



State Medical Board of Ohio

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September 12, 2001

William A. Romer, M.D.
6611 Clys Road
Centerville, OH 45459

Dear Doctor Romer:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of R. Gregory Porter, Attorney 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, 2001, 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 setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas. 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

A handwritten signature in black ink, appearing to read "Anand G. Garg".

Anand G. Garg, M.D.
Secretary

AGG: jam
Enclosures

CERTIFIED MAIL RECEIPT NO. 7099 3220 0009 3046 0291
RETURN RECEIPT REQUESTED

Cc: Eric J. Plinke, Esq.
CERTIFIED MAIL RECEIPT NO. 7099 3220 0009 3046 0307
RETURN RECEIPT REQUESTED

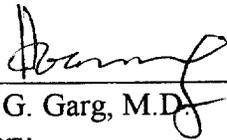
Mailed 9.13.01

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on September 12, 2001, 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 William A. Romer, M.D., 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)



Anand G. Garg, M.D.
Secretary

SEPTEMBER 12, 2001
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

WILLIAM A. ROMER, M.D.

*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on September 12, 2001.

Upon the Report and Recommendation of R. Gregory Porter, State Medical Board Attorney 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.

- A. **STAYED PERMANENT REVOCATION; SUSPENSION OF CERTIFICATE:** The certificate of William A. Romer, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. The permanent revocation is stayed, and Dr. Romer's certificate is SUSPENDED for an indefinite period of time, but not less than two years from the date of the summary suspension of his certificate, February 14, 2001.
- B. **INTERIM MONITORING:** During the period that Dr. Romer's certificate to practice medicine and surgery in Ohio is suspended, Dr. Romer shall comply with the following terms, conditions, and limitations:
1. **Obey Laws in Ohio:** Dr. Romer shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 2. **Abstention from Drugs:** Dr. Romer shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Romer's history of chemical dependency.

3. **Abstention from Alcohol**: Dr. Romer shall abstain completely from the use of alcohol.
4. **Quarterly Declarations**: Dr. Romer shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which the Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
5. **Appearances**: Dr. Romer 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 Order. Dr. Romer must also appear 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.
6. **Rehabilitation Program**: Dr. Romer shall 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. Romer shall submit acceptable documentary evidence of continuing compliance with this program which must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations.
7. **Drug & Alcohol Screens; Supervising Physician/Professional**: Dr. Romer shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Romer 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.

Within thirty days of the effective date of this Order, Dr. Romer shall submit to the Board for its prior approval the name of a supervising physician or other supervising professional to whom Dr. Romer shall submit the required urine specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Romer. Dr. Romer and the supervising physician/professional shall ensure 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, the supervising physician/professional shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Romer shall ensure that the supervising physician/professional provides quarterly reports to the Board, in a format acceptable to the Board, as set forth in the materials provided by the Board to the supervising physician/professional, verifying whether all urine screens have been conducted in compliance with this Order, whether all urine screens have been negative, and whether the supervising physician/professional remains willing and able to continue in his or her responsibilities.

In the event that the designated supervising physician/professional becomes unable or unwilling to so serve, Dr. Romer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician/professional as soon as practicable. Dr. Romer shall further ensure that the previously designated supervising physician/professional also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

All screening reports and supervising physician/professional reports required under this paragraph must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations. It is Dr. Romer's responsibility to ensure that reports are timely submitted.

8. **Provision of Blood or Urine for Screening without Prior Notice:** Dr. Romer shall submit blood and/or urine specimens for analysis without prior notice at such times as the Board may request, at Dr. Romer's expense.
9. **Compliance with Aftercare Contract:** Within thirty days of the effective date of this Order, Dr. Romer shall provide the Board with a copy of his current aftercare contract with Shepherd Hill Hospital. Further, Dr. Romer shall provide the Board with acceptable documentation evidencing continued compliance with the terms of his aftercare contract with Shepherd Hill Hospital, provided that where the terms of the aftercare contract conflict with the terms of this Order, the terms of this Order shall control. The documentation must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations.
10. **Compliance with Advocacy Contract:** Within thirty days of the effective date of this Order, Dr. Romer shall provide the Board with a copy of his current Advocacy Contract with the Ohio Physicians Effectiveness Program [OPEP]. Further, Dr. Romer shall provide the Board with acceptable documentation evidencing continued compliance with the terms of his contract with OPEP, provided that where the terms of the contract conflict with the terms of this Order, the terms of this Order shall control. The documentation must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations.

11. **Releases**: Dr. Romer 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. Romer's chemical dependency or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. 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. Romer shall 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 Order.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION**: The Board shall not consider reinstatement or restoration of Dr. Romer's certificate to practice medicine and surgery until all of the following conditions are met:

1. **Application and Fees**: Dr. Romer shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Continued Compliance with Interim Monitoring Conditions**: Dr. Romer shall have maintained continuing compliance with all terms of Paragraph B of this Order, unless otherwise determined by the Board.
3. **Demonstration of Ability to Resume Practice**: Dr. Romer shall demonstrate to the satisfaction of the Board that he can practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but not be limited to the following:
 - a. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Dr. Romer has successfully completed any required inpatient treatment.
 - b. Evidence of continuing full compliance with 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.
 - c. Evidence of continuing full compliance with this Order.
 - d. Two written reports indicating that Dr. Romer'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 individuals or providers approved by the Board for making such assessments and shall describe the basis for this determination.

4. **Absence from Practice**: In the event that Dr. Romer has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to the submission of his application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Romer's fitness to resume practice.

D. **PROBATIONARY CONDITIONS**: Upon reinstatement or restoration, Dr. Romer's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least seven years:

1. **Terms, Conditions, and Limitations Continued from Suspension Period**: Dr. Romer shall continue to be subject to the terms, conditions, and limitations specified in paragraph B of this Order.
2. **Chart Monitoring and Monitoring Physician**: Before engaging in any medical practice, Dr. Romer shall submit for prior Board approval the name and curriculum vitae of a monitoring physician. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Romer and who is engaged in the same or similar practice specialty.

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

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

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

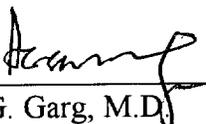
3. **Prohibition against Administering, Personally Furnishing, or Possessing Controlled Substances**: Dr. Romer shall not, without prior Board approval, administer, personally furnish, or possess (except as allowed under Paragraph B.2, above) any controlled substances as defined by state or federal law. In the event that the Board agrees at a future date to modify this Order to allow Dr. Romer to administer or personally furnish controlled substances, Dr. Romer shall keep a log of all controlled substances prescribed, administered or personally furnished. Such log shall be submitted in the format approved by the Board thirty days prior to Dr. Romer's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Romer shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board upon request.
 4. **Absence from Ohio**: In the event that Dr. Romer should leave Ohio for three continuous months, or reside or practice outside the State, Dr. Romer must notify the Board in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this period under the Order, unless otherwise determined by the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.
 5. **Violation of Probation; Stayed Sanction Imposed**: If Dr. Romer violates probation in any respect, the Board, after giving him notice and the opportunity to be heard, may set aside the stay order and impose the permanent revocation of Dr. Romer's certificate.
 6. **Tolling of Probationary Period while Out of Compliance**: In the event Dr. Romer is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period.
- E. **TERMINATION OF PROBATION**: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Romer's certificate will be fully restored.
- F. **REQUIRED REPORTING BY LICENSEE TO EMPLOYERS AND HOSPITALS**: Within thirty days of the effective date of this Order, Dr. Romer shall provide a copy of this Order to all employers or entities with which he is under contract to provide health care services or is receiving training, and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Romer shall provide a copy of this Order 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.

- G. **REQUIRED REPORTING BY LICENSEE TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, Dr. Romer shall provide a copy of this Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Romer shall also provide a copy of this Order by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement or restoration of any professional license. Further, Dr. Romer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
- H. **SUPERSEDE FEBRUARY 1999 CONSENT AGREEMENT:** This Order shall supersede the terms and conditions set forth in the February 11, 1999, Consent Agreement between Dr. Romer and the Board.

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

(SEAL)



Anand G. Garg, M.D.
Secretary

SEPTEMBER 12, 2001
Date



State Medical Board of Ohio

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EXCERPT FROM THE DRAFT MINUTES OF SEPTEMBER 12, 2001

REPORTS AND RECOMMENDATIONS

Dr. Bhati announced that the Board would now consider the findings and orders appearing on the Board's agenda.

Dr. Bhati asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and orders, and any objections filed in the matter of Marguerite D. Bruce, M.D.; Jon A. Molisky, D.O.; Regine Neptune, D.O.; William A. Romer, M.D.; and Michael Alan Twaddle, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye
	Dr. Bhati	- aye

Mr. Dilling advised that, due to restrictions in air travel, Dr. Israelstam was unable to travel from Wisconsin for this meeting. The Report and Recommendation in his matter will be considered by the Board in October.

Dr. Bhati 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:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye

2001 AUG -3 P 1: 10

**REPORT AND RECOMMENDATION
IN THE MATTER OF WILLIAM A. ROMER, M.D.**

The Matter of William A. Romer, M.D., was heard by R. Gregory Porter, Attorney Hearing Examiner for the State Medical Board of Ohio, on June 27, 2001.

INTRODUCTION

I. Basis for Hearing

- A. In a Notice of Summary Suspension and Opportunity for Hearing, dated February 14, 2001, the State Medical Board of Ohio [Board] notified William A. Romer, M.D., that, pursuant to Section 4731.22(G), Ohio Revised Code, the Board had adopted an Order of Summary Suspension of his certificate to practice medicine and surgery in Ohio. The Board further advised Dr. Romer that his continued practice of medicine would be considered practicing medicine without a certificate, in violation of Section 4731.41, Ohio Revised Code.

Moreover, the Board notified Dr. Romer that it had proposed to take disciplinary action against his certificate based on its allegations that Dr. Romer had suffered a relapse of controlled substance abuse, and that he had violated the terms of his February 10, 1999, Step II Consent Agreement with the Board.

The Board alleged that the acts, conduct, and/or omissions of Dr. Romer constituted the following violations:

- “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,’ as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.”
- “[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.”
- “[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: Section 2925.24, Ohio Revised Code, Tampering with drugs.”

- “[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed,’ as that clause is used in Section 4731.22(B)(12), Ohio Revised Code, to wit: Section 2921.13, Ohio Revised Code, Falsification.”
- “[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, podiatry, 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.”
- “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 4731-15-01(A)(5), Ohio Administrative Code.”

Accordingly, the Board advised Dr. Romer of his right to request a hearing in this matter. (State’s Exhibit 1A)

- B. By document received by the Board on March 6, 2001, Eric J. Plinke, Esq., requested a hearing on behalf of Dr. Romer. (State’s Exhibit 1B)

II. Appearances

- A. On behalf of the State of Ohio: Betty D. Montgomery, Attorney General, by Rebecca J. Albers, Assistant Attorney General.
- B. On behalf of the Respondent: Eric J. Plinke, Esq.

EVIDENCE EXAMINED

I. Testimony Heard

- A. Presented by the State
1. William A. Romer, M.D., as upon cross-examination
 2. David Shawn McCafferty
 3. Danielle Bickers

B. Presented by the Respondent

1. William A. Romer, M.D.
2. Barron Farrier

II. Exhibits Examined

A. Presented by the State

1. State's Exhibits 1A through 1R: Procedural exhibits.
2. State's Exhibit 2: Patient Key. [Note: This exhibit has been sealed to protect patient confidentiality.]
3. State's Exhibit 3: Certified copy of Dr. Romer's August 12, 1998, Step I Consent Agreement with the Board.
4. State's Exhibit 4: Certified copy of Dr. Romer's February 10, 1999, Step II Consent Agreement with the Board.
5. State's Exhibit 5: Certified copy of Dr. Romer's July 11, 2000, Agreed Notification, Waiver and Release.
6. State's Exhibits 6 and 7: Copies of Dr. Romer's Log of Controlled Substances Prescribed, Administered, Dispensed; and Certification of Log of Controlled Substances Prescribed, Administered, Dispensed for the reporting periods of May 1 through July 31, 2000 (State's Exhibit 6); and August 31 through October 31, 2000 (State's Exhibit 7).
7. State's Exhibits 8 through 10: Copies of Dr. Romer's Declarations of Compliance dated May 1, July 31, and November 1, 2000.
8. State's Exhibit 11: Copy of a toxicology report concerning Dr. Romer. [Note: The Hearing Examiner redacted a Social Security number from this document post-hearing.]
9. State's Exhibit 12: Prescriptions issued by Dr. Romer. [Note: This exhibit has been sealed to protect patient confidentiality.]

