

June 13, 2007

MINUTES

THE STATE MEDICAL BOARD OF OHIO

June 13, 2007

Deepak Kumar, M.D., President, called the meeting to order at 1:05 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; Carol L. Egner, M.D.; Dalsukh Madia, M.D.; Anquetette Sloan; Jack C. Amato, M.D.; and Andrew F. Robbins, Jr., M.D. The following joined the meeting at a later time: Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; and R. Gregory Browning, Ph.D. The following did not attend the meeting: David S. Buchan, D.P.M., and Anita M. Steinbergh, D.O.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, 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, Cheryl D. Pokorny, Angela Scott, Daniel S. Zinsmaster, and Lynn Zondorak, Enforcement Attorneys; Jonathan R. Fulkerson, Damion M. Clifford, Steven C. McGann; Barbara J. Pfeiffer, and Kyle C. Wilcox, 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; Karry Thacker, Executive Staff Assistant; Danielle Bickers, Compliance Supervisor; Jean Gillman, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore, Disciplinary Information Assistant.

MINUTES REVIEW

DR. VARYANI MOVED TO APPROVE THE MINUTES OF MAY 9-10, 2007. DR. AMATO SECONDED THE MOTION. A vote was taken

VOTE:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Kumar	- aye

The motion carried.

June 13, 2007

EXECUTIVE SESSION

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

VOTE:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Robbins	- aye
	Dr. Kumar	- aye

The motion carried.

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

The following joined the meeting during the Executive Session: Mr. Albert, Dr. Talmage and Mr. Browning.

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

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

Dr. Kumar asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from

June 13, 2007

dismissal to permanent revocation. A roll call was taken:

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

Dr. Kumar noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. They may, however, participate in the matter of Dr. Karimi, as that case is not disciplinary in nature and concerns only the doctor's qualifications for licensure. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

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

Dr. Talmage left the meeting at this time.

STEPHEN FRANKLIN GREER, M.D.

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

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

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

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

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

June 13, 2007

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

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

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

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

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

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

Mr. Wilcox stated that he has read the Report and Recommendation of the Hearing Examiner, and he feels that it does a really good job of laying out Dr. Greer's lengthy history with this Board. He stated that the

June 13, 2007

Board has been supportive of Dr. Greer in keeping the door open to the possibility of Dr. Greer's continuing his medical training some time in the future. The Board has done so in spite of Dr. Greer's very serious drug and alcohol abuse history.

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

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

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

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

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

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

June 13, 2007

any place in medicine won't be too stressful for him, and that he's not really made to be a physician.

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

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

Dr. Varyani asked how long the suspension should be.

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

Dr. Varyani stated that he would agree with that.

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

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

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

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

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

June 13, 2007

Mr. Whitehouse agreed with Dr. Egner.

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

Dr. Egner stated that she doesn't feel that there's a way to do what Dr. Kumar wants to do. That would put the burden on the Board to verify what he tells the Board he's done. Dr. Greer could conceivably come back and tell the Board that he's done urine screens and this and that, and then it would be up to the Board to ensure that. Dr. Egner stated that she does not like non-permanent revocation for this case. She stated that she understands the thought process behind it, that the Board wants to put the burden on Dr. Greer; however, she thinks that the ultimate burden will come back on the Board, and that the Board will lose all control as to what he is doing and when he comes back.

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

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

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

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

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

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

A vote was taken on the motion to amend:

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

June 13, 2007

The motion carried.

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

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

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

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

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

The motion carried.

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

June 13, 2007

MOHSEN KARIMI, M.D.

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

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

Dr. Karimi was accompanied by his attorney, Paul J. Coval, Esq.

Mr. Coval stated that he was prepared to urge the Board to adopt the well-written and well-reasoned Report and Recommendation of the Hearing Examiner; but as he was preparing to come before the Board, he was made aware of a judicial decision that has recently been issued by Judge Bender of the Franklin County Court of Common Pleas, regarding the *Peterman* matter. That calls into question, depending on what the Board chooses to do with that decision, the reasoning of the Hearing Examiner in the Report and Recommendation, supporting the issuance of a full certificate to practice medicine to Dr. Karimi. Mr. Coval stated, however, that he would point out that the second part of that decision invalidated what he calls the "three-strikes U.S.M.L.E." under the Constitution. If the Board embraces that decision, or recognizes it as controlling, he would point out that Dr. Karimi, based on the facts and law already articulated in the Report and Recommendation, otherwise meets that exception. He fits the "good cause" exception. The only glitch in his sterling record is the third part of the U.S.M.L.E., which, because of his deep involvement in surgical residencies in cardiac surgery, he did not pass within the three-strikes provision of the Administrative Rule.

Mr. Coval stated that, if the Board is going to follow the *Peterman* decision, Dr. Karimi, under the facts already in the record, would fit the "good cause" exception, and he would urge the Board to amend the Report and Recommendation to so find.

Dr. Karimi thanked the Board for the opportunity to speak in supporting his effort in getting an unrestricted medical license in the State of Ohio. He was initially hired by Case Western Reserve Medical Groups as a pediatric cardiothoracic surgeon, to provide care for congenital heart surgery patients at Rainbow Baby and Children's Hospital, in September 2006. He was nominated as Assistant Professor of Surgery in December 2006 by Case Western Reserve University (CWRU).

Dr. Karimi stated that CWRU has gone through a long process of hiring a second qualified pediatric heart surgeon to run a functional congenital heart surgery program. He applied for his Ohio license in August 2006. He moved with his wife and two children to Ohio in October 2006, and started his clinical duty as a surgical fellow under the supervision of Hani A. Hennein, M.D., who is his senior partner.

Dr. Karimi stated that his Ohio license has been delayed due to the fact that he did not pass all three steps of the U.S.M.L.E. examination within the timeframe of seven years. It took him eight years to pass all three examinations. He passed the first and second steps on the first attempt, while he was in medical school and very well prepared for examinations. However, it took him five attempts to pass the third step.

June 13, 2007

The difficulty he had with U.S.M.L.E. Step 3 was due to the fact that he was very involved in very difficult surgical training, which did not allow enough time to prepare for examinations, or even to take the examinations, which were only provided twice a year. Dr. Karimi continued that he didn't know anything about the seven-year deadline or the attempt limitations at the time he took the exams.

Dr. Karimi stated that he currently holds licenses in several other states, including Iowa, Georgia, Michigan and Oregon, some of which have the same rules as Ohio. During the process of applying for those Boards, the seven-year or multiple-attempts issues were never brought up. If it was even asked during the process of applications, he was told that being board certified was sufficient to declare him as a competent surgeon and physician. He has dual board certification: one in the American Board of Surgery, and one in the American Board of Thoracic Surgery. He has a subspecialty in pediatric cardiothoracic surgery, with a total of ten years of surgical training.

Dr. Kumar advised Dr. Karimi that he has a minute to complete his statement.

Dr. Karimi stated that the delay in obtaining his Ohio license has affected him academically, professionally and financially. It has also put a lot of stress on the University group, as well as providing care for the pediatric patients. Dr. Hennein has to be available for all of his surgical cases that he does, which makes a very dysfunctional surgical program at this moment. Dr. Karimi stated that he would appreciate the Board's granting the recommendations of the Hearing Examiner and grant him an unrestricted medical license to practice in the state. He believes that he has a lot of credentials and background, academically, in research, and he has had multiple publications in medical journals. Dr. Karimi stated that he believes that he has the credentials to provide good care for pediatric heart surgery patients in the State of Ohio. He added that he would like to remain in Ohio.

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

Mr. Wilcox stated that he did not wish to respond at this time.

DR. ROBBINS MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND PROPOSED ORDER IN THE MATTER OF MOHSEN KARIMI, M.D. DR. MADIA SECONDED THE MOTION.

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

Dr. Robbins stated that he does have a motion to amend the Proposed Conclusions of Law and the Proposed Order, but he would first like to state that Dr. Karimi's background is, indeed, impressive. He passed both the American Board of Surgery and the American Board of Cardiac Surgery examinations in 2003 and 2006. The majority of his difficulty came with his failing Step III of the U.S.M.L.E. four times. He passed it on the fifth attempt with a reasonably good score. Dr. Robbins stated that he is in favor of granting a license to Dr. Karimi. He indicated that he has a motion to amend, based on the rulings in the Peterman case.

June 13, 2007

DR. ROBBINS MOVED TO AMEND THE REPORT AND RECOMMENDATION IN THE MATTER OF MOHSEN KARIMI, MD, AS FOLLOWS:

IN PARAGRAPH 2 OF THE CONCLUSIONS OF LAW, FOLLOWING THE SENTENCE ENDING WITH “HIS 2006 PASSAGE OF THE THORACIC SURGERY BOARD EXAMINATION[,]” INSERT

HE HAS COMPLETED TEN YEARS OF POST-GRADUATE TRAINING, NINE MORE THAN NEEDED FOR LICENSURE, WHICH IS SPECIFICALLY RECOGNIZED IN THE RULE AS A BASIS FOR FINDING “GOOD CAUSE.”

DELETE

CANNOT QUALIFY FOR THE “GOOD CAUSE” EXCEPTION BECAUSE THE UNAMBIGUOUS LANGUAGE IN THAT EXCEPTION REQUIRES THAT THE APPLICANT NOT FAIL ANY STEP OF THE USMLE THREE TIMES OR MORE, AND, AS SET FORTH IN FINDING OF FACT 3, DR. KARIMI

INSERT FOLLOWING “OCCASIONS,”

MAKING HIM INELIGIBLE FOR A “GOOD CAUSE” EXCEPTION UNDER THE RULE AS CURRENTLY EFFECTIVE.

DELETE PARAGRAPHS 3 AND 4 OF THE CONCLUSIONS OF LAW.

ADD A NEW PARAGRAPH 3, WHICH SAYS:

HOWEVER, IN A DECISION ISSUED ON JUNE 6, 2007, IN THE CASE OF *PETERMAN, M.D. V. STATE MEDICAL BOARD* (COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO, CASE NO. 05CVF10-11880), THE COURT FOUND THAT THE “THREE FAILURES” LIMITATION AS CURRENTLY FOUND IN THE “GOOD CAUSE” EXCEPTION IN RULE 4731-6-14(C)(3), OHIO ADMINISTRATIVE CODE, APPLYING TO APPLICANTS WHO HAVE NOT PASSED ALL THREE STEPS OF THE USMLE WITHIN SEVEN YEARS, IS INVALID AND UNCONSTITUTIONAL. APPLYING THE DECISION IN *PETERMAN* TO THE CASE AT HAND, THE BOARD CANNOT DENY DR. KARIMI A LICENSE BASED SOLELY ON DR. KARIMI HAVING FAILED STEP 3 FOUR TIMES.

June 13, 2007

DELETE THE FINAL PARAGRAPH IN THE “FIVE-STAR” SECTION AND REPLACE WITH THE FOLLOWING:

ALTHOUGH THE BOARD WAS JUSTIFIED IN ISSUING THE PROPOSED DENIAL UNDER THE RULE AS IN EFFECT AT THE TIME, BASED ON DR. KARIMI’S APPARENT INELIGIBILITY FOR A GOOD CAUSE EXCEPTION, THE BOARD NOW SHOULD EVALUATE HIS APPLICATION IN LIGHT OF THE RECENT DECISION IN *PETERMAN* AND GRANT DR. KARIMI A GOOD CAUSE EXCEPTION PURSUANT TO RULE 4731-6-14(C)(3), OHIO ADMINISTRATIVE CODE.

