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MINUTES**THE STATE MEDICAL BOARD OF OHIO****July 10, 2002**

Pitambar Somani, M.D., President, called the meeting to order at 1:00 p.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215-6127, Room #1932, with the following members present: R. Gregory Browning, Ph.D., Vice-President; Anand G. Garg, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Lance A. Talmage, Sr., M.D.; Anant R. Bhati, M.D.; David S. Buchan, D.P.M.; Anquetette Sloan; Patricia J. Davidson, M.D.; and Ronald C. Agresta, M.D. The following Board member was absent: Anita M. Steinbergh, D.O.

Also present were: Thomas A. Dilling, Executive Director; Terrill D. McLaughlin, Assistant Director, Investigations; Lauren Lubow, Communications Administrator; Diann K. Thompson, Assistant Director, Public Services & Enforcement; Lori S. Gilbert, Chief Enforcement Coordinator; Emily M. Brown, Marcie P. Burrow, David P. Katko, Rebecca J. Marshall and Karen H. Mortland, Enforcement Coordinators; Rebecca J. Albers, Hanz R. Wasserburger, Mark A. Michael, and Kyle C. Wilcox, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Coordinator for Assessment and Development; Rochelle A. Sigan, Quality Intervention Assistant; Danielle Bickers, Compliance Officer; Mark Wayda, Chief of Executive Staff; Barbara Rogers, Public Services Administrator; Annette Jones, Disciplinary Information Assistant.

EXECUTIVE SESSION

MR. ALBERT MOVED THAT THE BOARD DECLARE EXECUTIVE SESSION TO CONFER WITH THE ATTORNEY GENERAL'S REPRESENTATIVES ON MATTERS OF PENDING OR IMMINENT COURT ACTION. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Revised Code, the Board went into executive session.

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The following joined the meeting after the executive session: R. Gregory Porter, Chief Hearing Examiner; Sharon W. Murphy and Daniel J. Roberts, Hearing Examiners.

MINUTES REVIEW

DR. BHATI MOVED TO APPROVE THE MINUTES OF JUNE 12-13, 2002. DR. BUCHAN SECONDED THE MOTION. A vote was taken

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Somani asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Joseph P. Amon, D.O.; and William E. Kay, M.D.; and the Tenth District Court of Appeals, Franklin County April 25, 2002 Decision and Remand Order, and the Board's Order of December 13, 2000 in the matter of Lawrence J. Rossiter, D.O. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye

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Dr. Somani - aye

Dr. Somani 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. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

Dr. Somani 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. Somani 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.

JOSEPH AMON, D.O.

Dr. Somani directed the Board's attention to the matter of Joseph Amon, D.O. He advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

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

Dr. Amon thanked the Board for the opportunity to address it. He stated that he doesn't have very much to say, other than some of the things in his objections. His offense was clearly outside of the scope of his practice. There was no abuse of his D.E.A. number and he completed six months of inpatient treatment. Dr. Amon added that he submitted the credentials of the facility where he underwent his treatment to the Board. Dr. Amon asked that the Board consider these things, as well as other things listed in his written objections, and that it give him a second chance. He stated that he does miss working in the emergency

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room, and he hopes the Board will consider his request.

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

Mr. Michael advised that the State is in full agreement with the Report and Recommendation, noting that Ms. Murphy outlined Dr. Amon's offenses in detail. Ms. Murphy also took into account all of the mitigating circumstances. Mr. Michael spoke in support of the Proposed Order.

MR. BROWNING MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF JOSEPH AMON, M.D. DR. AGRESTA SECONDED THE MOTION.

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

Dr. Bhati stated that this case stands out. Dr. Amon was involved in a conspiracy to transport two to three kilograms of cocaine from Florida to Ohio every fifteen days or so. Dr. Bhati stated that he understands that this was ten to twelve years ago, but the facts remain that the conditions were extremely serious. Can the Board trust this gentleman to be able to protect Ohio's public from any recurrences in the future? Dr. Bhati stated that his answer is no, he would have a hard time doing that, despite the fact that there are some mitigating circumstances showing that Dr. Amon has not done anything wrong since 1990. Dr. Bhati stated that he would have a hard time allowing Dr. Amon to return to practice with his past history. Dr. Bhati stated that he supports the Hearing Examiner's Report and Recommendation.

Dr. Egner stated that she thinks that there are some acts that are so egregious that it's not a matter of whether rehabilitation is an issue or the physician is trustworthy. The acts alone mandate that the physician lose his license and that he doesn't have the privilege to practice medicine. That's how she looks at this case. Had the Board had the facts behind the 1987 citation, when Dr. Amon did not request a hearing, she believes the Board would have permanently revoked his license, rather than issuing a non-permanent revocation. Now that the Board has the facts, she certainly agrees to a permanent denial of his restoration request.

Dr. Egner continued that she doesn't have any regrets about her decision on this case. She added that she always takes exception in these drug cases when the physician says that it's always outside the scope of practice. Dr. Amon was addicted to cocaine at the time that he was working. He was taking it to increase his stamina, and it always affects practice. She added that she is sure that patients were affected by his cocaine use. Dr. Egner stated that she is in total support of the Proposed Order, without any reservation.

Dr. Buchan stated that Dr. Amon paid his debt to society, and he respects that. He added that this is not a sentence for Dr. Amon. Dr. Amon is well trained; and if he has a heart for some service in medicine, he can do that in some capacity, but it won't be as a physician. Dr. Buchan stated that he supports the Report and Recommendation.

A vote was taken on Mr. Browning's motion to approve and confirm:

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Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

WILLIAM E. KAY, M.D.

Dr. Somani directed the Board's attention to the matter of William E. Kay, M.D. He advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

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

Dr. Kay was represented at the meeting by Albert J. Lucas, Esq. Present with Mr. Lucas was Dr. Kay's wife, Michelle Kay. Mr. Lucas advised that Dr. Kay is unavailable today due to his incarceration.

Mr. Lucas stated that, by all accounts, Dr. Kay had an exemplary medical career. The record shows that he was highly regarded as a physician in the community. He had never had a problem with the Medical Board, nor had he ever been convicted of a crime of any sort or even accused of malpractice. Dr. Kay made a terrible business decision. What he agreed to do is lease his office space to Diagnostic Testing of Ohio, Inc. (DTO), and he was paid rent by that service. As a mitigating factor, Dr. Kay received advice from an attorney that his business arrangement was above-board and met all Medicare and Medicaid requirements. He was also advised by accounting firms that the amount paid in rent was reasonable when he entered into the deal. It was only five years later that the government charged him with a fee splitting arrangement, accusing him of accepting illegal fee splitting from DTO.

Mr. Lucas stated that Dr. Kay knows that what he did is wrong, and he is very remorseful for his misconduct; but he has already been severely punished for his misconduct by the criminal system. He's currently serving a one-year prison sentence. He was fined \$850,000, which was six times more than he ever received from DTO. He had to sell his medical practice to pay restitution. His family is basically destitute at this point in time. Mr. Lucas stated that Dr. Kay has been punished severely for his wrongdoing.

Mr. Lucas stated that they believe that the Hearing Examiner erred in two principle respects. First of all, she failed to take into account the numerous mitigating factors weighing for leniency in this case.

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Mr. Lucas advised that he went through those in his written objections and won't repeat them here. He continued that he also thinks the Hearing Examiner erred by considering Dr. Kay's misconduct under the general disciplinary guideline for convictions of a crime rather than the specific guideline for fee splitting. The Board has passed a specific disciplinary guideline for fee splitting, and it seems that if someone has engaged in fee splitting, he should be evaluated under that specific disciplinary guideline and not under the general guideline for conviction of a crime. Otherwise, an individual who is engaged in fee splitting who is convicted of a crime would have a harsher punishment, potentially, than someone who is engaged in fee splitting but was lucky enough to escape criminal prosecution. That clearly was not what was intended by the Board. The specific guideline should apply if any guideline applies at all. Mr. Lucas stated that, in light of all the mitigating factors, he asked that Dr. Kay receive the lenient punishment with respect to the disciplinary guideline for fee splitting.

Mr. Lucas concluded by stating that in the past 30 years Dr. Kay has dedicated his life to the practice of medicine. Mr. Lucas asked that the Board not take away Dr. Kay's lifelong commitment as a result of a bad and stupid business decision. Dr. Kay understands that what he did was wrong, and he's remorseful for his conduct. Ohio needs good physicians like Dr. Kay.

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

Mr. Michael stated that Dr. Kay pled guilty to, and was convicted of, a felony in the course of practice. As part of his relationship with DTO, Dr. Kay referred patients to DTO for unnecessary tests. He was often then reordering those tests as soon as he could get reimbursement again from the Bureau of Workers' Compensation (BWC) at the earliest possible date. Finally, he was disregarding those testing results in his course of treatment for those patients. Part of the restitution that Dr. Kay agreed to pay was not only what he received from DTO, but also what DTO was getting back from BWC and other entities on behalf of those patients.

Mr. Michael stated that he believes Ms. Murphy took into account all of the mitigating factors. This was a felony in the course of practice, and a permanent revocation is appropriate.

DR. AGRESTA MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF WILLIAM E. KAY, M.D. MS. SLOAN SECONDED THE MOTION.

Dr. Bhati advised that Dr. Kay paid \$84,435 in rent for his space, a three-room clinic, from May 1994 until July 1996. In return, he received \$152,500 rent from DTO during the same period of time. Dr. Bhati continued that the record reveals that the tests Dr. Kay ordered were unnecessary. Dr. Kay is a convicted felon. Dr. Bhati stated that he can't see allowing him the chance to practice in the State of Ohio. Dr. Bhati stated that he is in favor of the Report and Recommendation.

Dr. Agresta stated that he feels for the position Dr. Kay is in, but Dr. Kay put himself in this position. Based upon the facts presented to the Board, it would be difficult to recommend anything but revocation of his license. Dr. Kay has been incarcerated. His payback restitution amount is the largest the Board has seen in the 15 years he has been a member. Dr. Agresta commented that he's never seen a judgment this

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high.

Dr. Agresta stated that this was a pretty egregious event that Dr. Kay participated in, and he can't believe that Dr. Kay didn't have any idea of what he was getting into, in spite of what he was told. If a deal sounds too good to be true, it is too good to be true. This deal was too good to be true. He stated that the Order is appropriate.

Dr. Bhati stated that Dr. Kay committed a felony in the course of his practice.

Dr. Somani stated that the most egregious thing in this case was harm that was done to the patients. This must be kept in mind. Dr. Kay repeatedly ordered painful tests to be performed. Dr. Somani stated that this is as egregious a case as the Board has ever seen.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

LAWRENCE J. ROSSITER, D.O.

Dr. Somani directed the Board's attention to the matter of Lawrence J. Rossiter, D.O. He advised that this matter was previously considered by the Board at its meeting of December 13, 2000, and has now been remanded to the Board by the 10th District Court of Appeals for reconsideration of the appropriate sanction in light of the court's April 25, 2002 Opinion. The court held, "for the foregoing reasons, we find Appellant's misdemeanor conviction, when considered in conjunction with the surrounding circumstances, was not one involving moral turpitude as contemplated by R.C. 4731.22(B)(13). Therefore, Appellant's argument in this respect is well-taken, and that portion of the Board's Order finding Appellant violated R.C. 4731.22(B)(13) is reversed. * * * Accordingly, in light of our findings that the Board's Order relating to the misdemeanor conviction was not in accordance with the law, we remand the matter so the Board may reconsider the appropriate penalty in view of the modified judgment."

The Board's Order, issued December 13, 2000, permanently revoked Dr. Rossiter's license to practice, stayed the revocation and suspended his license for an indefinite period, not less than ninety days and established conditions for reinstatement and probation.

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At this time Dr. Somani asked for a motion to amend the Board's Findings of Fact, Conclusions of Law, and Order of December 13, 2000, based on the Tenth District Court of Appeals' Reversal of the Board's Finding of a violation of Section 4731.22(B)(13), Ohio Revised Code.

Dr. Bhati stated that the Board's original Order was for a stayed, permanent revocation and an indefinite suspension with a 90-day minimum. He added that he has an amendment to offer.