B. Presented by the Respondent

1. Respondent's Exhibit A: Letter of support for Dr. Romer.

2. Respondent's Exhibit B: Printout of Rule 4731-16-02, Ohio Administrative Code, from the Board's world wide web page.

SUMMARY OF THE EVIDENCE

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

1. William A. Romer, M.D., testified that he had obtained his medical degree from the Medical College of Ohio, Toledo, Ohio, in 1979. From 1979 through 1980, Dr. Romer participated in a flexible internship at the Medical College of Ohio Affiliated Hospitals. Dr. Romer testified that, following his internship, he volunteered for the Indian Health Services and, from 1980 through 1982, had served as a general medical officer for that program in San Carlos, Arizona. Dr. Romer testified that he subsequently participated in a pediatric residency for one year at the University of Kentucky in Lexington. Dr. Romer further testified that, after two or three months of working as a pediatric resident, he realized that he did not wish to do pediatrics for the rest of his life. Accordingly, Dr. Romer transferred to a family practice residency at St. Elizabeth's Medical Center, Dayton, Ohio, and completed that residency in 1985. Dr. Romer testified that he was board certified in family medicine in 1985, and has been twice recertified since then. Finally, Dr. Romer testified that he holds privileges at Miami Valley Hospital in Dayton, Ohio. (Hearing Transcript [Tr.] at 14-15, 65-67)

Dr. Romer testified that, prior to the current Board action, he had been practicing with three other physicians in a family practice in Centerville, Ohio. Dr. Romer characterized the practice as large, and stated that he had seen between 35 and 40 patients per day. Dr. Romer testified that his brother Doug was one of his practice partners. (State's Exhibit [St. Ex.] 1A; Tr. at 16, 73)

2. Dr. Romer testified concerning his first treatment at Shepherd Hill Hospital [Shepherd Hill], Newark, Ohio. In January 1998, a pharmacist had contacted Dr. Romer and informed him that Board investigators had visited the pharmacy and were investigating Dr. Romer's prescribing habits. Dr. Romer testified that he had come to know that pharmacist because Dr. Romer "had been in there so many times getting prescriptions [for himself] in [his] children's names[.]" Moreover, Dr. Romer testified that that was the first time that he had realized that his abuse of medication had become a problem and had to be dealt with. Dr. Romer entered Shepherd Hill on February 2, 1998, and was released on May 1, 1998. Finally, Dr. Romer testified that, following his release from Shepherd Hill in 1998, he participated in aftercare through Greene Hall, a Board-approved treatment provider. (Tr. at 59-60)

Dr. Romer testified that Board investigators contacted him for the first time a few days after his release from Shepherd Hill. (Tr. at 60)

3. Effective August 14, 1998, Dr. Romer entered into a Step I Consent Agreement [Step I Agreement] with the Board “in lieu of formal proceedings based upon the violations of Sections 4731.22(B)(26) and (B)(10), Ohio Revised Code.” In the Step I Agreement, Dr. Romer agreed to a number of terms, conditions, and limitations. Among these, Dr. Romer agreed that his certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time, but not less than six months. (St. Ex. 3; Tr. at 16)

Moreover, in the Step I Agreement, Dr. Romer made the following admissions:

[Dr. Romer] ADMITS that he suffers from opioid dependence. DOCTOR ROMER further ADMITS that he has self-prescribed controlled substances; that he has prescribed controlled substances in the names of his children and wife though such controlled substances were intended for his own use; and that he has obtained controlled substance samples from his office supply for his own use. DOCTOR ROMER further ADMITS that he maintained no patient records for himself, his children, or his wife reflecting such prescribing.

Further, DOCTOR ROMER ADMITS that on February 2, 1998, after having used hydrocodone on a daily basis for more than four years, he entered Shepherd Hill Hospital in Newark, Ohio, a BOARD approved treatment facility, for detoxification and initial treatment for opioid dependence. DOCTOR ROMER further ADMITS that on May 1, 1998, he was discharged from Shepherd Hill Hospital upon completion of treatment.

(St. Ex. 3) (Emphasis in original)

4. Effective February 11, 1999, Dr. Romer entered into a Step II Consent Agreement [Step II Agreement] with the Board. By the terms of the Step II Agreement, Dr. Romer’s certificate was reinstated, subject to certain probationary terms, conditions, and limitations for at least five years. These probationary terms, conditions, and limitations included the following:
 - a. Paragraph 1 states “DOCTOR ROMER shall obey all federal, state and local laws, and all rules governing the practice of medicine in Ohio.”
 - b. Paragraph 2 states, in part, “DOCTOR ROMER shall submit quarterly declarations under penalty of BOARD disciplinary action or criminal

prosecution, stating whether there has been compliance with all the conditions of [the Step II Agreement].”

- c. Paragraph 6 states, in part, “DOCTOR ROMER shall keep a log of all controlled substances prescribed.”
- d. Paragraph 7 states, in part, “DOCTOR ROMER shall not, without prior Board approval, administer, dispense, or possess (except as allowed under Paragraph 9 [of the Step II Agreement]) any controlled substances as defined by state or federal law.”
- e. Paragraph 9 states “DOCTOR ROMER shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of DOCTOR ROMER’s history of chemical dependency.”
- f. Paragraph 11 states, in part, “DOCTOR ROMER shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the BOARD.”
- g. Paragraph 12 states, in part, “The BOARD retains the right to require, and DOCTOR ROMER agrees to submit, blood or urine specimens for analysis at DOCTOR ROMER’s expense upon the BOARD’s request and without prior notice.”
- h. Paragraph 21 states, in part, “DOCTOR ROMER AGREES that if, without prior permission from the BOARD, he fails to submit to random screenings for drugs and alcohol at least as frequently as required by Paragraph 11 of [the Step II Agreement], he shall cease practicing immediately upon receipt from the BOARD of notice of the violation and shall refrain from practicing for thirty (30) days for the first instance of a single missed screen.”

(St. Ex. 4) (Emphasis in original)

- 5. On July 17, 2000, Dr. Romer signed an Agreed Notification, Waiver and Release [Notification] with the Board. The notification states that Dr. Romer had informed the Board in his May 1, 2000, quarterly declaration, and at his May 8, 2000, probationary appearance, that he had failed to submit to random screenings for drugs and alcohol during the weeks of February 28 and March 6, 2000. The notification further states that such conduct violated paragraph 11 of the Step II Agreement. Moreover, Dr. Romer agreed to cease practice for thirty days, as provided for in paragraph 21 of the Step II Agreement. Finally, Dr. Romer agreed to refrain from practice during the period of August 1 through August 30, 2000. (St. Exs. 5, 8)

6. David Shawn McCafferty testified that he has been an enforcement investigator for the Board for almost seven years. Investigator McCafferty further testified that his responsibilities include investigating complaints, interviewing witnesses, examining medical records and pharmacy records, and writing reports. (Tr. at 30-31)

Investigator McCafferty further testified that, on January 18, 2001, he and fellow enforcement investigator Greg McGlaun contacted Dr. Romer at Dr. Romer's residence concerning suspected impairment and consumption of codeine-based or hydrocodone-based cough syrup. Investigator McCafferty testified that "Dr. Romer was questioned regarding the use of these cough medications and Dr. Romer advised that he had not been diverting them from his patients, nor had he been consuming them." Moreover, Investigator McCafferty testified that he requested Dr. Romer to provide a urine sample, which was witnessed by Investigators McCafferty and McGlaun. Further, Investigator McCafferty stated that he had informed Dr. Romer that if Dr. Romer wanted to contact him to discuss the matter further he was welcome to do so. Finally, Investigator McCafferty testified that he provided Dr. Romer with his business card, left Dr. Romer's residence, and delivered the urine sample to LabCorp in Centerville, Ohio, for testing. (Tr. at 31-33)

Investigator McCafferty testified that, approximately one hour after leaving Dr. Romer's residence, he received a page from the Board's office to contact Dr. Romer on Dr. Romer's cell phone. Investigator McCafferty responded, and Dr. Romer informed Investigator McCafferty that he wished to meet and discuss the matter further. Investigator McCafferty testified that he and Investigator McGlaun subsequently met with Dr. Romer in a parking lot. At that time "Dr. Romer advised that he had been consuming cough medications and [that] he had been diverting them from his patients." Investigator McCafferty further testified that Dr. Romer admitted that he had told his patients to pick up the medication and return to his office with the medication because it did not contain a decongestant. Dr. Romer further told the investigators that, when the patient returned with the medication, Dr. Romer would remove two ounces of the medication, replace it with two ounces of Triaminic, and return the mixture to the patient. Finally, Dr. Romer told the investigators that he would then retain the two ounces he had removed from the patient's medication for his own use. (Tr. at 33-34)

Investigator McCafferty testified that Dr. Romer had advised that he had first relapsed in April 2000. Dr. Romer had further advised the investigators that, at that time, a patient had returned cough syrup to Dr. Romer's office complaining that he could not tolerate the medication, and threw it in Dr. Romer's trash. Dr. Romer later retrieved the bottle of medication from the trash and consumed it. (Tr. at 34-35)

Investigator McCafferty testified that he and Investigator McGlaun informed Dr. Romer that he should discontinue practicing at that time, and that a representative of the Board

would contact him. Investigator McCafferty further testified that Dr. Romer “was fully in agreement. He realized that he could no longer practice.” (Tr. at 35-38)

7. The urine sample collected from Dr. Romer by the investigators on January 18, 2001, tested positive for hydromorphone and hydrocodone. (St. Ex. 11)
8. Dr. Romer testified that, in January 2001, investigators for the Board came to his house. Dr. Romer stated that he had just gotten out of the shower and that his wife had answered the door. Dr. Romer noted that his wife had been perplexed concerning the purpose of their visit. Dr. Romer testified that Investigator McCafferty had asked Dr. Romer if he wished to have his wife leave the room while they talked. Dr. Romer testified that if he had asked his wife to leave the room then she would have known that something was going on, so he said that his wife could stay. Dr. Romer further testified:

I was scared to death. And my wife had no clue that I was back to using Hydrocodone. At that instant, I just couldn't get honest enough with my wife right there and I basically denied everything to Mr. McCafferty for 15 to 20 minutes, although in my heart I knew it was over and in some strange way I felt a sense of relief. But as he was leaving, I asked for his card and said can I call you later and I knew that I was going to call him within 15 minutes, which I did. I asked him if I could meet him and he was having lunch at Fazoli's and I met him there and admitted to all and any of the allegations.

(Tr. at 18-19, 78-79)

Dr. Romer testified that he ceased practicing medicine immediately after the Board investigators' visit. Moreover, Dr. Romer testified that he has not practiced since that time. (Tr. at 29, 79-80)

9. Dr. Romer testified that he cannot recall specifically telling Investigator McCafferty that he had first relapsed in April 2000. Nevertheless, Dr. Romer testified, “as I've gone through this and become more honest—to be very honest, I initially relapsed in the fall of 1999,” either in October or November. Dr. Romer testified as follows concerning his relapse:

A patient had come in with a fairly serious bronchitis and appropriately I prescribed an antibiotic and my drug of choice, which was Codiclear cough syrup. * * * The next day [this same patient returned to my office] because he was still sick. He reached into his pocket almost right in front of my eyes and took the bottle of cough syrup and literally threw this in the trashcan. And if I had been working a good program, it wouldn't have bothered me or I would have immediately given it back to him. At that point I think I knew I was going to use that cough syrup. I didn't

immediately use it. Actually, I saw patients the entire day and I knew that was there and that bugged me. When everybody had left from the office at 6:30 or 7:00, that's when I went for it and that was the beginning of the end. That was the beginning of my relapse.

(Tr. at 19-20)

10. Dr. Romer testified that, when he relapsed, he had consumed four ounces of cough syrup over a one or two day period. Dr. Romer stated that he had thought at the time that he could use the cough syrup "this one time and that will do it and as long as I don't get physically addicted then I can handle this." However, Dr. Romer began "very sporadic" use of cough syrup for about four to six weeks thereafter and testified that, by January 2000, was abusing the medication "almost daily." Dr. Romer testified that his abuse continued to progress:

I usually began to dread weekends because I knew I would go through kind of an early withdrawal from Hydrocodone. So—and then it progressed to just making sure that I got more Hydrocodone, let's say, Thursday and Friday to get through the weekend. And then it became daily use during April of 2000.

