



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

February 8, 2006

Mark A. Campano, M.D.  
3149 Mogadore Road  
Tallmadge, OH 44278

Dear Doctor Campano:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Patricia A. Davidson, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on February 8, 2006, including motions modifying the Findings of Fact, and approving and confirming the Hearing Examiner's Conclusions of Law and Order, and adopting the Findings of Fact, Conclusions of Law and Order, as amended.

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 an original Notice of Appeal with the State Medical Board of Ohio and a copy of the Notice of Appeal with 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

Lance A. Talmage, M.D.  
Secretary

LAT:jam  
Enclosures

CERTIFIED MAIL NO. 7003 0500 0002 4329 7664  
RETURN RECEIPT REQUESTED

*Mailed 3-3-06*

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Patricia A. Davidson, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on February 8, 2006, including motions modifying the Findings of Fact, approving and confirming the Hearing Examiner's Conclusions of Law and Order, as amended; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Mark A. Campano, 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.



\_\_\_\_\_  
Lance A. Talmage, M.D.  
Secretary

(SEAL)

February 8, 2006  
\_\_\_\_\_  
Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF

\*

\*

MARK A. CAMPANO, M.D.

\*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on February 8, 2006.

Upon the Report and Recommendation of Patricia A. Davidson, 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 modification, approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

The certificate of Mark A. Campano, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

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

(SEAL)

  
\_\_\_\_\_  
Lance A. Talmage, M.D.  
Secretary

February 8, 2006

Date

**REPORT AND RECOMMENDATION  
IN THE MATTER OF MARK A. CAMPANO, M.D.**

The Matter of Mark A. Campano, M.D., was heard by Patricia A. Davidson, Esq., Hearing Examiner for the State Medical Board of Ohio, on December 16, 2005.

**INTRODUCTION**

I. Basis for Hearing

- A. By letter dated November 9, 2005, the State Medical Board of Ohio [Board] notified Mark A. Campano, M.D., that the Board had adopted an order summarily suspending his certificate to practice medicine and surgery in Ohio. Further, the Board notified Dr. Campano that it intended to consider disciplinary action against his certificate based on allegations that the Board had permanently revoked his certificate in a 1995 order but stayed the revocation subject to probationary terms, that Dr. Campano had violated the probationary terms by self-prescribing drugs and making false declarations to the Board, and that Dr. Campano had relapsed and was chemically dependent. (State's Exhibit 1A)

The Board alleged that Dr. Campano's conduct constitutes a "[v]iolation of the conditions of limitation placed by the board upon a certificate to practice," as that clause is used in Ohio Revised Code Section [R.C.] 4731.22(B)(15). The Board also alleged that his conduct constitutes "[m]aking a false, fraudulent, deceptive, or misleading statement \* \* \* in relation to the practice of medicine and surgery \* \* \* ; 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 R.C. 4731.22(B)(5). Further, the Board alleged under R.C. 4731.22(B)(12) that Dr. Campano has committed "an act in the course of practice that constitutes a misdemeanor," in that he committed the offense of falsification in violation of R.C. 2921.13(A)(3). The Board also alleged that Dr. Campano has sustained an "impairment" of his "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 R.C. 4731.22(B)(26). Accordingly, the Board advised Dr. Campano of his right to request a hearing in this matter. (State's Exhibit 1A)

- B. Dr. Campano requested a hearing in a letter received by the Board on December 1, 2005. (State's Exhibit 1C)

II. Appearances

- A. On behalf of the State of Ohio: Jim Petro, Attorney General, by Damion M. Clifford, Assistant Attorney General.

- B. On behalf of the Respondent: Mark A. Campano, M.D., *pro se*.

## EVIDENCE EXAMINED

### I. Testimony Heard

A. Presented by the State

1. Danielle Bickers
2. Charles Woodbeck
3. Mark A. Campano, M.D., as upon cross-examination
4. Gregory B. Collins, M.D.

B. Presented by the Respondent

Mark A. Campano, M.D.

### II. Exhibits Examined

A. Presented by the State

1. State's Exhibits 1A through 1K: Procedural exhibits.
2. State's Exhibit 2: Certified copies of documents maintained by the Board, including the Report and Recommendation issued June 7, 1995, and Order signed July 20, 1995.
3. State's Exhibit 3: Certified copies of Board minutes.
4. State's Exhibit 4: Copy of letter from Gregory B. Collins, M.D., to the Board.
5. State's Exhibit 5: Copies of medical records from The Cleveland Clinic Foundation regarding Dr. Campano's treatment in 2005.
6. State's Exhibit 6: Excerpt from the *Physician's Desk Reference* (2005 ed.).
7. State's Exhibit 7: Excerpt from *Drug Facts and Comparisons* with a signed statement from the Executive Director of the State Board of Pharmacy.
8. State's Exhibit 8: Excerpts from Ohio Administrative Code, Chapter 4731.
9. State's Exhibit 9: Copies of Dr. Campano's declarations of compliance.
10. State's Exhibit 10: Copy of R.C. 2921.13.

B. Presented by the Respondent

1. Respondent's Exhibit A: Dr. Campano's written statement to the Board.
2. Respondent's Exhibit B: Copies of medical records regarding Dr. Campano's treatment from October 2003 to July 2004 by William V. Swoger, D.O.

**PROCEDURAL MATTER**

Dr. Campano was granted an additional two weeks after the hearing to file evidence, and he submitted documents on January 3, 2006. In a telephone conference on January 6, 2006, the State objected on grounds of relevance but stated that no rebuttal evidence would be submitted. The documents were marked as Respondent's Exhibit B and admitted. The record closed on January 3, 2006.

**SUMMARY OF THE EVIDENCE**

**The Board's 1995 Order: Stayed Revocation and Probation**

1. On July 27, 1995, the Board issued an Order permanently revoking the certificate of Mark A. Campano, M.D., but stayed the revocation and imposed a probation of at least ten years, subject to specific probationary terms, conditions, and limitations. In reaching its decision, the Board adopted the Findings of Fact and Conclusions of Law set forth in a Report and Recommendation [1995 Report] dated June 7, 1995. (State's Exhibit [St. Ex.] 2 at 12-32)

**Events Leading to the Board's 1995 Order**

2. The Summary of Evidence in the 1995 Report includes a detailed review of the evidence. (St. Ex. 2 at 22-28) The following is a brief synopsis:
  - a. Dr. Campano obtained his Ohio medical certificate in 1986. In 1987, the members of his anesthesiology group noticed that he appeared to be under the influence of drugs. Dr. Campano admitted that he had used caffeine during the day, and alcohol and benzodiazepine at night, which had affected his work performance. Dr. Campano completed more than 28 days of inpatient treatment programs for chemical dependence at Shepherd Hill Hospital followed by a two-year aftercare program. (1995 Report, Summary of Evidence [Sum.] at par. 1-2)
  - b. In 1989, Dr. Campano applied to the West Virginia Board of Medicine for a medical license, disclosing his treatment for chemical dependence. The West Virginia Board granted a probationary certificate subject to conditions including drug testing and attendance at Narcotics Anonymous. (Sum. at par. 3)

- c. In 1992, the West Virginia Board granted Dr. Campano an unrestricted license. However, Dr. Campano began prescribing for himself in 1992, relapsing on benzodiazepines and alcohol. In 1993, The West Virginia Board Virginia entered into an agreement with Dr. Campano in lieu of formal proceedings. He surrendered his license and agreed to obtain inpatient treatment. (Sum. at par. 3)
- d. In December 1993, Dr. Campano was admitted to Forest Hospital, an accredited psychiatric hospital in Illinois that offered a choice of AA or the Rational Recovery program, which he preferred. The admitting diagnoses were recurrent major depression, alcohol dependence, and poly drug abuse. Dr. Campano was discharged after about 15 days with a prognosis that was “Guarded in view of chronicity and vulnerability to relapse.” (Sum. at par. 6)
- e. In September 1994, Dr. Campano submitted his application for Ohio license renewal, disclosing the surrender of his West Virginia license and treatment for chemical dependence. Dr. Campano stated that he had not practiced medicine in any state since December 1993. (Sum. at 11)
- f. In October 1994, Dr. Campano participated in a three-day evaluation. The evaluators noted cognitive abnormalities or “inefficiencies.” A psychiatric evaluation found that Dr. Campano’s resistance to any twelve-step approach was a barrier to recovery, and the discharge summary included the conclusion that Dr. Campano was “not in recovery.” (Sum. at par. 9)

### **The 1995 Hearing and Order**

3. In December 1994, the Board notified Dr. Campano of proposed disciplinary action against his certificate based on the West Virginia actions. In May 1995, a hearing was conducted on the matter. (St. Ex. 2 at 18-50)

Dr. Campano’s psychiatrist, Ralph S. Smith, Jr., M.D., testified that, following neurological and neuropsychological examinations of Dr. Campano and a consultation with experts on chemical dependence, the consensus of the specialists was that Dr. Campano did not have a neurological problem, neuropsychological deficit, or addiction that would prevent his returning to the practice of medicine. (1995 Report at 2; Sum. at par. 10)

Dr. Smith criticized the conclusions reached during the October 1994 evaluation. Dr. Smith felt that the conclusion that Dr. Campano was “not in recovery” was based on his refusal to accept and attend AA, a program that “simply didn’t fit” Dr. Campano. Dr. Smith pointed to the lack of laboratory evidence to indicate alcohol abuse, and he suggested that the cognitive deficiencies had been caused by Paxil. Dr. Smith further opined that Dr. Campano’s random urine screens had ruled out drug abuse. (Sum. at par. 10)

Dr. Smith recommended that Dr. Campano have close monitoring, use Antabuse, and submit to random drug screens. He opined that Dr. Campano had only a mild depression or dysthymic disorder that was best treated with psychotherapy. Dr. Smith concluded that Dr. Campano was ready to return to the practice of medicine immediately. At the time of the hearing, Dr. Campano had been accepted into the Critical Care Medicine Fellowship Program at The Cleveland Clinic Foundation, subject to renewal of his Ohio license. (Sum. at par. 12-13)

4. In a Report and Recommendation issued June 7, 1995, the Hearing Examiner concluded that Dr. Campano had violated R.C. 4731.22(B)(2), (B)(6), (B)(20), (B)(22) and (B)(26). The Hearing Examiner proposed a permanent revocation that would be stayed pursuant to an array of probationary terms and conditions for a period of at least ten years. (1995 Report at 11-15)
5. At its July 1995 meeting, the Board adopted the proposed Findings of Fact and Conclusions of Law, amending the proposed Order to require that the random drug tests be weekly rather than twice a month. The Order was mailed on July 27, 1995. (St. Ex. 2 at 12-17, 34-36)

In its Order, the Board imposed numerous probationary requirements, including that Dr. Campano “abstain completely from the personal use or possession of drugs except as prescribed, administered, or dispensed to him by another so authorized by law and who has full knowledge of Dr. Campano’s history of chemical dependency.” The Board also prohibited the use of alcohol and required Dr. Campano to submit to random urine screenings for drugs and alcohol on a weekly basis. Further, the Board prohibited Dr. Campano “from self-treating, except in the event of life-threatening emergency.” (St. Ex. 2 at 15)

In addition, the Board ordered Dr. Campano to continue treatment with a Board-approved psychiatrist, who would submit quarterly reports to the Board. Dr. Campano was also required to participate in a program such as Rational Recovery not less than twice a week. Also, each quarter, Dr. Campano was required to appear in person for a Board interview and to submit a quarterly declaration stating under penalty of perjury whether or not he had complied with all the probationary provisions. (St. Ex. 2 at 14-16)

In the Order, the Board stated that, “upon successful completion of probation, as evidenced by a written release from the Board, Dr. Campano’s certificate will be fully restored.” However, the Board warned that, if Dr. Campano violated the probationary provisions in any respect, the Board could permanently revoke his Ohio certificate. (St. Ex. 2 at 16)

#### **Events Following the Board’s 1995 Order**

6. Dr. Campano started the critical care fellowship at The Cleveland Clinic but was subsequently fired, according to his interview with a treating physician in 2005. He then worked at other Ohio hospitals. Dr. Campano reported that he “was fatigued all the time, and everyone there thought he was using,” which he denied. He testified that he later discovered he had sleep apnea, which was undiagnosed at that time. (St. Ex. 5 at 3-4)

