

BEFORE THE STATE MEDICAL BOARD OF OHIO

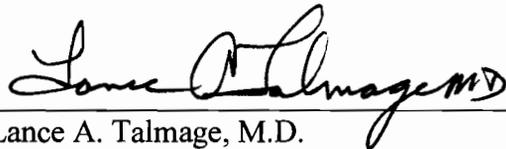
IN THE MATTER OF :  
:  
STEVEN FRANKLIN GREER, M.D. :

**ENTRY OF ORDER**

On March 25, 2008, Steven Franklin Greer, M.D., executed a Surrender of his training certificate with consent to revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 57-007242 authorizing Steven Franklin Greer, M.D., to practice medicine and surgery in the state of Ohio be permanently REVOKED, effective April 9, 2008.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 9<sup>th</sup> day of April 2008, and the original thereof shall be kept with said Journal.



Lance A. Talmage, M.D.  
Secretary

(SEAL)

April 9, 2008  
Date

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
SURRENDER OF TRAINING CERTIFICATE**

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

I, Steven Franklin Greer, M.D., do hereby voluntarily, knowingly, and intelligently surrender my training certificate, Training Certificate # 57-007242, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio, and further relinquishing all rights to participate in a training program in the State of Ohio. I acknowledge that I have not been permitted to participate in a training program in Ohio or to practice medicine and surgery in Ohio since November 8, 2006, the date upon which the Board entered an Order summarily suspended my training certificate. I further acknowledge that the Board subsequently issued an Entry of Order on June 13, 2007 [June 2007 Entry of Order], which permanently revoked my training certificate, with said permanent revocation being stayed and my training certificate being suspended for an indefinite period of time, but not less than three years.

I understand that as a result of the surrender herein I am no longer permitted to participate in any training program in the State of Ohio, or to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of a training certificate, Training Certificate # 57-007242. I further agree that I shall be ineligible for, and shall not apply for a certificate to practice medicine and surgery or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Surrender of Training Certificate. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my training certificate, Training Certificate # 57-007242, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my training certificate.

**OHIO STATE MEDICAL BOARD**

MAR 28 2008

**RECEIVED**

Surrender of Certificate  
Steven Franklin Greer, M.D.

I, Steven Franklin Greer, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(26) and (B)(15), Ohio Revised Code, based upon my impairment of ability to practice according to acceptable and prevailing standards of care because of chemical dependency, as well as my violation of terms, conditions and limitations in the Board's June 2007 Entry of Order due to my relapse.

EFFECTIVE DATE

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

  
STEVEN FRANKLIN GREER, M.D.

  
LANCE A. TALMAGE, M.D.  
Secretary

25 March 2008  
DATE

4-9-08  
DATE

  
RAYMOND J. ALBERT  
Supervising Member

OHIO STATE MEDICAL BOARD

MAR 28 2008

4/09/08  
DATE

**RECEIVED**

Surrender of Certificate  
Steven Franklin Greer, M.D.

*Mark R. Blackmer*

MARK R. BLACKMER  
Enforcement Attorney

*March 31, 2008*

DATE

**OHIO STATE MEDICAL BOARD**

MAR 28 2008

**RECEIVED**



# State Medical Board of Ohio

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

June 13, 2007

Steven Franklin Greer, M.D.  
1242 Argonne Road  
South Euclid, OH 44121

Dear Doctor Greer:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Patricia A. Davidson, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on June 13, 2007, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order.

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

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

THE STATE MEDICAL BOARD OF OHIO

Lance A. Talmage, M.D. RW  
Secretary

LAT:jam  
Enclosures

CERTIFIED MAIL NO. 91 7108 2133 3931 8317 3030  
RETURN RECEIPT REQUESTED

Cc: John R. Irwin, Esq., M.D.  
CERTIFIED MAIL NO. 91 7108 2133 3931 8317 3047  
RETURN RECEIPT REQUESTED

*Mailed 6-26-07*

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Patricia A. Davidson, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on June 13, 2007, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Steven Franklin Greer, M.D., as it appears in the Journal of the State Medical Board of Ohio.

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

Lance A. Talmage  
Lance A. Talmage, M.D. *RW*  
Secretary

(SEAL)

June 13, 2007  
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

\*

\*

STEVEN FRANKLIN GREER, M.D.

\*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on June 13, 2007.

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

It is hereby ORDERED that:

- A. PERMANENT REVOCATION, STAYED; SUSPENSION: The training certificate of Steven Franklin Greer, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such permanent revocation is STAYED, and Dr. Greer's training certificate shall be SUSPENDED for an indefinite period of time, but not less than three years.
- B. INTERIM MONITORING: During the period that Dr. Greer's training certificate is suspended, Dr. Greer shall comply with the following terms, conditions, and limitations:
  - 1. Obey the Law: Dr. Greer shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
  - 2. Personal Appearances: Dr. Greer shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Order or as otherwise ordered by 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. Greer 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 or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
4. Abstinence from Drugs: Dr. Greer 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. Greer's history of chemical dependency.
5. Abstinence from Alcohol: Dr. Greer shall abstain completely from the use of alcohol.
6. Psychiatric Treatment: Pursuant to his March 2006 Probationary Consent Agreement, Dr. Greer currently is subject to requirements regarding psychiatric treatment. The following provisions serve to incorporate those requirements of the Probationary Consent Agreement into this Order.

Within thirty days of the effective date of this Order, Dr. Greer shall submit to the Board for its prior approval the name and qualifications of a psychiatrist of his choice. Upon approval by the Board, Dr. Greer shall undergo and continue psychiatric treatment at least once every four weeks, or as otherwise directed by the Board. Dr. Greer shall comply with his psychiatric treatment plan, including taking medications as prescribed and/or ordered for his psychiatric disorder. Dr. Greer shall ensure that psychiatric reports are forwarded by his treating psychiatrist to the Board on a quarterly basis, or as otherwise directed by the Board.

The psychiatric reports shall contain information describing Dr. Greer's current treatment plan and any changes that have been made to the treatment plan since the prior report; Dr. Greer's compliance with his treatment plan; Dr. Greer's mental status; Dr. Greer's progress in treatment; and results of any laboratory studies that have been conducted since the prior report.

Dr. Greer shall ensure that his treating psychiatrist immediately notifies the Board of failure by Dr. Greer to comply with his psychiatric treatment plan and/or any determination that Dr. Greer is unable to practice due to his psychiatric disorder. It is Dr. Greer's responsibility to ensure that quarterly

reports are received in the Board's offices no later than the due date for Dr. Greer's quarterly declaration.

In the event that the designated treating psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Greer must immediately so notify the Board in writing. In addition, Dr. Greer shall make arrangements acceptable to the Board for another treating psychiatrist within thirty days after the previously designated treating psychiatrist becomes unable or unwilling to serve, unless otherwise determined by the Board.

Furthermore, Dr. Greer shall ensure that the previously designated treating psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

7. Monitoring Physician: Pursuant to his March 2006 Probationary Consent Agreement, Dr. Greer currently is subject to requirements regarding a monitoring physician. The following provisions serve to incorporate those requirements of the Probationary Consent Agreement into this Order.

Within thirty days of the effective date of this Order, Dr. Greer shall 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 and Supervising Member will give preference to a physician who practices in the same locale as Dr. Greer and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Greer and his medical practice, and shall review Dr. Greer'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. Greer and his medical practice, and on the review of Dr. Greer's patient charts. Dr. Greer 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. Greer's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Greer must immediately so notify the Board in writing. In addition, Dr. Greer 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. Greer 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.

While Dr. Greer participates in a residency program accredited by the ACGME, the Board shall accept a quarterly statement from the director of Dr. Greer's residency program addressing Dr. Greer's performance (clinical and otherwise) in the residency program, as well as his progress and status, if timely submitted, as satisfaction of the requirements of this paragraph.

Should Dr. Greer desire to utilize this option in lieu of having a monitoring physician while he participates in a residency program, Dr. Greer shall so notify the Board by providing in writing, signed by both himself and his residency director, to the Board before participating in the residency program. Further, should Dr. Greer cease participation in an accredited residency or should he obtain full medical licensure in Ohio and desire to practice outside his residency, or should his residency director become unable or unwilling to serve, Dr. Greer must immediately so notify the Board in writing and within 30 days make arrangements for a monitoring physician, as discussed above.

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

8. Drug & Alcohol Screens of Urine and Hair; Supervising Physician:  
Dr. Greer shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Greer shall submit to screenings of his hair for drugs and alcohol on a quarterly basis or as otherwise directed by the Board.

Dr. Greer 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. Greer shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Greer 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. Greer.

Dr. Greer 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. Dr. Greer and the supervising physician shall ensure that the giving of the hair specimen is witnessed by a reliable person.

In addition, the supervising physician shall assure that appropriate control over specimens is maintained and shall immediately inform the Board of any positive screening results.

Dr. Greer 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 and the quarterly hair screen have been conducted in compliance with this Order, whether all 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. Greer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Greer 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.

Further, Dr. Greer shall provide to the supervising physician a copy of the Board's Entry of Order and the May 2007 Report and Recommendation, in order to make the supervising physician aware of Dr. Greer's past success at avoiding the random urine screens, and the supervising physician shall acknowledge receipt of these documents in his or her first quarterly report to the Board.

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. Greer's quarterly declaration. It is Dr. Greer's responsibility to ensure that reports are timely submitted.

9. Submission of Specimens of Blood, Urine and Hair upon Request: Dr. Greer shall submit blood, urine, and hair specimens for analysis without prior notice at such times as the Board may request, at Dr. Greer's expense.
10. Rehabilitation Program: Dr. Greer shall maintain participation in an alcohol and drug rehabilitation program such as Alcoholics Anonymous (A.A), N.A., C.A., or Caduceus, no less than *five* times per week, unless otherwise determined by the Board. One of these weekly meetings shall be Dr. Greer's "home group" as identified in his aftercare contract. Substitution of any other specific program must receive prior Board approval. Dr. Greer 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. Greer's quarterly declarations.
11. Comply with the Terms of Treatment and Aftercare Contract:

Dr. Greer shall maintain continued compliance with the terms of the treatment and aftercare contracts entered into with Talbott Recovery Campus, provided that, where terms of the treatment and aftercare contract conflict with terms of this Order, the terms of this Order shall control. This compliance includes that Dr. Greer shall participate in the "alumni return visits" as required by the aftercare contract with Talbott, with two visits in 2007 and one annual visit for five years thereafter.

12. Continued Compliance with a Contract with an Impaired Physicians Committee: Dr. Greer shall maintain continued compliance with the terms of the contract entered into with the Ohio Physicians Health Program, or with another impaired physicians committee approved by the Board, to assure continuous assistance in recovery and/or aftercare.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION**: The Board shall not consider reinstatement or restoration of Dr. Greer's training certificate until all of the following conditions have been met:

1. Application for Reinstatement or Restoration: Dr. Greer shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. Compliance with Interim Conditions: Dr. Greer 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. Greer 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 training 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. Greer 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. Greer'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. Greer's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Greer 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. Greer 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 restoration or reinstatement, Dr. Greer's training 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. Greer shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
  2. Ban on Prescribing, Ordering, Administering, Furnishing, or Possessing Controlled Substances: For 20 weeks following the reinstatement of his training certificate, or for such other period as determined by the Board, Dr. Greer shall not prescribe, write orders for, give verbal orders for, administer, personally furnish, or possess (except as allowed under Paragraph B(4) above), any controlled substance.
  3. Limitation on Hours of Work: If Dr. Greer should commence or return to a residency program, his hours of work shall be restricted to 40 hours per week for the first 20 weeks of the residency training or as otherwise ordered by the Board.
  4. Tolling of Probationary Period While Out of State: Dr. Greer shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than

three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.

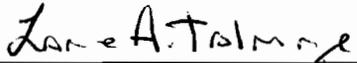
5. Violation of Terms of Probation: If Dr. Greer violates probation in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- E. **DURATION/MODIFICATION OF TERMS**: All subsequent training certificates or other certificates that may be granted by the Board to Dr. Greer shall be subject to the same terms, conditions and limitations, unless otherwise determined by the Board, until Dr. Greer has completed at least a five-year probationary period with the Board. Moreover, the term of probation shall be tolled during any period in which Dr. Greer's training certificate has lapsed and no other certificate has been issued by the Board.
  - F. **TERMINATION OF PROBATION**: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Greer's training certificate or other certificate issued by the Board will be fully restored.
  - G. **RELEASES**: Dr. Greer 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. Greer's chemical dependency and/or related conditions (including psychological and/or psychiatric 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. Greer shall also provide the Board written consent permitting any treatment provider from whom Dr. Greer obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.
  - H. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS**: Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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. Greer 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.

- I. **REQUIRED REPORTING TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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. Greer shall also provide a copy of this Order by certified mail, return receipt requested, at the 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. Greer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt, unless otherwise determined by the Board.
- K. **SUPERSEDES 2006 CONSENT AGREEMENT AND 2005 BOARD ORDER:** This Order shall supersede the terms and conditions set forth in the Order of Entry dated January 12, 2005, and the March 2006 Probationary Consent Agreement between Dr. Greer and the Board.

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

(SEAL)

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

June 13, 2007  
\_\_\_\_\_  
Date

2007 MAY 18 A 11:59

**REPORT AND RECOMMENDATION  
IN THE MATTER OF STEVEN FRANKLIN GREER, M.D.**

The Matter of Steven Franklin Greer, M.D., was heard by Patricia A. Davidson, Hearing Examiner for the State Medical Board of Ohio, on March 9, 2007.

**INTRODUCTION**

I. Basis for Hearing

- A. In a Notice of Summary Suspension and Opportunity for Hearing, dated November 8, 2006, the State Medical Board of Ohio [Board] notified Steven Franklin Greer, M.D., that, pursuant to Ohio Revised Code Section [R.C.] 4731.22(G), the Board had adopted an Order of Summary Suspension of Dr. Greer's training certificate to practice medicine and surgery in Ohio. Further, the Board notified Dr. Greer that the Board proposed to take disciplinary action against his training certificate based on allegations including his October 2006 self-report of a relapse on alcohol and cocaine, and violations of the Board's Order of January 2005 and a March 2006 Probationary Consent Agreement. (St. Ex. 1A)

The Board alleged that Dr. Greer's conduct constitutes the following violations:

- "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," as that language is used in R.C. 4731.22(B)(26).
- "Violation of the conditions of limitation placed by the board upon a certificate to practice," as that language is used in R.C. 4731.22(B)(15).
- "Making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery \* \* \*; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as that language is used in R.C. 4731.22(B)(5).

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

- B. On December 4, 2006, the Board received Dr. Greer's written request for hearing. Dr. Greer submitted a request to postpone his hearing, which the Board approved, and the hearing was continued. (State's Exhibits 1B, 1D-1F, 1P)

II. Appearances

Marc Dann, Attorney General, by Kyle C. Wilcox, Assistant Attorney General, appeared for the State. John R. Irwin, Esq., M.D., appeared for the Respondent.

**EVIDENCE EXAMINED**

I. Testimony Heard

A. Presented by the State

Steven Franklin Greer, M.D., as upon cross-examination  
Danielle Bickers

B. Presented by the Respondent

Steven Franklin Greer, M.D.  
Katarina Greer, M.D.  
Donald B. Ford, M.D.  
John E. Doyle, III, M.D.

II. Exhibits Examined

(The exhibits marked with an asterisk (\*) have been sealed to protect confidentiality of medical records.)

A. Presented by the State

1. State's Exhibits 1A through 1P: Procedural exhibits.
2. State's Exhibit 2: Documents maintained by the Board pertaining to the *Matter of Steven Franklin Greer, M.D.*, including the following, listed here in chronological order:
  - Step I Consent Agreement - April 2004 (pp. 66-73)
  - Step II Consent Agreement - June 2004 (pp. 56-65)
  - Entry of Order and Notice of Summary Suspension - July 2004 (pp. 45-55)
  - Report and Recommendation of Hearing Examiner - December 2004 (pp. 18-38)
  - Excerpt from Minutes of Board meeting - January 2005 (pp. 39-44)
  - Entry of Order - January 2005 (pp. 10-17)
  - Probationary Consent Agreement - March 2006 (pp. 2-9)
- \* 3. State's Exhibit 3 (Sealed): Letter from Gregory B. Collins, M.D., Cleveland Clinic Alcohol & Drug Recovery Center, to Board in October 2006. (Dr. Greer's Social Security Number has been redacted).
4. State's Exhibit 4 was withdrawn.

- \* 5. State's Exhibit 5 (Sealed): Urine toxicology report for a sample collected in October 2006.
- 6. State's Exhibit 6: Declaration of Compliance submitted in August 2006.
- 7. State's Exhibit 7: Stipulations of Fact.

B. Presented by the Respondent

- \* 1. Respondent's Exhibit A (Sealed): February 2007 report from the Ohio Physicians Health Program.
- \* 2. Respondent's Exhibit B (Sealed): March 2007 letter from John E. Doyle, III, M.D., Clinical Director of Talbott Recovery Campus.
- \* 3. Respondent's Exhibit C (Sealed): February 2007 Discharge Summary from Talbott Recovery Campus.
- 4. Respondent's Exhibits D, E, F and G were withdrawn.
- \* 5. Respondent's Exhibit H (Sealed): February 2007 letter from Victoria Sanelli, M.D.
- 6. Respondent's Exhibit I was withdrawn.
- 7. Respondent's Exhibit J: August 2006 letter from Adonis Hijaz, M.D., Assistant Professor of Urology, Case Medical Center, University Hospitals of Cleveland.
- \* 8. Respondent's Exhibit K (Sealed): Urine toxicology reports in 2005.
- \* 9. Respondent's Exhibit L (Sealed): Urine toxicology reports in 2006.
- \* 10. Respondent's Exhibit M (Sealed): Urine toxicology reports in 2007.
- 11. Respondent's Exhibit N was withdrawn.
- \* 12. Respondent's Exhibit O (Sealed): Urine toxicology report in 2007.
- 13. Respondent's Exhibit P: Attendance Logs for Alcoholics Anonymous and Caduceus meetings. (After being examined at hearing, the lists were partially redacted to protect the confidentiality of attendees other than Dr. Greer.)

C. Board Exhibits

- 1. Board Exhibit 1: Memorandum regarding the renewal status of Dr. Greer's training certificate, from Kay Rieve, Board Administrative Officer.
- 2. Board Exhibit 2: February 2007 contract between Dr. Greer and Talbott Recovery Campus entitled "Continuing Care Plan."

## **PROCEDURAL MATTERS**

At Dr. Greer's request, the Hearing Examiner held the record open to allow him to submit an additional exhibit. However, on March 27, 2007, Dr. Greer reported that the exhibit would not be offered.

On May 7, 2007, the Hearing Examiner requested that the parties provide information regarding the renewal status of Dr. Greer's suspended training certificate. On May 17, 2007, the Hearing Examiner received a memorandum from Kay Rieve, Administrative Officer for the Board, containing renewal information. Pursuant to the parties' agreement, the Hearing Examiner admitted the document as Board Exhibit 1.

The Hearing Examiner also requested that Dr. Greer submit a copy of his aftercare contract with the Talbott Recovery Campus. A copy of a contract was received on May 16, 2007, and the Hearing Examiner admitted it into the record as Board Exhibit 2. The record then closed on May 17, 2007.

## **ADMISSIONS AND STIPULATIONS OF FACT**

Dr. Greer entered into a written agreement in which he agreed and stipulated to the following:

1. The Secretary and Supervising Member had clear and convincing evidence which they presented to the Board recommending a summary suspension be issued. On November 8, 2006, the Board issued an Order that summarily suspended Dr. Greer's training certificate. This clear and convincing evidence included the fact that Dr. Greer called the Board on October 18, 2006, following his relapse on alcohol and cocaine. In addition Dr. Gregory Collins of the Cleveland Clinic provided the Board with a letter dated October 26, 2006, in which he opined that Dr. Greer was impaired in his ability to practice medicine. Dr. Greer also stipulates that he violated terms of his 2006 Probationary Consent Agreement and his January 2005 Board Order. Such violations also provided clear and convincing evidence to the Secretary and Supervising Member that Dr. Greer's continued practice constituted a danger of serious and immediate harm to the public.
2. Dr. Greer and the Medical Board agree that these stipulations do not preclude the parties from exploring the mitigating and aggravating factors, or any other evidence related to the facts subject to this stipulation, as long as such inquiry is not deemed inappropriate by the Hearing Examiner.

(St. Ex. 7; Transcript [Tr.] at 13) In addition, at the hearing, Dr. Greer was asked, "Do you in fact admit to all of the allegations enumerated in the November 8th, 2006, notice of summary suspension and opportunity for hearing, all of the enumerated allegations?" Dr. Greer answered, "I do." (Tr. at 52-53) Dr. Greer further admitted that his relapse in May 2006 constituted a violation of the Board's Order entered in January 2005. (Tr. at 31-32)

## SUMMARY OF THE EVIDENCE

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

### Background and Education

1. Steven Franklin Greer, M.D., born in 1970, testified that he was six years old when his father died from alcoholism-related causes. Dr. Greer described how his mother had raised four children on her own, working full time and doing “what she could with what she had.” He was the youngest child, and his older siblings drank alcohol and used drugs. Dr. Greer testified that one of his brothers, seven years older, has died from substance-abuse causes and that another brother has had legal problems based on incidents of driving under the influence [DUI]. (Tr. at 96-98; St. Ex. 3)

Dr. Greer testified that, although he had begun drinking alcohol at age 12, his drinking was infrequent until high school, when he became a “weekend binge drinker.” His drinking became more severe in college, where he also started using cocaine in 1990. He testified that his first DUI was in 1990, when he was 19 years old. He described using cocaine heavily as “a binge-type thing” on weekends, combined with alcohol use. He testified that he has never used cocaine daily but that his heaviest use was from 1990 to 1992. (Tr. at 20-21, 98)

Dr. Greer explained that, after completing three semesters of undergraduate studies, he left in 1992 because he “was caught up in all of this drug and alcohol use, and \* \* \* didn’t know what to do.” He testified that he was not doing well in school and was worried about his drug use, so he “ran off and went to the military to try to escape that.” He had thought that getting into an environment of discipline would help him. (Tr. at 21-22, 100-101)

Dr. Greer testified that he joined the Army in 1992 and was honorably discharged in 1995. However, he stated that, although he had fled to the military to get away from the drug environment at college, this “geographical cure” did not work. He stated that he now realizes that running to a new place is not a solution and that the cause of his problem was “not external factors” such as other people or places. “It’s me,” he said. “And I was running away from me the whole time when I should have been addressing my issues, and I didn’t.” (Tr. at 22, 100-101)

Dr. Greer testified that, while in the Army, he and others drank heavily. At the time, he felt that everyone was getting drunk and he was just going along, but now he realizes that it was his flawed perception as an alcoholic: “When you’re impaired or you’re drinking actively, you think that everybody is doing this. When you get sober, you realize it’s \* \* \* not the way it is.” (Tr. at 101-102) Dr. Greer stated that his second DUI occurred while he was in the Army, and that his third occurred while he was in medical school. (Tr. at 99)

After completing his military service, Dr. Greer entered the University of North Carolina at Charlotte, graduating in 1998 with bachelor’s degrees in biology and chemistry. After a year

of microbiology research at U.N.C. Chapel Hill, he entered Wake Forest Medical School, where he received his medical degree in 2003. (Tr. at 23, 102-103; St. Ex. 2)

### **2003 Application for Training Certificate -- Consent Agreements in 2004**

2. Dr. Greer was accepted into the urology residency at Case Western Reserve University and University Hospitals of Cleveland, a six-year program commencing in July 2003. He applied in April 2003 for an Ohio training certificate, disclosing that he had been convicted of driving while impaired in 1990, 1992, and 2000. (Tr. at 23-24, 34, 104-105; St. Ex. 2 at 22-23)
3. Due to these disclosures, the Board ordered Dr. Greer in March 2004 to undergo an evaluation at Glenbeigh Hospital, where he was diagnosed with alcohol dependence and found to be impaired in his ability to practice. As a result, Dr. Greer entered residential treatment at The Cleveland Clinic Foundation for 28 days. (Tr. at 25; St. Ex. 2 at 23-24)
4. During his treatment at the Cleveland Clinic, Dr. Greer did not reveal his history of cocaine use. He was afraid and ashamed, and hoped that the treatment for alcohol dependence would also treat the cocaine dependence. Dr. Greer testified that he had experienced severe cravings for cocaine both during and after the treatment, but had revealed it to no one. (Tr. at 26-27, 106-107; St. Ex. 2 at 24-26)
5. Dr. Greer was discharged from the Cleveland Clinic on April 9, 2004. He entered into a Step I Consent Agreement with the Board, agreeing to terms and conditions including an indefinite suspension of his training certificate, complete abstention from alcohol, and abstention from drugs except those prescribed under restricted circumstances. (St. Ex. 2 at 66-73; Tr. at 25-26)
6. On June 5, 2004, Dr. Greer signed a Step II Consent Agreement under which his certificate was reinstated pursuant to probationary requirements including abstention from alcohol and prohibited drugs. He agreed to random urine screening. In the agreement, Dr. Greer represented that he had remained compliant with the terms of his aftercare contract with the Cleveland Clinic and advocacy contract with the Ohio Physicians Effectiveness Program [OPEP]. (St. Ex. 2 at 56-65; Tr. at 27-28)