THE ORDER WOULD REMAIN AS PROPOSED, GRANTING DR. KARIMI A LICENSE, PROVIDED THAT HE OTHERWISE MEETS ALL STATUTORY AND REGULATORY REQUIREMENTS.

DR. EGNER SECONDED THE MOTION.

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

Dr. Robbins again stated that, based on the *Peterman* decision, his motion to amend is appropriate. He commented that Dr. Karimi’s résumé and background are impressive.

A vote was taken on Dr. Robbins’ motion to amend the Conclusions of Law and Proposed Order:

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

The motion carried.

DR. AMATO MOVED TO APPROVE AND CONFIRM MS. PETRUCCI’S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF MOHSEN KARIMI, M.D. DR. VARYANI SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Varyani	- aye

June 13, 2007

Dr. Madia	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

VENU GOPAL MENON, M.D.

Dr. Kumar directed the Board's attention to the matter of Venu Gopal Menon, M.D. He advised that objections were filed to Hearing Examiner Petrucci'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. Menon. Five minutes would be allowed for that address.

Elizabeth Y. Collis, Esq. represented Dr. Menon at the meeting. Ms. Collis stated that Dr. Menon is not present today, but not because he didn't want to be. He's currently living and working in Arizona. He's working in a non-medical position, in a sales job, and he just started that position in the last few weeks. He was not permitted by his employer to take a leave of absence within the first 90 days. Ms. Collis stated that she requested a continuance of this case until August, but that request was denied.

Ms. Collis stated that her objections clearly outline the position that she and Dr. Menon have taken in this case. She stated that she thinks that the evidence that was introduced at hearing speaks for itself. Ms. Collis added that they do disagree with the Report and Recommendation in this case, as they believe that it is heavy-handed and does not fit the evidence presented to the Board. Ms. Collis asked that the Board look at the evidence, looking specifically at Dr. Menon's violations. She stated that there is no question that Dr. Menon did not submit documentation to the Board; there's no question that there was a discrepancy, in terms of the monitoring reports that were sent in. Some reports were sent in and some were not. He did not get prior approval from the Board before having his monitor stop sending in the reports. Ms. Collis stated that Dr. Menon's intention throughout the entire time was to comply, and he believed he was in compliance. He did not really recognize, until he was notified by the Board, that his monitor had stopped sending in reports and that the Board had not received some of his reports.

Ms. Collis continued that Dr. Menon did not notify the Board of his Arizona action; he did not notify the Board of his Nebraska action. She asked that the Board specifically look at those actions. The Nebraska action was basically a bootstrap. The Arizona action does involve issues that took place in Arizona, but those issues took place prior to this Board's issuing its adjudication order. He has not violated anything since that order. Ms. Collis asked that the Board look at the violations for which Dr. Menon signed the consent agreement in Arizona. She stated that, even assuming everything that happened is true, and they tried to rebut that at the hearing, the Arizona Board did not permanently revoke Dr. Menon's license. The Arizona Board indefinitely suspended Dr. Menon's license for a minimum of two years.

June 13, 2007

Ms. Collis asked that the Board look at all the evidence, and not hold his absence from this meeting against him because he did intend to be here.

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

Ms. Pfeiffer stated that most of her comments are a follow-up to one of the concluding portions of the Report and Recommendations. She stated that, in the report, the Hearing Examiner talked about the evidence Dr. Menon presented to demonstrate why he was in compliance. The Hearing Examiner noted that the only evidence Dr. Menon presented to establish that he submitted the missing declarations of compliance by the due dates was his statement that he signed the forms and mailed them to the Board. Ms. Pfeiffer advised that the Hearing Examiner did not find this testimony convincing for several reasons, and she listed those reasons in the Report and Recommendation.

Ms. Pfeiffer stated that Dr. Menon's testimony is not credible for a number of reasons. She stated that when Dr. Menon was questioned by his own attorney on his own case, he testified that from the time his monitoring physician, Dr. Jacob, was approved until January 2005, he met regularly with Dr. Jacob, as a monitoring physician. Yet, when Dr. Jacob testified on Dr. Menon's case in chief, he clearly testified that sometime right after July 2005 he quit meeting with Dr. Menon. From August through December 2005, Dr. Menon and Dr. Jacob did not meet. Dr. Jacob testified under oath that the reason he quit meeting with Dr. Menon was because their system of recordkeeping went to a computerized system, and handwriting is no longer an issue. Ms. Pfeiffer suggested that Dr. Jacob didn't do the best job as a monitoring physician because he was supposed to monitor, not only the records themselves, but the diagnosis and treatment plans of the patients. He failed on that part. Ms. Pfeiffer stated that Dr. Menon testified that he complied with his quarterly declarations until January 2006, and he stated that he filed one in December 2005. Ms. Pfeiffer asked how Dr. Menon could have been in compliance when his own monitoring physician's testimony indicated that they weren't meeting and reviewing records.

Ms. Pfeiffer stated that in Dr. Menon's case in chief, when he was asked by his own attorney about the basis for the Nebraska discipline, and whether it was based on action taken against his Ohio and Oklahoma licenses, Dr. Menon stated that it was. She stated that that is completely incorrect. The Nebraska case was a standard-of-care case. The documents and exhibits in the case reflect that. The only issue in Nebraska was standard of care. On cross-examination, Dr. Menon was asked about that, and he basically admitted that the Nebraska allegations were specific to his conduct as a doctor in Nebraska from approximately April 2000 to February 2002, and did not mention Ohio or Oklahoma or what either state did to his licenses in those states.

Ms. Pfeiffer stated that Dr. Menon may have had an intention to comply, but the evidence doesn't bear it out. He misrepresented things to this Board in the hearing. His testimony, which was the bulk of what this case is from his point of view, is suspect at best, and the Board doesn't have to believe it and reply upon it. Ms. Pfeiffer urged the Board to adopt the Report and Recommendation.

DR. VARYANI MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF

June 13, 2007

FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF VENU GOPAL MENON, M.D. MS. SLOAN SECONDED THE MOTION.

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

Dr. Egner stated that Dr. Menon's history with the Board is long, and many times has had to do with the poor quality of care that he has rendered to patients in multiple states, and which resulted in multiple state actions. This case is troublesome because part of it has to do with Dr. Menon's not reporting an action from another state, which was actually regarding poor quality of care that Ohio had addressed in a previous action. Dr. Egner stated that Dr. Menon has certainly been with the Board and its system long enough that his not reporting something to the Board is a great infraction. His not complying with the Board's Order, his not submitting monitoring physician's reports and quarterly declarations, stands in the face of what the Board is trying to do. Dr. Egner stated that she is in favor of the permanent revocation, stating that Dr. Menon is someone who is not going to abide by Ohio's rules. She stated that she doesn't think that he has any intention to abide by Ohio's rules, and he certainly has been in the system long enough that he is well versed in what the rules are, especially from a quality of care standpoint. This was not just about legibility; going to an electronic medical record does not excuse not having a monitoring physician and having that monitoring physician pay attention to him. Dr. Egner stated that she agrees with the Proposed Order.

Dr. Kumar stated that it's not just that the monitoring physician was supposed to monitor his records. The minimal standards issues the Board addressed before were really outlandish. For example, he used the same syringe on multiple patients. Dr. Kumar stated that he couldn't comprehend some of the things that were clearly in the record. The monitoring physician wasn't required to just look at Dr. Menon's records and his handwriting. He was actually supposed to monitor how Dr. Menon functioned and performed. Dr. Kumar stated that he thinks that Dr. Menon knew exactly what was supposed to be done. Dr. Kumar spoke in support of the Report and Recommendation, as written.

Dr. Varyani stated that he was thinking along the same lines. He stated that Dr. Menon has been in the system for so long that he cannot believe that Dr. Menon did not understand. Dr. Varyani spoke in support of the Report and Recommendation.

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

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

June 13, 2007

The motion carried.

SUMMARY SUSPENSIONS

JUSTIN G. FORD, M.D. ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

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

DR. VARYANI MOVED TO ENTER AN ORDER OF SUMMARY SUSPENSION IN THE MATTER OF JUSTIN G. FORD, M.D., IN ACCORDANCE WITH SECTION 4731.22(G), OHIO REVISED CODE, AND TO ISSUE THE NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

The motion carried.

RATIFICATION OF 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.

GLENN GREGG PETTY, D.P.M. – PERMANENT WITHDRAWAL OF APPLICATION

DR. VARYANI MOVED TO RATIFY THE PERMANENT WITHDRAWAL OF DR. PETTY'S APPLICATION TO PRACTICE PODIATRIC MEDICINE AND SURGERY. DR. MADIA SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
------------	------------	-----------

June 13, 2007

Dr. Egner	- aye
Dr. Varyani	- aye
Dr. Madia	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

CHRISTOPHER S. SHAW, M.D. – CONSENT AGREEMENT

DR. VARYANI MOVED TO RATIFY THE PROPOSED STEP II CONSENT AGREEMENT WITH DR. SHAW. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

TERRI LYNNE SAVAGE, M.D. – PERMANENT SURRENDER AND CONSENT TO PERMANENT REVOCATION OF LICENSE

DR. VARYANI MOVED TO RATIFY THE PERMANENT SURRENDER AND CONSENT TO PERMANENT REVOCATION OF DR. SAVAGE'S LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

June 13, 2007

The motion carried.

MARK OWEN HENSON, M.D. – CONSENT AGREEMENT

DR. MADIA MOVED TO RATIFY THE PROPOSED STEP II CONSENT AGREEMENT WITH DR. HENSON. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

DEBORAH LYNNE FRANKOWSKI, M.D. – CONSENT AGREEMENT

DR. VARYANI MOVED TO RATIFY THE PROPOSED STEP I CONSENT AGREEMENT WITH DR. FRANKOWSKI. MS. SLOAN SECONDED THE MOTION. A vote was taken:

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

The motion carried.

ERICA R. BROWN, M.D. – CONSENT AGREEMENT

DR. MADIA MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. BROWN. MS. SLOAN SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye

June 13, 2007

Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

TODD S. CARRAN, M.D. – CONSENT AGREEMENT

DR. VARYANI MOVED TO RATIFY THE PROPOSED STEP I CONSENT AGREEMENT WITH DR. CARRAN. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Talmage returned to the meeting at this time.

KERRIE VAN WAGONER, P.A. – CONSENT AGREEMENT

DR. VARYANI MOVED TO RATIFY THE PROPOSED STEP I CONSENT AGREEMENT WITH MS. VAN WAGONER. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

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

The motion carried.

June 13, 2007

JAMES MICHAEL KENNETH, D.O. – CONSENT AGREEMENT

DR. VARYANI MOVED TO RATIFY THE PROPOSED STEP I CONSENT AGREEMENT WITH DR. KENNETH. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

The motion carried.

At 3:07 p.m., the Board took a break. It reconvened at 3:20 p.m.

PERSONAL APPEARANCES

TODD GILBERT GOTTSCHALK, D.O.

Dr. Gottschalk appeared before the Board pursuant to his request for release from the terms of his April 13, 2005 Consent Agreement. If approved, release from probation would become effective June 22, 2007.