DR. BHATI MOVED TO AMEND THE BOARD'S DECEMBER 13, 2000 FINDINGS AND ORDER IN THE MATTER OF LAWRENCE J. ROSSITER, D.O., AS FOLLOWS:

- 1. BY DELETING FINDING OF FACT #2.**
- 2. BY DELETING CONCLUSION OF LAW #3.**
- 3. BY AMENDING THE FINAL ORDER PREVIOUSLY ENTERED, AS FOLLOWS:**
 - A. BY SUBSTITUTING THE FOLLOWING FOR PARAGRAPH 1:**
 1. The certificate of Lawrence Rossiter, D.O., to practice osteopathic medicine and surgery in the State of Ohio is **SUSPENDED** for an indefinite period of time, but not less than 90 days.
 - B. BY DELETING SUBPARAGRAPH 4k.**

ALL OTHER TERMS OF THE BOARD'S DECEMBER 13, 2000 ORDER SHALL REMAIN THE SAME. MR. BROWNING SECONDED THE MOTION.

Mr. Browning stated that Dr. Bhati's motion is consistent with the court decision.

Dr. Egner stated that, looking at the Board's Disciplinary Guidelines, the minimum penalty would be to keep the stayed revocation, change the minimum suspension to 30 days, and keep the five-year probationary term.

Dr. Somani stated that the issue Dr. Egner is raising is that Dr. Bhati's motion differs from the minimum guideline.

Dr. Egner stated that that is correct. There is not a stayed revocation, so it is below the minimum guidelines. She noted that it does have a longer suspension period.

Dr. Bhati stated that he did not feel the stayed revocation was necessary. He added that he felt a 90-day minimum suspension was reasonable, and that his proposal does fall between the minimum and maximum penalty range in the guidelines.

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Dr. Agresta commented that the amendment accomplishes what the Board is supposed to accomplish at this time.

A vote was taken on Dr. Bhati's motion to modify:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

DR. TALMAGE MOVED TO APPROVE AND CONFIRM THE AMENDMENT OF THE BOARD'S DECEMBER 13, 2000 FINDINGS OF FACT, CONCLUSIONS, AND ORDER, IN THE MATTER OF LAWRENCE J. ROSSITER, D.O. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

FINDINGS, ORDERS AND JOURNAL ENTRIES

ALICIA ENRILE ALIMBOYOGUEN, M.D.

On May 14, 2002, the Board notified Dr. Alimboyoguen that it proposed to deny her application for endorsement of her Michigan license because her Michigan license is not based on a single three-day FLEX on which a FLEX weighted average of seventy-five was achieved, as required by OAC 4731-6-16(C). Said notice was mailed via certified mail, return receipt requested, to Dr. Alimboyoguen's address

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of record. A signed certified mail receipt was returned to the Board documenting proper service of the notice; however, no hearing request has been received from Dr. Alimboyoguen and more than 30 days have elapsed since the mailing of that notice. The matter was presented to the Board at this time for final consideration.

DR. BUCHAN MOVED TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, DENYING DR. ALIMBOYOGUEN'S APPLICATION FOR ENDORSEMENT LICENSURE. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

CITATIONS, PROPOSED DENIALS & ORDERS OF SUMMARY SUSPENSION

FAYE F. ISTANBOOLY, M.D. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. AGRESTA MOVED TO SEND THE CITATION LETTER TO DR. ISTANBOOLY. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

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JOSEPH R. MANNINO, JR., D.O. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. BUCHAN MOVED TO SEND THE CITATION LETTER TO DR. MANNINO. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

ERICA A. SEWELL, D.O. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. BHATI MOVED TO SEND THE CITATION LETTER TO DR. SEWELL. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

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MOHAMMAD A. ADAS, M.D. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. BHATI MOVED TO SEND THE CITATION LETTER TO DR. ADAS. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

JOSEPH T. CALIGARIS, M.D. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. AGRESTA MOVED TO SEND THE CITATION LETTER TO DR. CALIGARIS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- abstain
	Dr. Talmage	- aye
	Dr. Bhati	- abstain
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

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ROBERT DEAN CODDINGTON, M.D. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. BUCHAN MOVED TO SEND THE CITATION LETTER TO DR. CODDINGTON. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

ROBERT ALAN GRAOR, M.D. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. AGRESTA MOVED TO SEND THE CITATION LETTER TO DR. GRAOR. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

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BRIAN MCNAMEE, M.D. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. BHATI MOVED TO SEND THE CITATION LETTER TO DR. MCNAMEE.
MR. BROWNING SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

KEVIN N. MICHAELIS, L.M.T. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. BUCHAN MOVED TO SEND THE CITATION LETTER TO MR. MICHAELIS.
DR. AGRESTA SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

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RATIFICATION OF CONSENT AGREEMENTS

THOMAS E. NOGUEIRA, M.D.

DR. BHATI MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. NOGUEIRA. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

NIBAR KUMAR SARKAR, M.D.

DR. TALMAGE MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. SARKAR. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

W. ANDREW HIGHBERGER, M.D.

At this time Ms. Gilbert distributed copies of a revised draft agreement. Ms. Gilbert stated that the second paragraph of paragraph seven has been modified. It now contains stronger language than that contained in the earlier distributed document. Instead of requiring the physician to keep a log of medications he administers or disposes of as waste, it requires him to keep a log of all drugs prescribed, administered or

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dispensed. It also requires him to physically transfer waste medication to another individual who is authorized to have it, and to provide documentation that he has done so. A random analysis of the medication that he transfers will be performed to guarantee that the drug actually is what it is purported to be.

DR. BHATI MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. HIGHBERGER. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

The motion carried.

PERSONAL APPEARANCES

JEROME PHILIP DAVIDSON, D.P.M.

Dr. Davidson appeared before the Board pursuant to his request for release from the terms of the Board's Order of November 13, 1996. If approved, release from probation would become effective July 9, 2002.

Dr. Bhati congratulated Dr. Davidson, stating that he is doing a fantastic job.

DR. BHATI MOVED TO RELEASE DR. DAVIDSON FROM THE TERMS OF THE BOARD'S ORDER OF NOVEMBER 13, 1996. DR. BUCHAN SECONDED THE MOTION.

In response to Mr. Browning's questions, Dr. Davidson stated that he has taken three ethics courses, adding that they were enlightening. He had a lot of misgivings because he's positive that the Board was, or perhaps still is, totally unaware of all of the circumstances relevant to this action with him. He completed everything as ordered by the Board and he would just like to get it past him now.

Dr. Somani stated that the question was whether or not the ethics course helped him in reconciling the difference.

Dr. Davidson stated that perhaps it did. It was really general discussions rather than anything specific. It really addressed moderating his anger more than anything else. To that extent it was helpful.

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Dr. Somani stated that a corollary to that is whether it helped him in the way he will practice. He stated that Dr. Davidson was obviously brought to the Board for a reason.

Dr. Davidson stated that he thinks that it did.

Dr. Bhati asked Dr. Davidson whether he feels that what the Board has required of him in the past five years was a waste of time or a burden to him.

Dr. Davidson stated that obviously it was a burden. It's never a waste of time. One always continues to learn in medicine. Specifically about his practice, it was beneficial to him.

Dr. Bhati stated that he's disappointed to hear a somewhat lukewarm response about this issue. He stated that he had hoped that that Dr. Davidson had felt that he had learned something from this, that his problems wouldn't be repeated, and that he got what he needed to get where he is. The Board is happy to release him, but he's disappointed to hear that this has not been what Dr. Davidson would consider to be a reasonable thing for himself.

Dr. Davidson stated that the original question was specifically whether the ethics course had been pointedly beneficial to his practice. Dr. Davidson stated that he can't say that it was. Were the happenings of the Board informative and did he learn from them? Absolutely, there's no question about that.

Dr. Davidson stated that he's not certain that the general nature of the ethics courses was specifically beneficial to the practice. They helped him manage his anger. The action of the suspension obviously was shocking. It's made him cognizant every day that he's practiced of things such as recordkeeping, which has been monitored. His monitoring physician found his charts to be satisfactory, and he prided himself that things are in order. He does think that he's improved.

Dr. Davidson stated that he's sorry if he misled Board members, adding that he can't look anybody in the eye and say that the ethics courses in his judgment specifically were beneficial to his practice. He thinks that they helped manage his anger. The terms of the suspension and the probation have to make one very cognizant of what he or she is doing. It's made him reflective. Before he used to be indifferent to the ring of the telephone, but now he wants to know what's going on all of the time. He wants to have his fingers on the pulse, and he does that because of it. He trusted tasks before that many just take for granted. Now he's the captain of the ship so to speak. He has his fingers into everything. Dr. Davidson stated that he's sorry if Board members feel that he was indifferent; that's not the case. He doesn't know if the ethics courses benefited him.

Dr. Egner stated that the Board members like to think that over the course of all of this time that there has been some revelation and that Dr. Davidson accepts what the Board's conclusions were and that he sees the same need to change that the Board saw. That doesn't always have to happen. Dr. Davidson did what he was supposed to do. He complied with the terms of his Order. It's time that he is released. It's obvious that he and the Board don't see eye to eye on the very beginning of this. It wasn't part of the Order to change his thinking about that.

Dr. Davidson stated that he wants to be released and go about his life and be a good doctor. He can't be a

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good doctor with the halo that's been over him. He can be a good doctor in so far as complying with the stipulations of what he is supposed to do. His records and his practice speak for itself.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

RALEIGH S. CALLION, M.D.

Dr. Callion made his initial appearance before the Board, pursuant to the terms of his April 10, 2002 Consent Agreement.

In response to Dr. Buchan's questions, Dr. Callion stated that he is well. During his suspension he has been spending a lot of time around the house. He has four young children who are home. It's been good to catch up with their growing-up process. He's spending a lot of time with the family, doing a lot of family things. He also attends A.A. meetings, aftercare, and he's involved in OPEP. He's doing all of the things specified in his Step I Agreement.

Dr. Buchan asked Dr. Callion how he believes he slipped back into his habit.

Dr. Callion stated that it had been almost eight years. When the knee replacement took place and he was prescribed medication, he honestly thought he could take it as prescribed. He found out he couldn't.

Dr. Buchan asked whether there is anything the Board might have done to prevent his presence here.

Dr. Callion stated that he doesn't think that there was anything the Board could have done. In his case it was a matter of truly accepting the spectrum of the disease. He had heard that you're never free from the disease. It lies in wait. He doesn't think he completely bought into that before. He really thought that he could take the medication as prescribed and it would not be a problem. A lot of it is just acceptance of the disease and the entirety of the spectrum.

Dr. Buchan asked whether Dr. Callion self-reported. Dr. Callion replied that he did.

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Dr. Bhati asked whether Dr. Callion has any questions for the Board.

Dr. Callion stated that he understands that the Step II agreement is being worked on. He doesn't have any questions. He's a little disappointed in how things have transpired, in that over 30 days ago he made a request for reinstatement. When he didn't hear anything for a couple of weeks, he called the office and the letter had not even been opened yet. He was a little disappointed by that. Consequently, he was told last week that there wouldn't be enough time to get it on the agenda for this month's Board meeting. That was disappointing.

In response to Dr. Talmage's questions, Dr. Callion advised that he did inform his treating physician that he had a problem with opiates. His physician was aware when he prescribed them that there could be a problem. Dr. Callion stated that it's sad because this goes to the ignorance of physicians as a whole when it comes to prescribing narcotics to addicts. He remembers distinctly that comments were made, "well, that was almost eight years ago and you're a smart guy, just take it as prescribed." Dr. Callion stated that that was the intention, but the disease doesn't work that way.

Dr. Talmage stated that Dr. Callion's realizing that the disease doesn't work that way is the most important thing. He added that this is a hard lesson to learn, but it sounds like Dr. Callion has learned it and will continue to remember it.

Dr. Egner stated that she's very disappointed, too, not that it's taken the Board 30 days to get him reinstated. She's disappointed that he's relapsed. She's disappointed that he blames the treating physician for his relapse.

Dr. Callion stated that he doesn't.