7. In 1997, Dr. Campano asked the Board for permission to reapply for a D.E.A. certificate, which the Board granted. (St. Ex. 3 at 2-3) In February 1999, Dr. Campano asked the Board to remove the requirement for supervised practice, which was also granted. St. Ex. at 5-6)
8. In February 1999, Dr. Campano was injured in a motorcycle accident in New Mexico. Dr. Campano testified that he lost a liter of blood and had a fractured shoulder and clavicle, along with rib fractures. Dr. Campano stated that the surgeon thought that he had gone into withdrawal after the accident. Dr. Campano explained that he had gone into withdrawal, but it was due to his rapid tolerance to the opiates administered to him at the hospital. (Transcript [Tr.] at 13-14, 58-60; St. Ex. 5 at 2-4)

Dr. Campano testified that he had returned to Ohio after about six weeks and had been treated for pain at Akron General Medical Center. Dr. Campano said he had declined to continue Percocet because, after six weeks of controlled substances for pain, he had been afraid that he was going to relapse on opiates. Therefore, he had “decided to take some clonidine and Ultram for the pain, which was very severe,” and he had felt that these drugs “worked well.” He testified that he had obtained the clonidine by self-prescribing. He also testified that, although he had known that clonidine could be used as a “painkiller,” he had not known it was addictive. (Tr. at 14-15, 58-60; St. Ex. 5 at 3-4)

Dr. Campano stated that this self-prescribing had begun in about April of 1999, and he had believed it was the result of impaired judgment. He testified that the impaired judgment had been caused by several factors: undiagnosed obstructive sleep apnea and hypoxia, severe pain following the motorcycle accident, blood loss from the accident and consequent fatigue, use of prescribed opiates, untreated severe depression, and his fear of relapse together with his not wanting “to go though all that trouble legally” if he relapsed. (Respondent’s Exhibit [Resp. Ex.] A; Tr. at 14-15, 33, 58-60)

9. Clonidine is ordinarily prescribed to treat high blood pressure. However, it has sedative properties, of which Dr. Campano was aware. According to Gregory B. Collins, M.D., Head of the Alcohol and Drug Recovery Center at The Cleveland Clinic, clonidine is “active at the mu opioid receptor in the nervous system and is analogous to opioid drugs.” Dr. Collins concluded that clonidine was basically functioning as an opioid drug in this case. (St. Ex. 4; Tr. at 27-28, 102; see, also, St. Ex. 6-7)

According to Dr. Campano, the typical dose of clonidine is 0.1 to 2.4 milligrams, and he said that he usually took “less than 2 milligrams” on average, although he admitted taking more at times. Dr. Collins testified that a standard dose of clonidine would be about one tenth of a milligram once to three times a day, and that Dr. Campano was taking “10 to 20 times what we would ordinarily see as a standard dose.” Danielle Bickers, the Board’s Compliance Officer, testified that Dr. Campano told her that he had been taking “up to 3 to 4 milligrams” per day. (Tr. at 28, 57-59, 102, 114)

10. Although Dr. Campano was self-prescribing clonidine, the weekly urine screens required under the Board's 1995 Order continued to show negative results. The reason is that the standard drug screen is designed to detect typical drugs of abuse and any other drugs that the individual has a known history of abusing. Accordingly, Dr. Campano's urine was not tested for a blood-pressure medication such as clonidine. (Tr. at 47-50)
11. The Board's 1995 Order also required Dr. Campano to submit quarterly declarations stating whether or not he had complied with all the probationary terms. Beginning in April 1999 and continuing to the middle of 2005, every quarterly declaration signed by Dr. Campano was false: he stated that he was in compliance with all probationary terms when he was not in compliance. In each declaration, Dr. Campano stated that he understood and acknowledged that the declaration, if false, could subject him to additional disciplinary action by the Board and/or criminal penalties under R.C. 2921.13. Dr. Campano has admitted that, at the time he submitted these quarterly declarations, he knew they were false and he knew he had violated the probationary terms of the Board's Order. (Tr. at 33, 44, 68-69, 89)
12. Dr. Campano became chemically dependent on clonidine and used different pharmacies to disguise his self-prescribing of the drug. Despite his relapse and chemical dependence on clonidine, Dr. Campano asked the Board to reduce or eliminate the requirement of attending twelve-step meetings. At its meeting in January 2001, the Board tabled the request until it could consult its Compliance Officer. (St. Ex. 2 at 6-7; St. Ex. 5 at 5)
13. Dr. Campano continued to use clonidine and developed an increasing tolerance, using more and more of the drug. Dr. Collins described the circumstances as follows:

\* \* \* Dr. Campano was taking massive amounts of this drug, which he was obtaining by prescribing for himself. This went on from 1999 to the present time, and he developed an enormous tolerance to this drug. As this process was unfolding, Dr. Campano became more and more dysfunctional, to the point that he would have severe withdrawal symptoms if he did not take the drug, and also it appeared that he was becoming more lethargic and less motivated to perform in just about any capacity. \* \* \*

(St. Ex. 4)
14. Dr. Campano continued to make false declarations to the Board, and his urine specimens continued to test negative despite high doses of clonidine. In October 2001, the Board's minutes show that Dr. Campano requested a reduction in his quarterly appearances to every six months, which the Board granted. (Tr. at 44-49; St. Ex. 3 at 8-9, 10-11, 68, 89)
15. Dr. Campano stated that, starting in 2001 or 2002, he was largely unemployed, having only a few *locum tenens* assignments. He tried to taper off the clonidine but was not able to do it without experiencing withdrawal symptoms. (Tr. at 68-69, 71, 92-93, 99, 112; St. Ex. 5 at 3-4)

16. In November 2003, Dr. Campano was diagnosed with severe obstructive sleep apnea and oxyhemoglobin desaturation, severe periodic limb movement disorder, and abnormal sleep architecture with severe reduction in REM percentage and moderate to severe reduction in slow-wave sleep. The treating physician for these disorders, William V. Swoger, D.O., noted that Dr. Campano was taking Effexor, Cardura, Ambien, Labetalol, aspirin, Ultracet, Pepcid, heavy doses of caffeine, and clonidine for hypertension. From November 2003 to July 2004, Dr. Swoger expressed concern in his reports that Dr. Campano should be weaned from clonidine, and he advised that the hypertension regime should be adjusted because clonidine decreases REM sleep. Dr. Swoger also recommended against Ambien and opined that Cardura should be weaned as well. In addition, Dr. Swoger expressed concern regarding chemical dependence, and he commented that "Psychiatric issues and chemical dependency are going to play a large role in his non-compliance." (Resp. Ex. B)
17. In July 2004, Dr. Campano requested approval of a new practice plan that would allow him to perform physical examinations for a company called ExamOne, which the Board approved. (Tr. at 10-11) In 2005, Dr. Campano requested termination of his probation, and the minutes of the Board's meeting on August 10, 2005, include the following description of his statements to the Board:

\* \* \* Dr. Campano stated that he has been doing pretty well. He advised that it feels very good to be this close to release from probation. He added that his main priority is to stay clean and sober and to do whatever is necessary to do that. He's been getting along very well in that regard. Dr. Campano stated that it's been eleven and a half years since he's had the problem.

(St. Ex. 2 at 12-13) The Board voted to release Dr. Campano from probation. (St. Ex. 2 at 13)

18. After his probation ended, Dr. Campano sought treatment for chemical dependence. On October 5, 2005, he admitted himself to The Cleveland Clinic. His treating physician, Dr. Collins, reported that Dr. Campano had been taking approximately 2 or 3 mg of clonidine per day, which Dr. Collins described as "a huge amount." Dr. Campano endured a severe, painful withdrawal and detoxification. (St. Ex. 4, St. Ex. 5 at 2, 4-5)

On October 11, 2005, Dr. Campano and Dr. Collins telephoned the Board at Dr. Collins' insistence. Dr. Campano told Danielle Bickers that he had been self-prescribing clonidine and making false declarations to the Board since 1999. The next day, Dr. Campano admitted these same matters to Charles Woodbeck, a Board Enforcement Attorney. Dr. Campano explained that he had thought that he did not have to inform the Board about his treatment for chemical dependence if he went to an approved treatment provider and was not under probationary restrictions at the time. He explained that he had waited such a long time to seek treatment because he did not want to obtain treatment while on probation because he "wanted to avoid any kind of legal complications." (Tr. at 26, 31, 33-36, 64-69, 107)

19. Dr. Campano was discharged from The Cleveland Clinic with a principal diagnosis of clonidine dependence on October 13 or October 31, 2005.\* In written notes, Dr. Collins reported “severe” dependence on clonidine, benzodiazepine dependence in remission (Halcion®), and alcohol dependence in remission. He also noted “Poor acceptance of treatment guidelines” by Dr. Campano and found that his overall health was poor. In addition, Dr. Collins found “major depression, severe and chronic.” (St. Ex. 4; St. Ex. 5 at 4; Tr. at 108, 117)
20. In a letter to the Board dated November 3, 2005, Dr. Collins discussed clonidine and concluded that Dr. Campano had relapsed:

\* \* \* [I]n my opinion, the drug Clonidine, as taken by Dr. Campano since 1999, and from which he stated he was unable to withdraw due to withdrawal signs and symptoms, is a drug that has the potential to impair his ability to practice. In my opinion, because of the opioid-like qualities of this drug, Dr. Campano’s surreptitious and excessive use of the drug constitutes a relapse according to the definition applied by the State Medical Board of Ohio.

(Ex. 4) When asked at the hearing about Dr. Campano’s prognosis, Dr. Collins responded that it was too soon to tell. (Tr. at 117)

### **FINDINGS OF FACT**

1. By Order effective on July 27, 1995, the Board permanently revoked the certificate of Mark A. Campano, M.D., to practice medicine and surgery in Ohio, but it stayed the revocation and imposed a probation of at least ten years, subject to probationary terms, conditions, and limitations. The Order was based on Dr. Campano’s violations of Ohio Revised Code Sections [R.C.] 4731.22(B)(2), (B)(6), (B)(20), (B)(22) and (B)(26).
2. In issuing its Order, the Board adopted the Hearing Examiner’s Report and Recommendation dated June 7, 1995 [1995 Report], as amended. The 1995 Report included a “Summary of The Evidence,” which set forth evidence of matters including the following:
  - a. that Dr. Campano had admitted that his use of caffeine to stay awake during the day, and alcohol and Halcion®, a benzodiazepine, at night to sleep, had affected his work performance in an Ohio anesthesiology practice;
  - b. that Dr. Campano had received inpatient treatment at Shepherd Hill Hospital and completed a 24-month aftercare contract;

---

\* In a letter dated November 3, 2005, Dr. Collins stated that Dr. Campano was admitted on October 5, 2005, and “completed his 28 days of mandatory inpatient/residential treatment \* \* \* on October 31, 2005.” In contrast, the discharge order signed by Dr. Collins and a nurse states that the date of discharge was “10/13/05.” Further, even if Dr. Campano were discharged on October 31, he would not have been in treatment for 28 days. The length of treatment in October 2005, however, is not a material issue in this matter.

- c. that Dr. Campano had remained clean and sober for five years, but he began prescribing controlled substances for himself in 1992 and 1993, relapsing with alcohol and then benzodiazepines; and
  - d. that Dr. Campano had been treated at an accredited psychiatric hospital with an addiction program in Illinois for about fifteen days beginning in December 1993, with admitting diagnoses of major depression, recurrent; alcohol dependence; and poly drug abuse.
3.
  - a. The Board's 1995 Order required Dr. Campano to submit quarterly declarations under penalty of falsification pursuant to R.C. 2921.13, stating whether or not he had been in compliance with all the probationary provisions of the Order. Beginning in or about April 1999 and continuing to August 2005, Dr. Campano submitted false declarations every quarter, stating that he was in compliance with the Order when he was not.
  - b. The 1995 Order required Dr. Campano to abstain completely from the personal use or possession of drugs except as prescribed, administered, or dispensed to him by another so authorized by law who has full knowledge of his history of chemical dependency. Beginning in or about April 1999, and continuing through his release from probation in August 2005, Dr. Campano personally possessed and used clonidine, a dangerous drug, on a regular basis, and he obtained the drug by prescribing it for himself.
  - c. The 1995 Order required Dr. Campano to refrain from self-treating except in the event of a life-threatening emergency. Beginning in or about April 1999, Dr. Campano began self-treating and continued to self-treat through the time of his release from probation in August 2005. From 1999 through August 2005, he self-treated with a daily dose of at least 1.5 milligrams of clonidine and up to 3 mg per day, which was not detected on the standard drug screens.
4. Dr. Campano admitted, in conversations with Board staff in October 2005 and during the administrative hearing in December 2005, that he had violated the probationary terms in the Board's 1995 Order. Specifically, Dr. Campano admitted that, beginning in about April 1999, he had self-prescribed and had submitted quarterly declarations of compliance with the Order when he knew he was not in compliance. Further, Dr. Campano admitted that he had known he was violating provisions of the Board's Order when he self-prescribed and submitted those quarterly declarations.
5. On August 10, 2005, the Board voted to release Dr. Campano from the probation imposed in its 1995 Order.
6. On October 5, 2005, Dr. Campano admitted himself to The Cleveland Clinic Foundation in order to withdraw from clonidine. He was discharged with a principal diagnosis of clonidine dependence on October 13 or October 31, 2005. Dr. Campano stated that he had been unable to withdraw from clonidine on his own due to withdrawal symptoms. He admitted, in

conversations with Board staff in October 2005 and also during the administrative hearing in December 2005, that he had chosen to refrain from seeking inpatient treatment for clonidine dependence until he was no longer subject to the probationary terms of the Board's 1995 Order.

