

January 10, 2007

MINUTES

THE STATE MEDICAL BOARD OF OHIO

January 10, 2007

Deepak Kumar, 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, Room #1932, with the following members present: Nandlal Varyani, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; David S. Buchan, D.P.M.; Andrew F. Robbins, Jr., M.D.; Anquetette Sloan; Patricia J. Davidson, M.D.; Dalsukh Madia, M.D.; and Anita M. Steinbergh, D.O. R. Gregory Browning, Ph.D., joined the meeting at a later time.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; Lori S. Gilbert, Assistant Executive Director; William J. Schmidt, Staff Attorney, Enforcement, Compliance & Investigations; Rebecca J. Marshall, Chief Enforcement Attorney; Mark R. Blackmer, Marcie P. Pastrick, David P. Katko, Karen H. Mortland, Kathleen S. Peterson, Angela Scott, Daniel S. Zinsmaster, and Lynn Zondorak, Enforcement Attorneys; Sheryl L. Maxfield; Lawrence Pratt, Damion M. Clifford, Steven C. McGann, Kyle Wilcox and Barbara J. Pfeiffer, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Executive Staff Coordinator; Sallie J. Debolt, Executive Staff Attorney; Michael K. Miller, Public Policy & Government Affairs Officer; Danielle Bickers, Compliance Supervisor; Jean Gillman, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore, Disciplinary Information Assistant.

MINUTES REVIEW

MR. ALBERT MOVED TO APPROVE THE MINUTES OF DECEMBER 13-14, 2006.

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

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Robbins	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Madia	- aye
	Dr. Steinbergh	- aye

The motion carried.

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At this time, Dr. Kumar presented a plaque to Dr. Robbins, honoring his year as president of the Board.

Mr. Browning arrived following the presentation of the plaque.

EXECUTIVE SESSION

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

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Robbins	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Madia	- aye
	Dr. Steinbergh	- aye

The motion carried.

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

The following joined the meeting after the executive session: Patricia A. Davidson, Acting Chief Hearing Examiner; R. Gregory Porter and Gretchen Petrucci, Hearing Examiners.

REPORTS AND RECOMMENDATIONS

Dr. Kumar announced that the Board would now consider the findings and orders appearing on the Board's agenda. He asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Azber Azher Ansar, M.D. and David Allen McMaken, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Robbins	- aye
	Mr. Browning	- aye

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Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye
Dr. Steinbergh	- aye
Dr. Kumar	- aye

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

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

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

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

AZBER AZHER ANSAR, M.D.

Dr. Kumar directed the Board's attention to the matter of Azber Azher Ansar, M.D. He advised that objections were filed to Hearing Examiner McNeil's Report and Recommendation and were previously distributed to Board members.

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

Dr. Ansar advised that he has filed written objections, and he's very sure that all of the Board members have considered those objections very carefully. He stated that he is of the opinion that, for the matter currently being considered by the Board, a misdemeanor charge of moral turpitude, the sanction being considered is rather harsh. He has practiced medicine with the United States Government for four years.

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His primary service is to the United States Veterans Administration.

Dr. Ansar stated that he has multiple mitigating factors that he requests the Board to consider. Dr. Ansar stated that he has never had any prior disciplinary actions imposed on any of his licenses in any of the United States or Commonwealth territories. He holds active licenses in 15 U.S. jurisdictions, and none of those jurisdictions have imposed any disciplinary action on any of his licenses.

Dr. Ansar stated that he went through the Hearing Examiner's Report and Recommendation, and detected multiple discrepancies as far as omission of evidence and interpretation of multiple events. He asked that the Board members look at those discrepancies and consider all of the mitigating factors, which he mentioned in his written objections and in the transcript. He asked that the Board consider imposing no action. Dr. Ansar stated that he does agree that a violation did occur; he's not denying that. He added that it was not related to his professional practice or his professional skills. Dr. Ansar stated that he'd been going through a very high-conflict divorce situation, which lasted about two years, and went to trial for five days. The current misdemeanor charge stems from that high-conflict divorce situation.

Dr. Ansar stated that he is extremely remorseful of the action that brings him before the Board today, but he feels that the action taken by Ohio will have a dramatic impact on his professional career and his professional life. He has already completed all remedial measures imposed on him by the State of Minnesota courts, which included criminal courts and family courts. He has faced multiple, very tough events in his life, secondary to this particular charge of a misdemeanor. The action taken by the State Medical Board of Ohio will jeopardize his career as a physician and will risk his job with the United States Government also.

Dr. Ansar stated that he doesn't stand here as one physician from the State of Minnesota, but he stands up for every physician from Ohio because this case will set a precedent. The life of a physician should not completely crumble if his act did not involve any act related to the professional practice of medicine. He advised that he has practiced medicine, abiding by the Code of Ethics of the American Medical Association, and he is practicing medicine per the guidelines of the American College of Physicians. He's a member of the American College of Physicians, and is currently board-certified by the American Board of Internal Medicine. Dr. Ansar stated that he practices medicine very ethically.

Dr. Ansar stated that he did have a lapse, and he's admitting that, but he's requesting that the Board consider not suspending his license, as recommended by Hearing Examiner McNeil, and consider imposing no Board action. He commented that even the Hearing Examiner agrees that, at the current time, remedial training or imposition of a probationary period will not be effective.

Dr. Ansar asked the Board to take no action, and to consider all the factors mentioned in his written objections.

Dr. Kumar advised Dr. Ansar that he has one minute to complete his statement.

Dr. Ansar stated that action will adversely impact his career as a physician. Even getting life insurance because of this particular act has become difficult. He has been denied life insurance. It's come to a point

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where he believes that the action taken today will have a domino effect in multiple other states. Dr. Ansar commented that about six U.S. jurisdictions took no action after considering the same misdemeanor charges. He stated that he knows that the State of Ohio has its own statutes, and he respects those statutes, but he requests that the Board consider taking no action on his license.

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

Ms. Pfeiffer stated that Dr. Ansar, in his presentation, indicated that he agrees that a violation occurred. She stated that she would like to recap and make sure that the Board feels that it has evidence sufficient to show that the crime committed was, in fact, a crime of moral turpitude. There is some case law and some arguments as to what constitutes a crime of moral turpitude. There are some words about a crime being "base, vile, offending the sense of common decency," and things like that. Ms. Pfeiffer stated that there is one case that was decided by the Ohio Supreme Court in which the person involved, an attorney, had falsified documents in a judicial proceeding. He was charged with and criminally prosecuted for that. The Court had absolutely no problem holding that type of an offense to be a crime of moral turpitude.

Ms. Pfeiffer stated that the Board obviously has a different situation with Dr. Ansar. She stated that she would point out that Dr. Ansar was extremely well prepared for his case. He presented himself very well, and was very pleasant, very professional in his presentation at the hearing. He pretty much agreed that what he did was wrong, but he was in a very difficult, challenging, and emotional time. He was going through a terrible domestic dispute involving a four-year-old child. He had learned some news that was not favorable about some action his wife had taken in filing a report against him. On the day of the incident that led to his criminal conviction, Dr. Ansar was staying with his parents. He had his son with him and was returning to his parents' house from an outing with his son. Dr. Ansar stopped and bought a knife and took it home. About 20 minutes to a half hour before his wife showed up to pick up their son, he took the knife out of the box and put it in his pocket. He went outside to meet his wife and some type of an argument ensued. Dr. Ansar took the knife out, cut himself, threw the knife into his wife's car and then called the police and told the police that she cut him. When Dr. Ansar learned that the police were actually going to arrest his wife and take her away, and obviously seeing how upsetting it was for his son to see his mother being handcuffed, Dr. Ansar told the police the truth, and asked them not to arrest his wife. Ms. Pfeiffer stated that, for the most part, Dr. Ansar admitted that this is what happened and that it was wrong. She added that she thinks that Dr. Ansar's sense of remorse was genuine in this case.

Ms. Pfeiffer stated that she doesn't think that there's any doubt that this Board can make a determination that this was a crime of moral turpitude. She added that his being a medical doctor aggravates it, commenting that physicians take a Hippocratic oath to preserve life, and here is a physician cutting himself in front of his four-year-old child. Ms. Pfeiffer stated that all of the circumstances clearly show that this was a crime of moral turpitude. There is no requirement that the crime of moral turpitude take place during the course of his practice of medicine and surgery. That was not the allegation, and she agrees that it did not happen in the course of his practice. It had nothing to do with patient treatment, etc.

Ms. Pfeiffer stated that the Board is left with the question of what it should do. It has a doctor here who was in a really bad, emotional, frustrating, difficult domestic situation. He admitted to his crime, and now what does the Board do with respect to his Ohio license? That's the Board's bailiwick. She added that she

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thinks that Dr. Ansar, in requesting that the Board take no action, is referring to one of the options under the Board's rules. The Board can suspend, revoke or take no further action. Ms. Pfeiffer stated that "no further action" means that the Board finds that Dr. Ansar has committed the violation as alleged, but the Board is choosing to impose no penalty. The Board could reprimand him or suspend his license. The Board could adopt the recommendation of the Hearing Examiner; it's the Board's choice to make.

Ms. Pfeiffer stated that, with respect to Dr. Ansar's comments about no other states taking action, not all states permit a doctor to be disciplined for a crime of moral turpitude not in the course of practice. Many states require that, if it's a misdemeanor, it has to be in the course of practice. Ms. Pfeiffer stated that the testimony is clear, and she doesn't dispute the testimony from Dr. Ansar, that, as a result of this particular incident, no other sister board took disciplinary action against him; but she doesn't think that that's the issue before this Board.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. MCNEIL'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF AZBER AZHER ANSAR, M.D. DR. DAVIDSON SECONDED THE MOTION.

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

Dr. Egner stated that she would like to address a couple of things that Dr. Ansar said. She stated that, first of all, Dr. Ansar is really not setting a precedent here. The Board has had moral turpitude outside the practice of medicine cases before it previously. Physicians have been disciplined by the Board for this. The Board has had this discussion many times, and it doesn't take this lightly. Dr. Egner stated that this case involved incredibly poor judgment, as do all such cases. Dr. Egner commented that, when a physician acts in this way, she knows that they're not thinking, "I'm a physician and this could have an effect on my profession." Dr. Egner stated that it is a privilege to be a physician. There is a standard of behavior that is expected. Dr. Egner stated that Dr. Ansar admits to what he has done. She added that the Proposed Order is below the minimum sanction recommended by the Board's disciplinary guidelines.

Dr. Egner stated that she is not in favor of "no further action taken." She thinks that the suspension is appropriate. Dr. Egner stated that she believes that other physicians who have come before the Board under similar situations have had some ongoing type of monitoring and a probationary period, so that the Board is sure that it doesn't recur. Dr. Egner stated that she's not in favor of anything lighter than what's proposed by the Hearing Examiner.

Dr. Kumar stated that the Report and Recommendation only imposes a suspension, and does not require a monitoring period.

Dr. Steinbergh stated that that is true.

Dr. Egner also acknowledged this, but stated that the Proposed Order falls below the minimum and maximum penalties suggested in the Board's disciplinary guidelines.

Dr. Steinbergh stated that she agrees with Dr. Egner with regard to what the Board considers to be the

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standard in Ohio for physicians, regarding their moral and ethical decision-making. She advised that she found it very difficult. This was not a spontaneous thing that he did; it wasn't done in the heat of the moment. It was pre-meditated. He went out, bought the knife, planned on doing what he did, and he did what he did, and he lied to the police. Dr. Ansar filed a false report. She stated that she has a hard time understanding that a physician with an education like he's had would make a decision and go through with that. She noted that Dr. Ansar did recant, but nevertheless, he, with premeditation, did this for the purpose of putting his wife into legal jeopardy.

Dr. Steinbergh stated that she found the Findings of Fact to be appropriate. The proposed licensure suspension is appropriate. Dr. Steinbergh stated that she would agree that the Board doesn't need to monitor him. She added that she doesn't think that this will recur, but he has to be held responsible for this action, and there has to be some form of discipline.

Dr. Buchan stated that he comes to the table with a feeling that a lesser sanction would be appropriate. He does not recall a case such as this; he thinks it's quite unique. Dr. Buchan stated that he cannot imagine the emotional trauma that the potential loss of a child or a bitter divorce situation might bring to the table, but desperate people do desperate things. The Board has seen that time and time again.

Dr. Buchan stated that he is not in favor of dismissal of this case, but he is in favor of a reprimand, and he came here today with that sentence in mind. Dr. Buchan stated that he doesn't lessen what Dr. Ansar did, and he holds Dr. Ansar to a higher standard. Dr. Buchan stated that the Findings of Facts are appropriate. He added that he's disappointed that a man of this character would move in that direction, but the circumstances are so extraordinary. Not having seen these particular circumstances before, he would like to respond with a little more leniency.

