 2011, Dr. Dragash entered Shepherd Hill for inpatient treatment. Shepherd Hill is a Board-approved treatment facility located in Newark, Ohio. Dr. Dragash reported to personnel at Shepherd Hill that he had used cocaine when he was between 28 and 30 years old, and for two to three years preceding his treatment. Dr. Dragash was diagnosed with cocaine dependence. Dr. Dragash was successfully discharged on April 1, 2011. (St. Ex. 8 at 145, 281, 285, 287, 291; Tr. at 14-15, 60-62)

2011 Answers to Board Questions

8. In February 2011, a Board Enforcement Attorney sent questions to Dr. Dragash to gather additional information regarding Dr. Dragash's use of drugs and alcohol. In his answers submitted in early March 2011, Dr. Dragash stated that he began having a problem with drugs/alcohol in January 2009. (St. Ex. 7 at 5-8; Tr. at 32-33)

9. Also, Dr. Dragash answered other questions in early March 2011 as follows:

What are your drugs of choice?
When first start using *COCAINE*
When first start abusing *JAN 2009*
Feb
What is the date of last use – for each drug/alcohol
JAN 14 2011

(St. Ex. 7 at 6)

2011 Board Actions and Consent Agreement

10. On March 9, 2011, the Board issued a Notice of Summary Suspension and Opportunity for Hearing. The Board alleged that Dr. Dragash had been arrested and charged with possession of cocaine, that he had entered treatment at Shepherd Hill, that he had been determined to be impaired, and that he had not completed the recommended treatment or been found to be capable of practicing medicine and surgery. (St. Ex. 2 at 2-8)
11. On June 8, 2011, the Board issued a Notice of Immediate Suspension and Opportunity for Hearing. The Board stated, among other things, that it had received notice from a prosecutor that Dr. Dragash had pleaded guilty to possession of cocaine and that the court imposed intervention in lieu of conviction. (St. Ex. 2 at 9-11)
12. Effective July 13, 2011, Dr. Dragash and the Board entered into a Consent Agreement to resolve the allegations in both Notices. Dr. Dragash admitted the factual and legal allegations in the 2011 Notices. The 2011 Consent Agreement, among other things, terminated Dr. Dragash's prior suspensions, suspended his certificate for an indefinite period of time of at least 180 days, and imposed impairment-related terms and conditions on him. Also, terms and conditions for reinstatement of Dr. Dragash's certificate were imposed. (St. Ex. 2 at 12-23) The 2011 Consent Agreement remains in effect.

2011 Request for Reinstatement

13. On October 24, 2011, Dr. Dragash requested reinstatement of his Ohio certificate. (Tr. at 16-17; St. Ex. 3)

14. In November 2011, Dr. Dragash saw Edna Jones, M.D., for an assessment of his ability to return to the practice of medicine.³ Dr. Dragash stated that he also saw Dr. Jones a second time, and further discussed his usage of cocaine. (Tr. at 18-19; St. Ex. 5; Respondent's Exhibit A)
15. Dr. Jones sent her assessment to the Board in December 2011. Among other things, Dr. Jones stated:

[Dr. Dragash] relays having no problems with substances until about 2002 when he started snorting cocaine. His use began sporadic but eventually progressed to every weekend use by the time he was arrested for possession on January 2, 2011. His sobriety date is Jan. 17, 2011. He denies all other substance abuse. By the time he stopped he was spending about \$100 a night on cocaine when he used it. * * * At this time he seems very happy with his life and recovery program and I believe he should do well if he continues to do what he is currently doing for himself. At this time, I believe he is capable of practicing according to acceptable and prevailing standards of care.

(St. Ex. 5)

2012 Interrogatories

16. In February 2012, Dr. Dragash answered Board interrogatories. Among other things, he stated the following:

Describe your use of cocaine and/or abuse of cocaine, if any, from 2002 to November 2008.

ANSWER:

2002. I used cocaine in 2002 and did not use cocaine again until 2010. I was a casual user in 2002, and it was an experiment for me. I tried it and chose not to use it again.

From 2002 to November 25, 2008, state:

- (a) The approximate number of times that you used cocaine for each year, and the frequency of use for each year.

ANSWER:

2002. To the best of my recollection, I used cocaine two to three times in 2002.

³Two of the terms and conditions of reinstatement contained in the 2011 Consent Agreement are that Dr. Dragash's ability to practice be assessed and that he be found capable of practicing according to acceptable and prevailing standards of care. (St. Ex. 2 at 19)

* * *

When did you first use cocaine?

ANSWER:
2002.

From the date you first used cocaine until 2002, state the approximate number of times you used cocaine, your frequency of use, and whether you ever treated patients or made any decisions regarding medical care within an eight (8) period [sic] of any use.

ANSWER:
I did not use cocaine until 2002.

(St. Ex. 6 at 2, emphasis in original)

Dr. Dragash's Testimony

17. Dr. Dragash stated that, between 1983 and 1985 when he was 28 to 30 years old, he "experimented" a couple times with cocaine. (Tr. at 21, 37, 38, 89-90, 100)
18. Dr. Dragash further stated that, in 2002, he "tried" or experimented with cocaine two or three times. He stated, however, that he was not addicted to it at that time. (Tr. at 21-22, 31, 38, 89-90, 92, 100)
19. Dr. Dragash testified that he did not use cocaine from 2003 through 2008. (Tr. at 31. 90-91)
20. Dr. Dragash stated that, in 2009, he began using cocaine again. He stated that, between 2009 and his arrest in January 2011, he had enjoyed using cocaine and "couldn't wait till the next weekend so [he] could get some more." He added that he had used it on the weekends only, and had used greater and greater amounts on the weekends. (Tr. at 24, 34, 37-39, 41, 88, 90, 92, 95, 100)
21. With regard to his answer to the deposition question posed in 2008, Dr. Dragash stated as follows:
 - A. The question asked cocaine user. I was not using at that time and I was not a habitual user, so I answered no, because at that point I don't believe I had a problem or was a user of cocaine.
 - Q. Okay. But the question says, "Have you ever used cocaine?" To you, that meant habitual user, a problem?
 - A. Right.