(Tr. at 60-70)

Dr. Romer testified in detail concerning his method for obtaining medication. Dr. Romer testified that he had typically seen between thirty and forty patients per day. Of those patients, he would have seen at least one or two who were suffering from upper respiratory infections. Further, Dr. Romer testified that at least one or two of those patients also had wheezing. Moreover, Dr. Romer testified:

[T]he appropriate treatment for that would be, generally speaking, an antibiotic most of the time; an inhaler, which asthmatics would normally use commonly called an inhaler, puffer, Albuterol, Ventolin, etc; and a cough suppressant if they're really coughing badly. I would prescribe the antibiotic, the inhaler, and the cough suppressant—namely Codiclear. And—it takes a little bit of practice to learn how to use the inhaler the correct way and most of the time pharmacists are either too busy or don't offer to help a patient learn how to use an inhaler. And I've just seen too many times that patients are handed an inhaler and they don't have a clue how to use it or they [don't] follow instructions. So the great devious mind that I had was, boy, I could tell the patient to go get the inhaler and bring everything back to the office and I would be that really good doctor and show them how to use their inhaler and that's what I did. They—the patient would almost always, always bring back the whole bottle—the

whole bag from Revco or Rite Aid or wherever and there would be the cough syrup. I would go show the patient how to use the inhaler. Again, I was—I would then tell them they didn't give you—that doesn't really have a decongestant—I've got plenty of decongestant—me telling the patient this relying on the trust that I had fostered over the years in taking care of them. I can't think of a single patient that thought anything was abnormal. I would take the cough syrup. I would leave with the bottle in my pocket or in my white lab coat, go back to the sample closet, grab some Triaminic syrup, I would walk into a bathroom that we have at the office, pour out two ounces, go back into the room where the patient was, and add two ounces of Triaminic or Dimetapp or whichever it was.

(Tr. at 73-74; 93-94) Dr. Romer would then retain for his own use the two ounces of Codiclear he had removed from the patient's bottle. (Tr. at 74)

11. Dr. Romer denied that he had prescribed cough syrup for patients who did not need it. (Tr. at 91)
12. Danielle Bickers testified that she is the Compliance Officer for the Board. Ms. Bickers further testified that her job responsibilities include monitoring the Board's licensees who are under probation orders to ensure their compliance with those orders. The items that Ms. Bickers monitors includes probationers' compliance with urine screens, their controlled substance logs, and their declarations of compliance. In addition, Ms. Bickers attends the probationers' office conferences and appearances before the Board. Moreover, Ms. Bickers testified that, to a large extent, she relies on the probationers to submit accurate information; her monitoring of the Board's probationers is based on trust that the probationers are submitting accurate information to her. (Tr. at 40-41)

Ms. Bickers testified that she is familiar with Dr. Romer, and that she took over the monitoring of his Step II Agreement when she became the Board's compliance officer in September 1999. (Tr. at 42)

13. Ms. Bickers testified that, throughout her dealings with Dr. Romer, Dr. Romer has been "very cooperative, very friendly. I like Dr. Romer." Ms. Bickers further testified that the fact that she now knows that Dr. Romer had been inappropriately using medication during part of the time that she was monitoring him does not change her opinion of him. (Tr. at 50)
14. Investigator McCafferty testified that, in the course of his investigation of Dr. Romer, he had obtained original prescriptions for controlled substances from pharmacies in Dr. Romer's area that had been written by Dr. Romer. Investigator McCafferty further testified that he compared the prescriptions with the controlled substance logs submitted to

the Board by Dr. Romer. Investigator McCafferty noted that some of the prescriptions had not been included in Dr. Romer's controlled substance logs. (St. Exs. 6, 7, 12; Tr. at 36)

15. On July 31, 2000, Dr. Romer submitted to the Board a Log of Controlled Substances Prescribed, Administered, [and] Dispensed for the period of May 1 through July 31, 2000. Further, Dr. Romer certified that that log "completely and accurately reflects all controlled substances which [Dr. Romer had] prescribed, administered, dispensed, given or sold to any patient or to any other individual" during that period. This certification was sworn to and signed by Dr. Romer before a notary public. Nevertheless, a comparison of that log with the prescriptions obtained by Investigator McCafferty indicates that the following prescriptions issued by Dr. Romer had not been included:

Patient Number	Date of Prescription	Medication
1	5/31/00	Codiclear DH 6 oz.
2	6/2/00	Codiclear DH (generic) 8 oz.
3	6/21/00	Codiclear DH 8 oz.
4	6/23/00	10 Xanax 0.25 mg.
5	6/23/00	Codiclear DH 8 oz.
6	6/24/00	Codiclear DH 8 oz.

(St. Exs. 2, 6, 12)

Moreover, on November 1, 2000, Dr. Romer submitted to the Board a Log of Controlled Substances Prescribed, Administered, [and] Dispensed for the period of August 31 through October 31, 2000. Dr. Romer certified that that log "completely and accurately reflects all controlled substances which [Dr. Romer had] prescribed, administered, dispensed, given or sold to any patient or to any other individual" during that period. This certification was sworn to and signed by Dr. Romer before a notary public. Nevertheless, a comparison of that log with prescriptions later obtained by Investigator McCafferty indicates that the following prescriptions issued by Dr. Romer had not been included:

Patient Number	Date of Prescription	Medication
7	9/2/00	Phenergan with Codeine 6 oz.
8	9/15/00	Codiclear DH (generic) 8 oz.
9	9/20/00	Codiclear DH (generic) 8 oz.
10	9/21/00	Codiclear DH (generic) 8 oz.
11	9/22/00	Codiclear DH (generic) 4 oz.
12	9/26/00	Codiclear DH (generic) 8 oz.
13	9/27/00	Codiclear DH 6 oz.
14	10/13/00	Codiclear DH (generic) 8 oz.

15	10/18/00	Codiclear DH (generic) 4 oz.
16	10/20/00	Codiclear DH (generic) 8 oz.
17	10/20/00	Phenergan with Codeine 6 oz.
18	10/20/00	Codiclear DH (generic) 8 oz.
19	10/25/00	Codiclear DH (generic) 8 oz.
20	10/28/00	Codiclear DH (generic) 8 oz.
21	10/30/00	20 Vicodin
22	10/31/00	Codiclear DH (generic) 8 oz.

(St. Exs. 2, 7, 12)

16. Dr. Romer acknowledged that he had failed to record in his logs all of the controlled substances that he prescribed. Dr. Romer testified that he had left prescriptions for Codiclear out of the logs out of fear that including them would show a pattern of prescribing Codiclear. Dr. Romer further testified that a few of the prescriptions contained in State's Exhibit 12 were for substances that he did not abuse, such as Phenergan and Xanax. Finally, Dr. Romer testified that for the first 15 to 18 months of his Step II Agreement he had been "pretty fastidious" about recording all controlled substance prescriptions in his log. Nevertheless, Dr. Romer stated, "there were some controlled substances that I personally did not use and have no desire to use, that I just failed to write them down." (St. Exs. 2, 6, 7, 12; Tr. at 21-23, 91)
17. Dr. Romer testified that, during the period of time after his relapse and while he was abusing hydrocodone, he submitted declarations of compliance to the Board that stated that he had been compliant with the terms of the Board's Order. (St. Exs. 8, 9, 10; Tr. at 27-28)

On May 1, 2000, Dr. Romer submitted a Declaration of Compliance to the Board that stated that he was in compliance with all of the conditions of the Step II Agreement, with an exception. Dr. Romer further stated, in part, "I acknowledge, admit & take full responsibility for missing 2 urine toxicology screens shortly after being informed that I had a positive urine screen." Dr. Romer's May 1, 2000, Declaration of Compliance was sworn to and signed before a notary public. (St. Ex. 8)

On July 31 and November 1, 2000, Dr. Romer submitted declarations of compliance to the Board that stated that Dr. Romer had complied with all of the conditions of the Step II Agreement. Both of these declarations of compliance were sworn to and signed by Dr. Romer before a notary public. (St. Exs. 9, 10)

18. Dr. Romer testified that the July 17, 2000, Notification resulted when he failed to submit to two urine toxicology screens in early 2000. Dr. Romer stated that he failed to submit those screens because he had been angry about an earlier screen that had tested positive for marijuana. Dr. Romer further testified that this anger had been "part of the whole

relapse process[.]” Moreover, Dr. Romer testified that, except for three or four times in college, he did not use marijuana. (Tr. at 17, 75)

Dr. Romer testified that he does not believe that the positive marijuana result had been a false positive, but that that was what he had tried to convey at the time to the Board and to Shepherd Hill. Dr. Romer further testified, “The fact was that I had taken a patient’s urine and submitted that as my own not knowing that one of my patients, who I still don’t know, uses marijuana. It was my patient’s urine. It was not my urine and that was the—that is the truth.” (Tr. at 25)

Dr. Romer that he had been notified by the Ohio Physicians Effectiveness Program [OPEP], with whom he had an advocacy contract, that a urine screen had tested positive for marijuana. Dr. Romer testified that he knew that he had not smoked marijuana, but also knew that the urine sample that had been tested was a patient’s. “So I denied that it was my urine and I pulled the whole act. I denied, denied, denied, denied.” Dr. Romer stated that OPEP recommended that Dr. Romer contact Shepherd Hill for an evaluation. Dr. Romer further testified:

I went to Shepherd Hill for a three-day evaluation and I was right in the throws of my disease and I didn’t use any Hydrocodone. So my drug screen there was negative and I convinced them that I was clean and had not relapsed and they wrote a report saying that there was no sign of a clinical relapse and that it was probably a false positive urine.

(Tr. at 74-75) Dr. Romer testified that this event frightened him into sobriety for a brief period of time:

That scared me for maybe a week or two and I was convinced okay, this it it—that’s it. I know what to do. I’ve been taught the program through Shepherd Hill and through my treatment and let’s just start doing it and my life was getting out of control on the inside. On the outside everything looked fine. I’m a pretty responsible person as far as home life. Everything looked good on the outside, but on the inside I was dying. But I went right back to using and that’s—and ended up with Mr. McCafferty coming to my front door.

(Tr. at 75-76)

19. Ms. Bickers testified that the Board did not take action against Dr. Romer for a urine screen that had tested positive for marijuana. Ms. Bickers further testified that, to her knowledge, “the people in Dr. Romer’s monitoring system felt that the screen—the positive screen was a false positive and that he had not relapsed.” (Tr. at 46-47)

20. Dr. Romer testified concerning how he had continued to submit negative urine screens during a period when he was using hydrocodone every day. Dr. Romer testified that he had been able to develop trust with his monitoring physician during the first 15 months of his monitoring relationship and, after a period of time, “the monitoring process became much more slack.” Dr. Romer testified that his monitoring physician had delegated the task of collecting Dr. Romer’s urine samples to his staff, and the giving of samples was not being witnessed. Moreover, the office manager for his monitoring physician “pretty much let me at some point just make sure that I came in once per week and drop a urine. And so I was able to manipulate when I dropped the urine.” Dr. Romer testified that if he had used hydrocodone on Monday and Tuesday, he would wait 48 hours for the drug to leave his system and drop off his urine sample on Friday. (Tr. at 25-27, 70-72)

Dr. Romer further testified that he submitted others’ urine instead of his own:

You know I’m very deceitful and very dishonest when I need to be. I would—believe it or not I would actually—on one occasion got my own daughter’s urine. Eleven-year-old kids are pretty inquisitive about testing. So I would bring [my daughter] to the office maybe on a Sunday night to do paperwork, which was legitimate. And she’s very athletic and I’d say hey, do you want to check your urine with a dipstick. She would think that was really neat. I would even—I would even manipulate my own kid—my own child to get a urine. I know that I did that on at least two occasions. Other times—in general practice, a lot of people are dropping urines for urinalysis, pregnancy test, or whatever. So I would try to pick a urine that I thought most likely this person wasn’t using drugs and I would pick someone that was older maybe, let’s say 30, 35, or 40, thinking that they’re probably okay. So I would get that urine and essentially submit that to my monitor as my urine.

(Tr. at 70-71)

Dr. Romer testified that he had been aware that the Step II Agreement required that his urine screens be submitted on a random basis. Dr. Romer further testified that he never informed the Board of the irregularities in his monitoring. (Tr. at 25-27)

21. Dr. Romer testified that, after meeting with the Board investigators on January 18, 2001, he did not know what he was going to do concerning treatment. Dr. Romer testified that he was “too embarrassed and too ashamed” to return to Shepherd Hill. Dr. Romer further testified that he was concerned about the expense of detoxification, for which Shepherd Hill charges one thousand dollars per day. To avoid that, using what Dr. Romer characterized as “addict thinking,” he went to a Holiday Inn and detoxed himself for about forty-eight hours. Moreover, Dr. Romer testified that he contacted Ms. Bickers and a number of different treatment centers, but finally decided to return to Shepherd Hill

because it was close and he was familiar with its program. Dr. Romer testified that he finally entered Shepherd Hill on January 25, 2001. (Tr. at 80-81)

22. Dr. Romer testified that he ran into trouble toward the end of his treatment at Shepherd Hill:

I was set to graduate—or transition on April the 13th. It was a Friday. On Thursday they called me in to the treatment team and I thought things were going fine. They have a rule of having no caffeine on campus and I didn't like that rule. So I sneaked caffeine pills at—like NoDoz. I was being dishonest is what I was doing. And they decided to send me home with treatment incomplete and that was probably my low point because I felt that I was really exposed for what I was, which was at that time still being very dishonest. And that was probably one of the lowest points throughout all of this. I petitioned to get back into treatment and they allowed me to come back in treatment and I did graduate on June the 8th.