7. The use of clonidine by Dr. Campano beginning in or about April 1999 constituted a "relapse," and this relapse continued until his admission to The Cleveland Clinic Foundation as an inpatient on October 5, 2005.

### CONCLUSIONS OF LAW

1. As set forth above in Findings of Fact 1, 2, 3b, 3c, 4, 6 and 7, the evidence establishes that Dr. Campano has sustained an "[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 Ohio Revised Code [R.C.] 4731.22(B)(26).
2. Dr. Campano's conduct, as set forth above in Findings of Fact 3a and 4, constitutes "[m]aking a false, fraudulent, deceptive, or misleading statement \* \* \* in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as that clause is used in R.C. 4731.22(B)(5).
3. When Dr. Campano submitted false declarations of compliance to the Board beginning in or about April 1999, he committed falsification in violation of R.C. 2921.13(A)(3), a misdemeanor. Therefore, Dr. Campano's conduct as set forth above in Findings of Fact 3a and 4, constitutes "[c]ommission of an act in the course of practice that constitutes a misdemeanor in this state," as that clause is used in R.C. 4731.22(B)(12).
4. Dr. Campano's conduct, as set forth in Findings of Fact 1, 3, and 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 R.C. 4731.22(B)(15).

\* \* \* \* \*

In 1995, this Board ordered a permanent revocation Dr. Campano's certificate but stayed it, imposing probation with many safeguards to protect the public, including close monitoring of compliance with probationary requirements. Dr. Campano began violating probationary requirements in 1999 and violated them continually for more than six years, self-prescribing increasingly high doses of clonidine, resulting in chemical dependence and impairment.

Dr. Campano further violated the Board's probationary order by submitting false declarations of compliance to the Board every quarter beginning in April 1999 and continuing into 2005. In

August 2005, Dr. Campano gave direct assurance to the Board that he had been clean and sober for many years, and in making that statement he blatantly lied to the Board to obtain the full restoration of his license at a time when he was impaired.

The safeguards in Dr. Campano's probationary program were frighteningly ineffective. Weekly urine screens did not detect the drug because Dr. Campano chose a drug that was not detected by standard drug screening. Other safeguards such as continued psychotherapy, reporting, and appearances before the Board were also ineffective in preventing the relapse or detecting it promptly. Dr. Campano has the ability to hide the truth convincingly.

In mitigation, one may note that Dr. Campano sustained a motorcycle accident that caused him to experience substantial pain and become more vulnerable to relapse.\* In addition, Dr. Campano suffers from medical conditions of depression, chemical dependence, and sleep apnea that merit the Board's understanding and compassion. Nonetheless, Dr. Campano presents a substantial risk to the public if he holds a medical license. Because the array of probationary conditions did not prevent Dr. Campano's relapse nor detect it for more than six years, the Board cannot be sufficiently sure in the future that another set of probationary requirements can ever provide sufficient safeguards. Accordingly, a permanent revocation of Dr. Campano's certificate to practice medicine is necessary to protect the public.

### **PROPOSED ORDER**

It is hereby ORDERED that:

The certificate of Mark A. Campano, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

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

  
Patricia A. Davidson  
Hearing Examiner

---

\*Note: Given the fact that clonidine was not detected in the standard drug screens and that the treating surgeon believed that Dr. Campano was experiencing withdrawal symptoms in the hospital after his accident, there is a question as to whether Dr. Campano was already self-prescribing clonidine prior to the 1999 accident. However, the findings and conclusions in this Report and Recommendation are based solely on the admitted self-prescribing that began in or about April 1999.



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

## EXCERPT FROM THE DRAFT MINUTES OF FEBRUARY 8, 2006

### REPORTS AND RECOMMENDATIONS

Dr. Robbins announced that the Board would now consider the findings and orders appearing on the Board's agenda. He noted that the case of Jabir Kamal Akhtar, M.D., which was scheduled for this meeting, would be considered at a later time due to the inability to achieve service of the Report and Recommendation on Dr. Akhtar.

Dr. Robbins asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Mark A. Campano, M.D.; Philip L. Creps, D.O.; Ruth Ann Holzhauser, M.D.; John Bruce Payne, D.O.; Alberto Pena, M.D.; and Joseph Aloysius Ridgeway IV, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye
	Dr. Robbins	- aye

Dr. Robbins 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. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye

Dr. Steinbergh - aye  
Dr. Robbins - aye

Dr. Robbins 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. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

Dr. Robbins 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.

.....  
MARK A. CAMPANO, M.D.

Dr. Robbins directed the Board's attention to the matter of Mark A. Campano, M.D. He advised that no objections were filed to Hearing Examiner Davidson's Report and Recommendation.

**DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF MARK A. CAMPANO, M.D. DR. BUCHAN SECONDED THE MOTION.**

Dr. Robbins advised that Assistant Attorney General Wilcox has filed a motion for an order ratifying the determination of the Secretary and Supervising Member that there was clear and convincing evidence that Dr. Campano had violated Sections 4731.22(B)(5), (B)(12), (B)(15) and (B)(26), Ohio Revised Code, and further determined that his continued practice of medicine constituted a danger of immediate and serious harm to the public.

**DR. STEINBERGH MOVED TO AMEND THE FINDINGS OF FACT IN THE MATTER OF MARK A. CAMPANO, M.D., BY ADDING FINDINGS THAT: 1. THE SECRETARY AND SUPERVISING MEMBER, AT THE TIME THEY MADE THE RECOMMENDATION TO SUMMARILY SUSPEND THE LICENSE OF DR. CAMPANO, HAD CLEAR AND CONVINCING EVIDENCE THAT DR. CAMPANO HAD VIOLATED THE TERMS OF THE BOARD'S ORDER, AND, 2. THEREFORE, HIS CONTINUED PRACTICE OF MEDICINE CONSTITUTED A DANGER OF IMMEDIATE AND SERIOUS HARM TO THE PUBLIC. DR. BUCHAN SECONDED THE MOTION. A vote was taken:**

Vote: Mr. Albert - abstain

Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye

The motion carried.

**DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF MARK A. CAMPANO, M.D. DR. BUCHAN SECONDED THE MOTION.**

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

Dr. Steinbergh spoke in support of the Report and Recommendation, and the Proposed Order of permanent revocation. She stated that, even though the Board has difficulty permanently revoking chemically dependent physicians, hoping that the Board can help them to full recovery, she thinks that the hearing record is very clear about this doctor's current addiction problems and his ability to lie to this Board. She doesn't believe that the Board can rehabilitate this physician. He's been so very deceitful that she doesn't believe that he has the honest and ethical conscience that a physician requires to take care of patients. Dr. Steinbergh concluded by stating that she's in full support of this Proposed Order.

Dr. Buchan stated that he thinks that the Board is committed to the crafting of Orders that will protect the public. His only disappointment was that Dr. Campano fell through the cracks for as long as he did. Dr. Buchan stated that he supports the Report and Recommendation, as written, and as amended.

Dr. Davidson stated that she supported the Secretary and Supervising Member's decision for summary suspension because this is a physician whose license the Board saw fit to permanently revoke in 1995, but did stay that permanent revocation. She stated that this is a physician who is working with a stayed permanent revocation. She stated that she thinks that this is a class different from the others with whom the Board has dealt today, and that Dr. Campano was on thin ice. Dr. Davidson spoke in support of the amended Report and Recommendation.

Dr. Kumar stated that the record is very clear in this case; however, he did come here initially with the idea that the Board has been lenient with people who are impaired. The Board tries to work with them. He was going to suggest just revoking Dr. Campano, rather than permanent revocation; however, Dr. Campano did not even come in to present himself or make any admission on his part. Dr. Kumar stated that he will support the permanent revocation.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye

The motion carried.



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

November 9, 2005

Mark Anthony Campano, M.D.  
820 South Tuscarawas Avenue  
Dover, Ohio 44622

Dear Doctor Campano:

Enclosed please find certified copies of the Entry of Order, the Notice of Summary Suspension and Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on November 9, 2005, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Summary Suspension and Opportunity for Hearing.

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

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

THE STATE MEDICAL BOARD OF OHIO

  
Lance A. Talmage, M.D., Secretary

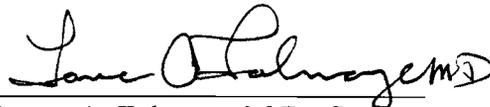
LAT:blt  
Enclosures

*Mailed 11-10-05*

**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 November 9, 2005, to Adopt the Order of Summary Suspension and to Issue the Notice of Summary Suspension and Opportunity for Hearing, constitute true and complete copies of the Motion and Order in the Matter of Mark Anthony Campano, M.D., as they appear in the Journal of the State Medical Board of Ohio.

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



Lance A. Talmage, M.D., Secretary

(SEAL)

November 9, 2005 \_\_\_\_\_

Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF :  
 :  
 :  
 MARK ANTHONY CAMPANO, M.D. :

**ENTRY OF ORDER**

This matter came on for consideration before the State Medical Board of Ohio the 9th day of November 2005.

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

Pursuant to their determination, based upon their review of the information supporting the allegations as set forth in the Notice of Summary Suspension and Opportunity for Hearing, that there is clear and convincing evidence that Mark Anthony Campano, M.D., has violated Sections 4731.22(B)(5), (B)(12), (B)(15) and (B)(26), Ohio Revised Code, as alleged in the Notice of Summary Suspension and Opportunity for Hearing that is enclosed herewith and fully incorporated herein; and,

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

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 9th day of November 2005:

It is hereby ORDERED that the certificate of Mark Anthony Campano, M.D., to practice medicine or surgery in the State of Ohio be summarily suspended.

It is hereby ORDERED that Mark Anthony Campano, M.D., shall immediately cease the practice of medicine and surgery in Ohio and immediately refer all active patients to other appropriate physicians.

This Order shall become effective immediately.

(SEAL)

  
Lance A. Talmage, M.D., Secretary

November 9, 2005  
Date



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

EXCERPT FROM DRAFT MINUTES OF NOVEMBER 9, 2005

CITATIONS, PROPOSED DENIALS AND ORDERS OF SUMMARY SUSPENSION

.....

MARK ANTHONY CAMPANO, 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. STEINBERGH MOVED TO ENTER AN ORDER OF SUMMARY SUSPENSION IN THE MATTER OF MARK ANTHONY CAMPANO, M.D., IN ACCORDANCE WITH SECTION 4731.22(G), OHIO REVISED CODE, AND TO ISSUE THE NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING. DR. ROBBINS SECONDED THE MOTION. A vote was taken:**

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

## NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

November 9, 2005

Mark Anthony Campano, M.D.  
820 South Tuscarawas Avenue  
Dover, Ohio 44622

Dear Doctor Campano:

The Secretary and the Supervising Member of the State Medical Board of Ohio [Board] have determined that there is clear and convincing evidence that you have violated Sections 4731.22(B)(5), (B)(12), (B)(15) and (B)(26), Ohio Revised Code, and have further determined that your continued practice presents a danger of immediate and serious harm to the public, as set forth in paragraphs (1) through (8), below.

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

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

- (1) By Order effective on or about July 27, 1995 [Board Order] your certificate to practice medicine and surgery in Ohio was permanently revoked, the permanent revocation was stayed and probation was imposed for a period of at least ten years. The Board Order was based upon your violation of Sections 4731.22(B)(2), (B)(6), (B)(20), (B)(22) and (B)(26), Ohio Revised Code. A copy of the aforementioned Board Order is attached hereto and fully incorporated herein.