(Tr. at 27; see, also, Tr. at 88, 91)

22. However, Dr. Dragash also stated that, if he was asked currently if he had ever used cocaine before the date of the 2008 deposition, he would answer “Yes.” (Tr. at 98, 100)
23. With regard to his answers in March 2011 acknowledging his abuse of cocaine, the following exchange took place:

- Q. * * * “When first start using?” “January of 2009.” Did I read that correctly?
- A. Correct.
- Q. Okay. Then it says, “When first start abusing?” “February of 2009.” Is that how you intended to answer it?
- A. First start abusing was either January or February of 2009.
- Q. Okay. So in these answers are “using” and “abusing” kind of simultaneous to you?
- A. That’s when I started abusing, was January or February of 2009.
- Q. Okay. But you had actually used in 2002?
- A. Correct. “When first start using,” I didn’t answer. There’s no answer for that one. The January – January or February 2009 is the answer for the start abusing.
- Q. Okay.
- A. The using part, I was still struggling, you know. I don’t know. That’s when I was struggling with the “use” versus “abuse.”

(Tr. at 34-35; See, also, Tr. at 96)

24. With regard to his acknowledgment in 2012 of his use of cocaine in 2002, Dr. Dragash stated as follows:

- Q. Okay. So you didn’t read that question as habitually or abusing; correct?
- A. This is at a time after treatment where – * * * This was at a point where after treatment I had more insight into my problem of use and abuse and when it kicked in.

I learned a lot when I was in Shepherd Hill. My – I didn’t think I had a problem, a big problem, and as I went through – It’s the best thing that

ever happened to me was going through the treatment, and I'm blessed to have a second chance, but at that point I answered that question correctly.

(Tr. at 29)

25. Dr. Dragash noted that he is currently subject to random urine screens through the Board, and he has not failed any of his screens. He added that he continues to learn in his recovery. (Tr. at 92-94; St. Ex. 7 at 6)

Richard N. Whitney's Testimony

26. Richard N. Whitney, M.D., Medical Director of the addiction program at Shepherd Hill, testified that Dr. Dragash was "an excellent patient who worked hard to understand his disease and appeared to be very genuine in wanting to get into recovery and stay in recovery." Dr. Whitney also stated that Dr. Dragash participates in aftercare at Shepherd Hill and his random urine drug screens have been negative. Moreover, Dr. Whitney stated that he has no qualms with Dr. Dragash returning to the practice of medicine. (Tr. at 63-66)
27. Dr. Whitney also testified about denial. He stated that denial is the "first hallmark" symptom that is addressed in treatment. He explained that he assumes that everybody is in "some denial" or they would have sought treatment much earlier. He noted that some patients minimize amounts, frequency, or other things, but they believe that they are telling the truth. He added that, in treatment, the patients detail the history of usage so that they can really understand the depth of their illness and its duration. (Tr. at 67, 70, 80, 81) He explained further:

It is not uncommon for people to come in on, you know, day one, or two, or three, or four and not disclose everything, and that could be part denial, could be part dishonesty, and more and more and more data and information comes out as they go through treatment, partly because they are coming to grips with the depth of their illness, partly because they know they're in a safe environment where they can disclose details, and we do group therapy, because when another person in group says something, frequently that will trigger memories and say, "Oh, my goodness, I did that, too," or, "I remember that now."

So a process of continuous disclosure and recognition of quantities, frequency and adverse consequences for chemical use occurs very frequently throughout treatment.

(Tr. at 81)

28. Dr. Whitney noted that, with regard to denial, Dr. Dragash did not stand out as particularly unusual from most Shepherd Hill patients. (Tr. at 82)

FINDINGS OF FACT

1. Effective July 13, 2011, Terry Alan Dragash, D.O., entered into a Consent Agreement with the Board based on his violation of Sections 4731.22(B)(26) and (B)(9), Ohio Revised Code. The July 2011 Consent Agreement provided that Dr. Dragash would be suspended for an indefinite period of time, but not less than 180 days, and he also would be subject to certain terms, conditions and limitations.

To date, Dr. Dragash remains subject to the July 2011 Consent Agreement.

2. In late 2011, Dr. Dragash requested that the Board consider the reinstatement of his certificate to practice osteopathic medicine and surgery. Dr. Dragash previously had provided the Board with untruthful and inaccurate responses to earlier Board inquiries, as follows:

- a. In the course of an investigation by the Board, Dr. Dragash stated under oath on November 25, 2008, that he had never used cocaine.

In fact, Dr. Dragash had used cocaine before November 25, 2008. He had used cocaine in 2002, and earlier.

- b. In early 2011, Dr. Dragash entered Shepherd Hill, a Board-approved treatment provider in Newark, Ohio. In March 2011, in the course of the Board's investigation of Dr. Dragash's impairment and/or chemical dependency, Dr. Dragash answered questions from a Board representative. Dr. Dragash stated, in part, that he had first started using cocaine in January 2009.

