

July 10, 2013

MINUTES**THE STATE MEDICAL BOARD OF OHIO****July 10, 2013**

Kris Ramprasad, M.D., Acting President, called the meeting to order at 1:05 p.m. in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Anita M. Steinbergh, D.O.; Donald R. Kenney, Sr.; Michael L. Gonidakis; Amol Soin, M.D.; and Sushil M. Sethi, M.D. The following members did not attend: Lance A. Talmage, M.D.; and Laurie O. Elsass.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Assistant Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; William J. Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Karen Mortland; Mark Blackmer, Angela McNair; Cheryl Pokorny, Enforcement Attorneys; Katherine Bockbrader, Kyle Wilcox, Melinda Snyder, Heidi Dorn, and Henry Appel, Assistant Attorneys General; Gregory Porter, Acting Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; and Benton Taylor, Executive Assistant to the Executive Director.

ELECTION OF THE PRESIDENT

Dr. Strafford moved to elect Anita M. Steinbergh, D.O., President of the State Medical Board of Ohio, effective immediately, for the term ending on December 31, 2013. Mr. Kenney seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- abstain
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion passed. Dr. Ramprasad relinquished the chair to Dr. Steinbergh.

MINUTES REVIEW

Dr. Bechtel moved to approve the draft minutes of the June 12-13, 2013, Board meeting, as written.

Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

EXECUTIVE SESSION

Dr. Soin moved that the Board declare Executive Session to confer with the Attorney General's representatives on matters of pending or imminent court action. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Haslam, Ms. Anderson, Ms. Loe, Ms. Debolt, Ms. Wehrle, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Bickers, Ms. Jones, Ms. Rieve, Ms. Jacobs, Ms. Moore, Ms. Brooks, and Mr. Taylor in attendance.

The Board returned to public session.

APPLICANTS FOR LICENSURE

Dr. Soin moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician applicants listed in Exhibit "A," the physician assistant applicants listed in Exhibit "B," the massage therapy applicants listed in Exhibit "C," the acupuncturist applicants listed in Exhibit "D," and the anesthesiologist assistant applicants listed in Exhibit "E." Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

Dr. Steinbergh announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Dr. Steinbergh asked whether each member of the Board had received, read and considered the hearing records; the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Michael C. Bengala, M.D.; Naveed Anjum Fazlani, M.D.; David Brian Levy, D.O.; Murray Schwartz, D.O.; and Margy Temponeras, M.D.

A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

Dr. Steinbergh noted that, in accordance with the provision in section 4731.22(F)(2), Ohio 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 any disciplinary matters. In the matter before the Board today, Dr. Strafford served as Secretary and Dr. Bechtel served as Supervising Member.

Dr. Steinbergh reminded all parties that no oral motions may be made during these proceedings.

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

NAVEED ANJUM FAZLANI, M.D., Case No. 13-CRF-119

Dr. Steinbergh directed the Board's attention to the matter of Naveed Anjum Fazlani, M.D. She advised that no objections were filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Fazlani. Five minutes will be allowed for that address.

Dr. Fazlani was represented by his attorney, Eric Plinke.

Mr. Plinke stated that Dr. Fazlani did not file objections because he thought the proposed order and probationary terms in the Report and Recommendation were reasonable. Mr. Plinke stated that this case involved non-clinical behavior and actions by Dr. Fazlani that is concerning to the Board. However, as noted by the Hearing Examiner, there are mitigating factors that balance against that behavior. Mr. Plinke noted that Dr. Fazlani undertook significant career and practice changes to remove, to the extent possible, everything that was going on in his life that was overwhelming him. Dr. Fazlani undertook counseling on his own accord, self-reported the matter to the Board, and cooperated with the investigation.

Mr. Plinke asked the Board to consider a stay of the proposed order's 30-day suspension. Mr. Plinke stated that Dr. Fazlani is willing to continue his counseling and will sign an Eastway waiver if that is necessary.

Dr. Fazlani stated that he is in this situation due to a mistake he made, for which he takes full responsibility. Dr. Fazlani stated that his life has been completely destroyed, his home life is hanging by a thread, and his daughter does not talk to him anymore. Dr. Fazlani stated that his psychologist, Dr. Lehman, has opined that Dr. Fazlani had been multi-tasking too much in his life. Therefore, Dr. Fazlani resigned from his position in hospital administration and other positions, sold his practice to a health system, and has stopped doing rounds in nursing homes and hospital. Dr. Fazlani's practice is now limited to outpatient treatment.