In response to Board members' questions, Dr. Gottschalk stated that he is doing very well, and that things are going well for him. He's currently working in Las Vegas. He took about nine months off work when he came back from military service in Kosovo, and he went through the whole process of obtaining his Nevada license without any problems. He started with a family practice group in Las Vegas and has been there about 14 or 15 months. It is going very well. Most of the physicians in the practice are from the Midwest, and they like the fact that he trained and worked in Ohio. Dr. Gottschalk stated that Las Vegas is a different place to practice than Ohio; it's kind of the wild west.

Dr. Gottschalk advised that his psychotherapist, Marta Meana, Ph.D., is with the University of Nevada at Las Vegas. She's a professor in the psychology department with a practice on the side. The Center for Marital and Sexual Health, which did one of the assessments required, is in Beachwood, Ohio.

Dr. Gottschalk stated that he was not required to, and did not take, any courses relating to his problem. He only underwent therapy, as required by his Consent Agreement. He stated that he wasn't aware of any ethics courses or anything like that. He added that it was never mentioned.

He stated that through therapy he's learned the roots of his issues. When you understand the roots of your

June 13, 2007

problems, they lose some of their power over you. Most of it was dealing with relationships with women, and things like that, and how to avoid the kind of behaviors that will get you into trouble.

Dr. Gottschalk stated that he's not married, nor has he ever been. His mother, sister, nieces and nephews all live in Las Vegas, which is his hometown, and he has a lot of friends and family there who are supportive.

Dr. Gottschalk advised that the label placed on his problem was "voyeurism," but it was really paraphilia, associated with sexual activity. It wasn't even to the level of paraphilia. He hasn't had any problems since the problem that brought him before the Board. He's been in a couple of relationships, but not anything serious, as he had here in Ohio. Dr. Gottschalk stated that that relationship was bad and ended badly. It's taken a whole four years to even want to be in another relationship like that again. He stated that in the future he hopes to be in a relationship, but you can't really predict those kinds of things.

DR. VARYANI MOVED TO RELEASE DR. GOTTSCHALK, EFFECTIVE JUNE 22, 2007, FROM THE TERMS OF HIS APRIL 13, 2005 CONSENT AGREEMENT. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

LESLIE R. (WOLF) DYE, M.D.

Dr. Dye appeared before the Board pursuant to her request for release from the terms of her June 12, 2002 Consent Agreement.

Mr. Albert advised that when Dr. Dye first came before the Board six years ago, she had just lost her husband and was very depressed. Today she is an entirely different person, and she has been a very good probationer.

Dr. Varyani asked Dr. Dye to talk about her experience with the Board.

Dr. Dye thanked the Board for all it has done for her. She stated that she's been treated with nothing but kindness and respect. She advised that, even as a board-certified medical toxicologist, she had no

knowledge about the disease of chemical dependency. Fortunately, thanks to the Board, she attended Shepherd Hill Hospital where she learned about the disease, which affects approximately ten percent of the population. She has her six-year coin with her, because she likes to be reminded every day that she has this disease and it's not going anywhere.

Dr. Dye stated that when she first appeared before the Board, she thought her life was over. She saw someone sitting in the room, who was being released from his agreement, and that individual was actually thanking the Board. She stated that, not only did she think that she would never get to that day, she didn't think that she would be thanking the Board. Dr. Dye stated that she no longer believes that people can't change, because she is a changed person. Little did she know that she was given a second chance to have a life worth living. Dr. Dye stated that this journey has given her a life that she never knew possible. If not for her professional and legal consequences, she suspects that she would not be as happy as she is today. Dr. Dye stated that today she is a productive member of society, and she tries to set an example for other physicians.

Dr. Dye commented that the Board spent a tremendous amount of work and time on her part, and she's grateful that the Board understands this common disease. The only way she knows how to show her gratitude is to continue to stay sober and to be an example to others in her profession.

Dr. Dye expressed particular gratitude to Ms. Bickers, Mr. Albert and Mr. Schmidt, who have been kind, gracious and encouraging. At the same time, she knew that she was being closely monitored and that they would accept nothing less than honesty. She stated that she will truly miss meeting with them.

Dr. Dye stated that, today, she loves her life. She's editing medical journals, working in a clinic in Dayton, and giving lectures in her specialty. She's also had the opportunity to become much more involved in the city of Cincinnati. Having a medical license is a privilege; being a physician is a privilege, and it's been a privilege to have worked with this Board. Dr. Dye thanked the Board very much.

Dr. Talmage asked Dr. Dye her opinion about the Board appearances.

Dr. Dye stated that she does feel that the appearances before the Board and Mr. Albert were necessary and helpful. She stated that she looks back at things and she didn't really have any understanding. She thought she'd be at Shepherd Hill for 28 days, and ended up there for ten weeks. She now understands the need for that; it was vital to her recovery. Dr. Dye stated that she doesn't believe there was anything that happened that was unnecessary. She needed the accountability. She needed to look someone in the face, so the appearances were a good thing for her. Dr. Dye stated that she has many times stood up for the Board. When people say bad things about it, she's the first to say that they don't understand. She never really appreciated how much this Board protects the people and also wants physicians to be able to practice. For her, that was the bottom line. For her, at first, the Board was just someone she sent a long application to and had to wait forever to hear from. That's the way most doctors think of this Board. Now she knows that that's not true.

DR. MADIA MOVED TO RELEASE DR. DYE FROM THE TERMS OF HER JUNE 12, 2002

June 13, 2007

CONSENT AGREEMENT. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

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

The motion carried.

TAMMY M. HABERBERGER, D.O.

Dr. Haberberger appeared before the Board pursuant to her request for release from the terms of her June 8, 2005 Consent Agreement.

In response to Board members' questions, Dr. Haberberger stated that she is doing well. She's finishing up her residency in emergency medicine, and will be done in December. She signed a contract with an emergency medicine group in Emerald Isle, North Carolina, where she will start practice on January 1, 2008. Dr. Haberberger stated that she waited for her probation with Ohio to be over before she applied, so that she could have it officially over and be able to report that she was no longer on probation.

Mr. Albert stated that Dr. Haberberger has been a very good probationer, and he knows that she will do well in her practice. Mr. Albert wished her well.

In response to further questions, Dr. Haberberger stated that she is still taking Effexor and Trazedome.

Dr. Kumar noted that the materials before the Board indicate that Dr. Haberberger is also requesting to change her Mental Health Professional from Richard George, Ph.D. to Lesley McClure, Psy.D. He asked whether consideration of this request is necessary if the Board releases Dr. Haberberger from probation.

Ms. Bickers asked that the Board do this since the matter is on today's agenda.

DR. VARYANI MOVED TO APPROVE DR. HABERBERGER'S REQUEST FOR PERMISSION TO CHANGE HER MENTAL HEALTH PROFESSIONAL FROM RICHARD GEORGE, Ph.D. TO LESLIE MCCLURE, Psy.D., AND TO RELEASE DR. HABERBERGER FROM THE TERMS OF HER JUNE 8, 2005 CONSENT AGREEMENT. DR. MADIA SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
------------	------------	-------

June 13, 2007

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

The motion carried.

KELLI D. WAHL, M.T.

Dr. Wahl appeared before the Board pursuant to her request for release from the terms of her June 12, 2002 Consent Agreement.

In response to Board members' questions, Ms. Wahl stated that she is doing very well, a lot better than she was five years ago. Ms. Wahl stated that she doesn't have to take any medication, but she did for a couple of years. She also no longer needs to see a psychiatrist. She does continue to see a psychotherapist. Ms. Wahl stated that she's learned a lot: how to control her anxiety and her emotions, and how to deal with things in a more tactful way. Ms. Wahl stated that this has been good for her.

Dr. Kumar stated that, apart from Ms. Wahl's having a delusional disorder, there were also incidents of stalking and telephone harassment. He asked whether that was over and done with.

Ms. Wahl stated that she definitely is done with that.

In response to other members' questions, Ms. Wahl stated that she works full time as a massage therapist, and is able to support herself with that.

DR. ROBBINS MOVED TO RELEASE MS. WAHL FROM THE TERMS OF HER JUNE 12, 2002 CONSENT AGREEMENT. DR. VARYANI SECONDED THE MOTION. A vote was taken:

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

June 13, 2007

The motion carried.

Ms. Wahl thanked the Board, stating that the Board has been very kind to her.

PAUL PO-TSANG YANG, M.D.

Dr. Yang appeared before the Board pursuant to his request for release from the terms of the Board's Order of April 14, 2005. If approved, release from probation would become effective June 15, 2007.

In response to Board members' questions, Dr. Yang stated that he took an Ethics Course with Dr. Ida Schick of Xavier University. The course was given over about a three-month period, and it involved readings and case studies. It went very well. He stated that the problem that brought him before the Board was an issue in his former place of employment in Colorado. He had some confrontations with staff, and that led to his termination from an organization there. He did pursue counseling shortly after the confrontations occurred. He also had an evaluation by Howard Sokolov, M.D., of the Ohio State University Psychiatry Department. Dr. Sokolov gave him a bill of good health.

Dr. Talmage asked whether Dr. Yang understands that part of his problem is that he didn't reveal his problem in Colorado on his application.

Dr. Yang indicated that he did understand, and he stated that was dealt with as part of the ethics course he took. When other issues have come up in terms of what or what not to disclose, he's referred to Mr. Byers, who has been very helpful in making sure that he crosses his t's and dots his i's.

DR. VARYANI MOVED TO RELEASE DR. YANG, EFFECTIVE JUNE 15, 2007, FROM THE TERMS OF THE BOARD'S ORDER OF APRIL 14, 2005. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

LYNNE A. EATON, M.D.

Dr. Eaton made her initial appearance before the Board, pursuant to the terms of her March 14, 2007 Step I

Consent Agreement.

In response to Board members' questions, Dr. Eaton stated that she is doing better. She is working a better recovery program this time than she did the last time. She thinks she put work and children above her recovery at the end, and that probably led to her relapse. Dr. Eaton stated that she's realized a lot in the last couple of months, and she needed to change some things. She has a 13-year-old daughter and a 15-year-old son.

Dr. Eaton stated that she was probably in relapse mode for a while. She had hyperparathyroidism and kidney stones. That started in June. She was in Florida with her two children and two of their friends and she went to the emergency room there and called the addictionologist in Columbus to talk about pain medicines. She had three more episodes of kidney stones, as well as a parathyroidectomy, in about a six-month period. She also had pyelonephritis. Three different times she had stents placed in ureters, so there were some issues there. Dr. Eaton stated that she was also working a lot and trying to get ready for her oral GYN/ONC boards. She was doing a case list and working on a thesis, as well, for that. Dr. Eaton stated that she's a single mom with two teenagers. She stated that these are all issues. The bottom line is that she didn't put her recovery first. There were all those issues that led to relapse.

Dr. Kumar indicated that he's glad that Dr. Eaton is acknowledging that she didn't put her recovery first. He stated that it's probably more important than she realizes. She needs to concentrate on her recovery. Dr. Kumar stated that Dr. Eaton probably saw the Board release a number of impaired probationers from probation. He stated that the Board would like to see her reach that point.

Dr. Eaton stated that she will.

Ms. Sloan commented that it sounds like Dr. Eaton's schedule is very heavy. She asked what Dr. Eaton has changed to help her recovery.