In fact, Dr. Dragash had used cocaine before January 2009. He had used cocaine in 2002, and earlier.

CONCLUSIONS OF LAW

1. The acts, conduct, and/or omissions of Terry Alan Dragash, D.O., as set forth above in Findings of Fact (2)(a) and (2)(b), individually and/or collectively, constitute "[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as set forth in Section 4731.22(B)(5), Ohio Revised Code.
2. Dr. Dragash's acts, conduct, and/or omissions as set forth above in Finding of Fact (2)(a), individually and/or collectively, constitute "[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as set forth in Section 4731.22(B)(10), Ohio Revised Code, to wit: Perjury, Section 2921.11, Ohio Revised Code.

Rationale

The State correctly points out and Dr. Dragash admits that, prior to the 2008 deposition, he had used cocaine multiple times. When he testified in 2008 that he had never used cocaine, he testified falsely. Whether Dr. Dragash had tried, experimented, abused or habitually used cocaine prior to the 2008 deposition is irrelevant to the truthfulness of the answer he gave in 2008. The fact is that he had used cocaine prior to the 2008 deposition. Additionally, intent to mislead is reasonably inferred from the surrounding circumstances – Dr. Dragash knew in 2008 that he had used cocaine in the past and he failed to disclose it in response to a direct question during the deposition.

With regard to Dr. Dragash's March 2011 answer, it is subject to interpretation. The parties have put forth equally reasonable interpretations. The State contends that Dr. Dragash was not truthful about his use of cocaine at the 2008 deposition or in his 2012 interrogatory responses. Moreover, the State contends that, at the 2012 hearing, Dr. Dragash tried to justify his 2008 deposition answer instead of acknowledging its falsity. Accordingly, the State argues that Dr. Dragash was untruthful on multiple occasions, and therefore his interpretation of his March 2011 answer should be rejected. The State's argument is convincing. Dr. Dragash gave the Board different answers about his use of cocaine in 2008, 2011, and 2012. He provided false information multiple times. Moreover, some of those answers were given during and after his treatment when he should have come to grips with his use and dependency. A preponderance of the evidence demonstrates that Dr. Dragash made a false, fraudulent, deceptive, or misleading statement in his March 2011 answer. Also, intent to mislead is reasonably inferred from the surrounding circumstances – Dr. Dragash knew that he was under Board investigation at the time he gave the answer in 2011.

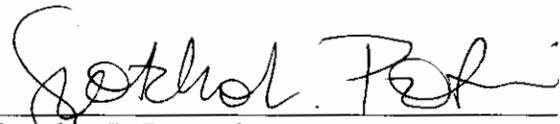
Dr. Dragash's certificate should remain suspended for an additional amount of time given Dr. Dragash's false testimony during his 2008 deposition and false statement in 2011. This additional suspension period will provide Dr. Dragash time to focus even more on his recovery. Furthermore, it will provide the Board with more evidence of Dr. Dragash's commitment to sobriety and honest communications with the Board.

PROPOSED ORDER

It is hereby ORDERED that:

- A. **MODIFICATION OF 2011 CONSENT AGREEMENT:** The indefinite suspension set forth in the 2011 Consent Agreement between Terry Alan Dragash, D.O., and the Board is hereby modified to extend its duration for at least nine months from the effective date of this Order.
- B. Except to the extent modified by this Order, the 2011 Consent Agreement between Dr. Dragash and the Board remains otherwise in effect.

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

A handwritten signature in black ink, appearing to read "Gretchen L. Petrucci", written over a horizontal line.

Gretchen L. Petrucci
Hearing Examiner



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

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EXCERPT FROM THE DRAFT MINUTES OF SEPTEMBER 12, 2012

REPORTS AND RECOMMENDATIONS AND PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Mahajan announced that the Board would now consider the Reports and Recommendations, and the Proposed Findings and Proposed Order appearing on its agenda.

Dr. Mahajan 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: Jose Villavicencio, M.D.; Samuel J. Christian, M.D.; Terry Alan Dragash, D.O.; Yemi M. Fasakin, M.D.; Tumanya Nikol Jones, P.A.; Ali Khan, M.D.; Charmaine Nicole Reese; and Ernesto Compendio Tan, M.D.

A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Mahajan asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

Dr. Mahajan 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 matter before the Board today, Dr. Strafford served as Secretary, Dr. Bechtel served as Supervising Member, and Dr. Talmage served as Secretary and/or Acting Supervising Member.

Dr. Mahajan 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.

.....
TERRY ALAN DRAGASH, D.O., Case No. 12-CRF-019
.....

Dr. Madia moved to approve and confirm Ms. Petrucci's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Terry Alan Dragash, D.O. Mr. Hairston seconded the motion.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Mr. Hairston	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Ms. Elsass	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye

The motion to approve carried.



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

March 14, 2012

Case number: 12-CRF- 019

Terry Alan Dragash, D.O.
177 Laurel Lane
Pataskala, OH 43062

Dear Doctor Dragash:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) You previously entered into a Consent Agreement on or about July 13, 2011 [July 2011 Consent Agreement] with the Board based on your violation of Sections 4731.22(B)(26) and (B)(9), Ohio Revised Code. The July 2011 Consent Agreement provided that you would be suspended for an indefinite period of time, but not less than 180 days, and you also would be subject to certain terms, conditions and limitations.

To date, you remain subject to the July 2011 Consent Agreement.

- (2) In late 2011, you requested that the Board consider the reinstatement of your certificate to practice osteopathic medicine and surgery. In connection with your request for reinstatement, it was ascertained that you previously had provided the Board with untruthful and inaccurate responses in earlier inquiries, which included the following:

- (a) In the course of an investigation by the Board, you stated under oath on or about November 25, 2008, that you had never used cocaine.