The Board Order adopted the Report and Recommendation of the Hearing Examiner, as amended, which included a "Summary of The Evidence [Summary]." The Summary included that you received inpatient treatment at Shepherd Hill Hospital. Further, the Summary included your admission that your use of caffeine

to stay awake during the day, and alcohol and Halcion®, a benzodiazepine, at night to sleep, had affected your work performance in an Ohio anesthesiology practice. The Summary noted that after discharge from Shepherd Hill, you completed a 24 month Healthcare Reentry and Advocacy Contract.

Further, the Summary noted that after you had remained clean and sober for five years, in 1992 and 1993 you again began prescribing controlled substances for yourself, becoming depressed and relapsing first with alcohol, then with benzodiazepines. You were treated at Forest Hospital, Des Plaines, Illinois, an accredited psychiatric hospital with an addiction program, from December 29, 1993 to January 14, 1994, for admitting diagnoses of major depression, recurrent; alcohol dependence; and poly drug abuse.

- (2) On or about August 10, 2005, the Board voted to release you from the terms of the Board Order.
- (3) On or about October 11, 2005, you reported to the Board that beginning in or about April 1999 and continuing until your release from the Board Order on or about August 10, 2005, you had violated the probationary terms because you had self-prescribed, and had submitted quarterly declarations of compliance when you knew you were not in compliance with the Order. Further, you reported that you knew at the time you committed such acts that you were violating the probationary terms of the Board Order.
- (4) Despite the requirement, as set forth in paragraph 1. b. of the Board Order, to submit quarterly declarations under penalty of falsification pursuant to Section 2921.13, Ohio Revised Code, stating whether or not you have been in compliance with all the provisions of the probation, beginning in or about April 1999 and continuing until your release from the Board Order on or about August 10, 2005, you submitted false declarations every quarter, stating that you were in compliance with the Board Order, when in fact, you were not.
- (5) Despite the requirement, as set forth in paragraph 1. e. of the Board Order, to abstain completely from the personal use or possession of drugs except as prescribed, administered, or dispensed to you by another so authorized by law who has full knowledge of your history of chemical dependency, beginning in or about April 1999 and continuing after your release from the Board Order on or about August 10, 2005, you possessed for your personal use on a regular basis clonidine, a dangerous drug, which you had self-prescribed. Your relapse on clonidine began in or about April 1999, and continued until your admission as an inpatient to the Cleveland Clinic Foundation on or about October 5, 2005. You were discharged on or about October 13, 2005, with a principal diagnosis of clonidine dependence.

- (6) Despite the requirement, as set forth in paragraph 1. g. of the Board Order, that you refrain from self-treating except in the event of a life-threatening emergency, beginning in or about April 1999 and continuing after your release from the Board Order on or about August 10, 2005, you self-treated with a daily dosage of 1.5 mg of clonidine, with an occasional dosage of up to 2 or 3 mg per day, for relief of pain from an injury sustained in 1999.
- (7) On or about October 11, 2005, you stated that you had not sought inpatient treatment for withdrawal from clonidine until you were no longer subject to the probationary terms of the Board Order. You further stated that you had been unable to withdraw on your own from clonidine due to withdrawal symptoms.
- (8) Section 4731.22(B)(26), Ohio Revised Code, provides that if the Board determines that an individual's ability to practice is impaired, the Board shall suspend the individual's certificate and shall require the individual, as a condition for continued, reinstated, or renewed certification to practice, to submit to treatment and, before being eligible to apply for reinstatement, to demonstrate to the Board the ability to resume practice in compliance with acceptable and prevailing standards of care, including completing required treatment, providing evidence of compliance with an aftercare contract or written consent agreement, and providing written reports indicating that the individual's ability to practice has been assessed by individuals or providers approved by the Board and that the individual has been found capable of practicing according to acceptable and prevailing standards of care.

Further, Rule 4731-16-02(B)(3), Ohio Administrative Code, provides that if an examination discloses impairment, or if the Board has other reliable, substantial and probative evidence demonstrating impairment, the Board shall initiate proceedings to suspend the licensee, and may issue an order of summary suspension as provided in Section 4731.22(G), Ohio Revised Code. Further, Rule 4731-16-02(B)(3), Ohio Administrative Code, additionally provides that if an individual has relapsed during or following treatment, it shall constitute independent proof of impairment and shall support license suspension or denial without the need for an examination.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (3) through (7) 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 (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, podiatric medicine and

surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (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(A)(3), Falsification, a misdemeanor of the first degree.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (4) through (6) 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.

Pursuant to Chapter 119., Ohio Revised Code, and Chapter 4731., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

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

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

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

Mark Anthony Campano, M.D.  
Notice of Summary Suspension  
& Opportunity for Hearing  
Page 5

Copies of the applicable sections are enclosed for your information.

Very truly yours,

A handwritten signature in black ink, appearing to read "Lance A. Talmage, M.D.", written in a cursive style.

Lance A. Talmage, M.D.  
Secretary

LAT/blt  
Enclosures

CERTIFIED MAIL # 7003 0500 0002 4333 3737  
RETURN RECEIPT REQUESTED



# STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614)466-3934

July 14, 1995

Mark A. Campano, M.D.  
5019 Kingswood Drive, Apt. C  
South Charleston, WV 24309

Dear Doctor Campano:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Sharon W. Murphy, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of the draft Minutes of the State Medical Board, meeting in regular session on July 12, 1995, including Motions approving and confirming the Findings of Fact and Conclusions of Law of the Hearing Examiner, and adopting an amended Order.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. 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 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 within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO

Thomas E. Gretter, M.D.

Secretary

TEG:em  
Enclosures

CERTIFIED MAIL RECEIPT NO. P 741 124 434  
RETURN RECEIPT REQUESTED

cc: Kevin P. Byers, Esq.

CERTIFIED MAIL RECEIPT NO. P 741 124 435  
RETURN RECEIPT REQUESTED

*Mailed 7-27-95*



# STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614)466-3934

## CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; attached copy of the Report and Recommendation of Sharon W. Murphy, Attorney Hearing Examiner, State Medical Board; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on July 12, 1995, including Motions approving and confirming the Findings of Fact and Conclusions of Law of the Hearing Examiner, and adopting an amended Order; constitute a true and complete copy of the Findings and Order of the State Medical Board in the Matter of Mark A. Campano, 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.

Thomas E. Gretter, M.D.  
Secretary

(SEAL)

7/20/95

\_\_\_\_\_  
Date



# STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614)466-3934

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

\*

\*

MARK A. CAMPANO, M.D.

\*

## ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on the 12th day of July, 1995.

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

It is hereby ORDERED that:

1. The certificate of Mark A. Campano, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. The permanent revocation is STAYED, subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least ten years:
  - a. Dr. Campano shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.
  - b. Dr. Campano shall submit quarterly declarations, under penalty of falsification pursuant to Section 2921.13, Ohio Revised Code, stating whether or not there has been compliance with all the provisions of probation.
  - c. Dr. Campano shall appear in person for interviews before the full Board or its designated representative at three month intervals, or as otherwise requested by the Board.
  - d. Dr. Campano shall immediately surrender his United States Drug Enforcement Administration [DEA] Certificate. He shall be ineligible to hold, and shall not apply for, registration with the DEA to prescribe, dispense, or administer controlled substances without prior Board approval.

Dr. Campano shall be permitted to order, write orders for, give verbal orders for, dispense or administer controlled substances as defined by State or Federal law under the DEA registration of the institution in which he is employed, is training, and/or has privileges. All such orders shall be countersigned within twenty-four hours by a physician who is fully

authorized under State and Federal law to prescribe, dispense and administer controlled substances and who is also employed and/or has privileges in the hospital or institution in which Dr. Campano is employed, is training, and/or has privileges. Moreover, Dr. Campano shall dispose of all excess or unused controlled substances properly, and shall assure that such disposal is witnessed and countersigned by a person who is permitted under State law to administer controlled substances and who is employed by or practicing in the hospital or institution.

Dr. Campano shall keep a log of all controlled substances prescribed, dispensed or administered. The log shall contain the name of the patient for whom the controlled substance is prescribed, the treatment provided, and the drug administered or prescribed. Moreover the log shall contain the name of the physician who countersigned the order and the name of the hospital employee who witnessed and countersigned the proper disposal of any excess controlled substance. The log shall be submitted in a format approved by the Board, thirty days prior to Dr. Campano's appearances before the Board or its designated representative, or as otherwise directed by the Board.

- e. Dr. Campano shall abstain completely from the personal use or possession of drugs except as prescribed, administered, or dispensed to him by another so authorized by law and who has full knowledge of Dr. Campano's history of chemical dependency.
- f. Dr. Campano shall abstain completely from the use of alcohol.
- g. Dr. Campano shall refrain from self-treating, except in the event of life-threatening emergency.
- h. Dr. Campano shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Campano shall ensure that all screening reports are forwarded directly to the Board on a monthly basis. Within thirty (30) days of the effective date of this Order, Dr. Campano shall submit to the Board for its prior approval the name of a supervising physician to whom Dr. Campano shall submit the required urine specimen. 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. In the event that the designated supervising physician becomes unable or unwilling to so serve, Dr. Campano must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician within thirty days.
- i. Dr. Campano shall submit blood or urine samples for analysis without prior notice at such times as the Board may request.
- j. Dr. Campano shall maintain participation in an alcohol and drug rehabilitation program, such as Rational Recovery, approved in advance by the Board specifically for Dr. Campano, no less than twice a week, or as otherwise directed by the Board. At Dr. Campano's

appearances before the Board or its designated representative, Dr. Campano shall submit acceptable documentary evidence of continuing compliance with this program.

- k. Dr. Campano shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless and until otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Campano's activities will be directly supervised and overseen by another physician approved by the Board.
  - l. Moreover, Dr. Campano shall have a monitoring physician approved by the Board, who shall monitor him and provide the Board with reports on Dr. Campano's progress and status. Dr. Campano shall ensure that said 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, Dr. Campano must immediately so notify the Board in writing, and make arrangements acceptable to the Board for another physician to monitor his progress and status as soon as practicable.
  - m. Dr. Campano shall continue psychotherapy with Ralph S. Smith, Jr., M.D., or with a psychiatrist approved by the Board, at such intervals as are deemed appropriate by the treating psychiatrist, but not less than once a week. Additionally, Dr. Campano shall continue the daily use of Antabuse, to be monitored by the Board approved treating psychiatrist. The psychotherapy and Antabuse ingestion will continue until the Board determines that such treatment is no longer necessary. To make this determination, the Board shall require quarterly reports from the approved treating psychiatrist. Dr. Campano shall ensure that these reports are forwarded to the Board on a quarterly basis, or as otherwise directed by the Board. Dr. Campano shall provide the approved treating psychiatrist with copies of this Report and Recommendation. Moreover, the Board may provide any other documentation from the hearing record which it may deem appropriate or helpful to that treating psychiatrist.
  - n. Dr. Campano shall provide a copy of this Order to all employers and the Chief of Staff at each hospital where he has, applies for, or obtains privileges.
  - o. In the event that Dr. Campano should leave Ohio for three consecutive months, or reside or practice outside the State of Ohio, Dr. Campano must notify the Board in writing of the dates of departure and return. Periods of time spent outside the State of Ohio shall not apply to the reduction of the probationary period.
2. If Dr. Campano violates probation in any respect, the Board, after giving Dr. Campano notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Campano's certificate to practice medicine and surgery in the State of Ohio.
  3. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Campano's certificate will be fully restored.

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



Thomas E. Gretter, M.D.  
Secretary

(SEAL)

7/20/95

Date

95 JUN -7 PM 3:04

**REPORT AND RECOMMENDATION  
IN THE MATTER OF MARK A. CAMPANO, M.D.**

The Matter of Mark A. Campano, M.D., was heard by Sharon W. Murphy, Esq., Hearing Examiner for the State Medical Board of Ohio, on May 3, 1995.

**INTRODUCTION**

**I. Basis for Hearing**

A. The State Medical Board of Ohio notified Mark A. Campano, M.D., by letter dated December 7, 1994, (State's Exhibit 1), that it proposed to take disciplinary action against his certificate to practice medicine and surgery in Ohio, based upon the following allegations:

1. In or about March 1990, Dr. Campano entered into a Consent Agreement with the West Virginia Board of Medicine [West Virginia Board]. Pursuant to that agreement, Dr. Campano agreed to obtain treatment for chemical dependency and to have his license to practice medicine in West Virginia placed on probation for at least two years after completing the treatment program.