Dr. Egner stated that Dr. Callion just got finished telling the Board that his treatment shows the ignorance of the treating physicians in giving him the pain medications. They were aware; obviously, they must have also gotten the impression from Dr. Callion that it was appropriate for him to take the prescription and that he could do it. She added that she doesn't know who, if anyone, Dr. Callion consulted about that. The real responsibility of Dr. Callion's treatment and his staying off drugs is himself.

Dr. Callion agreed.

Dr. Egner stated that she thinks Dr. Callion needs more time, and she's glad that the Board doesn't have a Step II agreement for him today. She stated that she believes the Board does things in a very timely fashion when they are here on time. She doesn't know that she's ever heard of an envelope being left unopened in the office for 30 days. Dr. Egner stated that her message to Dr. Callion is that when he does finally see the Step II agreement, he must follow it to the letter of the law. He's had another relapse and his license is on the line.

In response to Mr. Albert's questions, Dr. Callion stated that he attends three to four A.A. meetings per week.

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Mr. Albert stated that over the period that he's been on the Board he has seen a lot of doctors who have had medical problems who have had to take narcotics to control pain. They don't all have relapses. Mr. Albert stated that he is concerned that Dr. Callion hasn't accepted his addiction. He needs to work on that.

Dr. Callion stated that he has accepted his addiction.

Mr. Albert stated that he hopes that he is wrong, and he hopes that Dr. Callion succeeds. When he signs the Step II agreement, he needs to make sure that he agrees with and understands everything in it. He will have to live with it for the next five years, at least.

Ms. Sloan asked whether Dr. Callion finds the A.A. meetings beneficial. Dr. Callion replied that he does.

In response to Mr. Browning's questions, Dr. Callion stated that he does believe he is ready to return to practice. He advised that he self-reported to the Board when he was in treatment because he was informed that it was his obligation and he wanted to be forthcoming with the Board. He recognized that his disease was still in effect, and he wanted to make sure that there were no skeletons in the closet, that he was forthcoming, and that he was honest. He addressed the issue of his addiction without being compelled by the Board to do so. Dr. Callion stated that he knows that he's an addict, but he's an inactive addict. As long as he doesn't use, he will stay that way. Now that he knows that he can't use in any shape, form or fashion, he thinks he's ready to go back to work.

Dr. Somani stated that Dr. Callion has advised that he self-reported to the Board. He asked whether that was true.

Dr. Callion stated that that is correct.

Dr. Somani stated that Dr. Callion relapsed in November 2001. He didn't report until February.

Dr. Callion stated that he was taking the prescription, as prescribed, in November, December and January.

Dr. Somani asked whether the treating physician had prescribed the drug for four months.

Dr. Callion stated that he did, and he added that he personally did not get any refills, nor did he request any. He took the drug as prescribed. But this disease will wait on you. It's a patient disease. It just took him a little longer to get its hooks into him again.

Dr. Somani asked whether Dr. Callion checked in with OPEP and OPEP advised him to report to the Board, or if he reported to the Board before checking in with OPEP.

Dr. Callion stated that he called OPEP and discussed the situation with them. They advised him to report, so he did. He reported to OPEP first because he had had more contact with OPEP eight years ago. He had a very good working relationship with OPEP and sought their advice on how to handle this situation.

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Mr. Dilling asked whether Dr. Callion has entered into an aftercare agreement yet.

Dr. Callion stated that he is in aftercare.

Mr. Dilling noted that there are two reports due from his aftercare provider.

Dr. Callion stated that he has requested those reports from Parkside on numerous occasions. He was told that Parkside doesn't have a contract, per se, as is requested in the consent agreement, but he has requested it on several occasions. He will continue to do so until something is in the Board's hand.

Mr. Dilling commented that Dr. Callion still has to provide those materials before a Step II consent agreement can be entered into.

Dr. Callion stated that he understands.

Dr. Somani commented that Dr. Callion's statement about the Board not opening his letter doesn't matter because he has not fulfilled the obligation to provide the aftercare agreement.

Dr. Callion stated that he has provided all that he can personally provide. He's trying to get Parkside to cooperate with him and the Board and to provide the documents that the Board needs.

Mr. Albert stated that the Step I agreement lists everything that Dr. Callion is required to get to the Board before it will proceed with a Step II agreement. This Board devotes a lot of time and expense to get those Step II agreements accomplished, but it is not the Board's responsibility to go out and get the materials the Board needs for that. That is Dr. Callion's responsibility. When he gets that Step II agreement, he will have to read it back and forth and understand everything in it. During the time Dr. Callion is associated with this Board and under probation, it will be his responsibility, and his responsibility only, to provide everything needed to keep him in compliance with the agreement.

Dr. Garg asked Ms. Bickers whether the Board has ever had problems with Parkside before.

Ms. Bickers stated that the Board has other aftercare contracts with Parkside and has seen reports. The Board should be able to get a report from Parkside on Dr. Callion.

DR. BHATI MOVED TO CONTINUE DR. CALLION UNDER THE TERMS OF HIS APRIL 10, 2002 CONSENT AGREEMENT AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE.

DR. TALMAGE SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye

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Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Somani	- aye

The motion carried.

JAMES H. GRAY, JR., D.O.

Dr. Gray made his initial appearance before the Board, pursuant to the terms of the Board's Order of March 13, 2002.

In response to Mr. Browning's questions, Dr. Gray stated that he believes that he is comfortable with the Board Order. He stated that any questions he would have would be minor, and he believes that he can work them out with Ms. Bickers.

In response to Dr. Buchan's questions, Dr. Gray stated that the 15-day suspension was and continues to be a very large burden. He had to leave town for 15 days because in his rural community people would come to his house with lacerations or fractures at all times of the day and night. He had to leave the State for two weeks so that he would not even get near any conflicts regarding the Board Order. He added that probably a bigger burden has been reporting to some of the insurance companies because the three largest ones who cover their patients have, unfortunately, removed them from provider status. He believes that was much more financially burdensome than the suspension.

Dr. Buchan asked whether the insurance companies have suggested a time when Dr. Gray might reapply.

Dr. Gray stated that the third largest said that they would accept reapplication in a year. The largest had advised them to hold their claims and they had reapproved them. He added that yesterday he received a certified letter advising that they were permanently removed from their provider network. Dr. Gray stated that he continues to see this company's patients, and he would hope that they would take that into account. He was told that he would be back on their panel, so for six weeks he has been seeing patients. That's quite a financial burden.

Dr. Garg asked Dr. Gray what kind of changes he has made in his practice and his use of P.A.s following all of this.

Dr. Gray stated that he knows the rules. Rather than taking a broader view, they are taking a much more conservative view. He realizes that they only have one more chance. He doesn't want to even go near the boundaries. They're taking the Board's restrictions very seriously.

Dr. Garg stated that he is sorry to hear about the three major companies dropping him, but he feels that Dr. Gray brought it upon himself because the rules regarding the use of P.A.s are very clear. Dr. Garg

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stated that he hopes that Dr. Gray does understand what the supervisory agreement allows him to have his P.A.s do.

Dr. Gray stated that he believes he does understand. He added that he must put up with the consequences of his actions.

**DR. BHATI MOVED TO CONTINUE DR. GRAY UNDER THE TERMS OF THE BOARD'S ORDER OF MARCH 13, 2002 AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE.
MR. BROWNING SECONDED THE MOTION.**

Dr. Talmage stated that the Board asked Dr. Gray to take an examination on P.A. rules sometime within the first year. He asked whether Dr. Gray has arranged to do that.

Dr. Gray stated that he has arranged to do that this October. He's also arranged to get information on a medical records course.

In response to Dr. Buchan's questions, Dr. Gray stated that he does have a P.A. in his practice now. He noted that his P.A., Thomas Hunter, is the next scheduled appearance this month.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

THOMAS A. HUNTER, P.A.

Mr. Hunter made his initial appearance before the Board, pursuant to the terms of the Board's Order of March 13, 2002.

In response to Dr. Buchan's questions, Mr. Hunter stated that he doing all right. He is back in the swing of things. He stated that the only help he could ask of the Board is with the insurance companies.

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Dr. Talmage asked whether Mr. Hunter is scheduled to take the same test that Dr. Gray is scheduled to take.

Mr. Hunter stated that he is.

Dr. Egner noted that Mr. Hunter chose not to appear before the Board at the time the Board adopted its Order in his case. She asked whether, when he and Dr. Gray were doing the circumcision and delivery together, it crossed his mind that this is beyond what the law allows him to do.

Mr. Hunter stated that it did not. He was aware of the P.A. scope of practice. He felt that he was knowledgeable in the system, but didn't feel that this was beyond what he should be doing. He does understand it now.

Dr. Buchan asked whether Mr. Hunter thinks his colleagues have the same misunderstanding.

Mr. Hunter stated that he can't speak for any other P.A. in the State of Ohio. He added that he lives in Indiana, so he deals with Indiana P.A.s. Indiana's laws are different from Ohio's. He hasn't talked to any Ohio P.A.s about this.

Dr. Somani asked whether circumcisions are under the P.A.'s scope of practice in Indiana.

Mr. Hunter stated that they are.

Dr. Egner asked whether Mr. Hunter went to school in Ohio or Indiana. He replied that he went to school in Indiana.

In response to Dr. Garg's questions, Mr. Hunter stated that in Indiana it's a little more up to the doctor than it is to the Indiana Board on what they can do. If it is within the physician's scope of practice, they allow the doctor to make the decision.

Dr. Garg stated that the Ohio registration spells out what he can do. Dr. Garg stated that he is having difficulty understanding why Mr. Hunter didn't know what he was doing was wrong.

Mr. Hunter stated that he felt that circumcisions are just minor procedures that don't require "assist in surgery" approval. He now knows more about what is going on here, and he knows that that's correct.

Mr. Albert suggested that Mr. Hunter get a copy of the P.A. scope of practice in Ohio and familiarize himself with it.

DR. BHATI MOVED TO CONTINUE MR. HUNTER UNDER THE TERMS OF THE BOARD'S ORDER OF MARCH 13, 2002 AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BUCHAN SECONDED THE MOTION.

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Mr. Browning asked Mr. Hunter whether the rural, small-town practice had any bearing on the situation.

Mr. Hunter stated that, being in a rural area, he was trying to increase his knowledge as much as possible. He just wants to expand his knowledge so that when he sees a baby in the office for the newborn checkup after the circumcision, he understands what is going on with the entire process. He understands a lot better.

Dr. Somani asked whether this process has made any difference to the care of people in Antwerp, and whether they getting less care from Mr. Hunter and Dr. Gray.

Mr. Hunter stated that they're just getting slower care. They're erring on the conservative side.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

ROBERT S. REEVES, JR., M.D.

Dr. Reeves made his initial appearance before the Board, pursuant to the terms of his May 13, 2002 Consent Agreement.

In response to Mr. Browning's questions, Dr. Reeves stated that he is doing well in terms of his recovery. He went into treatment at the Cleveland Clinic on February 5. He currently attends a doctors' group every Monday, and seven to ten A.A. meetings every week. Aside from his health, he has had a lot of financial difficulty. He is facing bankruptcy and the possibility of losing his health insurance. Everything else is good. His family life is good, and his recovery is good. The only difficulties now are financial.

Ms. Sloan noted that Dr. Reeves is here because of a relapse. She asked what will be different for him this time.

Dr. Reeves stated that the biggest difference is that, if he has to take any medicine, even over-the-counter medication, for any kind of a medical problem he has, even the most minor medical problem, he has to get approval from Dr. Collins at the Cleveland Clinic. He won't treat himself, and he won't even take over-

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the-counter medications. Everything will go through Dr. Collins. That is the biggest difference between the way things were before and what is going on now.

Dr. Reeves continued that it is pretty devastating. Having to go back into treatment has been probably the most devastating thing that's ever happened to him. He just had to make up his mind that no matter what happened he didn't want to feel that bad again, and that he would be willing to do anything to recover.

In response to Dr. Agresta's questions, Dr. Reeves stated that he went from February 1998 until fall of 2000 before he relapsed. The trigger for the relapse was physical pain. He was addicted to Ultram. Dr. Reeves stated that prior to his relapse he did understand that he is an addict, but he understands it now more than he did then.