(Tr. at 81-82)

Dr. Romer testified that he is obtaining aftercare at Shepherd Hill. Dr. Romer further testified that, since his release from Shepherd Hill on June 8, 2001, he has attended aftercare on a weekly basis. In addition, Dr. Romer testified that he attends AA meetings five to six times per week, and weekly Caduceus meetings in Dayton and at Shepherd Hill. Finally, Dr. Romer testified that he has volunteered to spend each Wednesday at Shepherd Hill to help with new admissions. (Tr. at 29, 82)

23. Dr. Romer testified concerning how his attitude toward recovery has changed since his relapse. Dr. Romer testified that he now realizes that he is a drug addict, and that he can never again use hydrocodone or any other mind-altering substance. Further, Dr. Romer testified that he believes that he went through treatment the first time for the wrong reason—to get his medical license back—and did not then believe that he was a drug addict. Dr. Romer testified that his medical license is still important to him; however, even if he would lose it, he would still have his family and he would find something else to do. Finally, Dr. Romer testified that he does not want to return to the secretive life he had led during the time that he was abusing hydrocodone, which caused him to distance himself from his relationships with his family and friends. (Tr. at 82-85)

Dr. Romer further testified that he is attending aftercare at Shepherd Hill, which he testified is a much better fit for him than the Greene Hall aftercare program had been. Dr. Romer testified that, at Greene Hall, many of the patients in the aftercare program were actually patients at the intensive-outpatient level who had been sober for a very short period of time. Dr. Romer stated that, because he had already been through three months of treatment, he came to be viewed by the other patients as an expert and a

co-facilitator. As a result, it had been difficult for Dr. Romer to be open with the other patients. By contrast, Dr. Romer testified that, in his current aftercare program, "almost 100 percent of the people in my aftercare have all gone through three months of treatment at Shepherd Hill. And every treatment center seems to speak their own language in some respect and so everybody kind of speaks the same language at Shepherd Hill recovery." Dr. Romer testified, "I feel like I'm where I should be and I think they think I'm where I should be as well." (Tr. at 85-87)

24. Dr. Romer testified that he had been able to manipulate his former monitor. Dr. Romer testified that he has chosen as his new monitor a dentist. Dr. Romer further testified that his new monitor is someone who Dr. Romer will not be able to manipulate. Dr. Romer stated that his new monitor is familiar with Dr. Romer's history. Dr. Romer testified that he has begun weekly urine screens with his new monitor, that his monitor calls him to drop samples on a random basis, and that his monitor "witnesses every single urine." (Tr. at 87-88)

Finally, Dr. Romer testified that he had been able to manipulate his former AA sponsor. Dr. Romer testified that he has chosen as his new sponsor a former Dayton police officer who has been sober for 13 or 14 years, and who is a chemical dependency counselor. Dr. Romer testified that his new sponsor "is tough." (Tr. at 88)

25. Barron G. Farrier testified that he is a field representative for OPEP, and has been so employed for over six years. Mr. Farrier also testified that he has worked in the field of chemical dependency for 27 years. Mr. Farrier further testified that his duties include monitoring and advocacy for impaired practitioners who have a contract with OPEP. Finally, Mr. Farrier testified that he is the OPEP field representative for Dr. Romer. (Tr. at 95-96)

Mr. Farrier testified that OPEP and Dr. Romer originally contracted in 1998. Mr. Farrier testified with regard to Dr. Romer that, "from the beginning, there's at least been a high degree of mechanical compliance with our contract." Mr. Farrier further testified that, other than the relapse, he had had no indication "of anything that was out of line or inappropriate." Moreover, Mr. Farrier noted that Dr. Romer's logs and reports were normally submitted on time. (Tr. at 96-98)

Mr. Farrier testified that he had been "totally surprised" when he learned earlier this year that Dr. Romer had relapsed in the fall of 1999. Mr. Farrier further testified that when a relapse is identified in one of OPEP's clients, "there is seldom an acknowledgement of relapse going back that far." (Tr. at 107-108)

Mr. Farrier testified that Dr. Romer entered into a new contract with OPEP after Dr. Romer's relapse. Concerning differences between Dr. Romer's old contract and his new one, Mr. Farrier testified that, first, those involved in Dr. Romer's recovery have a

“heightened conscientiousness and awareness” of Dr. Romer’s behavior. Second, Mr. Farrier testified that the Dr. Romer’s new monitor is more familiar with addiction and recovery, and more personally invested in Dr. Romer’s recovery, than the former monitor. Third, Mr. Farrier testified that he has the new monitor’s “absolute assurance” that the new monitor will not allow himself to be manipulated. Moreover, Mr. Farrier testified, “I have the utmost faith and trust in [the new monitor’s] integrity to keep us posted and share any concerns and not only directly with us, but if he suspects anything of Dr. Romer, he’s not going to hesitate to go for the jugular right off the bat.” (Tr. at 99)

Mr. Farrier testified that Dr. Romer is required under his new contract with OPEP to submit one random urine screen per week. Mr. Farrier further testified that OPEP will probably require some extra screens as well. (Tr. at 116)

26. Mr. Farrier testified that, in order to maintain sobriety, Dr. Romer will have “to be absolutely conscientious of the fact that this is a disease.” Further, Dr. Romer will have to be conscientious in attending required meetings and aftercare sessions. Moreover, the most important element is that Dr. Romer be honest with himself and those around him. (Tr. at 100-101)
27. Mr. Farrier testified that, when Dr. Romer submitted a urine sample that tested positive for marijuana, OPEP received no other indication that Dr. Romer had relapsed. Mr. Farrier further testified that this determination had been based in part on input he had received from several people in the Dayton area who are familiar with Dr. Romer. (Tr. at 105-106)
28. Dr. Romer submitted a letter of support from his wife, Georgia Romer. Ms. Romer stated that Dr. Romer is a good husband and father, and a good physician. Ms. Romer further stated that Dr. Romer’s relapse has forced Dr. Romer to understand the seriousness of his disease, and to appreciate the importance of his recovery program. (Respondent’s Exhibit [Resp. Ex.] A.) (Note that the State did not have an opportunity to cross-examine Ms. Romer.)
29. Dr. Romer testified that he believes that he is a very good physician, and would like to have the opportunity to practice medicine again. Dr. Romer further testified, “I hope the Medical Board, if they allow me to practice again, is tough as nails and makes me accountable and—because that’s—that would help me stay sober too. I know that’s not their job to keep me sober, but externally indirectly they do.” (Tr. at 89-90)
30. Dr. Romer submitted as an exhibit a copy of Rule 4731-16-02, Ohio Administrative Code, General Procedures in Impairment Cases. Rule 4731-16-02(D) provides, among other things, for a license suspension of at least ninety-days following a first relapse. (Resp. Ex. B)

ADMINISTRATIVE NOTICE

Administrative notice is taken of the following information contained in the 2000 Physicians' Desk Reference, 54th Edition:

1. Codiclear DH syrup is a schedule III controlled substance.
2. Xanax is a schedule IV controlled substance.
3. Phenergan with codeine syrup is a schedule V controlled substance.
4. Vicodin is a schedule III controlled substance.

FINDINGS OF FACT

- 1(a). Effective August 14, 1998, William A. Romer, M.D., entered into a Step I Consent Agreement [Step I Agreement] with the Board in lieu of formal proceedings based upon Dr. Romer's violation of Sections 4731.22(B)(26) and (B)(10), Ohio Revised Code.

In the Step I Agreement, Dr. Romer made certain admissions, including that he suffers from opioid dependence; that he had self-prescribed controlled substances and had prescribed controlled substances in the names of his children and his wife even though such controlled substances had been intended for his own use; that he had maintained no patient records reflecting such prescribing; and that he had obtained controlled substances from his office supply for his own use. Dr. Romer further admitted that, after having used hydrocodone on a daily basis for more than four years, he had been treated for opioid dependence at Shepherd Hill Hospital, Newark, Ohio, a Board approved treatment facility, from February 2 to May 1, 1998.

In the Step I Agreement, Dr. Romer also agreed to certain specified terms, conditions, and limitations, including that his certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time, but not less than six months.

- 1(b). Effective February 11, 1999, Dr. Romer entered into a Step II Consent Agreement [Step II Agreement] with the Board, whereby Dr. Romer's certificate to practice medicine and surgery in Ohio was reinstated, and wherein Dr. Romer agreed to certain specified probationary terms, conditions, and limitations.
- 1(c). On July 17, 2000, Dr. Romer signed an Agreed Notification, Waiver and Release [Notification], in which Dr. Romer agreed to cease the practice of medicine and surgery and to refrain from such practice for thirty days, as provided for in paragraph 21 of the Step II Agreement. The Notification was based upon Dr. Romer's failure to submit to

random screenings for drugs and alcohol, as required by paragraph 11 of the Step II Agreement, during the weeks of February 28 and March 6, 2000.

- 2(a). Paragraph 9 of the Step II Agreement states that Dr. Romer “shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of [his] history of chemical dependency.”
- 2(b). Paragraph 7 of the Step II Agreement states, in part, that Dr. Romer “shall not, without prior Board approval, administer, dispense, or possess (except as allowed under paragraph 9 [of the Step II Agreement]) any controlled substances as defined by state or federal law.”
- 2(c). Paragraph 1 of the Step II Agreement states that Dr. Romer “shall obey all federal, state and local laws, and all rules governing the practice of medicine in Ohio.”
- 2(d). Despite these conditions, during questioning by Board investigators on January 18, 2001, Dr. Romer admitted that, in April 2000, he had consumed the remainder of a bottle of a controlled substance cough syrup that a patient had returned to his office. At hearing, however, Dr. Romer admitted that the initial date of his relapse had actually been in October or November 1999.

On January 18, 2001, Dr. Romer also admitted to Board investigators that he had obtained this cough syrup by prescribing it for his patients, having his patients return to his office with the cough syrup, and by removing approximately two ounces of the cough syrup for his personal use. Dr. Romer further admitted that he replaced the cough syrup that he had removed with a decongestant, and gave the cough syrup and decongestant mixture to the patients.

Further, on January 18, 2001, Dr. Romer submitted a urine specimen to Board investigators at the Board’s request and without prior notice as provided for in Paragraph 12 of the Step II Agreement. This sample tested positive for hydromorphone and hydrocodone.

Finally, Dr. Romer admitted at hearing that, following his initial relapse in October or November 1999, his usage of hydrocodone-containing cough syrup gradually increased to daily usage by April 2000.

- 2(e). No evidence was presented to support the Board’s allegation that Dr. Romer admitted to Board investigators that, since April 2000, he had been consuming approximately two ounces of codeine and/or hydrocodone based cough syrup approximately four times per week.
3. Paragraph 6 of the Step II Agreement states that Dr. Romer “shall keep a log of all controlled substances prescribed.”

Despite this provision, Dr. Romer failed to record the following prescriptions for controlled substances in the logs that he submitted to the Board for the periods of May 1 to July 31, 2000, and August 31 to October 31, 2000:

Patient Number	Date of Prescription	Medication
1	5/31/00	Codclear DH 6 oz.
2	6/2/00	Codclear DH (generic) 8 oz.
3	6/21/00	Codclear DH 8 oz.
4	6/23/00	10 Xanax 0.25 mg.
5	6/23/00	Codclear DH 8 oz.
6	6/24/00	Codclear DH 8 oz.
7	9/2/00	Phenergan with Codeine 6 oz.
8	9/15/00	Codclear DH (generic) 8 oz.
9	9/20/00	Codclear DH (generic) 8 oz.
10	9/21/00	Codclear DH (generic) 8 oz.
11	9/22/00	Codclear DH (generic) 4 oz.
12	9/26/00	Codclear DH (generic) 8 oz.
13	9/27/00	Codclear DH 6 oz.
14	10/13/00	Codclear DH (generic) 8 oz.
15	10/18/00	Codclear DH (generic) 4 oz.
16	10/20/00	Codclear DH (generic) 8 oz.
17	10/20/00	Phenergan with Codeine 6 oz.
18	10/20/00	Codclear DH (generic) 8 oz.
19	10/25/00	Codclear DH (generic) 8 oz.
20	10/28/00	Codclear DH (generic) 8 oz.
21	10/30/00	20 Vicodin
22	10/31/00	Codclear DH (generic) 8 oz.