In fact, you had used cocaine before November 25, 2008, and you started using cocaine in or around 2002, or earlier.

Mailed 3-15-12

- (b) In or around February 2011, your attorney informed a representative of the Board that you were at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio. In the course of the Board's investigation of that matter, you answered some questions from a representative of the Board, and you stated, in part, that you had first used cocaine in January/February 2009.

In fact, you had used cocaine before January/February 2009, and you started using cocaine in or around 2002, or earlier.

Your acts, conduct, and/or omissions as alleged in paragraphs (2)(a) and (2)(b) above, individually and/or collectively, constitute "[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2)(a) above, individually and/or collectively, constitute "[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Perjury, Section 2921.11, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses

Terry Alan Dragash, D.O.

Page 3

to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Handwritten signature of J. Craig Strafford in black ink.

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

JCS/MRB/flb

Enclosures

CERTIFIED MAIL #91 7199 9991 7030 3383 7208
RETURN RECEIPT REQUESTED

cc: Stanley B. Dritz, Esq.
400 South Fifth Street, Suite 303
Columbus, Ohio 43215

CERTIFIED MAIL #91 7199 9991 7030 3383 7192
RETURN RECEIPT REQUESTED

**CONSENT AGREEMENT
BETWEEN
TERRY. A., DRAGASH, D.O.,
AND
THE STATE MEDICAL BOARD OF OHIO
CASE NOS. 11-CRF-019 AND 11-CRF-062**

This Consent Agreement is entered into by and between Terry A. Dragash, D.O, [Dr. Dragash], and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Dragash enters into this Consent Agreement being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

BASIS FOR ACTION

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

- A. The Board is empowered by Section 4731.22(B), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for violation of Section 4731.22(B)(26), Ohio Revised Code, for “impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice” and for violation of Section 4731.22(B)(9) for “[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony.”
- B. The Board enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Section 4731.22(B)(26) and (B)(9), Ohio Revised Code, and expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Agreement.
- C. Dr. Dragash is licensed to practice osteopathic medicine and surgery in the State of Ohio, License number 34.004340.
- D. Dr. Dragash states that he is not licensed to practice in any other state or jurisdiction.
- E. Dr. Dragash’s license to practice osteopathic medicine and surgery in the State of Ohio, License Number 34.004340, was summarily suspended by the Board on March 9, 2011, pursuant to the Notice of Summary Suspension and Opportunity for Hearing attached

hereto as Exhibit A. Dr. Dragash's license was immediately suspended on June 8, 2011, pursuant to the Notice of Immediate Suspension and Opportunity for Hearing attached hereto as Exhibit B.

- F. Dr. Dragash admits to the factual and legal allegations as set forth in the Notice of Opportunity for Hearing issued by the Board on March 9, 2011, and the Notice of Immediate Suspension and Opportunity issued on June 8, 2011, both attached hereto as Exhibits A and B, respectively, and incorporated herein.

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, Dr. Dragash knowingly and voluntarily agrees with the Board to the following terms, conditions and limitations:

SUSPENSION OF CERTIFICATE

1. The certificate of Dr. Dragash to practice osteopathic medicine and surgery in the State of Ohio was summarily SUSPENDED effective March 9, 2011, pursuant to the Notice of Summary Suspension and Opportunity for Hearing attached hereto as Exhibit A. The certificate of Dr. Dragash to practice osteopathic medicine and surgery in the State of Ohio was immediately SUSPENDED effective June 8, 2011, pursuant to the Notice of Immediate Suspension and Opportunity for Hearing attached hereto as Exhibit B. The summary suspension and immediate suspension of Dr. Dragash's certificate to practice osteopathic medicine and surgery in the State of Ohio, shall be terminated and superseded upon the instant Consent Agreement becoming effective. Further, Dr. Dragash's certificate to practice osteopathic medicine and surgery shall be SUSPENDED for an indefinite period of time, but not less than 180 days from the effective date of this Consent Agreement.

Obey all Laws

2. Dr. Dragash shall obey all federal, state, and local laws.

Sobriety

3. Dr. Dragash shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Dragash's history of chemical dependency. Further, in the event that Dr. Dragash is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Dragash shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Dragash received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date

said drug is so prescribed, dispensed, or administered to him, Dr. Dragash shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

4. Dr. Dragash shall abstain completely from the use of alcohol.

Absences from Ohio

5. Dr. Dragash shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Consent Agreement for occasional periods of absence of fourteen days or less. In the event that Dr. Dragash resides and/or is employed at a location that is within fifty miles of the geographic border of Ohio and any of its contiguous states, Dr. Dragash may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Dragash is able to otherwise maintain full compliance with all other terms, conditions and limitations set forth in this Consent Agreement.

Releases; Quarterly Declarations and Appearances

6. Dr. Dragash shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Dragash's chemical dependency or related conditions, or for purposes of complying with this Consent Agreement, whether such treatment or evaluation occurred before or after the effective date of this Consent Agreement. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. Dr. Dragash further agrees to provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Consent Agreement.
7. Dr. Dragash shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which this Consent Agreement becomes effective, or as otherwise requested by the

Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

8. Dr. Dragash shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Consent Agreement. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested 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.

Drug & Alcohol Screens; Drug Testing Facility and Collection Site

9. Dr. Dragash shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Dragash shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Dragash's drug(s) of choice.