DR. BUCHAN MOVED TO AMEND THE PROPOSED ORDER IN THE MATTER OF AZBER AZHER ANSAR, M.D., BY SUBSTITUTING AN ORDER OF REPRIMAND. DR. DAVIDSON SECONDED THE MOTION.

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

Dr. Steinbergh stated that the circumstances that put a person in this condition are seen every day on the news. It simply ought not to be a physician. It's true that the Board isn't looking at this physician for standard-of-care issues, but the issue for her is the decision-making it took for Dr. Ansar to go out and purchase a knife so that he could harm himself, or, potentially, someone else. The Board doesn't know what the circumstances were: where that little boy would have been at that time or where the wife would have been at the time. The trauma of this little boy seeing his father against his mother will remain forever with him. So he harmed not only himself, physically, and then lied to the police, but there is no question that he traumatized his child. Dr. Steinbergh stated that she doesn't expect that from a physician. She does see it in the newspaper and on the news every day. Desperate people do desperate things. She agrees that she has never been in that situation, but she could guarantee that she would not respond that way. There are legal ways to respond, and intelligent people follow the law. Dr. Ansar did not follow the law.

Dr. Steinbergh stated that she is opposed to a simple reprimand. She stated that she did come with an open

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mind about this case, but she does oppose a simple reprimand. Dr. Steinbergh stated that she does believe that there ought to be a punishment for what Dr. Ansar did. Suspension is appropriate, and the length is debatable, from her perspective.

Dr. Robbins stated that he personally feels that a reprimand is not harsh enough. He thinks that the damage, and potential damage, done to the son and ex-wife really can't be measured. Dr. Robbins continued that, in his mind, to tell them that all the Board is doing in a situation like that is reprimanding his father for what he did, is nowhere near the correct approach. Dr. Robbins commented that Dr. Ansar's son is going to have a lifetime to try to deal with this. Dr. Robbins stated that, in his mind, Dr. Ansar's actions were egregious enough that the Order as proposed is incredibly lenient to begin with.

Dr. Davidson stated that she seconded Dr. Buchan's motion because she came to the table with the thought of leniency, because she thought Dr. Buchan spoke very well, and because she also thought that Dr. Ansar presented himself well. She stated that she's kind of a stickler for the letter of the law and the process, and the crime of moral turpitude was filing the false police report. She stated that she thinks that the Board has been focusing on the actual trauma, and she doesn't minimize that episode by any means – she's very troubled by the premeditated part of it; however, she does agree with Dr. Buchan that desperate people do desperate things, and that doctors are human, and finds this mitigating. Dr. Davidson stated that, when it came to seeing his son upset and his wife going off in handcuffs, Dr. Ansar recanted. Dr. Davidson stated that she finds that mitigating.

Dr. Davidson indicated that she could consider an Order of a reprimand or a shorter suspension.

Mr. Browning stated that the Board needs to be fair and responsible. He noted that, having said that, for most of the damage that Dr. Ansar has done to himself and others, the punishment has begun to play out. This is really, in his mind, a question of how long the Board wants it to go on. The ripple effect of this, in many ways, with his not practicing in Ohio, is an economic discussion. The ramifications of this Board's decision today are economic. Mr. Browning stated that he probably is in the middle, between a reprimand and a year's suspension. He doesn't see anything magical about a year, and he added that it seems a bit arbitrary in that there will be no follow-up. The Board is going to take him out of practice for a year, it will be on Dr. Ansar's record, and he'll have to move on to the other states and it will just play out, and play out, and play out.

Mr. Browning stated that he would not support a reprimand, but he would support a six-month suspension.

Ms. Sloan stated that, as Dr. Davidson stated, the filing of the false police report was the crime in question. However, she added that the Board must remember that there was another incident of a false police report that was filed earlier.

Ms. Sloan stated that, as she sees this case, she understands that emotions run high; but the fact that this doctor, in front of his child, not only cut himself but then tried to blame his wife and filed that report, really sticks with her. She stated that she does think that a suspension of at least six months would be appropriate.

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Dr. Varyani stated that Dr. Ansar presented himself very eloquently, but what bothers him is: 1.) The premeditation; 2.) The effects on the child; and 3.) The fact that his wife, who is also a physician, was handcuffed. Dr. Varyani stated that Dr. Ansar planned all of this. He added that a reprimand does not sit well with him.

Dr. Talmage left the meeting during the previous discussion.

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

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

The motion failed.

DR. STEINBERGH MOVED TO AMEND THE PROPOSED ORDER BY LOWERING THE PROPOSED SUSPENSION PERIOD TO SIX MONTHS. MS. SLOAN SECONDED THE MOTION.

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

Dr. Buchan stated that, thinking about this case prior to today, he does believe that it is a bit arbitrary, whether the Board says one month or one year. The point is that he has a suspension now that will have ramifications down the road. Dr. Buchan stated that he does believe that Dr. Ansar has gotten his life somewhat together, adding that he was convinced of this by the personality review and his discussion today. Dr. Buchan spoke in favor of a lesser suspension, closer to 30 days rather than six months.

Dr. Varyani stated that he would agree to a 90-day suspension.

Dr. Robbins stated that he agrees with the arbitrariness of the six months versus twelve months, and he could go along with six months. He stated that he would like to echo what Dr. Varyani said: the premeditation, stabbing himself in front of his child, and knowing what was going to happen and recanting, has such detrimental effects to the child's future. Dr. Robbins stated that he would agree to a lesser suspension period.

Dr. Steinbergh stated that she does want to make a point that is strong in her consideration. Dr. Ansar filed a false report to the police, and not for the first time. That's what the Board is looking at. It's a

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misdemeanor. The Board knows the circumstances; it's inappropriate. It's inappropriate for anyone, but it's most inappropriate for a physician. The number of months or days that this man is out of practice is arbitrary, but she doesn't think the Board can take this lightly. The Proposed Order is already way below the Board's guidelines for this misdemeanor, and she doesn't think that his being suspended for six months is the wrong thing to do. There needs to be a strong message. She stated that she agrees with the Hearing Examiner in this case, but she's heard other Board members, including consumer members who are very valuable in their opinion. Two of them have mentioned six months, and that is why she now proposes six months. She thinks that that is a reasonable thing for the Board to do.

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

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

The motion carried.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. MCNEIL'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF AZBER AZHER ANSAR, M.D. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Talmage left the meeting during the previous discussion.

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DAVID ALLEN MCMAKEN, M.D.

Dr. Kumar directed the Board's attention to the matter of David Allen McMaken, M.D. He advised that no objections were filed to Hearing Examiner Petrucci's Report and Recommendation.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF DAVID ALLEN MCMAKEN, M.D. DR. VARYANI SECONDED THE MOTION.

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

Dr. Steinbergh stated that this is a case of a physician not responding to a CME audit. The record is clear, and the Proposed Order of a reprimand and \$5,000 fine is appropriate. Dr. Steinbergh stated that Dr. McMaken's violation of CME laws is clear.

Dr. Robbins noted that page 7 of the Report and Recommendation indicates that Dr. McMaken "is confident that his new employment will allow him the time to complete CME course work." Dr. Robbins stated that he would like the record to reflect that the Board needs more than confidence. Dr. McMaken must complete the CME. It's not subject to his whims of different employment. He must complete the CME.

Dr. Steinbergh stated that she thinks his argument there was that he didn't have time before, and he feels confident that he'll have time now. Dr. Steinbergh commented that all physicians are pushed to the end. Gone are the days when physicians can go away for long periods of time and do CME. Now you can do some CME online, and you have access in most cities to very good CME programs. Dr. McMaken is not the only person with that problem. But a lesson to be learned by all physicians is that when he or she gets a letter from the Medical Board asking for CME information, the physician must respond.

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

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

The motion carried.

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FINDINGS, ORDERS AND JOURNAL ENTRIESRALPH WILLIAM COLLA, M.D.

Dr. Kumar noted that, by letter of September 13, 2006, the Board issued a Notice of Opportunity for Hearing to Ralph William Colla, M.D., based upon allegations contained in the letter. The Notice was mailed via certified mail, return receipt requested, to Dr. Colla's address of record. Attempts to perfect delivery were not successful, and a legal notice was published in the Lake Havasu City News-Herald on October 23, 2006, October 30, 2006 and November 6, 2006. A copy of the October 23, 2006 newspaper was mailed to Dr. Colla on November 15, 2006, along with a letter advising Dr. Colla that service was deemed completed on November 6, 2006. A final proof of publication was mailed to Dr. Colla on November 30, 2006, completing the requirements of Section 119.07, Ohio Revised Code. Dr. Colla did not request a hearing, and more than 30 days have elapsed since the final date of publication. The matter is therefore before the Board for final disposition.

DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE SEPTEMBER 13, 2006 NOTICE, AND TO ENTER AN ORDER OF REVOCATION, EFFECTIVE IMMEDIATELY. DR. ROBBINS SECONDED THE MOTION.

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

Dr. Steinbergh stated that Dr. Colla was disciplined by the Arizona Medical Board for standards of care issues. Dr. Colla denied Arizona's charges, but entered into an agreement with that Board, restricting his surgical privileges and requiring him to obtain education. Dr. Steinbergh stated that she thinks that the Arizona agreement itself has been met. She added that she doesn't feel that the Board has enough information to permanently revoke Dr. Colla's license. The motion to revoke his license allows Dr. Colla to apply for license should he return to Ohio. At that time the Board would have to review the case again.

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

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

The motion carried.

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MARTIN H. KATA, M.D.

Dr. Kumar noted that, by letter of September 13, 2006, the Board issued a Notice of Opportunity for Hearing to Martin H. Kata, M.D., based upon allegations contained in the letter. The Notice was mailed via certified mail, return receipt requested, to Dr. Kata's address of record. Attempts to perfect delivery were not successful, and a legal notice was published in the Columbia County News-Times on November 1, November 8 and November 15, 2006. A copy of the November 1, 2006 newspaper was mailed to Dr. Kata on November 30, 2006, along with a letter advising Dr. Kata that service was deemed completed on November 15, 2006. A final proof of publication was mailed to Dr. Kata on November 30, 2006, completing the requirements of Section 119.07, Ohio Revised Code. Dr. Kata did not request a hearing, and more than 30 days have elapsed since the final date of publication. The matter is therefore before the Board for final disposition.

DR. BUCHAN MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE SEPTEMBER 13, 2006 NOTICE AND TO ENTER AN ORDER OF PERMANENT REVOCATION, EFFECTIVE IMMEDIATELY. DR. ROBBINS SECONDED THE MOTION.

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

Dr. Steinbergh noted that Dr. Kata was convicted of multiple felony counts. The Board also sent interrogatories to Dr. Kata, to which he did not respond. Dr. Steinbergh stated that she absolutely agrees with the Proposed Order of permanent revocation.

A vote was taken:

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

The motion carried.

FRANCESCO LUPIS, M.D.

Dr. Kumar noted that, by letter of November 21, 2006, the Board issued a Notice of Opportunity for Hearing to Francesco Lupis, M.D., based upon allegations contained in the letter. The Notice was mailed via certified mail, return receipt requested, to Dr. Lupis' address of record. A signed certified mail receipt

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was returned to the Board documenting proper service of the notice. No hearing request has been received from Dr. Lupis and more than thirty days have elapsed since the mailing of that notice. The matter was before the Board for final disposition.

DR. STEINBERGH MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE NOVEMBER 21, 2006 NOTICE AND TO ENTER AN ORDER DENYING DR. LUPIS' APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY IN OHIO, EFFECTIVE IMMEDIATELY. DR. MADIA SECONDED THE MOTION.

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

There was no further discussion in this matter.

A vote was taken:

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

The motion carried.

KATHLEEN A. PAJER, M.D.

Dr. Kumar noted that, by letter of November 21, 2006, the Board issued a Notice of Opportunity for Hearing to Kathleen A. Pajer, M.D., based upon allegations contained in the letter. The Notice was mailed via certified mail, return receipt requested, to Dr. Pajer's address of record. A signed certified mail receipt was returned to the Board documenting proper service of the notice. No hearing request has been received from Dr. Pajer and more than thirty days have elapsed since the mailing of that notice. The matter was before the Board for final disposition.

DR. VARYANI MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE NOVEMBER 21, 2006 NOTICE AND TO ENTER AN ORDER OF REVOCATION, EFFECTIVE IMMEDIATELY, GRANTING DR. PAJER A LICENSE, SUBJECT TO HER PASSING THE SPEX OR SPECIALTY BOARD RECERTIFICATION EXAMINATION WITHIN SIX MONTHS OF NOVEMBER 21, 2006. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

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

The motion carried.

SETTLEMENT AGREEMENTS

Board members were provided with copies of settlement agreements negotiated by Board staff and/or the staff of the Office of the Attorney General, as authorized by the Board's Secretary and Supervising Member, and as appropriate, the Board President, as well as copies of summaries of the agreements. The names and license numbers of the licensee or applicant subjects of such settlement agreements were removed from the documents.

