



State Medical Board of Ohio

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June 11, 2003

Steven W. Crawford, M.D.
2202 McKinley Avenue
Portsmouth, OH 45662

Dear Doctor Crawford:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of R. Gregory Porter, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on June 11, 2003, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

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

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

THE STATE MEDICAL BOARD OF OHIO

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL NO. 7000 0600 0024 5151 1183
RETURN RECEIPT REQUESTED

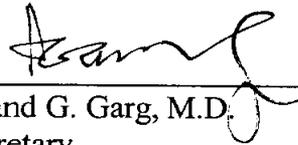
Cc: Eric J. Plinke, Esq.
CERTIFIED MAIL NO. 7000 0600 0024 5151 1176
RETURN RECEIPT REQUESTED

Mailed 6-12-03

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on June 11, 2003, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the Matter of Steven W. Crawford, 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.



Anand G. Garg, M.D.
Secretary

(SEAL)

June 11, 2003

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

STEVEN W. CRAWFORD, M.D.

*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on June 11, 2003.

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

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Steven W. Crawford, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such permanent revocation is STAYED, and Dr. Crawford's certificate shall be SUSPENDED for an indefinite period of time, but not less than eighteen months. The minimum suspension period shall be calculated from August 14, 2002, the date that Dr. Crawford's Step I Consent Agreement with the Board became effective.
- B. **INTERIM MONITORING:** During the period that Dr. Crawford's certificate to practice medicine and surgery in Ohio is suspended, Dr. Crawford shall comply with the following terms, conditions, and limitations:
 1. **Obey the Law and Terms of Intervention in Lieu of Conviction:** Dr. Crawford shall obey all federal, state and local laws; all rules governing the practice of medicine and surgery in Ohio; and all terms imposed by the Scioto County Court of Common Pleas in criminal case number 02-CR-716.

2. **Personal Appearances:** Dr. Crawford shall appear in person for an interview before the full Board or its designated representative. The first such appearance shall take place on the date his appearance would have been scheduled pursuant to his August 14, 2002, Step I Consent Agreement with the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
3. **Quarterly Declarations:** Dr. Crawford shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on the date his quarterly declaration would have been due pursuant to his August 14, 2002, Step I Consent Agreement with the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
4. **Abstention from Drugs:** Dr. Crawford shall abstain completely from the personal use or possession of drugs, except those prescribed, administered, or dispensed to him by another so authorized by law who has full knowledge of Dr. Crawford's history of chemical dependency.
5. **Abstention from Alcohol:** Dr. Crawford shall abstain completely from the use of alcohol.
6. **Drug & Alcohol Screens; Supervising Physician:** Dr. Crawford shall submit to random urine screenings for drugs and/or alcohol on a weekly basis or as otherwise directed by the Board. Dr. Crawford shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board.

Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Crawford shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Crawford shall submit the required specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Crawford. Dr. Crawford and the supervising physician shall ensure that the urine specimens are obtained on a random basis and that the giving of the specimen is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Crawford shall ensure that the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board as set forth in the

materials provided by the Board to the supervising physician, verifying whether all urine screens have been conducted in compliance with this Order, whether all urine screens have been negative, and whether the supervising physician remains willing and able to continue in his or her responsibilities.

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

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

7. **Submission of Blood or Urine Specimens upon Request**: Dr. Crawford shall submit blood and urine specimens for analysis without prior notice at such times as the Board may request, at Dr. Crawford's expense.
 8. **Rehabilitation Program**: Dr. Crawford shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than four times per week, unless otherwise determined by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Crawford shall submit acceptable documentary evidence of continuing compliance with this program, which must be received in the Board's offices no later than the due date for Dr. Crawford's quarterly declarations.
 9. **Comply with OPEP Contract**: Dr. Crawford shall maintain compliance with his contract with OPEP, unless otherwise determined by the Board.
- C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION**: The Board shall not consider reinstatement or restoration of Dr. Crawford's certificate to practice medicine and surgery until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration**: Dr. Crawford shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Compliance with Interim Conditions**: Dr. Crawford shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.

3. **Demonstration of Ability to Resume Practice:** Dr. Crawford shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to the following:
 - a. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Dr. Crawford has successfully completed any required inpatient treatment.
 - b. Evidence of continuing full compliance with a post-discharge aftercare contract with a treatment provider approved under Section 4731.25 of the Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with rule 4731-16-10 of the Administrative Code.
 - c. Evidence of continuing full compliance with this Order.
 - d. Two written reports indicating that Dr. Crawford's ability to practice has been evaluated for chemical dependency and/or impairment and that he has been found capable of practicing according to acceptable and prevailing standards of care. The evaluations shall have been performed by individuals or providers approved by the Board for making such evaluations. Moreover, the evaluations shall have been performed within sixty days prior to Dr. Crawford's application for restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Crawford has been found capable of practicing according to acceptable and prevailing standards of care and shall include any recommended limitations upon his practice.
 4. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Crawford has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222 of the Revised Code to require additional evidence of his fitness to resume practice.
- D. **PROBATION:** Upon reinstatement or restoration, Dr. Crawford's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
1. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Crawford shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order, and shall continue to comply with the terms of his aftercare contract as specified in Paragraph C.3.b of this Order.

2. **Practice Plan**: Prior to Dr. Crawford's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Crawford shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Crawford's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Crawford shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

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

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

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

3. **Ban on Prescribing, Ordering, Administering, Furnishing, or Possessing Controlled Substances; Log**: Dr. Crawford shall not prescribe, write orders for, give verbal orders for, administer, personally furnish, or possess (except as allowed under Paragraph B.4 of this Order) any controlled substances without prior Board approval.

In the event that the Board agrees at a future date to modify this Order to allow Dr. Crawford to prescribe, order, administer or personally furnish

controlled substances, Dr. Crawford shall keep a log of all controlled substances prescribed, ordered, administered, or personally furnished. Such log shall be submitted in a format approved by the Board thirty days prior to Dr. Crawford's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Crawford shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board upon request.

4. **Tolling of Probationary Period While Out of State:** In the event that Dr. Crawford should leave Ohio for three consecutive months, or reside or practice outside the State, Dr. Crawford must notify the Board in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that the purposes of the probationary monitoring are being fulfilled.
5. **Violation of Terms of Probation:** If Dr. Crawford violates probation in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.

- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Crawford's certificate will be fully restored.
- F. **RELEASES:** Dr. Crawford shall provide continuing authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Crawford's chemical dependency and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluations occurred before or after the effective date of this Order. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute.

Dr. Crawford shall also provide the Board written consent permitting any treatment provider from whom Dr. Crawford obtains treatment to notify the Board in the event he fails to agree to or comply with any recommended treatment or with any treatment or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

- G. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS:** Within thirty days of the effective date of this Order, Dr. Crawford shall provide a copy of this Order to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital

where he has privileges or appointments. Further, Dr. Crawford shall provide a copy of this Order to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

H. **REQUIRED REPORTING TO OTHER STATE LICENSING**

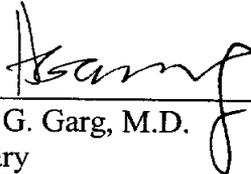
AUTHORITIES: Within thirty days of the effective date of this Order, Dr. Crawford shall provide a copy of this Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Crawford shall also provide a copy of this Order by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement or restoration of any professional license. Further, Dr. Crawford shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.

I. **PENDING REINSTATEMENT REQUEST DENIED:** Any currently pending request for the reinstatement of Dr. Crawford's certificate to practice medicine and surgery in Ohio is hereby denied.

J. **PREVIOUS BOARD ORDERS SUPERSEDED:** This Order supersedes and replaces the August 14, 2002, Step I Consent Agreement between Dr. Crawford and the Board.

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

(SEAL)



Anand G. Garg, M.D.
Secretary

June 11, 2003

Date

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**REPORT AND RECOMMENDATION
IN THE MATTER OF STEVEN W. CRAWFORD, M.D.**

The Matter of Steven W. Crawford, M.D., was heard by R. Gregory Porter, Attorney Hearing Examiner for the State Medical Board of Ohio, on March 13 and 19, 2003.

INTRODUCTION

I. Basis for Hearing

- A. By letter dated January 8, 2003, the State Medical Board of Ohio [Board] notified Steven W. Crawford, M.D., that, pursuant to Section 3719.121(C), Ohio Revised Code, the Board had immediately suspended his certificate to practice medicine and surgery in the State of Ohio. The Board further notified Dr. Crawford that continued practice of medicine or surgery would be considered practicing medicine without a certificate in violation of Section 4731.41, Ohio Revised Code.

In addition, the Board notified Dr. Crawford that it had proposed to take disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board based its proposed action on Dr. Crawford's November 7, 2002, guilty plea in the Scioto County, Ohio, Court of Common Pleas to felony counts of Possession of Drugs, Deception to Obtain a Dangerous Drug, and Illegal Processing of Drug Documents, for which the court granted intervention in lieu of conviction; for the conduct underlying said guilty plea; and for untruthful statements made to the Board and/or the Scioto County Prosecutor's Office.

The Board alleged that Dr. Crawford's conduct and/or the guilty plea constitute the following:

- “[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony,’ as that clause is used in Section 4731.22(B)(9), Ohio Revised Code, to wit: Possession of Drugs, Section 2925.11, Ohio Revised Code; Deception to Obtain a Dangerous Drug, Section 2925.22, Ohio Revised Code; and Illegal Processing of Drug Documents, Section 2925.23, Ohio Revised Code.”
- “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,’ as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Trafficking in Drugs, Section 2925.03, Ohio Revised Code.”

- ““violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,’ as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-02(D), General Provisions, Ohio Administrative Code. Pursuant to Rule 4731-11-02(F), a violation of Rule 4731-11-02(D) constitutes a ‘[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease,’ as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code, and ‘[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,’ as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.”
- “[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatry, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,’ as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.”

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

- B. By document received by the Board on January 15, 2003, Eric J. Plinke, Esq., requested a hearing on behalf of Dr. Crawford. (State’s Exhibit 1C)

II. Appearances

- A. On behalf of the State of Ohio: Jim Petro, Attorney General, by Mark A. Michael, Assistant Attorney General.
- B. On behalf of the Respondent: Eric J. Plinke, Esq.

EVIDENCE EXAMINED

I. Testimony Heard

- A. Presented by the State
 1. Steven W. Crawford, M.D., as upon cross-examination
 2. Eric Wrage
 3. Kevin Joseph Kinneer

B. Presented by the Respondent

1. Steven W. Crawford, M.D.
2. Richard Whitney, M.D.

II. Exhibits Examined

Note that exhibits marked with an asterisk (*) have been sealed to protect patient confidentiality.

A. Presented by the State

1. State's Exhibits 1A through 1P: Procedural exhibits.
- * 2. State's Exhibit 2: Patient Key.
3. State's Exhibit 3: Certified copies of documents from the Scioto County Court of Common pleas, filed in *State of Ohio v. Steven W. Crawford*, Case Number 02-CR-716.
- * 4. State's Exhibit 4: Certified copies of documents maintained by the Board concerning Dr. Crawford.
- * 5. State's Exhibit 5: Copy of videotape of interview of Dr. Crawford.
6. State's Exhibit 6: Copy of spreadsheet prepared by K. Joseph Kinneer listing information concerning the medications obtained by Dr. Crawford.

B. Presented by the Respondent

1. Respondent's Exhibit A: Collection of letters of support for Dr. Crawford from other physicians.
- * 2. Respondent's Exhibits A1, B, and C: Collections of letters of support for Dr. Crawford.
- * 3. Respondent's Exhibit D: Copy of a March 10, 2003, letter to whom it may concern from Steven Gifford, B.A., CCDC III E, Shepherd Hill, Newark, Ohio.
- * 4. Respondent's Exhibit E: Copy of an October 4, 2002, letter to James N. Perry, Esq., from Richard N. Whitney, M.D., Shepherd Hill.