Dr. Agresta stated that the Board likes to see people in recovery. One of the Board's goals is to try to help physicians get through this, but sometimes they don't. The Board doesn't like to see physicians come back more than a couple of times.

In response to Dr. Garg's questions, Dr. Reeves stated that he hasn't had a drink since 1982. He undergoes drug screens twice a week.

Dr. Somani asked whether the drug screens test for Ultram.

Dr. Reeves stated that they do.

Ms. Bickers asked Dr. Reeves to check into that with Dr. Collins because the screens that she has been receiving do not show a test for Ultram.

Dr. Reeves stated that he has been writing it out in longhand on each of his requisitions. He will check and make sure they are done in the future.

Dr. Egner stated that Dr. Reeves has a longstanding addiction, and this is the second relapse of which the Board is aware.

Dr. Reeves stated that it is his second relapse in six years. It's been bad.

Dr. Egner stated that this is very serious. She warned Dr. Reeves that his license is on the line. The Board is empathetic with the problem of treating legitimate medical problems and pain, but it's still a serious problem. She asked whether this issue was addressed when he went through the rehabilitation programs previously.

Dr. Reeves stated that it was. He stated that he knew what needed to be done and what his responsibilities were. He added that he can't claim ignorance. It's not the fault of the program he went through; it's his fault. Dr. Reeves stated that when he first injured himself, he went to Dr. Collins, and Dr. Collins changed his pain medicine. Once he got that medicine inside of him, it changed his thinking and attitude 180 degrees.

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Dr. Talmage stated that one physician prescribed 700 doses of Ultram. Dr. Talmage stated that he probably doesn't prescribe that in a year. He asked how hard it was to get that.

Dr. Reeves stated that it was not hard. Dr. Reeves stated that he doesn't blame that other physician, adding that it was all his own fault.

Dr. Talmage commented that Dr. Reeves had to be fairly persuasive to get 700 Ultrams.

Dr. Reeves stated that he was a really good friend of that physician's office nurse. He had befriended her on a couple of occasions when she was going through a real hard time in her life. He took her aside and tried to comfort and help her. She never forgot that. It was easy for her to say, "okay, it's no problem."

Dr. Talmage stated he thinks this is something the Board needs to be cognizant of. People can be talked into these prescriptions.

Dr. Reeves stated that there is a lot of misinformation about Ultram out there, although he personally couldn't claim that he didn't know about it.

Dr. Bhati advised Dr. Reeves that this is his last chance. If he relapses again, his wings will be clipped, without question. Dr. Bhati stated that the Board wants to see him get back to normal and back to work, and to get rid of his financial problems. If he works at it, he'll succeed.

Dr. Somani stated that Dr. Reeves mentioned that he received 700 doses of Ultram from one doctor in three months.

Dr. Reeves stated that he got Ultram from three different doctors, but never from more than one at a time. Towards the end he was just getting them from the one physician. He got 700 doses from that one physician.

DR. TALMAGE MOVED TO CONTINUE DR. REEVES UNDER THE TERMS OF HIS MAY 13, 2002 CONSENT AGREEMENT AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye

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Dr. Garg - aye
Dr. Somani - aye

The motion carried.

VIRGINIA C. WOODROW, M.D.

Dr. Woodrow made her initial appearance before the Board, pursuant to the terms of her April 10, 2002 Consent Agreement.

In response to Dr. Agresta's questions, Dr. Woodrow stated that she is doing very well. She is working from 9:00 to 5:00 looking for work and doing things associated with looking for work. She's taking care of her son, her farm and herself. She is looking forward to returning to practice, stating that she loves her work. She does have support at home. She has good supportive friends as well as good family support.

In response to Dr. Garg's questions, Dr. Woodrow stated that her specialty is in psychiatry. She was in a private practice until 1993 and then with Harding Hospital in 2000. When Harding shut down she worked in Springfield for a year, and then she was at Twin Valley last fall. Her original plan was to return to private practice, but apparently she can't get insurance because of the probation. Private practice was what she did the longest and was most comfortable with. The people in Springfield were very excited to have her join the practice. There are patients waiting until October to be seen by the other person in town, but she can't get malpractice insurance. She began looking for other organizations or employers and has so far been turn down because of the Consent Agreement. It's a possibility that she can work locum tenens.

Dr. Garg asked her whether she was told that her probation was preventing her from getting malpractice insurance.

Dr. Woodrow stated that she was. She added that the American Psychiatric Association (APA), in particular told her that she would not be eligible again until five years after her probation ends. A couple of other malpractice insurers told her to not bother applying.

Dr. Bhati stated that there's something wrong. The Board has a lot of people on probation who do get malpractice insurance.

Dr. Woodrow stated that it is the consent agreement that changes their mind. When she applied for the Bureau of Disability to become an evaluator, they said that they didn't want the liability of her, that it's a litigious society. If a patient complains that they didn't get their benefits because of her opinion, they would be at risk. She suggested that it may be related to that for others.

Dr. Garg asked whether Dr. Woodrow has tried the State Hospitals.

Dr. Woodrow stated that she has applied for open positions and she has been having the same problem. Employers do not want to hire her because of the consent agreement. The malpractice companies don't want to insure her because of the consent agreement.

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In response to Mr. Albert's questions, Dr. Woodrow stated that she was fired from Twin Valley.

Dr. Egner asked whether Dr. Woodrow has a letter from her psychiatrist saying that Dr. Woodrow is capable of returning to practice.

Dr. Woodrow stated that she had that before the consent agreement was ever signed. The psychiatric evaluator said that she was capable of working, her psychiatrist says that she is capable of working, but with the probation, people are not giving her the opportunity. Eventually something will work.

Dr. Egner stated that she's a little concerned about Dr. Woodrow's going with a locum tenens position. She feels that there is an unusual stress associated with that. You're traveling, away from family, and alone in the medical community. Dr. Egner stated that she's not saying that Dr. Woodrow can't do that, but she should consider things that would not put additional stress on her.

Dr. Woodrow stated that she understands Dr. Egner's concerns, but as an individual she doesn't anticipate that being as stressful. She added that it depends on the position. She added that her divorce, which is what triggered all this mess, will be over in two weeks. At that point she will have to sell her house, move, and that kind of thing. She doesn't feel that it's a good time for her to take on a 60-80 hour high-pressure job. She understands what Dr. Egner is saying, but she's trying to be cautious about that. She's completely ready to go back to work, but she still has things at home to iron out.

Dr. Talmage stated that the background materials the Board has indicate that Dr. Woodrow has been treated by numerous psychiatrists, psychologists and counselors in the past. This has been a longer term problem than just this last episode. Dr. Talmage stated that he knows that psychiatrists absorb the demons from a lot of other people and sometimes have problems doing that. He asked whether this is such a stress that perhaps psychiatry is not the best place for her to be.

Dr. Woodrow stated that she's been in practice for 20 years and she has taken prophylactic antidepressants and gone into therapy when she was stressed out for whatever reason in those 20 years. She is very proud of the quality of her work, and she has been highly respected. She was recruited to be the president of the medical staff at Harding twice. She stated that there's not been an issue with her work, and she loves it. She stated that she made a terrible mistake two years ago when she married her second husband, and the last year that she's been trying to end that marriage has been a nightmare. By last fall her husband was stalking her and threatening her. She was put on medications to try to handle that anxiety, which then gave her cognitive impairment and she couldn't work. She added that she was ready to go back to work at the end of January. She can't get malpractice insurance. All of her applications for individual malpractice insurance have now been withdrawn.

In response to Mr. Albert's suggestion that she seek work at local mental health centers, Dr. Woodrow stated that there is a Medical Director position at NetCare. She knows the man who has been working there and it's a very stressful, 80-hour a week job.

Mr. Albert stated that that is too much for her.

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Dr. Woodrow stated that that is why she hasn't contacted them. She thought she might contact them to see if they just needed some extra part-time manpower, but it's not the kind of position she wants. She would love it if everything at home was fine, but it's not. That's the only position she's heard of with local mental health centers.

DR. BHATI MOVED TO CONTINUE DR. WOODROW UNDER THE TERMS OF HER APRIL 10, 2002 CONSENT AGREEMENT AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. TALMAGE SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

Mr. Albert commented that it's becoming harder and harder for probationers to find jobs.

OFFICE-BASED SURGERY RULES

Dr. Bhati stated that he believes the Scope of Practice Committee members have been working on these proposed rules, a copy of which shall be maintained in the exhibits section of this journal, for almost a year now. Ms. Thompson has been invaluable, and Mr. Wayda has also been doing a lot of work on the rules. He asked that they be recognized and acknowledged for their hard work.

At this time Dr. Bhati asked for questions on proposed rules 4731-18-05 (Definition of Terms) and 4731-18-06 (General Provisions). There were none.

Dr. Bhati referred to proposed rule 4731-18-07 (Standards for surgery using moderate sedation/analgesia), noting that paragraph (A)(1) lists the minimum requirements a physician must have to be able to use moderate sedation/analgesia in the office setting.

Mr. Browning asked who wouldn't meet one of the criteria in paragraph (A)(1). He stated that it seems that anyone who would want to use sedation in their practice for things that are within their specialty scope would be able to do it. What is the standard? An OB/GYN in practice could do this.

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Dr. Bhati stated that that is correct. As long as someone meets one of the four qualifications in paragraph (A)(1), he or she is eligible.

Mr. Browning stated that his concern is that this rule wouldn't exclude anyone from using anesthesia within their area of practice. Everybody licensed in the state could do this.

Dr. Talmage stated that there have been OB/GYNs who have have been attracted to take didactic courses in liposuction after completing their residency. This is a rare case scenario. ACOG says that liposuction is not part of the specialty of women's health care. If he were to take the didactic course, ACOG would say that it's not part of the specialty, and he could legitimately be denied the ability to do that. If ACOG rescinds that and allows liposuction within the specialty, and the physician takes a proper didactic course under supervision, he would be qualified to do it. He can't just set up and say, "give me a liposuction machine, I can do liposuction." He has to take a course.

Mr. Browning asked how low a standard this is.

Dr. Talmage stated that it's not a terribly high standard, depending upon whether it is a recognized didactic course, but many OB/GYNs learned laparoscopy through a didactic course.

Mr. Browning stated that this seems like a low standard to him. He would think that a higher standard would be appropriate in an office setting because there is no supervision. Nobody's around and you're off by yourself.

Dr. Bhati stated that there are only certain types of cases for which you can do this. You cannot do a hysterectomy in the office setting. This is concerning minor cases that can be done in the office setting.

Dr. Somani used the example of a family practitioner. A family practitioner says he or she will take a didactic course to learn about colonoscopy, so he or she goes for one weekend, takes a course and comes back and says he or she is qualified to do colonoscopies.

Dr. Bhati stated that the rule goes into a little more detail. The rule says that the didactic course must be supplemented by direct, hands-on, monitored experience in the surgery. Someone has to watch the physician.

Dr. Somani stated that the physician simply takes the course for the weekend, and someone watches him.

Dr. Bhati stated that the person who is observing has to be comfortable with the physician's ability because that person is responsible for saying that the physician can do the procedure.

Dr. Somani stated that nothing is defined. Using the example of angioplasty, Dr. Somani stated that a board certified cardiologist who does cardiac care is not certified to do angioplasty unless he or she does 100 cases. There is well-defined training under supervision before he is qualified to do independent angioplasty.

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Dr. Bhati stated that Dr. Somani is talking about two different things here. He's talking about a very serious situation of angioplasty. What the Board is addressing here concerns minor cases.

Dr. Somani stated that the Board is talking about office-based procedures. A colonoscopy could become an office-based procedure and it carries the risk.

Several Board members stated that it already is an office-based procedure.

Dr. Bhati stated that this rule was put in because there are new things that come into the market. There was a time 20 years ago when physicians didn't know how to laparoscopies. General surgeons didn't know how to do gall bladder laparoscopies until six or seven years ago. These guys need a way to learn things, work under an experienced practitioner, and then be able to do the job. The question is, does the Board want to leave this rule in or take it out.