The Board alleged that the 1990 action by the West Virginia Board constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees,' as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(26), Ohio Revised Code."

2. In or about November 1993, Dr. Campano entered into a second Consent Agreement with the West Virginia Board. Pursuant to the 1993 agreement, Dr. Campano surrendered his license to practice medicine. He also agreed to enter an in-patient treatment program which was to be approved by the West Virginia Board prior to his entry into the program. The 1993 Consent Agreement was based upon the fact that, in 1992 and 1993, Dr. Campano had written prescriptions for controlled substances for himself and had failed to keep medical records of the self-treatment.

The Board alleged that the 1993 action by the West Virginia Board constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or

95 JUN -7 PM 3:04

reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees,' as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section[s] 4731.22(B)(26), and . . . (B)(20), Ohio Revised Code to wit: Rule 4731-11-02(A), (C), (D), and (F), Ohio Administrative Code." The Board noted that pursuant to Rule 4731-11-02(F), a violation of any provision of Rule 4731-11-02 also constitutes a violation of Section 4731.22(B)(2) and (6), Ohio Revised Code.

The Board advised Dr. Campano of his right to request a hearing in this matter.

- B. On January 3, 1995, Nisar A. Kalwar, Esq., submitted a written hearing request on behalf of Dr. Campano. (State's Exhibit 2).

## II. Appearances

- A. On behalf of the State of Ohio: Betty D. Montgomery, Attorney General, by Anne B. Strait, Assistant Attorney General.
- B. On behalf of Respondent: Kevin P. Byers, Esq.

## EVIDENCE EXAMINED

### I. Testimony Heard

Presented on behalf of Respondent

- A. Mark A. Campano, M.D.
- B. Ralph S. Smith, Jr., M.D.

### II. Exhibits Presented

In addition to State's Exhibits 1 and 2, noted above, the following exhibits were identified and admitted into evidence:

A. Presented by the State:

1. State's Exhibit 3: January 6, 1995, letter to Nisar A. Kalwar, Esq., from the Board advising that a hearing had been initially scheduled for January 12, 1995, but further advising that the hearing had been postponed pursuant to Section 119.09, Ohio Revised Code.

STATE MEDICAL BOARD  
OF OHIO

95 JUN -7 PM 3:04

2. State's Exhibit 4: January 9, 1995, letter to Nisar A. Kalwar, Esq., from the Board advising that a hearing had been scheduled for March 27, 1995. (2 pp.)
3. State's Exhibit 5: Respondent's Notice of Appearance filed February 10, 1995.
4. State's Exhibit 6: Respondent's Motion for Continuance filed March 15, 1995. (2 pp.)
5. State's Exhibit 7: March 20, 1995, Entry granting Respondent's Motion for Continuance and rescheduling the hearing for May 3, 1995.
6. State's Exhibit 8: Certified copies of the 1993 Consent Agreement between Dr. Campano and the West Virginia Board, which incorporates the 1990 Consent Agreement. (13 pp.) (NOTE: Pages numbered by Hearing Examiner).
7. State's Exhibit 9: Copy of the Dr. Campano's 1994 application for renewal of his Ohio certificate, with attached letter explaining the surrender of his West Virginia license. (2 pp.)
- \* 8. State's Exhibit 10: Copies of Dr. Campano's medical records from Shepherd Hill. (14 pp.) (NOTE: Pages numbered by Hearing Examiner).
9. State's Exhibit 11: Stipulated copy of excerpts of the West Virginia Board meeting minutes of September 12, 1994, as pertaining to Dr. Campano. (4 pp.)

B. Presented by Respondent:

- \* 1. Respondent's Exhibit A: Copies of Dr. Campano's medical records from Forest Hospital, Des Plaines, Illinois, including:
  - a. Respondent's Exhibit A1: Quickview Social History, Basic Report and Clinical Supplement. (8 pp.)
  - b. Respondent's Exhibit A2: Schedule and description of available activities. (21 pp.)
  - c. Respondent's Exhibit A3: Psychological evaluation. (4 pp.)
  - d. Respondent's Exhibit A4: Psychiatric evaluation. (3 pp.)
  - e. Respondent's Exhibit A5: Laboratory reports. (5 pp.)

STATE MEDICAL BOARD  
OF OHIO

95 JUN -7 PM 3:04

- f. Respondent's Exhibit A6: Discharge summary. (4 pp.).
- \* 2. Respondent's Exhibit B: July 12 1994, letter to Dr. Marc Popovich of the Cleveland Clinic Foundation from Gale J. Giolas, M.D., who had treated Dr. Campano for alcohol dependence and polysubstance abuse, proclaiming that Dr. Campano was mentally and physically competent to enter a fellowship program.
- \* 3. Respondent's Exhibit C: September 26, 1994, letter to Ralph S. Smith, Jr., M.D., from Boyd C. Purcell, Ph.D., summarizing his approach in counseling sessions with Dr. Campano. (2 pp.)
- \* 4. Respondent's Exhibit D: January 30, 1995, neuropsychological evaluation of Dr. Campano by Paul D. Blanton, Ph.D., Clinical Neuropsychologist, Assistant Professor and Director, Department of Behavioral Medicine & Psychiatry, Robert C. Byrd Health Sciences Center of West Virginia University. (6 pp.)
- \* 5. Respondent's Exhibit E: February 3, 1995, letter to Dr. Smith from Albert F. Heck, M.D., F.A.C.P., Clinical Professor, Department of Neurology, West Virginia University School of Medicine, regarding a neurological evaluation of Dr. Campano. (3 pp.)
- \* 6. Respondent's Exhibit F: March 28, 1995, letter to Dr. Smith from Laurence M. Westreich, M.D., Division of Alcoholism and Drug Abuse, Department of Psychiatry, NYU Medical Center, regarding evaluation of Dr. Campano's substance abuse problems and treatment. (4 pp.)
7. Respondent's Exhibit G: April 24, 1995, letter to Mr. Byers from William D. Hoffman, M.D., Director, Surgical Intensive Care Unit, Cleveland Clinic Foundation, advising that Dr. Campano had been accepted into the Critical Care Medicine Fellowship Program in the Division of Anesthesiology and Critical Care Medicine at the Cleveland Clinic Foundation, contingent upon Dr. Campano obtaining a certificate to practice medicine in Ohio.
8. Respondent's Exhibit H: Curriculum vitae of Dr. Smith. (9 pp.)

(NOTE: Exhibits marked with asterisk will be sealed to protect confidentiality.)

### III. Post-Hearing Admissions to the Record

On the hearing examiner's own motion, the following documents are hereby admitted into evidence:

STATE MEDICAL BOARD  
OF OHIO

95 JUN -7 PM 3:06

- A. Respondent's Exhibit I: Copies of the negative results of Dr. Campano's random urine drug screens from April 27, 1994, through May 5, 1995, and blood alcohol levels from October 20, 1994, through May 5, 1995. (54 pp.)
- \* B. Respondent's Exhibit J: Copies of Dr. Campano's medical records from Talbott Recovery Center and cover letter. (39 pp.) (NOTE: Pages numbered by Hearing Examiner).
- C. Respondent's Exhibit K: Copy of February 22, 1995, notarized letter to Nisar A. Kalwar, Esq., from Rosemary K. Campano, mother of Dr. Campano, denying the allegation that she had accused Dr. Campano of "using something." (2 pp.)
- D. Respondent's Exhibit L: Curriculum vitae of Dr. Campano. (2 pp.)
- E. Respondent's Exhibit M: May 12, 1995, letter to the Hearing Examiner from Mr. Byers which accompanied Respondent's Exhibits I, K, and L.

(NOTE: Exhibit marked with asterisk will be sealed to protect confidentiality.)

### PROCEDURAL MATTERS

Respondent requested additional time in which to obtain and submit a number of relevant documents. The Hearing Examiner agreed to hold the hearing record open until May 12, 1995, for that purpose. Respondent submitted his exhibits by that date. Accordingly, the hearing record closed on May 12, 1995.

### 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. Dr. Campano graduated from the Wright State University School of Medicine in 1982. He completed two out of three years of an Internal Medicine residency program at Akron General Hospital. Dr. Campano transferred to and completed an anesthesiology residency program at Jackson Memorial Hospital, which is associated with the University of Miami, Miami, Florida. (Tr. at 18). He has been Board Certified in Anesthesiology since 1990. (Tr. at 19).

Dr. Campano has been licensed in the State of Ohio since 1986, and was a member of an anesthesiology group at St. Elizabeth's Hospital Medical Center in Youngstown, Ohio, from August 1986 through May 1990. (Respondent's Exhibit [Resp. Ex.] L; Tr. at 19).

95 JUN -7 PM 3:04

2. In 1987, the members of Dr. Campano's anesthesiology group noticed that Dr. Campano appeared to be under the influence of drugs. (State's Exhibit [St. Ex.] 10 at 2). He slurred his speech, staggered when walking, and appeared sleepy, lethargic and irritable. (St. Ex. 10 at 3; Tr. at 22, 60). Dr. Campano admitted to using caffeine during the day to stay awake, and alcohol and Halcion at night to sleep. (St. Ex. 10 at 3; Tr. at 59, 60). He further admitted that the use of these substances affected his work performance. (St. Ex. 10 at 6). The Shepherd Hill records indicate that Dr. Campano had started to use alcohol and Halcion while on call as an anesthesiologist. (St. Ex. 10 at 2, 6). At hearing, however, Dr. Campano denied ever having used alcohol or benzodiazepines at work. (Tr. at 22, 28).

Dr. Campano's partners demanded that he procure treatment. (Tr. at 22). As a result, Dr. Campano entered Shepherd Hill Hospital from February 3 through March 6, 1987. (St. Ex. 10 at 2). He then attended Shepherd Hill's in-patient Impaired Physicians Program through July 10, 1987. After discharge, he completed a twenty-four month Healthcare Professionals Reentry and Advocacy contract. Dr. Campano was fully compliant with that contract. His long term prognosis was good. (St. Ex. 10 at 12-14).

3. In 1989, Dr. Campano applied for a license to practice medicine in the State of West Virginia. (St. Ex. 8 at 8; Tr. at 20). Upon application, he disclosed his treatment for chemical dependency. (St. Ex. 8 at 8; Tr. at 21). Accordingly, the State of West Virginia and Dr. Campano entered into a Consent Agreement, whereby Dr. Campano agreed to: putting his certificate on probation for two years; random testing of bodily fluids; practicing under a supervisory physician; logging his attendance at two Narcotics Anonymous [NA] meetings a week; obtaining an NA sponsor; and refraining from the use of any controlled substances. (St. Ex. 8 at 11-12). Dr. Campano successfully completed probation, and the West Virginia Board granted him an unrestricted license on March 31, 1992. (St. Ex. 8 at 2; Tr. at 21-22).

Dr. Campano remained clean and sober for more than five years. (Resp. Ex. J at 9). However, in 1992 and 1993, he again began prescribing controlled substances for himself. (St. Ex. 8 at 3; Tr. at 28). Dr. Campano reported that he became depressed and relapsed first with alcohol, and later with benzodiazepines. The relapse lasted about four months. (Resp. Ex. J at 15). A pharmacist reported his conduct to the West Virginia Board. (Resp. Ex. J at 6; Tr. at 27).

In November 1993, the West Virginia Board entered into a second Consent Agreement with Dr. Campano, in lieu of formal proceedings. The 1993 Consent Agreement required that Dr. Campano voluntarily surrender his license to practice medicine and surgery in that state, and that he agree to obtain in-patient treatment for chemical dependency. The West Virginia Board reserved the right to approve the treatment program prior to Dr. Campano's entering the program. (St. Ex. 8 at 5; Tr. at 29).

95 JUN -7 PM 3:04

4. Dr. Campano testified that he has difficulty with the Alcoholic Anonymous [AA] program because of its basis in spirituality. (Tr. at 29, 61). He has had difficulty with the concept of spirituality since childhood. (St. Ex. 10 at 4). Boyd C. Purcell, Ph.D., believes that Dr. Campano "developed an addiction problem due to self medicating in order to relieve psychic pain from spiritual abuse" as a result of growing up in a fundamentalist home. (Resp. Ex. C). Dr. Boyd describes spiritual abuse as "the fear, stated or implied, that a person is going to be punished in this life and in literal fire and brimstone in hell eternally for failure to live up to God's perfect standard." (Resp. Ex. C). For this reason, God is a problem to the victim of spiritual abuse, and AA programs are ineffective. The victim of spiritual abuse can not turn one's life over to the higher power, as required in a 12 step program, because that person fears God. (Resp. Ex. A6).