5. Respondent's Exhibit F: Copy of a December 18, 2002, letter to Eric Plinke, Esq., from Board staff; and attached copy of a Consent for Disclosure authorizing Shepherd Hill to release documents to the Board, executed by Dr. Crawford on December 19, 2002.
6. Respondent's Exhibit G: Copy of a November 20, 2002, letter to Dr. Crawford from Board staff.
- * 7. Respondent's Exhibit H: Copy of Dr. Crawford's September 24, 2002, Advocacy Contract with the Ohio Physicians Effectiveness Program, with attached copies of status reports dated November 4 and December 30, 2002.
8. Respondent's Exhibit I: Not admitted. [See Proffered Exhibit, below.]

C. Admitted on the motion of the Attorney Hearing Examiner

- * 1. Board Exhibit A: March 26, 2003, letter to Daniel Roberts and Mark Michael from John P. Carney, Esq., concerning admission of a written statement of Patient 1.
2. Board Exhibit B: Copy of an April 1, 2003, State's Objection to Respondent's Post-Hearing Exhibit: Statement from Patient 1.
3. Board Exhibit C: Copy of Respondent's April 4, 2003, Memorandum in Support of Respondent's Post Hearing Exhibit.
4. Board Exhibit D: Copy of an April 9, 2003, Entry.
5. Board Exhibit E: Copy of Respondent's April 2, 2003, Motion to Strike Testimony of Eric Wrage and Joe Kinneer.
6. Board Exhibit F: Copy of an April 8, 2003, State's Memorandum Contra To [Respondent's] Motion to Strike Testimony of Eric Wrage and Joe Kinneer.
7. Board Exhibit G: Copy of an April 23, 2003, Entry.

PROFFERED EXHIBIT

The following exhibit was neither admitted to the hearing record nor considered, but is being sealed to protect patient confidentiality and held as proffered material for the Respondent:

Respondent's Exhibit I: March 21, 2003, Statement of [Patient 1].

PROCEDURAL MATTERS

1. The record was held open until March 29, 2003, to permit the Respondent to submit additional documentation from the Ohio Physicians Effectiveness Program, and to permit the State to submit redacted copies of State's Exhibit 5. These documents were timely submitted, and the hearing record closed on March 29, 2003.
2. On March 26, 2003, the Respondent submitted a written statement of Patient 1 and requested its admission to the record. On April 1, 2003, the State submitted a written objection to the admission of Patient 1's written statement. On April 4, 2003, the Respondent submitted a memorandum in support of the admission of that document. By Entry dated April 9, 2003, the Attorney Hearing Examiner declined to admit Patient 1's written statement, but instead marked the document as Respondent's Exhibit I for identification purposes only, sealed the document to protect patient confidentiality, and held it as proffered material for the Respondent. (See Board Exhibits A through D, and Proffered Exhibits.)
3. On April 2, 2003, the Respondent filed a Motion to Strike Testimony of Eric Wrage and Joe Kinneer on the basis that a telephone conversation between those witnesses had violated an order for separation of witnesses. On April 8, 2003, the State filed a memorandum contra the Respondent's motion. By Entry dated April 23, 2003, the Attorney Hearing Examiner denied the Respondent's motion. (See Board Exhibits E through G.)
4. On April 23, 2003, the hearing record in this matter was reopened for the admission of Board Exhibits A through G.

SUMMARY OF THE EVIDENCE

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

Background Information

1. Steven W. Crawford, M.D., testified that he had obtained his medical degree in 1993 from the University of Cincinnati in Cincinnati, Ohio. Dr. Crawford further testified that he had completed a residency in obstetrics and gynecology [ob/gyn] in 1997 at "Bethesda Hospital, Tri-Health in Cincinnati." Dr. Crawford testified that he then entered private practice in Portsmouth, Ohio, with another physician and, in 2000, left to start his own practice in Portsmouth. Dr. Crawford testified that he had had hospital privileges at Southern Ohio

Medical Center, Pike County Community Hospital, and Lawrence County Hospital. Dr. Crawford noted that Lawrence County Hospital is now closed. (Hearing Transcript Volume I [Tr. Vol. I] at 98-100)

Dr. Crawford testified that he practices ob/gyn, and also does “a lot of primary care[.]” (Tr. Vol. I at 42)

2. Dr. Crawford testified that he is a “recovering addict.” Dr. Crawford further testified that he believes that, once one becomes an addict, one will always be an addict. (Tr. Vol. I at 39)

Dr. Crawford testified that his drug of choice is hydrocodone. Dr. Crawford further testified that he had first begun abusing hydrocodone around 1995. Moreover, Dr. Crawford testified that he had previously been prescribed hydrocodone for back problems due to “an extra lumbar vertebra” and “chronic and acute disc disease[.]” Dr. Crawford testified that he had been under the treatment of Dr. David Barrere for his back problems. Dr. Crawford further testified that he had begun abusing hydrocodone when he “first started using more than the recommended dose.” (Tr. at 39-40)

Dr. Crawford testified that hydrocodone is the generic name of the drug used in medications branded with such names as Lortab, Lorcet, Vicodin, Norco, and Anexsia. Dr. Crawford further testified that all of those brand-name medications also contain varying amounts of acetaminophen. Moreover, Dr. Crawford testified that large doses of acetaminophen could cause liver damage. Finally, Dr. Crawford testified that literature states that a single dose of fifteen grams of acetaminophen can be lethal. (Tr. Vol. I at 40-42)

3. Dr. Crawford testified concerning his progression of hydrocodone use. Dr. Crawford stated that, in 1995, while he had been a resident, he had taken approximately four or five tablets of hydrocodone per day, usually Vicodin. Dr. Crawford further testified that, by the time he had finished his residency in 1997, he had been taking approximately six to ten tablets per day. Moreover, Dr. Crawford testified that, in 1997, after he had begun private practice, he had obtained samples of Lortab 10, which contains 10 mg of hydrocodone and 500 mg of acetaminophen. Dr. Crawford testified that, at that time, he had begun using Lortab 10 regularly. He also used Lortab elixir, which is a liquid form of Lortab. (Tr. at 43-44)

Dr. Crawford further testified, “In 1998 I tried to taper down. I was probably taking about 10 to 15 Lortab 10s a day. Sometimes I would drink the Lortab elixir.” Subsequently, in early 2000, Dr. Crawford sustained a back injury that “blew a couple discs out of” his lumbar spine. Dr. Crawford testified that “that’s when [his] back pain really started[.]” Dr. Crawford testified that he had begun using Norco 10 in addition to Lortab. Dr. Crawford testified that, in 2000, he had been taking twenty to thirty tablets of Norco 10 or Lortab per day. (Tr. Vol. I at 44-46)

Dr. Crawford acknowledged that the volume of Norco 10 and Lortab he had been ingesting in 2000 had amounted to over ten grams of acetaminophen per day. Dr. Crawford further testified that, during this time, he had tested himself and had had elevated liver enzymes. Moreover, Dr. Crawford testified that he had believed that this had been caused by the acetaminophen he had been ingesting. (Tr. Vol. I at 46)

Dr. Crawford testified that, in 2000, he had begun purchasing Norco wholesale. Dr. Crawford further testified that he had also used samples from his office, had obtained prescriptions from Dr. Barrere, and had used some of a patient's medication as well. (Tr. Vol. I at 47) Moreover, Dr. Crawford testified:

In 2000, 2001, the numbers progressively increased till October 2001 I was taking anywhere between 60 and a hundred a day, whatever I could get. There were days when I would go to 30, 25 or 30. I was sick those days, but at that point I was getting to the point where the medicine wasn't really working very well for me in October, November 2001. At that point I feel like I was just maintaining from 2001 October on. I was just sick all the time. I was in withdrawal so much that I just used the drug when I could get it to stay out of withdrawals.

In other words, I didn't feel any euphoria of any kind. I was just taking—I couldn't sleep, couldn't take a shower in the morning because the water bothered me. I was just—I was just maintaining at that point until I went into treatment.

(Tr. Vol. I at 47-48)

Dr. Crawford acknowledged that if he had taken 60 Norco in one day he would have ingested 19.5 grams of acetaminophen. When asked if he had believed that he had been in danger of dying at that point, Dr. Crawford replied, "It's not that I didn't care, I just couldn't stop." (Tr. Vol. I at 51-52)

4. Dr. Crawford testified that, around May 2002, a pharmacist who had been refilling a hydrocodone prescription for Dr. Crawford had noticed that Dr. Crawford had obtained the same prescription from another pharmacy three or four days earlier.¹ Dr. Crawford testified that the pharmacist had called Dr. Crawford and informed him of this, and had advised Dr. Crawford to find another pain medication. Dr. Crawford further testified that another pharmacist whom the first pharmacist had contacted had called the CEO of Southern Ohio Medical Center regarding Dr. Crawford's prescriptions. The CEO then contacted Dr. Crawford. Dr. Crawford testified that the CEO and Medical Director had interviewed Dr. Crawford on May 28, 2002, and had asked him if he had a narcotic

¹ Note that an investigation into Dr. Crawford's prescribing activities by the Ohio State Board of Pharmacy is addressed below. See Summary of the Evidence 10, et seq.

problem. Dr. Crawford admitted to them that he did. Dr. Crawford testified that they had asked him what he wanted to do about it, and Dr. Crawford told them, “I want to get off of them[.]” Finally, Dr. Crawford testified, “I resigned my privileges right there and I admitted myself the next day to Shepherd Hill.” (Tr. Vol. I at 100-102)

Dr. Crawford testified that, during his meeting with the CEO and Medical Director of Southern Ohio Medical Center, the Medical Director had told Dr. Crawford about the Ohio Physicians Effectiveness Program [OPEP]. Dr. Crawford testified that he had called OPEP from the Medical Director’s office during the meeting. Dr. Crawford testified that he had spoken to Barron Farrier at OPEP, who recommended that Dr. Crawford contact Shepherd Hill Hospital [Shepherd Hill] in Newark, Ohio. (Tr. Vol. I at 102)

Finally, Dr. Crawford testified that, on May 29, 2002, he had entered treatment at Shepherd Hill, and remained there until August 23, 2002. (Tr. Vol. I at 48)

5. Dr. Crawford testified concerning his experiences at Shepherd Hill:

I was admitted to detox, and I remember some of detox but I was pretty sick. I had all the constellation of symptoms everybody else had, so I went to detox. I think it took five days. From there I went the next two weeks at cottage E, which is where they start to integrate you in with other people and they start teaching you didactics. I didn’t sleep, I don’t think, for almost three weeks.
* * *

* * *

* * * I catnapped here and there and [was] very labile in mood. It was a pretty bad three weeks. I had a lot of diarrhea, took three or four showers a night. I tried to find a way to sleep. Then I went to the next cottage, which is the CORR, and I started sleeping there after about a week, and I still had the diarrhea and stuff. I started writing better. I couldn’t hardly write the first two weeks because I couldn’t follow the commands very well.

After three or four weeks I started sleeping four or five hours a day which I thought was great. I started feeling better; still had diarrhea several times a day, four, five, six times a day. I started interacting with people for the first time. I started listening to people about me for the first time. I never had any trouble admitting I was an addict from the time I got there because I pretty much knew that. I was totally powerless and my life had become a shambles. It was totally unmanageable, so I started interacting with other people and actually listening to what other people had to say for the first time, taking criticism the best I could. Still it’s hard to do sometimes, I find that hard to do, but I noticed a lot of people were relapsing and leaving.

And after my third week there I was the oldest, the most senior person there, so I spent the next six weeks being the most senior person there and I really, for the first time, got into actually talking to people and listening to them and taking criticism in groups and learning about addiction, learning about the three steps that we go through, [went] to a lot of AA meetings and NA meetings, which I switched to NA meetings because I could identify with them better. I never was a drinker much, and I really didn't want to leave after I was there for ten weeks.

The first couple of weeks I wanted to leave because I didn't know what was going on. I knew the Board had been there in June and I didn't know what my life was going to be. But after four or five weeks there, and I started integrating, I didn't want to leave. I actually enjoyed waking up and not being in withdrawals and being able to go to sleep after that six weeks or whatever, and I integrated as much as I could and was involved with helping others and getting help as much as I could, which was a new thing for me to actually listen to other people and get out of myself, quit being an ego-driven person.

My best thinking got me there. I keep remembering that, because when I still think I know what's going on, I try to run it by other people now because my absolute best thinking got me in that situation and I got to continue to remember that.