Further, Dr. Romer submitted with each log a Certification of Log of Controlled Substances Prescribed, Administered, Dispensed, stating that the submitted log completely and accurately reflects all controlled substances which he had prescribed, administered, dispensed, given or sold to any patient or to any other individual during the stated period. These certifications were sworn to and subscribed by Dr. Romer before a notary public.

4. Paragraph 2 of the Step II Agreement states that Dr. Romer “shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement.”

Although Dr. Romer submitted quarterly declarations as required by this provision on July 31 and November 1, 2000, Dr. Romer falsely stated in these declarations that he was in compliance with all the conditions of the Step II Agreement. Further, although Dr. Romer submitted a quarterly declaration as required by this provision on May 1, 2000, and admitted therein to having missed two urine toxicology screens, he falsely indicated that he was otherwise in compliance with all the conditions of the Step II Agreement. These quarterly declarations were sworn to and subscribed by Dr. Romer before a notary public.

5. Dr. Romer did not self-report his relapse to the Board.

CONCLUSIONS OF LAW

1. The conduct of William A. Romer, M.D., as set forth in Findings of Fact 2 through 4, constitutes a “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,” as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.
2. The conduct of Dr. Romer, as set forth in Findings of Fact 2 through 4, constitutes “[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.
3. The conduct of Dr. Romer, as set forth in Findings of Fact 2(d), with regard to acts committed on or after February 9, 2000, constitutes “[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: Section 2925.24, Ohio Revised Code, Tampering with drugs.
4. The conduct of Dr. Romer, as set forth in Findings of Fact 3 and 4, constitutes “[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(12), Ohio Revised Code, to wit: Section 2921.13, Ohio Revised Code, Falsification.
5. The conduct of Dr. Romer, as set forth in Findings of Fact 3 and 4, constitutes “[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, podiatry, 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.

6. The conduct of Dr. Romer, as set forth in Findings of Fact 5, constitutes “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 4731-15-01(A)(5), Ohio Administrative Code.

* * * * *

The evidence in this matter detailed a litany of transgressions committed by Dr. Romer. Initially, Dr. Romer relapsed. Nevertheless, this case involves much more than a relapse. Secondary to his relapse, Dr. Romer engaged in an elaborate and appalling effort to furnish himself with hydrocodone by using his patients as unwitting suppliers. Further compounding this offense, Dr. Romer lied to the Board, and lied to and manipulated others involved in his recovery. His submission of patients’ urine—and his daughter’s urine—to his monitor for analysis is shocking. Such a history of manipulation, deceitfulness, and abuse unquestionably merits the severest sanction.

This Board would be more than justified in permanently removing Dr. Romer from practice in Ohio. Nevertheless, the Proposed Order gives Dr. Romer an opportunity to salvage his certificate, following a lengthy suspension during which he must demonstrate his continuing commitment to sobriety. This order is being proposed, in part, because Dr. Romer appears to recognize the seriousness of his addiction and his stated commitment to recovery appears to be sincere. Moreover, those involved in Dr. Romer’s recovery, including his family, OPEP, his OPEP monitor, and the Board, now have a heightened awareness concerning Dr. Romer’s ability to be deceitful and manipulative. It should be noted that deceitful behavior is characteristic of addiction, and there is no evidence that Dr. Romer has engaged in deceitful behavior that is unrelated to his addiction. Finally, Dr. Romer appears to have taken a very large step toward recovery by being exceptionally forthcoming concerning his transgressions. Had Dr. Romer not been so forthcoming in providing the Board with the details of his schemes to obtain medication and cover his tracks, this may have appeared to be a much simpler case. This is not to say that a licensee should be allowed to commit any offense, and then keep his or her certificate by being honest with the Board; however, this does recognize that honesty is meritorious and should be encouraged. Accordingly, the Board may wish to afford Dr. Romer an opportunity to retain his certificate under the strict conditions set forth below.

PROPOSED ORDER

- A. **STAYED PERMANENT REVOCATION; SUSPENSION OF CERTIFICATE:** The certificate of William A. Romer, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. The permanent revocation is stayed, and

Dr. Romer's certificate is SUSPENDED for an indefinite period of time, but not less than two years from the date of the summary suspension of his certificate, February 14, 2001.

- B. **INTERIM MONITORING:** During the period that Dr. Romer's certificate to practice medicine and surgery in Ohio is suspended, Dr. Romer shall comply with the following terms, conditions, and limitations:
1. **Obey Laws in Ohio:** Dr. Romer shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 2. **Abstention from Drugs:** Dr. Romer shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Romer's history of chemical dependency.
 3. **Abstention from Alcohol:** Dr. Romer shall abstain completely from the use of alcohol.
 4. **Quarterly Declarations:** Dr. Romer shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which the Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 5. **Appearances:** Dr. Romer 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 Order. Dr. Romer must also appear 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.
 6. **Rehabilitation Program:** Dr. Romer shall 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. Romer shall submit acceptable documentary evidence of continuing compliance with this program which must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations.
 7. **Drug & Alcohol Screens; Supervising Physician/Professional:** Dr. Romer shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Romer 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.

Within thirty days of the effective date of this Order, Dr. Romer shall submit to the Board for its prior approval the name of a supervising physician or other supervising professional to whom Dr. Romer shall submit the required urine specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Romer. Dr. Romer and the supervising physician/professional shall ensure 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, the supervising physician/professional shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Romer shall ensure that the supervising physician/professional provides quarterly reports to the Board, in a format acceptable to the Board, as set forth in the materials provided by the Board to the supervising physician/professional, verifying whether all urine screens have been conducted in compliance with this Order, whether all urine screens have been negative, and whether the supervising physician/professional remains willing and able to continue in his or her responsibilities.

In the event that the designated supervising physician/professional becomes unable or unwilling to so serve, Dr. Romer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician/professional as soon as practicable. Dr. Romer shall further ensure that the previously designated supervising physician/professional also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

All screening reports and supervising physician/professional reports required under this paragraph must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations. It is Dr. Romer's responsibility to ensure that reports are timely submitted.

8. **Provision of Blood or Urine for Screening without Prior Notice:** Dr. Romer shall submit blood and/or urine specimens for analysis without prior notice at such times as the Board may request, at Dr. Romer's expense.
9. **Compliance with Aftercare Contract:** Within thirty days of the effective date of this Order, Dr. Romer shall provide the Board with a copy of his current aftercare contract with Shepherd Hill Hospital. Further, Dr. Romer shall provide the Board with acceptable documentation evidencing continued compliance with the terms of his aftercare contract with Shepherd Hill Hospital, provided that where the terms of the aftercare contract conflict with the terms of this Order, the terms of this Order

shall control. The documentation must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations.

10. **Compliance with Advocacy Contract:** Within thirty days of the effective date of this Order, Dr. Romer shall provide the Board with a copy of his current Advocacy Contract with the Ohio Physicians Effectiveness Program [OPEP]. Further, Dr. Romer shall provide the Board with acceptable documentation evidencing continued compliance with the terms of his contract with OPEP, provided that where the terms of the contract conflict with the terms of this Order, the terms of this Order shall control. The documentation must be received in the Board's offices no later than the due date for Dr. Romer's quarterly declarations.
11. **Releases:** Dr. Romer 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. Romer's chemical dependency or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. 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. Romer shall 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 Order.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Romer's certificate to practice medicine and surgery until all of the following conditions are met:

1. **Application and Fees:** Dr. Romer shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Continued Compliance with Interim Monitoring Conditions:** Dr. Romer shall have maintained continuing compliance with all terms of Paragraph B of this Order, unless otherwise determined by the Board.
3. **Demonstration of Ability to Resume Practice:** Dr. Romer shall demonstrate to the satisfaction of the Board that he can practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such

demonstration shall include but not be limited to the following:

- a. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Dr. Romer has successfully completed any required inpatient treatment.
 - b. Evidence of continuing full compliance with 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.
 - c. Evidence of continuing full compliance with this Order.
 - d. Two written reports indicating that Dr. Romer'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 individuals or providers approved by the Board for making such assessments and shall describe the basis for this determination.
4. **Absence from Practice**: In the event that Dr. Romer has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to the submission of his application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Romer's fitness to resume practice.

D. **PROBATIONARY CONDITIONS**: Upon reinstatement or restoration, Dr. Romer's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least seven years:

1. **Terms, Conditions, and Limitations Continued from Suspension Period**: Dr. Romer shall continue to be subject to the terms, conditions, and limitations specified in paragraph B of this Order.
2. **Chart Monitoring and Monitoring Physician**: Before engaging in any medical practice, Dr. Romer shall submit for prior Board approval the name and curriculum vitae of a monitoring physician. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Romer and who is engaged in the same or similar practice specialty.

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

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

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

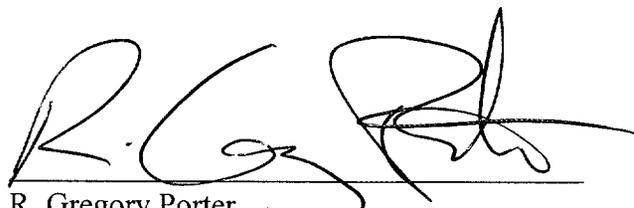
3. **Prohibition against Administering, Personally Furnishing, or Possessing Controlled Substances:** Dr. Romer shall not, without prior Board approval, administer, personally furnish, or possess (except as allowed under Paragraph B.2, above) any controlled substances as defined by state or federal law. In the event that the Board agrees at a future date to modify this Order to allow Dr. Romer to administer or personally furnish controlled substances, Dr. Romer shall keep a log of all controlled substances prescribed, administered or personally furnished. Such log shall be submitted in the format approved by the Board thirty days prior to Dr. Romer's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Romer shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board upon request.
4. **Absence from Ohio:** In the event that Dr. Romer should leave Ohio for three continuous months, or reside or practice outside the State, Dr. Romer must notify the Board in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this period under the Order, unless otherwise determined by the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.
5. **Violation of Probation; Stayed Sanction Imposed:** If Dr. Romer violates probation in any respect, the Board, after giving him notice and the opportunity to be heard, may set aside the stay order and impose the permanent revocation of Dr. Romer's certificate.
6. **Tolling of Probationary Period while Out of Compliance:** In the event Dr. Romer is found by the Secretary of the Board to have failed to comply with any provision of

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this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period.

- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Romer's certificate will be fully restored.
- F. **REQUIRED REPORTING BY LICENSEE TO EMPLOYERS AND HOSPITALS:** Within thirty days of the effective date of this Order, Dr. Romer shall provide a copy of this Order to all employers or entities with which he is under contract to provide health care services or is receiving training, and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Romer shall provide a copy of this Order 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.
- G. **REQUIRED REPORTING BY LICENSEE TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, Dr. Romer shall provide a copy of this Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Romer shall also provide a copy of this Order by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement or restoration of any professional license. Further, Dr. Romer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
- H. **SUPERSEDE FEBRUARY 1999 CONSENT AGREEMENT:** This Order shall supersede the terms and conditions set forth in the February 11, 1999, Consent Agreement between Dr. Romer and the Board.

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



R. Gregory Porter
Attorney Hearing Examiner



State Medical Board of Ohio

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EXCERPT FROM THE DRAFT MINUTES OF SEPTEMBER 12, 2001

REPORTS AND RECOMMENDATIONS

Dr. Bhati announced that the Board would now consider the findings and orders appearing on the Board's agenda.

Dr. Bhati asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and orders, and any objections filed in the matter of Marguerite D. Bruce, M.D.; Jon A. Molisky, D.O.; Regine Neptune, D.O.; William A. Romer, M.D.; and Michael Alan Twaddle, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye
	Dr. Bhati	- aye

Mr. Dilling advised that, due to restrictions in air travel, Dr. Israelstam was unable to travel from Wisconsin for this meeting. The Report and Recommendation in his matter will be considered by the Board in October.

Dr. Bhati 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:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye

Dr. Steinbergh - aye
Dr. Bhati - aye

Dr. Bhati noted that, in accordance with the provision in Section 4731.22(F)(2), 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 these matters.

Dr. Bhati stated that if there were no objections, the Chair would dispense with the reading of the proposed findings of fact, conclusions and orders in the above matters. No objections were voiced by Board members present.

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

.....

WILLIAM A. ROMER, M.D.

.....

DR. TALMAGE MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF WILLIAM A. ROMER, M.D. DR. SOMANI SECONDED THE MOTION.

.....

A vote was taken on Dr. Talmage's motion to approve and confirm:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- nay
	Dr. Bhati	- aye

The motion carried.