Dr. Dragash shall abstain from the use of any substance and the consumption of poppy seeds or any other food or liquid that may produce a low level positive result in a toxicology screen. Dr. Dragash acknowledges that he understands that the consumption or use of such substances, including but not limited to substances such as mouthwash or hand cleaning gel, may cause a positive drug screen that may not be able to be differentiated from intentional ingestion, and therefore such consumption or use is prohibited under this Consent Agreement.

All such urine screenings for drugs and alcohol shall be conducted through a Board-approved drug testing facility and collection site pursuant to the global contract between said facility and the Board, that provides for the Board to maintain ultimate control over the urine screening process and to preserve the confidentiality of all positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code, and the screening process shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph 10 below, to approve urine screenings to be conducted at an alternative drug testing facility and/or collection site or a supervising physician, such approval shall be expressly contingent upon the Board retaining ultimate control over the urine screening process in a manner that preserves the aforementioned confidentiality of all positive screening results.

Dr. Dragash shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. All specimens submitted by Dr. Dragash shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Consent Agreement. Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Consent Agreement.

Further, within thirty days of the effective date of this Consent Agreement, Dr. Dragash shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug testing facility and/or collection site in order to facilitate the urine screening process in the manner required by this Consent Agreement. Further, Dr. Dragash shall promptly provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Dragash and the Board-approved drug testing facility and/or collection site. Dr. Dragash's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Consent Agreement.

Dr. Dragash shall ensure that the urine screening process performed through the Board-approved drug testing facility and/or collection site requires a daily call-in procedure; that the urine specimens are obtained on a random basis; and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Dragash and the Board-approved drug testing facility and collection site shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Dragash shall ensure that the Board-approved drug testing facility and/or collection site provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, and whether all urine screens have been negative.

In the event that the Board-approved drug testing facility and/or collection site becomes unable or unwilling to serve as required by this Consent Agreement, Dr. Dragash must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 10 below, as soon as practicable. Dr. Dragash shall further ensure that the Board-approved drug testing facility and/or collection site also notifies the Board directly of its inability to continue to serve and the reasons therefore.

Dr. Dragash acknowledges that the Board expressly reserves the right to withdraw its approval of any drug testing facility and/or collection site in the event that the Secretary and Supervising Member of the Board determine that the drug testing facility and/or collection site has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

10. Dr. Dragash and the Board agree that it is the intent of this Consent Agreement that Dr. Dragash shall submit his urine specimens to the Board-approved drug testing facility and collection site chosen by the Board. However, in the event that utilizing said Board-approved drug testing facility and/or collection site creates an extraordinary hardship upon Dr. Dragash, as determined in the sole discretion of the Board, then subject to the following requirements, the Board may approve an alternate drug testing facility and/or

collection site, or a supervising physician, to facilitate the urine screening process for Dr. Dragash:

- a. Within thirty days of the date upon which Dr. Dragash is notified of the Board's determination that utilizing the Board-approved drug testing facility and/or collection site constitutes an extraordinary hardship upon Dr. Dragash, he shall submit to the Board in writing for its prior approval the identity of either an alternate drug testing facility and collection site, or the name of a proposed supervising physician, to whom Dr. Dragash shall submit the required urine specimens. In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Dragash's residence or employment location, or to a physician who practices in the same locale as Dr. Dragash. Dr. Dragash shall ensure that the urine screening process performed through the alternate drug testing facility and/or collection site, or through the supervising physician, requires a daily call-in procedure; that the urine specimens are obtained on a random basis; and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Dragash acknowledges that the alternate drug testing facility and collection site, or the supervising physician, shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.
- b. Dr. Dragash shall ensure that the alternate drug testing facility and/or collection site, or the supervising physician, provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, and whether all urine screens have been negative.
- c. In the event that the designated alternate drug testing facility and/or collection site, or the supervising physician, becomes unable or unwilling to so serve, Dr. Dragash must immediately notify the Board in writing. Dr. Dragash shall further ensure that the previously designated alternate drug testing facility and collection site, or the supervising physician, also notifies the Board directly of the inability to continue to serve and the reasons therefore. Further, in order to ensure that there will be no interruption in his urine screening process, upon the previously approved alternate drug testing facility, collection site, or supervising physician becoming unable to serve, Dr. Dragash shall immediately commence urine screening at the Board-approved drug testing facility and collection site chosen by the Board, until such time, if any, that the Board approves a subsequent alternate drug testing facility, collection site, or supervising physician, if requested by Dr. Dragash.
- d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Dragash's designated alternate drug testing facility and/or collection site, or any person proposed to serve as his supervising physician, or to withdraw

approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

11. All screening reports required under this Consent Agreement from the Board-approved drug testing facility and/or collection site, or from the alternate drug testing facility and/or collection site or supervising physician, must be received in the Board's offices no later than the due date for Dr. Dragash's quarterly declaration. It is Dr. Dragash's responsibility to ensure that reports are timely submitted.
12. The Board retains the right to require, and Dr. Dragash agrees to submit, blood, urine, breath, saliva and/or hair specimens for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Dragash, or for any other purpose, at Dr. Dragash's expense upon the Board's request and without prior notice. Dr. Dragash's refusal to submit a specimen upon request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.

Rehabilitation Program

13. Within thirty days of the effective date of this Consent Agreement, Dr. Dragash shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than three times per week. Substitution of any other specific program must receive prior Board approval.

Dr. Dragash shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Dragash's quarterly declarations.