And so I left Shepherd Hill having completed the third step, had a sponsor in Portsmouth where I'm from, got that a month before I left, and had my aftercare in place and had my support system at home in place.

(Tr. Vol. I at 102-106)

6. Dr. Crawford testified that, while at Shepherd Hill, a Board investigator had come to see him. Dr. Crawford further testified that he had signed a Step I Consent Agreement and responses to the Board's First Set of Interrogatories while he was in treatment. (Tr. Vol. I at 50-51, 106)

Dr. Crawford's Step I Consent Agreement with the Board

7. On August 6, 2002, Dr. Crawford signed a Step I Consent Agreement with the Board, which became effective on August 14, 2002. Dr. Crawford and the Board entered into the Step I Consent Agreement in lieu of formal proceedings based upon his violations of Sections 4731.22(B)(26), Ohio Revised Code; and Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08, Ohio Administrative Code, Utilizing Controlled Substances for Self and Family Members. In the Step I Consent Agreement, Dr. Crawford

made certain admissions, including that, on or about May 28, 2002, he had entered treatment for chemical dependence at Shepherd Hill, a Board-approved treatment provider; that his drug of choice is hydrocodone; that he had begun abusing hydrocodone during or about 1995 after another physician had initially prescribed it to him for treatment of a painful vertebra condition; and that he had obtained controlled substances for self-use by taking hydrocodone samples from office stock, and by taking hydrocodone ordered from drug wholesalers. Dr. Crawford further admitted that he had been aware that representatives of law enforcement had been investigating matters related to his drug seeking behavior. (State's Exhibit [St. Ex.] 4 at 2-8)

The Step I Consent Agreement provided that the Board had expressly reserved the right to institute formal proceedings based upon any violations related to patient care or otherwise involving patients, or involving criminal acts or convictions, regardless of whether the acts underlying such additional violations had arisen from the same facts as, or were otherwise related to, the violations set forth in the Step I Consent Agreement. (St. Ex. 4 at 2-8)

The Step I Consent Agreement further provided that Dr. Crawford's certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time, but not less than 90 days. Moreover, the Step I Consent Agreement provided for interim monitoring and conditions for reinstatement. (St. Ex. 4 at 2-8)

Dr. Crawford's Responses to the Board's First Set of Interrogatories

8. On August 6, 2002, Dr. Crawford submitted responses to the Board's First Set of Interrogatories. Dr. Crawford asserted his Fifth Amendment right against self-incrimination and declined to answer questions 8 through 27, based upon a then-current grand-jury investigation. (St. Ex. 4 at 9-26)

Dr. Crawford's Release from Shepherd Hill Hospital

9. On August 23, 2002, Dr. Crawford completed his treatment at Shepherd Hill and was discharged. (Respondent's Exhibit [Resp. Ex.] E)

The Criminal Investigation and Charges Against Dr. Crawford

10. Kevin Joseph Kinneer testified on behalf of the State. Mr. Kinneer testified that he is a Compliance Agent for the Ohio State Board of Pharmacy [Pharmacy Board], and has been so employed for almost nine years. Mr. Kinneer testified that he is assigned to a fourteen-county area in southern Ohio that includes Scioto County. (Hearing Transcript Volume II [Tr. Vol. II] at 5)

Mr. Kinneer testified that in the normal course of his duties he had noticed that Dr. Crawford, who Mr. Kinneer had known to be an ob/gyn, had been prescribing diet pills

and hydrocodone to males. Mr. Kinneer further testified that he had given a local pharmacist a list of physicians' names and asked the pharmacist to call him if there were any suspicious activity with regard to those physicians. Moreover, Mr. Kinneer testified that, less than one week later, the pharmacist had contacted him concerning Patient 1, who had then been "well into her pregnancy" and had presented a prescription from Dr. Crawford for Norco. The pharmacist had questioned Patient 1 concerning the quantity of Norco she was to receive, and had not been satisfied with her responses. Moreover, Mr. Kinneer testified that that pharmacist had called other local pharmacies, and had learned that Patient 1 had been obtaining Norco with overlapping therapy dates from multiple pharmacies. Finally, Mr. Kinneer testified that Dr. Crawford had issued all of those prescriptions. (Tr. Vol. II at 6-8)

Mr. Kinneer testified that his investigation had revealed, among other things, that Dr. Crawford had written fifty-five prescriptions for hydrocodone to Patient 1, including refills. Mr. Kinneer further testified that all of those prescriptions had been paid for in cash. (St. Ex. 6; Tr. Vol. II at 10-15, 23)

11. Eric Wrage testified on behalf of the State. Mr. Wrage testified that he is an Assistant Prosecutor for Scioto County, Ohio. Mr. Wrage noted that Portsmouth is in Scioto County. (Tr. Vol. I at 135-136)

Mr. Wrage testified that Dr. Crawford had been brought to the attention of the Scioto County Prosecutor's office by the Pharmacy Board. Mr. Wrage further testified that, following discussions with Dr. Crawford's attorneys, all parties had agreed that a Bill of Information would be filed charging Dr. Crawford with three fourth-degree felony counts, and that Dr. Crawford would then be eligible for intervention in lieu of conviction. (Tr. Vol. I at 136-137)

12. On or about September 23, 2002, in the Scioto County Common Pleas Court, a Bill of Information was filed in *State of Ohio v. Steven W. Crawford, M.D.*, Case Number 02-CR-716. The Bill of Information charged Dr. Crawford with one count of Possession of Drugs, in violation of Section 2925.11(A) and (C)(2)(b), Ohio Revised Code; one count of Deception to Obtain a Dangerous Drug, in violation of Section 2925.22(A) and (B)(1), Ohio Revised Code; and one count of Illegal Processing of Drug Documents, in violation of Section 2925.23(B)(1) and (F)(1), Ohio Revised Code. Each of these violations was alleged to have occurred from 1998 to 2002. (St. Ex. 3 at 5)
13. On September 25, 2002, Dr. Crawford served upon Mr. Wrage a Request for Intervention in Lieu of Conviction. (St. Ex. 3 at 8-12)

In an October 4, 2002, letter to James N. Perry, Esq., Richard Whitney, M.D., Medical Director, Shepherd Hill, stated, among other things, that Dr. Crawford's drug use had been "a definite factor leading to the criminal offense" for which Dr. Crawford had been charged.

Moreover, Dr. Whitney stated that medical intervention “will substantially reduce the likelihood of any future criminal activity.” Finally, Dr. Whitney expressed support for Dr. Crawford’s request for intervention in lieu of conviction. (Resp. Ex. E; Tr. Vol. I at 170)

Dr. Crawford’s Amended Answers to the Board’s First Set of Interrogatories, and his Answers to the Board’s Second Set of Interrogatories

14. On October 31, 2002, Dr. Crawford signed and swore to amended answers to questions 8 through 27 of the Board’s first set of interrogatories. (St. Ex. 4 at 27-39)

Among his responses, Dr. Crawford answered, “Yes[,]” to question 24, which asked, “Through his own actions or by directing the actions of others, has [Dr. Crawford] ever obtained controlled substances for self-use by ingesting controlled substances prescribed to another person?” Further, in his response to question 25, which asked Dr. Crawford to provide detailed information concerning any affirmative response to question 24, Dr. Crawford wrote:

I stole medication from three patients of mine. I did this during times I had no other access to hydrocodone. I have no reason to believe that these patients knew that I was taking their medication.

[Patient name withheld] is an employee of the practice. I wrote her prescriptions for hydrocodone for her severe migraine headaches, a legitimate medical complaint. I discovered [patient name withheld] occasionally kept the medication I prescribed for her in the office. From time to time, I would ingest some of her hydrocodone tablets when I had no other access to hydrocodone. I took the medication from her on occasions from 1999 to 2001.

[Patient name withheld] is an employee of the practice. Several years ago, he developed severe chronic low back pain after an injury. I prescribed hydrocodone to control his low back pain [sic]. After noticing that [patient name withheld] occasionally kept his pain medication in the office, there were several instances when I would take some of [patient name withheld]’s medication when I had no other hydrocodone available. These instances occurred during 2000 to mid-2001.

[Patient 1] is one of my obstetric patients. She first became a patient around 1999. I delivered her baby in 2000. Because [Patient 1] had four children, worked as a clerk in a law office and had no employee medical benefits, I became her treating physician for ailments other than strictly obstetric-related matters. [Patient 1] suffers from severe cluster-type headaches which are a result of a head injury she sustained at 16 years of age and which initially were treated by Dr. Wayne Wheeler in Portsmouth, Ohio. When they occur, the cluster headaches totally incapacitate her. I prescribed hydrocodone to

[Patient 1] for these cluster headaches. The prescription for hydrocodone was consistent with prior treatments she had received for these headaches. Because [Patient 1] had four children in the house and did not trust herself to over medicate during these severe headaches, she would fill the prescriptions and return the medications to the office for safekeeping. When the cluster headaches occurred, I was always contacted by [Patient 1], her family members, or her. I would then access the medications which were maintained at the office. As time went by and my personal addiction to hydrocodone increased, I began taking [Patient 1's] hydrocodone. Although indicated, I also began writing more frequent prescriptions to [Patient 1] which increased my access to steal her hydrocodone. To my knowledge, [Patient 1] only took the medication that I personally gave her when her cluster headaches occurred. She never questioned me about the quantity of the hydrocodone I prescribed to her and I never revealed directly to her my hydrocodone addiction or the extent to which it had progressed. The time period for me taking [Patient 1's] medication was about April 2000 through May 2002.

Lastly, I also took medication from my mother, [name withheld], which had been prescribed to her by other physicians. My mother was prescribed [hydrocodone] for severe neck pain secondary to disc disease by Dr. Terrance Welsh and Dr. David Barrere. From time to time, when I had no other access to hydrocodone, I would take some of her medication that she kept in her home. I can give no specific dates for the medications I took from my mother, but I believe it started in 2000 and continued through May 2002 when I entered Shepherd Hill drug rehabilitation program.

(St. Ex. 4 at 35-37)

Among his amended answers to the Board's First Set of Interrogatories, Dr. Crawford answered, "No[.]" to question 26, which asked, "Through his own actions or by directing the actions of others, has [Dr. Crawford] ever obtained controlled substances for self-use by prescribing controlled substances to others and having the recipient of the prescription return all or a portion of the prescription drug(s) supplied?" (St. Ex. 4 at 37)

15. Also on October 31, 2002, Dr. Crawford signed his answers to the Board's Second Set of Interrogatories, which were received by the Board on November 4, 2002. Among the responses given, Dr. Crawford answered, "No[.]" to question 4, which asked, "Through his own actions or by directing the actions of others, has [Dr. Crawford] ever provided or prescribed a controlled substance to any patient when such controlled substance was not clinically indicated by a legitimate medical condition." (St. Ex. 4 at 44)

The November 7, 2002, Interview of Dr. Crawford by Mr. Wrage and Mr. Kinneer

16. Mr. Wrage testified that, after the Bill of Information had been filed, he had requested that Dr. Crawford submit to questioning by Mr. Wrage and an agent from the Pharmacy Board. Mr. Wrage further testified that he had informed Dr. Crawford's attorneys that a tape of that interview would be made available to the Board and the Pharmacy Board. Mr. Wrage further testified that part of their agreement included that Dr. Crawford would, if requested to do so, provide truthful testimony on behalf of the State with regard to any criminal charges filed against Patient 1 and Dr. Barrere. (Tr. Vol. I at 138-139)

17. On November 7, 2002, Dr. Crawford was interviewed by Mr. Wrage and Mr. Kinneer. Dr. Crawford was represented by counsel during the interview. The interview was videotaped, and a copy of that videotape was admitted to the hearing record as State's Exhibit 5. The date and time of the interview is visible in the upper-left portion of the screen. Note that the videotape begins at 1:06:09 p.m. All times referenced below are approximate. (St. Ex. 5)
 - At 1:10:20 p.m., Dr. Crawford was shown a copy of his written responses to the Board's interrogatories, and was asked if he would continue to "stand by those answers." Dr. Crawford stated, "Yes." Dr. Crawford was then asked if there was "anything [he] would like to change with respect to [his] answers." Dr. Crawford reviewed the documents, then stated, "No."