Dr. Campano testified that although he had fully complied with the Shepherd Hill AA based program, he had difficulty with the spiritual approach to the treatment of addictionology. The AA program teaches that, in order to recover from addiction, a participant must submit to a "higher power"; walk spiritual steps; and admit that he can not control his use of chemicals. Dr. Campano feels that AA is "sort of a quasi-religion." He testified that because he was told that there was no hope for recovery unless he followed a 12-step program, he did everything he was told to do. However, he never felt the serenity and spiritual benefit that the program imparts. After six years of effort, he felt that he never reached full recovery through the AA method. (Tr. at 61-64).

5. Dr. Campano testified that after his relapse, he decided to try a "more scientific, psychiatric approach to the treatment of addictionology. He located a program based on the Rational Recovery [RR] theory of recovery, which is ideologically different from the spirituality based AA program. (Tr. at 64). Rational Recovery is derived from the work of Albert Ellis and rational emotive therapy. (Resp. Ex. B). Dr. Campano testified that the RR system emphasizes attendance at a group meeting which has a moderator trained in addictionology problems. The discussion focuses on practical approaches to resolving addiction related difficulties (Tr. at 32). Dr. Campano further testified that RR theory advocates that participants are responsible for their own behavior. Rather than preaching the need for a higher power and fostering lifetime dependence on recovery groups, the RR approach to recovery is practical, rational and scientific. For example, RR teaches "voice recognition technique," which assists the participant to identify the rationalizations, false ideas, and dysfunctional thoughts that lead to substance abuse. Rational Recovery groups also rely on cognitive behavioral psychology. (Tr. at 64-67, 101-102). Additionally, Dr. Campano testified that, like the AA model, RR teaches that recovery requires lifetime abstinence from chemical use. Unlike AA, however, RR does not require lifetime attendance at meetings. Participants should attend meetings for as long as they feel it necessary. (Tr. at 68) (See also Tr. at 143-144).

95 JUN -7 PM 3:04

6. Forest Hospital in Des Plaines, Illinois, is an accredited psychiatric hospital with an addiction program. (Tr. at 29). Forest Hospital offers patients a choice of the AA or the RR recovery programs. (Resp. Ex. A2). Dr. Campano was admitted to Forest Hospital from December 29, 1993, through January 14, 1994. (Resp. Ex. A6). He went to Forest Hospital at that time because he wanted to get help, regardless of the West Virginia Board's ultimate decision on program approval. (Tr. at 30).

His admitting diagnoses were major depression, recurrent; alcohol dependence; and poly drug abuse. (Resp. Ex. A6). A psychological evaluation noted moderate depressive symptomology. The psychologist recommended treating his depression as well as his substance abuse problems. (Resp. Ex. A3). His discharge prognosis was "Guarded in view of chronicity and vulnerability to relapse." (Resp. Ex. A6).

7. Since his discharge from Forest Hospital, Dr. Campano has been treated by Ralph S. Smith, Jr., M.D., a psychiatrist. (Tr. at 117). Dr. Smith has seen Dr. Campano for psychotherapy every two to three weeks. Dr. Campano also sees a substance abuse counselor, Elizabeth Conrad, M.A., every two weeks. Additionally, Dr. Campano attends Rational Recovery meetings, usually on a weekly basis. Finally, since discharge, Dr. Campano has provided weekly random urines samples for drug screening which have all been negative. Since October, he has also provided blood samples for alcohol screening. These have also been negative. (Resp. Ex. J at 1; Tr. at 53-54).

The Forest Hospital discharge summary prescribed Paxil 20 mg. and Antabuse 250 mg. daily, thirty tablets each, no refills. (Resp. Ex. A6). Dr. Campano testified that he received a prescription for and a thirty day supply of Paxil, but did not receive either for Antabuse. Therefore, he was unaware that Antabuse had been prescribed until he received the discharge summary. Dr. Smith began prescribing Antabuse by monitored ingestion after receiving the discharge summary. (Tr. at 43-45). Dr. Campano did take Paxil, however, until he developed side effects and it was discontinued by Dr. Smith. (Tr. at 126).

8. At the time he entered Forest Hospital, Dr. Campano believed that he needed immediate help. Therefore, he entered the program before obtaining prior approval by the West Virginia Board. (Resp. Ex. J at 1-2; Tr. at 29-31). Subsequently, the West Virginia Board refused to approve the Forest Hospital program. Dr. Campano believes that the West Virginia Board rejected the Forest Hospital program because the West Virginia Board was unfamiliar with the RR program and because Dr. Campano entered the program without prior approval. (Tr. at 105). Dr. Smith believes that the West Virginia Board rejected the Forest Hospital program because the West Virginia Board was upset that Dr. Campano did not get prior approval. He did note, however, that the West Virginia Board exclusively uses Talbott Recovery Center [Talbott] in

25 JUN -7 PM 3:04

College Park, Georgia, an AA based program, for treatment of impaired physicians. (Tr. at 118).

9. The West Virginia Board required that Dr. Campano be evaluated at Talbott. (St. Ex. 11). On October 11, 1994, Dr. Campano entered Anchor Hospital, Talbott Marsh Recovery System, for a three day evaluation. (Resp. Ex. J at 6-7). The cognitive findings on psychological evaluation were "fairly consistent with someone who had used substantial amounts of mood-altering chemicals, but such abnormalities cannot be pathognomonically linked to chemical misuse. Neither do these data preclude the possibility that these disturbances represent long-standing cognitive inefficiencies that have lingered despite a significant period of abstinence." (Resp. Ex. J at 22; Tr. at 120). The family assessment interview reported that Dr. Campano's mother had reported that he continued to use alcohol or drugs. (Resp. Ex. J at 20; Tr. at 120). Finally, a psychiatric evaluation determined that Dr. Campano's "resistance to any 12-Step approach will prove to be a real barrier for him in his recovery efforts and addiction, as well as social recovery." (Resp. Ex. J at 17). The discharge summary concluded that Dr. Campano was not in recovery. (Resp. Ex. J at 7; Tr. at 120).
10. Dr. Smith criticized Talbott's assessment and conclusions. Dr. Smith noted, first, that he had attempted to contact Talbott's Medical Director, but discovered that there is only an Executive Director, Dr. Gropper, who is a recovering dentist. At Dr. Gropper's request, Dr. Smith sent a report explaining Dr. Campano's case and treatment. The discharge plan, however, claimed that Talbott had not received the report. (Tr. at 119).

Dr. Smith also criticized the conclusion that Dr. Campano was not in recovery and Talbott's bases for that conclusion. He testified that "not in recovery" is a 12-Step term which means that a person is not attending AA meetings and has not accepted the AA program. (Tr. at 121). Dr. Smith further testified that he personally contacted Dr. Campano's mother, and that she denied reporting to Talbott personnel that Dr. Campano had been using chemicals at that time. (Resp. Ex. K; Tr. at 127). Additionally, Dr. Smith noted that there was no laboratory evidence, such as liver enzymes, to indicate that Dr. Campano had been abusing alcohol. Moreover, the regularly drawn random urine screens ruled out drug abuse. (Tr. at 120). Pertaining to the alleged cognitive deficits, Dr. Smith noted that Dr. Campano had been taking Paxil during the evaluation, and that the Paxil had produced significant sedative side effects. Dr. Smith felt that the evaluator should have considered this factor. (Tr. at 126). Finally, Talbott's discharge plan was merely a list of AA approaches to recovery. It did not make any personalized recommendation for Dr. Campano's treatment. (Resp. Ex. J at 38; Tr. at 121). Dr. Smith does not believe the Talbott system demonstrates respect for people's individual needs. Everyone must fit into the 12-Step program. (Tr. at 136). He believes that they tried to plug Dr. Campano into their system, and he simply didn't fit. (Tr. at 138-139).

STATE MEDICAL BOARD  
OF OHIO

95 JUN -7 PM 3:05

Nevertheless, Dr. Smith testified that when he got the Talbott report, he wanted to determine whether it was possibly accurate. (Tr. at 120). Accordingly, Dr. Smith asked Dr. Campano to submit to further evaluations. Dr. Smith recommended that Dr. Campano obtain an independent neuropsychological evaluation. That evaluation suggested "no evidence of neurocognitive impairment which could be causally ascribed to either chronic substance dependence or current undetected use of addictive substances." (Resp. Ex. D at 5). Dr. Smith also recommended an independent neurological exam, which demonstrated no "permanent adverse effects on the nervous system centrally or peripherally as the result of his past problems with alcohol and substance abuse." (Resp. Ex. E at 3).

Dr. Smith also referred Dr. Campano to the NYU Medical Center, Division of Alcoholism and Drug Abuse, Department of Psychiatry, for assessment of whether Dr. Campano had a current substance abuse problem and whether his current treatment program was adequate. Laurence M. Westreich, M.D., wrote Dr. Smith on March 28, 1995, with the results of his assessment. Dr. Westreich concluded that Dr. Campano did have a problem with alcohol and drugs. He further concluded, however, that "despite this ongoing challenge, Dr. Campano is not using now and is in fact receiving treatment which has led to his 'Full Remission' status." He further concluded that Dr. Campano's treatment program was adequate, because it involves a therapeutic component and monitors compliance. He stressed the benefit of allowing a patient to choose his own treatment program and, thereby, assuring motivation, compliance, and a better outcome. Dr. Westreich recommended adding the use of Antabuse and weekly random urine toxicology screening. (Resp. Ex. F). Dr. Smith followed these recommendations. (Tr. at 149).

Dr. Smith testified that after the series of evaluations, "the consensus was that [Dr. Campano] did not have any serious neurological problem, neuropsychological deficit, or an addiction which would prevent his return to the practice of medicine." (Tr. at 121).

11. On September 29, 1994, Dr. Campano submitted an application for renewal of his license to practice medicine and surgery in the State of Ohio. Attached to the application is a letter to the Board, advising that he had voluntarily surrendered his West Virginia License. He further admitted that he had written prescriptions for controlled substances for himself, and that he had received treatment for chemical dependency. (St. Ex. 9). Dr. Campano would like to establish a practice in Ohio. (Tr. at 93). He has not practiced medicine in any state since December 1993. (Tr. at 28).
12. Dr. Smith recommends that Dr. Campano continue to have close monitoring, including the use of Antabuse, random drugs screens, and continued involvement in a self-help group only if Dr. Campano feels the need for it. (Tr. at 123-125). He also suggests that a physician should monitor Dr. Campano for problems in practice, and make periodic reports to the Board. (Tr. at 132,

95 JUN -7 PM 3:05

- 140). Dr. Smith does not feel that Dr. Campano is experiencing major depression at this time, but only a mild depression or dysthymic disorder. The best treatment for this problem is continued psychotherapy. (Tr. at 128).
13. Dr. Campano has been accepted into the Critical Care Medicine Fellowship Program in the Division of Anesthesiology and Critical Care Medicine at the Cleveland Clinic Foundation, so long as Dr. Campano receives a license to practice in Ohio. (Resp. Ex. G). The Cleveland Clinic Foundation is aware of Dr. Campano's history. (Tr. at 52). That program will start in January 1996. (Tr. at 80).

Dr. Smith recommends that Dr. Campano is ready to return to the practice of medicine at this time, and he need not wait until his fellowship begins. Dr. Smith believes that Dr. Campano has worked through a very difficult year with no relapse, and has done very well. (Tr. at 126).

14. The West Virginia Board has not set a date for consideration of reinstating Dr. Campano's license to practice in that state. (Tr. at 56).

#### FINDINGS OF FACT

1. In or about March 1990, Dr. Campano entered into a Consent Agreement with the West Virginia Board. Pursuant to that agreement, Dr. Campano's license to practice medicine in West Virginia was placed on probation for at least two years subsequent to Dr. Campano's receiving treatment for chemical dependency.
2. In or about November 1993, Dr. Campano entered into a second Consent Agreement with the West Virginia Board. Pursuant to that agreement, Dr. Campano surrendered his license to practice and agreed to enter an in-patient treatment program to be approved by the West Virginia Board prior to his entry into the program. This Consent Agreement was based upon the fact that, in 1992 and 1993, Dr. Campano had written prescriptions for controlled substances for himself and had failed to keep medical records of the self-treatment.

#### CONCLUSIONS

1. The 1990 action by the West Virginia Board constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees,' as that clause is used in

95 JUN -7 PM 3:05

Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(26), Ohio Revised Code.”