DAVID R. GOTHAM, JR., D.O. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. GOTHAM. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

SIMON G. KOVALIK, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. KOVALIK. DR. VARYANI SECONDED THE MOTION.

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It was noted that this was a case where a physician rendered medical care to a woman with whom he was involved. Board members asked whether this is prohibited by statute. Staff attorneys advised that the statutes only prohibit prescribing to family members. They also advised that the A.M.A. Code of Ethics says that physicians shouldn't treat family members. Ms. Gilbert advised that, under a provision in the Board's rules, a person with whom a physician has a close personal relationship, such as a mistress, could be included as a "family member."

Dr. Egner stated that she had expressed concern about the Board involving itself too much into the personal lives of its licensees in the past. She asked that a Board discussion with the Secretary and Supervising Member, in an effort to understand their thoughts in cases such as these, be scheduled for a Thursday morning session of the Board. Dr. Kumar agreed to schedule such a topic at a future meeting.

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

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

The motion carried.

JOSEPH GREGORY WERNER, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. WERNER. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

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Dr. Steinbergh - aye

The motion carried.

JON PATRICK RYAN, D.O. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. RYAN. DR. VARYANI SECONDED THE MOTION. A vote was taken:

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

The motion carried.

JOSEPH CLAUDE CARVER, M.D. – CONSENT AGREEMENT

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. CARVER. DR. VARYANI SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Kumar advised that there may be further settlement agreements for the Board to consider later in the meeting.

DR. VARYANI MOVED TO TABLE THE TOPIC OF SETTLEMENT AGREEMENTS.

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DR. STEINBERGH SECONDED THE MOTION. All members voted aye. The motion carried.

The Board took a break at 2:20 p.m. and reconvened at 3:02 p.m., with Dr. Talmage still absent.

PERSONAL APPEARANCES

FRANK R. BRUENING, M.D.

Dr. Bruening appeared before the Board pursuant to his request for release from the terms of his January 12, 2005 Consent Agreement. If approved, release from probation would become effective January 12, 2007.

In response to Board members' questions, Dr. Bruening stated that he is doing well. He advised that he cannot offer the Board any constructive criticism on how it can do its job better. He stated that his relationship with the Board has been a good one for him.

Mr. Albert stated that he and Dr. Bruening have become good friends during the course of his probation, and he feels that Dr. Bruening is a good probationer and a good doctor. He doesn't fit the ordinary profile of physicians who are impaired on chemicals. Dr. Bruening had a slight memory problem. Mr. Albert stated that he thinks Dr. Bruening is an excellent doctor, and he wouldn't hesitate to recommend him.

Dr. Bruening stated that he considers Mr. Albert's words an honor.

In response to Dr. Steinbergh's question, Dr. Bruening stated that he is not currently practicing medicine.

DR. VARYANI MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE ON DECEMBER 12, 2006 AND TO RELEASE DR. BRUENING, EFFECTIVE JANUARY 12, 2007, FROM THE TERMS OF HIS JANUARY 12, 2005 CONSENT AGREEMENT. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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RALPH G. OSTING, D.P.M.

Dr. Osting appeared before the Board pursuant to his request for release from the terms of his January 12, 2005 Consent Agreement. If approved, release from probation would become effective January 12, 2007.

In response to Board members' questions, Dr. Osting stated that he is practicing podiatry. He works at a correctional facility a couple days a week. He also teaches at the Ohio College of Podiatric Medicine in Cleveland. He also has a small private practice.

Dr. Osting stated that he's learned to strictly adhere to all of the rules and regulations of the Board. In terms of the ethics courses he took, he found them to be quite beneficial in terms of enhancing his clinical skills, particularly in the areas of doctor/patient relationships. He also received information regarding Medicare fraud and how to avoid it, and information on how to have accurate medical records and maintain them. He stated that the courses were quite useful.

Dr. Osting stated that he does feel good at this point.

Dr. Buchan noted that Dr. Collins has determined that there is no problem with Dr. Osting. Dr. Buchan commented that this is a strange situation, and it's hard to remediate it if you can't put your finger on the trigger.

Dr. Osting agreed.

Dr. Buchan stated that the materials in the agenda indicate that he has done the work to keep himself out of situations that would allow that trigger to be pulled again.

Dr. Osting stated that he certainly would not.

Dr. Kumar asked whether Dr. Osting was employed or a customer at the place where the incident occurred.

Dr. Osting stated that he was a customer, he didn't work there.

Dr. Kumar asked what triggered his looking over the wall.

Dr. Osting stated that he didn't commit the offense. He didn't look over the wall. He acknowledged that there was a jury trial, and that he was convicted, but added that he doesn't know how he was convicted. He stated that he did everything his attorney told him to do. He told the truth, but he was convicted.

Dr. Osting again stated that he did not look over the wall.

DR. BUCHAN MOVED TO RELEASE DR. OSTING, EFFECTIVE JANUARY 12, 2007, FROM THE TERMS OF HIS JANUARY 12, 2005 CONSENT AGREEMENT. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert

- aye

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Dr. Egner	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Robbins	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Osting at this time stated that he's grateful to the Board for allowing him to continue to practice.

JOHN R. TRUMBO, M.D.

Dr. Trumbo appeared before the Board pursuant to his request for release from the terms of his January 9, 2002 Consent Agreement. If approved, release from probation would become effective immediately.

In response to Board members' questions, Dr. Trumbo stated that he is currently practicing in Idaho. He's a general pediatrician, part of a four-person group practice within pediatrics, and part of a larger multi-provider specialty clinic. He's been there for five years and is doing well. In terms of his own private health, Dr. Trumbo stated that he is very strong into recovery. He attends A.A. meetings regularly and has a sponsor. He has a strong home group. Dr. Trumbo stated that, if he's released from probation, he won't be changing anything.

Dr. Trumbo continued that his family is doing well. He's been married for three years. He was engaged when he came into the program. Dr. Trumbo stated that he has a daughter who is getting married in June, and his son's graduating from college next December. They are doing very well.

When asked what part of his recovery program was the most influential in his recovery, Dr. Trumbo replied that it was figuring out how to use A.A. most effectively. He explained that he's not a deeply religious person, and it took a while to find a higher power that worked for him. Once he did, things got a lot smoother.

Board members asked whether Dr. Trumbo had any recommendations to make to the Board concerning how he was treated.

Dr. Trumbo stated that he wants to thank Mr. Albert, who was a really nice guy at a time when he really needed a nice guy. He does appreciate that. In terms of constructive criticism, five and six years ago, the Board room was a terrifying place to come to. The State Board was perceived by people like him as being a horrible monster that was out to destroy them. It's changed, although he doesn't know what changed or when it changed. He's still very scared to be here, but he's not afraid of the Board; he thinks the Board members are fair, and he appreciates that.

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In response to further questions, Dr. Trumbo stated that he's an alcoholic and will always be one. He will always need his program of recovery. Dr. Trumbo stated that he thinks that that is appropriate thinking for all alcoholics. If he ever stops thinking he's an alcoholic and can do it on his own, he's in real trouble.

Dr. Buchan commented that some people tell the Board that they're all right five years out, without help, and the Board questions that.

Dr. Trumbo stated that he thinks that people drink too much for a variety of reasons. He doesn't think that everybody who gets into trouble with alcohol is an alcoholic. He stated that he's a genetic alcoholic. Both his parents were alcoholics, and he's sure that he has a gene that clicks on when he gets around alcohol. He will always have that gene. His genetics will never change.

Dr. Steinbergh stated that she was taken with Dr. Trumbo's comments about how the Board has changed. She stated that she thinks that the Board has changed, but added that there's a great change in him. It would be very difficult for anyone to come before this Board, but the Board has tried to understand the disease of alcoholism, and to understand that the Board can, if the physician is willing, get that physician back into practice. It may take a very long time, and the work is harder for some. She stated that when physicians sit before the Board in acute stages of alcoholism and have to be taken out of practice, the Board would seem to be an ogre. The physician wouldn't understand the effect? he or she had on his or her patients because, in the physician's mind, at the time he or she is being a fine physician. She stated that the Board is looking at this from one perspective and Dr. Trumbo is looking at it from another.

Dr. Trumbo stated that the Board really has a tough job, and he's come to realize that.

DR. STEINBERGH MOVED TO RELEASE DR. TRUMBO FROM THE TERMS OF HIS JANUARY 9, 2002 CONSENT AGREEMENT. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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JOHN D. BROWNLEE, M.D.

Dr. Brownlee made his initial appearance before the Board, pursuant to the terms of his October 12, 2006 Consent Agreement.

In response to Board members' questions, Dr. Brownlee stated that he has a Step 1 consent agreement and that his license is currently suspended. He's not employed at this time, but is concentrating on his recovery, going to meetings regularly, and having contact talks with his sponsor. He has six children and is in the middle of a divorce at this time. His children range in age from two years to eleven years. He stated that this has been a transition for everyone, and they're working their way through. Overall, his children are doing well. He added that he himself is doing very well under the circumstances.

Dr. Egner noted that Dr. Brownlee underwent treatment and then went a long period without doing anything. She asked whether he stayed with any kind of program during that time.

Dr. Brownlee stated that he continued to go to meetings and talk with his sponsor. He stated that he committed himself to recovery a long time ago. There was a period of his life last year when he stopped working the program during a very critical, stressful time in his life. That was the first time he'd stopped working the program. He added that he had been successful for over eleven years, committed to the program. He stopped working the program prior to taking the Vicodin. He added that he never stopped going to meetings, he just didn't tell his sponsor that he had thoughts of using. Dr. Brownlee explained that he had surgery on his elbow in January, and he thinks that that contributed to what was going on. He had told his surgeon about his impairment history, but was still prescribed the Vicodin.

Dr. Buchan noted that Dr. Brownlee self-prescribed.

Dr. Davidson asked Dr. Brownlee how he would handle things differently if he had to have surgery tomorrow.

Dr. Brownlee stated that he would take it out of his hands. He would let someone else give him the medication, as needed.

Mr. Browning noted that Dr. Brownlee stated that he's doing well under the circumstances, but the circumstances aren't good. He relapsed, he has family issues.

Dr. Brownlee stated that you're always in dangerous territory if you're not working the program. You protect yourself by working the program and committing yourself to recovery. He stated that, in that respect, he's doing that. What he is doing now that he wasn't doing when he relapsed is that he's going to more meetings and he's being more open and honest about his feelings and the difficulties that he's having with his divorce and the things surrounding those issues, including his lack of employment. Dr. Brownlee stated that he's an open book at this point in time because he wants to protect his sobriety. He wasn't doing that in the past. Dr. Brownlee added that he's looking forward to returning to work, granted that privilege.

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Dr. Buchan asked Dr. Brownlee what the motivating issue is for him in protecting his sobriety.

Dr. Brownlee stated that he's learned a lot in eleven years. When he first got sober in 1994, he was scared. He didn't know if he could live a sober life. He'd never done it before. It's a much better way to go, it's clean and simple. It's the only way of life for someone like him. That's the motivation. It's just a better way of life.

Dr. Buchan stated that there are a lot of motivating issues right now for him, such as supporting his children.

Dr. Brownlee agreed, stating that, obviously, finances are a big issue. That's a little difficult right now, but his partners are looking forward to his coming back to work. They knew that he was in recovery when he was hired there. He told them, specifically, to protect his sobriety. If he did relapse, he would want someone to call him on it and get him the help that he needed. They were the first people he spoke to.

Dr. Davidson asked how Dr. Brownlee's relapse came to light.

Dr. Brownlee stated that he was arrested trying to pick up a prescription.

In response to Ms. Sloan's questions, Dr. Brownlee stated that his days now consist of regular exercise, regular meetings, taking care of one of his children on a regular basis. He contacts his children every day, calling them on the phone and trying to participate in any way he's able to in their lives. He reads, trying to stay up with the medical literature, and just being the best person he can be on a daily basis.

Mr. Browning asked Dr. Brownlee what type of help he is getting.

Dr. Brownlee stated he's getting a multitude of help, including ongoing counseling to help his children and to help himself. He attends regular meetings and speaks with his sponsor and his support group within the program. He's having more regular contact with his family. Dr. Brownlee commented that being out of work has afforded him the ability to catch up and do some things a little differently to make his recovery process stronger.

Dr. Kumar asked whether Dr. Brownlee is under increased pressure from his associates to come back to work.

Dr. Brownlee stated that he's not. He stated that he knows that they're under a lot of stress. They're very busy and they've had to pick up the slack, but they have not pressured him in any way. They've said that they're looking forward to him coming back, but they're very supportive of the entire process.

Dr. Davidson cautioned Dr. Brownlee against pressuring himself.

Dr. Brownlee stated that he's not, adding that that is a little different for him. In the past he would think about the things he has lost because of a relapse, but he hasn't approached things that way this time around. He thinks it's fun working the program. Because he values his recovery so much, he has learned

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from this. He's not living in the past and what he's lost and what he could have had. He's concentrating more on the things that he needs to do to just continue to get better every day, or to at least stay healthy every day. That's a big plus, and that's why he feels pretty good under the circumstances.