 - At 1:34:24 p.m., Dr. Crawford was asked if he had ever had Patient 1 fill a prescription and bring the medication back to him. Dr. Crawford replied that he had not. Dr. Crawford stated that he had kept Patient 1's pills for her at Dr. Crawford's office due to Patient 1's concern that her child would access the pills if she kept them at home. Dr. Crawford stated that, whenever Patient 1 had had a headache, she would come to Dr. Crawford's office and get some of the medication. Dr. Crawford indicated that Patient 1 had had cluster headaches approximately weekly.

 - At 1:35:40 p.m., Dr. Crawford was asked if he had kept medical records concerning his prescribing of narcotics to Patient 1. Dr. Crawford replied, "I'm not sure if I kept a record on every time." When asked if he believed that he had had an obligation to keep such records, Dr. Crawford replied, "I feel that I should keep a record but a lot of times, I, you know, I did not keep a record."

 - At 1:37:00 p.m., Dr. Crawford stated that, each time when Patient 1 had had a headache and asked for pills, he would give her six to ten of her pills. Dr. Crawford testified that, because he had been taking her pills himself, there would be pills missing when she came to pick some up. Dr. Crawford also testified that, when Patient 1 had filled a prescription, she removed some of the pills for herself and returned the rest to Dr. Crawford to hold for her.

Dr. Crawford further stated that Patient 1 had received only a small number of pills compared to the number he was taking from her prescriptions. Nevertheless, Dr. Crawford stated that Patient 1 had never questioned him about the number of pills that he had prescribed to her. The interviewers then informed Dr. Crawford that, on several occasions, Patient 1 had filled two prescriptions within a three-day period and, on one occasion, had filled three prescriptions at three different pharmacies on the same day—all written for her by Dr. Crawford. Nevertheless, Dr. Crawford stated that Patient 1 never questioned him concerning the number of prescriptions that she had filled. Dr. Crawford continued to imply that Patient 1 had had no knowledge of his scheme.

- By 1:39:30 p.m., Dr. Crawford was asked if Patient 1 had questioned why, three days after she had filled a prescription for 90 pills, her pills had been used up, and she had had to fill another prescription. Dr. Crawford testified that he had deceived Patient 1 by simply telling her that her pills were gone, and that she did not question why. The interviewers expressed incredulity concerning these statements, and told Dr. Crawford that, if Dr. Crawford continued to be untruthful, Mr. Wrage would refuse to go forward with the plea bargain, and more serious charges would be filed against Dr. Crawford that could result in mandatory prison time and fines. The parties took a break to allow Dr. Crawford to confer with his attorneys.
- At 1:52:25 p.m., Dr. Crawford stated that he had deceived Patient 1 in order to get her to obtain hydrocodone for him.
- At 1:55:00 p.m., Dr. Crawford stated that, whenever he had held Patient 1's pills for her, he had stolen some of them.
- At 1:56:40 p.m., Dr. Crawford stated that he had not told Patient 1 which pharmacies to go to to fill the prescriptions. Dr. Crawford further stated that he had not told Patient 1 to go to different pharmacies.
- At 1:59:45 p.m., Dr. Crawford stated that Patient 1 had paid for the prescriptions. The interviewers then told Dr. Crawford that Patient 1 had paid cash for the prescriptions, and that one of the prescriptions had cost \$106.99. Dr. Crawford continued to deny that he had paid for the prescriptions, or that he had given Patient 1 any money. The interviewers then informed Dr. Crawford that Patient 1 had told representatives of law enforcement that Dr. Crawford had paid for some of the prescriptions. Dr. Crawford replied that he did not remember giving Patient 1 any money, and "if she said that she's lying."
- At 2:01:30 p.m., the interviewers again informed Dr. Crawford that they believed that Dr. Crawford was lying.

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- At 2:15:50 p.m., the interviewers again informed Dr. Crawford that they believed that he was lying, were considering not going forward with the plea arrangement, and instead charging Dr. Crawford with more serious offenses.
- At 2:18:20 p.m., Dr. Crawford stated that Patient 1 “she got—most of the pills were for me and I helped pay for them.” Dr. Crawford further stated that he had known that Patient 1 had been going to different pharmacies to fill the prescriptions to avoid being caught, that he had told her to go to different pharmacies, and that Patient 1 had removed some of the pills for her own use and given the rest to Dr. Crawford. Dr. Crawford stated that he had received ninety-five percent of the medication. Dr. Crawford further stated that, toward the end, he had received essentially all of the medication.
- At 2:24:00 p.m., Dr. Crawford stated that he had sent Patient 1 out to get pills for him.

(St. Ex. 5)

18. Mr. Wrage testified that he believes that Dr. Crawford had been deceptive during the interview. Mr. Wrage stated that he and Mr. Kinneer had been aware of Dr. Crawford’s answers to the Board’s interrogatories. Mr. Wrage further testified that [they] had “had knowledge of certain things that were inconsistent with the answers that had been given in the interrogatories.” (Tr. Vol. I at 146-148)

Mr. Wrage testified that, as the interview progressed, Mr. Wrage and Mr. Kinneer had informed Dr. Crawford that they thought that Dr. Crawford had not been telling them the truth. Accordingly, Mr. Wrage testified that he had asked Dr. Crawford to confer with his attorneys. Moreover, Mr. Wrage testified:

We had several breaks. We came back in the room and as the interview progressed, his answers changed from the answers that he had given at the outset of the interview and he ended up admitting that the contents of the interrogatories were, in fact, not true.

For example, [Mr. Wrage and Mr. Kinneer] asked him at the outset of the interview if he had ever provided funds to Patient 1 to pay for the prescriptions. He denied that. We gave him several opportunities to try to rectify his answer, to change his answer, and if I recall correctly, * * * one of the questions that had been posed [in the Board’s interrogatories] was whether Dr. Crawford had ever given Patient 1 or any other patient monies in order to get the prescriptions, and he had answered that in the negative. And at the end of the interview Dr. Crawford ended up admitting that yes, in fact, he had provided money to Patient 1 to go and buy the pills. That was one of the inconsistencies, and there was several other inconsistencies.

(Tr. Vol. I at 148-149)

Nevertheless, Mr. Wrage testified that, by the end of the interview, Dr. Crawford “was being candid enough” for Mr. Wrage to agree to go forward with the agreement for intervention in lieu of conviction. (Tr. Vol. I at 158-159)

Dr. Crawford’s November 7, 2002, Court Appearance, Guilty Plea, and Intervention in Lieu of Conviction

19. On November 7, 2002, Dr. Crawford appeared in court and signed a Waiver, pleading guilty to each of the charges in the Bill of Information. The court accepted Dr. Crawford’s plea of guilty, and granted Dr. Crawford’s Request for Intervention in Lieu of Conviction. By Judgment Entry filed on November 8, 2002, the court found that Dr. Crawford’s “drug dependence was a factor leading to the criminal activity with which [he] is charged, intervention in lieu of conviction would not demean the seriousness of the offense, and intervention would substantially reduce the likelihood of additional criminal activity.” Accordingly, the court ordered, in part, as follows:

[T]he Court hereby Orders that further criminal proceedings are stayed and the defendant is ordered to a 3 year period of rehabilitation. The period of rehabilitation shall be conditioned upon the defendant’s not abusing drugs any further. The defendant is to abstain from the use of drugs. The defendant is to submit to random testing for substance use. Further, the defendant is to be under the control and supervision of the Scioto County Adult Probation Department under the usual rules of probation. It is specifically Ordered that the defendant consume no alcohol or drugs during the period of rehabilitation.

(St. Ex. 3 at 1-4, 8-12)

Dr. Crawford’s November 15, 2002, Written Statement to the Board

20. Dr. Crawford submitted to the Board the following Statement of Steven W. Crawford, M.D., notarized on November 15, 2002:

I am Steven W. Crawford, M.D., and I state the following based upon my personal knowledge and for purposes of providing additional information to the [Board] for purposes of its investigation into the circumstances of my chemical dependency. I recently completed and provided to the Board answers to certain interrogatories. In follow up to that, I want to provide this additional information.

In response to question #4 in the Second Set of Interrogatories, I answered ‘no’ to this question because the medication I prescribed to [Patient 1] was

indicated for her cluster headaches as I described in my response to question #25 of the First Set of Interrogatories. However, I want to provide additional information because I believe that, although the medication itself was indicated, the volume of medication I prescribed to her became excessive due to my use of her medications which I had access to at my office. I do not believe that this specific question was asked in either set of the interrogatories, but I want to provide this information to be sure you understood my answer.

Additionally, I answered 'no' to question #26 of the Second Set of Interrogatories because I do not believe that I had 'obtained controlled substances for self-use by prescribing controlled substances to others and having the recipient of the prescription return all or a portion of the prescription drug(s) supplied.' However, when I later reviewed my response to question #25, I realized that my taking of the medications from those that I prescribed to [Patient 1] could be viewed as requiring an affirmative answer to that question. [I] answered that way because, as I described in question #25, I viewed my conduct as having stolen the medications I prescribed to her; rather than some arrangement for her to return the medications to me for self-use. Please let me or my attorney know if you believe that a more formal statement or clarification is necessary and I will provide one to you.

(St. Ex. 4 at 49-50)

Dr. Crawford's Testimony Concerning Patient 1

21. Dr. Crawford acknowledged that Patient 1 had been a patient of his until the time that Dr. Crawford went into treatment for his chemical dependency. Moreover, Dr. Crawford acknowledged that the criminal charges for which Dr. Crawford entered a guilty plea had been related, in part, to conduct associated with Patient 1. (Tr. Vol. I at 36-37)
22. Dr. Crawford testified that he works with and is part owner of a private investigation firm. Dr. Crawford noted that he was the treasurer of the corporation, acted as an expert witness in certain cases, and as a private investigator, but had not been involved in the day-to-day operation of the firm. Dr. Crawford testified that he had owned forty-nine percent of the firm, but that his interest has since dropped to about twenty percent. (Tr. Vol. I at 61-65)

Dr. Crawford testified that Patient 1 had been an ob/gyn patient of Dr. Crawford's since about 1998. Dr. Crawford further testified that Patient 1 had worked in Dr. Crawford's attorney's office. Moreover, Dr. Crawford testified that Patient 1 had also worked as an investigator for the private investigation firm that Dr. Crawford partly owns. Dr. Crawford testified that Patient 1 had started working for the private investigation firm at about the same time she had become his patient, although he could not recall which had occurred first. (Tr. Vol. I at 62-64)

23. At hearing, Dr. Crawford testified that he had treated Patient 1 for cluster headaches. Dr. Crawford further testified that Patient 1's headaches had been severe enough to incapacitate her. Dr. Crawford further noted that Patient 1 had been pregnant "[a]t times[]" during the time she was his patient. Dr. Crawford testified that Patient 1 had given birth twice during this time, in about 1998 and 2000. Moreover, Dr. Crawford testified that he had prescribed hydrocodone to her during the times when she had been pregnant. Dr. Crawford testified:

I can't recall the actual pregnancy dates, but in early 2000 her daughter, who was like an early teenager, maybe 12 years old, something like that, her daughter who has some issues like depression issues, things like that, took a large bottle of Nyquil and some pills and that scared Patient 1 and the father to the point where they didn't want any pills in the house. So I think this was in early 2000 she did that.

Then, you know, we worked it out to where I could take the pills for her and hold them at the office, which we did early on. As time went on, if she would have a headache, I'd either go down to her office sometimes, if I was available and drop them off to her, or she would come up and get some if she had a really bad headache. Those pills that I held for her she would get less and less of them as I would write more and more of them and that's how that happened; and she didn't want to have any medicines in her house so I held her pills for her and divided them out that way.

Towards the end, the last maybe year or so, that became such an inconsequential number in the sense that I was taking most of her pills at that point and we never talked about addiction, we never talked about what we were doing, we never talked about which pharmacy to go to, we never talked about anything related to addiction. All I know is she was willing to take—she was willing to get these prescriptions filled and I saw it as another way to access the hydrocodone and it was working and we just didn't talk about it.

There was never any sexual favors or any favors of any kind, any money she made on this, nothing. All I know is it was a way for me to get the hydrocodone and that's how we did it.