State Medical Board of Ohio

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NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

February 14, 2001

William A. Romer, M.D.
6611 Clys Road
Centerville, OH 45459

Dear Doctor Romer:

Enclosed please find certified copies of the Entry of Order, the Notice of Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on February 14, 2001, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Opportunity for Hearing pursuant to Section 4731.22(G), Ohio Revised Code.

You are advised that continued practice after receipt of this Order shall be considered practicing without a certificate, in violation of Section 4731.41, Ohio Revised Code.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order of Summary Suspension. Such an appeal may be taken to the Franklin County Court of Common Pleas only. Such an appeal, setting forth the Order appealed from and the grounds of appeal, must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Court within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

Additionally, pursuant to Chapter 119, Ohio Revised Code, you are hereby advised that you are entitled to a hearing on the allegations set forth in the Notice of 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 (30) days of the time of mailing of this notice. Further information concerning such hearing is contained within the Notice of Opportunity for Hearing.

THE STATE MEDICAL BOARD OF OHIO

Anand G. Garg, M.D.
Anand G. Garg, M.D., Secretary

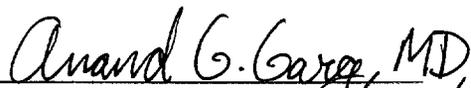
AGG/krt
Enclosures

Mailed 2-15-01

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 February 14, 2001, to Adopt the Order of Summary Suspension and to Issue the Notice of Opportunity for Hearing, constitute true and complete copies of the Motion and Order 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.


Anand G. Garg, M.D., Secretary / TAO

(SEAL)

FEBRUARY 14, 2001
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
 :
William A. Romer, M.D. :
 :

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio the 14th day of February, 2001.

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

Pursuant to their determination that there is clear and convincing evidence that William A. Romer, M.D., has violated Sections 4731.22(B)(15) and (B)(26), Ohio Revised Code, as alleged in Notice of Summary Suspension and Opportunity for Hearing which is enclosed herewith and fully incorporated herein, which determination is based upon review of information received pursuant to an investigation; and

Pursuant to their further determination that Dr. Romer's continued practice presents a danger of immediate and serious harm to the public; and further

Pursuant to the Step II Consent Agreement between Dr. Romer and the State Medical Board of Ohio, effective February 10, 1999, which states:

If the Secretary and Supervising Member of the BOARD determine that there is clear and convincing evidence that DOCTOR ROMER has violated any term, condition or limitation of this CONSENT AGREEMENT, DOCTOR ROMER agrees that the violation, as alleged, also constitutes clear and convincing evidence that his continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(D), Ohio Revised Code. [Note: The Board's authority to initiate a summary suspension is currently set forth in Section 4731.22(G)];

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 14th day of February, 2001;

It is hereby ORDERED that the certificate of William A. Romer, M.D., to practice medicine or surgery in the State of Ohio be summarily suspended.

It is hereby ORDERED that William A. Romer, M.D., shall immediately close all his medical offices and immediately refer all active patients to other appropriate physicians.

This Order shall become effective immediately.

(SEAL)

Anand G. Garg, MD
Anand G. Garg, M.D., Secretary *TAD*

FEBRUARY 14, 2001
Date



State Medical Board of Ohio

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EXCERPT FROM THE DRAFT MINUTES OF FEBRUARY 14, 2001

WILLIAM A. ROMER, M.D. - ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

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. SOMANI MOVED TO APPROVE THE ORDER OF SUMMARY SUSPENSION AND TO SEND THE NOTICE OF OPPORTUNITY FOR HEARING TO DR. ROMER. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Stienecker	- aye
	Dr. Steinbergh	- aye
	Dr. Bhati	- aye

The motion carried.



State Medical Board of Ohio

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February 14, 2001

William A. Romer, M.D.
6611 Clys Road
Centerville, OH 45459

Dear Doctor Romer:

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

- (1)(a) On or about August 12, 1998, you entered into a Step I Consent Agreement with the State Medical Board of Ohio (hereinafter "Board") in lieu of formal proceedings based upon your violation of Sections 4731.22(B)(26) and (B)(10), Ohio Revised Code.

In this Step I Consent Agreement you made certain admissions, including that you suffer from opioid dependence; that you self-prescribed controlled substances and prescribed controlled substances in the names of your children and your wife even though such controlled substances were intended for your own use; that you maintained no patient records reflecting such prescribing; and that you obtained controlled substances from your office supply for your own use. You further admitted that after having used hydrocodone on a daily basis for more than four years, you were treated for opioid dependence at Shepherd Hill Hospital in Newark, Ohio, a Board approved treatment facility, from February 2, 1998, to May 1, 1998.

In this Step I Consent Agreement, you also agreed to certain specified terms, conditions, and limitations, including that your certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time, but not less than six months. A copy of the Step I Consent Agreement is attached hereto and fully incorporated herein.

- (b) On or about February 10, 1999, you entered into a Step II Consent Agreement with the Board, whereby your certificate to practice medicine and surgery in Ohio was reinstated and wherein you agreed to certain specified probationary

Mailed 2-15-01

terms, conditions, and limitations. A copy of this Step II Consent Agreement is attached hereto and fully incorporated herein.

- (c) On or about July 12, 2000, you signed an Agreed Notification, Waiver, and Release, agreeing to cease the practice of medicine and surgery and to refrain from such practice for thirty (30) days, as provided for in paragraph 21 of the Step II Consent Agreement, based upon your having failed to submit to random screenings for drugs and alcohol as required by Paragraph 11 of the Step II Consent Agreement during the week of February 28, 2000 and the week of March 6, 2000.
 - (d) To date you remain subject to all terms of the Step II Consent Agreement.
- (2)(a) Paragraph 9 of this Step II Consent Agreement states that you “shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to [you] by another so authorized by law who has full knowledge of [your] history of chemical dependency.”
- (b) Paragraph 7 of this Step II Consent Agreement states that you “shall not, without prior Board approval, administer, dispense, or possess (except as allowed under Paragraph 9 [of this Consent Agreement]) any controlled substances as defined by state or federal law.”
 - (c) Paragraph 1 of this Step II Consent Agreement states that you “shall obey all federal, state and local laws, and all rules governing the practice of medicine in Ohio.”
 - (d) Despite these provisions, after you were questioned by Board investigators on January 18, 2001, you admitted that in or about April 2000 you consumed the remainder of a bottle of a controlled substance cough syrup that a patient had returned to your office.

You also admitted that since April 2000 you have been consuming approximately two ounces of codeine and/or hydrocodone based cough syrup approximately four times per week. You further admitted that you obtained this cough syrup by prescribing cough syrup for your patients, having your patients return to your office with the cough syrup, and removing approximately two ounces of the cough syrup for your personal use. You admitted that you then replaced the cough syrup that you had removed with a decongestant, and gave the cough syrup and decongestant mixture to the patients.

In addition, the urine specimen that you submitted to the Board’s investigators on January 18, 2001, at the Board’s request and without prior notice as provided

for in Paragraph 12 of the Step II Consent Agreement, tested positive for hydromorphone and hydrocodone.

- (3) Paragraph 6 of this Step II Consent Agreement states that you “shall keep a log of all controlled substances prescribed.”

Despite this provision, you failed to reflect in the logs that you submitted to the Board for the periods of May 1, 2000 to July 31, 2000, and August 31, 2000 to October 31, 2000, having prescribed the following controlled substances to the indicated patients (as identified on the attached Patient Key—Key confidential, not subject to public disclosure) on the dates listed below:

<u>Patient</u>	<u>Date</u>	<u>Controlled Substance</u>
1	5/31/00	Codclear DH
2	6/2/00	Codclear DH
3	6/21/00	Codclear DH
4	6/23/00	Xanax
5	6/23/00	Codclear DH
6	6/24/00	Codclear DH
7	9/2/00	Phenergan with Codeine
8	9/15/00	Codclear DH
9	9/20/00	Codclear DH
10	9/21/00	Codclear DH
11	9/22/00	Codclear DH
12	9/26/00	Codclear DH
13	9/27/00	Codclear DH
14	10/13/00	Codclear DH
15	10/18/00	Codclear DH
16	10/20/00	Codclear DH
17	10/20/00	Phenergan with Codeine
18	10/20/00	Codclear DH
19	10/25/00	Codclear DH
20	10/28/00	Codclear DH
21	10/30/00	Vicodin
22	10/31/00	Codclear DH

Further, you submitted with each such log a Certification of Log of Controlled Substances Prescribed, Administered, Dispensed, stating that the submitted log completely and accurately reflects all controlled substances which you

prescribed, administered, dispensed, gave or sold to any patient or to any other individual during the stated period. These certifications were sworn to and subscribed by you before a Notary Public.

- (4) Paragraph 2 of this Step II Consent Agreement states that you “shall submit quarterly declarations under penalty of Board disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement.”

Although you submitted quarterly declarations as required by this provision on July 31, 2000, and November 1, 2000, you falsely stated in these declarations that you were in compliance with all the conditions of the Step II Consent Agreement. Further, although you submitted a quarterly declaration as required by this provision on May 1, 2000, and admitted thereon to having missed two urine toxicology screens, you falsely indicated that you were otherwise in compliance with all the conditions of the Step II Consent Agreement. These quarterly declarations were sworn to and subscribed before a Notary Public.

- (5) You failed to self-report your relapse as required by Rule 4731-15-01(A)(5), Ohio Administrative Code.

Your acts, conduct, and/or omissions as alleged in paragraphs (2) through (4) above, individually and/or collectively, constitute a “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,” as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (2) 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.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2)(d) 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: Section 2925.24, Ohio Revised Code, Tampering with drugs.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (3) and (4) above, individually and/or collectively, constitute “[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(12), Ohio Revised Code, to wit: Section 2921.13, Ohio Revised Code, Falsification.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (3) and (4) 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, podiatry, 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 (5) 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 4731-15-01(A)(5), Ohio Administrative 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 (30) 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 (30) 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 medicine and surgery or to reprimand or place you on probation.

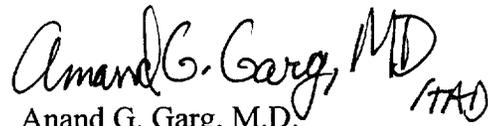
Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate 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.”

William A. Romer, M.D.

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Copies of the applicable sections are enclosed for your information.

Very truly yours,


Anand G. Garg, M.D.
Secretary

AGG/krt

Enclosures

CERTIFIED MAIL # 7000 0600 0024 5140 4379
RETURN RECEIPT REQUESTED

cc: Eric J. Plinke, Esq.

CERTIFIED MAIL # 7000 0600 0024 5140 4362
RETURN RECEIPT REQUESTED

PORTER WRIGHT MORRIS & ARTHUR LLP
Attorneys & Counselors at Law

Eric J. Plinke
614-227-2023
eplinke@porterwright.com

41 South High Street
Columbus, Ohio 43215-6194

Facsimile: 614-227-2100
Toll Free: 800-533-2794

July 28, 2000

Anne B. Strait, Esq.
Assistant Attorney General
Health & Human Services Section
Ohio Attorney General
30 East Broad Street, 26th Floor
Columbus, OH 43215-3428

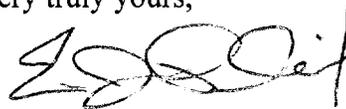
RE: William A. Romer, M.D.

Dear Ms. Strait:

Enclosed please find the fully executed Agreed Notification, Waiver and Release signed by Dr. Romer and myself.

Thank you for your attention to this matter.

Very truly yours,



Eric J. Plinke

Enclosure

cc: William Romer, M.D. (w/ encl.)

COLUMBUS/823002 v.01



State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

AGREED NOTIFICATION, WAIVER AND RELEASE

July 11, 2000

William A. Romer, M.D.
6611 Clys Road
Centerville, Ohio 45490

Re: **Agreed Notice of Violation of Consent Agreement**

Dear Dr. Romer:

This is to advise you that the Supervising Member of the State Medical Board of Ohio ["Board"] and I have reviewed the matter of your violation of your Step II Consent Agreement which became effective on February 11, 1999 [the "Step II Consent Agreement"].

Paragraph 11 of the Step II Consent Agreement requires, in part:

DOCTOR ROMER shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the BOARD. DOCTOR ROMER shall ensure that all screening reports are forwarded directly to the BOARD on a quarterly basis. . .

Further, under Paragraphs 2 and 3 of the Step II Consent Agreement, you are required to submit quarterly declarations stating whether you have been in compliance with the terms of the Agreement, and you are required to appear in person for quarterly interviews before the BOARD or its designated representative.

In your notarized quarterly declaration signed May 1, 2000, and subsequently at your May 8, 2000 probationary appearance, you admitted that you failed to submit to random screenings for drugs and alcohol as required by Paragraph 11. These random screenings were to have been submitted during the week of February 28, 2000 and the week of March 6, 2000.