14. Immediately upon completion of any required treatment for chemical dependency, Dr. Dragash shall enter into an aftercare contract with a Board-approved treatment provider and shall maintain continued compliance with the terms of said aftercare contract, provided that, where the terms of the aftercare contract conflict with the terms of this Consent Agreement, the terms of this Consent Agreement shall control.

CONDITIONS FOR REINSTATEMENT

15. The Board shall not consider reinstatement or restoration of Dr. Dragash's certificate to practice osteopathic medicine and surgery until all of the following conditions are met:
 - a. Dr. Dragash shall submit an application for reinstatement or restoration, as appropriate, accompanied by appropriate fees, if any.

- b. Dr. Dragash shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to the following:
 - i. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Dr. Dragash has successfully completed any required inpatient treatment, including at least twenty-eight days of inpatient or residential treatment for chemical abuse/dependence, as set forth in Rules 4731-16-02 and 4731-16-08, Ohio Administrative Code, completed consecutively.
 - ii. Evidence of continuing full compliance with, or successful completion of, a post-discharge aftercare contract with a treatment provider approved under Section 4731.25 of the Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with rule 4731-16-10 of the Administrative Code.
 - iii. Evidence of continuing full compliance with this Consent Agreement.
 - iv. Two written reports indicating that Dr. Dragash's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Dragash. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Dragash shall provide the evaluators with copies of patient records from any evaluations and/or treatment that he has received, and a copy of this Consent Agreement. The reports from the evaluators shall include any recommendations for treatment, monitoring, or supervision of Dr. Dragash, and any conditions, restrictions, or limitations that should be imposed on Dr. Dragash's practice. The reports shall also describe the basis for the evaluator's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

- v. In the event that the Board initiates future formal proceedings against Dr. Dragash, including but not limited to issuance of a Notice of Opportunity for Hearing, Dr. Dragash shall be ineligible for reinstatement until such proceedings are fully resolved by ratification by the Board of a subsequent Consent Agreement or issuance by the Board of a final Board Order.
- c. Dr. Dragash shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board within 180 days of the date upon which all the above-specified conditions for reinstatement or restoration have been completed or, if the Board and Dr. Dragash are unable to agree on the terms of a written Consent Agreement, then Dr. Dragash further agrees to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Ohio Revised Code. The Board shall provide notice to Dr. Dragash that said hearing has been scheduled, advising Dr. Dragash of his hearing rights, and stating the date, time, and location of the hearing at which the Board will present its evidence, after which the Board will make a determination of the matter by Board Order.

Further, upon reinstatement of Dr. Dragash's certificate to practice osteopathic medicine and surgery in this state, the Board shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before reinstatement or with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code. Moreover, upon termination of the consent agreement or Board Order, Dr. Dragash shall submit to the Board for at least two years annual progress reports made under penalty of Board disciplinary action or criminal prosecution stating whether Dr. Dragash has maintained sobriety.

- 16. In the event that Dr. Dragash has not been engaged in the active practice of osteopathic medicine and surgery for a period in excess of two years prior to application for reinstatement, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Dragash's fitness to resume practice.

REQUIRED REPORTING BY LICENSEE

- 17. Within thirty days of the effective date of this Consent Agreement, Dr. Dragash shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services (including but not limited to third party payors) or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Dragash shall promptly provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments. In the event that Dr. Dragash provides any health care services or health care direction or medical oversight to any emergency medical services organization or emergency medical services

provider, within thirty days of the effective date of this Consent Agreement Dr. Dragash shall provide a copy of this Consent Agreement to the Ohio Department of Public Safety, Division of Emergency Medical Services. Further, Dr. Dragash shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.

18. Within thirty days of the effective date of this Consent Agreement, Dr. Dragash shall provide a copy of this Consent Agreement 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. Dr. Dragash further agrees to provide a copy of this Consent Agreement at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, Dr. Dragash shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.
19. Dr. Dragash shall promptly provide a copy of this Consent Agreement to all persons and entities that provide Dr. Dragash chemical dependency treatment or monitoring. Further, Dr. Dragash shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.

20. Dr. Dragash shall notify the Board in writing of any change of principal practice address or residence address within thirty days of such change.

DURATION/MODIFICATION OF TERMS

The above-described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties. In the event that the Board initiates future formal proceedings against Dr. Dragash, including but not limited to issuance of a Notice of Opportunity for Hearing, this Consent Agreement shall continue in full force and effect until such time that it is superseded by ratification by the Board of a subsequent Consent Agreement or issuance by the Board of a final Board Order.

In the event that any term, limitation, or condition contained in this Consent Agreement is determined to be invalid by a court of competent jurisdiction, Dr. Dragash and the Board agree that all other terms, limitations, and conditions contained in this Consent Agreement shall be unaffected.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Dragash appears to have violated or breached any term or condition of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

ACKNOWLEDGMENTS/LIABILITY RELEASE

Dr. Dragash acknowledges that he has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Dr. Dragash hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. Dr. Dragash acknowledges that his social security number will be used if this information is so reported and agrees to provide his social security number to the Board for such purposes.

EFFECTIVE DATE

It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.



TERRY A. DRAGASH, D.O.