(Tr. Vol. I at 66-68)

Dr. Crawford testified that he had prescribed approximately 270 hydrocodone tablets per month to Patient 1. Dr. Crawford further testified that the prescriptions were always written, and not called in. Moreover, Dr. Crawford testified that Patient 1 would remove and retain

some of the pills and return the rest to Dr. Crawford. Dr. Crawford testified that he had received “the majority” of the pills that he had prescribed to Patient 1. (Tr. Vol. I at 69)

Dr. Crawford testified that Patient 1 had experienced headaches on a fairly regular basis throughout the time that he treated her. Dr. Crawford further testified that she had had a legitimate therapeutic diagnosis, and that the medication he had prescribed for her was appropriate for that diagnosis. Dr. Crawford acknowledged, however, that the volume of medication that he had prescribed for her had been far in excess of an appropriate dose. (Tr. Vol. I at 71-72)

Dr. Crawford’s Testimony Concerning his Responses to the Board’s Interrogatories

24. Dr. Crawford testified as follows concerning his responses to the Board’s interrogatories:

Well, I answered those questions honestly. I think what I did was—* * * being sober and straight I would never do anything like this and use my friends and people I know. I don’t want to get them in trouble, obviously. I do own [to] what I did. I just * * * it’s just that I can’t believe I did that stuff. Patient 1 has five children. I don’t want to hurt her. [Dr.] Barrere, I was best man at his wedding. I screwed him over too. I just—just the things I did was so, just so wrong and hurt me so bad that I can’t believe that I did that, but I knew that I felt so horrible when I didn’t have those pills that I did things I’d never do again.

I just wanted to answer the questions without damaging other people. At that point, I didn’t care what happened to me, really, I just wanted them out of it and I wanted to be, just wanted to go back to work and do my meetings and do my probation and start helping people and doing what I think I do best.

(Tr. Vol. I at 97-98)

25. Dr. Crawford testified concerning the following statement that he had made in response to question 25 in his October 31, 2002, amended answers to the Board’s First Set of Interrogatories: “I stole medication from three patients of mine. I did this during times I had no other access to hydrocodone. I have no reason to believe that these patients knew that I was taking their medication.” (St. Ex. 4 at 35)

Dr. Crawford testified that that statement had applied to Patient 1 as well as to two employee/patients in his office. When questioned at hearing concerning the veracity of that statement as it concerned Patient 1, Dr. Crawford testified, “I guess when I answered this question, I knew that we had never talked about her—me taking her medicines and I felt at that point that the way the question was is that I had no reason for her to believe that I was taking her pills at that point.” Dr. Crawford further testified, after much questioning,

that that statement had not been true in every respect, and that he “can see where she could possibly know that her pills were missing, absolutely.” Moreover, Dr. Crawford testified, “In my own mind I certainly hoped she didn’t know [that I was taking her pills.] We never talked about her knowing. Whether she knew at the time, certainly she knows now, whether she knew at the time, I didn’t care. I just wanted to get the pills.” In addition, Dr. Crawford testified, “I cannot sit here and say I knew she knew. I can sit here and say that we were going through a lot of prescriptions and she should have known.” Finally, when asked what has changed between now and October 31, 2002, when he had answered that interrogatory, Dr. Crawford testified: “I think what’s changed is I’ve sat back and looked at it and the numbers of prescriptions that we were going through that she should have known, but we just didn’t ever talk about it. Did she know? Sure, she may have known but we never talked about that. That’s all I’m saying.” (Tr. Vol. I at 75-84)

Dr. Crawford testified that he views his taking of Patient 1’s medication as stealing, even though he had helped pay for them, because they had been her prescriptions and had been written in her name. (Tr. Vol. I at 91-92)

26. Dr. Crawford testified concerning his negative response to question 26 in his October 31, 2002, amended answers to the Board’s First Set of Interrogatories, which asked: “Through his own actions or by directing the actions of others, has [Dr. Crawford] ever obtained controlled substances for self-use by prescribing controlled substances to others and having the recipient of the prescription return all or a portion of the prescription drug(s) supplied?” (St. Ex. 4 at 37)

Dr. Crawford testified that he believes that he had explained the situation with Patient 1 in his response to question 25. (Tr. Vol. I at 87)

27. Dr. Crawford testified concerning his negative response to question 4 in his October 31, 2002, response to the Board’s Second Set of Interrogatories, which asked: “Through his own actions or by directing the actions of others, has [Dr. Crawford] ever provided or prescribed a controlled substance to any patient when such controlled substance was not clinically indicated by a legitimate medical condition?” (St. Ex. 4 at 44)

Dr. Crawford testified that the drug that he had prescribed to Patient 1 had been a legitimate medication for a legitimate medical condition. Dr. Crawford acknowledged, however, that the amount that he had prescribed was not clinically indicated. Nevertheless, Dr. Crawford testified that he believes that he had conveyed to the Board elsewhere in the interrogatories that the amounts of medication that he had prescribed to Patient 1 had been excessive. (St. Ex. 4 at 36; Tr. Vol. I at 88-89, 115-116)

Testimony Concerning Dr. Crawford's Paying for Prescriptions for Patient 1

28. At hearing, an issue was raised concerning how many of Patient 1's prescriptions Dr. Crawford had paid for, or helped paid for. Dr. Crawford testified that he had paid for "several" of the prescriptions. Dr. Crawford further testified that, toward the end, he had paid for most of the prescriptions. (Tr. Vol. I at 68-69) Dr. Crawford subsequently testified that he had helped Patient 1 pay for the hydrocodone prescriptions "[s]everal" times—"five to ten at least." (Tr. Vol. I at 95)
29. Mr. Wrage testified that, during the videotaped interview, Dr. Crawford had stated that he had supplied money to Patient 1 to buy prescriptions. Mr. Wrage further testified that, if Dr. Crawford had testified at hearing that he had only paid for between five and ten prescriptions, "[t]o [Mr. Wrage's] understanding, that appears to be inconsistent." (Tr. Vol. I at 141-142)
30. Dr. Crawford testified that he had paid for several of Patient 1's prescriptions because she had had no money; she had had five children, had recently had her pay cut by twenty to thirty percent, and had had no insurance that Dr. Crawford had been aware of. Dr. Crawford further testified that, by helping her pay for the medication, he had enabled her to continue the arrangement that he had developed with her that enabled Dr. Crawford to obtain her medication. Moreover, Dr. Crawford testified that, by so doing, he had manipulated her by helping her to pay for the medication. (Tr. Vol. I at 116-117)
31. Mr. Wrage testified that, during the interview, Dr. Crawford had not been asked specifically how many of the prescriptions he had paid for. Mr. Wrage testified that they had shown Dr. Crawford a list of the prescriptions and pharmacies and asked whether he had paid for the prescriptions. Mr. Wrage testified that Dr. Crawford at first gave negative responses, but finally answered, "Yes," when asked he had paid for the prescriptions. Mr. Wrage and Mr. Kinneer both testified that they had understood Dr. Crawford's response to mean that Dr. Crawford had admitted to paying for *all* of the prescriptions. (Tr. Vol. I at 150-154; Tr. Vol. II at 16-21)

Additional Information

32. Dr. Crawford acknowledged that he had used his friends, employees, and a colleague to obtain hydrocodone. Dr. Crawford further testified that Patient 1 has been indicted for her conduct. Dr. Crawford testified that "to use people like this is horrible," and that he is embarrassed by his conduct. (Tr. Vol. I at 84)
33. Dr. Crawford testified that he does not believe that he has had a hard time being truthful about his conduct: "I think I have been forthright with [regard to] my conduct. I just don't want to hurt other people, but I think I have definitely owned up to my conduct." (Tr. Vol. I at 84)

34. With regard to his conduct during the videotaped interview, Dr. Crawford testified that he had tried to protect Patient 1. Dr. Crawford testified that he had believed that the authorities had been interested in indicting Patient 1. Dr. Crawford acknowledged that he had only opened up concerning Patient 1 when he had been threatened with indictment on multiple felonies and mandatory jail time. (Tr. Vol. I at 84-86)

Mr. Wrage testified that Patient 1 has been indicted for five counts of Trafficking in Drugs. Mr. Wrage further testified that, if a plea agreement is not reached, she could potentially be charged with 43 additional counts, all felonies of the third degree. Mr. Wrage noted that all of these counts and potential counts concern prescriptions written by Dr. Crawford. (Tr. Vol. I at 139-141)

35. Richard Whitney, M.D., testified on behalf of Dr. Crawford. Dr. Whitney testified that he is the Medical Director of Shepherd Hill Hospital. Dr. Whitney further testified that his duties include making the “initial diagnostic formulation and treatment recommendation for admission to Shepherd Hill, assignment as to levels of care, and then to follow the patient as the primary physician throughout the course of recommended treatment.” (Tr. Vol. I at 170)

Dr. Whitney testified that he is familiar with Dr. Crawford. Dr. Whitney noted that Dr. Crawford had been admitted to Shepherd Hill approximately June 2, 2002, to be medically detoxified from hydrocodone, was subsequently transferred to the residential day treatment program, and was finally transferred to the Central Ohio Recovery Residence [CORR] to complete his residential treatment. (Tr. Vol. I at 171)

Dr. Whitney testified that Dr. Crawford had had significant withdrawal symptoms as a result of his level of hydrocodone use, and they “lasted basically four days plus or minus a day[.]” Dr. Whitney further testified that, after being transferred to the residential day treatment program, Dr. Crawford had been a very cooperative and compliant patient. Moreover, Dr. Whitney testified that Dr. Crawford had done “[j]ust great in CORR.” Dr. Whitney testified that Dr. Crawford

was the type of patient that we look forward to seeing at the CORR level completing tests and assignments on time, following treatment boundaries, and looking obviously much, much, much better toward the middle and end of treatment than when he came in. He seemed to be very committed toward accepting his diagnosis and working toward long-term recovery.

(Tr. at 171-173)

Dr. Whitney testified that, upon discharge, Dr. Crawford had been required to continue attending at least four meetings per week of AA or NA; weekly aftercare meetings, which are “standard facilitated therapy groups”; and weekly Caduceus meetings for two years.

Moreover, Dr. Crawford had been required to sign a monitoring contract with OPEP. Dr. Whitney further testified that, to his knowledge, Dr. Crawford “has been completely compliant with all aspects of his recovery contract.” (Tr. Vol. I at 173-174)

Dr. Whitney testified that he had appeared in court for Dr. Crawford’s motion for intervention in lieu of conviction. Dr. Whitney testified that he had advised the court that it was his belief that “Dr. Crawford had been genuine and sincere in his efforts toward recovery and had a very good prognosis.” (Tr. Vol. I at 174-175)

36. Dr. Whitney testified that, in his opinion, “Dr. Crawford is currently capable of practicing medicine and at acceptable levels and is not a threat to the public.” (Tr. Vol. I at 176)

Dr. Whitney further testified as follows concerning what Dr. Crawford must do to maintain his recovery:

Continued [attendance at] Alcoholics Anonymous and/or Narcotics Anonymous meetings. I believe Dr. Crawford goes to Narcotics Anonymous meetings in his local area which are fully acceptable. Continue working the twelve-step program with the assistance of his sponsor, being monitored by a monitoring physician, periodic drug screens as recommended by the OPEP contract, and completion of a two-year agreement to come to Wednesday sessions of aftercare and Caduceus and, obviously, maintain abstinence from mind-altering drugs.

(Tr. Vol. I at 176-177)

37. By letter dated March 10, 2003, addressed to To Whom it May Concern, Steven Gifford, B.A., CCDC III E, Shepherd Hill, indicated, among other things, that Dr. Crawford has attended aftercare regularly. Mr. Gifford stated that Dr. Crawford’s “attendance is excellent, and he is very active in the group, bringing up topics for discussion that are relevant to his recovery as well as providing feedback to peers in the group.” (Resp. Ex. D)
38. Dr. Crawford’s Advocacy Contract with OPEP, which he signed on August 30, 2002, requires, among other things, that Dr. Crawford:
- abstain from the use of all mind-altering drugs;
 - abstain from prescribing mind-altering drugs to himself or family members;
 - attend four “AA/NA/CA/Caduceus” meetings per week;
 - obtain a monitoring physician, Elie Saab, M.D.; and a personal primary care physician, David Barrere, M.D.; and

- submit to random weekly urine screens.