Dr. Eaton stated that she's still debating on whether or not to go back to her same job. She really likes what she does, but it's a little chaotic. She has five male partners who have a lot of things that are taken care of for them at home. Even though they say they understand, she thinks that the expectation is a little bit different still. She needs to think about that a little bit. She likes to be available for her kids; she wants to be at their lacrosse tournaments and things like that. She needs to look at doing something different with her job. Dr. Eaton stated that she thought she had done that when she went back the second time, but boundaries were breached and she didn't fix them. She actually started going to Alanon to help with that. She's also started going to meetings more regularly, and she is meeting with and calling her sponsor more regularly. She also changed sponsors to a person whom she felt she could more easily call, and with whom she could more easily deal. She was also meeting with a therapist once a week, but more recently has started seeing the therapist twice a week to work through some issues of family. She stated that Parkside thought that that would be helpful for her. She's also started working out.

Dr. Kumar asked Dr. Eaton how she's doing with her medical problems.

June 13, 2007

Dr. Eaton stated that things are better. She had a follow-up with her urologist, and she has one kidney stone left on the right that they're hoping will just stay there. So far, so good, since January. She's not taking any narcotics for medical purposes at this time.

Dr. Robbins asked Dr. Eaton whether she's had discussions with her children.

Dr. Eaton stated that she has, and added that that was the hardest part. Her children were, and still are, very angry about her relapse. Her son is probably the most angry. He's told her that he doesn't associate with drug addicts at school, so why should he talk to her. He has asked her what kind of a role model she is. They've had discussions. Her children don't understand the disease model yet; they feel it's willpower, and she could just say, "no." They're still pretty angry about everything, and definitely not into the whole Alateen movement.

Dr. Madia stated that children need help to make them understand.

Dr. Eaton stated that her son sees a therapist for a lot of things, including issues with his father. She stated that she has been in therapy sessions with him, too. Dr. Eaton commented that her son is pretty hard-headed about seeing the disease versus the willpower issue. She stated that she's showed him the information in medical books, but it doesn't matter.

Dr. Eaton stated that she took her daughter to therapy twice, but she doesn't want to see or talk to the therapist. The therapist has told her that if her daughter doesn't want to talk or see him, it's probably not going to help at this point.

Dr. Egner asked Dr. Eaton where she is in the process of deciding what she is going to do about her work.

Dr. Eaton stated that she thinks her partners would be happy to take her back. During her aftercare, her facilitator from Parkside indicated that he would prefer that Dr. Eaton take some time off and really think about what she wants to do. Dr. Eaton stated that she is pretty ambivalent at the moment. The facilitator prefers that she not make any decisions right away. If she had to make a decision, she's not sure what she would say about what she wanted to do.

Dr. Egner asked whether, if her partners take her back, they would take her back in a less rigorous capacity.

Dr. Eaton stated that she doesn't know.

Dr. Egner indicated that she is a mother in a practice, with three kids, and even though her children are older and she doesn't have to go through with what Dr. Eaton is going through, it's tough. Dr. Egner stated that she feels empathy for Dr. Eaton, who feels like she's supposed to be with her kids and she's supposed to be at work. It's a constant balancing act. Dr. Egner stated that most people don't even have the insight to know that they've lost track of taking care of themselves. Unfortunately, now she can't lose sight of taking care of herself. She has a hard row to hoe. Dr. Egner stated that she wants Dr. Eaton to practice and is sure that she finds it extremely fulfilling. She added that she's sure that Dr. Eaton's patients really

June 13, 2007

appreciate her. Dr. Egner stated that Dr. Eaton will have to find a practice situation that will allow her to recover, and that's going to be hard.

Mr. Browning asked Dr. Eaton what the plan is today to change things so that she can be successful.

Dr. Eaton stated that the plan today is to work on her recovery: meetings, sponsors, taking care of herself and hanging out with her kids. In terms of work, she needs to think about what she wants to do and find something. It may not be in GYN/ONC, and she may be okay with that. She's not sure what the other thing may be. She's hoping that her Higher Power is going to step in there and show her something, or help her out there, because she's not quite sure.

Dr. Robbins asked whether Dr. Eaton's ex-husband is supportive or combative.

Dr. Eaton stated that he's supportive, but he's not supportive of their children; he's not around at all. He's not there to try to help their kids get through this.

Dr. Egner stated that she thinks that Dr. Eaton is doing quite well.

Dr. Robbins agreed.

Dr. Egner stated that it's difficult to come before the Board. Fortunately, Dr. Eaton saw three people get released from probation. Dr. Eaton may not be able to see today that that can be her, but the Board hopes that it will be her. Dr. Egner stated that the Board has seen a lot of people, and she's very proud of Dr. Eaton, considering all that she is dealing with, and where she is in her recovery process. Dr. Egner stated that she thinks that Dr. Eaton is doing quite well.

Dr. Eaton thanked her.

Dr. Kumar advised that the Board has many resources available to help Dr. Eaton. He added that the Board wants to see Dr. Eaton get through this with flying colors.

DR. VARYANI MOVED TO CONTINUE DR. EATON UNDER THE TERMS OF HER MARCH 14, 2007 STEP I CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

ROLL CALL:

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

June 13, 2007

Dr. Amato - aye
Dr. Robbins - aye

The motion carried.

CAREY K. GROSS, D.O.

Dr. Gross made her initial appearance before the Board, pursuant to the terms of her March 14, 2007 Consent Agreement.

In response to Board members' questions, Dr. Gross stated that she is doing well. She'll begin her second year in residency in about a week, and so far, so good. She survived her first year. She's been sober over a year and a half. She has a great A.A. sponsor, who has been sober for about 25 years. Dr. Gross stated that she actually met with her sponsor before coming to Columbus, to kind of calm herself down a little bit. She attends four A.A. meetings a week. Dr. Gross stated that she had a really great group of friends in Cleveland she met through A.A. Since moving down to Cincinnati, she's been lucky to find a group of girls her age with whom she attends a lot of meetings and socializes. Her father is a physician who has been sober 18 years. He's someone she talks to a lot about a lot of this. Things are going really well.

Dr. Kumar asked whether Dr. Gross has any questions about her consent agreement.

Dr. Gross stated that she reviewed, and believes that she understands her consent agreement and what's expected of her.

In response to questions about her health, Dr. Gross stated that it is good. She stated that even after her initial heart attack, her ejection fraction went down to about 22 percent. She never had any functional capacity problems, even at that point. It's gotten up to the low end of normal. Her last EKG was 50-55 percent. The only reminder is her defibrillator and the medications that she takes. As far as it affecting her everyday day-to-day activities, she still works out. She doesn't have any problems running or going to the gym, or being on call for 30 plus hours.

Concerning stress, Dr. Gross stated that she picked her residency program because she really liked the residents a lot. Everyone works really well together. If something comes up, everybody always pitches in to help out. She stated that another reason she picked this program is the residency director, who has been very helpful through all of this. He's both her monitoring and supervising physician. He has been helpful in letting her off work when she needs to come to Columbus for Board conferences, or when she has other appointments.

Concerning whether Dr. Gross' fellow residents know about her problem, she advised that she's told some of them. She added that it doesn't take a rocket scientist to figure it out. She doesn't drink, although she used to. There are a lot of things that she can't attend because she has other things she has to go to. In time, she's sure that everyone will find out. She hasn't necessarily felt the need to sit everyone down and tell them all at once. The residents with whom she's closest know.

June 13, 2007

Dr. Egner stated that it's not that the Board is interested in Dr. Gross revealing her personal life history; however, her story is a great learning experience for other residents and will be helpful to them. She added that when Dr. Gross sees them drink too much and exhibit behavior that will get them into trouble, she will see it with a different eye than she used to. By telling her story, she could affect, in a very positive way, many people's lives. Dr. Egner stated that she understands that it's not everybody's business, but it may be helpful in her recovery. She would certainly be helping them.

Dr. Gross commented that it's not something that she's ashamed of. She's an alcoholic. That's part of who she is. She doesn't drink anymore and she's taking steps to get better.

Dr. Kumar asked whether Dr. Gross' heart problem was a result of coronary disease or a result of her alcoholic myopathy.

Dr. Gross stated that she was told that they never had a reason. What they believe happened is that she went into VTACH approximately 24 hours prior to her coming to the hospital. That contributed to her cardiomyopathy. They did two catheterizations, and they found a focal defect in her left ventricle. They thought it might have been a coronary spasm, but when she went to Cleveland and saw someone there, he thought it could be coronary arteritis. No one was really sure. Because she was in VTACH for so long, and eventually went into defib, they thought that that was what gave her the cardiomyopathy and that there was a focal defect in the left ventricle, so that it might have had something to do with one of the coronaries there. No one was ever able to give her a definitive answer.

Dr. Kumar asked whether anyone associated alcohol abuse to the myopathy.

Dr. Gross indicated that no one did. She stated that she's sure it could have affected it, but nobody had that discussion necessarily.

DR. MADIA MOVED TO CONTINUE DR. GROSS UNDER THE TERMS OF HER MARCH 14, 2007 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

June 13, 2007

GREGORY KARASIK, M.D.

Dr. Karasik 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. Karasik stated that he's doing very well. He's back to work and busy with everything that life gives him. Concerning his consent agreement, he took a course in medical ethics in September, and he learned a lot from it. He and his wife have been married for more than a year and he has a very happy home and a very busy practice.

Dr. Varyani asked Dr. Karasik whether he read the last issue of the Board's newsletter, which had an article addressing sexual misconduct in the course of practice.

Dr. Karasik stated that he did, and added that it was very helpful.

DR. VARYANI MOVED TO CONTINUE DR. KARASIK 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:

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

The motion carried.

ALAN J. PARKS, M.D.

Dr. Parks made his initial appearance before the Board, pursuant to the terms of the Board's Order of March 14, 2007.

In response to Board members' questions, Dr. Parks stated that he hasn't yet taken a course in medical recordkeeping. He's planning on taking it in the fall. Dr. Parks stated that when the issue came up, even before the Board's verdict, he thought that he needed to do something different from what he was doing. Approximately a year ago, his office converted to electronic medical records. It's made a dramatic difference in terms of the reliability of the data they have. It is so thorough that it's a pleasure to work

June 13, 2007

with. At the end of the day, they have to electronically sign off on each case, so that if there was something that was missed in an exam, he would have his nurse call the patient and explain that they have to do an extra test or that they forgot to give the patient a medication. It's allowed him to sit back and not be burdened by the process, but to take it in at his leisure.

Dr. Kumar urged Dr. Parks to look at how he treats malignant melanomas.

Dr. Parks stated that he thinks that that's really unfair.

Dr. Kumar stated that Dr. Parks needs to look at that data again. He stated that he can assure Dr. Parks that if anyone in this room had a malignant melanoma, or any friend had asked, he personally would ask for a few other things to be done.

Dr. Parks stated that Dr. Kumar's suggestion is not the standard of care. The malignant melanoma in question was a .31 Breslow level. Anything under .75 mm is considered completely curable and no further testing is needed. That is the standard of care in 2007. For anything under 1 mm, there is no reason to do sentinel lymph nodes, and even a sign of that is not clear cut. It doesn't give any advantage to the patient in terms of survival. It's just a matter of classifying their disease.

Dr. Kumar stated that he won't argue at this time, but he does disagree with Dr. Parks.

Dr. Talmage asked Dr. Parks how many patients he sees a month.

Dr. Parks stated that he sees about 225 patients a week. He sees about 800-900 a month. He stated that that's probably below average for a busy dermatologist.

Dr. Egner stated that, in retrospect, she thinks it was a mistake not to amend the Proposed Order to limit the number of patients Dr. Parks sees. She stated that she thinks that Dr. Parks sees far too many patients in a day, a week and a month. She stated that he cannot give those patients the attention that they need.