### **2004 Relapse and Readmission to the Cleveland Clinic**

7. About one month after his April 2004 discharge from the Cleveland Clinic, Dr. Greer relapsed on cocaine, according to his testimony in an October 2004 hearing.<sup>1</sup> He further testified that he had used cocaine again on June 5, 2004. (St. Ex. 2 at 26)
8. On June 7, 2004, Dr. Greer provided a urine sample that tested positive for cocaine. He readmitted himself to the Cleveland Clinic for residential treatment for chemical dependence, advising the head of the treatment program, Gregory B. Collins, M.D., of his longstanding problem with cocaine. Dr. Greer admitted that he had failed to comply with

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<sup>1</sup> In contrast, during the March 2007 hearing, Dr. Greer testified that this relapse occurred about 6-8 weeks after his discharge. (Tr. at 107) It is probable that Dr. Greer's 2004 testimony regarding the timing of his 2004 relapse was more accurate than his 2007 testimony on that point, but the discrepancy of a few weeks does not appear to be material. (St. Ex. 2 at 18-28)

his aftercare and advocacy contracts. He further acknowledged that he did not report his relapse to the Board until after the positive drug screen. (Tr. at 28-29; St. Ex. 2 at 25-27)

#### **2004 Summary Suspension – Board Order in January 2005**

9. Based on the positive screen in June 2004, the Board summarily suspended Dr. Greer's training certificate in July 2004. A hearing was held in October 2004, followed by a Report and Recommendation in December 2004. (Ex. 2 at 18-38, 45-56; Tr. at 28-29)

In January 2005, Dr. Greer addressed the Board at its monthly meeting. He did not contest that he had relapsed and been dishonest with the Board. He said that he knew that any future acts of dishonesty or failure to comply would likely result in revocation of his certificate. (St. Ex. 2 at 41-42; Tr. at 48-49)

The Board concluded that Dr. Greer had violated R.C. 4731.22(B)(5), 4731.22(B)(10), 4731.22(B)(15), 4731.22(B)(20), and 4731.22(B)(26). The Board entered an Order in January 2005 that permanently revoked Dr. Greer's certificate but stayed the revocation and suspended his certificate for at least 90 days, followed by a probation of at least five years. The January 2005 Order imposed requirements including abstention from alcohol and abstention from drugs unless prescribed under restricted circumstances. (St. Ex. 2 at 12-17; Tr. at 30-32)

At its January 2005 meeting, the Board noted that Dr. Greer's training certificate was due to expire on June 30, 2005. Since then, Dr. Greer renewed his certificate in 2005 and again in 2006. His current training certificate is due to expire on June 30, 2007. Dr. Greer testified that he has no certificates in other states. (St. Ex. 2 at 44, Board Ex. 1, Tr. at 20)

#### **2005 Reinstatement and Return to Residency – Psychiatric Treatment in July/August 2005**

10. In May 2005, the Board reinstated Dr. Greer's training certificate pursuant to the probationary terms and conditions in the January 2005 Order. In July 2005, Dr. Greer returned to his residency. Prior to returning, Dr. Greer consulted a psychologist because he had been "really anxious in anticipation of going back to work." However, upon returning to the residency, the anxiety became intense. (St. Ex. 2 at 3; Tr. at 14, 112-113)

In July 2005, the Board inadvertently posted incorrect information about Dr. Greer on its website, stating that his license had been suspended, when it had not. Dr. Greer testified that he had been summoned to the residency office and told to turn in his pager because his certificate had been suspended. Dr. Greer said he had been "floored." He turned in his pager but then ran to the Employee Assistance Program office and told them there must be a mistake. He testified that he had also called OPEP, which had told him they had no idea of any Board action. Next, he had called the Board's Compliance Office, and Danielle Bickers had said she was unaware of any action. Dr. Greer stated that Ms. Bickers had immediately checked on the matter and informed him within minutes that there had been a mistake. Apparently, two different Steven Greers had been inadvertently confused, according to Ms. Bickers. (Tr. at 63-71, 109-112)

Dr. Greer acknowledged that the error was promptly corrected and that he had immediately informed the residency director of the mistake. However, he testified that he had been “rattled” and “couldn’t function the rest of the day.” He testified that returning to the residency had caused anxiety, including insecurity about how others in the program viewed him, and he said that, after this incident, the anxiety was worse. He feared that people were thinking “Here we go again,” and that they had known he would never make it. Dr. Greer said he had been trying so hard to please people, and he became paralyzed with worry. (Tr. at 63-71, 109-112, 136-137)

His anxiety increased to the point where it was crippling, and he “couldn’t function in the hospital.” Dr. Greer notified the residency director that he could not continue and “may have to look for another residency.” Dr. Greer went to see Dr. Collins, who treated him on July 21, 2005, prescribing Klonopin. Dr. Greer entered the Cleveland Clinic’s Psychiatry Day Program on August 3, 2005, attending for three days. (St. Ex. 2 at 2-4; Tr. at 112-113)

11. On August 9, 2005, Dr. Collins assessed Dr. Greer and concluded that he was stable and capable of practicing medicine according to acceptable and prevailing standards of care as long as he received the recommended treatment, monitoring, and supervision. In October 2005, Dr. Collins provided a further report, reiterating that Dr. Greer continued to need treatment, monitoring, and supervision in order to practice medicine. Dr. Collins concluded that Dr. Greer’s “recent anxious decompensation with depression” had been “precipitated by work-related issues and responsibilities,” and Dr. Collins recommended monthly psychiatric supervision. (St. Ex. 2 at 2-4)
12. During a period in July and August 2005, Dr. Greer failed to participate in recovery meetings at least three times per week as required by the Board’s Order. However, Dr. Greer reported this noncompliance on his quarterly declaration in August 2005. (St. Ex. 2 at 3-4)

In November 2005, Dr. Greer submitted a quarterly declaration in which he reported that he had failed to attend the required number of recovery meetings during the weeks of September 19 and October 17, 2005, and that he had failed to attend any meetings during the week of October 31, 2005. During a conference in November 2005, the Board’s staff reminded Dr. Greer that the Board’s Order of January 2005 remained in effect and mandated participation in meetings no less than three times per week. (St. Ex. 2 at 4)

### **Probationary Consent Agreement in March 2006**

13. In March 2006, Dr. Greer entered into a Probationary Consent Agreement with the Board, based in part on the diagnosis of and treatment for the psychiatric condition in the summer of 2005 and thereafter. This agreement includes requirements for psychiatric treatment and monitoring of Dr. Greer’s medical practice. In addition, the agreement makes clear that all the terms, conditions and limitations of the Board’s Order of January 2005 remain in effect. (St. Ex. 2 at 2-9, Tr. at 57, 112-114)

The March 2006 Probationary Consent Agreement states that the parties entered into the agreement “in lieu of formal proceedings based upon the violation of” R.C. 4731.22(B)(19) and R.C. 4731.22(B)(15). The agreement notes that R.C. 4731.22(B)(19) authorizes the Board to limit, revoke, or suspend a certificate, or reprimand or place on probation a certificate-holder based on his “[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including , but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills.” (St. Ex. 2 at 1)

The March 2006 Probationary Consent Agreement cites several bases for the Board’s exercise of its authority under R.C. 4731.22(B)(19), including the following: (a) Dr. Greer admitted that in or about June 2004, he had been “diagnosed with atypical depression and prescribed Wellbutrin”; (b) Dr. Greer admitted that, in or about June 2005, he “became extraordinarily anxious and depressed upon returning to his residency”; (c) on or about July 21, 2005, and August 2, 2005, Dr. Greer treated with Dr. Collins, and he entered the Cleveland Clinic’s Psychiatry Day Treatment Program on or about August 3, 2005; (d) Dr. Greer was prescribed Klonopin and spent three days in the Psychiatry Day Treatment Program; and (e) the statements and opinions set forth by Dr. Collins in his letters of August 9, 2005, and October 12, 2005. (St. Ex. 2 at 2-4)

14. Dr. Greer testified that, when he had been contacted by the Board about entering the probationary consent agreement, he had been discouraged. He felt that he done the right thing, contacting Dr. Collins and talking with his residency director, “and then I get a probationary consent agreement for it.” He had been pleased because he had sought help and involved other people, and then the additional agreement had felt like a negative consequence of acting appropriately. He had felt he could not trust people. (Tr. at 113-114)

Dr. Greer stated that he had become withdrawn and “closed up,” although he did not realize it at the time. He stated that he became further isolated and stopped involving other people in his recovery. (Tr. at 114)

#### **Relapse in May 2006 – Avoidance of Detection until October 2006**

15. As of May 2006, Dr. Greer was still taking Klonopin, for which the prescribed dose was one tablet of 0.5 milligrams four times a day, as needed. However, he had begun taking more than prescribed, maybe five or six tablets per day. (Tr. at 114-115; Resp. Ex. J)
16. Dr. Greer stated that, in May 2006, his prescription had run out before the refill date, and he had not wanted to tell Dr. Collins. He testified that, when he experienced withdrawal symptoms—shakiness, memory impairment, and auditory hallucinations on occasion—he drank alcohol to compensate. He then purchased cocaine “off the street” and used it. (Tr. at 34-35, 58, 116-117)
17. Dr. Greer testified that, when this relapse occurred, there was nothing particularly bad or stressful that had precipitated the relapse. He said it had always been stressful in the adult urology service, which was the busiest service in the program, but there was nothing unusual happening at that time. (Tr. at 116-117)

18. Dr. Greer testified that his relapse was not detected for months because he was able to delay his urine screens whenever he had used cocaine, by lying to and manipulating the staff of the Employee Assistance Program. He stated that, when he had first relapsed, he had used cocaine only once or twice a month. Knowing how long cocaine stays in the system, he had delayed going to give his samples, and, in addition, he would drink copious amounts of water to dilute the urine, to avoid a positive test result. (Tr. at 36-38, 40, 59-60)

Dr. Greer explained that the screens were being done at the hospital where he worked, and the testing staff had gotten to know him and his infant daughter very well, and they accepted what he told them. When he was paged to report for a screening sample, he would sometimes ignore it, and they would simply page him again the next day. He testified that, although there were times that his delay in responding to a page was legitimate, such as when he was in the operating room, there were times he purposely avoided the test to prevent detection of his relapse. (Tr. at 36-38, 52-53, 59-60)

By the end of September 2006, Dr. Greer was using cocaine as often as seven days out of ten. When asked whether he had ever worked as a resident while under the influence of cocaine, he answered that he did not use the drug while working. However, he admitted that he would sometimes use cocaine until two or three o'clock in the morning and then report for work at 7:00 a.m.<sup>2</sup> (Tr. at 38-40)

19. In August 2006, Dr. Greer submitted a false quarterly declaration to the Board, certifying that, during the preceding three months, he had been in compliance with the probationary terms and conditions imposed by the Board. (Tr. at 41-43, 61-62; St. Ex. 6)
20. On or about October 18, 2006, Dr. Greer returned to inpatient treatment at the Cleveland Clinic because he had provided a urine sample that he knew would test positive for cocaine. Dr. Greer informed Danielle Bickers by telephone that he had relapsed and that his relapse dated back to May 2006. He also explained to Ms. Bickers, who was now the Compliance Supervisor, how he had managed to avoid detection of his relapse. Ms. Bickers later received a laboratory report showing a positive result for the specimen collected on October 12, 2006. (Tr. at 32-33, 53, 57, 61; St. Ex. 5)
21. Dr. Greer acknowledged that, although it had been stressful in the urology rotation, which involved working 80 hours or more per week, there had been nothing particular that invited the relapse. His only explanation for the relapse was that "my will to stay sober was trumped by my will to use." (Tr. at 34)
22. With respect to the false declaration, Dr. Greer stated that he had no excuse. He admitted that, due to his active addiction at that time, he had ignored the pain he caused to his wife and the consequences to his medical training. (Tr. at 117-118)

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<sup>2</sup> In an August 2006 letter, Adonis Hijaz, M.D., an Assistant Professor of Urology, stated: "Steven Greer has been working on the urology service at University Hospitals of Cleveland since May 1, 2006. He has been punctual, hard-working, and he meets more than the expectations of a resident at his level." (Resp. Ex. J)

23. On October 26, 2006, Dr. Collins reported to the Board that Dr. Greer had been admitted on October 17, 2006, due to a substance abuse relapse. Dr. Collins further reported:

Since that time he has been a cooperative and active participant in all phases of our treatment program. However, in view of the fact that Dr. Greer has been here several times previously, it is my opinion that, in order for his much needed treatment experience to have maximal impact, I am recommending a change of venue to the Talbott Recovery Center in Atlanta, Georgia. \* \* \* In my opinion at the present time Dr. Greer is impaired in his ability to practice according to acceptable and prevailing standards of care because of habitual and excessive use or abuse of drugs, alcohol or other substances. \* \* \* His current diagnosis is chemical dependency mixed, cocaine, opiates and alcohol and major depression with anxiety.

(St. Ex. 3)

24. Dr. Greer was discharged from the Cleveland Clinic on October 27, 2006, and entered residential treatment at Talbott Recovery Campus [Talbott], a Board-approved treatment provider, on October 30, 2006. He testified that his residency program director, Dr. Debra Graham, was supportive and said she “would work me back in if that time came.” He explained that he had been suspended from the program twice but had been matched again and had been obliged to repeat some of his training. He testified that, if he were to return to the residency program now, he would have to repeat his second year. (Tr. at 45-48, 118, 163-164)

### **Extended Treatment at the Talbott Recovery Campus**

25. Dr. Greer testified that he spent more than three months at Talbott from October 30, 2006, to February 3, 2007. He explained that there were nine weeks of intensive treatment on campus, and then five-and-a-half weeks of participating in a program called the “mirror image” phase. During the latter phase, Dr. Greer was sent “out into the community to treatment centers” to see other addicts being treated. The purpose is to “see yourself and your disease in other people,” and observe how the disease is affecting them. Dr. Greer stated that he did his “mirror image” program at “Anchor, which was a detoxification hospital.” (Tr. at 45, 119, 121)

Dr. Greer said that the treatment at Talbott was “very intense” and that he had a spiritual counselor, a family counselor, a process group leader, a case manager, two physicians, and additional counselors. Dr. Greer testified that he had focused on self-discovery at Talbott in a way that he had never done before. For example, he had previously been encouraged to get in touch with his feelings, but it “was something new” at Talbott. (Tr. at 120)

26. Dr. Greer found the treatment at Talbott to be different from the treatment at the Cleveland Clinic, where he had done two 28-day programs and a recent nine-day stay. He explained that his days at Talbott were very structured, which was not usually the case in his previous treatment. He stated that he began the day with spiritual counseling, followed by a lecture, and then “process group,” which was a small group of five to ten people. He also had a case-management group, involving discussions of his progress and the objectives that the team developed for him. In the afternoons, he “did a lot of centering, which is meditation,”

which he said had helped significantly in helping him to learn how to deal with anxiety. Further, there were special programs focusing on anxiety issues, in which he participated. (Tr. at 120-124, 127)

In addition, Dr. Greer stated that at Talbott he was not confined in a hospital unit:

You lived actually off campus with other patients in an apartment complex, and you were not on lockdown. You – there were multiple rules, small rules, just all kind of rules, and several of those were you could not travel by yourself, you had to be in groups of threes. You had to cook community meals. Basically you never had an opportunity to isolate, which is really helpful to me \* \* \*.

And it was uncomfortable in the beginning, but by the time I left, I had made a lot of friends who I still talk to every day. I talk to somebody, \* \* \* I have a lot of phone numbers of the people I went through treatment with. Which is – I don't know if it was because of medical school and residency that you just don't have time, but my world had gotten really small, and [the program at Talbott] helped me to learn how to reach out to other people, and trust other people, and to, you know, be more open about my problems.

(Tr. at 122-123)

27. Dr. Greer explained that the education of “what alcoholism is,” and its physical and social effects, was similar to the education he had received at the Cleveland Clinic. However, he learned at Talbott to get involved with others in his recovery, which is the concept of Alcoholics Anonymous. He explained: “You have people you can call and you're supposed to call even when things are going well \* \* \*.” He stated that Talbott did “a wonderful job” teaching him to reach out to others. (Tr. at 123-124)

Dr. Greer testified that he had learned that drug addiction is a disease of isolation, and it can stay alive only if one stays isolated. On the contrary, “[i]f you go to meetings, if you go to home group, if you're calling people every day, somebody is going to know that something is wrong.” He realized that isolating himself had been his trademark. (Tr. at 124-125)

Dr. Greer stated that these concepts had been presented to him before, but that, at Talbott, “there was a lot of doing” and time to practice. Also, he noted that, at Talbott, he had been able to get out and go to the grocery store, to the gym, and “to live life.” He explained further: “You get to practice all of the things they taught you. \* \* \* Like I said, there was no training ground at the Cleveland Clinic so that they could see you put those principles into action.” Dr. Greer concluded that, while many people benefit from a 28-day program, he had needed the more intensive treatment that Talbott provided. (Tr. at 125-126)

28. In addition, Dr. Greer stated that he had been taken off Klonopin upon his arrival at Talbott. (Tr. at 126)

29. Further, with respect to honesty and compliance, Dr. Greer explained that the structure and rules at Talbott had helped him to learn a great deal:

It wasn't about the [substance of the] rules. It was about whether or not you could follow directions. \* \* \* And there [were] some simple rules like no cell phones, you have to have one person watch you take the trash out. You can't go to the gym between these certain hours. You can't go pick up fast food during these times during the week, and some people thought they were petty rules.

And maybe I would not disagree with them, but what I learned, and \* \* \* I learned it over this cumulative time I've been at three treatment centers, that it wasn't about the little rule, it was just about the behavior modification of just following directions. It's not about this specific little rule.

And so I tried to follow those rules to the best of my ability. I learned that, you know, there is \* \* \* dishonesty by omission and commission. I always thought if you don't tell somebody a lie that you're okay. I really did. And I know now that's not true. And down there, if you were to keep – if you knew something about somebody else and you didn't tell, then you're being dishonest \* \* \*. Before I had gotten there, I didn't perceive that as a form of dishonesty. \* \* \*

(Tr. at 130-131)

Dr. Greer stated that, at Talbott, “there was a huge thing about secrets” and honesty. He described how, toward the end of his stay, Dr. Doyle had urged him to disclose anything and everything because there would be consequences if it turned out that Dr. Greer had not been fully honest at Talbott. Dr. Greer testified that he had been able to respond confidently he had complied with the rules and that nothing would be revealed about him. (Tr. at 129-132)

### **Post-Discharge Activities**

30. Dr. Greer stated that his plan upon leaving Talbott was to “hit the ground running” and to keep practicing the things he had learned at Talbott. He feels he has done this, although “there is still a lot of work to do.” Dr. Greer testified that he has continued to meditate; even if he only has five minutes, he finds a quiet place during the day to meditate. In addition, he finds that groups help significantly. Previously, he had felt that no one really wanted to hear from him at meetings. He had attended AA before going to Talbott but had found it easy “to hide out” in the meetings. He had heard people say at AA that they had felt at home as soon as they walked through the door, but he had not had that experience. (Tr. at 127-129)

In his process group at Talbott, however, he had found that the intimacy of the group had allowed him eventually to “share almost anything” and that the intensity of the group at Talbott, on a daily basis, had helped him reach the point where he now feels comfortable talking in recovery groups. He explained that they taught him that it was okay to ramble and just talk, and he can now speak in groups about himself, sharing his anxiety and fears. He said he still experiences anxiety, but “it's nowhere near what it was.” (Tr. at 127-129)

31. Dr. Greer attends the same “home group” as Donald B. Ford, M.D., who is his sponsor, and they also attend other recovery meetings together. Dr. Greer stated that he has taken on a “commitment” in his home group, which is making the coffee. He said that he now goes in at six o’clock and stays until nine o’clock, which he had not done before. (Tr. at 92, 128-129)
32. Dr. Greer stated that he is currently not employed. (Tr. at 6, 19-20)

### **Testimony of the Clinical Director, Talbott Recovery Campus**

33. John E. Doyle, III, M.D., is the Clinical Director at Talbott, and he served as Dr. Greer’s attending physician. Dr. Doyle received his medical degree in 1976 from George Washington University in Washington, D.C., and did a psychiatry residency at Wilford Hall Medical Center in San Antonio, Texas. While in the military, Dr. Doyle served as a consulting psychiatrist at a thousand-bed hospital, ran treatment centers for addiction, provided inpatient care, and headed the largest outpatient psychiatric unit in the Air Force. Dr. Doyle stated that he is board certified in psychiatry, with additional certification from the American Society of Addiction Medicine. (Tr. at 160-162)
34. In 1997, Dr. Doyle joined Talbott, which specializes in treatment of physicians for drug and alcohol dependence and concurrent psychiatric disorders. He stated that the program in which Dr. Greer participated involves 9 weeks on campus and then 5 weeks off campus working with other alcoholics and addicts part of the day. Participants stay in residences off campus and come to the campus each day. (Tr. at 163- 164)
35. Although Dr. Doyle has not worked at the Cleveland Clinic, he testified that he has worked with other 28-day programs, and he testified regarding the differences between the Talbott program and 28-day programs in general. He explained that the extended duration of the treatment at Talbott obviously provides much more time to work with the patient and to include more therapies. (Tr. at 166–168)

Further, there is more time for “cognitive clearing” while treatment continues. Dr. Doyle explained that, when patients first arrive, they are not cognitively intact, and, depending on the severity of the substance abuse, there is a period of time when their brains “are just not working very well.” The additional time at Talbott permits more work to proceed after their brains have cleared. (Tr. at 166–168)

Dr. Doyle noted that, in 2002, the National Institute of Addiction and Alcoholism published that the preferred treatment for cocaine addiction “is extended treatment, three months or more,” because the relapse rate is so high following release from 28-day programs. He explained that cocaine addiction is particularly troublesome because the real cravings occur about two to three months after addicts stop using, and, therefore, they do well during the treatment, but, about a month or two after being discharged, they relapse at a very high rate. Thus, Dr. Doyle stated, the “real advantage for having people in for 14 weeks or more is that we are able to have them here when the real cravings occur, in a protective environment and work with them.” (Tr. at 168-169)

36. Dr. Doyle testified that Dr. Greer “did exceptionally well” in his treatment program at Talbott. Dr. Greer had been partially detoxified at the Cleveland Clinic and was very open, admitting to his dishonesty. Dr. Greer had already assimilated the impact of his conduct on himself, his family, his residency, and his trustworthiness, and he was no longer so self-centered. Dr. Doyle noted that Dr. Greer, when first assessed, certainly “had the tools to stay sober.” For the first six weeks, they focused on the issue of honesty. Dr. Doyle noted that Dr. Greer had a strong desire to get better and “was willing to do anything, including not reengage in medicine.” Dr. Doyle noted that Dr. Greer “did everything we asked him to do.” Other patients relapsed and violated the rules, but there was no evidence that Dr. Greer relapsed or violated the rules, and Talbott did a number of urine screens to confirm the absence of relapse. (Tr. at 170-173)
37. Dr. Doyle confirmed that he had taken Dr. Greer off Klonopin when he arrived at Talbott. “The idea of maintaining an addict on addicting medicines is very risky, and we do everything we can to avoid that, and he stabilized very well on Neurontin and an antidepressant.” Dr. Doyle concluded that Dr. Greer’s depression was “totally remitted,” and the anxiety was “very manageable to minimal.” (Tr. at 171-172)
38. Dr. Doyle recommended that Dr. Greer should attempt to return to medicine. “I think that’s where he has some strengths, and with appropriate restrictions, I felt that he could maintain his sobriety well, and I said I would advocate to do that.” (Tr. at 173)
39. With respect to his treatment recommendations for Dr. Greer’s further recovery, Dr. Doyle stated that he did not have the aftercare contract with him, but he recalled the following:

I have recommended that Steve go to a meeting every day of AA or NA. I have recommended \* \* \* that he contact [his sponsor] daily. I have recommended that he have a home group, which he does have. I have recommended that he do something in the home group. I have recommended that he continue to do the steps. I have recommended that he be monitored. I have recommended that he have a psychiatrist. I have recommended that he have a couple therapists. I have recommended that he stay on the medications that we prescribed.