Mr. Albert asked whether Dr. Brownlee's impairment was the cause of his divorce.

Dr. Brownlee stated that it wasn't.

Mr. Albert stated that he thinks that Dr. Brownlee's problem and his relapse using Vicodin goes deeper than the surgery he had.

Dr. Brownlee agreed.

DR. BUCHAN MOVED TO CONTINUE DR. BROWNLEE UNDER THE TERMS OF HIS OCTOBER 12, 2006 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

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

The motion carried.

TODD S. CARRAN, M.D.

Dr. Carran made his initial appearance before the Board, pursuant to the terms of his September 13, 2006 Consent Agreement.

In response to Board members' questions, Dr. Carran stated that things are going better and better for him. He does understand his consent agreement. On a day-to-day basis he attends meetings almost daily; he sees his therapist or psychiatrist once a week. He talks with his sponsor daily and meets with him fairly frequently. He's also maintaining a good, physical exercise regimen, and he's trying to communicate regularly with his family and his relatives. He's currently divorced with no children.

Dr. Carran stated that he no longer takes Cymbalta. The only medication he takes is Proscar, a prostate

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medicine. He advised that his sleep has improved greatly. He had quite a bit of difficulty with it initially.

Dr. Steinbergh noted that Dr. Carran had a somewhat difficult upbringing and still has family issues to deal with.

Dr. Carran agreed. He stated that he thinks that the therapy is helping quite a bit with his being able to understand and be okay with other family members. He added that isolation is a problem for him, but added that, by working the program, it's getting better and better. He has quite a few friends, although a fair amount of them are not in his area. They still speak on a regular basis. He advised that he was raised by his aunt and uncle from age 8, and they're just ten minutes away. He tries to get over there a couple times a week. He's also very close to his sister, who is in Philadelphia. They talk daily. Dr. Carran advised that he does plan to stay in Kentucky, for the time being.

In response to further questions, Dr. Carran stated that he is an addict. He started taking Vicodin, by prescription, for back pain in about 2000. He took it for several years, then went off it of his own accord, switched to Tramadol, and took that for a while. He commented that he believes that he did get addicted to Tramadol, he believes that he used it in an unhealthy manner.

When asked whether he could look back at college and high school and say whether he experimented or drank more than he should, Dr. Carran responded that he could.

Dr. Kumar asked whether Dr. Carran could comment on charges against him for carrying a concealed weapon and aggravated drug possession. Dr. Carran stated that he couldn't comment on that at this time. He added that those issues should be resolved before the end of the month.

Dr. Egner stated that one of the important things today is that Dr. Carran came and saw the physicians who came before him. It tells him that he's not alone, that smart, well-disciplined, well-educated people can succumb to lots of problems because of their addictions, that there is success, but that there's always that threat of a relapse. She stated that it's important for new probationers to see the other doctors who came first, what they had to say. Part of it's good news and part of it's bad news. Dr. Egner stated that the Board wants success for him, but it's his job. She commented that Dr. Carran has some real challenges before him. He's not looking at an easy time. She noted that the record reflects that Dr. Carran is also dealing with some depression. She stated that keeping that under control will aid in his recovery process.

Dr. Buchan asked whether Dr. Carran's back pain is better. He replied that it's much better since he's been working out regularly. He's not having any problems.

DR. BUCHAN MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE ON DECEMBER 11, 2006, AND TO CONTINUE DR. CARRAN UNDER THE TERMS OF HIS SEPTEMBER 13, 2006 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. VARYANI SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert

- aye

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Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Robbins	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye

The motion carried.

PATRICK R. DENNISON, D.O.

Dr. Dennison made his initial appearance before the Board, pursuant to the terms of his October 12, 2006 Consent Agreement.

Dr. Dennison asked whether he could stand, because he can think better and he wants to be sincere.

Dr. Kumar told Dr. Dennison he could stand.

Dr. Dennison stated that he's very sorry for what he's done. The seriousness of this didn't dawn on him at first. He stated that he was terrified and scared, and he's still terrified and scared. At first he didn't understand all of the ramifications and all of the implications of what had happened. He regrets it deeply. Dr. Dennison stated that he's hurt a lot of people, his patients – he's not there for them anymore. He hurt his family, he betrayed his family. He drops his ten-year-old daughter off at school, and she doesn't know what's going on, although she's starting to piece it together. Dr. Dennison stated that he has two other daughters who understand what's happening. He commented that he hasn't set a good example for them, although he wants to. Dr. Dennison stated that he wants to be a good parent, and his daughters are getting old enough at this point where it's getting harder and harder to tell them what to do. He can give them advice. Financially, he can't help them at all at this point, but he can at least give them some advice and be there for them.

Dr. Dennison stated that this has been the greatest mistake of his life. He's never been in this much trouble. He added that, at this point, so far, he's not in any criminal trouble. He's been in practice for 20 years, and aside from all of this, he's tried to dedicate his whole life to practice. It's all he knows. He could never be a salesman; he can't sell anything.

Dr. Kumar stated that Dr. Dennison had an initial citation, and this consent agreement is the result of a relapse. He asked what the issue was in 2005.

Dr. Dennison stated that it all happened within about a year. There were two cases.

Dr. Kumar asked whether there weren't two additional cases a year later. Dr. Dennison stated that there

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were not.

In response to further questions, Dr. Dennison stated that he has completed the required ethics course. He also did a lot of reading on his own on physician/patient boundary issues. Dr. Dennison stated that he didn't know anything about physician/patient boundary issues. He compiled a bibliography, and he's read through a good number of articles on those issues now.

Dr. Buchan asked whether Dr. Dennison knew that he shouldn't have sex with his patients. Dr. Dennison stated that he did. Dr. Buchan questioned why Dr. Dennison said that he didn't know boundaries.

Dr. Dennison stated that he didn't understand all of the implications and ramifications of it. He stated that there were a lot of compelling reasons, subconscious reasons. He was setting himself up for failure. He and Dr. Campbell have been exploring those issues. Dr. Dennison stated that he's been diagnosed with paraphilia. He stated that he and Dr. Campbell are going through a lot of that now. He stated that he had no knowledge of that. He stated that he may have been setting himself up for failure, subconsciously, for a long time. Dr. Dennison stated that Dr. Campbell told him once that people who deny themselves gratification, such as vacations or just a step away from practice, do weird things. He stated that he did some weird things.

Dr. Dennison stated that he had a lot of denial. As an example, he stated that the husband of a girl who worked in his office was doing the same thing. He's seen some of his colleagues leave their wives because their wives were ill or whatever. He was thinking to himself that that is terrible, and who could do that? This was staring him right in the face and then he turns around and does the same thing. There was that issue of denial, it was staring him right in the face, and he didn't realize it.

Dr. Dennison stated that, to answer Dr. Buchan's question, yes, he knew it wasn't right, and he knew that he overdid a boundary issue. He's been trying to rectify that mistake. Dr. Dennison acknowledged that he is asking for a second chance.

Mr. Browning asked Dr. Dennison what he is doing in that regard.

Dr. Dennison stated that he has also been diagnosed with chronic depression. He's taking Fluoxetine for that now. He's trying to exercise. He's seeing Dr. Campbell twice a month, and they're exploring a lot of these issues now. He's learning a lot about paraphilia and things she wasn't even aware of before.

Dr. Egner advised that the Board earlier had a discussion about a physician who had sex with a woman and then later performed surgery on her. She stated that she discussed with a staff member about how she feels about doctors who have sex with their patients. Dr. Dennison is not an example of someone whom she would let off easy under any circumstances. What he did was so egregious that he's lucky that his license wasn't permanently revoked. Dr. Egner expressed concern over Dr. Dennison's saying that he did what he did because he has paraphilia. Dr. Egner stated that what Dr. Dennison did was incredibly bad. He hurt patients who probably won't recover from what he did.

Dr. Dennison stated that he regrets that and he's sorry for it.

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Dr. Egner stated that she's sure he regrets it; but she's not sure that he regrets it because now he's here before the Medical Board and has a lot of subsequent problems or because he truly sees what he did was wrong.

Dr. Dennison stated that he truly sees it was wrong. He says he thinks about this every day and the guilt has been there every day. He acknowledged that he hurt people. Dr. Dennison stated that he never knew that a person could be so isolated. He stated that he's not trying to make himself the victim, that's not what he's trying to do. He just had no appreciation for that. He never knew how isolated a person could be. He regrets it.

Dr. Steinbergh asked Dr. Dennison why, when he was cited in November 2004 and entered into a consent agreement in March 2005, did he not confess that he was having sex with other people. Why did it come to a second citation.

Dr. Dennison stated that there was a question about the second patient that came up. He was asked whether he'd ever done it before with the second patient.

Dr. Steinbergh asked whether it was correct that prior to his citation in November 2004 he had sexual relationships with multiple patients.

Dr. Dennison stated that it was not. He'd had sex with two patients.

Dr. Steinbergh stated that the first citation and consent agreement was for sex with one patient.

Dr. Dennison stated that that was correct.

Dr. Steinbergh stated that Dr. Dennison had had sex with two patients at that time. She asked why he didn't tell the Medical Board at the time of his first citation and consent agreement that there was another person with whom he was involved. Why did the Board get to a second citation.

Dr. Dennison stated that he sat down with Mr. Thompson, the investigator, and he doesn't recall him ever asking that question. It never came up. The first time the question was ever posed to him, to the best of his knowledge, was through Dr. Levine, the diagnosing psychiatrist.

Dr. Steinbergh asked why it would take anybody else to ask that question. She asked whether someone has to charge him with something before he confesses it. She expressed concern that, when negotiating his first consent agreement, it didn't occur to him that he should let the Board know now what he had done.

Dr. Dennison indicated that it didn't occur to him.

Dr. Steinbergh stated that she agrees with Dr. Egner. This is egregious and Dr. Dennison happened to luck out on this. Otherwise, he could have lost his license permanently. And if at some point he doesn't get an honest check on who he is and what he's doing, he will not be successful. She stated that Dr. Dennison

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approached her at a lecture she was giving, after he'd entered into the first agreement, and asked how people got through this, and she was positive with him. Dr. Steinbergh stated that Dr. Dennison was lying to her then. He wasn't willing to give it up. Dr. Steinbergh stated that if there's anything else that Dr. Dennison has done that's unethical, immoral, and that will some day come out and be revealed, he ought to be talking to the Secretary or Supervising Member about it. Why prolong this? Dr. Steinbergh stated that he needs to come to terms with who he is, what he's done. If he wants to continue to practice medicine, he has to clean himself out, so to speak. Dr. Steinbergh stated that she agrees with Dr. Egner that terms such as "paraphilia" and "depression" mean nothing to the Board. The Board has empathy and understands the disease processes, but the Board doesn't like to be lied to.

Dr. Dennison stated that he didn't see it as lying. He would now say that he wasn't totally open. He didn't want to make life harder for himself than he had to. When Dr. Levine asked him, that's when it came up.

Dr. Kumar asked whether, after the first cite, Dr. Levine stopped or continued having sexual relations with the second patient.

Dr. Dennison indicated that he did not. He stated that all such activity stopped completely after the first citation.

Dr. Egner stated that it couldn't have, because the second citation says that he had contact with two additional patients.

Mr. Browning stated that the second cite is written up in a way that suggests that there were three patients involved. Dr. Dennison is telling us that there were two.

Dr. Dennison stated that there was a third patient that started coming on to him in the office, and he curtailed that.

Dr. Steinbergh stated that the record indicates that he engaged in sex with that patient.

Dr. Dennison stated that that's not correct.

Dr. Steinbergh stated that she asked whether he thought to confess about patient 2, and Dr. Dennison responded that the question was never asked. She referred to the second citation letter in which it states as follows:

- (2) In an interview with a Board Investigator in or about 2003 regarding the 2002 incident with Patient 1, you told the Board Investigator that you had not had sexual contact with any other patient.

Dr. Dennison stated that he doesn't remember that question ever coming up.

Dr. Steinbergh stated that it's in the record.

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Mr. Browning wanted clarification that there were three patients involved.

Ms. Bickers advised that that is correct. She referred to the citation letter of June 14, 2006, which outlines the patients involved, and there were three.

Dr. Steinbergh commented that, somehow, Dr. Dennison still doesn't get it.

Dr. Dennison stated that he's not sure what Dr. Steinbergh means.

Mr. Browning stated that in November 2004, Dr. Dennison was cited for having sex with one patient.

Dr. Dennison stated that that was correct.

Mr. Browning asked whether, at that time, he was involved with more than one patient.

Dr. Dennison stated that he had been the year prior.

Mr. Browning stated that there were at least two patients with whom Dr. Dennison was involved, but the Board only knew about one. After that, the Board found out that there was a third patient.