Dr. Egner stated that she thinks that that is one of the main things that brought him here. It wasn't his knowledge base, but he's seeing too many patients too quickly. She stated that she said it at the time of the deliberations on his Report and Recommendation, but she should have made it an amendment to the Board Order. Dr. Egner stated that she regrets not making that amendment, although she's sure that Dr. Parks doesn't regret it.

Ms. Sloan noted that Dr. Parks made a few comments about how electronic records help him with documentation. She stated that he still has to enter things in the computer.

Dr. Parks stated that the way that they do is that they have a scribe in each room. He does the exam orally and the scribe writes in the record and he has to sign it at the end of the morning or the end of the day. He's not doing any of the actual entry. He's taking care of the patient during that time. Dr. Parks added that a lot of times he doesn't even carry a pen with him because he doesn't need to sign anything. It's all done electronically.

June 13, 2007

Mr. Browning asked whether that helps him to see more patients.

Dr. Parks stated that it doesn't, but it allows him to be more thorough in seeing those patients. He sees, essentially, the same number of patients.

In response to further Board questions, Dr. Parks stated that he works 8:00 a.m. to 5:00 p.m., and he practices four and a half days a week. He does surgery, too, and has a day and a half of surgery days.

Dr. Egner stated that he's seeing 80 patients a day. A day and a half he's in surgery.

Dr. Parks stated that he's not seeing 80 patients a day, and guessed that his figures are probably too high.

Dr. Varyani stated that that's why the Board is having a problem, and that's why Dr. Talmage asked the question he asked.

Dr. Parks stated that on a day when he's just doing dermatology, he sees 55 to 60 patients.

Dr. Madia asked what the average is for a dermatologist in one day.

Dr. Parks stated that the average is about 60.

DR. MADIA MOVED TO CONTINUE DR. PARKS UNDER THE TERMS OF THE BOARD'S ORDER OF MARCH 14, 2007, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. VARYANI SECONDED THE MOTION.

Ms. Bickers stated that Dr. Parks submitted a request for a monitoring physician that was previously denied by the Secretary and Supervising Member. Next month a new request will be brought to the Board for approval.

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

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

The motion carried.

June 13, 2007

LEROY P. RISE, M.D.

Dr. Rise made his initial appearance before the Board, pursuant to the terms of his March 14, 2007 Step I Consent Agreement.

In response to Board members' questions, Dr. Rise stated that he is doing quite well. In the past two weeks he started on medical treatment for AADD (Adult Attention Deficit Disorder), and he thinks it's going to change his life. He's taking Concerta.

When asked when he was released from Shepherd Hill, Dr. Rise advised that he didn't go to Shepherd Hill. He stated that he was at Parkside two and a half years ago.

Ms. Bickers explained that because Dr. Rise was able to document sobriety for over a year, he was not required to go back for another 28 days of treatment. The treatment was based on an evaluation at a Board-approved treatment provider. She stated that she believes he was at Parkside for 72 hours.

Dr. Rise stated that he went in for a 72-hour evaluation, but they didn't keep him there for the whole 72 hours. They evaluated him and sent him home.

Dr. Madia asked how the diagnosis of AADD was made.

Dr. Rise stated that Dr. Craig Pratt was one of his initial evaluators, and Dr. Pratt had mentioned that he might have ADD. Dr. Rise stated that he thought that it was absurd because he thought ADD was hyperactivity. Nothing was done at that time; no action was taken. This time around, things are still not right, so after this latest relapse he took it upon himself to go to an evaluation by a psychologist. He went through eight to nine hours of psychological testing with a specialist in AADD, and she determined that he does, indeed, have AADD, along with co-morbid depression and substance abuse, which is fairly common. Since that time he's been reading about it and the pages of the books read like the story of his life. Dr. Rise stated that it's too bad that it's taken this long, but he's hopeful that things will work out now.

Dr Talmage asked whether this is the only relapse he's had.

Dr. Rise stated that it is the only one.

DR. VARYANI MOVED TO CONTINUE DR. RISE UNDER THE TERMS OF HIS MARCH 14, 2007 STEP I CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye

June 13, 2007

Dr. Varyani	- aye
Dr. Madia	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

WILLIAM L. SCHLOTTERER, D.O.

Dr. Schlotterer made his initial appearance before the Board, pursuant to the terms of his March 14, 2007 Consent Agreement.

In response to Board members' questions, Dr. Schlotterer stated that, to the best of his knowledge, he's doing really well, and is actually having a good time. He's been sober a little over four months. He spent 74 days at Shepherd Hill, and was released on May 20. To date he has yet to miss a day of attending an A.A. meeting. He has a really terrific sponsor with 34 years of sobriety. His sponsor's wife has 18 years of sobriety. Of their friends, the person with the least amount of sobriety has 15 years. He feels really gifted that God bestowed these people into his life. He attends a Saturday night meeting, which he made his home group. After the meeting they go out for dinner and talk. It's been a fun thing. He attended Founder's Day the previous week.

Dr. Schlotterer stated that he hasn't had an urge to use, although everyone expects him to have urges. He is married and has a marvelous family. His daughter is expecting their first grandchild at any time. Their other daughter just graduated from high school and is going to attend the University of Denver, Colorado.

DR. VARYANI MOVED TO CONTINUE DR. SCHLOTTERER UNDER THE TERMS OF HIS MARCH 14, 2007 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

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

The motion carried.

June 13, 2007

PATRICIA A. SPIESS, M.D.

Dr. Spiess made her initial appearance before the Board, pursuant to the terms of her March 14, 2007 Consent Agreement.

In response to Board Members' questions, Dr. Spiess stated that she underwent changes in medication in the last couple of months. Currently she's taking Effexor, 150 mg twice a day; 25 mg of amitriptyline; and Ambien CLR at night. Previously she was taking Lithium and Seroquel.

Dr. Madia asked why Dr. Spiess was diagnosed with post-traumatic stress disorder.

Dr. Spiess stated that when she was in medical school, she was, along with several other medical students, the victim of sexual assault and armed robbery. She stated that, unfortunately, in those days, it wasn't handled very well, and she had very poor care. Dr. Spiess stated that it was 20 years ago, but those things have ways of coming back to haunt you. During the past, several things have happened that have caused more problems. The licensed social worker she's seeing now is actually the person who has helped her the most. She's been seeing that individual for the last six months.

Dr. Kumar asked whether Dr. Spiess has any questions of the Board.

Dr. Spiess stated that she doesn't. She had a few logistical issues she directed to Ms. Bickers, and those were answered. The consent agreement, otherwise, is pretty clear. She doesn't have a monitoring physician right now. She had a relapse of depression this spring, since the Board's March 14 meeting. She's started to feel much better in the last couple of weeks. Her husband commented over the weekend that he couldn't believe how much better she is. She's seeing a psychiatrist and the psychiatrist recommended that she not pursue a place to work until she starts feeling better. When she was in Iowa City, she worked at a free clinic and did a little teaching at the medical school. Her only ambition in medicine right now is to work at one of the free clinics in the Cleveland area. She's visited the websites of several of them on the west side, but she hasn't talked to any of them yet. Pending what the Board says today, she would like to go ahead and pursue that. She has no desire to work more than a couple of days a week. She knows not to stress herself out with any more than that. She does miss seeing patients, so she would like to do some medicine; but she's also found some joy in other things, such as yard work. It is not economically necessary for her to work. Her husband is a hospice physician and his salary is adequate to support both of them. They don't have any children.

DR. VARYANI MOVED TO CONTINUE DR. SPIESS UNDER THE TERMS OF HER MARCH 14, 2007 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye

June 13, 2007

Dr. Varyani	- aye
Dr. Madia	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

ROSS PUTMAN TURNER, D.O.

Dr. Turner made his initial appearance before the Board, pursuant to the terms of his March 14, 2007 Consent Agreement.

In response to Board members' questions, Dr. Turner stated that he's doing as well as can be expected at this point in time. He's doing a lot more childcare activities at home, which is rewarding considering what he was doing. His wife is keeping them financially afloat right now, and she's very supportive. He continues to go to Shepherd Hill for his aftercare and caduceus meetings every Wednesday. He's been fortunate enough to have as a sponsor someone he previously knew, although he hadn't known that individual was in A.A. His sponsor was a friend and affiliate from his prior profession as a pharmacist. This individual is also his monitor for the Board.

Dr. Turner stated that he hasn't had any problems with maintaining abstinence or sobriety. He does have some concerns about his future in the profession, based upon where he was in his residency. His program at Ohio State has notified him that they're willing to ship him into some other residency program, but they're not willing to take him back into anesthesia. That's a concern for the future, but not at this point in time.

Dr. Turner advised that his drug of choice is hydrocodone. It was prescribed for him for a prior back surgery that he had. He also used fentanyl to cover withdrawal symptoms.

Mr. Albert noted that Dr. Turner was abusing anesthetic drugs, and his program is probably smart to advise him to pursue a different specialty.

In response to further questions, Dr. Turner stated that he's been using fentanyl since December 2006. He stated that he took the drug orally, and he never took it from any patients. He advised that OSU has on record twelve times that he didn't return the proper amount of fentanyl after surgery. The fentanyl he took was the injectable fentanyl that he chose to take orally. He again advised that this was fentanyl that was to be returned to the pharmacy to be discarded. He did not take it from the patient. The fentanyl comes in glass ampoules which, once they are opened, cannot be returned to the pharmacy shelves. You have to return the remaining drug that you do not use. He returned saline to the pharmacy instead.

Dr. Robbins asked how Dr. Turner's wife is handling this.

June 13, 2007

Dr. Turner stated that his wife is doing very well, as well as can be expected. Their relationship is very strong.

Dr. Robbins asked Dr. Turner whether he's thought about other avenues in medicine.

Dr. Turner stated that he's thought about internal medicine as a possible secondary.

Dr. Robbins asked Dr. Turner whether he's depressed.

Dr. Turner stated that he's seeing a psychiatrist, as ordered by the Board, and he's on medication. He had a diagnosis of depression for which he was already being treated prior to this incident. He wouldn't be seeing a psychiatrist if he wasn't ordered to do so by the Board. He stated that his wife has suggested that he should see someone, so he probably would if enough other people thought it was necessary.

Dr. Egner stated that Dr. Turner seems depressed, but he also could be nervous. She stated that she feels for Dr. Turner because all of these people are telling him not to go back to anesthesia, when he's almost finished with his residency. She stated that she would assume that the thought of having to start over is not appealing. She noted, however, that Dr. Turner is a young man and although it seems like a long time today, he's looking at a lifetime of a specialty. Staying in anesthesia puts him in an awfully high-risk situation. It's not that the Board is saying that Dr. Turner shouldn't be an anesthesiologist. The Board looks at all impaired anesthesiologists and note that there are bad statistics going against them. Dr. Egner added that Dr. Turner is the one who has to determine what to do. If he went into internal medicine, he'll get some credit for the time he spent already. If it's two or three extra years, in a lifetime, it's nothing. If it means better success in his recovery, it's everything. That's where the Board is coming from. Dr. Egner stated that that's why everyone is recommending that he pick another specialty.

Dr. Varyani noted that Dr. Turner will have access and a higher relapse rate, generally, if he continues in anesthesiology. When you talk about evidence-based results, that's what Mr. Albert will tell him.

Dr. Varyani commented that if Mr. Albert doesn't know "evidence-based results," nobody does.