Dr. Fazlani stated that as a result of this incident, his daughter is attending a local university instead of attending an Ivy League program into which she had been accepted because the latter option would involve her borrowing money from her father, something she now refuses to do. Dr. Fazlani stated that this serves as a reminder of his mistake whenever he sees her.

Dr. Fazlani stated that he tries to be a good physician and communicates with his patients. Dr. Fazlani asked the Board to take this into consideration as they deliberate.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Mr. Appel stated that he would like to respond.

Mr. Appel stated that Dr. Fazlani is before the Board because he made a very poor decision by attempting to solicit a prostitute, only to discover that the "prostitute" was a member of the Dayton Police

Department. Mr. Appel stated that Dr. Fazlani presented very good mitigating evidence at his hearing. Mr. Appel opined that the Board has two options in this case: The Board may impose a short suspension of Dr. Fazlani's license, as recommended by the Hearing Examiner, or it may stay the suspension and include a reprimand.

Mr. Appel continued that Dr. Fazlani is very embarrassed by this situation and opined that the Board will not see him again for a similar offense. Dr. Fazlani went through John School, so he has had education in this regard. Mr. Appel stated that the Board should uphold the finding that Dr. Fazlani committed an act of moral turpitude, in accordance with other court cases presented at the hearing which defined solicitation of a prostitute in this way.

Dr. Ramprasad moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Naveed Anjum Fazlani, M.D. Dr. Soin seconded the motion.

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

Mr. Kenney acknowledged that the suggested minimum disciplinary action for an act involving moral turpitude is a 30-day suspension followed by a two-year probation. Dr. Fazlani is charged with committing the offense of soliciting sexual activity, a third-degree misdemeanor. In Dayton Municipal Court, Dr. Fazlani pled No Contest to, and was found guilty of, loitering to engage in solicitation. The penalty was 60 days in jail, which was suspended, and a fine of \$100.00.

Mr. Kenney continued that on February 10, 2010, the Dayton police set up a prostitution decoy operation using the internet site backpage.com. Dr. Fazlani read the advertisement, called the undercover policewoman, and agreed to meet her at a hotel. At the hotel, Dr. Fazlani solicited sex with the officer and gave her \$100.00, whereupon he was arrested. Dr. Fazlani was required to attend John School, which taught him the health and social risks that accompany such an act. Dr. Fazlani has also undergone marriage counseling and personal counseling, and has seen his psychologist 67 times since the incident.

Mr. Kenney noted that the Board received several letters of support on Dr. Fazlani's behalf. Mr. Kenney further noted that Dr. Fazlani self-reported his conviction to the Board and has fully cooperated with the Board's staff. The State acknowledges that Dr. Fazlani is remorseful, embarrassed, and has suffered significant personal repercussions from his conduct.

Mr. Kenney stated that the Hearing Examiner recommends a 30-day suspension of Dr. Fazlani's medical license, followed by a two-year probationary period with terms and conditions. Mr. Kenney opined that Dr. Fazlani has suffered enough for his actions, noting that Dr. Fazlani has no prior disciplinary history and he has taken measures to properly balance his professional and personal lives. Mr. Kenney stated that because of his actions, Dr. Fazlani's wife left him for six months and his daughter still will not talk to him. Mr. Kenney stated that Dr. Fazlani's action seems out of character for him and the Assistant Attorney General feels that the Board will never see Dr. Fazlani again under these circumstances. Furthermore, Dr. Fazlani's psychologist has opined that Dr. Fazlani's actions in no way reflected on his ability to practice patient care, which Mr. Kenney felt was the most important aspect of this case.

Mr. Kenney suggested that Dr. Fazlani be reprimanded instead of suspended because there was never a threat to patient safety and Dr. Fazlani has been punished enough already. Mr. Kenney also opined that loitering to engage in solicitation should not be considered an act of moral turpitude.

Mr. Kenney moved to amend the Proposed Order to a Reprimand. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated she will now entertain discussion in the above matter.

Dr. Steinbergh stated that she does not support the proposed amendment, opining that the Hearing Examiner's proposed order was very fair. Dr. Steinbergh noted that Dr. Fazlani had testified that prior to this incident, he had never solicited a prostitute or escort before. However, in the transcript of the phone call Dr. Fazlani made to the undercover police officer, he asked if the picture on the internet was really her because he had been burned before. Dr. Steinbergh felt that this indicates a pattern of behavior and opined that, though he has only been arrested once, Dr. Fazlani had done this before. Dr. Steinbergh did not accept the concept that Dr. Fazlani's actions were stress-related, noting that many physicians are under stress and do not behave in such an unprofessional and unethical manner.