(Tr. at 175-176) Dr. Doyle also recommended that Dr. Greer return to Talbott periodically to permit the staff to check on how he is doing, to do “any fine tuning,” to reconnect with the therapeutic community, and to be re-educated. (Tr. at 176)

#### **Discharge Summary - Talbott Recovery Campus**

40. The discharge summary from Talbott, dated February 16, 2007, notes that Dr. Greer was admitted on October 30, 2006, and discharged on February 3, 2007. (Resp. Ex. C at 1, 6) Among the items discussed in the discharge summary were the following:
- Dr. Greer experienced mild symptoms of withdrawal from Klonopin that did not require treatment with benzodiazepines. Eighteen urine screens were negative for tested

substances, including EPGs, except that the first screen showed benzodiazepine as administered at the Cleveland Clinic. (Resp. Ex. C at 1, 5)

- Anxiety and major depression were evidenced by reports of social phobia, insecurity, and nervousness. However, the discharge summary states that treatment including antidepressants resulted in "total remission of neurovegetative symptoms of depression," and that some free-floating anxiety had responded to psychotherapy. (Resp. Ex. C at 2)
- Dr. Greer had presented with inefficiencies in his memory that had gradually cleared and were not present at discharge. (Resp. Ex. C at 2)
- The discharge summary discussed the main triggers for Dr. Greer's chemical use and how the staff had worked with him to overcome them. The staff concluded that, by the time of discharge, Dr. Greer had "demonstrated a remarkable ability to utilize both groups as well as the therapeutic community to support his recovery efforts." In addition, Dr. Greer was viewed as being "able to continue taking emotional risks with others and demonstrated significant willingness to push through his fears in order to achieve a successful recovery." (Resp. Ex. C at 2)
- The summary states that Dr. Greer had presented with significant motivation for treatment and recovery and that this commitment to recovery appeared unwavering during the months of treatment. The barrier initially noted by the staff was that Dr. Greer had been unable to seek help before he had relapsed. At discharge, the staff felt that Dr. Greer had gained significant insight into his patterns of behavior and had demonstrated the ability to ask for help from others as soon as possible when he felt problems arising in his recovery. (Resp. Ex. C at 3)
- The staff noted the progress that Dr. Greer had made in personal counseling and that he was committed to continue working in personal counseling following his discharge. (Resp. Ex. C at 3)

In the discharge summary, the final diagnosis on Axis I was: cocaine dependence, alcohol dependence, benzodiazepine dependence, resolved benzodiazepine withdrawal, major depression in remission, and partner relational problem. The diagnosis on Axis II included "avoidant, dependent, compulsive, and antisocial personality traits." On Axis IV, the severity of psychosocial stressors was deemed to be "Severe." (St. Ex. C at 5)

41. The "Final Assessment" was as follows:

Dr. Greer completed all treatment plan objectives outlined by his treatment team. He demonstrated honesty, openness, and willingness throughout treatment and a sincere commitment to following through with supportive aftercare recommendations. Dr. Greer made progress in his ability to utilize non-chemical coping skills more effectively to handle stressors and triggers. Dr. Greer decreased overall levels of anxiety, guilt, and shame and demonstrated a remarkable ability to form strong recovery supportive attachments, which is felt

will assist him in maintaining connection with the 12-step fellowship. Dr. Greer verbalized hope and enthusiasm for recovery and demonstrated behaviorally during treatment a sincere desire for recovery.

(Resp. Ex. C at 4)

42. The discharge summary sets forth the following recommendations for continuing care:
1. Attend 90 12-step meetings in 90 days with four to seven meetings weekly thereafter.
  2. Primary physician will be Kevin Geraci, M.D.
  3. Professional monitor will be Jason Jones.
  4. Dr. Greer has obtained sponsor of choice and is encouraged to continue utilizing sponsor to support recovery and ongoing step work.
  5. Dr. Greer will not be participating in any individual or family therapy at this time; however, he is open to participating as directed in the future.
  6. Dr. Greer was cleared to return to the practice of medicine with recommendation of 40 hours per week initially \* \* \*. Any changes in work hours are to be approved by an addictionologist and monitoring professionals.
  7. Dr. Greer has agreed to return to either the May or June alumni return visit with a total of two return visits in the first calendar year with one annually for five years thereafter.

(Resp. Ex. B at 5)

43. Dr. Greer signed an aftercare contract in which he agreed to follow the Talbott recommendations for continuing care. In addition, the aftercare contract includes a list of Dr. Greer's medications, a planned daily schedule until returning to work, his planned schedule for recovery meetings, and dates for return visits to Talbott. The contract does not require visits with any therapists "at this time." (Board Ex. 2)

#### **Report Letter from Dr. Sanelli – February 2007**

44. On February 28, 2007, Victoria L. Sanelli, M.D., who practices in Akron, Ohio, and is certified by the American Society of Addiction Medicine, reported that Talbott had referred Dr. Greer to her for a follow-up evaluation. Her diagnoses were: Alcohol Dependence in Early Sustained Remission, Cocaine Dependence in Early Sustained Remission, and Generalized Anxiety Disorder. She further reported that Dr. Greer had been attending four to six recovery meetings per week and had asked her to serve as both his supervising physician and his psychiatrist. Her recommendations included: weekly random urine screens, a minimum of three to five recovery meetings per week, meeting with a "home group," attending a weekly aftercare group, and monthly psychiatric appointments, at least initially. Dr. Sanelli noted that she was leaving private practice and was working to find him another addiction specialist. (Resp. Ex. H)

### **Report Letter from Dr. Doyle - March 2007**

45. In a letter dated March 1, 2007, Dr. Doyle reviewed Dr. Greer's history<sup>3</sup> and stated this opinion:

\*\*\* Dr. Greer has demonstrated the discipline in recovery to return to the skillful and safe practice of medicine. A 40-hour work week restriction and restriction from prescribing narcotics is initially indicated. Also, frequent and random urine drug screens, quarterly hair screens for drugs, monitoring by an addictionologist, and a weekly professional monitoring group are recommended.

(Resp. Ex. B)

### **Testimony of Dr. Donald Ford**

46. Donald B. Ford, M.D., is currently serving as Dr. Greer's sponsor in recovery. Dr. Ford testified that, in 1999, he completed a six-year program combining medical school and residency at Case Western Reserve University and University Hospitals of Cleveland. He stated that he then began working at the Cleveland Clinic, where he is involved in research and educational activities as well as being the Section Head for Family Medicine in the Solon, Ohio, location. Dr. Ford stated that he has been board certified in family medicine since 2000. (Tr. at 82-83, 93)
47. Dr. Ford testified that, as a recovering alcoholic himself, he leads a recovery group for the Department of Substance Abuse & Chemical Dependency at the Cleveland Clinic. Dr. Ford explained that, in 2006, he completed a consent agreement with the Board, and was released from all the requirements except to submit a letter to the Board once a year for two years, and that this requirement will end in February 2008. Dr. Ford noted that, while he was under the consent agreement with the Board, his diplomate status with the American Board of Family Practice was withheld, but it was restored after he completed the terms of his consent agreement. (Tr. at 83-84, 88-89, 94)
48. Dr. Ford first met Dr. Greer when Dr. Greer joined his recovery group in the spring of 2004. Dr. Ford is aware of Dr. Greer's relapse in 2004 and the stayed permanent revocation of Dr. Greer's medical certificate. In addition, he is familiar with Dr. Greer's most recent relapse that led to extended treatment at Talbott. (Tr. at 83-85)
49. Dr. Ford testified that he is familiar with the treatment programs at the Cleveland Clinic and the Talbott Recovery Campus, and he testified regarding their differences. Dr. Ford explained that, when he himself had first presented for alcoholism treatment, he had completed a 28-day program at the Cleveland Clinic. Dr. Ford testified that he had been unable to maintain sobriety after the 28-day program. Then, at the recommendation of Dr. Collins, he had spent 16 weeks

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<sup>3</sup> Dr. Doyle stated that Dr. Greer had maintained sobriety for two years, from January 2004 to January 2006. The latter part of this statement is incorrect, however, because the Board's prior Order and Dr. Greer's admissions establish that Dr. Greer relapsed in May/June 2004, and he relapsed again in May 2006.

at Talbott in 2000. Dr. Ford commented that a significant difference between the two programs is quantitative, in that the Talbott Recovery Campus offers inpatient programs extending up to 140 days rather than being limited to 28 days and aftercare. (Tr. at 85-88)

Second, Dr. Ford found a “significant qualitative difference in terms of the depth of the work that is done there in terms of psychological work, reorganization of a person’s priorities and sense of themselves and how they are interacting with their world.” He explained that Talbott can achieve that depth of work “because it’s essentially a 24-hour program over many, many weeks.” (Tr. at 87-88)

50. Dr. Ford testified that Dr. Greer has asked him to be his sponsor in AA, and Dr. Ford stated that he is committed to leading Dr. Greer through the steps of AA for the benefit of his recovery. Dr. Ford stated that he has talked with Dr. Greer “pretty much every day” since Dr. Greer completed his treatment at Talbott in early February and that they have attended recovery meetings together. (Tr. at 83-84, 90-92)
51. Dr. Ford testified that he has seen important changes in Dr. Greer since 2004. Dr. Ford stated: “I find him almost to be a different person.” (Tr. at 90) He commented, in part:

It seemed like he was taking \* \* \* a very aggressive approach to his recovery [after discharge from Talbott], which I thought was marvelous. He has been calling me on a regular basis, and this is from somebody I’d known over the course of the last three years, but really had not had a relationship with him. He went out of his way to pursue it, and what – from my mind is a very appropriate and aggressive point of view towards his own recovery.

(Tr. at 90) In addition, Dr. Ford noted a change in Dr. Greer’s commitment to honesty:

We talk about this every day. It’s one of the cornerstones of recovery in the program of Alcoholics Anonymous, of what are called the “four absolutes.” The first of which is honesty, and as Dr. Greer and I have talked, it’s probably been the dominant issue in our conversations. He understands the need for absolute brutal honesty, unrelenting honesty.

And part of the sponsor/sponsee relationship is to establish a basis on which I’m there to make sure that that is what he is doing. I had never seen that from him previously.

(Tr. at 91)

### **Dr. Greer’s Testimony regarding Future Residency Training**

52. At hearing, Dr. Greer was questioned as to whether the stress of resuming a residency program could contribute to a relapse. (Tr. at 51-53) He answered:

It will play a significant part in it. I’ve already -- I was talking to my wife about if I have the opportunity to go back, I will not go back into surgery. It’s just not worth it.

I realize that with me as a person who has an anxious disposition, that baseline, I can't, you know -- my way to cope was to use, and until I can learn better coping mechanisms, which is - - . This is a process, and I'm learning.

I don't think that's been the most healthy environment for me to be in.

(Tr. at 51-52) With regard to his goals, Dr. Greer stated: "First and foremost is I want to be in recovery, I want to stay sober. The medicine part comes second. \* \* \*" (Tr. at 139)

### **Dr. Greer's Family**

53. Dr. Greer testified that he has a good relationship with his mother, although he now realizes the extent to which he has been dishonest with her in the past, even in little things. Dr. Greer stated that he had met his wife, Katarina, when they both attended medical school, and they married in 2001. Dr. Greer explained that, before he met her, he had tried unsuccessfully to get away from his addiction by joining the Army, and that, when he met Katarina, he had thought she could save him because she was so good and never lied. She had grown up in a home where the family talked with each other and had three meals a day. He tried to present himself as a good person, thinking that associating with a wholesome person with good values would help him. However, he testified that he now realizes that "I have to do—do the job, do the work and change myself." (Tr. at 130, 133-134)

Dr. Greer testified that he had lived a "double life" and had hidden his alcohol and drug problems from Katarina. Dr. Greer stated that she has been supportive throughout the whole process back to 2004, and "we love each other." He testified that he feels guilty for everything he has put her through. He hopes "that she can see I'm trying to change and I'm trying to do what I need to do." He stated that they have a daughter who is four years old. (Tr. at 134-135)

Dr. Greer testified that other members of his family have also been supportive. He stated that an uncle and others provided the \$30,000 necessary for him to spend several months at Talbott, and he fully intends to repay them. (Tr. at 119, 136)

54. Katarina Greer testified that she has supported her husband in his recovery and continues to support him. She noted that she currently has a research scholarship at Case Western Reserve University and is working toward board certification in gastroenterology. (Tr. at 150-156)

### **FINDINGS OF FACT**

1. (a) On April 15, 2004, Steven Franklin Greer, M.D., entered into a Step I Consent Agreement with the Board in lieu of formal proceedings based upon his violation of Revised Code Section [R.C.] 4731.22(B)(26), which indefinitely suspended his training certificate [certificate].

- (b) On June 9, 2004, after he had purportedly fulfilled the conditions in the Step I Consent Agreement for reinstatement of his certificate, Dr. Greer entered into a Step II Consent Agreement with the Board, whereby his certificate was reinstated and in which he agreed to certain probationary terms, conditions, and limitations.
- (c) On July 14, 2004, the Board entered an Order summarily suspending Dr. Greer's certificate based on evidence of violations of R.C. 4731.22(B)(15) and 4731.22(B)(26). The Board also issued a notice of opportunity for hearing with respect to his alleged violations of five statutory provisions.
- (d) On January 12, 2005, the Board entered an Order in which the Board permanently revoked his certificate, stayed such permanent revocation, and indefinitely suspended his certificate for not less than ninety days. The January 2005 Order also imposed interim monitoring conditions, conditions for reinstatement or restoration, and subsequent probationary terms, conditions, and limitations for at least five years, based on his violation of R.C. 4731.22(B)(5), 4731.22(B)(10), 4731.22(B)(15), 4731.22(B)(20), and 4731.22(B)(26).
- (e) On or about May 4, 2005, the Board reinstated Dr. Greer's certificate subject to the probationary conditions in the January 2005 Order.
2. On March 8, 2006, Dr. Greer entered into a Probationary Consent Agreement with the Board in lieu of formal proceedings based on his violation of R.C. 4731.22(B)(19) and 4731.22(B)(15). That agreement imposed additional probationary terms, conditions and limitations to remain in effect for a minimum of two years, and the agreement also provides that Dr. Greer continues to remain subject to all terms, conditions, and limitations imposed by the Board in its January 2005 Order.
3. To date, Dr. Greer remains subject to all terms, conditions, and limitations of the January 2005 Order and the March 2006 Probationary Consent Agreement.

The January 2005 Order requires Dr. Greer to abstain completely from the use of alcohol and 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 his history of chemical dependency. However, Dr. Greer resumed using alcohol and cocaine in early May 2006. He admitted this relapse to the Board's Compliance Supervisor on or about October 18, 2006. He also admitted the relapse in a written stipulation and again in his testimony at hearing. He further admitted that he had managed to avoid detection by lying to and manipulating the staff of the Employee Assistance Program at the hospital where he was in residency training, by delaying his testing and then drinking copious amounts of water. He further acknowledged that, although his relapse initially involved using cocaine only a couple of times per month, his use progressively increased until, by September 2006, he was using cocaine approximately seven days out of ten. The urine specimen he provided on or about October 12, 2006, tested positive for cocaine.

4. The Board's January 2005 Order and the March 2006 Probationary Consent Agreement required Dr. Greer to submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether he had complied with all the conditions of the Order and Probationary Consent Agreement during the preceding quarter.

On August 9, 2006, Dr. Greer submitted a signed Declaration of Compliance to the Board, falsely stating that he had been in full compliance with the probationary terms, conditions and limitations imposed upon him by the Board.

5. By letter dated October 26, 2006, Gregory B. Collins, M.D., Section Head of the Alcohol & Drug Recovery Center at The Cleveland Clinic Foundation, a Board-approved treatment provider in Cleveland, Ohio, advised the Board that Dr. Greer had been admitted to the Cleveland Clinic on October 17, 2006, with a substance-abuse relapse. Dr. Collins opined that Dr. Greer was impaired in his ability to practice according to acceptable and prevailing standards because of habitual and excessive use or abuse of drugs, alcohol or other substances. Dr. Collins recommended that Dr. Greer transfer to the Talbott Recovery Campus [Talbott], a Board-approved treatment provider in Atlanta, Georgia, for residential treatment.

Dr. Greer was discharged from the Cleveland Clinic on October 27, 2006, and he entered residential treatment at Talbott on October 30, 2006. Dr. Greer was discharged from Talbott on February 3, 2007, upon successful completion of the program. The clinical director of the Talbott program opined that, with appropriate treatment, monitoring, supervision and initial practice-related restrictions, Dr. Greer is capable of returning to work as a resident physician.

6. In his testimony at hearing, Dr. Greer admitted that all the allegations in the notice of opportunity for hearing are true. In addition, Dr. Greer entered into a written stipulation agreeing that, prior to imposing the summary suspension in November 2006, the State Medical Board of Ohio [Board] had clear and convincing evidence that he had violated R.C. 4731.22(B)(15) and R.C. 4731.22(B)(26), and that his continued practice presented a danger of immediate and serious harm to the public, thus warranting the summary suspension of his training certificate.

### CONCLUSIONS OF LAW

1. The actions, omissions, and conduct set forth in Findings of Fact 1 through 6, establish that Steven Franklin Greer, M.D., has sustained an "impairment" in his "ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as that language is used in R.C. 4731.22(B)(26) and as provided under Rule 4731-16, Ohio Administrative Code.
2. Dr. Greer's acts, omissions and conduct, as set forth in Findings of Fact 3 and 4 above, constitutes a "[v]iolation of the conditions of limitation placed by the board upon a certificate to practice," as that language is used in R.C. 4731.22(B)(15).

3. Dr. Greer's conduct, as set forth in Finding of Fact 4 above, 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, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board," as that language is used in R.C 4731.22(B)(5).
4. As set forth above in Finding of Fact 6, the Board, prior to summarily suspending Dr. Greer's training certificate in November 2006, had clear and convincing evidence of the following: that Dr. Greer had violated the Board's January 2005 Order and his March 2006 Probationary Consent Agreement, constituting a violation of R.C. 4731.22(B)(15); that his ability to practice was impaired as defined in R.C. 4731.22(B)(26); and that his continued practice presented a danger of immediate and serious harm to the public, thus warranting the summary suspension of his training certificate.

\* \* \* \* \*

Several factors support a conclusion that the Board should impose the permanent revocation that it previously stayed in its 2005 Order:

- In January 2005, the Board's previous Order was based in part on Dr. Greer's dishonesty. When Dr. Greer appeared before the Board in January 2005, he acknowledged that, if he were dishonest with the Board again or failed to comply with the Board's requirements, he knew that permanent revocation of his training certificate would be the likely result.
- Dr. Greer subsequently relapsed in May 2006 and submitted a false declaration to the Board regarding his compliance with his probationary terms, conditions, and limitations.
- Dr. Greer effectively hid his relapse for about five months by lying to and manipulating the staff collecting his urine specimens.
- There is evidence in the record that, for Dr. Greer, the stress of residency training could jeopardize his recovery and contribute to a relapse.
- Dr. Greer has suffered from multiple chemical dependencies, for many years, and he has been diagnosed with concurrent psychiatric/psychological disorders.
- Although Dr. Doyle recommended that Dr. Greer attend "90 meetings in 90 days" after his discharge from Talbott, Dr. Greer had attended only four to six meetings per week since his discharge, according to Dr. Sanelli's report. Given that Dr. Greer was not employed during that period, his failure to follow the treatment recommendation is worrisome.
- Under all the circumstances, the Board may reasonably be skeptical about Dr. Greer's present assertions that he is a changed man and intends to comply with Board requirements in the future.

Nonetheless, other factors support the conclusion that Dr. Greer should be given another chance to demonstrate that he can successfully engage in a recovery program:

- Dr. Greer's addictions to alcohol and cocaine were not diagnosed or treated until 2004, and it appears that his psychological/psychiatric conditions were not diagnosed or treated until 2004 (atypical anxiety) and 2005 (anxious decompensation with depression). Additional diagnoses were provided in the Talbott discharge summary. Therefore, his 2006 relapse occurred in the fairly early stages of treatment and recovery for his conditions.
- Dr. Greer's recent relapse in May 2006 occurred only about two years after he had first entered a recovery program. Thus, at the time of the 2006 relapse, the Board had worked with Dr. Greer for a relatively short time.
- Following his most recent relapse, Dr. Greer invested a great deal of time, money, and effort to pursue the intensive, multi-month treatment program at Talbott Recovery Campus. It is reasonable for the Board to allow Dr. Greer an opportunity to show that this program was effective and that he can now be successful in recovery on a long-term basis.
- Dr. Greer continues to have the advantage of a supportive spouse.
- Dr. Greer has an AA sponsor who is a recovering physician and is committed to assisting Dr. Greer in his recovery.

In addition, Dr. Doyle, the Clinical Director at Talbott, has recommended that Dr. Greer should attempt to return to his medical training, as long as certain safeguards are in place, including initial restriction to 40 hours of work per week and an initial prescribing limitation. Accordingly, based on the foregoing factors, the Hearing Examiner recommends that the Board grant Dr. Greer another opportunity to resume his medical training in Ohio.

The Proposed Order tracks the Order that the Board entered in January 2005, with the addition of several items:

- (a) Requirements from the March 2006 Probationary Consent Agreement (which remains in effect) for monitoring and psychiatric treatment.
- (b) Recommendations made by Drs. Doyle and Sanelli with respect to attending a home group, and limitations on work hours and prescribing upon reinstatement.
- (c) A requirement that the supervising physician for urine screens be made aware of Dr. Greer's past success at avoiding accurate screens.
- (d) A requirement for quarterly hair screens as recommended by Dr. Doyle. This is an unusual requirement, but, given that Dr. Greer's 2006 relapse was not detected by urine screens for about five months, the Board may wish to include it.

Last, the Hearing Examiner notes that the proposed order includes a suspension of 12 months beyond the suspension that has already accrued since the summary suspension in November 2006. As of the Board's meeting in June 2007, Dr. Greer's training certificate will have been suspended for more than seven months.

The purpose for extending the suspension for an additional 12 months is not punitive. Rather, the goal is to provide Dr. Greer with a year in which to stabilize his recovery and firmly establish healthy patterns of living before attempting to return to the demands of residency training, if he

chooses to do so. Further, a longer suspension gives Dr. Greer more time to explore options for medical training, with less pressure to reach a resolution quickly. Moreover, a year of monitoring during suspension provides an opportunity for the Board to determine whether Dr. Greer's recovery is on a firm footing before allowing him to be involved in patient care.

### **PROPOSED ORDER**

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The training certificate of Steven Franklin Greer, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such permanent revocation is STAYED, and Dr. Greer's training certificate shall be SUSPENDED for an indefinite period of time, but not less than **one year**.
- B. **INTERIM MONITORING:** During the period that Dr. Greer's training certificate is suspended, Dr. Greer shall comply with the following terms, conditions, and limitations:
  1. **Obey the Law:** Dr. Greer shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
  2. **Personal Appearances:** Dr. Greer shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Order or as otherwise ordered by 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. Greer 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 or before the first day of the third month following the month in which this Order becomes effective. 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. Greer 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. Greer's history of chemical dependency.
  5. **Abstention from Alcohol:** Dr. Greer shall abstain completely from the use of alcohol.

6. **Psychiatric Treatment:** Pursuant to his March 2006 Probationary Consent Agreement, Dr. Greer currently is subject to requirements regarding psychiatric treatment. The following provisions serve to incorporate those requirements of the Probationary Consent Agreement into this Order.

Within thirty days of the effective date of this Order, Dr. Greer shall submit to the Board for its prior approval the name and qualifications of a psychiatrist of his choice. Upon approval by the Board, Dr. Greer shall undergo and continue psychiatric treatment at least once every four weeks, or as otherwise directed by the Board. Dr. Greer shall comply with his psychiatric treatment plan, including taking medications as prescribed and/or ordered for his psychiatric disorder. Dr. Greer shall ensure that psychiatric reports are forwarded by his treating psychiatrist to the Board on a quarterly basis, or as otherwise directed by the Board.

The psychiatric reports shall contain information describing Dr. Greer's current treatment plan and any changes that have been made to the treatment plan since the prior report; Dr. Greer's compliance with his treatment plan; Dr. Greer's mental status; Dr. Greer's progress in treatment; and results of any laboratory studies that have been conducted since the prior report.