Dr. Dennison stated that Patients 2 and 3 came out together. But the third patient just started rubbing his shoulders in the office and started coming on sexually, and he curtailed that, he stopped it.

Mr. Browning asked whether he stopped it immediately.

Dr. Dennison stated that he did.

Dr. Buchan noted that the record indicates, and Dr. Dennison agrees, that he had sexual contact with her.

Mr. Browning asked whether that is it. He asked for assurance that the Board isn't going to find out about other patients some day.

Dr. Dennison indicated that there are no other patients.

Dr. Steinbergh stated that Dr. Dennison will have to heal himself and follow his consent agreement. She asked whether Dr. Dennison understands his consent agreement.

Dr. Dennison stated that he does.

Dr. Steinbergh stated that Dr. Dennison is lucky, adding that the Board revokes licenses for this.

Dr. Dennison stated that he's truly sorry for all of this, adding that he doesn't want to be here.

Mr. Albert stated that if the Board finds out about anyone else, it would not preclude the Board from

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opening a new case against him. He stated that if Dr. Dennison has anything in his background that he hasn't told the Board, it would behoove him to examine his conscience and to inform staff about it. If the Board finds out that there is another patient with whom he's had sexual contact, the Board will come after him.

Dr. Varyani stated that just listening today, at the start of Dr. Dennison's appearance here, things were great, but as things progressed, he doesn't trust what Dr. Dennison has said. He really doesn't think that Dr. Dennison has fully come to terms with himself yet. Dr. Varyani stated that Dr. Dennison has said there were only three patients, but if the Board learns of a number four or five, that will be it.

Dr. Buchan stated that at one point the majority of the Board thought that there was hope for the recovery of his license. Dr. Dennison knows what he had to do, and he needs to go out and do it. Bigger than that is Dr. Dennison's responsibility to understand who he is and to be the father of his three daughters. That reigns heavier than any license.

Dr. Dennison stated that he's really trying to get himself back together. He knows that what he did was wrong. From now on he just wants to turn over a new leaf. He knows he's asking for a second chance. Dr. Dennison stated that this is not the person he is. He added that he doesn't think that he's a bad person, but he's done a lot of stupid things.

Dr. Steinbergh stated that he may not be a bad person, but he may not be able to practice medicine. The Board doesn't accept this kind of behavior. It's unethical.

DR. BUCHAN MOVED TO CONTINUE DR. DENNISON UNDER THE TERMS OF HIS OCTOBER 12, 2006 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

SARAH A. STEIN, M.T.

Ms. Stein made her initial appearance before the Board, pursuant to the terms of his October 12, 2006

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Consent Agreement.

In response to Board members' questions, Ms. Stein stated that she feels well. Ms. Stein stated that she does understand her consent agreement, but she does have one question about one of the agreed terms. She indicated that she's applied to take her national boards, and she wanted to know whether she had to notify that board of this Board's action and provide this Board with proof that she has done so.

Ms. Bickers recommended that she do so.

Ms. Stein advised that she did take her national boards exam over a year ago. She added that it's taken a long time, and everything is just getting into motion for her right now. She stated that you can sit for your Medical Board exam and pass it, but because of her OMVI, she had to go through COMPASS before she could actually see her grades. She was just issued a license number on December 12, 2006. So everything is moving on. Ms. Stein stated that now she is training for the national exam.

Dr. Steinbergh stated that Ms. Stein has two things to do for herself. She needs to get well, and she needs to understand and respect what her license means, so that she doesn't find herself in a situation where she's not admitting on a license application what exactly is going on. She has to be honest. Dr. Steinbergh stated that the Board licenses massage therapists, who take care of patients. The approach to patients must be honest. Although she's learned how to be a massage therapist and is licensed as such, until she understands her responsibility to that license, she won't really be a quality therapist. Every patient she approaches must be approached in an honest way.

Mr. Albert asked Ms. Stein about her experience at COMPASS.

Ms. Stein stated that her experience was pretty good, although it was a little scary. There were a lot more extreme cases there, but it went really well. She left feeling really good. She's a smarter person about what is going on and what could actually happen if her behavior continued that way. They let her leave after 72 hours because they felt that there was no reason for her to be there. She was satisfied with the evaluation.

Dr. Egner asked how Ms. Stein came to the Board's attention.

Ms. Stein stated that on January 14, 2005 she was arrested for OMVI. She didn't answer one of the questions on her Board application appropriately.

Ms. Bickers explained that COMPASS did not find her to be impaired. She was found capable of practicing massage therapy without further treatment, which is why she doesn't have the interim monitoring requirements. She underwent a 72-hour evaluation and was diagnosed with alcohol abuse but did not need further treatment.

Dr. Buchan asked what this has done to Ms. Stein's friend base.

Ms. Stein stated that it has limited it a lot. She stated that she has two really good friends, but she doesn't

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go out and do much. She studies a lot in preparing for getting into her career right now, since she just got her license. She's really excited about that. The couple of friends that she does have are really close. They study together, and she practices on them. Ms. Stein stated that she went to school with one of them, and so that friend gets to practice, too. Her friend hasn't passed her Boards yet. Helping her friend study keeps Ms. Stein up to date.

Dr. Buchan asked whether she hangs out with people who make the choice not to drink or smoke.

Ms. Stein stated that she does have a couple of such friends. She added that it wasn't very hard for her, because she was scared. Ms. Stein stated that she hadn't realized how much it could affect her career. She almost lost her whole career over her OMVI. Her friends have been supportive and are not big drinkers or smokers.

Dr. Kumar stated that it's not the big drinkers who led her down the wrong path. It was the little drinkers.

Ms. Stein stated that she thinks she led herself to that path. She won't blame it on anyone else; she made the wrong choice. She could have hung out with better people, but she's not going to blame it on anyone else.

DR. STEINBERGH MOVED TO CONTINUE MS. STEIN UNDER THE TERMS OF HIS OCTOBER 12, 2006 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

ADMINISTRATIVE REPORT

Mr. Whitehouse reviewed his written administrative report, a copy of which shall be maintained in the exhibits section of this journal, and introduced new personnel to the Board.

Mr. Whitehouse reminded the Board that a few months ago the Board discussed a reconciliation policy. There are three different accounts and the one problematic area had to do with the CAVU system. In

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November staff met with the Treasurer's office, concerning the Board's being made a pilot program. The Treasurer's office was going to assist the Board with its monthly reconciliation. The Board was thankful to have that offer. The individual working with the Board didn't survive the change in administrations. Mr. Whitehouse stated that he hasn't been able to make a connection with the Treasurer's office yet, but his guess is that there won't be a pilot project.

Mr. Whitehouse referred to Executive Order 2007-01S *Establishing New Ethics Requirements*, a copy of which is attached to his report. He stated that the Governor has directed that he, his wife, his staff and members of his staff, his Cabinet, the State employees in those Cabinet agencies "and those employed at or appointed to State of Ohio boards and commissions...follow the same rules about accepting gifts that (he) will be following. Close family members include parents, children, siblings, spouses and domestic partners. Failure to comply with this Executive Order will result in appropriate discipline."

Mr. Whitehouse stated that the Order prohibits the listed individuals from accepting any gifts over \$20. The types of gifts under \$20 that are listed include token gifts such as t-shirts, caps, mugs or lapel pins.

Dr. Steinbergh asked whether this involves Board members as personal physicians. She stated that primary care physicians will frequently receive gifts from specialists to whom they refer patients. She asked what that means.

Mr. Whitehouse stated that he would be reluctant to accept something. The only exceptions refer to family members, close personal friends, things of that nature. His recommendation would be to proceed cautiously. The Board member would have to be mindful of the context in which you get the gift. Board members would have to ask themselves whether they are getting the gift because they are a friend or colleague, or if it is a gift that he or she is given because he or she is a member of the Board. There will always be that perception.

Dr. Egner stated that all physicians receive gifts from other physicians. She sends gift certificates to those physicians who have assisted her in the operating room, for instance when they assist for an emergency surgery. She's grateful and she'll send a gift. She also receives gifts in similar situations.

Ms. Debolt noted that the Executive Order directs that questions be sent to the Governor's Chief Ethics Officer.

Mr. Whitehouse designated Ms. Debolt as the Chief Ethics Officer for the agency. Board members should direct questions to her and if she cannot respond, she will seek the answer from the Governor's office.

Mr. Whitehouse stated that his personal thought on this is that if it could be clearly understood that the gift in question is not in any way, shape or form connected with a member's role on the Board, then that member will be okay. The Board member will still be subject to disclosure of said gift. He added that it's always advisable to err on the side of full disclosure.

Mr. Albert commented that this is nothing new. Just the price has dropped from \$75 to \$20.

Ms. Pfeiffer urged the Board to keep in mind that the Board members regulate physicians from whom they

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may receive gifts. The Board disciplines them if they get into trouble.

Dr. Egner stated that Board members would recuse themselves in such cases.

Ms. Pfeiffer stated that she thinks that the Governor is trying to purify the ethical considerations. Even though a Board member might recuse him or herself, there may be the perception that a Board member who recuses him or herself in a case might try to influence other Board members. It's a matter of public perception.

Mr. Whitehouse stated that the Order really addresses vendors and contracts, but it's a stone's throw away from these kinds of issues.

Dr. Talmage commented that he gives it the "headline test." If it's something that would embarrass you if it appears in the headlines, don't do it.

Mr. Whitehouse continued that the other attachments have largely to do with statistics. He referred specifically to the disciplinary statistics contained in the document. In terms of serious disciplinary actions, the Board is slightly above where it was in 2005. He stated that that's a good sign.

Dr. Kumar at this time advised that there's a position open for non-physicians on the Federation's Nominating Committee. He indicated that he previously discussed this with Mr. Albert, and he asked that Mr. Browning and Ms. Sloan advise him whether or not they would be interested in running for that Committee.

Mr. Browning asked for more information concerning the Committee.

Dr. Talmage stated that he's served on that Committee. Members are obligated to attend the annual meeting, where you run for the office. In around November there is conference call, and there is a meeting in Forth Worth, Texas in January.

Ms. Wehrle commented that it's a two-year appointment now.

Dr. Talmage stated that the first Committee meeting would be in January 2008.

Mr. Browning asked whether you had to be a Medical Board member.

Dr. Talmage stated that you have to be a Federation of State Medical Boards Member. Federation membership goes on for three years after the expiration of a term on the Board.

Dr. Kumar encouraged all Consumer members to look at that seriously.

Dr. Kumar stated that the Board usually sends six members to the annual meeting. This year the following will attend: himself, Dr. Talmage, and Dr. Steinbergh. There are three open spots that they wish to fill, and they would like to fill them sooner rather than later. He urged Board members who haven't attended in the

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past to attend.

Dr. Davidson and Dr. Varyani indicated that they would like to attend. Dr. Egner indicated that she would have to check her calendar.

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

Thereupon at 4:32 p.m. the January 10, 2007 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 January 10, 2007, as approved on February 14, 2007.



Deepak Kumar, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)



January 11, 2007

MINUTES

THE STATE MEDICAL BOARD OF OHIO

January 11, 2007

Deepak Kumar, M.D., President, called the meeting to order at 8:05 a.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Nandlal Varyani, M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Anquetette Sloan; Patricia J. Davidson, M.D.; Dalsukh Madia, M.D.; and Anita M. Steinbergh, D.O. The following joined the meeting at a later time: David S. Buchan, D.P.M. and R. Gregory Browning, Ph.D. The following did not attend the meeting: Andrew F. Robbins, Jr., M.D.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; Rebecca J. Marshall, Chief Enforcement Attorney; Karen H. Mortland, Enforcement Attorney; Steven C. McGann, Kyle C. Wilcox and Barbara J. Pfeiffer, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Executive Staff Coordinator; Sallie J. Debolt, Executive Staff Attorney; Michael K. Miller, Public Policy & Government Affairs Officer; Danielle Bickers, Compliance Supervisor; Jean Gillman, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore, Disciplinary Information Assistant.

CITATIONS, PROPOSED DENIALS & ORDERS OF SUMMARY SUSPENSION

RUBEN A. BOGIN, M.D. - LETTER OF PROPOSED DENIAL

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

DR. STEINBERGH MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. BOGIN. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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Mr. Browning joined the meeting at this time.

DAROLD R. LANCE, 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. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. LANCE. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

The motion carried.

HANS HOFFMAN TRUONG, M.D. - LETTER OF PROPOSED DENIAL

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

DR. VARYANI MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. TRUONG. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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BRADLEY REX WOLF, 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. MADIA MOVED TO SEND THE CITATION LETTER TO DR. WOLF. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Buchan joined the meeting at this time.

LICENSURE, PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Robbins advised that at this time he would like the Board to consider the probationary reports, the probationary requests, and the licensure applications on today's consent agenda. Dr. Robbins asked whether any Board member wished to consider either an application for licensure or a probationary report or request separately. He noted that all probationers are in compliance.