Dr. Somani stated that the Board had the same discussion about the scope of practice for P.A.s. The Board has said that there should be some guideline as to what type of training and supervision a P.A. must undergo before the Board would feel comfortable with a P.A. doing certain procedures.

Mr. Browning stated that he has a question about quality control. If a physician is going off for some weekend of training, who is to say that the training is any good.

Dr. Garg indicated that the number of observed procedures necessary will vary depending upon the procedure itself. Some may be all right after ten are observed, and some may need to have 100 observed.

Dr. Bhati stated that physicians need to be able to learn new procedures. He believes the rule allows for physicians to learn new procedures and perform them in their offices.

Dr. Somani stated that he believes that a concern for all Board members is the question of who would be providing the didactic course, what are the quality standards for the course, and what are the requirements for passing the course. That's the issue. It's not an issue of someone taking a course and passing it.

Dr. Bhati stated that the question is how the Board can legislate that.

Dr. Agresta reminded the Board that currently there are no standards. The Board is trying to establish a baseline standard. A year from now the Board may modify it, and there may be modifications resulting from the rules hearing. He stated that there is no way that the Board will get something that will satisfy absolutely everything you want to get satisfied in this situation, or it will be such a controlled situation, nobody will be able to work in it at all.

Mr. Browning stated that he understands that, but what about any accountability?

Dr. Agresta stated that there is none now.

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Mr. Browning stated that it seems to him that there is none in the proposed rule. If a physician goes for a weekend course, will he get a piece of paper certifying that he is competent to do this work.

Dr. Agresta and Dr. Egner stated that he won't.

Dr. Egner stated that he'll get a piece of paper saying that he completed the course.

Dr. Bhati stated that it will say that the person satisfactorily completed the course.

Dr. Davidson stated that it's the same thing with ACLS. They don't say you're competent to resuscitate someone. They say you participated in the course. You can't get anyone to say you're competent.

Mr. Browning stated that no one wants to be held accountable.

Dr. Talmage stated that proposed rule 4731-18-11 requires mandatory accreditation. Part of accreditation requires that you have a privileging procedure. The privileging procedure must be written by the governing body. If the governing body is the individual physician, he still has to have an accreditation procedure, which defines how they will accredit themselves to do these procedures. If they don't have that, they don't pass the accreditation. Traditionally, if there is a new procedure that comes up, the first person in your hospital or your area of practice goes away and does procedures under the supervision of someone who invented or started the procedure and has been teaching it. When they have done a sufficient number that that individual can say, "okay, you are competent to continue to do this procedure," they in turn certify competence to other people in the department. This has been done with laparoscopy, colposcopy and lasers. If you're going to do it you have to be supervised for a number of cases. Oftentimes, in surgical specialties, the number of procedures to be done before you're certifiable is fairly limited, perhaps four or five, but you may need to do ten.

Mr. Browning suggested referencing that rule in proposed rule 4731-18-07 to make it clear that the physician can't just go to anybody who represents themselves as knowing something. You have to go to someone who has been through a process and has been certified, credentialed, whatever the term is.

Mr. Dilling stated that he remembers a hospital case that the Board had years ago where a physician had been the first one on the block to do the laparoscopic cholecystectomy, and the Board watched videos of the patient bleeding to death. The Board gave the physician a 15-day suspension with the understanding that the Board's expert would not testify that there is any standard of care to which he could testify. The physician was peer reviewed by a small hospital and by his partners in practice and was told to go to it. There's a steep learning curve, and the Board found that to be the case nationwide. New York was the one state that went out there and did rules on it. The Board attempted, after that case, to do a position statement. When it did the position statement, the Board set the lowest floor possible because that is all anybody would testify to. The Board had one of the best surgeons in the state testify in that case, but he told the Board that he couldn't say what the standard is. Now the Board is talking about office-setting surgery where there is no peer review and no credentialing. There is some accreditation on what needs to be done in the facility, but he doesn't understand that accreditation to include the physician's training to do the procedure. That's his understanding.

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Dr. Bhati stated that there is a credentialing process. They have to credential themselves or another person in their facility to operate.

Dr. Talmage stated that this is the conundrum that AAAMC has worked with in putting out their rules. Who privileges when there is only one person. In the Committee's opinion, the only way you can do it is to do it somewhere else, like in the hospital where you have peer review. You have to have somebody else come in and observe you. But the standard was you have to have a procedure whereby you are privileged. One individual might say that he does these things at the hospital so he can do them at the office. Another person might say he will do it by having a qualified physician come in and observe the first ten he does. There has to be a procedure. That's what JCAHO always does. They look to see if the hospital has a procedure addressing a particular issue, and does the hospital follow the procedure. They don't say that this is the procedure that the hospital has to have. The hospital has to have a procedure, it has to be logical, and the hospital has to follow the procedure. That's what the accreditation process does. You have to have some provision that allows people to learn to do new procedures and incorporate them.

Mr. Dilling stated that there are a lot of competing issues at play in these rules. The discussion is focusing on what qualifications are needed to do a procedure; but the rules themselves seem to be focused on basing requirements on the level of anesthesia that's administered. Then, of course, there are the "length of stay" requirements which try to cut down on the severity level of the type of surgery as well. Those are significant.

Dr. Bhati stated that these rules are talking about local anesthetic with IV sedation only at this stage.

Dr. Davidson stated that there's only so much you can do with that.

Mr. Browning stated that there has to be some level of skill standard that you can identify and then measure whether or not someone "successfully completed."

Dr. Bhati stated that right now there aren't any standards.

Dr. Buchan stated that that's not true. There is a community standard to which all physicians are held. That's no different whether the physician is in the office or a hospital. If the Board wants to reference the community standard, and tag the last sentence to describe that they practice with the experience that meets or exceeds the community standard, that is restating the obvious.

Mr. Browning asked about the people who are providing the training. Can the Board say that those people have to meet some standard.

Dr. Bhati, Dr. Buchan and Dr. Talmage all stated that the Board cannot.

Mr. Browning asked whether it would be okay for someone who just left a residency to train someone else to do a procedure.

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Dr. Bhati stated that it wouldn't.

Mr. Browning stated that it would be under this.

Dr. Talmage stated that the physician has done 20 of the procedures in his residency and is qualified to teach the procedure.

Dr. Garg stated that the Board can make all the rules and restrictions it wants to make, but when a physician comes out of a residency and is a trained surgeon, that doesn't mean that he's the best. There's a learning curve at that stage also. As well, the board certification does not give a physician a ticket to do everything to the best of his or her ability.

Dr. Garg stated that, concerning the case Mr. Dilling referenced, that was a case where the physician, after performing many cases, had problems on the 50th or 90th case. These things will happen and they do happen.

Dr. Talmage stated that the problem the Board is laboring under is that there are people out there who have said that there have been no complications, and until there is a complication, why should there be rules. Do the Board members agree with that? No, because there have been problems elsewhere and the Board must take that cue. There is also a reporting process built into this rule, requiring the report of bad outcomes. The Board can remake these rules as needed.

Dr. Bhati stated that he would prefer to keep the language as it is written. He stated that there's a whole lot more later in the rules.

Dr. Bhati continued with his review of proposed rule 4731-18-07, noting that paragraph (B)(3) was the most controversial, but one about which the Committee felt very strongly. This rule requires that a physician or surgeon supervising a C.R.N.A. must have completed at least five hours of category 1 CME relating to the delivery of moderate sedation/analgesia during the current or most recent past biennial registration period. He noted that being a physician doesn't necessarily mean that the individual is trained to maintain airways and manage cardiac problems should they arise with moderate anesthesia. He has to have some kind of continuing education so that if a problem arises he can take care of it.

Dr. Bhati stated that there is very strong opposition from OSMA on this issue because it does not like focused CME.

Dr. Somani stated that the alternative would be five hours of some type of training, whether it is part of CME or not. The major point is whether a physician in an emergency can respond to maintain an airway or cardiac status. Category 1 CME taken from the computer does not allow the physician to do hands-on training. When you are dealing with a live body, it's different than taking paper CME.

Dr. Davidson stated that it's a very difficult problem and one that she thinks a lot of people are aware of. She believes that Ohio is on the cutting edge of this problem. Iowa also has required CME. Ohio is the second state to take this direction in CME. The stuff on the computer is not that far off. There is simulation that

will lead you through a sedation disaster. These are pretty good, except for the confirmation of the actual hands-on stuff.

Mr. Browning expressed concern that the CME won't necessarily entail hands-on training. It could all be done by reading books or listening to cassettes.

Dr. Davidson stated that that is better than what is happening now.

Mr. Browning stated that he understands that, but the Board has an opportunity to do something.

Dr. Egner stated that they might be listening to cassettes or reading, but they will also have to pass a test to get the credits for the CME.

Dr. Davidson stated that the important thing is that for the first time the Board will have adverse outcome reporting. The Board can look back and say that this was a disaster, and it will have the basis to start analyzing how to make it better.

Dr. Bhati continued his review of the proposed rules, noting that paragraph (C) requires the person administering and monitoring the moderate sedation/analgesia to be present at all times during the procedure.

Dr. Davidson asked whether the person supervising the administration can leave the location.

Dr. Bhati asked how one can supervise if he leaves the location.

Dr. Davidson stated that the rule doesn't specify. If the rule is saying that the person monitoring the sedation/analgesia can't leave the location, maybe it's also saying that the other guy can. She added that she knows that happens.

Dr. Bhati stated that the rule needs to specify on-site supervision.

Dr. Bhati addressed proposed rule 4731-18-08 (Standards for surgery using anesthesia services), stating that this concerns general anesthesia, regional anesthesia and deep sedation. It requires the same credentialing as addressed in the previous rule.

Dr. Talmage asked whether, if rules are promulgated for anesthesia assistants, the Board will probably have to modify this rule.

Dr. Davidson stated that the statutes prohibit anesthesia assistants from office-based surgery. They are only allowed to practice in surgery centers or hospitals.

Dr. Bhati stated that proposed rule 4731-18-09 (Liposuction in the office setting) created a significant amount of problems. He stated that this is only for liposuction procedures that can be done under a simple, local anesthetic. They can use oral medications, but not IV medications.

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Dr. Bhati continued that the rule states that the largest size cannula that can be used in the office setting is 4.5 mm., noting that the larger the cannula, the higher the complication rates. The rule also limits the amounts of lidocaine and epinephrine to be used.

Mr. Dilling stated that Dr. Steinbergh, who was not able to attend this meeting, did have concerns about paragraph (B)(6)(b), where it says, “a second person shall be continuously within the room to monitor the patient.” Could that second person be an unlicensed individual? Was there any discussion as to whether that should be an R.N. or L.P.N.

Dr. Bhati stated that he just assumed that that would be an R.N.

Dr. Egner stated that it could be a family member with the way the rule is written.

Dr. Bhati stated that there was a discussion on this issue and the argument was that the Board would be restricting the practice because the physician cannot find an R.N. to supervise in a small town. Dr. Bhati commented that if they can't find an R.N. to do it, then they don't have any business to do this kind of surgery in an office setting. Dr. Bhati stated that he would be in favor of specifying that that person be an R.N. or L.P.N.

Mr. Dilling stated that he would assume that under the Board's new delegation rules that they couldn't probably answer all of the questions that they would need to to have an unlicensed person performing any function that was needed there.

Dr. Bhati stated that the issue is that there will be an argument that a P.A. or an office assistant, or someone who has worked with the doctor for 20 years, could do it.

Dr. Somani stated that the reason for the rule is to ensure that a second person is there in case an emergency occurs.

Dr. Davidson stated that they have to have some competence. The intention is that in some of these settings the surgeon won't be available to resuscitate.

Dr. Talmage suggested saying “a licensed person,” which would cover an R.N., L.P.N., P.A. and A.P.N.

Dr. Bhati suggested using the term “a licensed healthcare provider.”

Mr. Wayda suggested using the term “licensed under” and then listing the applicable code sections. He said he can bring the list back to the Board in August and they can add to it or delete from it.

Dr. Buchan stated that the rule isn't talking about decision making at this point, it's talking about monitoring. He questioned the need for a licensee to do that. He remembers the argument held at committee level about having people available in these communities to do such a task. He stated that what the rule is talking about is reporting baseline vital signs, blood pressure and heart rate, intraoperatively.