Dr. Greer shall ensure that his treating psychiatrist immediately notifies the Board of failure by Dr. Greer to comply with his psychiatric treatment plan and/or any determination that Dr. Greer is unable to practice due to his psychiatric disorder. It is Dr. Greer's responsibility to ensure that quarterly reports are received in the Board's offices no later than the due date for Dr. Greer's quarterly declaration.

In the event that the designated treating psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Greer must immediately so notify the Board in writing. In addition, Dr. Greer shall make arrangements acceptable to the Board for another treating psychiatrist within thirty days after the previously designated treating psychiatrist becomes unable or unwilling to serve, unless otherwise determined by the Board.

Furthermore, Dr. Greer shall ensure that the previously designated treating psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

7. **Monitoring Physician:** Pursuant to his March 2006 Probationary Consent Agreement, Dr. Greer currently is subject to requirements regarding a monitoring physician. The following provisions serve to incorporate those requirements of the Probationary Consent Agreement into this Order.

Within thirty days of the effective date of this Order, Dr. Greer shall 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 and Supervising Member will give preference to a physician who practices in the same locale as Dr. Greer and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Greer and his medical practice, and shall review Dr. Greer'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. Greer and his medical practice, and on the review of Dr. Greer's patient charts. Dr. Greer 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. Greer's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Greer must immediately so notify the Board in writing. In addition, Dr. Greer 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. Greer 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.

While Dr. Greer participates in a residency program accredited by the ACGME, the Board shall accept a quarterly statement from the director of Dr. Greer's residency program addressing Dr. Greer's performance (clinical and otherwise) in the residency program, as well as his progress and status, if timely submitted, as satisfaction of the requirements of this paragraph.

Should Dr. Greer desire to utilize this option in lieu of having a monitoring physician while he participates in a residency program, Dr. Greer shall so notify the Board by providing a writing, signed by both himself and his residency director, to the Board before participating in the residency program. Further, should Dr. Greer cease participation in an accredited residency or should he obtain full medical licensure in Ohio and desire to practice outside his residency, or should his residency director become unable or unwilling to serve, Dr. Greer must immediately so notify the Board in writing and within 30 days make arrangements for a monitoring physician, as discussed above.

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

8. **Drug & Alcohol Screens of Urine and Hair; Supervising Physician:**

Dr. Greer shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Greer shall submit to screenings of his hair for drugs and alcohol on a quarterly basis or as otherwise directed by the Board.

Dr. Greer 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. Greer shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Greer 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. Greer.

Dr. Greer 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. Dr. Greer and the supervising physician shall ensure that the giving of the hair specimen is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over specimens is maintained and shall immediately inform the Board of any positive screening results.

Dr. Greer 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 and the quarterly hair screen have been conducted in compliance with this Order, whether all 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. Greer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Greer 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.

Further, Dr. Greer shall provide to the supervising physician a copy of the Board's Entry of Order and the May 2007 Report and Recommendation, in order to make the supervising physician aware of Dr. Greer's past success at avoiding the random urine

screens, and the supervising physician shall acknowledge receipt of these documents in his or her first quarterly report to the Board.

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. Greer's quarterly declaration. It is Dr. Greer's responsibility to ensure that reports are timely submitted.

9. **Submission of Specimens of Blood, Urine and Hair upon Request:** Dr. Greer shall submit blood, urine, and hair specimens for analysis without prior notice at such times as the Board may request, at Dr. Greer's expense.
  10. **Rehabilitation Program:** Dr. Greer shall maintain participation in an alcohol and drug rehabilitation program such as Alcoholics Anonymous (A.A), N.A., C.A., or Caduceus, no less than *five* times per week, unless otherwise determined by the Board. One of these weekly meetings shall be Dr. Greer's "home group" as identified in his aftercare contract. Substitution of any other specific program must receive prior Board approval. Dr. Greer 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. Greer's quarterly declarations.
  11. **Comply with the Terms of Treatment and Aftercare Contract:**  
Dr. Greer shall maintain continued compliance with the terms of the treatment and aftercare contracts entered into with Talbott Recovery Campus, provided that, where terms of the treatment and aftercare contract conflict with terms of this Order, the terms of this Order shall control. This compliance includes that Dr. Greer shall participate in the "alumni return visits" as required by the aftercare contract with Talbott, with two visits in 2007 and one annual visit for five years thereafter.
  12. **Continued Compliance with a Contract with an Impaired Physicians Committee:** Dr. Greer shall maintain continued compliance with the terms of the contract entered into with the Ohio Physicians Health Program, or with another impaired physicians committee approved by the Board, to assure continuous assistance in recovery and/or aftercare.
- C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Greer's training certificate until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration:** Dr. Greer shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
  2. **Compliance with Interim Conditions:** Dr. Greer 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. Greer 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 training 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. Greer 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. Greer'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. Greer's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Greer 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. Greer 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 restoration or reinstatement, Dr. Greer's training 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. Greer shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
  2. **Ban on Prescribing, Ordering, Administering, Furnishing, or Possessing Controlled Substances:** For 20 weeks following the reinstatement of his training certificate, or for such other period as determined by the Board, Dr. Greer shall not

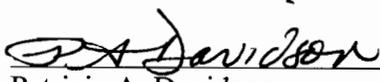
- prescribe, write orders for, give verbal orders for, administer, personally furnish, or possess (except as allowed under Paragraph B(4) above), any controlled substance.
3. **Limitation on Hours of Work**: If Dr. Greer should commence or return to a residency program, his hours of work shall be restricted to 40 hours per week for the first 20 weeks of the residency training or as otherwise ordered by the Board.
  4. **Tolling of Probationary Period While Out of State**: Dr. Greer shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.
  5. **Violation of Terms of Probation**: If Dr. Greer 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. **DURATION/MODIFICATION OF TERMS**: All subsequent training certificates or other certificates that may be granted by the Board to Dr. Greer shall be subject to the same terms, conditions and limitations, unless otherwise determined by the Board, until Dr. Greer has completed at least a five-year probationary period with the Board. Moreover, the term of probation shall be tolled during any period in which Dr. Greer's training certificate has lapsed and no other certificate has been issued by the Board.
- F. **TERMINATION OF PROBATION**: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Greer's training certificate or other certificate issued by the Board will be fully restored.
- G. **RELEASES**: Dr. Greer 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. Greer's chemical dependency and/or related conditions (including psychological and/or psychiatric 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. Greer shall also provide the Board written consent permitting any treatment provider from whom Dr. Greer obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure

to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

- H. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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. Greer 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.
- I. **REQUIRED REPORTING TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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. Greer shall also provide a copy of this Order by certified mail, return receipt requested, at the 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. Greer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt, unless otherwise determined by the Board.
- K. **SUPERSEDES 2006 CONSENT AGREEMENT AND 2005 BOARD ORDER:** This Order shall supersede the terms and conditions set forth in the Order of Entry dated January 12, 2005, and the March 2006 Probationary Consent Agreement between Dr. Greer and the Board.

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

  
Patricia A. Davidson  
Hearing Examiner



# State Medical Board of Ohio

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## EXCERPT FROM THE DRAFT MINUTES OF JUNE 13, 2007

### REPORTS AND RECOMMENDATIONS

Dr. Kumar announced that the Board would now consider the Reports and Recommendations appearing on its agenda. He asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Steven Franklin Greer, M.D.; Mohsen Karimi, M.D.; and Venu Gopal Menon, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Kumar	- aye

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

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Kumar	- aye

Dr. Kumar 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. They may, however, participate in the matter of Dr. Karimi, as that case is not disciplinary in nature and concerns only the doctor's qualifications for licensure. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

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

Dr. Talmage left the meeting at this time.

STEPHEN FRANKLIN GREER, M.D.

Dr. Kumar directed the Board's attention to the matter of Stephen Franklin Greer, M.D. He advised that no objections were filed to Hearing Examiner Davidson's Report and Recommendation.

Dr. Kumar continued that a request to address the Board has been timely filed on behalf of Dr. Greer. Five minutes would be allowed for that address.

Dr. Greer was accompanied by his attorney, John R. Irwin, M.D., Esq.

Dr. Greer thanked the Board for the opportunity to come before it and to plead his case. He asked for mercy in considering this case. Dr. Greer stated that the Board has given him the opportunity to save his career, and he's deeply grateful for that. He also thanked his wife and his daughter, who have stood beside him through this whole process during the last three years. He advised that the process has been painful and difficult, but it has been filled with personal growth.

Dr. Greer stated that he knows that the Medical Board and all of the representatives of the Board with whom he's been involved since this started in March 2004 have been very professional and have treated him with dignity and respect. He thanked the Board for that.

Dr. Greer stated that he doesn't think that he's a victim in this whole process. Choices were made, and consequences have to be dealt with. Dr. Greer stated that he's learned things along the way in this whole process. He thinks the most important thing he's learned is the time factor in allowing him to heal and to get into stable recovery. That has been invaluable. Looking over the events since 2004, there have been stumbles along the way, but he feels personally, as far as his family goes, that given the totality of things, he's moved toward recovery and not away from it. Dr. Greer commented that relapse is not a requirement, nor is it a prerequisite, but that's his story, and, unfortunately, that's the case. Dr. Greer stated that, hopefully, the fact that his wife is sitting here today will provide some indirect evidence that he's trying very hard in his recovery.

Dr. Greer stated that one of the issues was dishonesty when he went off to Talbott in October, after relapsing. That was his main goal and issue to focus on. Dr. Greer stated that he's learned that dishonesty comes in so many different forms. He thinks that his denial covered up a lot of things. Unconsciously, he just thought that it was true, and certainly he's learned along the way that, if he can't be honest in small matters, he's certainly not going to be honest in large matters. When he got to Talbott, one of the things he noticed is that they had a lot of small rules that he initially thought were insignificant or didn't seem to serve a purpose, but it didn't take long to learn that it's a behavior change. They instituted these small rules because they wanted the residents to behave in a certain way. Some of the rules were: people had to watch you take out the garbage; you can't have cell phones; you can't stop at a grocery store during the week. Dr. Greer stated that he realized that, if he's going to go against those small rules, the behavior's not going to change. Dr. Greer stated that one thing he's certainly learned is that he has to be honest in all matters.

Dr. Kumar asked Dr. Greer to conclude his statement in one minute.

Dr. Greer stated that dishonesty was his primary issue; it's at the core of his disease. He now has a sponsor, whom he calls every day, regularly. He has people with whom he went through the Talbott program and who have become extremely close friends. He talks to them weekly. Dr. Greer stated that he talks to people in the program every day. He goes to meetings, takes people to meetings, cleans up after meetings, makes coffee. He has a home group; he went to Founders' Day this past weekend. He's going to attend a meeting of the International Doctors of A.A. in August. He plans to go to an eleven-step retreat in Georgia, where he did his fifth, sixth and seventh step.

Dr. Greer stated that his plans are, first and foremost, recovery. In terms of medicine as a career, he's talked it over with family and friends, and he's prayed about it. If the opportunity is given, he would like to return to practice so that he could help others in the field of medicine who are struggling with this disease.

Dr. Kumar asked whether the Assistant Attorney General wished to respond.

Mr. Wilcox stated that he has read the Report and Recommendation of the Hearing Examiner, and he feels that it does a really good job of laying out Dr. Greer's lengthy history with this Board. He stated that the Board has been supportive of Dr. Greer in keeping the door open to the possibility of Dr. Greer's continuing his medical training some time in the future. The Board has done so in spite of Dr. Greer's very serious drug and alcohol abuse history.

Mr. Wilcox stated that he knows the Board is aware of Dr. Greer's history, but he thinks that it's worth pointing out at least part of his history of drug and alcohol abuse. He was convicted three times for DUI, once in 1990, once in 1992 and once in 2000. He has participated in two separate 28-day inpatient treatment stints at the Cleveland Clinic, in March 2004 and again in June 2004. Most recently, he has participated in 90 days of treatment at Talbott Recovery Program in Georgia.

Mr. Wilcox stated that the problem he has with Dr. Greer is that, not only has Dr. Greer had a lengthy battle with alcohol abuse and cocaine addiction and relapsed on several occasions, but he's not been honest with this Board. After entering a Step 1 consent agreement in April 2004, he relapsed on cocaine and did not tell the Board. He went ahead and continued through the process of gaining a Step 2 agreement, knowing that he had relapsed. Mr. Wilcox stated that the Board took notice of that deception when it issued its Order in January 2005. That Order permanently revoked Dr. Greer's license, but stayed the permanent revocation and suspended Dr. Greer's license for 90 days. When Dr. Greer used cocaine again in May 2006, he, again, did not inform the Board of his relapse. In fact, he admitted to lying to and manipulating the staff at the Employee Assistance Program where he was dropping urine samples. In order to avoid detection, Dr. Greer would ignore pages for screens, if he knew he'd recently used; and he admitted that he drank copious amounts of water in order to dilute his urine. By the end of September 2006, Dr. Greer was using cocaine seven out of ten days. This is particularly frightening, because you have to look at the context. He was at that time practicing as a resident at University Hospitals in Cleveland.

Mr. Wilcox stated that the repeated pattern of deception by Dr. Greer basically renders him as a person who cannot be monitored by this Board. How can this Board trust that he won't, again, try to game the system? Mr. Wilcox asked whether the Board could allow him to potentially re-enter a training program, given his history. The Board has to ask itself whether it is willing to take that risk. He stated that he knows this Board considers the protection of the public paramount, and because of that, he doesn't feel that the Board can take that risk. Mr. Wilcox stated that at this point in time, given Dr. Greer's history and his lack of cooperation and honesty, it's time to cut Dr. Greer loose and to permanently revoke his training certificate.

**DR. MADIA MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF STEPHEN FRANKLIN GREER, M.D. DR. VARYANI SECONDED THE MOTION.**

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

Dr. Egner stated that she sees both sides of this issue. She's not sure, in terms of his treatment and relapse, that Dr. Greer has really come to grips with his addiction. She is not in favor of permanent revocation; however, she's not sure that medicine is the career for Dr. Greer. At this point in time, that's not her decision to make, but it is something Dr. Greer should really give a lot of thought to. She's not sure that any place in medicine won't be too stressful for him, and that he's not really made to be a physician.

Dr. Egner stated that one of the things in the Report and Recommendation about which she is concerned is that there is much, much narrative given to justify reconsideration of him now because the Talbott program was so much better than the Cleveland Clinic. Dr. Egner stated that she takes some exception to that because the Board has many, many probationers who have gone through treatment at the Cleveland Clinic. Reading the Report and Recommendation makes it seem that the Cleveland Clinic does an inadequate job compared to Talbott. Dr. Egner stated that she doesn't believe that at all. Dr. Egner stated that, for this physician, Talbott may have been a better fit. She doesn't really agree that Talbott, on the whole, would be

the program for all to go to.

Dr. Egner stated that she would feel more comfortable with this Report and Recommendation with a longer suspension time. She thinks that he needs more time out to figure out if medicine is the right career for him. The Board needs more time to see that he can remain free of drugs and alcohol and then decide if he should come back to medicine. She added that, certainly, any more relapse would, for her, end in a permanent revocation, no matter the circumstances or story.

Dr. Varyani asked how long the suspension should be.

Dr. Egner stated that she thinks it should be suspended for three years.

Dr. Varyani stated that he would agree with that.

Dr. Kumar stated that the Board has given Dr. Greer ample opportunity, and has worked with him to try to get him over this problem. How much more responsibility should the Board take upon itself? Dr. Kumar stated that he could go along with the longer suspension, but wondered what would happen if the Board simply revokes Dr. Greer's license, let him get clean, and come back to the Board after several years of work and then reapply. Then the Board wouldn't have to monitor him.

Ms. Sloan agreed with Dr. Kumar. She stated that the Board has monitored Dr. Greer, and it has done a lot of things with Dr. Greer. It's time for Dr. Greer to do some work without the Board standing over him. That did not work in the first place. Ms. Sloan she stated that she would like to see Dr. Greer's certificate get revoked. He could then go away for a period of time and figure out what he needs to do in life. If Dr. Greer wants to be the physician that he wants to be, then he should come back and reapply.

Dr. Varyani stated that he would also agree with that. He stated that the Board has given Dr. Greer three chances. He added that he realizes that Dr. Greer is a young physician, and he'd hate to give that Order.

Dr. Kumar stated that he would want Dr. Greer to show that he's been clean for several years, at least three years, before he even thinks about reapplying.

Dr. Egner asked whether, if the Board just revokes Dr. Greer's license, it can designate the number of years he must wait to reapply. She stated that if the Board just revokes his license, he could reapply tomorrow.

Mr. Whitehouse agreed with Dr. Egner.

Dr. Kumar stated that the Board has done it before.

Dr. Egner stated that she doesn't feel that there's a way to do what Dr. Kumar wants to do. That would put the burden on the Board to verify what he tells the Board he's done. Dr. Greer could conceivably come back and tell the Board that he's done urine screens and this and that, and then it would be up to the Board

to ensure that. Dr. Egner stated that she does not like non-permanent revocation for this case. She stated that she understands the thought process behind it, that the Board wants to put the burden on Dr. Greer; however, she thinks that the ultimate burden will come back on the Board, and that the Board will lose all control as to what he is doing and when he comes back.

Dr. Amato agreed with Dr. Egner, asking how Dr. Greer would prove that he's clean. The Board has certain approved entities that verify. If he's a new applicant, how can the Board apply different standards to him than it would apply to a new applicant who just finished medical school or just started a residency?

Dr. Egner stated that Dr. Greer will have a history. When he fills out the application, he will have to put his history down.

Dr. Kumar stated that if he comes back in three years, he'll have to provide the Board with absolute proof of having done certain things from certain places; otherwise, the Board won't grant him a license.

**DR. EGNER MOVED TO INCREASE THE SUSPENSION PERIOD IN THE PROPOSED ORDER TO NOT LESS THAN THREE YEARS. DR. ROBBINS SECONDED THE MOTION.**

Mr. Browning asked what the logic of a three-year suspension is.

Dr. Egner stated that the severity of Dr. Greer's illness requires the longer suspension. She added that she thinks that the longest suspension that the Board imposed in the last few years was for five years. She thinks that that's too much for anyone. She looks at three years as a long enough period of time of sobriety that his relapse rate should be significantly decreased if he can go three years.

A vote was taken on the motion to amend:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Ms. Sloan	- nay
	Dr. Amato	- aye
	Dr. Robbins	- aye

The motion carried.

**DR. ROBBINS MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF STEPHEN FRANKLIN GREER, M.D. DR. VARYANI SECONDED THE MOTION.**

Dr. Kumar stated that he would now entertain discussion on the amended Order.

Mr. Browning stated that he would just say the obvious. The Board is going the extra mile, and then it's going an extra few miles. If you look at the history of the Board, and these are, of course, case by case decisions, the Board is going the extra mile here for an individual who has lied to the Board, lied to himself, lied to his family, and relapsed, relapsed and relapsed. Mr. Browning stated that he guesses the Board is doing this because it understands the disease patterns and that relapse can be part of the disease, and the Board is being humane. He stated that he thinks that the Board is trying to be responsible, as well. He added, however, that this is really a stretch, in his judgment. Now the Board is creating a three-year period of monitoring, plus additional after that, no doubt. The Board is committing itself to years and years of monitoring this physician. Mr. Browning stated that he's not saying that he is against the amended Order, but he wants Dr. Greer to understand that the Board is going the extra mile in a huge way if it does this. He added that, in his judgment, as a consumer member, his hunch is that most people the Board is representing might not be for this. They might think that if a physician has failed this many times, that physician shouldn't be practicing medicine, and the Board should just permanently revoke the license. Mr. Browning stated that the Board has been more than fair and more than responsible, working through this.

A vote was taken on the motion to approve and confirm, as amended:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Ms. Sloan	- nay
	Dr. Amato	- aye
	Dr. Robbins	- aye

The motion carried.

Dr. Kumar told Dr. Greer that this is his last chance, and he hopes Dr. Greer takes advantage of it. He added that Mr. Browning couldn't have said it better.



# State Medical Board of Ohio

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

November 8, 2006

Steven Franklin Greer, M.D.  
c/o University Hospitals – Residency Office  
11100 Euclid Avenue, Room 3018  
Cleveland, Ohio 44106

Dear Doctor Greer:

Enclosed please find certified copies of the Entry of Order, the Notice of Summary Suspension and Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on November 8, 2006, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Summary Suspension and Opportunity for Hearing.

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

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

THE STATE MEDICAL BOARD OF OHIO

Lance A. Talmage, M.D., Secretary

LAT:MRB:blt  
Enclosures

*Mailed 11-9-06*

**CERTIFICATION**

I hereby certify that the attached copies of the Entry of Order of the State Medical Board of Ohio and the Motion by the State Medical Board, meeting in regular session on November 8, 2006, to Adopt the Order of Summary Suspension and to Issue the Notice of Summary Suspension and Opportunity for Hearing, constitute true and complete copies of the Motion and Order in the Matter of Steven Franklin Greer, M.D., as they appear in the Journal of the State Medical Board of Ohio.

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



Lance A. Talmage, M.D., Secretary

(SEAL)

November 8, 2006

\_\_\_\_\_  
Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF :  
 :  
STEVEN FRANKLIN GREER, M.D. :

**ENTRY OF ORDER**

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

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

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

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

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 8th day of November, 2006:

It is hereby ORDERED that the training certificate of Steven Franklin Greer, M.D., in the State of Ohio be summarily suspended.

It is hereby ORDERED that Steven Franklin Greer, M.D., shall immediately cease participation in the residency program at University Hospitals of Cleveland, Cleveland, Ohio.

This Order shall become effective immediately.

(SEAL)

  
Lance A. Talmage, M.D., Secretary

November 8, 2006  
Date



# State Medical Board of Ohio

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

EXCERPT FROM DRAFT MINUTES OF NOVEMBER 8, 2006

## STEVEN FRANKLIN GREER, M.D. ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

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

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Madia	- aye
	Dr. Steinbergh	- aye

The motion carried.



# State Medical Board of Ohio

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

## NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

November 8, 2006

Steven Franklin Greer, M.D.  
c/o University Hospitals – Residency Office  
11100 Euclid Avenue, Room 3018  
Cleveland, Ohio 44106

Dear Doctor Greer:

The Secretary and the Supervising Member of the State Medical Board of Ohio [Board] have determined that there is clear and convincing evidence that you have violated Sections 4731.22(B)(15) and 4731.22(B)(26), Ohio Revised Code, and have further determined that your continued practice presents a danger of immediate and serious harm to the public, as set forth in paragraphs (1) through (6), below.

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

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

- (1)(a) On or about April 15, 2004, you entered into a Step I Consent Agreement [April 2004 Step I Consent Agreement] with the Board in lieu of formal proceedings based upon your violation of Section 4731.22(B)(26), Ohio Revised Code, which indefinitely suspended your training certificate. A copy of the April 2004 Step I Consent Agreement is attached hereto and incorporated herein.
- (b) On or about June 9, 2004, after you purportedly fulfilled the conditions for reinstatement of your training certificate, as established in the April 2004 Consent Agreement, you entered into a Step II Consent Agreement [June 2004 Step II Consent Agreement] with the Board, whereby your training certificate

was reinstated and wherein you agreed to certain specified probationary terms, conditions, and limitations. A copy of the June 2004 Step II Consent Agreement is attached hereto and incorporated herein.

- (c) On or about July 14, 2004, the Board issued to you a Notice of Summary Suspension and Opportunity for Hearing [July 2004 Notice of Summary Suspension], which alleged your violation of Sections 4731.22(B)(15), 4731.22(B)(26), 4731.22(B)(10), 4731.22(B)(20), and 4731.22(B)(5), Ohio Revised Code. On or about July 14, 2004, the Board issued an Entry of Order summarily suspending your training certificate in Ohio based on your violation of Sections 4731.22(B)(15) and 4731.22(B)(26), Ohio Revised Code. Copies of the July 2004 Notice of Summary Suspension and July 14, 2004 Board Order are attached hereto and incorporated herein.
  - (d) On or about January 12, 2005, the Board issued an Entry of Order [January 2005 Order], which permanently revoked your training certificate, stayed such permanent revocation, and indefinitely suspended your training certificate for not less than ninety days. The January 2005 Order also imposed interim monitoring conditions, conditions for reinstatement or restoration, and subsequent probationary terms, conditions and limitations for at least five years, based on your violation of Sections 4731.22(B)(26), 4731.22(B)(15), 4731.22(B)(10), 4731.22(B)(20), and 4731.22(B)(5), Ohio Revised Code. A copy of the Board's January 2005 Order is attached hereto and fully incorporated herein.
  - (e) On or about May 4, 2005, the Board reinstated your training certificate subject to certain probationary conditions contained in the January 2005 Order.
- (2) On or about March 8, 2006, you entered into a Probationary Consent Agreement [March 2006 Probationary Consent Agreement] with the Board in lieu of formal proceedings based upon your violation of Sections 4731.22(B)(19) and 4731.22(B)(15), Ohio Revised Code. Pursuant to the terms of the March 2006 Probationary Consent Agreement, you continued to be subject to all terms, conditions and limitations imposed by the Board in its January 2005 Order, as well as the additional probationary terms, conditions and limitations, which were to remain in force for a minimum of two years, as set forth in said Probationary Consent Agreement. A copy of the March 2006 Probationary Agreement is attached hereto and incorporated herein.
- (3) To date you remain subject to all terms, conditions, and limitations of the January 2005 Order and the March 2006 Probationary Consent Agreement.