Dr. Varyani added that it's written up everywhere. Anesthesiologists who are habituated to X, Y or Z drug, and have increased access to the drugs, have a high relapse rate. Dr. Varyani stated that Dr. Turner has seen the results of extremely grateful doctors who have been doing great, and some who are not. A specialty with a high relapse rate wouldn't be good for him. He'd be better off getting into some other specialty. He doesn't have to, but, if he looks at the evidence, he'll be better off.

Dr. Robbins asked whether Dr. Turner is angry that he's going through this right now.

Dr. Turner stated that he's not.

Dr. Robbins stated that he thinks that Dr. Turner will succeed, and added that the Board wants him to succeed. He indicated that it was a good thing that his problem was picked up when it was picked up, because he didn't harm any patients. This Board has seen other anesthesiologists who have hurt patients

June 13, 2007

because of how bad the disease is.

In response to Dr. Kumar's questions, Dr. Turner stated that his back is doing well now, and he doesn't have to take any medications for any physical reasons.

DR. VARYANI MOVED TO CONTINUE DR. TURNER UNDER THE TERMS OF HIS MARCH 14, 2007 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

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

Thereupon at 4:40 p.m. the June 13, 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 June 13, 2007, as approved on July 11, 2007.



Deepak Kumar, M.D., President



Lance A. Talmage, M.D., Secretary



June 14, 2007

MINUTES**THE STATE MEDICAL BOARD OF OHIO****June 14, 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; Dalsukh Madia, M.D.; R. Gregory Browning, Ph.D.; Anquetette Sloan; Jack C. Amato, M.D.; and Andrew F. Robbins, Jr., M.D.; The following joined the meeting at a later time: Carol L. Egner, M.D. The following did not attend the meeting: David S. Buchan, D.P.M.; and Anita M. Steinbergh, D.O.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; William J. Schmidt, Staff Attorney, Enforcement, Compliance & Investigations; Rebecca J. Marshall, Chief Enforcement Attorney; Daniel S. Zinsmaster, Enforcement Attorney; Barbara J. Pfeiffer, Karen A. Unver, and Kyle C. Wilcox, 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.

CITATIONS AND LETTERS OF PROPOSED DENIAL**LON A. CASTLE, 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. ROBBINS MOVED TO SEND THE CITATION LETTER TO DR. CASTLE. DR. AMATO SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Egner joined the meeting at this time.

June 14, 2007

GEORGE JAKYMENKO, 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. JAKYMENKO.
MR. BROWNING SECONDED THE MOTION.** A vote was taken:

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

The motion carried.

CAROLYN ELIZABETH JOHNSON, 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. JOHNSON.
MR. BROWNING SECONDED THE MOTION.** A vote was taken:

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

The motion carried.

CHOONG HONG KIM, 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.

June 14, 2007

DR. MADIA MOVED TO SEND THE CITATION LETTER TO DR. KIM. DR. AMATO SECONDED THE MOTION. A vote was taken:

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

The motion carried.

DAVID CHI MAI, D.P.M. - 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. MAI. DR. MADIA SECONDED THE MOTION. A vote was taken:

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

The motion carried.

COLLEEN ANN MCFARLAND, M.T. APPLICANT - 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 MS. MCFARLAND. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye

June 14, 2007

Dr. Talmage	- abstain
Dr. Varyani	- aye
Dr. Madia	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

ROBERT D. REIS, 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. REIS. DR. VARYANI SECONDED THE MOTION. A vote was taken:

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

The motion carried.

LICENSURE, PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Kumar 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. Kumar 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. VARYANI MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES ON MAY 7-8, 2007, WITH: MICHAEL TODD ADAMS, M.D.; DAVID B. AXELSON, M.D.; ROBERT M. BENSON, M.D.; TRACIE L. BOLDEN, M.D.; KEVIN W. BOWERS, D.O.; DAVID T. BROCK, D.O.; SCOTT M. CAMPBELL, M.D.; PAUL CLAASSEN, D.O.; L. JEAN COOPER, M.D.; MILES E. DRAKE, JR., M.D.; DAVID C. ERNST, M.D.; MARY JO FOOTE, P.A.; WILLIAM L. HOPPES, M.D.; MELANIE LYNNE LEU, M.D.; DAVID J. LEVY, M.D.; FRED R. MOSS, M.D.; PHILLIP THIELE NORTH, M.D.; DALE PRATT-HARRINGTON, D.O.; JAMES M. ROSSELIT, D.O.; JULIA RUFFIN, D.P.M.; JOHN W. SHAW, M.D.; TOBY

June 14, 2007

JAMES TIPPIE, P.A.; AND TAMARA D. WILLINGHAM, M.T. DR. VARYANI FURTHER MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES AND THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATIONS AS FOLLOWS FOR BOTH PROBATIONARY REQUESTS AND REINSTATEMENT REQUESTS:

- **TO APPROVE STEVE AMOILS, M.D.'S REQUEST FOR A REDUCTION IN APPEARANCES TO ONCE A YEAR;**
- **TO APPROVE MARK A. BANKS' REQUESTS TO: REDUCE DRUG SCREENS TO TWICE PER MONTH; REDUCE STEROID TESTING TO EVERY THREE MONTHS; REDUCE APPEARANCES TO EVERY SIX MONTHS; AND TO ELIMINATE THE CHART REVIEW REQUIREMENT;**
- **TO APPROVE PETER FRAGATOS, M.D.'S REQUEST TO CHANGE THE MONITORING PHYSICIAN FROM GERALD F. MEIER, M.D. TO JOHN S. COLLIS, M.D.;**
- **TO APPROVE GREGORY B. COLLINS, M.D. TO SERVE AS JONATHAN L. HAIMES, M.D.'S SUPERVISING PHYSICIAN;**
- **TO APPROVE GEORGE V. HASSINK, M.D.'S REQUESTS TO: DISCONTINUE HIS CADUCEUS ATTENDANCE REQUIREMENT; TO REDUCE HIS DRUG SCREEN REQUIREMENT; AND TO REDUCE THE FREQUENCY OF PSYCHIATRIC SESSIONS TO EVERY THREE MONTHS;**
- **TO CHANGE ROBERT L. HUBLEY, D.O.'S SUPERVISING "PHYSICIAN" FROM OPHP TO GREGORY B. COLLINS, M.D.;**
- **TO APPROVE RALPH ARDEN HUGUNIN, M.D.'S REQUEST FOR A REDUCTION IN APPEARANCES TO ANNUALLY;**
- **TO CHANGE ANIL H. JHANGIANI, M.D.'S MONITORING PHYSICIAN FROM SUKIRTHARAN SINNATHAMBY, M.D., TO RAYMOND G. PRATT, M.D.;**
- **TO CHANGE GREGORY S. MASIMORE, M.D.'S SUPERVISING "PHYSICIAN" FROM OPHP TO THE INDIANA PHYSICIAN ASSISTANCE PROGRAM [IN PAP], TO INCLUDE MONITORING FREQUENCY SET FORTH BY IN PAP;**
- **TO APPROVE PHILIP F. MYERS, JR., M.D.'S REQUESTS FOR: REDUCTION IN APPEARANCE SCHEDULE FROM EVERY THREE MONTHS TO EVERY SIX MONTHS, AND ELIMINATION OF THE CONTROLLED SUBSTANCE LOG REQUIREMENT;**
- **TO APPROVE JOANNE POJE, M.D.'S NEW PRACTICE PLAN TO WORK FOR URGENT CARE, INC., IN CHILLICOTHE, DOING PRIMARY CARE, URGENT CARE AND ACUPUNCTURE. THE PRACTICE WILL BE FOUR DAYS A WEEK TO BEGIN, THEN**

June 14, 2007

WILL BECOME FULL TIME WITH NO EVENINGS OR WEEKENDS AND WILL NOT INCLUDE HOSPITAL PRIVILEGES;

- **TO APPROVE KOLLI M. PRASAD, M.D.'S REQUESTS FOR: A NEW PRACTICE PLAN, ALLOWING HIM TO DO LOCUM TENENS RADIOLOGY AT THE VA MEDICAL CENTER IN FAYETTEVILLE, NC; AND APPROVAL TO CHANGE MONITORING PHYSICIAN FROM STANLEY L. PARKER, M.D., TO STEVEN W. ARLE, M.D.;**
- **TO APPROVE JULIE GENTILE, M.D. TO SERVE AS JODY LEE NELSON SHORT, D.O.'S MENTAL HEALTH PROFESSIONAL;**
- **TO APPROVE MICHAEL J. STANEK, D.O.'S REQUEST TO DISCONTINUE CHART REVIEW;**
- **TO APPROVE MICHAEL CRAIG WARREN, D.O.'S REQUESTS TO: INCREASE WORK HOURS FROM 80 HOURS TO 84 HOURS A WEEK EVERY OTHER WEEK, AND TO REDUCE APPEARANCES TO EVERY SIX MONTHS;**
- **TO APPROVE DAVID W. SCANDINARO, M.D., TO PERFORM ONE OF THE PSYCHIATRIC EVALUATIONS REQUIRED FOR REINSTATEMENT OF CYNTHIA WESTER-BRONER, M.D.'S LICENSE, AND TO DENY APPROVAL OF HISAKO KOIZUMI, M.D., TO PERFORM ONE OF THE PSYCHIATRIC EVALUATIONS; AND**
- **TO APPROVE SUZANNE H. SUMIDA, M.D., TO SERVE AS JOHN KEVIN WHALEN, M.D.'S TREATING PSYCHIATRIST;**

DR. VARYANI 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," THE ACUPUNCTURE APPLICANTS LISTED IN EXHIBIT "C," THE ANESTHESIOLOGIST ASSISTANT APPLICANTS LISTED IN EXHIBIT "D," AND TO APPROVE THE RESULTS OF THE MAY 2007 COSMETIC THERAPY EXAMINATION (EXHIBIT "E"), AND TO CERTIFY AS PASSING AND LICENSE THOSE RECEIVING A SCORE OF 75 OR GREATER ON THEIR EXAMINATION, AND TO CERTIFY AS FAILING AND DENY LICENSURE TO THOSE WHO RECEIVED A SCORE OF LESS THAN 75 ON THE EXAMINATION DR. ROBBINS SECONDED THE MOTION. A vote was taken:

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

June 14, 2007

Dr. Amato - aye
Dr. Robbins - aye

The motion carried.

REGULATION OF SURGICAL TECHNOLOGISTS

At this time the Board listened to a presentation by Mary Lou Johnson, LPN/CST, Chairperson, Geri Johnson, CST/CFA, and Brenda Engle, CST/CFA of the Ohio Assembly of Surgical Technologists' Government and Public Affairs Committee, on a proposal for the enactment of legislation that would place the regulation of surgical technologists under the auspices of the State Medical Board. Copies of the presentation shall be maintained in the exhibits section of this journal.

Dr. Talmage asked whether there has been discussion with the Ohio Hospital Association (OHA), and what the proposal would be for those current surgical technologists who have been trained on the job by the physicians with whom they work. They work with those particular physicians all the time, they come to the different hospitals with them, and they're paid by the surgeons. Would the proposed legislation, as an unintended consequence, exclude them from their job.

Ms. Johnson stated that she has met with OHA, and they're waiting to see the bill. They're not going to commit until they see the bill.