Mr. Kenney stated that he did not know what "moral turpitude" meant until he Googled the term and found that it is an action akin to murder and rape. Mr. Kenney opined that the seriousness of Dr. Fazlani's crime did not fit that description. However, Mr. Kenney stated that he has other reasons for his proposed amendment, and foremost among them is that there was no threat to patient safety. Mr. Kenney stated that if no patient was harmed, then the Board should ask itself what it is doing and why.

Ms. Debolt pointed out that page 10 of the Report and Recommendation contains the standard for moral turpitude, as used by the 10th District Court of Appeal in a case involving the Medical Board.

Dr. Ramprasad agreed with Mr. Kenney and stated that he supports the proposed amendment because patient care was not affected. Dr. Ramprasad agreed with Dr. Steinbergh that Dr. Fazlani may have engaged in such behavior prior to this incident, and also agreed that this was not stress-related. However, Dr. Ramprasad reiterated that patient safety and care was not affected, and therefore he supports a reprimand. Dr. Ramprasad noted that a reprimand from the Medical Board is not without consequences, since it will be reported to the National Practitioners Databank and could have repercussions on Dr. Fazlani's employment and insurance.

Dr. Soin stated that he appreciated Mr. Appel's comments, as well as the insights of Dr. Steinbergh. However, Dr. Soin noted that Dr. Fazlani's saying that he has been burned before does not necessarily indicate a pattern of behavior, noting that the phrase could also refer to internet dating. Dr. Soin stated that he would feel uncomfortable making a conclusion based on that statement. Dr. Soin stated that he does not condone Dr. Fazlani's actions, but he supports the proposed amendment and opined that Dr. Fazlani has already suffered significantly in this process. Dr. Steinbergh noted that Dr. Fazlani is married and opined that it is very unlikely that the statement that he has been burned before regarding pictures on the internet refers to internet dating.

A vote was taken on Mr. Kenney's motion to amend:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- nay
	Dr. Sethi	- nay
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to amend carried.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- nay
	Dr. Sethi	- nay
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The amended order did not achieve six "aye" votes, and therefore was not adopted.

In further discussion, Dr. Steinbergh suggested that an order identical to the Hearing Examiner's proposed order, but staying the suspension, may be acceptable.

Dr. Soin moved to adopt an order identical to the Hearing Examiner's proposed order, with the exception that the suspension of Dr. Fazlani's medical license be stayed. No Board member seconded the motion. Dr. Steinbergh stated that the motion is lost for want of a second.

Dr. Ramprasad suggested that an order identical to the Hearing Examiner's proposed order, but with a reprimand in place of a suspension, may be acceptable. Mr. Kenney opined that paragraphs E(1), E(2), and E(3), should be removed; these provisions require Dr. Fazlani to report the Board order to employers, insurers, and other licensing agencies. Dr. Ramprasad agreed. Ms. Debolt noted that the Board may remove those requirements, but any action taken by the Board will still be public and will be placed on the Board's website. Further, the Board's duty to report the action to the National Practitioner Databank and the Federation of State Medical Boards will remain.

Dr. Steinbergh expressed concern that removing the reporting requirements will set a bad precedent. However, Dr. Steinbergh agreed to support such an order so that the Board can agree on an action.

Dr. Ramprasad moved to adopt an order identical to the Hearing Examiner's proposed order, with the following exceptions: 1. A Reprimand replaces the suspension of license, and 2. Paragraphs E(1), E(2), and E(3) are removed. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- nay
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The order did not achieve six "aye" votes, and therefore was not adopted.

Dr. Ramprasad moved to table this matter. Dr. Soin seconded the motion. All members voted aye. The motion carried.

DAVID BRIAN LEVY, D.O., Case No. 12-CRF-122

Dr. Steinbergh directed the Board's attention to the matter of David Brian Levy, D.O. She advised that no objections were filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Levy. Five minutes will be allowed for that address.

Dr. Levy was represented by his attorney, Elizabeth Collis.