Paragraphs B.4., B.5. and D.1. of the January 2005 Order provide that you shall abstain completely from the use of alcohol and the personal use or possession of drugs, except those prescribed, administered, or dispensed to you by another so authorized by law who has full knowledge of your history of chemical dependency.

Despite the aforementioned requirements set forth in the January 2005 Order, you failed to abstain from the illegal use of cocaine and from the use of alcohol. On or about October 18, 2006, you reported to the Board's Compliance Supervisor that you relapsed on alcohol and cocaine in early May 2006. You further reported that you initially began to use alcohol and cocaine a couple of times per month and that you managed to avoid detection by ignoring the employee assistance program at your residency program when paged to provide a urine specimen, stating that you knew the program would page you again the next day. You further informed the Board's Compliance Supervisor that your use progressively increased; that by September 2006, you were using cocaine approximately seven out of ten days; and that subsequently you were told that the specimen you provided on or about October 12, 2006, tested positive for cocaine.

- (4) Paragraphs B.3. and D.1. of the January 2005 Order and Paragraph 2 of the March 2006 Probationary Consent Agreement provide that you shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether you have been in compliance with all the conditions of the January 2005 Order and March 2006 Probationary Consent Agreement.

Despite your relapse on cocaine and alcohol in May 2006 and increasing use thereafter, on or about August 9, 2006, you submitted a signed Declaration of Compliance to the Board, wherein you falsely stated that you were in full compliance with the probationary terms, conditions and limitations imposed upon you by the Board.

- (5) By letter dated October 26, 2006, Gregory B. Collins, M.D., Section Head for the Alcohol and Drug Recovery Center at The Cleveland Clinic Foundation [Cleveland Clinic], a Board-approved treatment provider in Cleveland, Ohio, advised the Board that you were admitted to the Cleveland Clinic on or about October 17, 2006, with a substance abuse relapse. Dr. Collins indicated that he was recommending a change of venue, from the Cleveland Clinic to another Board-approved treatment provider, for your required residential treatment. Dr. Collins further indicated that he expected you would be discharged from the Cleveland Clinic on or about October 27, 2006, and that you would then re-enter residential treatment at another Board-approved treatment provider, on or about October 30, 2006. Further, Dr. Collins opined that you are impaired in your

ability to practice according to acceptable and prevailing standards because of habitual and excessive use or abuse of drugs, alcohol or other substances.

Although you reported to the Board's Compliance Supervisor that you have re-entered treatment following your relapse, the Board has not received information indicating that you have completed the recommended/required treatment. In addition, the Board has not received information that you have been determined to be capable of practicing in accordance with acceptable and prevailing standards of care.

- (6) In the "Failure to Comply" provision of your March 2006 Probationary Consent Agreement, you contractually agreed that, if the Secretary and Supervising Member of the Board determine that there is clear and convincing evidence that you have violated any term, condition or limitation of the Agreement or the January 2005 Order, such violation, as alleged, also constitutes clear and convincing evidence that your continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code.

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

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

Your acts, conduct, and/or omissions as alleged in paragraphs (3) and (4) above, individually and/or collectively, constitute a “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,” as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) through (5) above, individually and/or collectively, constitute “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice,” as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (4) above, individually and/or collectively, constitute “[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, and Chapter 4731., Ohio Revised Code, you are hereby advised that you are entitled to a hearing concerning these matters. If you wish 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 training certificate or to reprimand you or place you on probation.

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

Notice of Summary Suspension  
& Opportunity for Hearing  
Steven Franklin Greer, M.D.  
Page 6

accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/MRB/blt  
Enclosures

CERTIFIED MAIL # 7004 2510 0006 9802 9414  
RETURN RECEIPT REQUESTED

Duplicate Mailing: Steven Franklin Greer, M.D.  
1242 Argonne Rd.  
So. Euclid, OH 44121

CERTIFIED MAIL # 7004 2510 0006 9802 9421  
RETURN RECEIPT REQUESTED

Triplicate Mailing: Steven Franklin Greer, M.D.  
c/o Talbott Recovery Campus  
5448 Yorktowne Dr.  
Atlanta, GA 30349

CERTIFIED MAIL # 7004 2510 0006 9802 9438  
RETURN RECEIPT REQUESTED  
RESTRICTED DELIVERY

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

CERTIFIED MAIL # 7004 2510 0006 9802 9445  
RETURN RECEIPT REQUESTED

2006 MAR -2 P 4: 24

**PROBATIONARY CONSENT AGREEMENT  
BETWEEN  
STEVEN FRANKLIN GREER, M.D.  
AND  
THE STATE MEDICAL BOARD OF OHIO**

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

Dr. Greer 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(s) of Section 4731.22(B)(19), Ohio Revised Code, "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including , but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills;" and/or Section 4731.22(B)(15), Ohio Revised Code, "[v]iolation of the conditions of limitation placed by the board upon a certificate to practice."
- B. The Board enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Sections 4731.22(B)(19), Ohio Revised Code, as set forth in Paragraphs E and F, below, and the violation of Section 4731.22(B)(15), Ohio Revised Code, as set forth in Paragraph F 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 Consent Agreement.
- C. Dr. Greer holds a training certificate in the State of Ohio, Training Certificate # 57-007242. Dr. Greer admits that his training certificate is subject to certain probationary terms, conditions and limitations pursuant to an Entry of Order that the Board issued on or about January 12, 2005 [January 2005 Order], a copy of which is attached hereto and incorporated herein, and that such Order remains in effect to date.

- D. Dr. Greer states that he does not hold a training certificate nor is he is licensed to practice medicine and surgery in any other state or jurisdiction.
- E. Dr. Greer admits that he is chemically dependent and that he is presently being monitored by the Board pursuant to the aforementioned January 2005 Order, which included findings that he violated Sections 4731.22(B)(26), (B)(15), (B)(10), (B)(20), and (B)(5), Ohio Revised Code. Dr. Greer further admits that, pursuant to the January 2005 Order, his training certificate was suspended for an indefinite period of time, but not less than ninety days, and since the Board's reinstatement of his training certificate effective on or about May 4, 2005, he has been subject to all the probationary terms, conditions and limitations set forth in the January 2005 Order.

Dr. Greer admits that in or about June 2004, he was diagnosed with atypical depression and prescribed Wellbutrin. Dr. Greer further admits that following a family vacation in or about June 2005, he became extraordinarily anxious and depressed upon returning to his residency, and that on or about July 21, 2005, and August 2, 2005, he treated with Gregory B. Collins, M.D., Section Head, Alcohol and Drug Recovery Center, Department of Psychiatry & Psychology, at The Cleveland Clinic Foundation [Cleveland Clinic] in Cleveland, Ohio. Dr. Greer further admits that he entered the Cleveland Clinic's Department of Psychiatry Day Treatment Program, on or about August 3, 2005, at the recommendation of Dr. Collins for stabilization. Dr. Greer states that he was prescribed Klonopin and that after spending three days in the Day Treatment Program he was determined to be psychiatrically stable.

Dr. Greer states, and the Board acknowledges, that Dr. Collins has provided a written report dated August 9, 2005, indicating that Dr. Greer's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, so long as certain treatment, monitoring and supervising conditions are in place, including that there be a continuation of outpatient psychiatric supervision. Dr. Greer further states, and the Board acknowledges, that Dr. Collins has provided another written report dated October 12, 2005, indicating that Dr. Greer needs treatment, monitoring and supervision in order to assure that he is practicing according to acceptable and prevailing standards of care, as Dr. Greer's recent anxious decompensation with depression was precipitated by work-related issues and responsibilities, and it was further recommended that there be monthly outpatient psychiatric supervision.

- F. Dr. Greer admits that during a three to four week period in July and August 2005 he failed to participate in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than three times per week as required at Paragraphs B.9. and C.2. of the January 2005 Order. Dr. Greer states, and the Board acknowledges, that he reported such non-compliance on the Declaration of Compliance that he

signed on or about August 9, 2005. Dr. Greer further admits that he also failed to participate in the required number of alcohol and drug rehabilitation program meetings during the weeks of September 19, 2005, and October 17, 2005, and that he failed to participate in any such meetings during the week of October 31, 2005. Dr. Greer states, and the Board acknowledges, that he reported such non-compliance on the Declaration of Compliance that he signed on or about November 13, 2005, and that he noted thereon that "[t]here is an issue of time" and that he had worked a lot of hospital hours during the last two weeks of October 2005. Dr. Greer further admits that at his office conference on or about November 7, 2005, he was specifically reminded by Board staff that the January 2005 Order mandates that he 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.

### **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. Greer knowingly and voluntarily agrees with the Board to the following PROBATIONARY terms, conditions and limitations:

#### **Terms, Conditions, and Limitations Continued from January 2005 Order**

1. Dr. Greer shall continue to be subject to all terms, conditions and limitations imposed by the Board in its January 2005 Order. Dr. Greer shall fully comply with all the probationary terms, conditions and limitations of the Board's January 2005 Order until he has been released by the Board from said Order.

#### **Quarterly Declarations and Appearances**

2. Dr. Greer shall include in the quarterly declaration required to be submitted pursuant to the Board's January 2005 Order under penalty of Board disciplinary action and/or criminal prosecution a statement whether there has been compliance with all conditions of both this Consent Agreement and the January 2005 Order. The dates of submission and receipt of such quarterly declarations shall be determined in accordance with the terms of the January 2005 Order.
3. Dr. Greer 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 next appearance is scheduled pursuant to the January 2005 Order issued by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board, in accordance with the schedule set forth in the January 2005 Order, which schedule for personal appearances is specifically adopted herein. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

4. In the event Dr. Greer is found by the Secretary of the Board to have failed to comply with any provision of this Consent Agreement, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Consent Agreement.

## **MONITORING AND TREATMENT**

### **Psychiatric Treatment**

5. Within thirty days of the effective date of this Consent Agreement, Dr. Greer shall submit to the Board for its prior approval the name and qualifications of a psychiatrist of his choice. Upon approval by the Board, Dr. Greer shall undergo and continue psychiatric treatment at least once every four weeks, or as otherwise directed by the Board. Dr. Greer shall comply with his psychiatric treatment plan, including taking medications as prescribed and/or ordered for his psychiatric disorder. Dr. Greer shall ensure that psychiatric reports are forwarded by his treating psychiatrist to the Board on a quarterly basis, or as otherwise directed by the Board. The psychiatric reports shall contain information describing Dr. Greer's current treatment plan and any changes that have been made to the treatment plan since the prior report; Dr. Greer's compliance with his treatment plan; Dr. Greer's mental status; Dr. Greer's progress in treatment; and results of any laboratory studies that have been conducted since the prior report. Dr. Greer shall ensure that his treating psychiatrist immediately notifies the Board of his failure to comply with his psychiatric treatment plan and/or any determination that Dr. Greer is unable to practice due to his psychiatric disorder. It is Dr. Greer's responsibility to ensure that quarterly reports are received in the Board's offices no later than the due date for Dr. Greer's quarterly declaration.

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

### **Monitoring Physician**

6. Within thirty days of the effective date of this Consent Agreement, Dr. Greer shall 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 and Supervising Member will give preference to a physician who practices in the same locale as Dr. Greer and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Greer and his medical practice, and shall review Dr. Greer'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. Greer and his medical practice, and on the review of Dr. Greer's patient charts. Dr. Greer 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. Greer's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Greer must immediately so notify the Board in writing. In addition, Dr. Greer 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. Greer 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.

While Dr. Greer participates in a residency program accredited by the ACGME, the Board shall accept a quarterly statement from the director of Dr. Greer's residency program addressing Dr. Greer's performance (clinical and otherwise) in the residency program, as well as his progress and status, if timely submitted, as satisfaction of the requirements of this paragraph. Should Dr. Greer desire to utilize this option in lieu of having a monitoring physician while he participates in a residency program, Dr. Greer shall so notify the Board by providing a writing, signed by both himself and his residency director, to the Board before participating in the residency program. Further, should Dr. Greer cease participation in an accredited residency or should he obtain full medical licensure in Ohio and desire to practice outside his residency, or should his residency director become unable or unwilling to serve, Dr. Greer must immediately so notify the Board in writing and within 30 days make arrangements for a monitoring physician, as discussed above.

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

#### **Releases**

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

### **Required Reporting by Licensee**

8. Within thirty days of the effective date of this Consent Agreement, Dr. Greer 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. Greer 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.
9. Within thirty days of the effective date of this Consent Agreement, Dr. Greer 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. Greer 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 for reinstatement of any professional license. Further, Dr. Greer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
10. Dr. Greer shall provide a copy of this Consent Agreement to all persons and entities that provide Dr. Greer with treatment, monitoring or supervision for his psychiatric illness or mental health, his chemical dependency, and/or any related condition.

### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Greer 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.

If the Secretary and Supervising Member of the Board determine that there is clear and convincing evidence that Dr. Greer has violated any term, condition or limitation of this Consent Agreement, and/or that Dr. Greer has violated any term, condition or limitation set forth in the January 2005 Order, Dr. Greer agrees that the violation, as alleged, also constitutes clear and convincing evidence that his continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code.

### **DURATION/MODIFICATION OF TERMS**

All subsequent training certificates or other certificates that may be granted by the Board to Dr. Greer shall be subject to the same probationary terms, conditions and limitations as set forth in this Probationary Consent Agreement, unless otherwise determined by the Board, until Dr. Greer has completed at least a two-year probationary period pursuant to this Probationary Consent Agreement. In addition, Dr. Greer shall not request modification to the probationary terms, limitations, and conditions contained herein for at least one year. Further, it is expressly understood that any future termination of this Probationary Consent Agreement shall have no effect upon Dr. Greer's probationary status pursuant to the January 2005 Order, and vice-versa. Otherwise, the above-described terms, limitations and conditions of this Probationary Consent Agreement may be amended or terminated in writing at any time upon the agreement of both parties.

### **ACKNOWLEDGMENTS/LIABILITY RELEASE**

Dr. Greer 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.

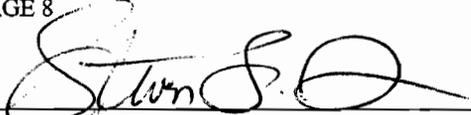
Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

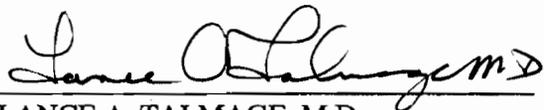
Dr. Greer hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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

### **EFFECTIVE DATE**

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

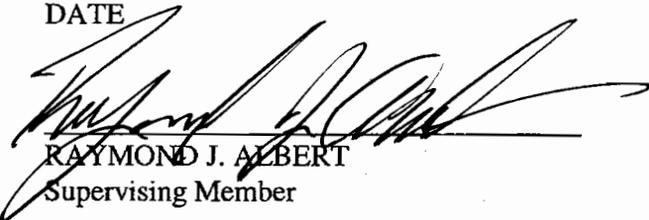
  
\_\_\_\_\_  
STEVEN FRANKLIN GREER, M.D.

  
\_\_\_\_\_  
LANCE A. TALMAGE, M.D.  
Secretary

3/1/2006  
DATE

  
\_\_\_\_\_  
ERIC J. PLINKE  
Attorney for Dr. Greer

3-8-06  
DATE

  
\_\_\_\_\_  
RAYMOND J. ALBERT  
Supervising Member

3/2/06  
DATE

3/6/06  
DATE

  
\_\_\_\_\_  
MARK R. BLACKMER  
Enforcement Attorney

March 3, 2006  
DATE



# State Medical Board of Ohio

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

January 12, 2005

Steven Franklin Greer, M.D.  
1242 Argonne Road  
South Euclid, OH

Dear Doctor Greer:

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 January 12, 2005, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal 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

*Lance A. Talmage, M.D.*  
Lance A. Talmage, M.D.  
Secretary *TRAD*

LAT:jam  
Enclosures

CERTIFIED MAIL NO. 7002 2410 0002 3141 2935  
RETURN RECEIPT REQUESTED

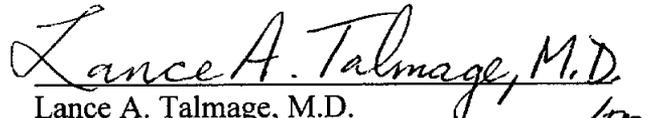
Cc: Eric J. Plinke, Esq.  
CERTIFIED MAIL NO. 7002 2410 0002 3141 2904  
RETURN RECEIPT REQUESTED

*MAILED 2-4-05*

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 January 12, 2005, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order; constitute a true and complete copy of the Findings and Order of the State Medical Board in the Matter of Steven Franklin Greer, M.D., as it appears in the Journal of the State Medical Board of Ohio.

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

  
Lance A. Talmage, M.D.  
Secretary

(SEAL)

January 12, 2005

Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF

\*

\*

STEVEN FRANKLIN GREER, M.D.

\*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on January 12, 2005.

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

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The training certificate of Steven Franklin Greer, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such permanent revocation is STAYED, and Dr. Greer's training certificate shall be SUSPENDED for an indefinite period of time, but not less than ninety days.
- B. **INTERIM MONITORING:** During the period that Dr. Greer's training certificate is suspended, Dr. Greer shall comply with the following terms, conditions, and limitations:
  1. **Obey the Law:** Dr. Greer shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
  2. **Personal Appearances:** Dr. Greer shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Order. 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. Greer 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 or before the first day of the third month following the month in which this Order becomes effective. 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. Greer 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. Greer's history of chemical dependency.
5. **Abstention from Alcohol**: Dr. Greer shall abstain completely from the use of alcohol.
6. **Comply with the Terms of Treatment and Aftercare Contract**: Dr. Greer shall maintain continued compliance with the terms of the treatment and aftercare contracts entered into with his treatment provider, provided that, where terms of the treatment and aftercare contract conflict with terms of this Order, the terms of this Order shall control.
7. **Drug & Alcohol Screens; Supervising Physician**: Dr. Greer shall submit to random urine screenings for drugs and/or alcohol on a weekly basis or as otherwise directed by the Board. Dr. Greer 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. Greer shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Greer 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. Greer. Dr. Greer 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. Greer 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. Greer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Greer 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. Greer's quarterly declaration. It is Dr. Greer's responsibility to ensure that reports are timely submitted.

8. **Submission of Blood or Urine Specimens upon Request**: Dr. Greer shall submit blood and urine specimens for analysis without prior notice at such times as the Board may request, at Dr. Greer's expense.
  9. **Rehabilitation Program**: Dr. Greer shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than three times per week, unless otherwise determined by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Greer 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. Greer's quarterly declarations.
  10. **Continued Compliance with a Contract with an Impaired Physicians Committee**: Dr. Greer shall maintain continued compliance with the terms of the contract entered into with the Ohio Physicians Effectiveness Program, or with another impaired physicians committee, approved by the Board, to assure continuous assistance in recovery and/or aftercare.
- C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION**: The Board shall not consider reinstatement or restoration of Dr. Greer's training certificate until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration**: Dr. Greer shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
  2. **Compliance with Interim Conditions**: Dr. Greer 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. Greer 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 training 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. Greer 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. Greer'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. Greer's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Greer 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. Greer 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 restoration or reinstatement, Dr. Greer's training 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. Greer shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.

2. **Tolling of Probationary Period While Out of State**: Dr. Greer shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.
  3. **Violation of Terms of Probation**: If Dr. Greer 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. **DURATION/MODIFICATION OF TERMS**: All subsequent training certificates or other certificates that may be granted by the Board to Dr. Greer shall be subject to the same terms, conditions and limitations, unless otherwise determined by the Board, until Dr. Greer has completed at least a five year probationary period with the Board. Moreover, the term of probation shall be tolled during any period in which Dr. Greer's training certificate has lapsed and no other certificate has been issued by the Board.
- F. **TERMINATION OF PROBATION**: Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Greer's training certificate or other certificate issued by the Board will be fully restored.
- G. **RELEASES**: Dr. Greer 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. Greer'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. Greer shall also provide the Board written consent permitting any treatment provider from whom Dr. Greer obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.
- H. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS**: Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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. Greer shall provide a copy of this Order to all employers or entities

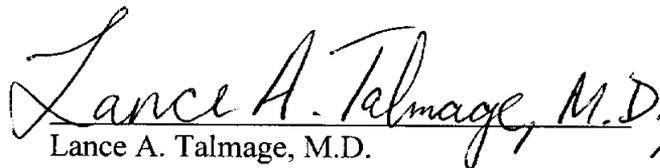
with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

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

**AUTHORITIES:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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/she currently holds any professional license. Dr. Greer shall also provide a copy of this Order by certified mail, return receipt requested, at the 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. Greer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt, unless otherwise determined by the Board.

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

(SEAL)

  
Lance A. Talmage, M.D. *ATAD*  
Secretary

January 12, 2005

Date

2004 DEC -6 P 12: 22

**REPORT AND RECOMMENDATION  
IN THE MATTER OF STEVEN FRANKLIN GREER, M.D.**

The Matter of Steven Franklin Greer, M.D., was heard by R. Gregory Porter, Esq., Hearing Examiner for the State Medical Board of Ohio, on October 27, 2004.

**INTRODUCTION**

I. Basis for Hearing

- A. In a Notice of Summary Suspension and Opportunity for Hearing, dated July 14, 2004, the State Medical Board of Ohio [Board] notified Steven Franklin Greer, M.D., that, pursuant to Section 4731.22(G), Ohio Revised Code, the Board had adopted an Order of Summary Suspension of Dr. Greer's training certificate to practice medicine and surgery in Ohio. The Board further advised that continued practice would be considered practicing without a certificate, in violation of Section 4731.41, Ohio Revised Code.

Moreover, the Board notified Dr. Greer that the Board had proposed to take disciplinary action against his training certificate because of his history of treatment for substance abuse, his relapse and failure to self-report said relapse, and his failure to disclose the full extent of his substance abuse history.

The Board alleged that Dr. Greer's conduct constitutes the following violations:

- “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice,’ as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.”
- “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,’ as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.”
- “[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: Possession of Cocaine, Section 2925.11, Ohio Revised Code.”

- “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,’ as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-15-01(A), Ohio Administrative 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. Greer of his right to request a hearing in this matter. (State’s Exhibit 1A)

- B. By document received by the Board on August 11, 2004, Eric J. Plinke, Esq., requested a hearing on behalf of Dr. Greer. (State’s Exhibit 1B)

## II. Appearances

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

## **EVIDENCE EXAMINED**

### I. Testimony Heard

- A. Presented by the State
  1. Steven Franklin Greer, M.D., as upon cross-examination
  2. Danielle Bickers
- B. Presented by the Respondent
  1. Steven Franklin Greer, M.D.
  2. Katrina Greer, M.D.

II. Exhibits Examined

A. Presented by the State

1. State's Exhibits 1A through 1N: Procedural exhibits.
2. State's Exhibit 2: Certified copies of documents maintained by the Board pertaining to Dr. Greer, including Dr. Greer's Step I and Step II Consent Agreements with the Board.
- \* 3. State's Exhibit 3: Certification for copies of the following documents maintained by the Board:
  - \* a. State's Exhibit 3A: February 2, 2004, letter to Dr. Greer from the Board ordering Dr. Greer to a 72-hour evaluation.
  - \* b. State's Exhibit 3B: April 6, 2004, Assessment for Dr. Greer from Glenbeigh Hospital and Outpatient Centers, Rock Creek, Ohio.
  - \* c. State's Exhibit 3C: May 9, 2004, evaluation of Dr. Greer by Edna Jones, M.D., Medical Director, The Woods at Parkside, Columbus, Ohio.
  - \* d. State's Exhibit 3D: Dr. Greer's Treatment Contract with The Cleveland Clinic Foundation.
  - \* e. State's Exhibit 3E: Dr. Greer's Agreement with the Ohio Physicians Effectiveness Program.
4. State's Exhibit 4: Copy of a June 29, 2004, letter to Board staff from Gregory B. Collins, M.D., Section Head, Alcohol & Drug Recovery Center, The Cleveland Clinic Foundation [Cleveland Clinic].
5. State's Exhibit 5: Copy of a June 21, 2004, Fax Cover Sheet to Board staff from the Ohio Physicians Effectiveness Program [OPEP], and attached urine toxicology report.