Ms. Johnson stated that the National Association recommends that there be a grandfather clause. They are not out to put anybody out of their jobs. Usually, this could be handled two ways. The first is that, if they've been in the field for at least 18 months, they get a permit to work. That would not keep them from continuing to do their work. The other process is to give them five years or so and then they have to become certified. They would have to become a graduate of an accredited school. There is already a school in Lorain, OH, which is a fast-track computer course. If you've already scrubbed, you could get the didactics, and be a graduate of an accredited school, and sit for the certification test. There are different avenues you can take so that you do not take those who are skilled out of their jobs.

Dr. Madia noted that in a lot of operating rooms, RNs are scrubbing for the cases. He asked how they would be incorporated.

Ms. Johnson stated that they do have some RNs who are certified. Most of them can scrub under their nursing registration. She added that RNs are no longer taught to scrub in school. When the schools went from three-year to two-year programs, they eliminated the surgical aspect. When RNs circulate and scrub, it's an on-the-job training (OJT) process.

Dr. Madia expressed concern that there will be a shortage. At his Clinic, they train technicians for three months and when everyone is comfortable, those individuals go to work. Dr. Madia stated that there are not enough schools to train all those surgical technicians.

Ms. Johnson stated that there are new schools coming on all the time, and they are gearing up to put schools on line. Then they can guarantee that their people will have jobs. She advised that, in 2006, there

June 14, 2007

was a Bureau of Labor statistical report that there are over 84,000 people who call themselves surgical technologists in the United States. It is seen as one of the fastest growing professions. A lot of schools are looking to bring on board those courses to address the problem. Ms. Johnson noted that, across the board, there is a nursing shortage and physician shortages.

Dr. Egner stated that in her labor and delivery room, they do three or four different procedures, a very limited number of procedures. Their surgical technicians have been there forever, they are not school trained, and they are excellent at their jobs. Dr. Egner stated that she doesn't believe they are going to go back to school. She continued that, as far as the grandfathering clause goes, she would not be in favor of someone in that capacity having to go back to school. It's not necessary.

Dr. Egner stated that there are nurses going back to get training as RN first assist, she asked how that impacts surgical technologists.

Ms. Johnson stated that it doesn't impact them at all. An RN first assist sits in when there's not a physician available to first assist. Someone has to hold retractors and help the doctor. They get RNs, surgical technologists or physician assistants, with additional training and credentialing to do this. A surgical technologist can hold a retractor, but he or she can't clamp tissue, they can't help control bleeding, they can't do suturing. The first assistants do all of this. There are surgical technologist first assistants, and they are certified and trained to do those things.

Dr. Kumar noted that some surgical technologists, when they get good enough, will also act as a first assistant for most minor surgeries, although it's not counted as a first assist.

Dr. Madia asked why these individuals would be regulated by the Medical Board and not the Nursing Board.

Ms. Johnson stated that they are not nurses.

Dr. Madia commented that they are not doctors, either.

Ms. Johnson stated that the Medical Board regulates others who are not doctors. The nurses aren't trained to work in their capacity. They don't understand what surgical technologists do, so how can you regulate someone if you don't have the training and the understanding? Ms. Johnson stated that the technologists work with doctors who understand what they do and the requirements of the job. They feel that that's where they would be best suited. That's what's happening in the other states. They're not under the nursing boards at all. Ms. Johnson stated that they haven't approached the Nursing Board about this.

Dr. Talmage commented that the surgeon is still the head of the ship and is responsible for everything that occurs in the operating room; therefore, regulation of these individuals by the Medical Board makes sense.

Dr. Egner asked how many surgical technologists are in Ohio.

Ms. Johnson stated that they have a hard time arriving at a figure. She added that there are 900 in their organization and it's growing every day, but they don't know the ones who aren't part of their

June 14, 2007

organization. It's very difficult to estimate. On a national level, 84,000 are working as surgical technologists. Only 22,000 of them are in the national organization. If you go with those statistics, there are about 3,600.

Dr. Egner commented that that's a lot of new licensees.

Dr. Amato stated that he would support Dr. Egner's position. You'd have to have a very good grandfather clause, especially for rural Ohio. A lot of surgeons have their own scrub techs because they didn't want someone who was scrubbing the floors one day and scrubbing for surgery the next. He added that he doesn't believe that requiring certification or more training for those who have been working for a while will benefit the patient, the scrub tech or the surgeon.

One of the presenters stated that she believes that Michigan State has a course on line. There are things that can be done for those who have been scrubbing for a long time or are physician trained. There are programs they can go through that makes them eligible to take the test. It's not like they have to go back and get their associates degree, because they've done it for ten years, they're very proficient at what they do, and so they just need to do these courses, and that will make them eligible to take the certification exam.

Ms. Johnson stated that she is also from a rural area and understands the problem. She stated that Tennessee's law grants waivers to use non-certified technologists to rural communities who can show that they are unable to find certified surgical technologists to work in their area.

Dr. Varyani stated that he agrees with the concept, but his problem with this proposal is that, these days, the point of service has increased tremendously. Even if you have 8,000 – 9,000 technicians, you still need 16,000. A workable option will have to be found. Dr. Varyani stated that he's very impressed with the work done and the concept. The only problem he has is the manpower situation and the grandfathering part.

Dr. Robbins stated that he thought the presentation was good. He added that something that's bothered him for a long time, and continues to bother him, are physicians training their own assistants. It's such a haphazard way of teaching, how do you know what they're being taught? How do you know the capability of the surgeon who's teaching that individual? That particular assistant is an assistant to that particular surgeon. When that surgeon decides to no longer operate, obviously the technician has some skills, but there is no coordinated training for these individuals, and there should be. The concept of what is being brought forward here makes a lot of sense, but there are a lot of hurdles to go over.

Dr. Kumar stated that he felt this matter was worth a dialogue with the entire Board. He thanked those who made the presentation for their efforts. He also advised them that the Medical Board does not make the laws, and that they will have to work on getting legislation passed. He stated that he believes that it is the consensus of the Medical Board that it will work with the Ohio AST in ironing out some of the problems.

Ms. Johnson thanked the Board for allowing them to make their presentation.

Mr. Albert, Dr. Talmage and Dr. Amato left the meeting at this time.

June 14, 2007

LICENSURE

JAMES MICHAEL KENNEN, D.O.

Dr. Kennen's application for endorsement licensure was considered by the Board at this time. Dr. Kumar noted that the Board ratified a consent agreement with Dr. Kennen the previous afternoon.

DR. VARYANI MOVED TO APPROVE DR. KENNEN'S APPLICATION FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. MR. BROWNING SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye

The motion carried.

FINDINGS AND ORDER IN THE MATTER OF ADOPTION AND RESCISSION OF RULES

DR. EGNER MOVED THAT THE "FINDINGS AND ORDER IN THE MATTER OF THE ADOPTION AND RESCISSION OF PROPOSED RULES" PERTAINING TO IMPAIRMENT AND TO THE PRONOUNCEMENT OF DEATH, AS CONSIDERED AND INCORPORATED INTO THE JOURNAL OF THE STATE MEDICAL BOARD OF OHIO FOR THIS 14TH DAY OF JUNE 2007, BE ADOPTED AS THE FINDINGS AND ORDER OF THE BOARD IN RELATION TO THE PROPOSED RULES CITED THEREIN, AND THAT THE STAFF PROCEED TO FILE THE FINAL RULES IN ACCORDANCE WITH THE PROVISIONS OF SAID FINDINGS AND ORDER. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye

The motion carried.

Dr. Amato returned to the meeting at this time.

June 14, 2007

STATE MEDICAL BOARD OF OHIO ETHICS POLICY

Ms. Debolt advised that all state agencies are required to make their employees aware of ethics policies and law. Ms. Debolt directed the Board's attention to the Board's policy, a copy of which shall be maintained in the exhibits section of this journal, which has been amended to conform to the recently revised model published by the Ethics Commission.

Dr. Egner asked whether there is anything substantially different in this policy.

Ms. Debolt stated that there are no substantial differences. The amendments made are very minor.

Mr. Whitehouse stated that the main changes are in regard to staff training.

MR. BROWNING MOVED TO ADOPT THE PROPOSED ETHICS POLICY. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

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

The motion carried.

EXECUTIVE SESSION

MR. BROWNING MOVED THAT THE BOARD DECLARE EXECUTIVE SESSION TO CONSIDER THE RESIGNATION OF A PUBLIC EMPLOYEE. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Amato	- aye
	Dr. Madia	- aye

The motion carried.

Pursuant to Sections 121.22(G)(1), Revised Code, the Board went into executive session.

June 14, 2007

ADMINISTRATIVE REPORT

Mr. Whitehouse referred to his written report, a copy of which shall be maintained in the exhibits section of this journal.

Mr. Whitehouse advised that last month he began his third year as Executive Director of the Medical Board. He stated that he would like to take this opportunity to recognize key members of the staff who have been of incredible counsel to him. Mr. Whitehouse expressed special appreciation to: Vicky Oldham, Chief, Fiscal; Lynda Hosken, Human Resources Specialist; Rebecca J. Marshall, Chief, Enforcement Attorney; and Diann K. Thompson, Assistant Executive Director.

Mr. Whitehouse advised that the target date for the move to the Rhodes Tower is still July 16. He announced that there will be a tour of the new premises this afternoon for those Board members who are interested.

PRESIDENT'S/EXECUTIVE COMMITTEE REPORT

Dr. Kumar announced that the July Board meeting will be a one-day meeting. He added that he intends to invite Governor Strickland to the September meeting. The second day of the September meeting will be a retreat. He stated that he has asked the Executive Staff to create a bullet point presentation on where the Board stands after the last several years.

Dr. Kumar stated that he would like to hold a Management Committee meeting in August.

At this time a draft letter of concern over the election process at the recent Federation of State Medical Boards meeting was distributed to Board members for their review. Board members approved the letter and agreed to send it to the Federation.

Dr. Kumar stated that Federation representatives will be attending the Board's September meeting and will make a presentation at the retreat. He stated that that might be a good time for Board members to ask questions. He asked that Board members send suggestions of issues that they would like addressed to Mr. Whitehouse. He noted that one topic that will be on the agenda is an update on the Board's strategic plan progress.

Dr. Kumar advised that, as a new member of the Board, it helped him to listen to other members to learn his duties as a Board member. He suggested that there could be a separate session, after the retreat, for Board members to talk with new appointees.

Dr. Egner suggested that one topic for discussion could be the Board's relationship with the legislature. She added that Mr. Browning could expound on this.

Dr. Egner stated that, concerning the presentation that morning, there are many pros and cons to the Board's licensing additional people. She stated that the Board should give a lot of thought and discussion to this proposal before it says that it's a great idea. Dr. Egner stated that she sees a lot of problems for the Board in regulating these individuals, and a lot of discussion is needed.

June 14, 2007

Dr. Kumar stated that he believes it will be a long time before the group finds a legislator to sponsor the bill.

Mr. Browning stated that he's concerned that the Board lacks credibility with the legislature. The Board routinely says that it is opposed to new legislation, appearing to prefer the status quo almost instinctively. He commented that there are legislators who think that the Board will always be opposed, and not just for medical but for economic reasons. Mr. Browning added that this is not just an Ohio problem, but is happening all across the country. How does the Board deal with that? Is there a better way to communicate? Is there a way to reach out to others in the medical field who have a level of expertise and objectivity that might be brought into the circle to help facilitate good communication as policymakers do their job and set policies? Mr. Browning stated that he's been on the Board since 1998, and almost every single time the Board gets into a scope issue, the Board is for the status quo and it loses.