(Resp. Ex. H)

OPEP Status Reports dated November 4 and December 30, 2002, indicate that Dr. Crawford had been compliant with his recovery program. (Resp. Ex. H)

39. Dr. Crawford testified that he currently attends four or five NA meetings per week, as well as an occasional AA meeting. Dr. Crawford further testified that he has helped start a new NA meeting in Portsmouth at 5:00 p.m. on Mondays. Dr. Crawford testified that he attends aftercare on Wednesdays, and also attends Caduceus meetings on Wednesdays. Dr. Crawford noted that he has not missed an aftercare meeting since his discharge from the inpatient program. In addition, Dr. Crawford testified that he meets with his sponsor three or four times per week. Dr. Crawford testified that he is still on Step 3, and started Step 4 two days prior to hearing. Moreover, Dr. Crawford testified that he has “tons of literature” that he reads every day. Dr. Crawford further indicated that he prays at least twice per day, and meditates every morning and evening. Dr. Crawford testified that he is engaged in an exercise program to help his back pain and aid his recovery program. Finally, Dr. Crawford testified that he is focused on NA, and does community service work for that organization during the week, such as helping homeless individuals, providing transportation to meetings, and setting up meetings. (Tr. Vol. I at 109-111)
40. Dr. Crawford noted that he currently takes naltrexone, which saturates the same receptors that opiate drugs do. Dr. Crawford noted that if he were to take an opiate drug, the naltrexone would keep him from feeling its effects. Dr. Crawford noted that naltrexone therapy is to last for one year, and will end in May or June 2003. (Tr. Vol. I at 125)
41. Dr. Crawford testified that he has requested the reinstatement of his certificate pursuant to the Step I Consent Agreement, and has obtained the necessary evaluations from Dr. Whitney and Frederick N. Karaffa, M.D. (Tr. Vol. I at 107-108)

By letter dated November 20, 2002, Board staff informed Dr. Crawford that the Board had received a written assessment of Dr. Crawford from Dr. Karaffa on October 8, 2002. The letter further informed Dr. Crawford that that assessment had been deemed by the Board to be acceptable for purposes of fulfilling part of Dr. Crawford’s requirements for reinstatement. (Resp. Ex. G)

42. Dr. Crawford testified that, in addition to his Ohio license, he is also licensed to practice medicine in Kentucky. Dr. Crawford noted that the Kentucky Board has taken an action that mirrored the Ohio Board’s Step I Consent Agreement. Dr. Crawford stated that his Kentucky license is currently suspended. (Tr. Vol. I at 128)

43. Dr. Crawford testified that his sobriety date is May 30, 2002. Dr. Crawford further testified that he has not practiced medicine since May 27, 2002. (Tr. Vol. I at 108)
44. Dr. Crawford testified that, should he be allowed to return to the practice of medicine, he intends to continue in his current recovery program. Dr. Crawford further testified that he would like to continue working with Dr. Stein, Dr. Crawford's practice partner, although Dr. Stein was at the time of the hearing planning on moving. In any case, Dr. Crawford testified that another local ob/gyn, Dr. Lopez, is interested in taking call for Dr. Crawford and Dr. Stein, and that Dr. Crawford hopes that the two practices can be integrated, which would decrease the amount of call for which Dr. Crawford is responsible. (Tr. Vol. I at 123-124)

Dr. Crawford further testified that his mother is his office manager, and he would like to be able to keep her working. (Tr. Vol. I at 124-125)

In addition, Dr. Crawford testified:

I think it's going to be neat to be able to go to work and be sober; I mean, listen to people and talk to people in a totally different light. I think I will be able to help them. I don't have a whole lot of faith in helping addicts because my own best friend died of addiction in '98 and I just watched it and didn't help, but I'll have an insight in the twelve step program and where to send these people, and they used to come to me before and I will be able to send them places and integrate those people into programs better.

(Tr. Vol. I at 124)

45. Dr. Crawford presented a number of letters of support from colleagues, patients, and family members of patients. These letters portray Dr. Crawford as a dedicated and compassionate physician. (Resp. Exs. A, A1, B, and C) [Note that the State did not have an opportunity to cross-examine the authors of these letters.]
46. The Board did not allege substance abuse impairment in its January 8, 2003, Notice of Immediate Suspension and Opportunity for Hearing. On May 8, 2003, Counsel for the Respondent informed the Attorney Hearing Examiner via telephone that the Respondent would not object if the Board should decide to impose sanctions that include requirements for substance abuse evaluation and/or treatment, despite case law that may support such an objection.² Via separate telephone conversation with the Attorney Hearing Examiner on May 8, 2003, Counsel for the State objected. The State's objection is overruled.

² In *In re Eastway* (1994), 95 Ohio App.3d 516, 642 N.E.2d 1135, cert. denied, the Franklin County Court of Appeals held that the Board could not require psychiatric treatment as a condition of probation when it had not charged a physician with being mentally impaired. Therefore, a Board order that includes such sanctions is not

FINDINGS OF FACT

1. Effective August 14, 2002, Steven W. Crawford, M.D., entered into a Step I Consent Agreement with the Board in lieu of formal proceedings based upon his violations of Sections 4731.22(B)(26), Ohio Revised Code; and Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08, Ohio Administrative Code, Utilizing Controlled Substances for Self and Family Members. In the Step I Consent Agreement, Dr. Crawford made certain admissions, including that, on or about May 28, 2002, he had entered treatment for chemical dependence at Shepherd Hill Hospital in Newark, Ohio, a Board-approved treatment provider; that his drug of choice is hydrocodone; that he had begun abusing hydrocodone during or about 1995 after another physician had initially prescribed it to him for treatment of a painful vertebra condition; and that he had obtained controlled substances for self-use by taking hydrocodone samples from office stock, and by taking hydrocodone ordered from drug wholesalers. Dr. Crawford further admitted that he had been aware that representatives of law enforcement had been investigating matters related to his drug seeking behavior.

The Step I Consent Agreement provided that the Board had expressly reserved the right to institute formal proceedings based upon any violations related to patient care or otherwise involving patients, or involving criminal acts or convictions, regardless of whether the acts underlying such additional violations had arisen from the same facts as, or were otherwise related to, the violations set forth in the Step I Consent Agreement.

The Step I Consent Agreement further provided that Dr. Crawford's certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time, but not less than 90 days. Moreover, the Step I Consent Agreement provided for interim monitoring and conditions for reinstatement.

Pursuant to the terms of this agreement, Dr. Crawford has requested reinstatement.

2. On November 7, 2002, in the Court of Common Pleas, Scioto County, Ohio, Dr. Crawford entered a plea of guilty to one count of Possession of Drugs, in violation of Section 2925.11(A) and (C)(2)(b), Ohio Revised Code; one count of Deception to Obtain a Dangerous Drug, in violation of Section 2925.22(A) and (B)(1), Ohio Revised Code; and one count of Illegal Processing of Drug Documents, in violation of Section 2925.23(B)(1) and (F)(1), Ohio Revised Code.

On or about November 8, 2002, the court filed a Judgment Entry that granted Dr. Crawford's request for intervention in lieu of conviction, stayed further criminal proceedings, and ordered him to complete a three-year period of rehabilitation.

3. On or about November 7, 2002, Dr. Crawford participated in an interview with a representative of the Office of the Prosecuting Attorney of Scioto County, Ohio, and a representative of the Ohio State Board of Pharmacy, related to the aforementioned felony proceedings. During this interview, Dr. Crawford admitted that he had engaged in a pattern of behavior over a period of time through which Dr. Crawford provided an obstetrical patient with multiple prescriptions for controlled substances with overlapping dates of treatment. Dr. Crawford further admitted that he had been aware that this patient had been filling such prescriptions at multiple pharmacies in order to avoid detection, that he had had the patient return a portion of the medication to him for his self-use, and that he had helped pay for such prescriptions, stating during the interview, "most of the pills were for me and I helped pay for them." Dr. Crawford further stated that he had not kept the required medical record documentation for each of these prescriptions.
4. In Dr. Crawford's responses to the Board's First Set of Interrogatories, sworn by Dr. Crawford on October 31, 2002, he denied that he had ever obtained controlled substances for self-use by prescribing to others and having the recipient return all or a portion of the prescription. When asked whether he had ever ingested controlled substances prescribed to another person, Dr. Crawford responded that he had "stole[n]" medications from three patients, including Patient 1, specifically stating, "I have no reason to believe that these patients knew that I was taking their medication." Dr. Crawford claimed that he had treated Patient 1 for non-obstetrical problems, including cluster headaches, and that he had stored her hydrocodone at his office for safekeeping because she had had four children in the house and had been concerned about overmedicating. In his responses to the Board's Second Set of Interrogatories, Dr. Crawford denied that he had ever prescribed a controlled substance to any patient when such controlled substance was not clinically indicated by a legitimate medical condition.

At the beginning of the aforementioned November 7, 2002, interview with representatives of the Scioto County Prosecutor's Office and the Ohio State Board of Pharmacy, Dr. Crawford was asked whether the sworn interrogatory responses he had previously provided to the State Medical Board had been truthful. Dr. Crawford indicated that they were and specifically declined the opportunity to revise any of his responses. In his testimony during the interview, Dr. Crawford first denied that any patient ever brought back medication to him for self-use, explaining that he had stored Patient 1's hydrocodone at his office and had stolen her pills. Dr. Crawford later claimed that he had deceived Patient 1 into getting the hydrocodone for him, stating that the patient had paid for the prescriptions. Dr. Crawford then stated that he did not remember giving Patient 1 any money for the prescriptions, and asserted that the patient had lied when she told representatives of law enforcement that Dr. Crawford had funded the prescriptions. Toward the end of the

interview, Dr. Crawford finally admitted he had known that Patient 1, to avoid detection, had been contemporaneously presenting to different pharmacies multiple, separate hydrocodone prescriptions that Dr. Crawford had written for her; that he had had the patient return a portion of the hydrocodone to him for his self-use; and that he had provided money for such medication.

On November 15, 2002, Dr. Crawford's supplemental written statement to the Board was notarized. In that document, Dr. Crawford revised his prior interrogatory responses regarding the involvement of Patient 1 in his drug seeking behavior. Dr. Crawford stated, in part, "although the medication itself was indicated, the volume of the medication I prescribed to her became excessive due to my use of her medications which I had access to at my office." Dr. Crawford further stated that, upon further review,

I realized that my taking of the medications from those that I prescribed to [Patient 1] could be viewed as requiring an affirmative answer to that question. I answered that way because, as I described in question #25, I viewed my conduct as having stolen the medications I prescribed to her, rather than some arrangement for her to return the medications to me for self-use.

CONCLUSIONS OF LAW

1. The plea of guilty, and/or the judicial finding of eligibility for intervention in lieu of conviction, of Steven W. Crawford, M.D., as set forth in Findings of Fact 2, constitute "[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony," as that clause is used in Section 4731.22(B)(9), Ohio Revised Code, to wit: Possession of Drugs, Section 2925.11, Ohio Revised Code; Deception to Obtain a Dangerous Drug, Section 2925.22, Ohio Revised Code; and Illegal Processing of Drug Documents, Section 2925.23, Ohio Revised Code.
2. The evidence indicates that Dr. Crawford issued numerous prescriptions to Patient 1 for hydrocodone. The amount of hydrocodone so prescribed far exceeded the quantity necessary for the bona fide treatment of Patient 1. Accordingly, Dr. Crawford's conduct as set forth in Findings of Fact 3 constitutes "[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Trafficking in Drugs, Section 2925.03, Ohio Revised Code.
3. Rule 4731-11-02(D), Ohio Administrative Code, state, in part:

* * * Patient medical records shall accurately reflect the utilization of any controlled substances in the treatment of a patient and shall indicate the

diagnosis and purpose for which the controlled substance is utilized, and any additional information upon which the diagnosis is based.