B. Presented by the Respondent

- \* 1. Respondent's Exhibit A: Copy of an undated letter addressed to "To Whom it May Concern" from Rudy Kump, M.A., of the Cleveland Clinic.
- \* 2. Respondent's Exhibit B: Copy of Dr. Greer's Agreement with OPEP.

- \* 3. Respondent's Exhibit C: Copy of Dr. Greer's July 16, 2004, Treatment and Recovery Contract with the Alcohol & Drug Recovery Center at the Cleveland Clinic.
- \* 4. Respondent's Exhibit D: Copy of a September 29, 2004, Confidential Quarterly Report concerning Dr. Greer from the Cleveland Clinic.
- \* 5. Respondent's Exhibit E: October 25, 2004, letter to the Board from Jill Fulton-Royer, LISW, LICDC, Employee Assistance Counselor, University Hospitals Health System, Cleveland, Ohio.
- \* 6. Respondent's Exhibit F: Copy of a September 2004 Screening Schedule for Dr. Greer. (Note: A Social Security number was redacted from this document post hearing.)
- \* 7. Respondent's Exhibit G: Copy of Dr. Greer's Weekend Antabuse Log.
- \* 8. Respondent's Exhibit H: Copies of urine screen toxicology reports concerning Dr. Greer.
- \* 9. Respondent's Exhibit I: Copy of Dr. Greer's Support Group Attendance Log.
- \* 10. Respondent's Exhibit J: Copy of an October 21, 2004, letter to the Board from Dr. Greer's sponsor.
- 11. Respondent's Exhibit K: October 28, 2004, letter to the Board from Martin I. Resnick, M.D., Chairman, Department of Urology, Case School of Medicine/University Hospitals of Cleveland.
- \* 12. Respondent's Exhibit L: November 11, 2004, letter to Eric J. Plinke, Esq., from Joseph W. Janesz, Ph.D., and Dr. Collins, the Cleveland Clinic.
- \* Note: Exhibits marked with an asterisk (\*) have been sealed to protect the confidentiality of substance abuse treatment records.

### **PROCEDURAL MATTERS**

The hearing record in this matter was held open to give the Respondent an opportunity to submit additional evidence. Additional documents were received on November 9 and 24, 2004, and the State offered no objection to those documents. The documents were marked as Respondent's Exhibits K and L, and admitted to the record. The hearing record in this matter closed on November 24, 2004, the date the last such document was received.

## SUMMARY OF THE EVIDENCE

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

1. Steven Franklin Greer, M.D., testified that he is the youngest child in his family, and that he has three brothers and one sister. His father worked as a carpenter, and his mother as a secretary. Dr. Greer's father died when he was forty-three years old, at which time Dr. Greer was six. Dr. Greer stated that he is the first member of his family to attend college. (State's Exhibit [St. Ex.] 3B; Hearing Transcript [Tr.] at 50)

Dr. Greer testified that his father had passed away as a result of alcohol abuse. Dr. Greer further testified that one of his brothers had "died this year as a direct consequence of alcohol and drug use[.]" Moreover, Dr. Greer testified that another brother is also an alcoholic. Dr. Greer testified that he takes personal responsibility for his own alcohol and drug use; however, he has been "around it quite a bit." (Tr. at 50)

2. Dr. Greer testified that he had graduated high school in 1989, and had begun college in the fall of that year at Western Carolina University in North Carolina. Dr. Greer testified that he had spent three semesters there, and then joined the United States Army. After spending two and one-half years in military service, Dr. Greer returned to college at the University of North Carolina at Charlotte, where he graduated in 1998 with a Bachelor of Science Degree in Biology and a Bachelor of Arts Degree in Chemistry. Following graduation, Dr. Greer did microbiology research for one year at the University of North Carolina at Chapel Hill. Finally, in 1999, Dr. Greer began studying medicine at Wake Forest Medical School. (Tr. at 17-18, 49)

Dr. Greer obtained his medical degree in 2003 from Wake Forest Medical School. Following graduation, he entered a residency program in urology at Case Western Reserve/University Hospitals of Cleveland in Cleveland, Ohio. (Respondent's Exhibit [Resp. Ex. K]; Tr. at 17-18)

Dr. Greer testified that the urology residency program at University Hospitals consists of two years of general surgery and four years of urology. Dr. Greer further testified that this program accepts three residents per year. (Tr. at 46-47)

3. On April 30, 2003, Dr. Greer submitted to the Board an Application for Training Certificate. In that application, Dr. Greer disclosed, among other things, that he had been convicted in North Carolina of Driving While Impaired (DWI) on three occasions: once in 1990, once in 1992, and once again in 2000. (St. Ex. 3A)

By letter dated February 2, 2004, the Board ordered Dr. Greer to submit to a three-day inpatient evaluation at Glenbeigh Hospital [Glenbeigh] in Rock Creek, Ohio. The Board based its order in part upon Dr. Greer's disclosures concerning his convictions for DWI. (St. Ex. 3A)

4. Dr. Greer was admitted to Glenbeigh on March 8, 2004, for a three-day evaluation as ordered by the Board. Following the evaluation, Glenbeigh provided the Board with an Assessment dated April 6, 2004. The assessment indicated, among other things, that Dr. Greer is chemically dependent, and that his drug of choice is alcohol. The assessment further recommended inpatient treatment. (St. Ex. 3B)

5. On or about April 15, 2004, Dr. Greer entered into a Step I Consent Agreement with the Board in lieu of formal proceedings based upon his violation of Section 4731.22(B)(26), Ohio Revised Code. In the April 2004 Step I Consent Agreement, Dr. Greer made certain admissions, including the following:

- Dr. Greer had been convicted in 1990, 1992, and 2000, of charges of driving while impaired, which he disclosed to the Board in conjunction with his application for a training certificate. Dr. Greer further admitted that these three offenses had been related to his use of alcohol.
- As a result of Dr. Greer's Board-ordered evaluation at Glenbeigh Hospital, he was diagnosed with chemical dependence, found to be impaired in his ability to practice according to acceptable and prevailing standards of care due to the habitual or excessive use of alcohol, and residential treatment was recommended.
- On or about March 12, 2004, Dr. Greer entered residential treatment at The Cleveland Clinic Foundation [Cleveland Clinic].
- Dr. Greer's drug of choice was alcohol.

(St. Ex. 2 at 23-24)

In the April 2004 Step I Consent Agreement, Dr. Greer agreed to certain specified terms, conditions, and limitations, including that his training certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time. In addition to abstaining completely from the use of alcohol, Dr. Greer agreed to "abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of his history of chemical dependency," as set forth in Paragraph 2 of that Consent Agreement. Dr. Greer further agreed, as one of the conditions for reinstatement of his training certificate, that he would demonstrate to the Board that he could resume practice in compliance with acceptable and prevailing standards of care, which included "[e]vidence of continuing compliance with this Consent Agreement." (St. Ex. 2 at 24-29)

6. On April 2, 2004, Dr. Greer entered into an aftercare contract with the Cleveland Clinic. (St. Ex. 3D) Further, on May 24, 2004, Dr. Greer entered into an advocacy contract with the Ohio Physicians Effectiveness Program [OPEP]. (St. Ex. 3E)
7. In a May 9, 2004, report to the Board concerning a May 4, 2004, evaluation of Dr. Greer for reinstatement, Edna Jones, M.D., Medical Director, The Woods at Parkside [Parkside], reported among other things that, aside from alcohol abuse, Dr. Greer had “denied any other substance use problems ever.” (St. Ex. 3C)
8. On or about June 9, 2004, Dr. Greer entered into a Step II Consent Agreement with the Board, whereby his training certificate to practice medicine and surgery in Ohio was reinstated. Moreover, Dr. Greer agreed to certain specified probationary terms, conditions, and limitations. (St. Ex. 2 at 13-22)
9. A urine toxicology report dated June 21, 2004, concerning a sample submitted by Dr. Greer on June 7, 2004, indicates a positive result for cocaine. The report further indicates that the presence of benzoyllecgonine in the sample was confirmed by GC/MS. (St. Ex. 5)
10. Danielle Bickers testified that she is the Compliance Officer for the Board. Ms. Bickers’ responsibilities include monitoring licensees who are subject to probationary conditions imposed by Board orders and consent agreements. Ms. Bickers noted that Dr. Greer has been subject to the terms of Step I and Step II consent agreements with the Board since April 2004. (Tr. at 56-57)

Ms. Bickers testified that, on June 21, 2004, she had received a fax from OPEP that included a urine toxicology report for a specimen submitted by Dr. Greer on June 7, 2004. Ms. Bickers stated that the report had indicated that the specimen tested positive for cocaine. Ms. Bickers further testified that, prior to receiving that report, she had not heard from Dr. Greer concerning any relapse. (Tr. at 57-58)

Ms. Bickers stated that, the following day, June 22, 2004, she had received a telephone call from Gregory B. Collins, M.D., Section Head, Alcohol & Drug Recovery Center, the Cleveland Clinic. Dr. Collins reported to Ms. Bickers that Dr. Greer was going to re-enter residential treatment at the Cleveland Clinic. Dr. Collins further reported that Dr. Greer had previously failed to inform his treatment team in March 2004 of his history of cocaine abuse. Moreover, Ms. Bickers testified,

Dr. Greer was then put on the phone, and I talked to Dr. Greer. He admitted to me that he failed to disclose his cocaine abuse history because he was embarrassed and that he was hoping that his 28 days of inpatient treatment would help him fix it himself. Dr. Greer told me that he had abused cocaine since 1990 and that he would purchase the cocaine off the street.

When I asked Dr. Greer if there were any other drugs that he had abused, he also admitted to me that he had abused Vicodin in the past, although I don't recall if he shared with me how he obtained that Vicodin. Those are the only drugs other than alcohol.

Dr. Greer told me that he used cocaine twice after he was released from treatment from the clinic. The first time was a couple of weeks after he completed treatment, and the second time was about—was the weekend prior to the positive screen, the weekend of the 5th and 6th of June. The screen tested positive on June 7, which was a couple of days prior to Dr. Greer's reinstatement with the Board.

(Tr. at 58-60)

11. By letter date June 29, 2004, Dr. Collins informed Board staff as follows,

\* \* \* I wish to report that [Dr. Greer] was readmitted to The Cleveland Clinic Foundation on June 22, 2004, for continued treatment for chemical dependency. As you are aware, Dr. Greer was previously admitted on March 12, 2004, and discharged on April 9, 2004, with the primary diagnosis of alcohol dependence, in remission. Dr. Greer had had a previous history of three DUI's, but reported to us that he had been abstinent from alcohol for approximately one year before admission here. Dr. Greer offered no history of other chemical abuse or dependence during his initial stay. Following discharge, evidently Dr. Greer tested positive for cocaine in a tox screen administered through the OPEP monitoring program on June 15. He subsequently walked off his job on June 18, and on June 22 came to The Cleveland Clinic again advising us that he in fact had a long standing problem with cocaine abuse and dependence. At this point, Dr. Greer appeared embarrassed and ashamed and guilt ridden, and very willing to re-enter treatment and do whatever was necessary to rid himself of this chronic problem. He was subsequently admitted on June 22, 2004, to The Cleveland Clinic Foundation Alcohol and Drug Recovery Center. He has been in residential treatment in that program since that time, in anticipation that he will complete a consecutive 28 days of residential treatment. It is anticipated that Dr. Greer will complete his 28 day requirement with a twelve hour treatment day consisting of group therapy, individual counseling, orientation to the principals of Alcoholics Anonymous, and other ancillary therapies aimed at his problem of substance dependency. We would anticipate then a discharge on July 19 to aftercare to be completed locally, probably in The Cleveland Clinic ADRC for a period of one year. This aftercare would consist of required AA meetings, Caduceus meeting, continued toxicology monitoring, OPEP involvement and case management.

(St. Ex. 4)

Dr. Greer testified that he agrees with all of the statements made by Dr. Collins in his letter. (Tr. at 32-33)

12. Dr. Greer testified that he had used cocaine on two occasions following his April 9, 2004, release from his first treatment. Specifically, Dr. Greer testified that he had used cocaine once approximately one month after that release, and that he had used cocaine again on June 5, 2004. (Tr. at 25-26)

Dr. Greer testified that he had submitted to a random urine screen on June 7, 2004, and had known at that time that the test would be positive. Dr. Greer further testified that he had subsequently received a call from OPEP and was informed of the positive urine screen report. Moreover, Dr. Greer testified that OPEP had told him to go back into treatment, and that he went back into treatment that same day. (Tr. at 26)

Dr. Greer testified that he had been in Dr. Collins' office at the time Dr. Collins called Ms. Bickers to report Dr. Greer's relapse. Dr. Greer testified that Dr. Greer had told Ms. Bickers at that time about his history of cocaine abuse, and that he also informed her at that time that he had also abused Vicodin. Dr. Greer testified, "I just wanted to get as much out there as I could remember and be as honest as possible." (Tr. at 26-27)

Dr. Greer acknowledged that he had not reported his abuse to the Board until after the urine screen report had come back positive. (Tr. at 26)

13. Dr. Greer testified that he had first abused alcohol when he was twelve or thirteen years old. Dr. Greer further testified that he had first used cocaine in 1990, and that the heaviest period of his cocaine use had been from 1990 until 1992, when he entered the U.S. Army. Dr. Greer testified, "That was one of the reasons I went in, I was trying to run from my problem." Dr. Greer testified that he had not used cocaine during the time that he was in the army. However, he resumed using cocaine on a sporadic basis after his discharge. (Tr. at 21)
14. Dr. Greer testified that he had abused Vicodin prior to attending medical school. Dr. Greer testified that he had obtained it from his mother, who had been prescribed Vicodin following back surgery. (Tr. at 28)
15. Dr. Greer acknowledged that he had not disclosed his history of cocaine abuse to the Board in his application for a training certificate. Dr. Greer further acknowledged that he had not disclosed his history of cocaine abuse during his evaluation at Glenbeigh, during his March-April 2004 treatment at the Cleveland Clinic, or during his subsequent reinstatement evaluation at Parkside. (Tr. at 19, 22, 44-46)

Moreover, Dr. Greer agreed that when he signed the Step II Consent Agreement on June 5, 2004, he had signified that he was in compliance with his aftercare and OPEP contracts. However, Dr. Greer acknowledged that, in fact, he had not been in compliance because of his use of cocaine following treatment. (Tr. at 25)

16. Dr. Greer testified that his failure to tell the Board and his treatment team about his cocaine abuse had resulted from a fear of embarrassment. Dr. Greer testified, "I know how people perceive drug addicts and alcoholics, which I believe I am. Again, no excuse; but I was just afraid of the label and what people would think of me and what they would say." Dr. Greer testified that he had truly wanted to recover. However, he had hoped that the treatment for his alcohol abuse would extend to all of his substance abuse difficulties, thus relieving him of the responsibility to reveal the full extent of those difficulties. (Tr. at 51-53)
17. Dr. Greer testified that he had used cocaine about two or three days prior to reporting to Glenbeigh on March 8, 2004. Moreover, Dr. Greer testified that a urine screen submitted at Glenbeigh had tested positive for cocaine. Dr. Greer stated that the individual who did the testing, who was not a member of the medical staff, asked Dr. Greer if he used cocaine. Dr. Greer testified that he denied that he had. Finally, Dr. Greer testified that nothing further was mentioned about the matter. (Tr. at 44-45)

The reports sent to the Board by Glenbeigh on April 6, 2004, do not mention that Dr. Greer had tested positive for cocaine during his evaluation. (St. Ex. 3B)

18. Dr. Greer testified that, prior to the positive urine screen, he had returned to practicing in his residency program for a period of one week. (Tr. at 26)
19. Dr. Greer testified that he had completed a second twenty-eight day residential treatment program at the Cleveland Clinic on July 19, 2004. Dr. Greer further testified that he had completed eight weeks of intensive outpatient treatment following his discharge from residential treatment. Moreover, Dr. Greer testified that a letter from Rudy Krump, M.A., LICDC, whom Dr. Greer described as the counselor who directs the intensive outpatient treatment program at the Cleveland Clinic, confirms that Dr. Greer had participated in the eight week intensive outpatient program from August 3 through September 28, 2004. (Resp. Ex. A; Tr. at 33-34)

Mr. Krump's letter states that Dr. Greer complied with the intensive outpatient treatment program's expectations, and "had a positive response to treatment." (Resp. Ex. A)

20. On July 16, 2004, Dr. Greer entered into a Treatment and Recovery Contract with the Cleveland Clinic. Dr. Greer testified that he is in compliance with the requirements of that contract. (Resp. Ex. C; Tr. at 35-36)

21. Dr. Greer testified that he has entered into an agreement with OPEP. Dr. Greer testified that he is in compliance with that agreement. (Resp. Ex. B; Tr. at 36-37)
22. A September 29, 2004, Confidential Quarterly Report concerning Dr. Greer from Joseph W. Janesz, Ph.D., PCC, CRC, CCDC III-E, Senior Rehabilitation Therapist and Head of the Section of Corporate Psychiatry and Psychology at the Cleveland Clinic, states that "Dr. Greer remains compliant with his program and appears much more serious and committed to his recovery process." (Resp. Ex. D)

Dr. Greer testified that he is subject to random weekly urine screens and random weekly saliva screens, and that he takes Antabuse daily on an observed basis. (Resp. Exs. E, F, and G; Tr. at 37-42)

23. Dr. Greer presented urine screen toxicology reports for samples submitted during the period August 6 through September 22, 2004. All reports indicate negative results. (Resp. Ex. H)

Dr. Greer also presented his recovery group meeting attendance logs, current through October 24, 2004. (Resp. Ex. I)

In addition, Dr. Greer presented a letter of support written by his sponsor, who is also a physician. Dr. Greer's sponsor indicated that he and Dr. Greer share the same home group, and that Dr. Greer contacts him by telephone on a regular basis. Dr. Greer's sponsor further opined that Dr. Greer appears to be sincere in his desire to remain sober, and that he is establishing a good foundation for continued recovery. (Resp. Ex. J)

Moreover, Dr. Greer testified that his residency program would be willing to take him back if his training certificate is reinstated. (Tr. at 29)

Finally, Dr. Greer testified that he is currently spending his time looking for a job, going to meetings, and taking care of his twenty-month old daughter. (Tr. at 29)

24. When asked how he has changed in the past year or so, Dr. Greer replied that he believes that he is less selfish, and more committed to attending meetings and associating with others who are in recovery. Dr. Greer testified that selfishness is part of the disease of addiction. Dr. Greer further testified that taking care of his daughter is helping to teach him that he is "not the only person in the world." (Tr. at 51)
25. Dr. Greer testified that he is willing to accept the consequences of his actions. Dr. Greer testified,

I'm going to take the decision of whatever happens here; and, you know, basically, I'm going to keep doing what I need to do as far as recovery is concerned.

If I stay in medicine, so be it. If not, then that's fine, too. I think I'm okay with that; but, you know, that's the most important thing right now is just doing what I'm told, actually, not what I think I need to do but what I'm told by the people, my sponsors.

(Tr. at 52-53)

When asked how he would respond to the suggestion that he had already been given a chance to recover, and "blew it," Dr. Greer replied,

You know, I'm pretty hard on myself. I deserve whatever is coming. I know that [the Board is] going to make an informed decision; but, you know, I—I know that I've changed. I mean, I know that my credibility is pretty much shot, but I have to—and it's going to take years to get that back.

My wife knows that I've changed. I mean, the people that are giving me a chance—I have a supportive family, my residency director. You know, I want to move forward. I want to be responsible.

You know, that's—I've been running from this my whole life. That's why I went in the Army. That's why I approached it the whole wrong way. I've been running, running, running, and never facing the issue. And somebody mentioned to me, well, why don't you just move out of state? And I thought about that for a minute, and I said, well, no, I've never faced this thing. I need to deal with it.

(Tr. at 54-55)

26. Katarina Greer, M.D., testified on behalf of Dr. Greer. Dr. Katarina Greer testified that she is the wife of Dr. Greer, and that they have been married since April 14, 2001. Dr. Katarina Greer further testified that she and Dr. Greer have a daughter, Lydia, born February 19, 2003. Dr. Katarina Greer noted that she and Dr. Greer had met at Wake Forest Medical School, and that they had graduated the same year. (Tr. at 64-65)

Dr. Katarina Greer testified that she is currently a resident in the Internal Medicine Residency Program at University Hospitals of Cleveland. Dr. Katarina Greer further testified that she plans to enter fellowship training in gastroenterology following completion of her internal medicine residency. (Tr. at 65-67)

Dr. Katarina Greer testified that her original plan had been to take the year off following graduation to care for Lydia, and to not enter residency until July 2004. However, "when things had precipitated with [Dr. Greer]," her residency program director permitted her to begin her residency in April 2004. (Tr. at 65-67)

27. Dr. Katarina Greer testified that Dr. Greer had been an excellent student in medical school and that he had gained admission to a very competitive residency program. Dr. Katarina Greer further testified that she had believed that “everything [was] okay.” Dr. Katarina Greer testified that, after Dr. Greer began his residency, he had been very busy, but that she had been home with the baby and “had much more time.” After a while, she noticed some things about Dr. Greer that troubled her, but that he had “always had some kind of logical excuse.” Moreover, she testified that she had always accepted his explanations because she trusted him. However, by February or March 2004, Dr. Greer’s problem had progressed to the point where he could no longer keep it hidden. Dr. Katarina Greer confronted him about some missing money, and he broke down and “told [her] about everything.” Dr. Katarina Greer testified that she had been “just crushed” and that it “was a huge surprise” to her. Dr. Katarina Greer is not originally from the United States, her parents live overseas, and she testified that she comes from a completely “different set of circumstances” than Dr. Greer. (St. Ex. 3B; Tr. at 68-71)

Dr. Katarina Greer testified that she had participated in treatment sessions at the Cleveland Clinic. Dr. Katarina Greer further testified that, after Dr. Greer completed his first round of residential treatment, she had truly believed that he was “getting better.” Moreover, Dr. Katarina Greer testified that Dr. Greer had been completely honest with her about his substance abuse, and that she knows that he had also been honest with his sponsor. However, Dr. Katarina Greer testified that she had not originally been aware that Dr. Greer was not truthful to Glenbeigh or the Cleveland Clinic concerning the full extent of his substance abuse difficulties. (Tr. at 71-73)

28. Dr. Katarina Greer testified that, since Dr. Greer completed his second residential treatment, he has been “doing all the things that he’s supposed to do, and he’s proactive about it.” Dr. Katarina Greer further testified, “I’m just waiting there and trying to see if this is permanent; but so far, he’s convinced me it has been, you know. He’s not behaving in any way that’s made me suspicious again that he’s [relapsed].” (Tr. at 74-75)
29. By letter dated October 8, 2004, Martin I. Resnick, M.D., Chairman of the Department of Urology, Case Western University/University Hospitals of Cleveland, expressed support for Dr. Greer. Dr. Resnick stated, among other things,

I would like to write in support of [Dr. Greer] who is undergoing rehabilitation for problems related to alcohol abuse. Dr. Greer is a graduate of Wake Forest University School of Medicine and began a training program in urology at Case Western Reserve/University Hospitals of Cleveland. During that time, it became apparent that he was having problems with alcohol addiction and he entered rehabilitation treatment.

\* \* \*

I am most supportive of Dr. Greer and have told him that we have a residency position available for him after he completes his rehabilitation. He is a fine young individual who obviously is having a problem but I believe is on the right track to overcome it.

He has my unqualified support.

(Resp. Ex. K)

30. By letter dated November 11, 2004, Dr. Janesz and Dr. Collins advised that Dr. Greer remains in compliance with all treatment recommendations in his aftercare contract. Moreover, the letter states that Dr. Greer “continues to actively participate and attend our Caduceus meeting as well as his involvement in Alcoholics Anonymous. He continues to seek out alternative forms of employment until he is able to continue his training program.”  
(Resp. Ex. L)

#### **FINDINGS OF FACT**

1. On or about April 15, 2004, Steven Franklin Greer, M.D., entered into a Step I Consent Agreement with the Board in lieu of formal proceedings based upon his violation of Section 4731.22(B)(26), Ohio Revised Code. In the April 2004 Step I Consent Agreement, Dr. Greer made certain admissions, including that he had been convicted in 1990, 1992, and 2000, of charges of driving while impaired, which he disclosed to the Board in conjunction with his application for a training certificate, and that these three offenses were related to his use of alcohol; that as a result of his Board-ordered evaluation at Glenbeigh Hospital, he had been diagnosed with chemical dependence, found to be impaired in his ability to practice according to acceptable and prevailing standards of care due to the habitual or excessive use of alcohol, and residential treatment had been recommended; that on or about March 12, 2004, he had entered residential treatment at The Cleveland Clinic Foundation; and that his drug of choice was alcohol.