2. The 1993 action by the West Virginia Board constitutes a violation of Section 4731.22(B)(22), Ohio Revised Code, pursuant to Sections 4731.22(B)(26), and (B)(20), Ohio Revised Code, to wit: Rule 4731-11-02(A), (D), and (F), Ohio Administrative Code. Moreover, pursuant to Rule 4731-11-02(F), these violations also constitute violations of Sections 4731.22(B)(2) and (B)(6), Ohio Revised Code.
3. The evidence presented does not support a conclusion that the 1993 action by the West Virginia Board constitutes a violation Rule 4731-11-02 (C), Ohio Administrative Code. The State did not present any evidence that Dr. Campano failed to consider “the drug’s potential for abuse, the possibility the drug may lead to dependence, the possibility the patient will obtain the drug for a nontherapeutic use or to distribute to others, and the possibility of an illicit market for the drug,” as required by that Rule.

☆ ☆ ☆ ☆ ☆

The evidence presented demonstrates that Dr. Campano has suffered a long history of unrecognized depression which contributed to his chemical abuse. Since December 1993, Dr. Campano has maintained a program of psychotherapy, Rational Recovery group attendance, counseling, and monitoring to help him resolve his psychoemotional problems and sustain sobriety. As Dr. Smith testified, Dr. Campano has maintained this program during a very difficult year.

Nevertheless, there is insufficient evidence to conclude that he has recovered to such an extent that he is no longer “impaired of [the] ability to practice according to acceptable and prevailing standards.” Indeed, there is substantive evidence to support a conclusion that Dr. Campano’s recovery is dependent on his continued participation in a structured after-care program. Dr. Smith and others who evaluated Dr. Campano indicated that while they supported Dr. Campano’s efforts to maintain his medical licenses, they believe that Dr. Campano would benefit from continued psychotherapy, monitoring, and supervision.

Therefore, this Proposed Order is directed towards supporting Dr. Campano in his recovery, and assuring that the public suffers no harm from any future relapse.

### **PROPOSED ORDER**

It is hereby ORDERED that:

1. The certificate of Mark A. Campano, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. The permanent

35 JUN -7 PM 3:05

revocation is STAYED, subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least ten years:

- a. Dr. Campano shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.
- b. Dr. Campano shall submit quarterly declarations, under penalty of falsification pursuant to Section 2921.13, Ohio Revised Code, stating whether or not there has been compliance with all the provisions of probation.
- c. Dr. Campano shall appear in person for interviews before the full Board or its designated representative at three month intervals, or as otherwise requested by the Board.
- d. Dr. Campano shall immediately surrender his United States Drug Enforcement Administration [DEA] Certificate. He shall be ineligible to hold, and shall not apply for, registration with the DEA to prescribe, dispense, or administer controlled substances without prior Board approval.

Dr. Campano shall be permitted to order, write orders for, give verbal orders for, dispense or administer controlled substances as defined by State or Federal law under the DEA registration of the institution in which he is employed, is training, and/or has privileges. All such orders shall be countersigned within twenty-four hours by a physician who is fully authorized under State and Federal law to prescribe, dispense and administer controlled substances and who is also employed and/or has privileges in the hospital or institution in which Dr. Campano is employed, is training, and/or has privileges. Moreover, Dr. Campano shall dispose of all excess or unused controlled substances properly, and shall assure that such disposal is witnessed and countersigned by a person who is permitted under State law to administer controlled substances and who is employed by or practicing in the hospital or institution.

Dr. Campano shall keep a log of all controlled substances prescribed, dispensed or administered. The log shall contain the name of the patient for whom the controlled substance is prescribed, the treatment provided, and the drug administered or prescribed. Moreover the log shall contain the name of the physician who countersigned the order and the name of the hospital employee who witnessed and countersigned the proper disposal of any excess controlled substance. The log shall be submitted in a format approved by the Board, thirty days prior to Dr. Campano's appearances before the Board or its designated representative, or as otherwise directed by the Board.

95 JUN -7 PM 3:05

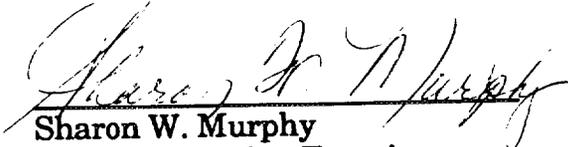
- e. Dr. Campano shall abstain completely from the personal use or possession of drugs except as prescribed, administered, or dispensed to him by another so authorized by law and who has full knowledge of Dr. Campano's history of chemical dependency.
- f. Dr. Campano shall abstain completely from the use of alcohol.
- g. Dr. Campano shall refrain from self-treating, except in the event of life-threatening emergency.
- h. Dr. Campano shall submit to random urine screenings for drugs and alcohol twice a month or as otherwise directed by the Board. Dr. Campano shall ensure that all screening reports are forwarded directly to the Board on a monthly basis. Within thirty (30) days of the effective date of this Order, Dr. Campano shall submit to the Board for its prior approval the name of a supervising physician to whom Dr. Campano shall submit the required urine specimen. 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. In the event that the designated supervising physician becomes unable or unwilling to so serve, Dr. Campano must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician within thirty days.
- i. Dr. Campano shall submit blood or urine samples for analysis without prior notice at such times as the Board may request.
- j. Dr. Campano shall maintain participation in an alcohol and drug rehabilitation program, such as Rational Recovery, approved in advance by the Board specifically for Dr. Campano, no less than twice a week, or as otherwise directed by the Board. At Dr. Campano's appearances before the Board or its designated representative, Dr. Campano shall submit acceptable documentary evidence of continuing compliance with this program.
- k. Dr. Campano shall submit to the Board and receive its approval for a plan of practice in Ohio which, unless and until otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Campano's activities will be directly supervised and overseen by another physician approved by the Board.
- l. Moreover, Dr. Campano shall have a monitoring physician approved by the Board, who shall monitor him and provide the Board with reports on Dr. Campano's progress and status. Dr. Campano shall ensure that said reports are forwarded to the Board on a quarterly basis. In the event that

95 JUN -7 PM 3:05

the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Campano must immediately so notify the Board in writing, and make arrangements acceptable to the Board for another physician to monitor his progress and status as soon as practicable.

- m. Dr. Campano shall continue psychotherapy with Ralph S. Smith, Jr., M.D., or with a psychiatrist approved by the Board, at such intervals as are deemed appropriate by the treating psychiatrist, but not less than once a week. Additionally, Dr. Campano shall continue the daily use of Antabuse, to be monitored by the Board approved treating psychiatrist. The psychotherapy and Antabuse ingestion will continue until the Board determines that such treatment is no longer necessary. To make this determination, the Board shall require quarterly reports from the approved treating psychiatrist. Dr. Campano shall ensure that these reports are forwarded to the Board on a quarterly basis, or as otherwise directed by the Board. Dr. Campano shall provide the approved treating psychiatrist with copies of this Report and Recommendation. Moreover, the Board may provide any other documentation from the hearing record which it may deem appropriate or helpful to that treating psychiatrist.
  - n. Dr. Campano shall provide a copy of this Order to all employers and the Chief of Staff at each hospital where he has, applies for, or obtains privileges.
  - o. In the event that Dr. Campano should leave Ohio for three consecutive months, or reside or practice outside the State of Ohio, Dr. Campano must notify the Board in writing of the dates of departure and return. Periods of time spent outside the State of Ohio shall not apply to the reduction of the probationary period.
2. If Dr. Campano violates probation in any respect, the Board, after giving Dr. Campano notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of Dr. Campano's certificate to practice medicine and surgery in the State of Ohio.
  3. Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Campano's certificate will be fully restored.

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

  
Sharon W. Murphy  
Attorney Hearing Examiner



# STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614)466-3934

## EXCERPT FROM THE DRAFT MINUTES OF JULY 12, 1995

### REPORTS AND RECOMMENDATIONS

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

Dr. Garg 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 matters of: Mark A. Campano, M.D.; William R. Griffin, Jr., M.D.; Murray Hurwitz, D.O.; Hugh R. Jones, M.D.; Amos B. Peyser, M.D.; Ezriel Z. C. Schur, D.P.M.; and Dennis A. Uldrich, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Bhati	- aye
	Dr. Stienecker	- aye
	Dr. Gretter	- aye
	Dr. Egner	- aye
	Dr. Agresta	- aye
	Dr. Buchan	- aye
	Ms. Noble	- aye
	Mr. Sinnott	- aye
	Dr. Heidt	- aye
	Dr. Steinbergh	- aye
	Dr. Garg	- aye

Dr. Garg noted that Dr. Hurwitz has requested that the Board table consideration in his matter so that he may be available. Therefore, the matter will be tabled until the July 13, 1995 session.

Dr. Garg 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. Bhati	- aye
	Dr. Stienecker	- aye
	Dr. Gretter	- aye
	Dr. Egner	- aye
	Dr. Agresta	- aye
	Dr. Buchan	- aye

Ms. Noble	- aye
Mr. Sinnott	- aye
Dr. Heidt	- aye
Dr. Steinbergh	- aye
Dr. Garg	- aye

In accordance with the provision in Section 4731.22(C)(1), 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 this matter. Dr. Gretter did not serve as Secretary in the above-named cases.

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

All Assistant Attorneys General and All Enforcement Coordinators left the meeting at this time.

REPORT AND RECOMMENDATION IN THE MATTER OF MARK A. CAMPANO, M.D.

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

**DR. HEIDT MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF MARK A. CAMPANO, M.D. DR. STEINBERGH SECONDED THE MOTION.**

Dr. Garg asked whether there were any questions concerning the proposed findings of fact, conclusions and order in the above matter.

**DR. STEINBERGH MOVED TO AMEND PARAGRAPH 1h OF THE PROPOSED ORDER TO REQUIRE DR. CAMPANO TO SUBMIT TO RANDOM URINE SCREENINGS ON A WEEKLY BASIS, RATHER THAN TWICE A MONTH.**

Dr. Steinbergh referred to the language in paragraph 1j of the Proposed Order, and asked whether that is the language usually used in such cases. She was informed by other members that it was.

**DR. AGRESTA SECONDED THE MOTION.**

Ms. Noble asked what Dr. Steinbergh's rationale was for the proposed change.

Dr. Steinbergh stated that she believes her proposal would be consistent with the Board's decisions in similar case. She added that she believes requiring weekly random screens is appropriate.

Dr. Heidt stated that he believes Dr. Campano is a very poor risk. Dr. Campano doesn't agree with the philosophy of treatment programs. The tighter the controls the Board can get on him, the better.

Mr. Sinnott suggested that time out of practice might be indicated in this case. He noted that Dr. Campano has already breached one agreement in West Virginia.

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

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Stienecker	- aye
	Dr. Gretter	- aye
	Dr. Egner	- aye
	Dr. Agresta	- aye
	Dr. Buchan	- aye
	Ms. Noble	- aye
	Mr. Sinnott	- aye
	Dr. Heidt	- aye
	Dr. Steinbergh	- aye

The motion carried.

Mr. Sinnott again broached the subject of a suspension period in this case.

Dr. Buchan noted that Dr. Campano has not been in practice since December 1993. His sentiment is that a very tight Order is needed.

Dr. Stienecker stated that Dr. Campano has not been practicing. He added that he believes a suspension period in this case would be punitive without reason. The fact that a stayed revocation has been ordered should be the sword hanging over Dr. Campano's head warning him of what will happen if he doesn't comply with the probationary terms. Revocation would be the end result of non-compliance, and that is a better threat than a suspension.

Dr. Agresta noted that a 10-year probationary period is being proposed, which means that the Board will be watching Dr. Campano for a long time.

Mr. Sinnott stated that Dr. Campano is still a three-time loser. The Board is giving him a fourth chance.

Dr. Stienecker stated that the Board orders a suspension for procedural violations to avoid exposing the public to harm. He does not think a suspension is applicable in this case.

Mr. Sinnott disagreed, stating that a suspension is an appropriate sanction for misconduct.

**DR. AGRESTA MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF MARK A. CAMPANO, M.D. DR. BHATI SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Stienecker	- aye
	Dr. Gretter	- aye
	Dr. Egner	- aye
	Dr. Agresta	- aye
	Dr. Buchan	- aye
	Ms. Noble	- aye
	Mr. Sinnott	- aye
	Dr. Heidt	- aye
	Dr. Steinbergh	- aye

The motion carried.



## STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

December 7, 1994

Mark Anthony Campano, M.D.  
5306 Kensington Drive  
Cross Lanes, WV 25313

Dear Doctor Campano:

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, 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) In or about March 1990, you entered into a Consent Order with the West Virginia Board of Medicine placing your license on a probationary status for at least two years following treatment for chemical dependency. Your West Virginia medical license was subject to certain appropriate limitations and restrictions until in or about March 1992. A copy of the March 1990 Consent Order is attached hereto and fully incorporated herein.

The March 1990 Consent Order with the West Virginia Board of Medicine as alleged in paragraph (1) above constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(26), Ohio Revised Code.

- (2) In or about November 1993, you entered into a Consent Order with the West Virginia Board of Medicine in which you agreed to surrender your license to the Board and enter into and successfully complete an in-patient treatment program which was to be approved by the Board prior to your entry into the program. The November 1993 Consent Order with the West Virginia Board of Medicine was in part "based upon the fact that in 1992 and 1993 (you) had written prescriptions for controlled substances for (yourself), and had maintained no written records justifying such a course of treatment." A copy of the November 1993 Consent Order is attached hereto and fully incorporated herein.

Mailed 12/8/94

December 7, 1994

Campano, M.D.

Page 2

The November 1993 Consent Order with the West Virginia Board of Medicine as alleged in paragraph (2) above constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, or the imposition of probation by that authority, for an action that also would have been a violation of this chapter, except for nonpayment of fees," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, to wit: Section 4731.22(B)(26), Ohio Revised Code, and Section 4731.22(B)(20), Ohio Revised Code to wit: Rule 4731-11-02 (A), (C), (D), and (F), Ohio Administrative Code. Pursuant to Paragraph (F) of Rule 4731-11-02, Ohio Administrative Code, a violation of any provision of the rule shall constitute a violation of Sections 4731.22(B)(2) and (6), Ohio Revised Code.

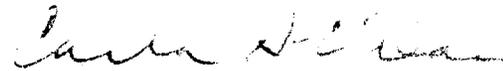
Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that 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, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Carla S. O'Day, M.D.

Secretary

CSO:bjm  
Enclosures

CERTIFIED MAIL # P 348 888 299  
RETURN RECEIPT REQUESTED

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

MARK ANTHONY CAMPANO, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Mark Anthony Campano, M.D. ("Dr. Campano") freely and voluntarily enter into the following Order pursuant to West Virginia Code §30-3-1, et seq.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

1. In August, 1989, Dr. Campano applied for a license to practice medicine and surgery in the State of West Virginia and reported on his application that he had received treatment for a chemical substance or alcohol dependency.
2. Dr. Campano provided a full explanation of his treatment and provided documentation of his recovery.
3. Dr. Campano has been fully and completely evaluated by an independent medical consultant selected by the Board, which independent medical consultant recommended that he receive a license to practice medicine in this state, subject to certain restrictions and limitations.

CONCLUSIONS OF LAW

The Board makes the following Conclusions of Law:

1. As a matter of public policy, the provisions of the Medical Practice Act have been enacted to protect the public interest (West Virginia Code §30-3-1).

2. Probable cause exists to deny Dr. Campano's application for a license to practice medicine and surgery in this State due to the provisions of West Virginia Code §30-3-14(c)(21), relating to the inability to practice medicine with reasonable skill and safety due to abuse of drugs or alcohol.

3. The Board has determined that it is appropriate to grant Dr. Campano a license to practice medicine and surgery in the State of West Virginia and that there is insufficient reason to deny him such licensure, provided certain appropriate limitations and restrictions are placed upon his license to practice medicine and surgery in West Virginia.

CONSENT

Mark Anthony Campano, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the ORDER provided for and stated herein, and proceedings conducted in accordance with this ORDER, to the following:

1. Dr. Campano acknowledges that he is fully aware that, without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with West Virginia Code §30-3-14(h) and §29A-5-1, et seq.;

2. Dr. Campano acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, and the right to cross-examine witnesses against him;

3. Dr. Campano waives all such rights to a hearing;

4. Dr. Campano consents to the entry of this ORDER relative to his practice of medicine and surgery in the State of West Virginia; and

5. Dr. Campano understands that his ORDER is considered public information.

#### ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board and the foregoing consent of Dr. Campano, the Board hereby ORDERS as follows:

1. Dr. Campano having met the requirements for licensure in the State of West Virginia is hereby licensed to practice medicine and surgery in the State of West Virginia and is granted License No. 16082; and

2. Said license, No. 16082, is issued subject to the following conditions: License No. 16082 shall for a two-year period until March 31, 1992 at 11:59 p.m. be in a probationary status and during said two-year period, Dr. Campano shall:

(a) Comply with any demand of the Board for tests of bodily fluids of Dr. Campano, which demand may be made at any time, in a random, unannounced fashion. The cost for any such random, unannounced testing of Dr. Campano's bodily fluids shall be at the expense of Dr. Campano;

(b) Practice medicine and surgery only under the supervision of another duly licensed physician approved by the Board, which supervising physician shall be a physician experienced in recovery medicine, and which approved supervising physician shall submit reports every 60 days to the Board concerning Dr. Campano's performance, except that should Dr. Campano's performance ever fall below the performance level of reasonable skill and safety the approved supervising physician shall immediately notify the Board. Such approved supervising physician shall also be responsible for ensuring that Dr. Campano shall submit to unlimited, random, and unannounced testing of bodily fluids carried out in a manner directed and approved by the Board, the results of any and all of which tests shall be promptly forwarded to the Board by Dr. Campano's supervising physician.

(c) Attend a minimum of two Narcotics Anonymous meetings per week and shall keep a log of his attendance, which log shall be reviewed periodically by his supervising physician and may be

reviewed periodically by his supervising physician and may be reviewed at the pleasure of the Board;

(d) Seek and maintain a sponsor in Narcotics Anonymous who will be permitted to review his log and who will discuss his progress on a monthly basis and who will consent and agree to be available to review periodically Dr. Campano's progress with his supervising physician. A reasonable time will be allowed for any change of sponsor if necessary;

(e) Refrain from the use of any controlled substances except for those specifically prescribed to him by another duly licensed physician.

(f) Provide a copy of this Order to any employer or health care or medical facility where Dr. Campano is practicing medicine and Dr. Campano shall also provide a copy of this order to his supervising physician and his Narcotics Anonymous Sponsor.

(g) At the option of either Dr. Campano or the Board, this Consent Order, or a modified version thereof, may be again entered into at the end of the two-year probationary period.

The failure of Dr. Campano to comply in a satisfactory fashion with terms of this Order shall constitute grounds for the revocation of his medical license in West Virginia.

WEST VIRGINIA BOARD OF MEDICINE

  
Eileen Catterson, M.D.  
President

Date: March 26, 1990

Tanja Willis Miller  
Taunja Willis Miller  
Secretary

Date: March 24, 1990

Mark Anthony Campano, M.D.  
Mark Anthony Campano, M.D.  
Date: April 3, 1990

STATE OF OHIO

COUNTY OF MAHONING

I, WILLIAM J. LUCAS, a Notary Public  
for said county and state do hereby certify that Mark Anthony  
Campano, M.D., whose name is signed above, has this day  
acknowledged the same before me.

Given under my hand this 2<sup>ND</sup> day of APRIL,  
1990.

My commission expires SEPTEMBER 24, 1994.

William J. Lucas  
NOTARY PUBLIC

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

MARK ANTHONY CAMPANO, M.D.,

RECEIVED  
9/13/90 11:55

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Mark Anthony Campano, M.D., ("Dr. Campano") freely and voluntarily enter into the following Order pursuant to West Virginia Code §30-3-14(n):

FINDINGS OF FACT

1. Mark Anthony Campano, M.D., was licensed to practice medicine and surgery in the State of West Virginia, License No. 16082, in March, 1990.
2. Dr. Campano's License No. 16082 was issued subject to certain conditions, and a copy of the Consent Order entered into by Dr. Campano and the Board in March, 1990, which Consent Order sets forth the conditions under which Dr. Campano was issued License No. 16082, is attached hereto.
3. As of March 31, 1992, Dr. Campano's license to practice medicine and surgery in the State of West Virginia has been unencumbered.

4. In September, 1993, the Complaint Committee of the Board initiated a complaint against Dr. Campano, based upon the fact that in 1992 and 1993 Dr. Campano had written prescriptions for controlled substances for himself, and had maintained no written records justifying such a course of treatment.

5. Dr. Campano appeared before the Complaint Committee of the Board in November, 1993, for a full discussion of these matters.

6. Dr. Campano wishes to receive treatment for chemical dependency and for Dr. Campano to continue to practice medicine and surgery in the State of West Virginia at this time is not in the public interest, as the health and welfare of patients could be adversely affected.

#### CONCLUSIONS OF LAW

1. As a matter of public policy, the provisions of the West Virginia Medical Practice Act have been enacted to protect the public interest (West Virginia Code §30-3-1).

2. Probable cause exists to substantiate charges of disqualification from the practice of medicine and surgery due to violations of West Virginia Code §30-3-14(c)(11) and (17), and 11 CSR 1A 12.1(e), (u) and (w), and as further described in 11 CSR 1A 12.2(a)(3).

3. The Board has determined that it is appropriate to waive the commencement of proceedings against Dr. Campano, and to proceed without the filing of charges or a formal Complaint and Notice of Hearing, provided that Dr. Campano surrenders his license to practice medicine and surgery in the State of West Virginia and obtains treatment for chemical dependency.

CONSENT

Mark Anthony Campano, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order to the following:

1. Dr. Campano acknowledges that he is fully aware that, without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with West Virginia Code §30-3-14(h) and §29A-5-1, et seq.;

2. Dr. Campano acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, and the right to cross-examine witnesses against him;

3. Dr. Campano waives all rights to such a hearing;

4. Dr. Campano consents to the entry of this Order relative to his practice of medicine in the State of West Virginia; and,

5. Dr. Campano understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law and on the basis of the consent of Dr. Campano, the West Virginia Board of Medicine hereby ORDERS that effective November 20, 1993, at 12:01 a.m., Dr. Campano's license to practice medicine and surgery, License No. 16082, is SURRENDERED to the Board, and Dr. Campano shall enter an in-patient treatment program for chemical dependency, which in-patient treatment program Dr. Campano shall successfully complete, and which in-patient treatment program shall be approved by the Board prior to Dr. Campano's entry into such program, and Dr. Campano's license to practice medicine and surgery, License No. 16082, shall remain SURRENDERED until such time as he has successfully completed such in-patient treatment program and has appeared before the Licensure Committee of this Board and until the Board determines that Dr. Campano is able to practice medicine and surgery in the State of

West Virginia safely and without harm to either himself or the public and until his license to practice medicine and surgery, License No. 16082, is reinstated either in whole or in part by the Board.

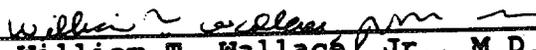
No later than November 19, 1993, Dr. Campano shall provide a copy of this Consent Order to any employer or health care or medical facility where Dr. Campano is practicing medicine, and during the period that this Order is in effect, Dr. Campano shall provide a copy of this Order to any prospective employer or health care or medical facility where he seeks to practice medicine.

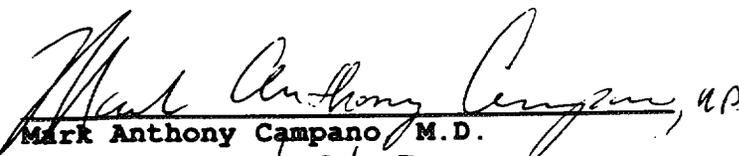
The failure of Dr. Campano to comply with the terms of this Consent Order shall constitute grounds for the revocation of his license to practice medicine and surgery in the State of West Virginia.

Entered this 9th day of November, 1993.

WEST VIRGINIA BOARD OF MEDICINE

  
Eileen Catterson, M. D.  
President

  
William T. Wallace, Jr., M.D., M.P.H.  
Secretary

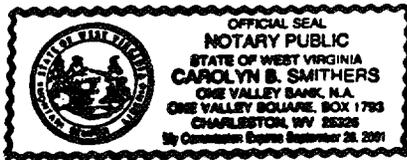
  
Mark Anthony Campano, M.D.  
Date: 11/13/93

STATE OF West Virginia  
COUNTY OF Kanawha, to-wit:

I, CAROLYN B SMITHERS, a Notary Public for  
said county and state do hereby certify that Mark Anthony Campano,  
M.D., whose name is signed on the previous page has this day  
acknowledged the same before me.

Given under my hand this 15<sup>th</sup> day of November 1993.

My Commission expires September 26, 2001



Carolyn B. Smithers  
NOTARY PUBLIC