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Dr. Somani stated that that is the point he was raising. What does the Board expect the second person to be doing?

Dr. Davidson stated that, if you go back to 4731-18-07, one of the requirements for doing this in the office is that the person who is doing it insures that assisting personnel are competent to administer and monitor moderate sedation/analgesia and to manage emergencies. It's someone's responsibility to decide whether the person is competent.

Dr. Bhati stated that it is the surgeon's responsibility to determine the other person's competence. He believes that changing 4731-18-09 (B)(6)(b) by adding the word "licensed" may complicate things. He thinks the Board should leave the proposed rule as it is.

Mr. Wayda suggested adding a link to the delegation rules.

Dr. Somani asked what the second person is supposed to do.

Dr. Bhati stated that he's supposed to monitor.

Dr. Somani questioned the need for a license for that.

Dr. Bhati agreed. He stated that the surgeon is the one to decide whether or not a person is competent because he is the one responsible for that patient.

Dr. Bhati continued his review with proposed rule 4731-18-01 (Reporting of adverse events).

Dr. Egner asked how the reporting rule will be enforceable.

Dr. Agresta stated that a lot of rules the Board promulgates are difficult to enforce.

Dr. Talmage stated that the same applies for speed rules. Unless you get picked up, how will anyone know you're driving 75 m.p.h.?

Dr. Egner stated that there is a greater likelihood that a State Trooper will be along the side of the road than there is an investigator happening to be in the surgeon's office. She referred to paragraph (A)(5), which requires the physician to report if a patient has not met discharge criteria within twelve hours from the start of the procedure.

Dr. Talmage stated that the way the Board would find out is if someone was admitted to the hospital with complications and they've been in the doctor's office for 18 hours. Someone will then report it as an admission. The Board can then ask why the surgeon didn't report it under the 12-hour requirement.

Dr. Somani stated that this is the same situation the Board deals with in every-day practice. The Board doesn't know what goes on in quality of care until something happens and someone reports to the Board.

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Dr. Davidson stated that she believes this would be a policy for re-accreditation, and the agency would know.

Dr. Agresta commented that that's why the accreditation process is so important. There's no other way the Board can check any of this stuff.

Dr. Bhati noted that information received under this rule would be investigatory, part of a complaint.

Dr. Bhati referred to proposed rule 4731-18-11 (Accreditation of office settings), stating that he believes it is very important, although it will cost money and there will be a lot of complaints. In this setting, accreditation is very important.

Dr. Garg at this time commended Dr. Bhati on his job in driving the Committee on this issue. This was a lot of work.

**MR. ALBERT MOVED TO APPROVE THE RULES FOR FILING FOR RULES HEARING.
DR. AGRESTA SECONDED THE MOTION.**

Dr. Davidson stated that she believes that there were some revisions based on the discussion the Board had today, and she would like to see the rule in final version before the Board has to defend it in public.

Dr. Bhati stated that the only change that the Board has made involves the on-site supervision issue.

Dr. Davidson asked whether the Board hadn't decided to change language in 4731-18-09 (B), too.

Dr. Egner stated that she thought the word, "licensed," was going to be inserted into the language.

Dr. Bhati stated that if the Board puts in language requiring that individual to be "licensed" or "certified," a problem will arise when a surgeon who wants that individual to be someone in his or her office with whom he or she has worked for 20 years, and who can take blood pressure, temperature and pulse. That physician will scream his or her head off.

Dr. Egner stated that the hospitals have really pushed the limit on what they have let aides do. Where you don't see aides in hospitals is in the recovery room. She thinks that that second person should be a licensed person. There are lots of licensed people. It doesn't make it that limited. She does have a problem with a medical assistant who has been working with you for 20 years, whom you trust, being that individual because he or she doesn't have experience in post-op care.

Dr. Bhati stated that this is intra-operative care. He stated that he has no problem with using the word "licensed."

The Board members expressed agreement with adding "licensed" to that rule.

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Mr. Wayda stated that the Board has started receiving comments on the rules. One issue being raised relates to C.R.N.A.s. Mr. Wayda referred to proposed rule 4731-18-08 (B)(4). The rule previously stated that, if the physician is performing surgeries or special procedures in the office using anesthesia services, you have to have 20 hours of Category I CME related to anesthesia services. The rule was changed at this morning's Committee meeting to say that, if you are not supervising a C.R.N.A., but you have an anesthesiologist hired to do this work, you don't need to have the CME credits. The question has arisen: by requiring that CME only if you supervise a C.R.N.A., is that a de facto restriction on the scope of practice of C.R.N.A.s. He advised that he and Ms. Thompson did a quick look at the relevant statutes, which are the Nursing statutes governing the scope of practice for C.R.N.A.s, and the Medical Board's statute, §4731.35, R.C., which is the exemption for C.R.N.A. and A.A. practice, and they do not feel that they have had enough time to look at that issue and find the answer to that question. He would prefer to do that before moving forward to rules hearing. The Board may be in conflict with a Revised Code section that spells out the scope of practice of the C.R.N.A.s.

Mr. Wayda stated that there are still other issues, as well. He would like a little more time to work on language and then ask the Board to talk about going to rules hearing in August.

Mr. Dilling stated that that's a practical suggestion in the sense that the Board has to take these to rules hearing, but there are a lot of calls and questions about proposed rules. Can they be handled up-front? He believes that the Committee has done a great job in keeping things going smoothly throughout this process. There is a good network of people with whom the Board is communicating. One more month might answer a lot of questions.

Mr. Wayda stated that it will either answer the questions, or it will let the Board know what questions can't be answered.

Dr. Garg stated that that is reasonable. He suggested that changes be sent to Board members so that they know what the changes are and next month the Board won't have to spend as much time.

MR. ALBERT AND DR. AGRESTA WITHDREW THEIR MOTION AND SECOND.

Dr. Somani stated that the matter will be brought back to the Board in August.

PROBATIONARY REPORTS

Dr. Somani referred the Board to the Compliance Staff's reports of conferences with probationers on May 6 and May 7, 2002. He noted that all probationers are in compliance.

DR. TALMAGE MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES WITH PAUL D. COLEMAN, M.D.; ROBERT R. DAIBER, M.D.; JEROME DAVID HOMISH, D.O.; MICHAEL W. KESSLER, M.D.; BAK CHUL KIM, M.D.; BRADFORD J. MURPHY, D.O.; ELLIOT L. NEUFELD, D.O.; HARRY P. NGUYEN, M.D.; PAUL E. PANCOAST, M.D.; MARK E. SENIOR, D.O.; PHILLIP A. STARR, III, D.O.; PHILIP G. WAGMAN, M.D.; PAUL WEST, D.O.; LESLIE R. WOLF, M.D.; AND BRIAN W. YOUNG,

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M.D. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

PROBATIONARY REQUESTS

EDWARD M. BIRDSONG, D.O

Dr. Birdsong's request for changes in the probationary terms of the Board's Order of November 8, 2000 was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO GRANT DR. BIRDSONG'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE FROM EVERY THREE MONTHS TO EVERY SIX MONTHS. DR. TALMAGE FURTHER MOVED TO APPROVE JOSEPH R. CAPPS, M.D., TO SERVE AS DR. BIRDSONG'S MONITORING PHYSICIAN, WITH TEN CHARTS REVIEWED ON A WEEKLY BASIS. MR. BROWNING SECONDED THE MOTION.

Mr. Dilling advised that Ms. Bickers has prepared a document outlining previously approved chart review requests that is in the rough stages. This will be on the Consent Agreement committee agenda in August. The chart review requirement at this time is very random.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye

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Dr. Garg	- aye
Dr. Somani	- aye

The motion carried.

JESSICA B. CAMPBELL, M.D.

Dr. Campbell's request for revisions to the probationary terms of the Board's Order of May 14, 1997 was presented to the Board for consideration at this time.

DR. BUCHAN MOVED TO GRANT DR. CAMPBELL'S REQUEST FOR A REDUCTION IN HER DRUG SCREEN REQUIREMENT TO ONCE PER MONTH. DR. BUCHAN FURTHER MOVED TO ELIMINATE THE CHART REVIEW REQUIREMENT, CONTINGENT UPON THE MONITORING PHYSICIAN SENDING IN QUARTERLY REPORTS DOCUMENTING DR. CAMPBELL'S PROGRESS AND STATUS. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

LOREN S. CARLSON, D.O.

Dr. Carlson's request for a change to the probationary terms of the Board's Order of April 14, 1999 was presented to the Board for consideration at this time.

DR. BUCHAN MOVED TO GRANT DR. CARLSON'S REQUEST FOR A REDUCTION IN HIS CHART REVIEW REQUIREMENT TO TEN CHARTS EVERY TWO WEEKS. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye

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Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Somani	- aye

The motion carried.

PAUL D. COLEMAN, M.D.

Dr. Coleman's request for a change in the probationary terms of his May 13, 1999 consent agreement was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO REDUCE DR. COLEMAN'S PSYCHIATRIC SESSIONS REQUIREMENT FROM BIWEEKLY TO ONCE A MONTH. DR. TALMAGE FURTHER MOVED TO REDUCE DR. COLEMAN'S COUNSELING SESSION REQUIREMENT FROM TWICE PER MONTH TO ONCE A MONTH. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

TIMOTHY A. GOODEN, M.D.

Dr. Gooden's request for approval of a practice plan and a monitoring physician was presented to the Board for consideration at this time.

Dr. Talmage noted that Dr. Gooden is going to be in a fellowship, where all of his charts will be reviewed.

DR. TALMAGE MOVED TO APPROVE DR. GOODEN'S PROPOSED PRACTICE PLAN. DR. TALMAGE FURTHER MOVED TO APPROVE ROBERT J. RONIS, M.D., TO SERVE AS

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DR. GOODEN'S MONITORING PHYSICIAN WITH CHARTS REVIEWED ON A BASIS CONSISTENT WITH HIS FELLOWSHIP STATUS, WITH QUARTERLY REPORTS TO THE BOARD. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

Dr. Egner left the meeting at this time.

RAYMOND E. HENSHAW, II, M.D.

Dr. Henshaw's request for a change in the probationary terms of his October 13, 1999 consent agreement was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE DR. HENSHAW'S REQUEST FOR A REDUCTION IN HIS DRUG SCREEN REQUIREMENT TO ONCE PER MONTH. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

Dr. Buchan left the meeting at this time.

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MITCHELL W. LEVENTHAL, M.D.

Dr. Leventhal's request for changes to the probationary terms of his March 14, 2001 consent agreement was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE DR. LEVENTHAL'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS. DR. TALMAGE FURTHER MOVED TO DENY DR. LEVENTHAL'S REQUEST FOR REDUCTIONS IN HIS DRUG SCREENS AND REHABILITATION MEETINGS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

MARK S. MCALLISTER, M.D.

Dr. McAllister's request for approval of a practice plan and a monitoring physician was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE DR. MCALLISTER'S PROPOSED PRACTICE PLAN. DR. TALMAGE FURTHER MOVED TO APPROVE RICHARD C. TREAT, M.D., AS DR. MCALLISTER'S MONITORING PHYSICIAN WITH CHARTS REVIEWED ON A BASIS CONSISTENT WITH HIS FELLOWSHIP STATUS, WITH QUARTERLY REPORTS TO THE BOARD. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

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The motion carried.

JEFFREY D. NEIDHART, M.D.

Dr. Neidhart’s request to continue the terms of his November 22, 1999 consent agreement while he resides outside of Ohio.

DR. TALMAGE MOVED TO APPROVE DR. NEIDHART’S REQUEST TO CONTINUE HIS PROBATIONARY TERMS WHILE HE PRACTICES IN NEW MEXICO AND COLORADO. DR. TALMAGE FURTHER MOVED TO APPROVE THE NEW MEXICO MONITORED TREATMENT PROGRAM AS DR. NEIDHART’S SUPERVISING PHYSICIAN, AND STEVAN LUND, M.D., AS DR. NEIDHART’S TREATING PSYCHIATRIST. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

KOLLI PRASAD, M.D.