LANCE A. TALMAGE, M.D.
Secretary

6/23/11

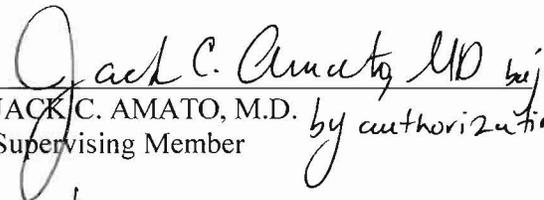
DATE

7-13-11

DATE



STANLEY DRITZ
Attorney for Dr. Dragash



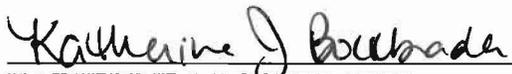
JACK C. AMATO, M.D. *by authorization*
Supervising Member

6.23-11

DATE

July 13, 2011

DATE



KATHERINE J. BOCKBRADER
Assistant Attorney General

7-13-11

DATE

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING

June 8, 2011

Case number: 11-CRF-062

Terry Alan Dragash, D.O.
177 Laurel Lane
Pataskala, OH 43062

Dear Doctor Dragash:

In accordance with Sections 2929.42 and/or 3719.12, Ohio Revised Code, the Office of the Prosecuting Attorney of Licking County, Ohio, reported that on or about April 19, 2011, in the Licking County Common Pleas Court [Court], you entered a plea of guilty to one felony count of Possession of Cocaine, in violation of Section 2925.11(A)(C)(4)(a), Ohio Revised Code, and the Court accepted your plea of guilty, stayed the matter and placed you into an Intervention in Lieu of Conviction status.

Therefore, pursuant to Section 3719.121(C), Ohio Revised Code, you are hereby notified that your license to practice osteopathic medicine and surgery in the State of Ohio is immediately suspended. Continued practice after this suspension shall be considered practicing osteopathic medicine without a certificate in violation of Section 4731.43, Ohio Revised Code.

Furthermore, in accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about March 9, 2011, the Board issued to you an Entry of Order along with a Notice of Summary Suspension and Opportunity for Hearing [Order and Notice of Summary Suspension], which summarily suspended your certificate to

Mailed 6-9-11

practice osteopathic medicine and surgery in Ohio. The Order and Notice of Summary Suspension were based on the determination of the Secretary and Supervising Member of the Board that there was clear and convincing evidence that you violated Section 4731.22(B)(26), Ohio Revised Code, and that your continued practice presented a danger of immediate and serious harm to the public. The hearing in the matter is currently pending.

- (2) On or about January 10, 2011, in the Licking County Court of Common Pleas, in Newark, Ohio, an Indictment was filed charging you with Possession of Cocaine, in violation of Section 2925.11(A)(C)(4)(a), Ohio Revised Code.

On or about April 19, 2011, you entered a plea of guilty to the charge; the Court accepted your plea of guilty to the charge; the Court further stayed the matter pursuant to Section 2951.041, Ohio Revised Code; and the Court placed you into an Intervention in Lieu of Conviction status for a period of two years.

The facts as alleged in paragraph (2) above, constitute “[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony,” as that clause is used in Section 4731.22(B)(9), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board

Suspension
Terry Alan Dragash, D.O.
Page 3

is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.
Secretary

LAT/MRB/flb
Enclosures

CERTIFIED MAIL #91 7108 2133 3938 3087 9841
RETURN RECEIPT REQUESTED

cc: Stanley B. Dritz, Esq.
50 West Broad Street, Suite 2200
Columbus, Ohio 43215

CERTIFIED MAIL #91 7108 2133 3938 3087 9834
RETURN RECEIPT REQUESTED

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

March 9, 2011

Case number: 11-CRF- 019

Terry Alan Dragash, D.O.
177 Laurel Lane
Pataskala, OH 43062

Dear Doctor Dragash:

Enclosed please find certified copies of the Entry of Order, the Notice of Summary Suspension and Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on March 9, 2011, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Summary Suspension and Opportunity for Hearing.

You are advised that continued practice after receipt of this Order shall be considered practicing without a certificate, in violation of Section 4731.43, Ohio Revised Code.

Pursuant to Chapter 119, Ohio Revised Code, you are hereby advised that you are entitled to a hearing on the matters set forth in the Notice of Summary Suspension and Opportunity for Hearing. If you wish to request such hearing, that request must be made in writing and be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice. Further information concerning such hearing is contained within the Notice of Summary Suspension and Opportunity for Hearing.

THE STATE MEDICAL BOARD OF OHIO



Lance A. Talmage, M.D., Secretary

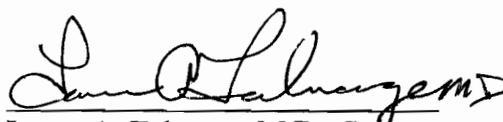
LAT/flb
Enclosures

Mailed 3-10-11

CERTIFICATION

I hereby certify that the attached copies of the Entry of Order of the State Medical Board of Ohio and the Motion by the State Medical Board, meeting in regular session on March 9, 2100, to Adopt the Order of Summary Suspension and to Issue the Notice of Summary Suspension and Opportunity for Hearing, constitute true and complete copies of the Motion and Order in the Matter of Terry Alan Dragash, D.O., Case number: 11-CRF- 019 as they appear in the Journal of the State Medical Board of Ohio.

This certification is made under the authority of the State Medical Board of Ohio and in its behalf.


Lance A. Talmage, M.D., Secretary

(SEAL)

March 9, 2011
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
 :
TERRY ALAN DRAGASH, D.O. :
 :
CASE NUMBER: 11-CRF- 019 :
 :

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio the 9th day of March 2011.