Dr. Steinbergh asked that the Board consider the following probationary request separately: Ashok V. Padhiar, M.D.; Michael Paul Parker, M.D.; Charles Christian Rickey, P.A.; and Deborah L. Taylor, M.D.

MR. BROWNING MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES ON DECEMBER 11-12, 2006 WITH: DAVID E. ALLEN, M.D.; ROBERT L. BELLUSO, D.O.; ROBERT L. BRANDT, JR., M.D.; PAUL CLAASSEN, D.O.; ALLAN W. CLARK, M.D.; GREGORY G. DUMA, M.D.; TANIA RENEE ECK, M.T.; WILLIAM H. FIEGENSCHUH JR., M.D.; MARY JO FOOTE, P.A.; RYAN STEVEN FRYMAN, D.O.; LAMBERTO T.R. GALANG, JR., M.D.; ANN V. GOVIER, M.D.; W. ANDREW HIGHBERGER, M.D.; ROBERT L. HUBLEY, D.O.; ANIL H. JHANGIANI, M.D.; DONALD C. MANN, M.D.; FRANCINE R. MOSLEY, M.D.; CARLA M. MYERS, D.O.; THOMAS A. NGUYEN, M.D.; NATHAN THOMAS PENNEY, D.P.M.; KOLLI M. PRASAD, M.D.; ANDRE PROCHOROFF, M.D.; KENT ROBINSON, M.D.; STEPHEN J. ROLFE, M.D.; WILLIAM A. ROMER, M.D.;

CHRISTOPHER S. SHAW, M.D.; MARIE T. SHEDLOCK, P.A.; RICHARD S. SKOBLAR, M.D.; MATTHEW ALLAN SNYDER, L.M.T.; WILLIAM C. STEVENSON, M.D.; ALAN B. STORROW, M.D.; DAVID E. SUBLER, M.D.; EUGENE F. TARESHAWTY, JR., M.D.; KELLI D. WAHL, M.T.; PAUL W. WILSON, D.O.; PAUL PO-TSANG YANG, M.D.; AND JAMES F. ZIMMERMANN, D.P.M.; MR. BROWNING FURTHER MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES AND THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATIONS REGARDING PROBATIONARY AND REINSTATEMENT REQUESTS, AS FOLLOWS:

- **TO GRANT MICHAEL B. BURGHARDT, M.D.'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE FROM THREE TO SIX MONTHS;**
- **TO APPROVE DAVID A. BOWMAN, M.D., TO SERVE AS L. JEAN COOPER, M.D.'S MONITORING PHYSICIAN, WITH 10 CHARTS REVIEWED PER MONTH;**
- **TO GRANT WILLIAM L. CRAWFORD, M.D.'S REQUEST TO DISCONTINUE HIS PSYCHIATRIC TREATMENT;**
- **TO APPROVE KRISTIN M. CAMPBELL, M.D., TO SERVE AS JANICE ELECTA GREEN DOUGLAS, M.D.'S ASSESSING PSYCHIATRIST;**
- **TO APPROVE AARON BILLOWITZ, M.D., TO SERVE AS DANN WILLIAM GANZHORN, M.D.'S TREATING PSYCHIATRIST;**
- **TO GRANT TAMMY M. HABERBERGER, D.O.'S REQUEST TO CHANGE HER TREATING MENTAL HEALTH COUNSELOR FROM PAUL J. FRANCIS, PHD., TO RICHARD A. GEORGE, PHD.;**
- **TO APPROVE TAREK ANJARI, M.D., TO SERVE AS HUSAM E. HAMED, M.D.'S MONITORING PHYSICIAN, WITH 10 CHARTS PER WEEK FOR THE FIRST YEAR, 10 PER MONTH, THEREAFTER, IF APPROPRIATE;**
- **TO GRANT DAVID J. LEVY, M.D.'S REQUEST TO DISCONTINUE CHART REVIEW REQUIREMENT;**
- **TO GRANT GREGORY S. MASIMORE, M.D.'S REQUESTS FOR A REDUCTION IN APPEARANCES FROM THREE TO SIX MONTHS, AND FOR A REDUCTION IN DRUG SCREENS FROM ONCE A WEEK TO TWICE PER MONTH;**
- **TO APPROVE STEPHEN R. REMINE, M.D., TO SERVE AS MARK S. MCALLISTER, M.D.'S MONITORING PHYSICIAN, AND TO GRANT DR. MCALLISTER'S REQUESTS TO REDUCE HIS APPEARANCE SCHEDULE FROM THREE TO SIX MONTHS, TO REDUCE HIS DRUG SCREEN REQUIREMENT FROM ONCE PER WEEK TO TWICE**

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PER MONTH, AND TO APPROVE HIS REQUEST TO CHANGE THE SUPERVISING “PHYSICIAN” FROM OPHP TO THE VIRGINIA HEALTH PRACTITIONER’S INTERVENTION PROGRAM [HPIP];

- **TO APPROVE DONALD P. RAKEL, M.D., TO SERVE AS FRED R. MOSS, M.D.’S SUPERVISING PHYSICIAN, AND MICHAEL A. GUREASKO, M.D., TO SERVE AS HIS MONITORING PHYSICIAN, WITH 10 CHARTS REVIEWED PER MONTH;**
- **TO APPROVE MICHAEL J. O’BRIEN, D.O.’S REQUEST TO CHANGE HIS TREATING PSYCHIATRIST FROM PHILLIP L. BORDERS, M.D., TO VICTORIA L. SANELLI, M.D.;**
- **TO GRANT TO WILLIAM DENNY ROBERTSON, M.D. THE AUTHORITY TO ADMINISTER, PERSONALLY FURNISH, OR POSSESS ANY CONTROLLED SUBSTANCES;**
- **TO GRANT BRIAN D. SOUTHERN, M.D.’S REQUESTS FOR A REDUCTION IN HIS DRUG SCREEN REQUIREMENT TO TWICE PER MONTH AND FOR A REDUCTION IN ALCOHOL AND DRUG REHABILITATION MEETINGS REQUIREMENT TO TWO PER WEEK, WITH A MINIMUM OF 10 PER MONTH;**
- **TO GRANT RICHARD ALLAN ZINNI, D.O.’S REQUEST FOR A REDUCTION IN HIS DRUG SCREEN REQUIREMENT FROM ONCE A WEEK TO TWICE A MONTH.**
- **TO APPROVE LEROY B. GOODSON, M.D., TO SERVE AS PHILLIP THIELE NORTH, M.D.’S MONITORING PHYSICIAN, WITH 10 CHARTS REVIEWED PER WEEK FOR THE FIRST YEAR, AND 10 PER MONTH, THEREAFTER.**

MR. BROWNING FURTHER MOVED TO APPROVE FOR LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, THE PHYSICIAN APPLICANTS LISTED IN EXHIBIT “A”, THE P.A. APPLICANTS LISTED IN EXHIBIT “B.” MR. BROWNING FURTHER MOVED TO APPROVE THE RESULTS OF THE DECEMBER 2006 PMLEXIS AND MASSAGE THERAPY EXAMINATIONS, AND TO CERTIFY AS PASSING AND LICENSE THOSE RECEIVING A SCORE OF 75 OR GREATER ON THE EXAMINATIONS, AND TO CERTIFY AS FAILING AND DENY LICENSURE TO THOSE WHO RECEIVED A SCORE OF LESS THAN 75 ON THE EXAMINATIONS. MS. SLOAN SECONDED THE MOTION. A vote was taken:

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

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Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Steinbergh referred to Ashok V. Padhiar, M.D.'s request for a reduction in his saliva screen requirement from one a week to twice per month. She noted that the Secretary and Supervising Member recommendation is to discontinue the screens completely.

Ms. Bickers stated that the recommendation was made, primarily, because Dr. Padhiar has had a long period of sobriety. Dr. Talmage and Mr. Albert didn't feel that saliva testing was needed any further. She noted that the urine screen requirement will continue.

DR. STEINBERGH MOVED TO APPROVE THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATION TO DISCONTINUE DR. PADHIAR'S SALIVA SCREEN REQUIREMENT. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Steinbergh noted that Michael Paul Parker, M.D. has requested that the Board reduce his appearances to annually. She stated that Dr. Parker was an emergency room physician who got into trouble with prescribing. His license was suspended for twelve months.

Ms. Bickers stated that Mr. Albert usually operates under the theory that, if the physician isn't chemically dependent, there's only so much that they can talk about in conferences. She added that, even if the Board does discontinue his appearances, Dr. Parker will continue to report quarterly.

DR. STEINBERGH MOVED TO ACCEPT THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATION TO ELIMINATE DR. PARKER'S APPEARANCE REQUIREMENT. DR. MADIA SECONDED THE MOTION. A vote was taken:

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Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Steinbergh stated that she had the same concern about Charles Christian Rickey, P.A.'s request for a reduction in appearances from every three months to annually. She noted that Mr. Rickey was convicted of bank fraud. She added that she presumes that things are going well with Mr. Rickey, since Mr. Albert recommends discontinuing the appearances.

DR. STEINBERGH MOVED TO ACCEPT THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATION TO ELIMINATE MR. RICKEY'S APPEARANCE REQUIREMENT. DR. MADIA SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Steinbergh noted that Deborah L. Taylor, M.D., has requested approval of Edna Jones, M.D., to conduct her return to work evaluation, and has also requested an elimination of her work hour restriction. Dr. Steinbergh stated that she feels that the Board should receive Dr. Jones' report before it eliminates the work hour restriction.

Ms. Bickers advised that Dr. Jones did an evaluation of Dr. Taylor in November 2006, anticipating Board approval. Ms. Bickers referred to Dr. Jones' report in the agenda materials. Ms. Bickers stated that Dr.

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Jones was previously employed by Parkside and had been approved through Parkside to do evaluations of this type. She has since left, and the Board needed to approve her separately to do the return-to-work evaluation.

Ms. Bickers continued that Dr. Jones requested to eliminate the work hour restriction, but Mr. Albert is recommending increasing the work hour limitation to 50 hours.

DR. STEINBERGH MOVED TO APPROVE DR. JONES TO CONDUCT DR. TAYLOR'S RETURN TO WORK EVALUATION. DR. STEINBERGH FURTHER MOVED TO ACCEPT THE SUPERVISING MEMBER'S RECOMMENDATION TO INCREASE DR. TAYLOR'S WORK HOURS TO 50 PER WEEK. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

EXECUTIVE DIRECTOR POSITION; POSITIONS EXEMPT FROM CLASSIFIED CIVIL SERVICE

DR. KUMAR MOVED THAT THE BOARD CONTINUE RICHARD A. WHITEHOUSE IN THE UNCLASSIFIED POSITION OF EXECUTIVE DIRECTOR.

DR. KUMAR FURTHER MOVED TO AUTHORIZE THE EXECUTIVE DIRECTOR TO SIGN, ON BEHALF OF THE BOARD, ANY PERSONNEL ACTIONS, FISCAL DOCUMENTS AND ANY DISCIPLINARY DOCUMENTS THAT WOULD OTHERWISE HAVE TO BE SIGNED BY THE BOARD AS THE APPOINTING AUTHORITY, FOLLOWING RESOLUTION OF THE BOARD TO TAKE SUCH ACTION.

DR. KUMAR FURTHER MOVED TO GRANT THE EXECUTIVE DIRECTOR THE AUTHORITY TO DELEGATE CERTIFICATION OF DOCUMENTS TO OTHERS, AS THE NEED ARISES.

DR. KUMAR FURTHER MOVED THAT PURSUANT TO SECTION 124.11(A)(8), REVISED CODE, THE BOARD DESIGNATE THE FOLLOWING POSITIONS AS UNCLASSIFIED:

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ADMINISTRATIVE ASSISTANT 3, POSITION NUMBER 20070925, AND SECRETARY, POSITION NUMBER 20070945. DR. STEINBERGH SECONDED THE MOTION. All members voted aye. The motion carried.

PRESIDENT'S REPORT

Dr. Kumar at this time thanked the Board for giving him the opportunity to serve as President.

Dr. Kumar advised that the Management Committee will remain the same. He has talked with all of the Committee members about this. He added that he does want to change the current committee assignments a little bit. Dr. Varyani and Dr. Madia will stay in their groups, but their chair assignments will change. Dr. Varyani will now chair the Consent Agreement Committee, which will move to Group 1, and Dr. Madia will chair the Pain Management and Prescribing Committee, which will move to Group 2.

Dr. Steinbergh expressed concern that the workload will be off balance.

Dr. Kumar stated that he talked about that with staff and, if it is found that that is true, he will reconsider the change. Staff felt that this would work at this time.

Dr. Kumar stated that there has been some discussion as to how to get QIP into the reporting structure of the Board. He advised that it was felt that the Quality Assurance Committee would be the right group to supervise the QIP. Dr. Egner has agreed to include reporting on QIP activities in her report.