Dr. Prasad’s request for a change to the probationary terms of the Board’s February 11, 1998 Order was presented to the Board for consideration at this time.

DR. AGRESTA MOVED TO APPROVE DR. PRASAD’S REQUEST FOR REDUCTIONS IN HIS ALCOHOL AND DRUG REHABILITATION MEETINGS REQUIREMENT TO THREE MEETINGS PER WEEK AND REDUCTIONS TO HIS DRUG SCREEN REQUIREMENT TO ONCE PER WEEK. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain

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Dr. Somani - aye

The motion carried.

Dr. Buchan returned to the meeting at this time.

LAWRENCE B. ROTHSTEIN, M.D.

Dr. Rothstein's request for approval of a supervising physician and a treating psychiatrist was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE THE INDIANA STATE MEDICAL ASSOCIATION PHYSICIAN ASSISTANCE PROGRAM TO SERVE AS DR. ROTHSTEIN'S SUPERVISING PHYSICIAN. DR. TALMAGE FURTHER MOVED TO APPROVE MICHAEL WENZLER, M.D., TO SERVE AS DR. ROTHSTEIN'S TREATING PSYCHIATRIST. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

DON R. SHEGOG, M.D.

Dr. Shegog's request for a reduction in the appearance requirement of the Board's December 13, 2000 Order was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE DR. SHEGOG'S REQUEST FOR A REDUCTION IN HIS BOARD APPEARANCE REQUIREMENT TO EVERY SIX MONTHS. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye

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Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Somani	- aye

The motion carried.

ALLAN H. SHIPPEL, M.D.

Dr. Shippel's request for approval of a supervising physician was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE GEORGE M. MACNABB, M.D., TO SERVE AS DR. SHIPPEL'S SUPERVISING PHYSICIAN. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

JOSEPH A. TORE, M.D.

Dr. Tore's request for approval of a supervising physician was presented to the Board for consideration at this time.

DR. BUCHAN MOVED TO APPROVE ERIC A. SCHAUB, M.D., TO SERVE AS DR. TORE'S SUPERVISING PHYSICIAN. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye

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Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Somani	- aye

The motion carried.

JOHN R. TRUMBO, M.D.

Dr. Trumbo's request for approval of a monitoring physician was presented to the Board for consideration at this time.

DR. AGRESTA MOVED TO APPROVE MATTHEW S. BROWN, M.D., TO SERVE AS DR. TRUMBO'S MONITORING PHYSICIAN, WITH 25 CHARTS REVIEWED ON A MONTHLY BASIS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

MARK E. TURNER, D.O.

Dr. Turner's request for revisions to the probationary terms of his August 12, 1998 consent agreement was presented to the Board for consideration at this time.

DR. BUCHAN MOVED TO DENY DR. TURNER'S REQUEST FOR A REDUCTION IN HIS ALCOHOL AND DRUG REHABILITATION MEETING REQUIREMENT. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye

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Dr. Davidson - aye
Dr. Agresta - aye
Dr. Garg - aye
Dr. Somani - aye

The motion carried.

PAUL WEST, D.O.

Dr. West's request for approval of a monitoring physician was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE EDMUND LEE JONES, JR., M.D., TO SERVE AS DR. WEST'S MONITORING PHYSICIAN. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote: Mr. Albert - aye
Dr. Talmage - aye
Dr. Bhati - aye
Dr. Buchan - aye
Mr. Browning - aye
Ms. Sloan - aye
Dr. Davidson - aye
Dr. Agresta - aye
Dr. Garg - aye
Dr. Somani - aye

The motion carried.

SAMUEL Z. WESTERFIELD, M.D.

Dr. Westerfield's request for approval of a treating psychiatrist was presented to the Board for consideration at this time.

DR. AGRESTA MOVED TO APPROVE MICHAEL T. UNGER, M.D., TO SERVE AS DR. WESTERFIELD'S TREATING PSYCHIATRIST. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote: Mr. Albert - aye
Dr. Talmage - aye
Dr. Bhati - aye
Dr. Buchan - aye
Mr. Browning - aye
Ms. Sloan - aye

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Dr. Davidson	- aye
Dr. Agresta	- aye
Dr. Garg	- aye
Dr. Somani	- aye

The motion carried.

PAUL W. WILSON, D.O.

Dr. Wilson's request for changes to the terms of his June 10, 1998 consent agreement was presented to the Board for consideration at this time.

DR. BHATI MOVED TO GRANT DR. WILSON'S REQUEST FOR A REDUCTIONS IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS AND IN HIS PSYCHIATRIC VISITS TO ONCE EVERY THREE MONTHS. DR. BHATI FURTHER MOVED TO DENY DR. WILSON'S REQUEST TO ELIMINATE THE DRUG SCREEN REQUIREMENT. DR. TALMAGE SECONDED THE MOTION.

Dr. Talmage noted that the point that Dr. Wilson makes is that his original contract with the Board is due to a psychiatric diagnosis, not chemical dependency. Dr. Talmage asked why drug screens even need to be done?

Ms. Bickers stated that the drug screens are being performed to ensure that Dr. Wilson is taking necessary medications.

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

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

REGINALD O. WINDOM, M.D.

Dr. Windom's request for a reduction in his appearance schedule was presented to the Board for consideration at this time.

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DR. AGRESTA MOVED TO GRANT DR. WINDOM'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

Mr. Albert stated that there are probationers who come in quarterly, such as the P.A. and supervising physician the Board saw during personal appearances, who really serve no purpose in appearing before the Board on a quarterly basis. He stated that he and Dr. Garg will be preparing a proposition for handling such cases in the future. He suggested that the Board might decide to handle such cases differently on a case-to-case basis.

Dr. Egnor returned to the meeting at this time.

REINSTATEMENT REQUESTS

HANDEL JAY ROBERTS, M.D.

Dr. Roberts' request for approval of an assessor, pursuant to paragraph 9.b.iii of his December 13, 2000 consent agreement, was presented to the Board for consideration at this time.

Dr. Agresta noted that Dr. Humbel, Dr. Roberts' nominee, does not appear to have any education or training in addiction medicine. He would prefer to have Dr. Roberts nominate someone with that background.

DR. AGRESTA MOVED TO DENY DR. ROBERTS' REQUEST FOR APPROVAL OF LEWIS A. HUMBLE, M.D., TO PERFORM ONE OF THE ASSESSMENTS REQUIRED BY PARAGRAPH 9.b.iii. OF DR. ROBERTS' DECEMBER 13, 2000 CONSENT AGREEMENT. HE FURTHER MOVED TO REQUIRE DR. ROBERTS TO NOMINATE PERSONS WITH A BACKGROUND IN ADDICTION MEDICINE AS HIS ASSESSORS. DR. BHATI SECONDED THE MOTION. A vote was taken:

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Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

MICHAEL J. STANEK, D.O.

Dr. Stanek's request for approval of an assessing physician was presented to the Board for consideration at this time.

DR. TALMAGE MOVED TO APPROVE FREDERICK N. KARAFFA, M.D., TO PERFORM ONE OF THE ASSESSMENTS REQUIRED BY PARAGRAPH 9.b.iv. OF DR. STANEK'S MAY 8, 2002 CONSENT AGREEMENT. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye
	Dr. Somani	- aye

The motion carried.

LICENSURE

COLUMBUS CARDIOLOGY CONSULTANTS - P.A. UTILIZATION PLAN

The above-captioned P.A. Utilization Plan was presented to the Board for consideration at this time, due to questions posed on the June 2002 poll vote. Dr. Somani stated that he wondered what would be the scope of the electrophysiology work the P.A. would be doing in this office-based practice. Dr. Somani referred

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Board members to the June 24, 2002 letter from Columbus Cardiology Consultants that indicates that the P.A. would not be doing anything other than initial patient interviews or assistance with follow-up care. He would not be performing any electrophysiologic procedure himself, nor would he participate in any patient treatment.

MR. BROWNING MOVED TO APPROVE COLUMBUS CARDIOLOGY CONSULTANTS' P.A. UTILIZATION PLAN, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye

The motion carried.

GARY GERARD, M.D. - P.A. UTILIZATION PLAN

The above-captioned P.A. Utilization Plan was presented to the Board for consideration at this time at Mr. Dilling's request to expedite the application process.

DR. BUCHAN MOVED TO APPROVE DR. GERARD'S P.A. UTILIZATION PLAN, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Agresta	- aye
	Dr. Garg	- aye

The motion carried.

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Dr. Agresta left the meeting at this time.

RICHARD KAPLAN, M.D. - P.A. UTILIZATION PLAN

The above-captioned P.A. Utilization Plan was presented to the Board for consideration at this time due to questions posed by Dr. Somani on the June 2002 poll vote. Dr. Somani's notes indicate concern about how Dr. Kaplan, who already supervises two P.A.s in Pennsylvania, will be able to supervise another in Dayton, Ohio.

Dr. Somani stated that he wanted to know whether Dr. Kaplan would be supervising his P.A. long-distance or coming to Dayton with the P.A. He noted that the June 21, 2002 letter signed by Dr. Kaplan and his P.A. indicates that the P.A. will be working under Dr. Kaplan's direct supervision while in Dayton.

DR. TALMAGE MOVED TO APPROVE DR. KAPLAN'S P.A. UTILIZATION PLAN, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

ST. CLAIRSVILLE MEDICAL GROUP - P.A. UTILIZATION PLAN

The above-captioned P.A. Utilization Plan was presented to the Board for consideration at this time due to questions posed on the June 2002 poll vote.

Mr. Dilling stated that Dr. Steinbergh had concerns about this request, and he directed Board members' attention to the portion of the application that delineates the clinical privileges. Dr. Steinbergh believes that some of these are outside the scope of a physician assistant. Mr. Dilling stated that the Group has agreed to remove the areas of concern from their application. The staff is awaiting a FAX from St. Clairsville Medical Group, verifying that.

DR. GARG MOVED TO APPROVE ST. CLAIRSVILLE MEDICAL GROUP'S P.A. UTILIZATION PLAN, SUBJECT TO RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION, INCLUDING REMOVAL OF THE ITEMS OF CONCERN.

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DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

HEIDI DONNELLY, M.D. - SUPPLEMENTAL P.A. UTILIZATION PLAN

Dr. Talmage advised that the P.A. Committee reviewed the above-captioned Supplemental P.A. Utilization Plan at its meeting earlier in the day. He noted that Dr. Donnelly has requested approval of the following procedures for her P.A.:

1. Orient cut & stain frozen section of MOHS layers, utilizing 100% onsite supervision, observing 10 procedures to determine competency, in an office setting.
2. Cold knife biopsy for lesions of unknown behavior, utilizing 100% onsite supervision, observing 10 procedures to determine competency, in an office setting.
3. Orient cut & stain frozen section of biopsies, utilizing 100% onsite supervision, observing 10 procedures to determine competency, in an office setting.
4. Cold knife removals of benign lesions, utilizing 100% onsite supervision, observing 10 procedures to determine competency, in an office setting.

As a result of its review, Dr. Talmage advised that the Committee recommends approval of items 1 and 3 only, and with additional language to those two items.

DR. TALMAGE MOVED TO APPROVE ITEMS 1 AND 3 WITH THE ADDITION OF THE PHRASE, "BUT EXCLUDING INTERPRETATION OF THE SPECIMEN." DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye

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Dr. Garg - aye

The motion carried.

DR. GARG MOVED TO PROPOSE TO DENY DR. DONNELLY'S REQUEST FOR THE P.A. TO PERFORM ITEMS 2 AND 4 ON THE BASIS THAT THOSE ARE SURGICAL PROCEDURES TO BE PERFORMED BY A LICENSED PHYSICIAN. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

HMT DERMATOLOGY

Dr. Talmage advised that the P.A. Committee also reviewed HMT Dermatology's request for approval of the following duties for their P.A.:

1. Sclerotherapy for cosmetic purposes, utilizing 100% onsite supervision, observing 50 procedures to determine competency, in an office setting.
2. Shave biopsy, utilizing 100% onsite supervision, observing 10 procedures to determine competency, in an office setting.

Dr. Talmage stated that the Committee recommended approval of item #1 with slight modification.