(Ohio Adm.Code 4731-11-02[D])

The evidence indicates that Dr. Crawford issued prescriptions for hydrocodone to Patient 1 and that he failed to record those prescriptions in Patient 1's medical records. Such conduct constitutes "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-02(D), General Provisions, Ohio Administrative Code. Moreover, pursuant to Rule 4731-11-02(F), the violation of Rule 4731-11-02(D) also constitutes a "[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code; and "[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

4. As set forth in Findings of Fact 4, Dr. Crawford intentionally made false statements to the Board and representatives of the Scioto County Prosecuting Attorney's Office regarding his acts and the acts of others. Such false statements concerned prescriptions that Dr. Crawford had issued in the course of his medical practice. Accordingly, Dr. Crawford's conduct constitutes "[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatry, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

* * * * *

In an August 14, 2002, Step I Consent Agreement, Dr. Crawford was found to be an impaired physician, and to have violated a Board rule that prohibits a physician from prescribing a controlled substance to him or herself. Those issues were addressed in the Step I Consent Agreement and were not cited as allegations in the January 8, 2003, Notice of Immediate Suspension and Opportunity for Hearing.

With regard to the current action, Dr. Crawford was found to have pleaded guilty to, and been granted intervention in lieu of conviction for, three drug-related felonies. In addition, Dr. Crawford's conduct was found to have constituted an additional drug-related felony, Trafficking in Drugs. Moreover, Dr. Crawford was found to have failed to keep a record of all prescriptions for controlled substances that he had prescribed to Patient 1. Finally, Dr. Crawford

was found to have intentionally misled the Board and the Scioto County Prosecuting Attorney's Office. The misleading statements for the most part appear to have sprung from a misguided effort by Dr. Crawford to protect other individuals whom Dr. Crawford had used to obtain drugs.

The violations committed by Dr. Crawford that were addressed in the current action are serious, and would amply justify the Board permanently revoking Dr. Crawford's certificate to practice medicine in Ohio. Nevertheless, the Board had previously found that Dr. Crawford is an impaired physician. Further, evidence adduced in the current action indicates that Dr. Crawford's level of addiction to hydrocodone was extraordinary. Moreover, he successfully completed a lengthy inpatient program at a Board-approved treatment provider, and is making a sincere effort toward continued recovery. Finally, Dr. Crawford appears to be quite remorseful concerning his conduct. Under these circumstances, the Board may wish to extend to Dr. Crawford an opportunity to return to practice following a period of documented sobriety, and with adequate monitoring requirements.

PROPOSED ORDER

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Steven W. Crawford, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such permanent revocation is STAYED, and Dr. Crawford's certificate shall be SUSPENDED for an indefinite period of time, but not less than eighteen months. The minimum suspension period shall be calculated from August 14, 2002, the date that Dr. Crawford's Step I Consent Agreement with the Board became effective.
- B. **INTERIM MONITORING:** During the period that Dr. Crawford's certificate to practice medicine and surgery in Ohio is suspended, Dr. Crawford shall comply with the following terms, conditions, and limitations:
 1. **Obey the Law and Terms of Intervention in Lieu of Conviction:** Dr. Crawford shall obey all federal, state and local laws; all rules governing the practice of medicine and surgery in Ohio; and all terms imposed by the Scioto County Court of Common Pleas in criminal case number 02-CR-716.
 2. **Personal Appearances:** Dr. Crawford shall appear in person for an interview before the full Board or its designated representative. The first such appearance shall take place on the date his appearance would have been scheduled pursuant to his August 14, 2002, Step I Consent Agreement with the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

3. **Quarterly Declarations:** Dr. Crawford shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on the date his quarterly declaration would have been due pursuant to his August 14, 2002, Step I Consent Agreement with the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
4. **Abstention from Drugs:** Dr. Crawford shall abstain completely from the personal use or possession of drugs, except those prescribed, administered, or dispensed to him by another so authorized by law who has full knowledge of Dr. Crawford's history of chemical dependency.
5. **Abstention from Alcohol:** Dr. Crawford shall abstain completely from the use of alcohol.
6. **Drug & Alcohol Screens; Supervising Physician:** Dr. Crawford shall submit to random urine screenings for drugs and/or alcohol on a weekly basis or as otherwise directed by the Board. Dr. Crawford shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board.

Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Crawford shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Crawford shall submit the required specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Crawford. Dr. Crawford and the supervising physician shall ensure that the urine specimens are obtained on a random basis and that the giving of the specimen is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

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

In the event that the designated supervising physician becomes unable or unwilling to so serve, Dr. Crawford must immediately notify the Board in writing, and make

arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Crawford shall further ensure that the previously designated supervising physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

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

7. **Submission of Blood or Urine Specimens upon Request:** Dr. Crawford shall submit blood and urine specimens for analysis without prior notice at such times as the Board may request, at Dr. Crawford's expense.
8. **Rehabilitation Program:** Dr. Crawford shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than four times per week, unless otherwise determined by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Crawford shall submit acceptable documentary evidence of continuing compliance with this program, which must be received in the Board's offices no later than the due date for Dr. Crawford's quarterly declarations.
9. **Comply with OPEP Contract:** Dr. Crawford shall maintain compliance with his contract with OPEP, unless otherwise determined by the Board.

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

1. **Application for Reinstatement or Restoration:** Dr. Crawford shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Crawford shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.
3. **Demonstration of Ability to Resume Practice:** Dr. Crawford shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to the following:
 - a. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Dr. Crawford has successfully completed any required inpatient treatment.

- b. Evidence of continuing full compliance with a post-discharge aftercare contract with a treatment provider approved under Section 4731.25 of the Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with rule 4731-16-10 of the Administrative Code.
 - c. Evidence of continuing full compliance with this Order.
 - d. Two written reports indicating that Dr. Crawford's ability to practice has been evaluated for chemical dependency and/or impairment and that he has been found capable of practicing according to acceptable and prevailing standards of care. The evaluations shall have been performed by individuals or providers approved by the Board for making such evaluations. Moreover, the evaluations shall have been performed within sixty days prior to Dr. Crawford's application for restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Crawford has been found capable of practicing according to acceptable and prevailing standards of care and shall include any recommended limitations upon his practice.
4. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Crawford has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222 of the Revised Code to require additional evidence of his fitness to resume practice.
- D. **PROBATION:** Upon reinstatement or restoration, Dr. Crawford's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
1. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Crawford shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order, and shall continue to comply with the terms of his aftercare contract as specified in Paragraph C.3.b of this Order.
 2. **Practice Plan:** Prior to Dr. Crawford's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Crawford shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Crawford's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Crawford shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

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

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

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

3. **Ban on Prescribing, Ordering, Administering, Furnishing, or Possessing Controlled Substances; Log:** Dr. Crawford shall not prescribe, write orders for, give verbal orders for, administer, personally furnish, or possess (except as allowed under Paragraph B.4 of this Order) any controlled substances without prior Board approval.

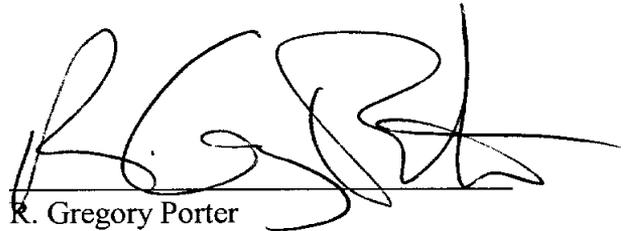
In the event that the Board agrees at a future date to modify this Order to allow Dr. Crawford to prescribe, order, administer or personally furnish controlled substances, Dr. Crawford shall keep a log of all controlled substances prescribed, ordered, administered, or personally furnished. Such log shall be submitted in a format approved by the Board thirty days prior to Dr. Crawford's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Crawford shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board upon request.

4. **Tolling of Probationary Period While Out of State:** In the event that Dr. Crawford should leave Ohio for three consecutive months, or reside or practice outside the State, Dr. Crawford must notify the Board in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this probationary period, unless otherwise determined by motion of the Board in instances where the Board can be assured that the purposes of the probationary monitoring are being fulfilled.
 5. **Violation of Terms of Probation:** If Dr. Crawford violates probation in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Crawford's certificate will be fully restored.
- F. **RELEASES:** Dr. Crawford shall provide continuing authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Crawford's chemical dependency and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluations occurred before or after the effective date of this Order. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute.
- Dr. Crawford shall also provide the Board written consent permitting any treatment provider from whom Dr. Crawford obtains treatment to notify the Board in the event he fails to agree to or comply with any recommended treatment or with any treatment or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.
- G. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS:** Within thirty days of the effective date of this Order, Dr. Crawford shall provide a copy of this Order to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Crawford shall provide a copy of this Order to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.
- H. **REQUIRED REPORTING TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, Dr. Crawford shall provide a copy of

this Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Crawford shall also provide a copy of this Order by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement or restoration of any professional license. Further, Dr. Crawford shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.

- I. **PENDING REINSTATEMENT REQUEST DENIED:** Any currently pending request for the reinstatement of Dr. Crawford's certificate to practice medicine and surgery in Ohio is hereby denied.
- J. **PREVIOUS BOARD ORDERS SUPERSEDED:** This Order supersedes and replaces the August 14, 2002, Step I Consent Agreement between Dr. Crawford and the Board.

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

A handwritten signature in black ink, appearing to read 'R. Gregory Porter', is written over a horizontal line.

R. Gregory Porter
Attorney Hearing Examiner



State Medical Board of Ohio

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EXCERPT FROM THE DRAFT MINUTES OF JUNE 11, 2003

REPORTS AND RECOMMENDATIONS

Mr. Browning announced that the Board would now consider the findings and orders appearing on the Board's agenda. He 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: Ashfaq Taj Ahmed, M.D.; Anil K. Bajaj, M.D.; Steven W. Crawford, M.D.; Ryan Hanson, M.D.; Rezzo Spruch, M.D.; and David Vinson, Jr., M.D. A roll call was taken:

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

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

ROLL CALL:	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye

Dr. Steinbergh - aye
Mr. Browning - aye

Mr. Browning 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.

Mr. Browning 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.

.....

STEVEN W. CRAWFORD, M.D.

.....

DR. TALMAGE MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF STEVEN W. CRAWFORD, M.D., AS ORIGINALLY WRITTEN. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- nay
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- nay
	Dr. Robbins	- nay
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.



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NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING

January 8, 2003

Steven W. Crawford, M.D.
2202 McKinley Avenue
Portsmouth, Ohio 45662

Dear Doctor Crawford:

In accordance with Sections 2929.24 and/or 3719.12, Ohio Revised Code, the Office of the Prosecuting Attorney of Scioto County, Ohio, reported that on or about November 7, 2002, in the Court of Common Pleas, Scioto County, Ohio, you entered a plea of guilty on three felony counts of the fourth degree, including one count of Possession of Drugs, in violation of Section 2925.11, Ohio Revised Code; one count of Deception to Obtain a Dangerous Drug, in violation of Section 2925.22, Ohio Revised Code; and one count of Illegal Processing of Drug Documents, in violation of Section 2925.23, Ohio Revised Code; and were found eligible for intervention in lieu of conviction.

Therefore, pursuant to Section 3719.121(C), Ohio Revised Code, you are hereby notified that your license to practice medicine and surgery in the State of Ohio is immediately suspended. Continued practice after this suspension shall be considered practicing medicine without a certificate in violation of Section 4731.41, Ohio Revised Code.

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

- (1) On or about August 14, 2002, you entered into a Step I Consent Agreement with the Board [August 2002 Step I Consent Agreement] in lieu of formal proceedings based upon your violations of Sections 4731.22(B)(26), Ohio Revised Code; and Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08, Ohio Administrative Code, Utilizing Controlled Substances for Self and Family Members. In the August 2002 Step I Consent Agreement, you made certain

Mailed 1-9-03

admissions, including that you had entered treatment for chemical dependence at Shepherd Hill Hospital, a Board-approved treatment provider in Newark, Ohio; that your drug of choice was hydrocodone; that you began abusing such controlled substance during or about 1995 after another physician initially prescribed it to you for treatment of a painful vertebra condition; and that you had obtained controlled substances for self-use by taking hydrocodone samples from office stock and taking hydrocodone ordered from drug wholesalers. You further admitted that you were aware that representatives of law enforcement were investigating matters related to your drug seeking behavior.

The August 2002 Step I Consent Agreement provided for an indefinite suspension of your certificate to practice medicine and surgery in Ohio, but not less than 90 days, and specifically provided that the Board retained the express right to institute formal proceedings based upon any violations related to patient care or otherwise involving patients, or involving criminal acts or convictions, regardless of whether the acts underlying such additional violations arose from the same facts as, or were otherwise related to, the violations set forth in the August 2002 Step I Consent Agreement. A copy of the aforementioned August 2002 Step I Consent Agreement is attached hereto and incorporated herein.