Dr. Kumar stated that he has talked with Dr. Varyani about the Consent Agreement Committee discussing adding some form of community service to the agreements. He stated that he doesn't know whether that will work, but he would like the Committee to explore the possibility.

Dr. Kumar stated that the Licensure Committee will continue its work on the problems with the seven-year rule. He noted that a solution for that problem is already near completion.

Dr. Kumar stated that he would like the Minimal Standards Committee to put on its agenda the minimal standards for surgery, as well as co-management issues. He hopes to start discussion on these items by the March meeting.

Dr. Kumar advised that, in the Legislative Committee, he will ask Mr. Browning and Mr. Miller to report on items that need to be taken to the legislature. He would also like the Committee to add to the report other items that the it has been exploring for the last year or two without taking any concrete steps as to whether or not changes are needed. Such items include criminal background checks and fining authority. Hopefully, within the next three or four months, things will be worked out in the Committee.

Dr. Kumar stated that he has talked with Dr. Davidson, who, in turn, talked with staff and the Education, Public Relations and Risk Management Committee about making every effort to have four newsletters a year, rather than two. Dr. Kumar stated that everybody reads *Your Report*, and most of the Board's

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licensees look to it for information. The workload will increase, but he was advised that the staff will work to find ways to get funding for this. He stated that that also means that there will be opportunity for Board members other than the President and the Secretary and Supervising Member to write articles for the newsletter. Dr. Kumar stated that he finds that most licensees rely on that for information, rather than going to the Board's website.

Dr. Davidson stated that she talked with Ms. Wehrle about this and, clearly, the website is so much cheaper, that the Committee will continue its efforts to move people, via the paper newsletter to the website by publicity in the printed newsletter. She added that it has also been suggested that the paper newsletter end some article that the Committee thinks is of some interest to everyone in the middle, with an instruction to go to the website to read the rest.

Dr. Kumar stated that one of the comments he hears from colleagues is that they don't know about rules changes because they haven't read the Board's website. The suggestion of ending a story in the middle with the direction to go to the website to read the rest is a good way of getting more information to the Board's licensees.

Dr. Kumar stated that he has been asked why the Board, when it renews licenses, doesn't include a question asking whether certain rules have been read. Dr. Kumar asked that the Licensure Committee consider this issue.

Dr. Kumar stated that he will use the time for the "President's Report, to have some open discussions about topics such as Dr. Egner's concern over consent agreements for certain sexual boundary situations.

Dr. Kumar stated that the Board is currently scheduled to move to the new offices at the Rhodes Tower in June. There have been some minor construction problems, but the move is still scheduled for June.

Dr. Kumar stated that the staff will make efforts to schedule meetings with the various professional associations in early spring. By that time, some of the Committees' work will be close to being finished, and the associations can be brought up to date.

Dr. Kumar again encouraged Ms. Sloan or Mr. Browning to volunteer for nomination to the Federation's Nominating Committee.

Dr. Egner stated that in the future she should like to talk about the thought process behind some consent agreements. She stated that some cases don't seem quite as egregious as others, or even bad to the extent of requiring discipline. She stated that Ms. Debolt has provided her with a copy of the A.M.A. Code of Ethics, but she interprets the Code as being a guideline. What the Code is very strict on, and seems to be absolute on, is that you don't prescribe controlled substances to yourself or family members. She doesn't see where it says that you can't operate on a family member. She stated that she may agree with that guideline and choose not to operate on a family member, but the way she reads this, someone else may choose to do so. If they can keep themselves objective, that is an allowable thing to do. Dr. Egner stated that when the Board cites a physician, who then signs an agreement with the Board, that doesn't necessarily

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mean that the physician is agreeing with the Board and sees the error of his ways as the Board sees it. Dr. Egner stated that she would like some discussion on this topic. She added that she would like some cases prepared for the Board that involve more of the grey zone, so that Board members can hear what the staff's thinking is. Because the staff doesn't get to say anything about the case in the meeting, the Board doesn't get to hear the staff's thoughts very often.

Dr. Kumar stated that this type of discussion can take place during the time set aside for the President's report.

Dr. Davidson wondered how many Board members are aware of physicians treating their family members or operating on them.

Dr. Egner stated that she has had an occasion where she did a hysterectomy and a plastic surgeon did the abdominoplasty on his wife. He wanted to assist on the hysterectomy and she indicated that she didn't feel comfortable with that. She didn't feel that she was in a position to say that he couldn't do his surgery.

Dr. Egner expressed discomfort about voting against a consent agreement to which she does not agree after voting to cite the physician for the infraction. She stated that perhaps the important part is to look at the cites more carefully.

Ms. Marshall stated that if Dr. Egner is talking about the consent agreement reprimand for the mistress case the Board considered the previous day, the physician was never cited. It was a negotiated settlement with a physician who was never cited. Ms. Marshall advised that all settlement agreements brought to the Board from the Enforcement staff are pre-citation settlement agreements. The agreements the Board receives from Ms. Thompson and from the A.A.G.s are post-citation settlement agreements.

Dr. Steinbergh commented that the Secretary and Supervising Member sometimes determine that they want to negotiate a consent agreement, rather than going straight to a citation.

Dr. Talmage stated that it's, essentially, a plea bargain.

Dr. Varyani stated that he has made it a law at his surgery center that physicians cannot perform surgery on family members. He commented that a partner wanted to do an abdominoplasty on a family member, and the partner became very angry about not being able to do it. He added that, as Dr. Egner stated, in the AMA Code of ethics, it is a guideline and not a rule.

Dr. Davidson commented that she thinks that the majority of physicians medically treat family members, but do not perform surgery.

Dr. Madia stated that, in his hospital, an OB/GYN physician delivered his own daughter. It happens all the time.

Dr. Talmage stated that there is one physician against whom the Board took action for sexual imposition on

teenagers, who delivered his wife, but did not explore the uterus. She had retained placenta. He did an inadequate D & C, and she developed DIC (Disseminated Intravascular Coagulopathy). Dr. Talmage stated that his partner, who was nominally her physician, ended up doing a hysterectomy on her. It was a total disaster from beginning to end because a physician chose to deliver his wife. Dr. Talmage commented that it was the stupidest thing he's ever heard. He commented that the only thing he ever did for his kids was to tell them whether or not he thought they should go to the ER. Dr. Talmage stated that, whether the AMA ethics are clear or not, there are innumerable anecdotes of physicians screwing up because they're emotionally involved with the patient they're taking of.

Dr. Egner stated that she doesn't disagree with that, but here's a physician who has been disciplined by a Medical Board. The long-term consequences of that are so severe that she thinks that once in a while the Board members need to look and ask whether what the physician did was so bad that it deserves the consequences for years and years to come. It's like CME used to be. It turned out to be a far more serious offense than was meant when physicians' licenses were suspended for 30 days when they didn't do the CME. It had long-reaching effects, and the Board changed it to a reprimand and a fine. That doesn't have nearly the effects on physicians as it used to.

Dr. Steinbergh asked that the topic of consent agreements for sexual boundaries issues be placed on a future Thursday morning agenda.

Dr. Kumar stated that he would like the Committee to take this up first.

Dr. Steinbergh stated that the Committee has always dealt with the structure/language of the consent agreement and not who would go into a consent agreement. The discussion about sexual boundary issues in regard to putting someone into a consent agreement versus citing the individual and going to hearing is the topic she wants. The Committee in the past has always looked at language, structure and consistency in consent agreements. She believes that Dr. Egner is saying that she would like to hear from the Secretary and Supervising Member on this topic. Discussion should be at the Board level, perhaps in the form of a mini-retreat, so that Board members could have some give and take and discuss their ideas.

Dr. Buchan stated that he would also like to discuss the issue of performing surgery on family members. By law or rule physicians are prohibited from prescribing for family members, but the Board hasn't dealt with other issues relating to family members.

Dr. Talmage stated that it would not be an imposition for he and Mr. Albert to discuss the general principles on which they arrive at a consent agreement. They would not want to discuss specific cases or charges, but simply their thought processes in recommending a consent agreement as opposed to a citation. The Board needs to keep in mind that the consent agreements come to the Board for approval.

Dr. Egner stated that she feels a great deal of pressure to approve consent agreements. When it has come up in the past that there are consent agreements that Board members aren't really crazy about, and the discussion starts to head that way, the feeling the Board gets is that the deal has been worked out with the physician and his or her attorney, and that a lot of time has been spent on this and it's a done deal. The

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Board is getting the impression that they really mess things up by not ratifying the agreement.

Dr. Kumar indicated that he understands Dr. Egner's concerns and he will discuss the matter with Ms. Pfeiffer.

Mr. Whitehouse stated that he also understands Dr. Egner's concerns. He added that the comments she has made speak well of the Board's process. This dialogue is excellent. The staff, Secretary and Supervising Member are acting in the best interests of the Board. If Board members think that someone's off, this discussion is good. Anything that can be done, whether it be a Thursday retreat or discussion with a staff person, helps.

Dr. Kumar at this time asked that the Minimal Standards Committee look at the issue of surgeons performing surgery on family members.

Dr. Kumar stated that he was approached by a group of surgical technologists concerning licensure by the Board. He noted that there are 40 to 45 states where surgical technologists are licensed by medical boards. There are approximately 800 to 900 surgical technologists in the state. They work in hospitals and are an important part of the surgical team, but are not regulated by any board. They have two years of formal training, certification and continuing education requirements. He asked the writer of the letter to send information to the Board. He stated that the group is asking the Board to regulate them.

Dr. Davidson asked what their motivation is.

Dr. Kumar stated that what's happening is that some people who aren't trained are posing as surgical technicians in hospitals. The group wants recognition because R.N.s have recognition. He stated that he thinks that that is their motivation.

Dr. Kumar stated that he knows that the group is going to the legislature to ask for legislation. He added that he will schedule a time for them to appear before the Board to discuss the matter.

Dr. Buchan stated that this Board cannot be all things to all people, and he expressed concern about opening up the Medical Practices Act for this purpose. He stated that he wants to be careful about what door the Board opens.

Dr. Kumar agreed. He stated that he is offering them the opportunity to present themselves and their requests to the Board.

REPORTS BY ASSIGNED COMMITTEES

LICENSURE COMMITTEE

Dr. Egner stated that the Committee reviewed three licensure applications.

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Muhammad Arif, M.D.

Dr. Egner advised that Dr. Arif is over the seven-year time limit by 1 year and 8 months. He passed Step 1 on the first attempt with a score of 77, Step 2 on the second attempt with a score of 77, and Step 3 on the third attempt with a score of 81. Dr. Arif was scheduled to take Step 3 in California in December 1998, but had a heart attack and was unable to take the exam. He didn't take Step 3 until five years later. Dr. Egner stated that the Committee felt that there was too much time between the illness and his taking the exam.

DR. EGNER MOVED TO PROPOSE TO DENY DR. ARIF'S APPLICATION FOR ENDORSEMENT LICENSURE ON THE BASIS THAT HE DOES NOT SHOW GOOD CAUSE FOR NOT COMPLETING THE U.S.M.L.E. WITHIN SEVEN YEARS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Teri Pollock Saveanu, M.D.

Dr. Egner stated that Dr. Saveanu indicated on her application for endorsement of her diplomate status that she has not actively practiced clinical medicine since March 1993.

DR. EGNER MOVED TO APPROVE DR. SAVEANU'S APPLICATION FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS, AND SUBJECT TO HER PASSING THE SPEX OR HER RECERTIFICATION EXAMINATION. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

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Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye
Dr. Steinbergh	- aye

The motion carried.

Guohua Xia, M.D.

Dr. Egner advised that Dr. Xia is over the seven-year time limit by 1 year and 3 months. He passed Step 1 on the second attempt, Step 2 on the second attempt, and Step 3 on the third attempt. Dr. Xia requested that the Board grant him a “good cause” waiver on the basis that he was on medical leave from his training program for a period of seven months while recovering from a brain injury suffered while participating in a psychiatric residency program. Additionally, Dr. Xia had taken and passed Steps 1 and 2 while pursuing a Ph.D. in Marriage and Family Therapy.

DR. EGNER MOVED TO GRANT DR. XIA A WAIVER OF THE SEVEN-YEAR RULE, AND TO APPROVE HIS APPLICATION FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. VARYANI SECONDED THE MOTION. A vote was taken:

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

The motion carried.

LEGISLATIVE LIAISON & RULES COMMITTEE

Mr. Browning referred the Board members to Mr. Miller’s written report, a copy of which shall be maintained in the exhibits section of this journal. He noted that there are three proposed statutory changes that the Committee had hoped to get through at the end of last year. It did not happen for a variety of reasons that have nothing to do with the Board’s position on the matters or the merits of the case.

Concerning the first change, Mr. Browning advised that last year the Board pursued the option of

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contracting for an Attorney Hearing Examiner. A law change is necessary to make that happen. The Board will again try to get it during the budget bill or some other vehicle. He stated that the Committee is not recommending separate legislation.