DR. TALMAGE MOVED TO APPROVE HMT DERMATOLOGY'S REQUEST FOR APPROVAL OF ITEM #1, PROVIDED THE VEINS ARE IDENTIFIED AND MARKED BY THE PHYSICIAN PRIOR TO THE SCLEROTHERAPY TREATMENT. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye

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Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Garg	- aye

The motion carried.

Dr. Talmage stated that the Committee recommended denial of Item #2.

DR GARG MOVED TO PROPOSE TO DENY ITEM #2, BASED ON THE FACT THAT THIS IS A SURGICAL PROCEDURE REQUIRING THE EXPERTISE OF A PHYSICIAN. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

Dr. Talmage stated that the Committee felt that the physician credentials for both applications were acceptable.

DR. GARG MOVED TO APPROVE THE PHYSICIAN CREDENTIALS FOR DR. DONNELLY AND FOR HMT DERMATOLOGY PHYSICIANS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

Dr. Davidson stated that she had one question. She referred to Medina General Hospital, stating that she

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thought it was a little bit curious that the applicant indicated privileges in dermatology areas but nothing was checked in the anesthesia area. Is it presumed that if you say, "dermatology," everything is covered and you don't have to have anything about privileging in sedation. She stated that she presumes that they are using local anesthesia, but they haven't documented any privileging in their application.

Dr. Talmage stated that in the office privileging, the Board hasn't said that there will be any regulation of anyone using local anesthesia. The Board has declined to regulate that in any way.

Dr. Davidson stated that she understands that, but as a credential for doing what they're doing, she would expect that they document some privileges in using local anesthetic.

Dr. Bhati suggested that the approval letters indicate that these procedures will be done under local anesthetic.

Dr. Talmage suggested that the Board could ask for clarification as to why they aren't privileged for local anesthesia at the hospital.

Dr. Bhati suggested approving contingent upon the applicant's agreement that this is done under local anesthetic so that the matter doesn't have to come back to the hospital.

Mr. Dilling asked whether the P.A. administers any type of anesthesia.

Ms. Thompson stated that they can administer a local block in connection with suturing minor lacerations. They are prohibited from administering or monitoring any other kind of anesthesia.

Mr. Dilling stated that he can throw that in as a reminder to the applicants.

Dr. Talmage stated that what the Board has approved for the P.A.s has nothing to do with anesthesia.

Dr. Davidson stated that they will use local anesthesia for these procedures. Their supervising physician must document that the supervising physician will administer the anesthesia.

Mr. Dilling asked for clarification of the information the Board wants.

Dr. Davidson stated that she wants to know why they didn't get privileged to use "local infiltration, topical, and minor nerve blocks in association with the privileges granted in other sections of the DOM or other departments."

Mr. Dilling stated that the motion then is to approve subject to confirmation that they do have privileges.

C.M.E. BOOKLET UPDATES

Mr. Dilling referred the Board to copies of the M.D. C.M.E. booklet, which is currently on-line. He noted that OSMA has made suggested changes for this booklet for the current biennium. He stated that nothing

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jumped out at him as an issue.

**DR. BHATI MOVED TO APPROVE THE REVISED C.M.E. BOOKLET FOR PUBLISHING.
DR. GARG SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

QIP REPORT AND ADMINISTRATIVE REPORT

Dr Garg stated that QIP recommendations come back to him and Mr. Albert, and they go over them. If they are acceptable, he and Mr. Albert will approve them and QIP will go forward with the action. He and Mr. Albert didn't agree with the way the panel handled #7, a family practitioner who was alleged to have failed to appropriately test one patient's diabetic ketoacidosis. The physician sent the patient home with a 500 blood sugar, which he thought was too high. If he did that for one case, what else is that physician doing. Dr. Garg stated that he wants to look at a few other charts.

Mr. Albert stated that he sent the patient home with a level of 500, but when the actual test came back it was 700.

Dr. Garg stated that he changed those recommendations.

Dr. Somani stated that this is one of the quality issues Mr. Browning keeps bringing up. Dr. Nguyen had a somewhat similar situation, but not as bad as this one, and the Board cited and suspended him.

Dr Talmage noted that the recommendation in this case is to refer the physician to a course on diabetic management. He asked whether it is possible to require successful completion of the course.

Mr. Dilling stated that that is a requirement. They must submit documentation of successful completion of the course.

Dr. Garg stated that there aren't that many courses just for diabetes. If the physician sent home a patient at 500 and then got a report of 700 and didn't follow up until the patient called him two days later, there is something wrong. This patient called back, so he was lucky. Dr. Garg stated that he wants the panel to go through a few more charts to get more information.

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Mr. Albert commented that the patient went to the emergency room and was hospitalized for five days.

Mr. Dilling advised that Dr. Steinbergh attended the last meeting of QIP.

Mr. Dilling advised the Board that Candi Pollitt-Susey, the individual who pretty much heads up the QIP program, turned in her resignation on Monday. Ms. Pollitt-Susey will be taking a job with the Ohio School for the Deaf. Mr. Dilling commended Ms. Pollitt-Susey on the job she has done with the QIP program. The Board will be challenged to find someone to do the job.

DR. BUCHAN MOVED TO APPROVE THE QIP REPORT. DR. AGRESTA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

ADMINISTRATIVE REPORT

Mr. Dilling advised that the Board has hired Ms. Rogers to replace Ms. Warner as Public Services Administrator. Ms. Rogers has been working in this position during Ms. Warner's absence. The Board is fortunate to have her.

Mr. Dilling stated that Board staff is working on the budget for the next fiscal period. The budget will be a topic on the August agenda.

REPORT OF ASSIGNED COMMITTEES

EXECUTIVE COMMITTEE

Dr. Somani stated that the Executive Committee met and the report has been distributed. He asked Mr. Dilling to address the Board concerning the meeting.

Mr. Dilling referred to his administrative report, a copy of which shall be maintained in the exhibits section of this journal. He noted that Barbara Rogers was hired to replace Sherri Warner. The Board has been fortunate to have Ms. Rogers during the time period Ms. Warner was absent, and is fortunate to have her

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take over for Ms. Warner.

Dr. Garg stated that he and Mr. Albert have been working with Ms. Rogers for a few months, and they are just delighted.

Mr. Dilling added that it is budget time. Later next week the Board will get its figures from OBM, and the Board will have about a month to get those in line. The budget will be on the August Board Agenda.

EDUCATION, PUBLIC RELATIONS & RISK MANAGEMENT COMMITTEE

Mr. Dilling advised that the Summer 2002 edition of the newsletter is on-line.

Dr. Somani added that the newsletter is at the printers for mailing.

IMPAIRMENT COMMITTEE

Mr. Albert stated that there will be a rules hearing on the impairment rules on July 19 at 9:00 a.m. He added that all Board members are welcome to attend should they so desire.

LEGISLATIVE & RULES REVIEW COMMITTEE

Mr. Browning stated that the Committee talked about escaping the brunt of the budget cuts and remaining stable fiscally. They also talked about the Workforce Shortage report that is due to come out soon and the possibility of being pro-active in terms of thinking about what the Board can do to inform the ongoing discussion about workforce shortage issues. There are also questions relative to medical malpractice insurance. Ohio has been listed as a state where there is an emerging crisis related to medical malpractice issues and physicians retiring early, leaving, or not coming in the first place. Whether that's a survey or a statistical analysis, the Committee will work with Mr. Dilling to think about that.

Mr. Browning continued that the Committee also talked about weighing in a little bit on the chiropractic rules to make sure that what they're saying in the rules is consistent with their scope of practice.

LICENSURE COMMITTEE

Dr. Somani stated that the Committee met for the first time and developed the Committee charges. There are quite a few issues for this Committee to address.

LIMITED BRANCH COMMITTEE

Dr. Buchan stated that the Committee met and there are two items for the Board to discuss. The first refers to a handout from Mr. Wayda regarding some changes that are necessary to the current limited branch rules. The Board rescinded rule 4731-1-17 (Instructional Staff). Based on discussions with the Massage Therapy Advisory Committee (MTAC), Mr. Wayda has rewritten this rule and presented it to Committee for consideration.

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DR. GARG MOVED TO PROCEED TO RULES HEARING ON PROPOSED RULE 4731-1-17 (INSTRUCTIONAL STAFF). MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

Mr. Browning referred the Board to a list of twelve schools whose documentation the Committee reviewed and recommends for certificates of good standing.

DR. BUCHAN MOVED TO GRANT CERTIFICATES OF GOOD STANDING TO: OHIO COLLEGE OF MASSOTHERAPY; YOUNGSTOWN COLLEGE OF MASSOTHERAPY; OAKES SCHOOL OF MASSAGE THERAPY; DAYTON SCHOOL OF MEDICAL MASSAGE; HOCKING COLLEGE; MIAMI VALLEY CAREER TECHNOLOGY CENTER; EHOVE CAREER CENTER; INSTITUTE OF THERAPEUTIC MASSAGE; VIRGINIA SCHOOL, SHI INTEGRATIVE MEDICAL MASSAGE SCHOOL; SOMA INSTITUTE; AND KNOX COUNTY CAREER CENTER. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

The motion carried.

P.A. COMMITTEE

Dr. Talmage stated that the P.A. Committee has several concerns that there are things the Committee needs to consider but are unable to because of the time needed to review supplemental applications. The Committee feels that the 25 maximum patient rule is inappropriate in some cases where there are ten or twelve-hour shifts, such as the emergency room. The other issue is the issue of transfer. Once a physician

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has approval to supervise the P.A. and then they move away, do they have to go through the same process to supervise a new P.A. where they are and does the P.A. who moves have to go through the recertification process all over again to be supervised by somebody who is already supervising P.A.s. As they develop more variation in the practice pattern, the Committee is having to look at differences in the rules to account for those situations.

Dr. Talmage stated that there is also a paper work burden on people who practice at multiple hospitals but perhaps only supervise P.A.s at one hospital. Why do they have to submit paperwork from other hospitals at which they practice? This is a large burden for the Board's staff to review all of those and it creates a huge paperwork burden for the hospital medical staff offices.

QUALITY ASSURANCE COMMITTEE

Dr. Agresta stated that the Committee reviewed the Closed Complaint Review Summary and found it to be appropriate.

SCOPE OF PRACTICE COMMITTEE

Dr. Bhati stated that the Committee's work was addressed in the Board's discussion of proposed rules for the use of anesthesia in the office setting.

LICENSURE

JUNE 2002 MASSAGE THERAPY EXAMINATION AND PMLEXIS

At this time the Board reviewed the results of the June 2002 massage therapy examination and PMLexis.

DR. GARG MOVED TO APPROVE THE RESULTS OF THE JUNE 2002 MASSAGE THERAPY EXAMINATION AND THE PMLEXIS, AND TO CERTIFY AS PASSING AND LICENSE THOSE RECEIVING A SCORE OF 75 OR GREATER ON THE EXAMINATIONS, SUBJECT RECEIPT AND APPROPRIATENESS OF NECESSARY DOCUMENTATION, AND TO CERTIFY AS FAILING AND DENY LICENSURE TO THOSE WHO RECEIVED A SCORE OF LESS THAN 75 ON THE EXAMINATIONS. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Garg	- aye

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The motion carried.

Board members expressed concern about poor results in the massage therapy examination.

Mr. Dilling reminded the Board that the Board has made significant revisions to this examination over the past year or two. The Board had the assistance of some excellent help, people with PhD credentials and masters credentials in the formulation of the exam questions. As you start switching a test that has been in place for years and years, there will be some definite growing pains. At the same time, the poor results aren't all because of the test.

Mr. Dilling continued Mr. Wayda has made significant effort in trying to get the MTAC up and running, and they have begun meeting more regularly to take on some of these issues. They're trying to address how the schools are operating and what the problems are.

DR. GARG MOVED TO ADJOURN. MR. ALBERT SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 5:35 p.m. the July 10, 2002 session of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on July 10, 2002, as approved on August 14, 2002.

Pitambar Somani M.D.

Pitambar Somani, M.D., President

Anand G. Garg

Anand G. Garg, M.D., Secretary

(SEAL)



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