Pursuant to Section 4731.22(G), Ohio Revised Code, and upon recommendation of Lance A. Talmage, M.D., Secretary, and Raymond J. Albert, Supervising Member; and

Pursuant to their determination, based upon their review of the information supporting the allegations as set forth in the Notice of Summary Suspension and Opportunity for Hearing, that there is clear and convincing evidence that Terry Alan Dragash, D.O., has violated Section 4731.22(B)(26), Ohio Revised Code, as alleged in the Notice of Summary Suspension and Opportunity for Hearing that is enclosed herewith and fully incorporated herein; and,

Pursuant to their further determination, based upon their review of the information supporting the allegations as set forth in the Notice of Summary Suspension and Opportunity for Hearing, that Dr. Dragash's continued practice presents a danger of immediate and serious harm to the public;

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 9th day of March, 2011:

It is hereby ORDERED that the certificate of Terry Alan Dragash, D.O., to practice osteopathic medicine and surgery in the State of Ohio be summarily suspended.

It is hereby ORDERED that Terry Alan Dragash, shall immediately cease the practice of osteopathic medicine and surgery in Ohio and immediately refer all active patients to other appropriate physicians.

This Order shall become effective immediately.

(SEAL)


Lance A. Talmage, M.D., Secretary

March 9, 2011

Date

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

EXCEPRT FROM THE DRAFT MINUTES OF MARCH 9, 2011

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

TERRY ALAN DRAGASH, D.O. – ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

Dr. Strafford exited the meeting prior to this discussion.

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

Dr. Steinbergh moved to enter an Order of Summary Suspension in the matter of Terry Alan Dragash, D.O., in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Mr. Hairston seconded the motion. A vote was taken:

ROLL CALL:	Mr. Hairston	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Suppan	- aye
	Mr. Albert	- abstain
	Dr. Madia	- aye
	Dr. Talmage	- abstain
	Dr. Amato	- abstain
	Dr. Ramprasad	- aye

The motion carried.



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

March 9, 2011

Case number: 11-CRF- *019*

Terry Alan Dragash, D.O.
177 Laurel Lane
Pataskala, OH 43062

Dear Doctor Dragash:

The Secretary and the Supervising Member of the State Medical Board of Ohio [Board] have determined that there is clear and convincing evidence that you have violated Section 4731.22(B)(26), Ohio Revised Code, and have further determined that your continued practice presents a danger of immediate and serious harm to the public, as set forth in paragraphs (1) through (4), below.

Therefore, pursuant to Section 4731.22(G), Ohio Revised Code, and upon recommendation of Lance A. Talmage, M.D., Secretary, and Raymond J. Albert, Supervising Member, you are hereby notified that, as set forth in the attached Entry of Order, your certificate to practice osteopathic medicine and surgery in the State of Ohio is summarily suspended. Accordingly, at this time, you are no longer authorized to practice osteopathic medicine and surgery in Ohio.

Furthermore, in accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the Board intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about January 2, 2011, you were arrested in Pataskala, Ohio, by the Pataskala Police Department, and you were charged with Possession of Drugs. On or about January 10, 2011, you were indicted in the Licking County Common Pleas Court in Newark, Ohio, and the Indictment indicated, in part, that you did knowingly obtain, possess or use cocaine, a Schedule II controlled substance, in violation of Section

2925.11(A)(C)(4)(a), Ohio Revised Code, a felony of the fifth degree. As of March 9, 2011, the criminal case against you was still pending.

- (2) On or about February 24, 2011, your attorney advised a representative of the Board that you were at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio.
- (3) By letter dated February 25, 2011, from Richard Whitney, M.D., Medical Director, at Shepherd Hill, the Board was notified that you entered treatment at that facility on or about January 28, 2011, for cocaine dependence, and you were determined to be impaired in your ability to practice according to acceptable and prevailing standards of care and to require residential treatment.
- (4) Although you have entered treatment, you have not completed the recommended/required treatment and entered into an aftercare contract with a Board approved treatment provider. In addition, the Board has not received information that you have been determined to be capable of practicing in accordance with acceptable and prevailing standards of care.

Section 4731.22(B)(26), Ohio Revised Code, provides that if the Board determines that an individual's ability to practice is impaired, the Board shall suspend the individual's certificate and shall require the individual, as a condition for continued, reinstated, or renewed certification to practice, to submit to treatment and, before being eligible to apply for reinstatement, to demonstrate to the Board the ability to resume practice in compliance with acceptable and prevailing standards of care, including completing required treatment, providing evidence of compliance with an aftercare contract or written consent agreement, and providing written reports indicating that the individual's ability to practice has been assessed by individuals or providers approved by the Board and that the individual has been found capable of practicing according to acceptable and prevailing standards of care.

Further, Rule 4731-16-02(B)(1), Ohio Administrative Code, provides that if an examination discloses impairment, or if the Board has other reliable, substantial and probative evidence demonstrating impairment, the Board shall initiate proceedings to suspend the licensee, and may issue an order of summary suspension as provided in Section 4731.22(G), Ohio Revised Code.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) through (4) above, individually and/or collectively, constitute "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, and Chapter 4731., Ohio Revised Code, you are hereby advised that you are entitled to a hearing concerning these matters. If you wish

Notice of Summary Suspension
& Opportunity for Hearing
Terry Alan Dragash, D.O.
Page 3

to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Lance A. Talmage, M.D.
Secretary

LAT/MRB/flb
Enclosures

CERTIFIED MAIL #91 7108 2133 3938 3022 3378
RETURN RECEIPT REQUESTED

cc: HAND DELIVERY

cc: Eric J. Plinke, Dinsmore & Shohl, LLP
191 West Nationwide Blvd., Suite 300
Columbus, OH 43215-8120

CERTIFIED MAIL #91 7108 2133 3938 3022 3361
RETURN RECEIPT REQUESTED