Ms. Collis stated that Dr. Levy is currently living and working in New Zealand, and therefore is not present today, though he did attend his hearing. Prior to moving to New Zealand, Dr. Levy had lived and worked as an emergency physician in Youngstown and had held management and teaching positions. Dr. Levy had been a well-known and well-respected physician. Ms. Collis stated that her only opposition to the Hearing Examiner's Report and Recommendation is the one-year suspension.

Ms. Collis stated that the facts of this case are not in dispute. In August 2010, Dr. Levy wrote three prescriptions and signed the name of his friend, Dr. Jackson, to them. One prescription was for Viagra for himself, and the other two were for Prednisone and Zomig to treat a family member's migraine headaches. Ms. Collis stated that these are not controlled substances and this case does not involve a criminal conviction.

Ms. Collis stated that Dr. Levy has taken full responsibility for his conduct. Dr. Levy testified that he wrote the prescriptions during a difficult time in his life. At that time, he was in the process of a divorce, he had moved out of his home, and he had moved in with his friend, Dr. Jackson. Ms. Collis stated that this incident, which was out of character, had a profound effect on Dr. Levy. Dr. Levy resigned from his

position at Saint Elizabeth Hospital, sought counseling, took an intensive course in prescribing from Case Western Reserve University, and moved out of the country. Ms. Collis stated that Dr. Levy admitted his wrongdoing and signed a statement admitting that he signed his friend's name to the prescriptions.

Ms. Collis reminded the Board that it is not bound by the disciplinary guidelines and can impose any sanction it feels is appropriate, including a shorter suspension time, a reprimand, or dismissal. Based on the totality of Dr. Levy's practice of more than 30 years, during which he had never been investigated by the Board and never been the subject of discipline by his hospital or any other organization, Ms. Collis asked the Board to impose a suspension of less than one year.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Ms. Snyder stated that she would like to respond.

Ms. Snyder reiterated that Dr. Levy used another physician's signature on three prescriptions, one for himself and two for a family member. Dr. Levy went onto his hospital's computer system, used Dr. Jackson's login, and printed out the prescriptions with the Dr. Jackson's signature. Ms. Snyder stated that Dr. Jackson was a friend of Dr. Levy, but was also Dr. Levy's subordinate in the hospital and Dr. Levy's roommate. Ms. Snyder found it significant that Dr. Levy never informed Dr. Jackson that he had used his signature on prescriptions until he was approached by the Board during an investigation. Ms. Snyder opined that Dr. Levy came forward because he was caught.

Ms. Snyder noted that the recommendation of a one-year suspension is below the Board's minimum disciplinary guidelines. Ms. Snyder stated that the minimum disciplinary guideline for acts constituting a felony, which Dr. Levy's acts of forgery were, is permanent revocation. Ms. Snyder stated that there is mitigating evidence in this case. Dr. Levy was very candid once the Medical Board approached him about the violations. Dr. Levy admitted his actions to his workplace and he was very candid in his hearing.

Ms. Snyder asked the Board to remember that each time Dr. Levy produced a prescription with Dr. Jackson's name, it was an act of forgery.

Dr. Soin moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of David Brian Levy, D.O. Dr. Ramprasad seconded the motion.

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

Dr. Steinbergh stated that in 2009-2010, Dr. Levy separated from his wife and went through a contentious divorce. Dr. Levy moved in with his friend, Dr. Jackson, who was also a subordinate in the hospital's emergency department. During this time, Dr. Levy states that he was in the house with Dr. Jackson and, in passing, said that he needed a favor, but did not get a chance to discuss what the favor was. Without discussing it with Dr. Jackson, Dr. Levy wrote himself a prescription for Viagra and signed Dr. Jackson's name to it.

Later that month, Dr. Levy wrote prescriptions for Prednisone and Zomig for a family member who, like Dr. Levy himself, suffered from migraines, and signed Dr. Jackson's name. That family member was

coming for a visit and had a personal physician in Philadelphia. Dr. Steinbergh noted that these prescriptions were written with five refills. Dr. Steinbergh questioned if anyone other than the family member took those medications, but acknowledged that there is no evidence in the hearing record that Dr. Levy had taken them.

Dr. Steinbergh stated that the prescriptions were not for controlled substances, but stated that Dr. Levy did not have a medical record, did not have a physician-patient relationship with the family member, and should not have been prescribing these medications. Dr. Steinbergh also noted that some of the language Dr. Levy's attorney had used during the hearing was unprofessional. Dr. Steinbergh stated that Dr. Levy was truthful with the Board's investigators and admitted to his wrongdoing. Dr. Steinbergh observed that Dr. Levy resigned his chairmanship of the emergency department and other positions, then left to practice medicine in another country.