Pursuant to the terms of this agreement, you have requested reinstatement. Such reinstatement request remains pending.

- (2) On or about November 7, 2002, in the Court of Common Pleas, Scioto County, Ohio, you entered a plea of guilty on the aforementioned reported three felony charges of Possession of Drugs, Deception to Obtain a Dangerous Drug, and Illegal Processing of Drug Documents. On or about November 8, 2002, in response to your previously submitted motion seeking intervention in lieu of conviction for these charges, the court filed a Judgment Entry that granted your request for intervention in lieu of conviction, stayed further criminal proceedings, and ordered you to complete a three year period of rehabilitation.
- (3) On or about November 7, 2002, you participated in an interview with representatives of the Office of the Prosecuting Attorney of Scioto County, Ohio, related to the aforementioned felony proceedings. During this interview, you admitted that you engaged in a pattern of behavior over several months through which you provided an obstetrical patient [Patient 1, as identified on the attached Patient Key-Key confidential to be withheld from public disclosure] with multiple prescriptions for controlled substances with overlapping dates of treatment. You further admitted that you were aware that this patient was filling such prescriptions at multiple pharmacies in order to avoid detection, that you had the patient return a portion of the medication to you for your self-use, and that you helped pay for such prescriptions, stating during the interview, the patient "got most of the pills for me

and I helped her pay for them.” You further stated that you did not keep the required medical record documentation for each of these prescriptions.

- (4) In your responses to the Board’s First Interrogatories sworn by you on October 31, 2002, you denied that you had ever obtained controlled substances for self-use by prescribing to others and having the recipient return all or a portion of the prescription. When asked whether you had ever ingested controlled substances prescribed to another person, you responded that you “stole” medications from three patients, including Patient 1, specifically stating, “I have no reason to believe that these patients knew that I was taking their medication.” You claimed that you were treating Patient 1 for non-obstetrical problems, including cluster headache, and that you stored her hydrocodone at your office for safekeeping because she had four children in the house and was concerned about overmedicating. In your responses to the Board’s Second Interrogatories, you denied that you had ever prescribed a controlled substance to any patient when such controlled substance was not clinically indicated by a legitimate medical condition.

At the beginning of the aforementioned November 7, 2002, interview with representatives of the Scioto County Prosecutor’s Office, when asked whether the sworn interrogatory responses you had previously provided to the State Medical Board had been truthful, you indicated that they were and specifically declined the opportunity to revise any of your responses. In your testimony during the interview, you first denied that any patient ever brought back medication to you for self-use, explaining that you stored Patient 1’s hydrocodone at your office and stole her pills; later claimed that you had deceived Patient 1 into getting the hydrocodone for you, stating that the patient had paid for the prescriptions; then testified that you didn’t remember giving Patient 1 any money for the prescriptions, asserting that the patient had lied when she told representatives of law enforcement that you had funded the prescriptions; and finally admitted you had known that Patient 1 was contemporaneously presenting the multiple separate hydrocodone prescriptions you wrote for her to a variety of different pharmacies in order to avoid detection, that you had the patient return a portion of the hydrocodone to you for your self-use, and that you provided money for such medication.

On or about November 18, 2002, you presented a sworn supplemental written statement to the Board revising your prior interrogatory responses regarding the involvement of Patient 1 in your drug seeking behavior. You stated, “although the medication itself was indicated, the volume of the medication I prescribed to her became excessive due to my use of her medications which I had access to at my office...” You also stated that upon further review, “I realized that my taking of the medications from those that I prescribed to [Patient 1] could be viewed as requiring an affirmative answer to that question. I answered that way because, as I described in question #25, I viewed my conduct as having stolen the medications I prescribed

to her, rather than some arrangement for her to return the medications to me for self-use.”

Your plea of guilty and/or the judicial finding of eligibility for intervention in lieu of conviction, as alleged in paragraph (2) above, individually and/or collectively, constitute “[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony,” as that clause is used in Section 4731.22(B)(9), Ohio Revised Code, to wit: Possession of Drugs, Section 2925.11, Ohio Revised Code; Deception to Obtain a Dangerous Drug, Section 2925.22, Ohio Revised Code; and Illegal Processing of Drug Documents, Section 2925.23, Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (3) above, individually and/or collectively, constitute “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Trafficking in Drugs, Section 2925.03, Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (3) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-02(D), General Provisions, Ohio Administrative Code. Pursuant to Rule 4731-11-02(F), a violation of Rule 4731-11-02(D) constitutes a “[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease,” as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code, and “[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,” as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in 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, podiatry, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

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

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

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

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

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Anand G. Garg, M.D.
Secretary

AGG/blt
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5150 7889
RETURN RECEIPT REQUESTED

cc:

Eric Plinke, Esq.
Porter, Wright, Morris & Arthur
41 South High Street
Columbus, Ohio 43215

CERTIFIED MAIL # 7000 0600 0024 5150 7896
RETURN RECEIPT REQUESTED

STEP I
CONSENT AGREEMENT
BETWEEN
STEVEN WARREN CRAWFORD, M.D.,
AND
THE STATE MEDICAL BOARD OF OHIO

This Consent Agreement is entered into by and between Steven Warren Crawford, M.D., [Dr. Crawford] and the State Medical Board of Ohio [the Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

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

BASIS FOR ACTION

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

- A. The Board is empowered by Section 4731.22(B), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for violation of Section 4731.22(B)(26), Ohio Revised Code, "impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice;" and/or Section 4731.22(B)(20), Ohio Revised Code, "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board."
- B. The Board enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Section 4731.22(B)(26), Ohio Revised Code, and Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08, Ohio Administrative Code, Utilizing Controlled Substances for Self and Family Members, as set forth in Paragraph (E) below, and expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Agreement. Such express reservation includes, but is not limited to, the right to institute formal proceedings based upon any violations related to patient care or otherwise involving patients, or involving criminal acts or convictions, regardless of whether the acts underlying such

additional violations arise from the same facts as, or are otherwise related to, the violation of Section 4731.22(B)(26), Ohio Revised Code, and/or Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-08, Ohio Administrative Code, as set forth below, and/or described herein, except that the Board agrees not to pursue violations of Sections 4731.22(B)(10), (12), or (14), Ohio Revised Code, based upon acts occurring in the past, where such violations are based solely upon the facts as specifically stated in Paragraph E below. Dr. Crawford states and acknowledges that he understands that subsequent Board Orders or Consent Agreements related to such violations may supercede this Step I Consent Agreement and may result in further discipline.

- C. Dr. Crawford is licensed to practice medicine and surgery in the State of Ohio, License # 35-067148.
- D. Dr. Crawford states that he is also licensed to practice medicine and surgery in the Commonwealth of Kentucky.
- E. Dr. Crawford admits that on or about May 28, 2002, he initially entered treatment for chemical dependence at Shepherd Hill Hospital, a Board-approved treatment provider in Newark, Ohio, and that such treatment remains ongoing at this time. Dr. Crawford admits that his drug of choice is hydrocodone and states that he began abusing such controlled substance during or about 1995 after another physician initially prescribed it to him for treatment of a painful vertebra condition. Dr. Crawford further admits that he obtained controlled substances for self-use by taking hydrocodone samples from office stock and taking hydrocodone ordered from drug wholesalers.

Dr. Crawford admits that he has learned representatives of law enforcement are investigating matters related to his drug seeking behavior and that criminal charges may result in the future. Dr. Crawford further states and acknowledges that, except as specifically limited in Paragraph B above, his license may be subject to additional discipline as a result of such criminal matters and/or any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Agreement.

AGREED CONDITIONS

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

SUSPENSION OF CERTIFICATE

1. The certificate of Dr. Crawford to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than 90 days.

Sobriety

2. Dr. Crawford shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Crawford's history of chemical dependency.
3. Dr. Crawford shall abstain completely from the use of alcohol.

Releases; Quarterly Declarations and Appearances

4. Dr. Crawford shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Crawford's chemical dependency or related conditions, or for purposes of complying with this Consent Agreement, whether such treatment or evaluation occurred before or after the effective date of this Consent Agreement. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. Dr. Crawford further agrees to provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Consent Agreement.
5. Dr. Crawford shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which this Consent Agreement becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the Board's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
6. Dr. Crawford shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Consent Agreement. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

Drug & Alcohol Screens; Supervising Physician

7. Dr. Crawford shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Crawford shall ensure that all

screening reports are forwarded directly to the Board on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board.

Within thirty days of the effective date of this Consent Agreement, Dr. Crawford shall submit to the Board for its prior approval the name of a supervising physician to whom Dr. Crawford shall submit the required urine specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Crawford. Dr. Crawford and the supervising physician shall ensure that the urine specimens are obtained on a random basis and that the giving of the specimen is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

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

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

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

Rehabilitation Program

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

Dr. Crawford shall submit acceptable documentary evidence of continuing compliance with this program which must be received in the Board's offices no later than the due date for Dr. Crawford's quarterly declarations.

CONDITIONS FOR REINSTATEMENT

9. The Board shall not consider reinstatement of Dr. Crawford's certificate to practice medicine and surgery until all of the following conditions are met:
 - a. Dr. Crawford shall submit an application for reinstatement, accompanied by appropriate fees, if any.
 - b. Dr. Crawford shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to the following:
 - i. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Dr. Crawford has successfully completed any required inpatient treatment.
 - ii. Evidence of continuing full compliance with a post-discharge aftercare contract with a treatment provider approved under Section 4731.25 of the Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with rule 4731-16-10 of the Administrative Code.
 - iii. Evidence of continuing full compliance with this Consent Agreement.
 - iv. Two written reports indicating that Dr. Crawford's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the Board for making such assessments and shall describe the basis for this determination.
 - c. Dr. Crawford shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board or, if the Board and Dr. Crawford are unable to agree on the terms of a written Consent Agreement, then Dr. Crawford further agrees to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Ohio Revised Code.

Further, upon reinstatement of Dr. Crawford's certificate to practice medicine and surgery in this state, the Board shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before reinstatement or with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code. Moreover, upon termination of the consent agreement or Board Order, Dr. Crawford shall submit to the Board for at least two years annual progress

reports made under penalty of Board disciplinary action or criminal prosecution stating whether Dr. Crawford has maintained sobriety.

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

REQUIRED REPORTING BY LICENSEE

11. Within thirty days of the effective date of this Consent Agreement, Dr. Crawford shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Crawford further agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, Dr. Crawford shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
12. Within thirty days of the effective date of this Consent Agreement, Dr. Crawford shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Crawford shall provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

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

FAILURE TO COMPLY

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

ACKNOWLEDGMENTS/LIABILITY RELEASE

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

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

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

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. Dr. Crawford agrees to provide his social security number to the Board and hereby authorizes the Board to utilize that number in conjunction with that reporting.

EFFECTIVE DATE

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



STEVEN WARREN CRAWFORD, M.D.

8/6/02

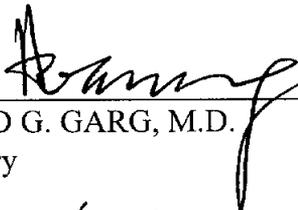
DATE



ERIC J. PLINKE, ESQ.
Attorney for Dr. Crawford

8/7/02

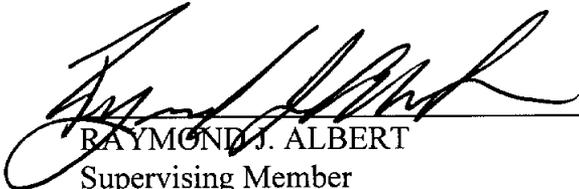
DATE



ANAND G. GARG, M.D.
Secretary

8/14/02

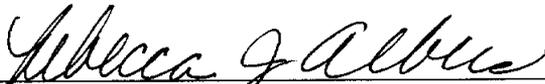
DATE



RAYMOND J. ALBERT
Supervising Member

8/14/02

DATE



REBECCA J. ALBERS, ESQ.
Assistant Attorney General

8/14/02

DATE