Paragraph 21 of the Step II Consent Agreement provides:

DOCTOR ROMER AGREES that if, without prior permission from the BOARD, he fails to submit to random screenings for drugs and alcohol at least as frequently as required by Paragraph 11 of this CONSENT AGREEMENT, he shall cease practicing immediately upon receipt from the BOARD of notice of the violation

William A. Romer, M.D.

Page 2

and shall refrain from practicing for thirty (30) days for the first instance of a single missed screen. Practice during this time period shall be considered unlicensed practice in violation of Section 4731.41 of the Revised Code.

You did not have the prior permission of the Board to fail to submit to random screenings for drugs and alcohol during the week of February 28, 2000 and the week of March 6, 2000 as required by Paragraph 11 of the Step II Consent Agreement. Therefore, you are hereby NOTIFIED that the provisions of Paragraph 21 apply to your failure to submit to such screenings for those two weeks, and you are required to cease the practice of medicine and surgery and to refrain from such practice for thirty (30) days.

As you have requested, the Supervising Member and I have agreed to a short wind-down period prior to the beginning of the thirty day period, to allow for an orderly transition for your patients. Therefore, by agreement, the period during which you will cease and refrain from practice will begin at 12:01 a.m. on **Tuesday, August 1, 2000**, and will end at 11:59 p.m. on **Wednesday, August 30, 2000**.

Please be advised that all provisions of the Step II Consent Agreement remain in full force and effect, and the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, violations or breaches which may have occurred prior to the date of this letter.

Very truly yours,


Anand G. Garg, M.D.
Secretary

Acknowledgment of Receipt, Waiver and Release:

WILLIAM A. ROMER, M.D., hereby acknowledges receipt of this Agreed Notification, and agrees that the period of time during which he will cease and refrain from practice will begin at 12:01 a.m. on Tuesday, August 1, 2000 and end at 11:59 p.m. on Wednesday, August 30, 2000.

WILLIAM A. ROMER, M.D., further WAIVES any rights he may have to notice and an opportunity for hearing with regard to the matters referenced in this letter, whether pursuant to Chapter 119 of the Revised Code or otherwise pursuant to the Ohio or United States Constitutions. In addition, WILLIAM A. ROMER, M.D., hereby RELEASES the Board, its

William A. Romer, M.D.
Page 3

members, employees, agents, officers and representatives, jointly and severally, from any and all liability arising from the within matter.

WILLIAM A. ROMER, M.D., further ACKNOWLEDGES that this Agreed Notification, Waiver and Release will be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and that this information may be reported to appropriate organizations, data banks and governmental bodies.

7-17-00
Date

William A. Romer MD
WILLIAM A. ROMER, M.D.

7/21/00
Date

Eric J. Plinke
ERIC J. PLINKE, Esq.
Attorney for William A. Romer, M.D.

STEP II
CONSENT AGREEMENT
BETWEEN
WILLIAM A. ROMER, M.D.
AND
THE STATE MEDICAL BOARD OF OHIO

This CONSENT AGREEMENT is entered into by and between WILLIAM A. ROMER, M.D., and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

WILLIAM A. ROMER, M.D., 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 STATE MEDICAL BOARD OF OHIO 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 violations of Section 4731.22(B)(26), Ohio Revised Code, "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 Section 4731.22(B)(10), Ohio Revised Code, "[c]ommission of an act that constitutes a felony in this state regardless of the jurisdiction in which the act was committed."
- B. THE STATE MEDICAL BOARD OF OHIO enters into this CONSENT AGREEMENT in lieu of formal proceedings based upon the violation of Sections 4731.22(B)(26) and (B)(10), Ohio Revised Code, as set forth in Paragraph D of the August 1998 Consent Agreement between WILLIAM A. ROMER, M.D., and THE STATE MEDICAL BOARD OF OHIO, a copy of which is attached hereto and fully incorporated herein. The BOARD 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. WILLIAM A. ROMER, M.D., is applying for reinstatement of his license to practice medicine and surgery in the State of Ohio, which was suspended pursuant to the terms of the above referenced August 1998 Consent Agreement.
- D. WILLIAM A. ROMER, M.D., STATES, and the STATE MEDICAL BOARD OF OHIO ACKNOWLEDGES, that Fred Karaffa, M.D., of Shepherd Hill Hospital in Newark, Ohio, a BOARD approved treatment provider, and Tom Pepper, M.D., of Talbot Recovery Services at Park Medical Center in Columbus, Ohio, a BOARD approved treatment provider, have provided written reports indicating that DOCTOR ROMER's ability to practice has been assessed and that he has been found capable of practicing medicine and surgery according to acceptable and prevailing standards of care, so long as certain treatment and monitoring requirements are in place.
- E. WILLIAM A. ROMER, M.D., STATES, and the STATE MEDICAL BOARD OF OHIO ACKNOWLEDGES receipt of information to support that he has remained fully compliant with his advocacy contract with the Ohio Physicians Effectiveness Program (OPEP) and his aftercare contract with Greene Hall in Xenia, Ohio, a BOARD approved treatment provider. DOCTOR ROMER ADMITS that such advocacy and aftercare contracts remain in effect to date.
- F. WILLIAM A. ROMER, M.D., STATES, and THE STATE MEDICAL BOARD OF OHIO ACKNOWLEDGES, that DOCTOR ROMER has fulfilled the conditions for reinstatement of his certificate to practice medicine and surgery in the State of Ohio, as established in the August 1998 Consent Agreement between WILLIAM A. ROMER, M.D., and THE STATE MEDICAL BOARD OF OHIO.

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, the certificate of WILLIAM A. ROMER, M.D., to practice medicine and surgery in the State of Ohio shall be reinstated, and WILLIAM A. ROMER, M.D., knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO, (hereinafter BOARD), to the following PROBATIONARY terms, conditions and limitations:

1. DOCTOR ROMER shall obey all federal, state and local laws, and all rules governing the practice of medicine in Ohio;

2. DOCTOR ROMER shall submit quarterly declarations under penalty of BOARD disciplinary action 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 the consent agreement becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the Board's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the BOARD's offices on or before the first day of every third month;
3. DOCTOR ROMER shall appear in person for quarterly interviews before the BOARD or its designated representative, or as otherwise directed by the BOARD.

If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled. (Example: The first quarterly appearance is scheduled for February, but based upon the doctor's serious personal illness he is permitted to delay appearance until April. The next appearance will still be scheduled for May, three months after the appearance as originally scheduled.) Although the BOARD will normally give DOCTOR ROMER written notification of scheduled appearances, it is DOCTOR ROMER's responsibility to know when personal appearances will occur. If he does not receive written notification from the BOARD by the end of the month in which the appearance should have occurred, DOCTOR ROMER shall immediately submit to the BOARD a written request to be notified of his next scheduled appearance;

4. In the event that DOCTOR ROMER should leave Ohio for three (3) continuous months, or reside or practice outside the State, DOCTOR ROMER must notify the BOARD in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this period under the CONSENT AGREEMENT, unless otherwise determined by motion of the BOARD in instances where the BOARD can be assured that probationary monitoring is otherwise being performed;
5. In the event DOCTOR ROMER is found by the Secretary of the BOARD to have failed to comply with any provision of this CONSENT AGREEMENT, and is so notified of that deficiency in writing, such

period(s) of noncompliance will not apply to the reduction of the probationary period under the CONSENT AGREEMENT;

MONITORING OF REHABILITATION AND TREATMENT

Drug Associated Restrictions

6. DOCTOR ROMER shall keep a log of all controlled substances prescribed. Such log shall be submitted in the format approved by the BOARD thirty (30) days prior to DOCTOR ROMER's personal appearance before the BOARD or its designated representative, or as otherwise directed by the BOARD;
7. DOCTOR ROMER shall not, without prior Board approval, administer, dispense, or possess (except as allowed under Paragraph 9 below) any controlled substances as defined by state or federal law. In the event that the BOARD agrees at a future date to modify this CONSENT AGREEMENT to allow DOCTOR ROMER to administer or dispense controlled substances, DOCTOR ROMER shall keep a log of all controlled substances prescribed, administered or dispensed. Such log shall be submitted in the format approved by the BOARD thirty (30) days prior to DOCTOR ROMER's personal appearance before the BOARD or its designated representative, or as otherwise directed by the BOARD;
8. DOCTOR ROMER shall refrain from self-treating and from treating family members, except in the event of a life-threatening emergency;

Sobriety

9. DOCTOR ROMER shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of DOCTOR ROMER's history of chemical dependency;
10. DOCTOR ROMER shall abstain completely from the use of alcohol;

Drug and Alcohol Screens/Supervising Physician

11. DOCTOR ROMER shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the BOARD. DOCTOR ROMER 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;

Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR ROMER shall submit to the BOARD for its prior approval the name of a supervising physician to whom DOCTOR ROMER shall submit the required urine specimens. The supervising physician shall ensure that the urine specimens are obtained on a random basis, that the giving of the specimen is witnessed by a reliable person, and that appropriate control over the specimen is maintained. In addition, the supervising physician shall immediately inform the BOARD of any positive screening results;

DOCTOR ROMER shall ensure that the supervising physician provides quarterly reports to the BOARD, on forms approved or provided by the BOARD, verifying whether all urine screens have been conducted in compliance with this CONSENT AGREEMENT, whether all urine screenings have been negative, and whether the supervising physician remains willing and able to continue in his responsibilities;

In the event that the designated supervising physician becomes unable or unwilling to so serve, DOCTOR ROMER must immediately notify the BOARD in writing, and make arrangements acceptable to the BOARD for another supervising physician as soon as practicable. DOCTOR ROMER shall further ensure that the previously designated supervising physician also notifies the BOARD directly of the inability to continue to serve and the reasons therefore;

All screening reports and supervising physician reports required under this paragraph must be received in the BOARD's offices no later than the due date for DOCTOR ROMER's quarterly declaration. It is DOCTOR ROMER's responsibility to ensure that reports are timely submitted;

12. The BOARD retains the right to require, and DOCTOR ROMER agrees to submit, blood or urine specimens for analysis at DOCTOR ROMER's expense upon the BOARD's request and without prior notice. DOCTOR ROMER's refusal to submit a blood or urine specimen upon request of the BOARD shall result in a minimum of one year of actual license suspension;

Monitoring Physician

13. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR ROMER shall submit for the BOARD's prior

approval the name of a monitoring physician, who shall review DOCTOR ROMER's patient charts and shall submit a written report of such review to the BOARD on a quarterly basis. Such chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the BOARD. It shall be DOCTOR ROMER's responsibility to ensure that the monitoring physician's quarterly reports are submitted to the BOARD on a timely basis;

Further, the monitoring physician shall otherwise monitor DOCTOR ROMER and provide the BOARD with quarterly reports on the doctor's progress and status. DOCTOR ROMER shall ensure that such reports are forwarded to the BOARD on a quarterly basis. In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, DOCTOR ROMER must immediately so notify the BOARD in writing, and make arrangements acceptable to the BOARD for another monitoring physician as soon as practicable. DOCTOR ROMER shall further ensure that the previously designated monitoring physician also notifies the BOARD directly of the inability to continue to serve and the reasons therefore;

All monitoring physician reports required under this paragraph must be received in the BOARD's offices no later than the due date for DOCTOR ROMER's quarterly declaration. It is DOCTOR ROMER's responsibility to ensure that reports are timely submitted;

Rehabilitation Program

14. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR ROMER shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or Caduceus, no less than three (3) times per week. Substitution of any other specific program must receive prior BOARD approval;

DOCTOR ROMER shall submit with each quarterly declaration required under Paragraph 2 of this CONSENT AGREEMENT acceptable documentary evidence of continuing compliance with this program;

Aftercare

15. DOCTOR ROMER shall maintain continued compliance with the terms of the advocacy contract entered into with the Ohio Physicians Effective Program and with any aftercare contract entered into with his treatment provider, provided, that where terms of the advocacy contract or aftercare

contract conflict with terms of this CONSENT AGREEMENT, the terms of this CONSENT AGREEMENT shall control;

Releases

16. DOCTOR ROMER shall provide continuing authorization, through appropriate written consent forms, for disclosure by his treatment provider to the BOARD, to treating and monitoring physicians, and to others involved in the monitoring process, of information necessary for them to fulfill their respective duties and obligations;

Required Reporting by Licensee

17. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR ROMER shall provide a copy of this CONSENT AGREEMENT to all employers or entities with which he is under contract to provide physician services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, DOCTOR ROMER shall provide a copy of this CONSENT AGREEMENT to all employers or entities with which he contracts to provide physician services, or applies for or receives training, and the chief of staff at each hospital where he applies for or obtains privileges or appointments; and,
18. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR ROMER shall provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds a license to practice. DOCTOR ROMER further agrees to provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for licensure or reinstatement of licensure. Further, DOCTOR ROMER shall provide this BOARD with a copy of the return receipt as proof of notification within thirty (30) days of receiving that return receipt.