Dr. Steinbergh stated that she agrees with the proposed order, except that Dr. Levy is only required to make personal appearances three months after the adoption of the order and when he requests reinstatement. Dr. Steinbergh suggested that Dr. Levy be required to make personal appearances every six months between his initial appearance and the reinstatement of his license.

Dr. Ramprasad moved to amend the Proposed Order to read as follows:

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of David Brian Levy, D.O., to practice osteopathic medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such revocation is STAYED, and Dr. Levy's certificate shall be SUSPENDED for an indefinite period of time, but not less than one year, following the effective date of this Order.
- B. **INTERIM MONITORING:** During the period that Dr. Levy's certificate to practice osteopathic medicine and surgery in Ohio is suspended, Dr. Levy shall comply with the following terms, conditions, and limitations:
 1. **Personal Appearances:** Dr. Levy shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
- C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Levy's certificate to practice osteopathic medicine and surgery until all of the following conditions have been met:
 1. **Application for Reinstatement or Restoration:** Dr. Levy shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.

2. **Personal/Professional Ethics Course(s)**: At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Levy shall provide acceptable documentation of successful completion of a course or courses dealing with personal and/professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Levy submits the documentation of successful completion of the course(s) dealing with personal/professional ethics, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future

3. **Additional Evidence of Fitness To Resume Practice**: In the event that Dr. Levy has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

D. **PROBATION**: Upon reinstatement or restoration, Dr. Levy's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least three years:

1. **Obey the Law**: Dr. Levy shall obey all federal, state, and local laws, all rules governing the practice of medicine and surgery in the state and/or country in which he is practicing.
2. **Declarations of Compliance**: Dr. Levy shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Levy's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances**: Dr. Levy shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Levy's certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

4. **Required Reporting of Change of Address:** Dr. Levy shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Levy's certificate will be fully restored.

- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Levy violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.

- G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**
 1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Levy shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training; and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Levy shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments. This requirement shall continue until Dr. Levy receives from the Board written notification of the successful completion of his probation.

In the event that Dr. Levy provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Levy receives from the Board written notification of the successful completion of his probation.
 2. **Required Reporting to Other State Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Levy shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Dr. Levy shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Levy receives from the Board written notification of the successful completion of his probation.
 3. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Levy shall provide this Board with **one** of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within

30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to amend carried.

A vote was taken on Dr. Soin's amended motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

MURRAY SCHWARTZ, D.O., Case No. 12-CRF-076

Dr. Steinbergh directed the Board's attention to the matter of Murray Schwartz, D.O. She advised that no objections were filed. Ms. Blue was the Hearing Examiner.

Dr. Soin moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Murray Schwartz, D.O. Dr. Ramprasad seconded the motion.

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

Dr. Ramprasad stated that Dr. Schwartz was cited by the Kentucky Board of Medical Licensure, which later issued an Agreed Order of Surrender. Dr. Schwartz agreed to surrender his Kentucky osteopathic medical license based, in part, on failing to keep accurate medical records and inappropriate prescribing of controlled substances to patients that included a co-worker with whom he had engaged in sexual misconduct. Dr. Schwartz is trained in radiology and currently has inactive licenses in Kentucky, Pennsylvania, New Jersey, Florida, and Alaska. Dr. Ramprasad noted that Dr. Schwartz voluntarily surrendered his Pennsylvania and New Jersey licenses, while his Florida and Alaska licenses had already lapsed by the time of the Kentucky action. In the spring of 2012, Dr. Schwartz voluntarily surrendered his Drug Enforcement Administration license.

Dr. Ramprasad stated that Dr. Schwartz, while working as a radiologist, met a co-worker who had two children by two different fathers and was engaged to be married to a third gentleman. Dr. Schwartz stated that he felt bad for the co-worker, referred to in the Kentucky action as Patient A, and spent about \$30,000.00 on her for vacations, her honeymoon, and breast implants, among other things. Dr. Schwartz also indicated that Patient A would come to his place and kiss now and then, which, according to Dr. Schwartz, was part of the conversation and was not sexual in nature. Following the breast implants, Patient A offered to show her breasts to Dr. Schwartz. Dr. Schwartz stated that he wanted to know what he had paid for, so he looked at or examined her breasts, though he denied it was of a sexual nature.