In the April 2004 Step I Consent Agreement, Dr. Greer also agreed to certain specified terms, conditions, and limitations, including that his training certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time. In addition to abstaining completely from the use of alcohol, Dr. Greer agreed to “abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of his history of chemical dependency,” as set forth in Paragraph 2 of that Agreement. Dr. Greer further agreed, as one of the conditions for reinstatement of his training certificate, that he would demonstrate to the Board that he could resume practice in compliance with acceptable and prevailing standards of care, which included “[e]vidence of continuing compliance with this Consent Agreement.”

2. On or about June 9, 2004, Dr. Greer entered into a Step II Consent Agreement with the Board, whereby his training certificate to practice medicine and surgery in Ohio was reinstated and wherein he agreed to certain specified probationary terms, conditions, and limitations. Since the Board's reinstatement of Dr. Greer's training certificate on or about June 9, 2004, he has been subject to all probationary terms, conditions, and limitations of the June 2004 Step II Consent Agreement.
3. On June 21, 2004, despite the provisions of Dr. Greer's April 2004 Step I Consent Agreement, the Board was informed that a urine specimen that Dr. Greer had submitted for drug screening on June 7, 2003, had tested positive for cocaine, and that the presence of benzoylecgonine had been confirmed by GC/MS. On June 22, 2004, Gregory B. Collins, M.D., Section Head of The Cleveland Clinic Foundation Alcohol and Drug Recovery Center [Cleveland Clinic], informed the Board's Compliance Officer that Dr. Greer had relapsed, that he had re-entered inpatient treatment at the Cleveland Clinic, and that, when he was in residential treatment at the Cleveland Clinic in March and April 2004, he failed to inform his treatment team about his cocaine abuse history.

On June 22, 2004, Dr. Greer reported to the Board's Compliance Officer that he had not fully disclosed his abuse history, and he had hoped to use the previous inpatient treatment for alcohol dependence at the Cleveland Clinic to help fix the problem himself. Dr. Greer also admitted that he had used cocaine twice since being discharged from his earlier residential treatment on April 9, 2004, with the first use of cocaine occurring two or three weeks after his discharge, and the second use occurring on or about June 5, 2004. Dr. Greer further admitted that he had been using cocaine since 1990. Moreover, he admitted to abusing Vicodin in the past.

In addition, Dr. Greer failed to self-report his relapse to the Board.

4. Despite Dr. Greer's relapse and use of cocaine in or about late April 2004, when his ability to return to practice was assessed on May 4, 2004, at The Woods at Parkside, he denied ever having any substance use problems other than alcohol. Dr. Greer also intentionally concealed and withheld from the evaluator his use of cocaine following his April 9, 2004, discharge from the Cleveland Clinic.

Further, despite his relapse, Dr. Greer stated in his June 2004 Step II Consent Agreement that he had fulfilled the conditions for reinstatement of his training certificate to practice medicine and surgery in Ohio.

Finally, despite his relapse, Dr. Greer represented in his June 2004 Step II Consent Agreement that he had remained compliant with the aftercare contract he had entered into with the Cleveland Clinic on April 2, 2004, and with the terms of the advocacy contract he had entered into with the Ohio Physicians Effectiveness Program on May 24, 2004.

### CONCLUSIONS OF LAW

1. The conduct of Steven Franklin Greer, M.D., as described in Findings of Fact 1, 2, and 3 constitutes “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice,” as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.
2. The conduct of Dr. Greer as described in Findings of Fact 1 and 3 constitute a “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,” as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.
3. The conduct of Dr. Greer as described in Findings of Fact 3 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: Possession of Cocaine, Section 2925.11, Ohio Revised Code.
4. The failure of Dr. Greer to self-report his relapse as described in Findings of Fact 3 constitutes “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-15-01(A), Ohio Administrative Code.
5. The conduct of Dr. Greer as described in Findings of Fact 4 constitute “[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

\* \* \* \* \*

Despite the fact that Dr. Greer was not completely honest in his prior dealings with the Board and with treatment providers, given the totality of Dr. Greer’s circumstances, the Board should extend to Dr. Greer an opportunity to prove that he can work with the Board to maintain sobriety. Nevertheless, Dr. Greer is hereby warned that any future acts of dishonesty toward the Board or other authorities in his recovery program will likely result in the permanent revocation of his privilege to practice medicine in Ohio.

## PROPOSED ORDER

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** The training certificate of Steven Franklin Greer, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than ninety days.
- B. **INTERIM MONITORING:** During the period that Dr. Greer's training certificate is suspended, Dr. Greer shall comply with the following terms, conditions, and limitations:
1. **Obey the Law:** Dr. Greer shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
  2. **Personal Appearances:** Dr. Greer shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Order. 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. Greer 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 or before the first day of the third month following the month in which this Order becomes effective. 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. Greer 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. Greer's history of chemical dependency.
  5. **Abstention from Alcohol:** Dr. Greer shall abstain completely from the use of alcohol.
  6. **Comply with the Terms of Treatment and Aftercare Contract:** Dr. Greer shall maintain continued compliance with the terms of the treatment and aftercare contracts entered into with his treatment provider, provided that, where terms of the treatment and aftercare contract conflict with terms of this Order, the terms of this Order shall control.

7. **Drug & Alcohol Screens; Supervising Physician:** Dr. Greer shall submit to random urine screenings for drugs and/or alcohol on a weekly basis or as otherwise directed by the Board. Dr. Greer 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. Greer shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Greer 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. Greer. Dr. Greer 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. Greer 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. Greer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Greer 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. Greer's quarterly declaration. It is Dr. Greer's responsibility to ensure that reports are timely submitted.

8. **Submission of Blood or Urine Specimens upon Request:** Dr. Greer shall submit blood and urine specimens for analysis without prior notice at such times as the Board may request, at Dr. Greer's expense.
9. **Rehabilitation Program:** Dr. Greer shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than three times per week, unless otherwise determined by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Greer 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. Greer's quarterly declarations.

10. **Continued Compliance with a Contract with an Impaired Physicians**

**Committee:** Dr. Greer shall maintain continued compliance with the terms of the contract entered into with the Ohio Physicians Effectiveness Program, or with another impaired physicians committee, approved by the Board, to assure continuous assistance in recovery and/or aftercare.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Greer's training certificate until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Greer shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Greer 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. Greer 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 training 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. Greer 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. Greer'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. Greer's application for reinstatement or restoration. The reports of evaluation shall describe with

particularity the bases for the determination that Dr. Greer 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. Greer 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 restoration or reinstatement, Dr. Greer's training 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. Greer shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
  2. **Tolling of Probationary Period While Out of State:** Dr. Greer shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.
  3. **Violation of Terms of Probation:** If Dr. Greer 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. **DURATION/MODIFICATION OF TERMS:** All subsequent training certificates or other certificates that may be granted by the Board to Dr. Greer shall be subject to the same terms, conditions and limitations, unless otherwise determined by the Board, until Dr. Greer has completed at least a five year probationary period with the Board. Moreover, the term of probation shall be tolled during any period in which Dr. Greer's training certificate has lapsed and no other certificate has been issued by the Board.
- F. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Greer's training certificate or other certificate issued by the Board will be fully restored.
- G. **RELEASES:** Dr. Greer 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. Greer'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. Greer shall also provide the Board written consent permitting any treatment provider from whom Dr. Greer obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

H. **REQUIRED REPORTING TO EMPLOYERS AND HOSPITALS:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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. Greer 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.

I. **REQUIRED REPORTING TO OTHER STATE LICENSING AUTHORITIES:** Within thirty days of the effective date of this Order, or as otherwise determined by the Board, Dr. Greer 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/she currently holds any professional license. Dr. Greer shall also provide a copy of this Order by certified mail, return receipt requested, at the 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. Greer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt, unless otherwise determined by the Board.

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



R. Gregory Porter, Esq.  
Hearing Examiner



# State Medical Board of Ohio

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## EXCERPT FROM THE DRAFT MINUTES OF JANUARY 12, 2005

### REPORTS AND RECOMMENDATIONS

Dr. Davidson announced that the Board would now consider the findings and orders appearing on the Board's agenda. She asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Ghassan Haj-Hamed, M.D.; Valerie Ann McLin, M.D.; Daniel Howard Brumfield, M.D.; Jeffrey James Fierra, M.D.; Steven Franklin Greer, M.D.; Felicia K. Howard-McGrady, M.D.; Willie L. Josey, M.D.; Thomas R. Pickett, M.D.; and John Alexander Tripoulas, M.D. A roll call was taken:

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

Dr. Davidson 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. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

Dr. Davidson noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters.

Dr. Davidson 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.

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Dr. Garg joined the meeting at this time.

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Dr. Davidson asked Dr. Garg whether he had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the Reports and Recommendations on this month's agenda, and whether he 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. Dr. Garg responded, "yes," to both questions.

.....  
Mr. Browning arrived at this time.

.....  
Mr. Dilling asked Mr. Browning whether he had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the Reports and Recommendations on this month's agenda, and whether he 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. Mr. Browning responded, "yes," to both questions.

.....  
STEVEN FRANKLIN GREER, M.D.

Dr. Davidson directed the Board's attention to the matter of Steven Franklin Greer, M.D. She advised that no objections were filed to Hearing Examiner Porter's Report and Recommendation.

Dr. Davidson continued that a request to address the Board has been timely filed on behalf of Dr. Greer. Five minutes would be allowed for that address.

Dr. Greer was accompanied by his attorney, John P. Carney.

Mr. Carney stated that he and Eric J. Plinke represent Dr. Greer. They feel that Mr. Porter's Report and

Recommendation is reasoned and thorough, and they agree with it.

Dr. Greer thanked the Board for allowing him to come here and speak on his behalf, and to thank the Board for what he feels has been a positive experience so far. Dr. Greer stated that he believes that you could look at his case as a tragedy or as an opportunity. He chooses to look at it as an opportunity.

Dr. Greer stated that he does regret that he was unable to be honest at the beginning of this whole process in March and June. There was a level of fear and anxiety that was immeasurable. He was paralyzed and unable to come and tell somebody about who he really was. This has been an enlightening process, and he's glad that it's all out on the table now.

Dr. Greer stated that he realizes that his integrity has been damaged, and he realizes there are consequences. He fully accepts those consequences. Dr. Greer added that, fortunately, he has a very supportive wife and family in general. He has two sponsors, a church sponsor and an A.A. sponsor. He also has his residency director in his corner. That's helped immensely.

Dr. Greer continued that right now he has a very optimistic outlook, even with what the Board might do today. This is about life for him, and staying sober. It's gone beyond just residency and being a physician. He commented that he couldn't say that in June of last year. He thought the whole world was coming down on him and was going to collapse on his head. Within a relatively short period of time, due to AA, his sponsors, Dr. Collins, and Dr. Janesz, he has been given the tools he needs to stay sober every day.

Dr. Greer stated that the most important thing for him is his sobriety. It's the first thing he thinks about in the morning and the last thing that he thinks about at night. He's spent the last seven months immersed in recovery activities. Dr. Greer stated that he's going on his first A.A. retreat in February. He goes to meetings. He's abiding by the Step II Agreement, which he ultimately violated, but he's been doing his weekly random urines, doing saliva testing, attending meetings, and attending Caduceus. Also, in the last seven months he's been taking care of his two-year-old daughter, which has been a good experience for him.

Dr. Greer stated that his wife, who is also a resident, has told him that all she wants for him is to be sober and to be happy. He stated that he agrees with her. Today he is comfortable with whatever decision the Board makes. He has a certain peace about it because he's been in the throes of addiction for 20 years, and this has been a very good and a needed experience.

Dr. Greer stated that his Residency Program Director has been supportive of him. He wrote a letter on Dr. Greer's behalf and has assured him that he does have a spot in the program if and when he does go back. Dr. Greer commented that he takes that to heart.

Dr. Greer stated that he has been given a lot the last seven months. He knows that there will be a lot expected of him by the Board and others, to not relapse, to never use drugs or alcohol again. Dr. Greer stated that he does agree with the provisions of the Proposed Order and the Findings of the Hearing

Examiner. He does feel that they are fair and reasonable. He also knows that any future acts of dishonesty on his behalf, or any failure to comply, will result in revocation. He understands that. Dr. Greer thanked the Board for allowing him to come here and speak.

Dr. Davidson asked whether the Assistant Attorney General wished to respond.

Ms. Albers stated that the Report and Recommendation does an excellent job of outlining Dr. Greer's history with this Board and his history, in general, with substance abuse. She stated that it's important to point out, as Dr. Greer admitted today, that he was not truthful with the Board. He went through a Step I consent agreement process with the Board and was not honest. He went through treatment and was not honest with his treatment providers. He did not report his relapse to the Board, as is required.

Ms. Albers stated that she does support the Report and Recommendation as written. She stated that Dr. Greer is a young physician, and she honestly believed at the hearing that he had learned a lesson. Ms. Albers spoke in support of giving Dr. Greer another chance.

**DR. KUMAR MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF STEVEN FRANKLIN GREER, M.D. MR. BROWNING SECONDED THE MOTION.**

Dr. Davidson stated that she would now entertain discussion in the above matter.

Dr. Kumar asked when Dr. Greer's current training certificate expires. He expressed concern that the Board might be suspending something that's already expired.

Mr. Dilling asked whether that wasn't part of the record itself.

Dr. Steinbergh stated that the expiration of his certificate wasn't part of the record.

Dr. Garg commented that whether Dr. Greer has a current training certificate is a valid point. If he does not, the Order will need to be different, so that he can't reapply for another three months.

Dr. Davidson stated that staff will find out.

Dr. Steinbergh stated that she agrees with the Report and Recommendation, noting that Dr. Greer has been out now since June 18, 2004. With three months added on for suspension time, it will be mid-April before he can be reinstated. Dr. Steinbergh stated that she thinks that that is appropriate for his relapse.

Dr. Steinbergh continued that she hopes that Dr. Greer understands that the Board does know that he's been dishonest with it. She noted that the Board takes these issues very seriously. She stated that Dr. Greer has indicated that he thinks about it in the morning and again at night, and added that she hopes that he also continues to think about it all day, and that he lives it all day every day.

Dr. Garg stated that the Order is appropriate, but may need amending based upon clarification of his training certificate status. If he does not have a training certificate now, he could not apply for a new certificate for a period of three months.

Dr. Bhati stated that, normally, residency programs start in July.

Ms. Lubow stated that the Board could modify the reinstatement language of the Proposed Order to say that "the Board shall not restore, reinstate or issue any other certificate, unless the following conditions are met." She stated that that language would cover any eventuality.

**DR. GARG MOVED TO AMEND THE FIRST PARAGRAPH OF PARAGRAPH C. TO STATE AS FOLLOWS: "THE BOARD SHALL NOT RESTORE, REINSTATE OR ISSUE ANY OTHER CERTIFICATE UNTIL ALL OF THE FOLLOWING CONDITIONS HAVE BEEN MET:" DR. BHATI SECONDED THE MOTION.**

Dr. Buchan stated that he agrees with the proposed amendment, but added that, as he read this case, dishonesty was certainly an issue, but he noted that Dr. Greer is severely impaired. He reviewed Dr. Greer's history back to 1990, when Dr. Greer got his first DWI. He noted that Dr. Greer humbly comes before the Board, and he's most interested in getting Dr. Greer back on his feet, but he doesn't know whether Dr. Greer is as low as he can go, and he doesn't know if Dr. Greer will climb out of the box. He stated that he hopes that Dr. Greer does succeed, and added that the Board will be on his team, as long as he continues to be forthright.

Dr. Buchan at this time proposed revoking Dr. Greer's license and staying that revocation, noting Dr. Greer's long history of impairment. Dr. Buchan stated that he agrees with all that has been said, but he believes that the message is pretty clear that if Dr. Greer comes back before the Board, there's not a lot of grace that comes back to him. He's lucky to get out of here with 90 days.

**DR. GARG ACCEPTED DR. BUCHAN'S SUGGESTION TO IMPOSE A STAYED PERMANENT REVOCATION. DR. BHATI, AS SECOND, AGREED.**

Dr. Egner stated that she doesn't know that she's ready to go to a stayed permanent revocation yet, partly because Dr. Greer is so new to the Board. She stated that she thinks that she looks at his first round of treatment as unsuccessful. It's almost a continuation of his addiction, rather than a relapse. She stated that she doesn't think that he was ever in a true recovery process. Dr. Egner stated that she's always hesitant to put the stayed revocation in because, if the Board puts that in, and Dr. Greer relapses, she is a stickler for revoking the license. She doesn't want to include that language unless she really wants to permanently revoke the license after a relapse. She doesn't really look at this time as a relapse as he never really had been in a recovery process.

Dr. Garg stated that the reason he agrees with Dr. Buchan is for the simple reason that this is a very severe

case going over 20 years. More than that, there is a history of lying. If you're going through a treatment program, you have to be truthful with yourself. He not only didn't tell the Board, he didn't tell his treatment providers either. If you're not going to be honest about your addiction, there won't be appropriate treatment. Dr. Garg stated that Dr. Greer realizes that his path will lead to revocation if he doesn't straighten up. Dr. Garg stated that the proposed stayed permanent revocation is not out of line in this case. He noted that the Board doesn't always permanently revoke a license when a stayed permanent revocation is already in place.

Mr. Dilling advised that staff has learned that Dr. Greer had a training certificate, which was summarily suspended, but which is good through June 30, 2005.

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

Vote:	Dr. Egner	- nay
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

**DR. BHATI MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF STEVEN FRANKLIN GREER, M.D. DR. GARG SECONDED THE MOTION.** A vote was taken:

Vote:	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.



# State Medical Board of Ohio

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July 14, 2004

Steven Franklin Greer, M.D.  
c/o University Hospitals – Residency Office  
11100 Euclid Avenue, Room 3018  
Cleveland, Ohio 44106

Dear Doctor Greer:

Enclosed please find certified copies of the Entry of Order, the Notice of Summary Suspension and Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on July 14, 2004, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Summary Suspension and Opportunity for Hearing.

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

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

THE STATE MEDICAL BOARD OF OHIO

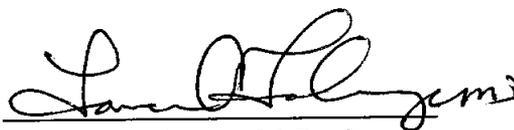
Lance A. Talmage, M.D., Secretary

LAT:blt  
Enclosures

**CERTIFICATION**

I hereby certify that the attached copies of the Entry of Order of the State Medical Board of Ohio and the Motion by the State Medical Board, meeting in regular session on July 14, 2004, to Adopt the Order of Summary Suspension and to Issue the Notice of Summary Suspension and Opportunity for Hearing, constitute true and complete copies of the Motion and Order as they appear in the Journal of the State Medical Board of Ohio.

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



Lance A. Talmage, M.D., Secretary

(SEAL)

July 14, 2004

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF

**STEVEN FRANKLIN GREER, M.D.**

**ENTRY OF ORDER**

This matter came on for consideration before the State Medical Board of Ohio the 14th day of July, 2004.

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

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

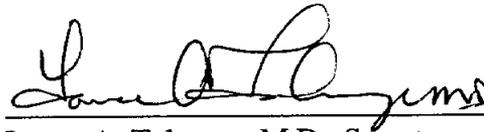
Pursuant to their further determination that Dr. Greer's continued practice presents a danger of immediate and serious harm to the public;

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 14th day of July, 2004;

It is hereby ORDERED that the training certificate of Steven Franklin Greer, to practice medicine or surgery in the State of Ohio be summarily suspended.

It is hereby ORDERED that Steven Franklin Greer, M.D., shall immediately cease participation in the residency program at University Hospitals of Cleveland, Cleveland, Ohio.

This Order shall become effective immediately.

  
Lance A. Talmage, M.D., Secretary

(SEAL)

July 14, 2004



# State Medical Board of Ohio

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## NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

July 14, 2004

Steven Franklin Greer, M.D.  
c/o University Hospitals – Residency Office  
11100 Euclid Avenue, Room 3018  
Cleveland, Ohio 44106

Dear Doctor Greer:

The Secretary and the Supervising Member of the State Medical Board of Ohio [Board] have determined that there is clear and convincing evidence that you have violated Sections 4731.22(B)(15) and 4731.22(B)(26), Ohio Revised Code, and have further determined that your continued practice presents a danger of immediate and serious harm to the public. Such determinations were made upon review of the following information:

- (1) You hold a training certificate to practice medicine and surgery in the State of Ohio, pursuant to Section 4731.291, Ohio Revised Code, and, as such, are authorized by the Board to perform such acts as may be prescribed by or incidental to your residency in General Surgery at University Hospitals of Cleveland.
- (2) By letter dated February 2, 2004, the Board notified you of its determination that it had reason to believe that you are in violation of Section 4731.22(B)(26), Ohio Revised Code, and ordered you to undergo a three-day inpatient examination to determine if you are in violation of Section 4731.22(B)(26), Ohio Revised Code. The Board's determination was based upon one or more of the reasons outlined in said letter, which included that in or about 1990, 1992, and 2000, you were convicted of charges of driving while impaired, related to your use of alcohol, and your statement to a Board investigator that you drank wine in May 2003, after previously informing the Board in or about April 2003 that you "have now come to grips knowing that [you are] an alcoholic."
- (3) In a report from Glenbeigh Hospital, a Board-approved treatment provider in Rock Creek, Ohio, the Board was notified that following the Board-ordered evaluation conducted on March 8, 2004, you were diagnosed with chemical dependence related to alcohol abuse, and residential treatment was recommended. During your 72-hour evaluation at

Glenbeigh Hospital, you denied the use of any other chemical substances on a regular basis.

- (4) On or about April 15, 2004, you entered into a Step I Consent Agreement with the Board in lieu of formal proceedings based upon your violation of Section 4731.22(B)(26), Ohio Revised Code. A copy of the April 2004 Step I Consent Agreement is attached hereto and fully incorporated herein. In the April 2004 Step I Consent Agreement, you made certain admissions, including that as a result of your Board-ordered evaluation at Glenbeigh Hospital, you were diagnosed with chemical dependence and found to be impaired in your ability to practice according to acceptable and prevailing standards of care due to the habitual or excessive use of alcohol, that on or about March 12, 2004, you entered residential treatment at The Cleveland Clinic Foundation, a Board-approved treatment provider in Cleveland, Ohio, and that your drug of choice was alcohol. In the April 2004 Step I Consent Agreement, you also agreed to certain specified terms, conditions, and limitations, including that your training certificate to practice medicine and surgery in the State of Ohio was suspended for an indefinite period of time, and that you "shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to [you] by another so authorized by law who has full knowledge of [your] history of chemical dependency."
- (5) In fulfillment of a condition for the reinstatement of your training certificate to practice medicine and surgery in Ohio that your ability to practice be assessed, on or about May 4, 2004, your ability to return to practice was assessed at The Woods at Parkside, a Board-approved treatment provider in Columbus, Ohio. During this assessment for determining if you were capable of practicing according to acceptable and prevailing standards of care, you denied ever having any substance use problems other than alcohol.
- (6) On or about June 9, 2004, you entered into a Step II Consent Agreement with the Board, whereby your training certificate to practice medicine and surgery in Ohio was reinstated and wherein you agreed to certain specified probationary terms, conditions, and limitations. A copy of the June 2004 Step II Consent Agreement is attached hereto and fully incorporated herein.

In the June 2004 Step II Consent Agreement, you stated that since being discharged from The Cleveland Clinic Foundation, you had remained in compliance with the aftercare contract you entered into with The Cleveland Clinic Foundation on April 2, 2004, and with the terms of the advocacy contract you entered into with the Ohio Physicians Effectiveness Program on May 24, 2004, both of which required you to abstain from all mood altering drugs.

To date you remain subject to all terms, conditions, and limitations of the Step II Consent Agreement.

- (7) Despite the provisions of your April 2004 Step I Consent Agreement and June 2004 Step II Consent Agreement, the urine specimen that you submitted for drug screening on or about June 7, 2004, tested positive for cocaine, and was GC/MS confirmed for the presence of benzoylecgonine. On or about June 22, 2004, Gregory B. Collins, M.D., Section Head of the Cleveland Clinic Alcohol and Drug Recovery Center, informed the Board's Compliance Officer that you had relapsed, that you had re-entered inpatient treatment at The Cleveland Clinic Foundation, and that, when you were in residential treatment at The Cleveland Clinic Foundation in or about March and April 2004, you had failed to inform your treatment team about your cocaine abuse history.