FAILURE TO COMPLY

19. Any violation of Paragraph 9 or Paragraph 10 of this Agreement shall constitute grounds to revoke or permanently revoke DOCTOR ROMER's certificate. DOCTOR ROMER agrees that the minimum discipline for such a violation shall include actual license suspension. This paragraph does not limit the BOARD's authority to suspend, revoke

or permanently revoke DOCTOR ROMER's certificate based on other violations of this Consent Agreement.

20. DOCTOR ROMER AGREES that if any declaration or report required by this agreement is not received in the BOARD'S offices on or before its due date, DOCTOR ROMER shall cease practicing beginning the day next following receipt from the BOARD of notice of non-receipt, either by writing, by telephone, or by personal contact until the declaration or report is received in the BOARD offices. Any practice during this time period shall be considered unlicensed practice in violation of Section 4731.41 of the Revised Code.
21. DOCTOR ROMER AGREES that if, without prior permission from the BOARD, he fails to submit to random screenings for drugs and alcohol at least as frequently as required by Paragraph 11 of this CONSENT AGREEMENT, he shall cease practicing immediately upon receipt from the BOARD of notice of the violation and shall refrain from practicing for thirty (30) days for the first instance of a single missed screen. Practice during this time period shall be considered unlicensed practice in violation of Section 4731.41 of the Revised Code.
22. DOCTOR ROMER AGREES that if he fails to participate in an alcohol and drug rehabilitation program at least as frequently as required by Paragraph 14 of this CONSENT AGREEMENT, he shall cease practicing immediately upon receipt from the BOARD of notice of the violation, and shall refrain from practicing for fifteen (15) days following a first missed meeting. Practice during this time period shall be considered unlicensed practice in violation of Section 4731.41 of the Revised Code.

If, in the discretion of the Secretary and Supervising Member of the BOARD, DOCTOR ROMER 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 Agreement.

If the Secretary and Supervising Member of the BOARD determine that there is clear and convincing evidence that DOCTOR ROMER has violated any term, condition or limitation of this CONSENT AGREEMENT, DOCTOR ROMER agrees that the violation, as alleged, also constitutes clear and convincing evidence that his continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(D), Ohio Revised Code.

DURATION/MODIFICATION OF TERMS 99FEB-4 AM 10:17

This CONSENT AGREEMENT shall remain in force for a minimum of five years prior to any request for termination of said CONSENT AGREEMENT. Otherwise, the above described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

ACKNOWLEDGMENTS/LIABILITY RELEASE

DOCTOR ROMER 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.

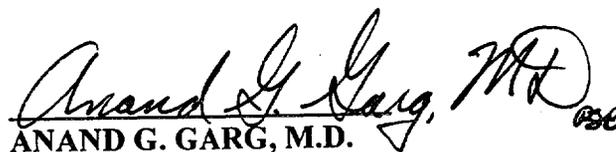
DOCTOR ROMER hereby releases THE STATE MEDICAL BOARD OF OHIO, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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.

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 that it shall become effective upon the last date of signature below.

William A. Romer M.D.
WILLIAM A. ROMER, M.D.

Anand G. Garg, M.D. 
ANAND G. GARG, M.D.
Secretary

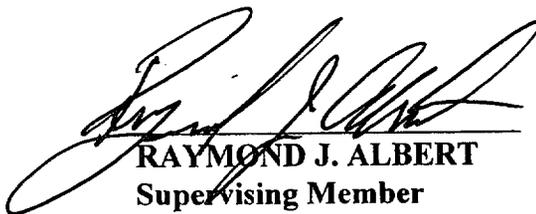
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Eric J. Plinke by William A. Romer MD

ERIC J. PLINKE, ESQ.
Attorney for Doctor Romer


RAYMOND J. ALBERT
Supervising Member

2/3/99
DATE

2/10/99
DATE


ANNE B. STRAIT, ESQ.
Assistant Attorney General

2/10/99
DATE

STATE MEDICAL BOARD

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STEP I
CONSENT AGREEMENT
BETWEEN
WILLIAM A. ROMER, M.D.
AND
THE STATE MEDICAL BOARD OF OHIO

This CONSENT AGREEMENT is entered into by and between WILLIAM A. ROMER, M.D., and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

WILLIAM A. ROMER, M.D., 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 STATE MEDICAL BOARD OF OHIO 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 violations of Section 4731.22(B)(26), Ohio Revised Code, "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 Section 4731.22(B)(10), Ohio Revised Code, "[c]ommission of an act that constitutes a felony in this state regardless of the jurisdiction in which the act was committed."
- B. THE STATE MEDICAL BOARD OF OHIO enters into this CONSENT AGREEMENT in lieu of formal proceedings based upon the violations of Sections 4731.22(B)(26) and (B)(10), Ohio Revised Code, as set forth in Paragraph D below, 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. WILLIAM A. ROMER, M.D., is licensed to practice medicine and surgery in the State of Ohio.
- D. WILLIAM A. ROMER, M.D., ADMITS that he suffers from opioid dependence. DOCTOR ROMER further ADMITS that he has self-prescribed controlled substances; that he has prescribed controlled substances in the names of his children and wife though such controlled substances were intended for his own use; and that he has obtained controlled substance samples from his office supply for his own use. DOCTOR ROMER further ADMITS that he maintained no patient records for himself, his children, or his wife reflecting such prescribing.

Further, DOCTOR ROMER ADMITS that on February 2, 1998, after having used hydrocodone on a daily basis for more than four years, he entered Shepherd Hill Hospital in Newark, Ohio, a BOARD approved treatment facility, for detoxification and initial treatment for opioid dependence. DOCTOR ROMER further ADMITS that on May 1, 1998, he was discharged from Shepherd Hill Hospital upon completion of treatment.

Further, DOCTOR ROMER ADMITS that he entered into an advocacy contract with the Ohio Physicians Effectiveness Program (OPEP) on or about April 4, 1998, and that he initiated participation in aftercare at Greene Hall in Xenia, Ohio, a BOARD approved treatment provider, in May 1998. DOCTOR ROMER ADMITS that such aftercare participation continues to date.

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, WILLIAM A. ROMER, M.D., knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO, (hereinafter BOARD), to the following terms, conditions and limitations:

SUSPENSION OF CERTIFICATE

1. The certificate of DOCTOR ROMER, to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than six (6) months;

Sobriety

2. DOCTOR ROMER shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to

him by another so authorized by law who has full knowledge of DOCTOR ROMER's history of chemical dependency;

3. DOCTOR ROMER shall abstain completely from the use of alcohol;

Releases; Quarterly Declarations and Appearances

4. DOCTOR ROMER 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 DOCTOR ROMER's chemical dependency or related conditions, or for purposes of complying with the CONSENT AGREEMENT, whether such treatment or evaluation occurred before or after the effective date of this CONSENT AGREEMENT. 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. DOCTOR ROMER 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.
5. DOCTOR ROMER shall submit quarterly declarations under penalty of BOARD disciplinary action 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 the consent agreement becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the Board's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the BOARD's offices on or before the first day of every third month;
6. DOCTOR ROMER shall appear in person for quarterly interviews before the BOARD or its designated representative, or as otherwise directed by the BOARD.

If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled. (Example: The first quarterly appearance is scheduled for February, but based upon the doctor's serious personal illness he is permitted to delay appearance until April. The next appearance will still be

scheduled for May, three months after the appearance as originally scheduled.) Although the BOARD will normally give DOCTOR ROMER written notification of scheduled appearances, it is DOCTOR ROMER's responsibility to know when personal appearances will occur. If he does not receive written notification from the BOARD by the end of the month in which the appearance should have occurred, DOCTOR ROMER shall immediately submit to the BOARD a written request to be notified of his next scheduled appearance;

Drug & Alcohol Screens; Supervising Physician

7. DOCTOR ROMER shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the BOARD. DOCTOR ROMER 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;

Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR ROMER shall submit to the BOARD for its prior approval the name of a supervising physician to whom DOCTOR ROMER shall submit the required urine specimens. The supervising physician shall ensure that the urine specimens are obtained on a random basis, that the giving of the specimen is witnessed by a reliable person, and that appropriate control over the specimen is maintained. In addition, the supervising physician shall immediately inform the BOARD of any positive screening results;

DOCTOR ROMER shall ensure that the supervising physician provides quarterly reports to the BOARD, on forms approved or provided by the BOARD, verifying whether all urine screens have been conducted in compliance with this CONSENT AGREEMENT, whether all urine screens have been negative, and whether the supervising physician remains willing and able to continue in his responsibilities;

In the event that the designated supervising physician becomes unable or unwilling to so serve, DOCTOR ROMER must immediately notify the BOARD in writing, and make arrangements acceptable to the BOARD for another supervising physician as soon as practicable. DOCTOR ROMER shall further ensure that the previously designated supervising physician also notifies the BOARD directly of the inability to continue to serve and the reasons therefore;

All screening reports and supervising physician reports required under this paragraph must be received in the BOARD's offices no later than the due

date for DOCTOR ROMER's quarterly declaration. It is DOCTOR ROMER's responsibility to ensure that reports are timely submitted;

CONDITIONS FOR REINSTATEMENT

8. The BOARD shall not consider reinstatement of DOCTOR ROMER's certificate to practice medicine and surgery unless and until all of the following conditions are met:
 - a. DOCTOR ROMER shall submit an application for reinstatement, accompanied by appropriate fees, if any;
 - b. DOCTOR ROMER 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 DOCTOR ROMER has successfully completed any required inpatient treatment;
 - ii. Evidence of continuing full compliance with an aftercare contract or consent agreement;
 - iii. Two written reports indicating that DOCTOR ROMER'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 individuals or providers approved by the BOARD for making such assessments and shall describe the basis for this determination.
 - c. DOCTOR ROMER shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the BOARD or, if the BOARD and DOCTOR ROMER are unable to agree on the terms of a written CONSENT AGREEMENT, then DOCTOR ROMER 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.

Further, upon reinstatement of DOCTOR ROMER's certificate to practice 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 and, upon termination of the consent agreement or Board Order, submission to the BOARD for at least two years of annual progress reports made under penalty of BOARD disciplinary action or criminal prosecution stating whether DOCTOR ROMER has maintained sobriety.

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

REQUIRED REPORTING BY LICENSEE

10. Within thirty (30) days of the effective date of this Agreement, DOCTOR ROMER shall provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds a license to practice. DOCTOR ROMER further agrees to provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for licensure or reinstatement of licensure. Further, DOCTOR ROMER shall provide this BOARD with a copy of the return receipt as proof of notification within thirty (30) days of receiving that return receipt.
11. Within thirty (30) days of the effective date of this Agreement, DOCTOR ROMER shall provide a copy of this CONSENT AGREEMENT to all employers or entities with which he is under contract to provide physician services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments.

The above described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of THE STATE MEDICAL BOARD OF OHIO, DOCTOR ROMER appears to have violated or breached any term or

condition of this Agreement, THE STATE MEDICAL BOARD OF OHIO 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 Agreement.

ACKNOWLEDGMENTS/LIABILITY RELEASE

DOCTOR ROMER acknowledges that he has had an opportunity to ask questions concerning the terms of this 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.

DOCTOR ROMER hereby releases THE STATE MEDICAL BOARD OF OHIO, 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.

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.~~ **LATER OF AUGUST 14, 1998, OR**
THE LAST DATE OF SIGNATURE BELOW.

William A. Romer M.D.
WILLIAM A. ROMER, M.D.

Anand G. Garg, M.D.
ANAND G. GARG, M.D.
Secretary

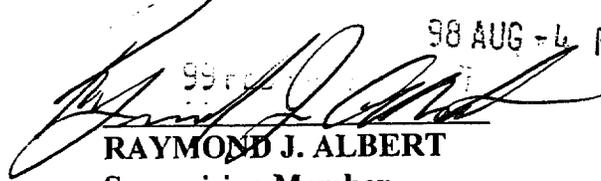
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STATE MEDICAL BOARD
STATE MEDICAL BOARD OF OHIO

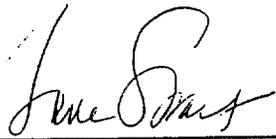
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ERIC J. PLINKE, ESQ.
Attorney for Doctor Romer


RAYMOND J. ALBERT
Supervising Member

7/31/98
DATE

8/12/98
DATE


ANNE B. STRAIT, ESQ.
Assistant Attorney General

8/12/98
DATE