Dr. Kumar suggested that the Board might invite legislators to meet with the Board, perhaps at the retreat.

Dr. Egner stated that the Board needs to discuss this first.

Mr. Browning stated that this isn't about bad personal relationships or the legislature not feeling good about the job the Board is doing. It's the issue of credibility. The Board is constantly getting drawn into issues that go to scope of practice expansions for limited branch practitioners.

Mr. Miller stated that part of the problem is that the Medical Board's message is no different from the Associations' on these issues, and the Board is being lumped in with them.

Mr. Whitehouse stated that a discussion of these issues at the retreat will be important.

Dr. Kumar suggested that the Licensure Committee address the issues of expanding scopes.

Dr. Varyani stated that there needs to be a discussion on cost versus care, and what's coming up, such as minute clinics, and the expansion of scopes of practice for P.A.s and A.P.N.s.

Dr. Kumar stated that the previous day the Committee discussed the state's policy concerning bids for outside contracts. Dr. Kumar stated that the requirement will significantly harm the functions of this Board, by hampering the negotiations with medical experts to review cases. The Board will draft a letter to be sent to the Governor and the legislature, as well as to the Attorney General's office, explaining how this policy will stop the Board's operations. Dr. Kumar commented that the expert witnesses are not in this to make a ton of money. They are being paid less than they would make in their own offices.

Dr. Kumar stated that work has begun on the next newsletter, and he asked Board members to submit topic ideas for that publication. Dr. Kumar stated that he would like to focus this next newsletter on the maintenance of certification or licensure, how to measure competency, and changes in C.M.E. Dr. Kumar stated that he would like to get this edition out in July or August.

Dr. Kumar stated that he has talked informally with individuals about linking the Board's meetings to

June 14, 2007

various medical schools. There was discussion about the feasibility of taking a Board meeting to a particular school, but this would be a difficult proposition. The idea was proposed by Dr. Buchan that the Board could do a live video feed to various schools. Dr. Kumar stated that he talked with Howard M. Part, M.D., Dean of Wright State University's Medical School, who supported either a live feed or a meeting held at the school. Dr. Kumar stated that the concept was that this would be for faculty, residents and students. Dr. Kumar stated that he has had some discussions with Mr. Whitehouse on this matter, but he feels the Board needs to discuss it as well.

Dr. Robbins stated that, if the Board does this, it needs to be relevant to the students. Just putting forward the Board's meeting to the students would mean absolutely nothing; they'd walk out. If the Board is going to do it, it will have to incorporate a significant portion of the meeting that would be relevant, and then show them the mechanics.

Mr. Whitehouse stated that the Board will start seeing people from Ohio University's School of Osteopathic Medicine at its meetings very shortly, and he feels the Board will learn a lot about what resonates with the students. He thinks the Board will learn a lot from that and can then open the program up to other schools. Mr. Whitehouse stated that it would be difficult for the Board to accommodate 100 people every meeting, and it won't be really practical to ask people to travel here. He stated that once the Board finds out what is most important, the Board could take those things, record them and maintain the recording on the Board's website. That way it would be available at any time.

Dr. Robbins stated that the Board has got to get the medical schools engaged in the discussion that the Board is having, the discussion of what the practice of medicine is. Dr. Robbins stated that for the Board to move off the dime with the legislature, part of that has got to be a redefinition in medical education today. Dr. Robbins stated that his feeling has always been, if you want to be a doctor, you go to medical school. He added that, clearly, the legislatures throughout this country are shifting that whole philosophy. You can be a doctor now by legislating, you don't have to go to medical school anymore. For medical schools to continue without engaging in this conversation is a big mistake.

Mr. Browning stated that the Board should get together with the deans and talk with them about what makes sense before coming up with ways to proceed. The dialogue should include policy issues that go to the design of medical education among other matters.

Dr. Kumar suggested that the Executive Committee could meet with deans of the medical schools, or at least someone from the dean's office.

Mr. Whitehouse suggested that a teleconference could be held. The Board isn't going to get the deans in one room.

Dr. Kumar stated that efforts will be made for a conference call to be scheduled for an upcoming Executive Committee meeting.

June 14, 2007

REPORTS OF ASSIGNED COMMITTEESIMPAIRMENT COMMITTEE

Dr. Egner advised that the Committee reviewed applications for renewals of certificates of good standing from two treatment providers. The Committee recommends approval of both.

DR. ROBBINS MOVED TO RENEW THE CERTIFICATES OF GOOD STANDING FOR GLENBEIGH AND FOR GREENE HALL OUTPATIENT SERVICES. DR. EGNER SECONDED THE MOTION. A vote was taken:

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

The motion carried.

LEGISLATIVE LIAISON & RULES COMMITTEE

Mr. Browning referred to the Committee's written report, a copy of which shall be maintained in the exhibits section of this journal, which was distributed to Board members earlier in the meeting. The contents of this report were reviewed by Mr. Browning and Mr. Miller.

LICENSURE COMMITTEE

Dr. Robbins advised that the Committee reviewed two waiver requests.

Jyothi Sri Pappula, M.D.

Dr. Robbins advised that Dr. Pappula's request for a good cause waiver was considered by the Committee. Dr. Pappula has indicated that she was not in the United States in March, 2000 when the seven-year requirement period expired for her. Dr. Pappula was over the seven-year limit by two years and eight months. Dr. Robbins advised that the Committee recommends denying Dr. Pappula's request.

DR. MADIA MOVED TO DENY DR. PAPPULA'S REQUEST FOR A GOOD CAUSE WAIVER TO THE SEVEN-YEAR RULE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Varyani	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye

June 14, 2007

Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

Olivia Aranha, M.D.

Dr. Robbins advised that Dr. Aranha's request for a good cause waiver was considered by the Committee. Dr. Aranha was over the seven-year limit by two months when she passed Part III on her first attempt in December 2003. She has explained that in the fall of 1995, she enrolled in a master's degree program in biology at Wayne State University. In 1996, she was accepted into a Ph.D. program in pathology at Wayne State University. After receiving her Ph.D. in pathology in September 2000, Dr. Aranha entered a research fellowship at the Karmanos Cancer Institute at Wayne State University (September 2000 to June 2001). From July 2001 to June 2004, Dr. Aranha participated in an internal medicine residency at Wayne State University. In July 2004, Dr. Aranha entered a fellowship in hematology-oncology at Northwestern University, which she will complete in June 2007. Dr. Aranha became board certified by the American Board of Internal Medicine in August 2004.

Dr. Robbins advised that the Committee recommends approval, based on Dr. Aranha's pursuit of a Ph.D. following graduation from medical school.

DR. MADIA MOVED TO APPROVE DR. ARANHA'S REQUEST FOR A WAIVER OF THE SEVEN-YEAR RULE, AND TO GRANT DR. ARANHA A LICENSE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. MR. BROWNING SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Dr. Robbins stated that the Committee will continue to discuss the number of pass events based on the recent *Peterman* case. The Committee hopes to get the Attorney General and the Federation involved in discussions on this issue. Dr. Robbins stated that his leaning would be to open the entire process to consideration of no greater than three failure attempts, regardless of whether they were done in seven or ten years. If you fail more than twice in seven years, you're out.

Ms. Pfeiffer stated that the Board will have to articulate as best it can why and how the two or three strikes and you're out system protects the public.

June 14, 2007

SCOPE OF PRACTICE COMMITTEE

Dr. Kumar stated that the Committee did not meet in Dr. Steinbergh's absence.

PRESCRIBING COMMITTEE

Although not scheduled to meet, Mr. Miller advised that the Committee did meet briefly to review proposed changes to the pain rules.

DR. MADIA MOVED TO APPROVE THE PROPOSED CHANGES TO PAIN RULES, AND TO AUTHORIZE STAFF TO FILE THE RULES FOR HEARING. DR. VARYANI SECONDED THE MOTION. A vote was taken:

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

The motion carried.

P. A. COMMITTEE

Ms. Sloan stated that the Committee continued discussing proposed changes to the rules, following the hearing. She commented that there were quite a few comments made regarding the rules. Based on those comments, the Committee did make some changes.

Ms. Debolt stated that the rules are almost complete. There are still some comments concerning the length of time and the processing of applications. The rules dealing with those still have to be firmed up and changes made. Other than that, the comments that have been received have been reviewed and amendments were made, or not made, based on those comments.

Ms. Sloan stated that the Committee also finalized its recommendations for the formulary. This will be brought to the Board in July.

Dr. Varyani asked whether the formulary is similar to that for the APNs.

Ms. Sloan stated that quite a few items were changed. She asked that Board members review the formulary carefully when it is received.

Ms. Sloan advised that the Committee did review two special services applications.

June 14, 2007

Sunrays Cardiology, Inc.

Ms. Sloan advised that the Committee reviewed Sunrays Cardiology, Inc.'s request for its P.A.s to perform non-invasive cardiovascular studies including treadmill stress echo studies. She stated that the PAPC tabled this application at their May 2007 meeting, pending clarification of who would be performing the ultrasound portion of the stress echo and when the echo would be performed. She referred the Board to a letter from Venkatarama Gaddam, M.D., F.A.C.C., of Sunrays Cardiology, Inc., in which he advises that an independently contracted ultrasound sonographer will be performing the ultrasound portion of the test. An ultrasound will be performed before and after the treadmill portion of the exam.

MS. SLOAN MOVED TO APPROVE SUNRAYS CARDIOLOGY, INC.'S REQUEST FOR ITS P.A.S TO PERFORM NONINVASIVE CARDIOVASCULAR STUDIES, INCLUDING TREADMILL STRESS ECHO STUDIES, IN AN OFFICE SETTING, UTILIZING 100% ONSITE SUPERVISION, WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 50 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 50 PROCEDURES TO DETERMINE COMPETENCY. DR. VARYANI SECONDED THE MOTION. A vote was taken:

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

The motion carried.

Spectrum Orthopaedics

Ms. Sloan advised that the Committee reviewed Spectrum Orthopaedics' request for its P.A.s to perform application and removal of casts, splints, and strapping of upper & lower extremities. Ms. Sloan stated that the Committee felt that it is appropriate and recommends approval. She noted that this procedure had not been approved for P.A.s under the old statutes. Ms. Sloan advised that Ms. Hacker will make a list of things that weren't carried over to the P.A. bill.

MS. SLOAN MOVED TO APPROVE APPLICATION AND REMOVAL OF CASTS, SPLINTS, AND STRAPPING OF UPPER & LOWER EXTREMITIES, IN AN OFFICE SETTING, UTILIZING 100% ONSITE SUPERVISION, WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM TWO OF EACH TYPE OF THESE PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 10 OF EACH TYPE OF THESE PROCEDURES TO DETERMINE COMPETENCY. DR. AMATO SECONDED THE MOTION. A vote was taken:

ROLL CALL:	Dr. Egner	- aye
------------	-----------	-------

June 14, 2007

Dr. Varyani	- aye
Dr. Madia	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Amato	- aye
Dr. Robbins	- aye

The motion carried.

MINIMAL STANDARDS OF CARE COMMITTEE

Dr. Kumar stated that the Committee has nothing to report this month, but hopes to have something in July.

DR. ROBBINS MOVED TO ADJOURN. DR. VARYANI SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 10:03 a.m. on June 14, 2007, the June 13-14 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 June 13-14, 2007, as approved on July 13, 2007.



Deepak Kumar, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)