On or about June 22, 2004, you reported to the Board's Compliance Officer that you had not previously fully disclosed your abuse history and you had hoped to use the previous inpatient treatment at The Cleveland Clinic Foundation, for alcohol dependence, to help fix the problem yourself. You also admitted that you had used cocaine twice since being discharged from your earlier residential treatment on or about April 9, 2004, with the first use of cocaine occurring two or three weeks after your discharge, and the second use occurring on or about June 5 and/or June 6, 2004. You further admitted that you had been using cocaine since 1990. In addition, you admitted to abusing Vicodin in the past.

By letter dated June 29, 2004, Dr. Collins further informed Board staff that other than your history of three convictions for driving while impaired in 1990, 1992, and 2000, you offered no history of other chemical abuse or dependence during your earlier residential treatment at The Cleveland Clinic Foundation. Dr. Collins further reported that after testing positive for cocaine, you "walked off [your] job" on or about June 18, 2004, and on or about June 22, 2004, entered The Cleveland Clinic Foundation again, indicating that you in fact had a long standing problem with cocaine abuse and dependence.

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

Further, Rule 4731-16-02(B)(3), Ohio Administrative Code, provides that if an examination discloses impairment, or if the Board has other reliable, substantial and probative evidence demonstrating impairment, the Board shall initiate proceedings to suspend the licensee, and may issue an order of summary suspension as provided in

Section 4731.22(G), Ohio Revised Code. In addition, Rule 4731-16-02(B)(3)(a), Ohio Administrative Code, provides that the fact that an individual has relapsed during or following treatment shall constitute independent proof of impairment and shall support license suspension or denial without the need for examination.

Therefore, pursuant to Section 4731.22(G), Ohio Revised Code, and upon recommendation of Lance A. Talmage, M.D., Secretary, and Raymond J. Albert, Supervising Member, you are hereby notified that, as set forth in the attached Entry of Order, your training certificate to practice medicine and surgery in the State of Ohio is summarily suspended.

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

- (A) On or about April 15, 2004, you entered into a Step I Consent Agreement with the Board in lieu of formal proceedings based upon your violation of Section 4731.22(B)(26), Ohio Revised Code. In the April 2004 Step I Consent Agreement, you made certain admissions, including that you were convicted in 1990, 1992, and 2000, of charges of driving while impaired, which you disclosed to the Board in conjunction with your application for a training certificate, and that these three offenses were related to your use of alcohol; that as a result of your Board-ordered evaluation at Glenbeigh Hospital, you were diagnosed with chemical dependence, found to be impaired in your ability to practice according to acceptable and prevailing standards of care due to the habitual or excessive use of alcohol, and residential treatment was recommended; that on or about March 12, 2004, you entered residential treatment at The Cleveland Clinic Foundation; and that your drug of choice was alcohol.

In the April 2004 Step I Consent Agreement, you also agreed to certain specified terms, conditions, and limitations, including that your training certificate to practice medicine and surgery in Ohio would be suspended for an indefinite period of time. In addition to abstaining completely from the use of alcohol, you agreed to “abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to [you] by another so authorized by law who has full knowledge of [your] history of chemical dependency,” as set forth in Paragraph 2 of that Agreement. You further agreed, as one of the conditions for reinstatement of your training certificate, that you would demonstrate to the Board that you could resume practice in compliance with acceptable and prevailing standards of care, which included “[e]vidence of continuing compliance with this Consent Agreement.”

- (B) On or about June 9, 2004, you entered into a Step II Consent Agreement with the Board, whereby your training certificate to practice medicine and surgery in Ohio was reinstated

and wherein you agreed to certain specified probationary terms, conditions, and limitations. Since the Board's reinstatement of your training certificate on or about June 9, 2004, you have been subject to all probationary terms, conditions, and limitations of the June 2004 Step II Consent Agreement.

- (C) On or about June 21, 2004, despite the provisions of your April 2004 Step I Consent Agreement, the Board was informed that the urine specimen that you submitted for drug screening on or about June 7, 2003, tested positive for cocaine, and was GC/MS confirmed for the presence of benzoylecgonine. On or about June 22, 2004, Gregory B. Collins, M.D., Section Head of The Cleveland Clinic Alcohol and Drug Recovery Center, informed the Board's Compliance Officer that you had relapsed, that you had re-entered inpatient treatment at The Cleveland Clinic Foundation, and that, when you were in residential treatment at The Cleveland Clinic Foundation in or about March and April 2004, you failed to inform your treatment team about your cocaine abuse history.

On or about June 22, 2004, you reported to the Board's Compliance Officer that you had not fully disclosed your abuse history, and you had hoped to use the previous inpatient treatment at The Cleveland Clinic Foundation, for alcohol dependence, to help fix the problem yourself. You also admitted that you had used cocaine twice since being discharged from your earlier residential treatment on or about April 9, 2004, with the first use of cocaine occurring two or three weeks after you discharge, and the second use occurring on or about June 5 and/or June 6, 2004. You further admitted that you had been using cocaine since 1990. In addition, you admitted to abusing Vicodin in the past.

In addition, you failed to self-report your relapse to the Board as required by Rule 4731-15-01(A), Ohio Administrative Code.

- (D) Despite your relapse and using cocaine in or about late April 2004, when your ability to return to practice was assessed on or about May 4, 2004, at the Woods at Parkside, you denied ever having any substance use problems other than alcohol, and you also intentionally concealed and withheld from the evaluator your use of cocaine following your discharge from The Cleveland Clinic Foundation on or about April 9, 2004.

Further, despite your relapse, you stated in your June 2004 Step II Consent Agreement that you had fulfilled the conditions for reinstatement of your training certificate to practice medicine and surgery in Ohio.

Further, despite your relapse, you also represented in your June 2004 Step II Consent Agreement that you had remained compliant with the aftercare contract you entered into with The Cleveland Clinic Foundation on April 2, 2004, and with the terms of the advocacy contract you entered into with the Ohio Physicians Effectiveness Program on May 24, 2004.

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

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

Further, your acts, conduct, and/or omissions as alleged in paragraph (C) 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: Possession of Cocaine, Section 2925.11, Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (C) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-15-01(A), Ohio Administrative Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (D) 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, and Chapter 4731., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

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

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to

Suspension  
Steven Franklin Greer, M.D.  
Page 7

register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

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

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/blt  
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5144 8465  
RETURN RECEIPT REQUESTED

Duplicate Mailing: Steven Franklin Greer, M.D.  
1242 Argonne Rd.  
So. Euclid, OH 44121

CERTIFIED MAIL # 7000 0600 0024 5144 8489  
RETURN RECEIPT REQUESTED

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

CERTIFIED MAIL # 7000 0600 0024 5144 8496  
RETURN RECEIPT REQUESTED



# State Medical Board of Ohio

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

## EXCERPT FROM THE DRAFT MINUTES OF JULY 14, 2004

### STEVEN FRANKLIN GREER, M.D. ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

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

**DR. GARG MOVED TO APPROVE THE ORDER OF SUMMARY SUSPENSION AND TO SEND THE NOTICE OF OPPORTUNITY FOR HEARING TO DR. GREER. DR. BHATI SECONDED THE MOTION.** A vote was taken:

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

The motion carried.

STATE MEDICAL BOARD  
OF OHIO  
2004 JUN -7 P 1:50

**STEP II  
CONSENT AGREEMENT  
BETWEEN  
STEVEN FRANKLIN GREER, M.D.,  
AND  
THE STATE MEDICAL BOARD OF OHIO**

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

Dr. Greer 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)(26), 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 "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."
- 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, as set forth in Paragraph E of the April 2004 Step I Consent Agreement between Dr. Greer and the Board, a copy of which is attached hereto and incorporated herein, 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 Consent Agreement.
- C. Dr. Greer is applying for reinstatement of his training certificate to practice medicine and surgery in the State of Ohio, Training Certificate # 57-007242, which was suspended pursuant to the terms of the above-referenced April 2004 Step I Consent Agreement.
- D. Dr. Greer states that he does not hold a training certificate nor is he is licensed to practice medicine and surgery in any other state or jurisdiction.

- E. Dr. Greer admits that following a Board-ordered evaluation that commenced on March 8, 2004, at Glenbeigh Hospital, a Board-approved treatment provider in Rock Creek, Ohio, he was admitted to the Cleveland Clinic Foundation, a Board-approved treatment provider in Cleveland, Ohio, on March 12, 2004, for residential treatment concerning his chemical dependence, and he successfully completed twenty-eight days of in-patient treatment for chemical dependence related to alcohol abuse and was discharged on April 9, 2004.

Dr. Greer states, and the Board acknowledges receipt of information to support, that since being discharged from The Cleveland Clinic Foundation, he has remained compliant with the aftercare contract he entered into with The Cleveland Clinic Foundation on April 2, 2004, including participating in at least two A.A./N.A. meetings per week, attending one Cleveland Clinic Caduceus meeting per week, and submitting to random urine screens on a weekly basis. In addition, Dr. Greer states, and the Board acknowledges receipt of information to support, that Dr. Greer has remained compliant with the terms of the advocacy contract he entered into with the Ohio Physicians Effectiveness Program on May 24, 2004. Further, Dr. Greer admits that the aforementioned advocacy and aftercare contracts remain in effect to date.

Dr. Greer states, and the Board acknowledges, that Gregory Collins, M.D., of the Cleveland Clinic Foundation, and Edna Jones, M.D., of The Woods at Parkside, a Board-approved treatment provider in Columbus, Ohio, have each provided written reports indicating that Dr. Greer's ability to practice has been assessed and he has been found capable of practicing medicine and surgery according to acceptable and prevailing standards of care, so long as certain treatment and monitoring conditions are in place.

Accordingly, Dr. Greer states and the Board acknowledges receipt of information to support that Dr. Greer has fulfilled the conditions for reinstatement of his training certificate to practice medicine and surgery in the State of Ohio, as established in the above-referenced April 2004 Step I Consent Agreement between Dr. Greer and the Board.

### **AGREED CONDITIONS**

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, the training certificate of Dr. Greer to practice medicine and surgery in the State of Ohio shall be reinstated, and Dr. Greer knowingly and voluntarily agrees with the Board to the following PROBATIONARY terms, conditions and limitations:

1. Dr. Greer shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.
2. Dr. Greer 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 date his quarterly declaration would have been due pursuant to his April 2004, 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.
3. Dr. Greer 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 April 2004 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.
4. Dr. Greer shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.
5. In the event Dr. Greer is found by the Secretary of the Board to have failed to comply with any provision of this Consent Agreement, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Consent Agreement.

## **MONITORING OF REHABILITATION AND TREATMENT**

### **Drug Associated Restrictions**

6. Dr. Greer shall keep a log of all controlled substances prescribed. Such log shall be submitted, in the format approved by the Board, thirty days prior to Dr. Greer's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Greer shall make his patient records with regard to such prescribing available for review by an agent of the Board upon request.
7. Dr. Greer shall not, without prior Board approval, administer, personally furnish, or possess (except as allowed under Paragraph 8 below) any controlled substances as defined by state or federal law. In the event that the Board agrees at a future date to

modify this Consent Agreement to allow Dr. Greer to administer or personally furnish controlled substances, Dr. Greer shall keep a log of all controlled substances prescribed, administered or personally furnished. Such log shall be submitted in the format approved by the Board thirty days prior to Dr. Greer's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Greer 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.

### **Sobriety**

8. Dr. Greer 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. Greer's history of chemical dependency.
9. Dr. Greer shall abstain completely from the use of alcohol.

### **Antabuse**

10. Dr. Greer shall take Antabuse as directed by his treatment team, but not less than 250 mg. daily, with observed administration. Further, Dr. Greer shall submit acceptable documentary evidence of continuing compliance with this provision which must be received in the Board's offices no later than the due date for Dr. Greer's quarterly declarations.

Following the first year of this Consent Agreement, Dr. Greer may request modification of this provision so long as his request is accompanied by written documentation from a physician affiliated with a Board approved treatment provider indicating that such physician has assessed Dr. Greer for purposes of determining whether Dr. Greer continues to require Antabuse treatment and that, based upon such assessment, the physician supports Dr. Greer's request to modify or discontinue his Antabuse treatment. Otherwise, Dr. Greer shall make no request for modification of this provision unless the request is accompanied by written documentation from his treating physician and a physician affiliated with a Board approved treatment provider indicating that such physicians have assessed Dr. Greer and determined that discontinuation of Antabuse treatment is medically warranted due to resultant negative health consequences. Any assessments and written documentation will be at Dr. Greer's expense.

### **Drug and Alcohol Screens/Supervising Physician**

11. Dr. Greer shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Greer 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.

Dr. Greer shall abstain from consumption of poppy seeds or any other food or liquid that may produce false results in a toxicology screen.

Within thirty days of the effective date of this Consent Agreement, Dr. Greer shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Greer 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. Greer. Dr. Greer 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. Greer 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. Greer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Greer 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. Greer's quarterly declaration. It is Dr. Greer's responsibility to ensure that reports are timely submitted.

12. In addition to the random urine screenings requirement, as set forth in Paragraph 11 above, Dr. Greer shall submit to random saliva screenings for alcohol on a weekly basis or as otherwise directed by the Board. Dr. Greer shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The specific type of testing device and testing ranges utilized must be acceptable to the Secretary of the Board.

Dr. Greer shall submit the required saliva specimens to his supervising physician, as

nominated and approved pursuant to the requirements of Paragraph 11. Dr. Greer and the supervising physician shall ensure that the saliva specimens are obtained on a random basis and that the collection of the saliva specimens from Dr. Greer is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over the saliva specimens is maintained, shall conduct or oversee the remainder of the saliva screening process, and shall immediately inform the Board of any positive screening results.

Further, in the event of a positive screening result, Dr. Greer shall immediately submit to a blood screening for alcohol. Dr. Greer shall submit the required blood specimen to his supervising physician, as nominated and approved pursuant to the requirements of Paragraph 11. Dr. Greer and the supervising physician shall ensure 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 the screening results.

Dr. Greer 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 saliva screenings, and, if applicable, blood screenings, have been conducted in compliance with this Consent Agreement; whether all saliva screenings, and, if applicable, blood screenings, have been negative, and whether the supervising physician remains willing and able to continue in his or her responsibilities.

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. Greer's quarterly declaration. It is Dr. Greer's responsibility to ensure that reports are timely submitted.

13. The Board retains the right to require, and Dr. Greer agrees to submit, blood, urine or saliva specimens for analysis at Dr. Greer's expense upon the Board's request and without prior notice. Dr. Greer's refusal to submit a blood, urine or saliva specimen upon request of the Board shall result in a minimum of one year of actual license suspension.

### **Monitoring Physician**

14. Before engaging in any medical practice, Dr. Greer shall 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 and Supervising Member will give preference to a physician who practices in the same locale as Dr. Greer and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Greer and his medical practice, and shall review Dr. Greer'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. Greer and his medical practice, and on the review of Dr. Greer's patient charts. Dr. Greer 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. Greer's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Greer must immediately so notify the Board in writing. In addition, Dr. Greer 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. Greer 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.

While Dr. Greer participates in a residency program accredited by the ACGME, the Board shall accept a quarterly statement from the director of Dr. Greer's residency program addressing Dr. Greer's performance (clinical and otherwise) in the residency program, as well as his progress and status, if timely submitted, as satisfaction of the requirements of this paragraph. Should Dr. Greer desire to utilize this option in lieu of having a monitoring physician while he participates in a residency program, Dr. Greer shall so notify the Board by providing a writing, signed by both himself and his residency director, to the Board before participating in the residency program. Further, should Dr. Greer cease participation in an accredited residency or should he obtain full medical licensure in Ohio and desire to practice outside his residency, or should his residency director become unable or unwilling to serve, Dr. Greer must immediately so notify the Board in writing and within 30 days make arrangements for a monitoring physician, as discussed above.

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

### **Rehabilitation Program**

15. Dr. Greer 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.

In addition, Dr. Greer shall attend a minimum of one aftercare meeting per week, which shall be in addition to his participation in an alcohol and drug rehabilitation program as required above. In the event that Dr. Greer's regular aftercare meeting is not held in a given week, Dr. Greer shall participate in an additional meeting of an alcohol and drug rehabilitation program, such as A.A., N.A., or Caduceus. Substitution of any other specific program must receive prior Board approval.

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

### **Physician Health Program/Aftercare**

16. Dr. Greer shall maintain continued compliance with the terms of the agreement that he entered into with the Ohio Physicians Effectiveness Program [OPEP], provided that, where terms of the OPEP agreement conflict with the terms of this Consent Agreement, the terms of this Consent Agreement shall control.
17. Dr. Greer shall maintain continued compliance with the terms of the aftercare contract entered into with his treatment provider, provided that, where terms of the aftercare contract conflict with terms of this Consent Agreement, the terms of this Consent Agreement shall control.

### **Releases**

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

### **Required Reporting by Licensee**

19. Within thirty days of the effective date of this Consent Agreement, Dr. Greer 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. Greer 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.
20. Within thirty days of the effective date of this Consent Agreement, Dr. Greer 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. Greer 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 for reinstatement of any professional license. Further, Dr. Greer shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.

21. Dr. Greer shall provide a copy of this Consent Agreement to all persons and entities that provide Dr. Greer chemical dependency treatment or monitoring.

### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Greer 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.

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

### **DURATION/MODIFICATION OF TERMS**

All subsequent training certificates or other certificates that may be granted by the Board to Dr. Greer shall be subject to the same probationary terms, conditions and limitations, unless otherwise determined by the Board, until Dr. Greer has completed at least a five year probationary period with the Board. Dr. Greer shall not request modification to the probationary terms, limitations and conditions contained herein for at least one year. Otherwise, the above-described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

### **ACKNOWLEDGMENTS/LIABILITY RELEASE**

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

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

**EFFECTIVE DATE**

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

  
STEVEN FRANKLIN GREER, M.D.

  
LANCE A. TALMAGE, M.D.  
Secretary

June 5, 2004  
DATE

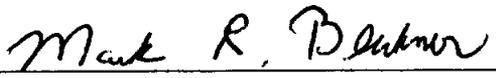
6-9-04  
DATE

  
ERIC J. PLINKE  
Attorney for Dr. Greer

  
RAYMOND J. ALBERT  
Supervising Member

June 7, 2004  
DATE

6/9/04  
DATE

  
MARK R. BLACKMER  
Enforcement Attorney

June 7, 2007  
DATE

2004 APR 13 P 4: 22

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

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

Dr. Greer 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)(26), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand you or place on probation the holder of a certificate for "impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice."
- 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, 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.
- C. Dr. Greer holds a training certificate to practice medicine and surgery in the State of Ohio, Training Certificate # 57-007242.
- D. Dr. Greer states that he does not hold a training certificate nor is he licensed to practice medicine or surgery in any other state or jurisdiction.
- E. Dr. Greer admits that on or about March 8, 2004, pursuant to a Board order, he entered Glenbeigh Hospital, a Board-approved treatment provider in Rock Creek, Ohio, for the purpose of undergoing a three-day inpatient evaluation for determining

whether he is in violation of Section 4731.22(B)(26), Ohio Revised Code. Dr. Greer further admits that this evaluation order was based in part on his having been convicted in 1990, 1992, and 2000, in North Carolina, of charges of driving while impaired, which he disclosed to the Board in conjunction with his application for a training certificate, and further admits that these three offenses were misdemeanors and were related to his use of alcohol.

Dr. Greer further admits that, as a result of this evaluation, he was diagnosed with chemical dependence and found to be impaired in his ability to practice according to acceptable and prevailing standards of care due to the habitual or excessive use of alcohol. Dr. Greer further admits that inpatient or residential treatment was recommended; that he entered residential treatment on or about March 12, 2004, at the Cleveland Clinic Foundation, a Board-approved treatment provider in Cleveland, Ohio; and that such treatment remains ongoing at this time. Dr. Greer further admits that his drug of choice is alcohol, and that he has not previously undergone any inpatient treatment for chemical dependence.

### **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. Greer knowingly and voluntarily agrees with the Board to the following terms, conditions and limitations:

### **SUSPENSION OF CERTIFICATE**

1. The training certificate of Dr. Greer to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time. During such suspension period, Dr. Greer shall be ineligible to receive or hold any other certificate issued by the Board.

#### **Sobriety**

2. Dr. Greer 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. Greer's history of chemical dependency.
3. Dr. Greer shall abstain completely from the use of alcohol.

#### **Releases; Quarterly Declarations and Appearances**

4. Dr. Greer 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. Greer'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. Greer 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. Greer 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 sixteenth 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. Greer 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. Greer shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Greer 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.

Dr. Greer shall abstain from consumption of poppy seeds or any other food or liquid that may produce false results in a toxicology screen.

Within thirty days of the effective date of this Consent Agreement, Dr. Greer shall submit to the Board for its prior approval the name of a supervising physician to whom Dr. Greer 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. Greer. Dr. Greer 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. Greer 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. Greer must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Greer 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. Greer's quarterly declaration. It is Dr. Greer's responsibility to ensure that reports are timely submitted.

#### Rehabilitation Program

8. Within thirty days of the effective date of this Consent Agreement, Dr. Greer 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. Greer 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. Greer's quarterly declarations.

#### **CONDITIONS FOR REINSTATEMENT**

9. The Board shall not consider reinstatement or renewal of Dr. Greer's training certificate to practice medicine and surgery or issuance of any other certificate to Dr. Greer until all of the following conditions are met:
  - a. Dr. Greer shall submit an application for reinstatement or renewal of his training certificate or an application for issuance of another certificate by the Board, as appropriate, accompanied by appropriate fees, if any.

- b. Dr. Greer 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. Greer 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. Greer's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Greer. Prior to the assessments, Dr. Greer shall provide the evaluators with copies of patient records from any evaluations and/or treatment that he has received, and a copy of this Consent Agreement. The reports from the evaluators shall include any recommendations for treatment, monitoring, or supervision of Dr. Greer, and any conditions, restrictions, or limitations that should be imposed on Dr. Greer's practice. The reports shall also describe the basis for the evaluator's determinations.
- All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or renewal of Dr. Greer's training certificate or issuance of another license to Dr. Greer by the Board
- c. Dr. Greer shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board or, if the Board and Dr. Greer are unable to agree on the terms of a written Consent Agreement, then Dr. Greer 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 or renewal of Dr. Greer's training certificate to

practice medicine and surgery in this state, or the issuance of any other certificate to Dr. Greer by the Board, 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 renewal of his training certificate or issuance of another license by this Board to him, 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. Greer 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. Greer has maintained sobriety.

10. In the event that Dr. Greer 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 renewal of his training certificate or issuance of another license by the Board, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Greer's fitness to resume practice.

#### **REQUIRED REPORTING BY LICENSEE**

11. Within thirty days of the effective date of this Consent Agreement, Dr. Greer 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. Greer 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. Greer 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. Greer 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. Greer 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. Greer 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. Greer acknowledges that he/she 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.

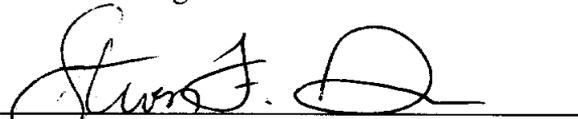
Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

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

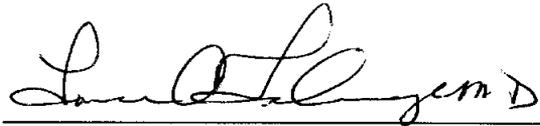
This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. Dr. Greer acknowledges that his social security number will be used if this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

**EFFECTIVE DATE**

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



STEVEN FRANKLIN GREER, M.D.



LANCE A. TALMAGE, M.D.

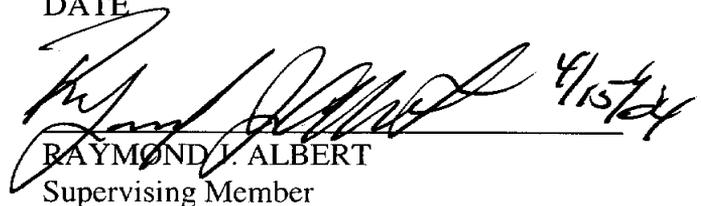
Secretary

April 10, 2004  
DATE

4-14-04  
DATE



ERIC J. PLINKE  
Attorney for Dr. Greer



4/15/04

RAYMOND L. ALBERT  
Supervising Member

DATE

4/12/4

DATE

*Mark R. Blackmer*

MARK R. BLACKMER  
Enforcement Attorney

DATE

April 13, 2004