Concerning the second change regarding the demonstration of proficiency in spoken English, Mr. Browning stated that the Test of Spoken English is no longer administered, so the statute needs to square with the realities of the day and the test that is being given.

Mr. Browning advised that the third change relates to grounds for discipline, investigations, reinstatements, withdrawal of applications, etc. There's a 60-day clock on this, and the Hearing Examiners have requested that that be changed to 75 days. The extra 15 days gives them time for a couple of meetings to make this happen.

Mr. Browning stated that Mr. Miller will find a way to weave these changes into some legislation that is moving through the process.

LIMITED BRANCH & ALTERNATIVE MEDICINE COMMITTEE

Dr. Buchan stated that the Committee met with representatives from the Ohio Association of Acupuncturists. He noted that the Board has been licensing this group for six years. The acupuncturists now want to remove the referral requirement from the statutes. They would also like to form an advisory committee. The Committee indicated that it would serve the function of an advisory committee until there is a greater need for one. He stated that the Committee looks for more dialogue with them concerning the referral piece. The Committee will continue to report to the Board.

Dr. Egner asked how many acupuncturists are licensed in the state.

Ms. Rieve advised that there are 130.

Dr. Kumar commented that the Committee members didn't feel that removing the referral requirement was an appropriate thing to do.

Dr. Talmage stated that one of the representatives noted that in some states acupuncturists have a certificate in which the patient attests to the fact that they have seen a physician and have had a workup for their condition, and they are submitting to acupuncture as an adjunct to their physician care. Dr. Talmage stated that the Board's concern was people going to alternative methods of treatment without having a proper differential diagnosis and potentially being treated totally in the wrong way for a disease that then becomes incurable because of the delay in treatment. Dr. Talmage stated that he encouraged that representative to work that through and bring a proposal to the Committee because it might be a method by which the Board could maintain some assurance. He noted that it's never 100%. A patient could sign the document and not have seen the doctor. But at least the acupuncturist has assured to the extent that he or she can that a legitimate diagnosis has been made before the patient seeks the alternative treatment.

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Dr. Buchan stated that the Committee also reviewed applications for Certificates of Good Standing for four schools, and recommends approving all four applications.

DR. STEINBERGH MOVED TO GRANT CERTIFICATES OF GOOD STANDING TO THE FOLLOWING SCHOOLS: THE ACADEMY OF NATURAL HEALING, SAN CLEMENTE, CA; GREAT LAKES INSTITUTE OF TECHNOLOGY, ERIE, PA; PITTSBURGH SCHOOL OF MASSAGE THERAPY, PITTSBURGH, PA; AND UNIVERSAL COLLEGE OF HEALING ARTS, OMAHA, NE. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

The motion carried.

P.A. COMMITTEE

Dr. Talmage stated that the Committee reviewed the rules contained in the agenda, a copy of which shall be maintained in the exhibits section of this journal; i.e., 4730-01-01 through 08, 4730-02-01 through 4730-02-09, with the exception of 4730-02-06. Dr. Talmage stated that 4730-02-06 is the formulary, which is being worked on very diligently.

Dr. Talmage continued that there were two suggested amendments that were more editorial amendments. He reviewed those amendments, noting that certain suggested amendments could not be accomplished because of the wording of the statute.

DR. TALMAGE MOVED TO DIRECT STAFF TO FORWARD THE FOLLOWING RULES FOR HEARING: 4730-01-01; 4730-01-02; 4730-01-03; 4730-01-04; 4730-01-05; 4730-01-06; 4730-01-07; 4730-01-08; 4730-02-01; 4730-02-02; 4730-02-03; 4730-02-04; 4730-02-05; 4730-02-07; 4730-02-08; AND 4730-02-09. DR. BUCHAN SECONDED THE MOTION. All members voted aye. The motion carried.

Dr. Talmage continued that the Committee also reviewed a letter from The Advocate of Not-For-Profit Services for Older Ohioans (AOPHA), which asks for directed education in gerontology for P.A.s. The PAPC and the P.A. Committee both felt that this should not be approved because of the generalist training of P.A.s and the fact that the supervising physician is then responsible for assuring that they're capable of

prescribing in the clinical setting in which they work. Therefore, directed CME would be inappropriate.

Mr. Browning stated that he doesn't understand the logic. He asked whether there aren't significant issues in this setting. He stated that it raises a question in his mind about the regulation of P.A.s.

Dr. Talmage stated that there really aren't. He stated that the Board has argued the specialization of P.A.s a number of times. In general, P.A.s have said that their training is a set piece in general medicine. They are a P.A. in general. What they do in practice is governed by their supervising physician. He stated that were he to employ a P.A., he would make sure that the P.A. had good expertise in prescribing hormones, birth control pills, etc. His formulary will take from the formulary the Board is working on, and he won't allow them to prescribe drugs that he doesn't use in his practice. A gerontologist who employs a P.A. should do the same thing. They should take from the formulary those drugs that are permissible and exclude those that are not part of their practice. It's the supervising physician's duty to train the P.A. in the specialty area in which the P.A. will serve. Dr. Talmage stated that he doesn't think that it's the Board's position to mandate that all P.A.s have gerontology experience.

Mr. Browning asked why they want this.

Dr. Talmage stated that the AOPHA wants P.A.s to work in nursing homes, and they feel that P.A.s should be educated in that particular issue. If the Board did that, it would then have other specialties wanting directed C.M.E. in there specialties.

Mr. Browning stated that he understands, but he's just raising the point. He doesn't see that as a criticism that somehow it's ridiculous that the Board should be directive on CME. There are people out there doing whatever they want to do on CME. Some of it, no doubt, is very value added and some of it isn't. Being directive at some minimal level seems reasonable to him.

DR. TALMAGE MOVED TO RESPOND TO THE AOPHA THAT THE BOARD DOES NOT SUPPORT DIRECTED CME FOR P.A.S. DR. MADIA SECONDED THE MOTION. All members voted aye. The motion carried.

Dr. Talmage stated that the next item the Committee discussed is the inquiry regarding P.A.s performing refraction. The Board received a letter from Carol R. Kollarits, M.D., asking whether or not a P.A. can do refraction. The issue is that a recently passed amendment to the P.A. statutes says that P.A.s shall not engage in the practice of optometry. The practice of optometry is defined as doing refraction. By statute, a P.A. is forbidden from doing refraction, even though an ophthalmologist may delegate that duty to an unlicensed medical assistant. Dr. Talmage stated that this is the law, and the Committee felt that, because it is the law, they must reply that this is not permissible for P.A.s. The proposed response letter reflecting that recommendation is before the Board.

DR. TALMAGE MOVED TO SEND THE PROPOSED RESPONSE TO DR. KOLLARITS. DR. STEINBERGH SECONDED THE MOTION. All members voted aye. The motion carried.

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Dr. Egner stated that the response may be legal, but it's not right.

Dr. Talmage and Dr. Steinbergh agreed.

Dr. Kumar stated that one of the reasons that the response is appropriate is that P.A.s do have some independent authority, and Committee members didn't want to see P.A.s opening up places in malls and starting to do refractions.

Dr. Steinbergh stated that that was part of the discussion, but it wasn't the reason for the letter. The letter is clear: the Board doesn't have the authority to say that they can do refractions.

Dr. Talmage stated that the last item the Committee discussed was proposed rule 4730-02-06, regarding the formulary. The Committee is using the nurse practitioner formulary as a base, and has reduced it to three categories: 1.) cannot prescribe, 2.) can prescribe independently and 3.) can prescribe only if initiated by a physician. Initiation by a physician means that a physician has either consulted with the P.A. on the status of the patient and dosage, or the physician supervisor has actually written the initial prescription and the P.A. can then refill it, but only if the patient status and the dosage does not change.

Dr. Talmage stated that in the first category, there is a notable exception, and that is that if a P.A. is working within an institution, a hospital, they can transcribe an order from the physician. It is felt that that is not an independent prescription. The P.A. is not prescribing based on their independent judgment of that patient; the physician has made the judgment and asked the P.A. to write that order for him or her. The order would then have to be countersigned by the physician.

Dr. Talmage stated that the Committee is about 20% of the way through. They've gone through three categories and there are ten more to go. The Committee will continue to go through the formulary, giving its judgment as to which of the three categories each drug belongs. There will be a dynamic effort where there will be continuing meetings of the formulary committee to add or subtract drugs, or to change categories of drugs, just as is done for the nurse practitioner formulary .

Dr. Kumar asked whether the Board has a statutory time limit on getting a formulary in place.

Ms. Debolt stated that it's supposed to be done within a year, but the statute also says that, until it is done, the P.A.s can use the nurse practitioner formulary.

Dr. Talmage stated that the Committee will be well within the time if it continues at its current pace.

Dr. Davidson suggested that Dr. Madia, as head of the Prescribing Committee, be an ad hoc member of the formulary group, in that he'll be going back and forth between the nurse prescribing group and this group.

Dr. Kumar stated that that is a good idea.

Dr. Talmage noted that Dr. Madia is on the P.A. Committee, too. He added that he would be welcome to

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attend the meetings of the P.A.P.C., should he wish.

SCOPE OF PRACTICE COMMITTEE

Dr. Steinbergh advised that the Committee reviewed an inquiry regarding facial massage by a licensed massage therapist (MT). The question was whether or not an MT can perform spa services in regards to relaxation of the face. The MT had had some spa modality classes in her training, but was astute enough to realize that this may, in fact, be out of her scope of practice. The Committee agreed that she cannot do aesthetics within her role as an MT. She can, however, do facial massages as it pertains to the medical massage of the face. The Committee is drafting a letter to her which will indicate to her that spa modalities are under the Cosmetology Board's authority. It does not mean that she could not avail herself of that education, but she would, in fact, have to be licensed by the Cosmetology Board.

Dr. Steinbergh stated that the Committee continues to discuss the role a podiatrist may play in the use of hyperbaric medicine in regards to the wounds of the legs and feet.

Dr. Steinbergh continued that the Board has been approached by the Dental Board in regards to dentists being first responders during the time of a disaster. The Committee will meet with representatives of the Dental Board in that regard.

RATIFICATION OF SETTLEMENT AGREEMENTS

DR. BUCHAN MOVED TO REMOVE THE TOPIC OF "RATIFICATION OF SETTLEMENT AGREEMENTS" FROM THE TABLE. DR. DAVIDSON SECONDED THE MOTION. All members voted aye. The motion carried.

BRETT E. TOWARD, M.D.

Mr. McGann reviewed the circumstances behind the proposed consent agreement.

Dr. Steinbergh stated that there are a variety of issues here. Minimal standards of care is a huge issue. Were this agreement to come to the Board without the minimal standards issue, she would move to ratify it. She expressed concern that the agreed conditions include a revocation rather than a permanent revocation, which should be there. Dr. Steinbergh stated that she doesn't feel that the issues of minimal standards are being addressed appropriately in this agreement.

Mr. McGann stated that the proposed agreement does require Dr. Toward to submit a practice plan and to have a physician monitor his practice.

Dr. Steinbergh asked what the minimum guidelines call for in areas of minimal standards.

Ms. Thompson stated that the minimum is for probation for three years. This exceeds that minimum. She stated that Mr. McGann's memorandum went toward the highest minimum sanctions.

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Dr. Steinbergh asked about the use of permanent revocation rather than a straight revocation.

Ms. Thompson stated that if the Board wants permanent revocation in this agreement, it cannot ratify it today.

DR. STEINBERGH MOVED TO DISAPPROVE THE PROPOSED SETTLEMENT AGREEMENT. The motion died for lack of a second.

Dr. Buchan stated that the first thing that struck him is the impairment issue and the lack of an evaluation. He asked whether or not Dr. Toward is impaired.

Ms. Thompson stated that she believes that, by the time this was brought to the Board's attention, the single DUI on Dr. Toward's record was so remote that the Board can't show impairment of his ability to practice. He wasn't charged with that in the cite the Board sent in December 2005. This is a settlement of the notice of opportunity for hearing for fraudulent statements, minimal standards, ethics violations, and commission of an act that constitutes a misdemeanor, that being falsification. Those were the charges and those are what this agreement settles.

Dr. Davidson asked what the practical implications are of the difference between permanent and non-permanent revocation in the language. If this is left as just revocation, and the Board got to the point where it cited him again, would it default to a revocation?

Ms. Thompson stated that if Dr. Toward comes back before the Board again for another infraction, it could permanently revoke his license. The way the cites are written now, the Board isn't limited to lifting the stay of this proposed revocation.

DR. BUCHAN MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. TOWARD. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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DR. STEINBERGH MOVED TO ADJOURN. DR. BUCHAN SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 9:40 a.m. on January 11, 2007, the January 10-11, 2007 meeting 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 January 10-11, 2007, as approved on February 14, 2007.



Deepak Kumar, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)