Dr. Ramprasad stated that Dr. Schwartz prescribed various medications, including Lortab. Dr. Ramprasad related the numerous prescriptions Dr. Schwartz wrote for Lortab from 2009 to 2010 in the name of Patient A, Patient A's husband, and Patient A's cousin. Dr. Schwartz testified that he was asked to write the prescriptions and he did it without thinking that it meant much. Dr. Schwartz testified that he was "taken for a ride" and was too naïve to understand what was happening. Dr. Ramprasad noted that during the hearing, Dr. Schwartz did not seem to understand the gravity of his situation or what he had done and seemed dismissive of it.

Dr. Ramprasad stated that he supports the findings of fact, and conclusions of law, and the proposed order of permanent revocation.

A vote was taken on Dr. Soin's motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

MARGY TEMPONERAS, M.D., Case No. 12-CRF-087

Dr. Steinbergh directed the Board's attention to the matter of Margy Temponeras, M.D. She advised that Objections were filed to Ms. Clovis' Report and Recommendation and were previously distributed to Board members.

Dr. Steinbergh continued that a request to address the Board has been timely filed on behalf of Dr. Temponeras. Five minutes will be allowed for that address.

Dr. Temponeras was represented by her attorney, Brad Barbin.

Mr. Barbin stated that he was appearing on behalf of Dr. Temponeras to speak in mitigation to the proposed order of permanent revocation. Mr. Barbin opined that nothing in the hearing record indicates that the severe action of permanent revocation is appropriate in this case.

Mr. Barbin stated that according to the record, Dr. Temponeras' former attorney told her that it was appropriate and permissible for her to write prescriptions for someone with whom she had a personal relationship because she was doing so in concert with other physicians. Mr. Barbin stated that Patient 3 first began working with Dr. Georgescu. Patient 3 did not want to continue with Dr. Georgescu, who was later charged in a pain pill indictment and committed suicide. Instead, Patient 3 chose to be treated by Dr. Temponeras, who was certified in chronic pain management.

Mr. Barbin continued that Dr. Temponeras has not practiced medicine since 2011, when the Board imposed an indefinite suspension. Mr. Barbin stated the no criminal charges have ever been filed against Dr. Temponeras. Mr. Barbin stated that Patient 3 had an open wound when Dr. Temponeras took him in and it was certainly not a matter of someone faking pain. Dr. Temponeras took Patient 3 to several other physicians, including her father, a well-known gynecologist. Mr. Barbin stated that Dr. Temponeras did not try to take on a situation just so she could flaunt her authority to prescribe medication. To the contrary, she asked for a legal opinion and was told that it was okay. Mr. Barbin stated that Patient 3 was eventually taken to a physician who was able to save Patient 3's leg and bring him from a position of immobility to standing. Mr. Barbin stated that Patient 3 has now returned to the workforce and has a six-figure job, despite the fact that other physicians said he was not likely to live. Mr. Barbin summed up this matter by saying that Dr. Temponeras was on indefinite suspension, she saved a life, and now she faces permanent revocation for it.

Mr. Barbin stated that due process means "is it fair?" Mr. Barbin asked if it was fair that Dr. Temponeras went to people, asked their opinions, and followed those opinions, including those of the Medical Board. Mr. Barbin stated that Dr. Temponeras was reviewed by the Board in 2006, 2008, 2010, and 2011, and the Board's investigator cleared Dr. Temponeras on every one of those occasions. Now, Dr. Temponeras' case is before the Board and she is taking responsibility for what has happened. Mr. Barbin opined that it makes more sense to recognize that Dr. Temponeras did the right thing, honored the Hippocratic Oath, and did not desert someone.

Mr. Barbin stated that he defers to the Board's ruling on the decision of the Hearing Examiner that this was not an emergent situation, but disagreed with it and stated that it was, in fact, an emergent situation. Mr. Barbin stated that most of this case is not based on what the Medical Board says, but rather on something that the Drug Enforcement Administration (DEA) said on a piece of paper. Mr. Barbin stated that there is no witness that says that any harm ever came to any of Dr. Temponeras' patients.

Mr. Barbin cautioned the Board against imposing a permanent revocation and asked the Board to leave it in the hands of the federal authorities since they are the ones who filed the paperwork.

Dr. Steinbergh asked if the Assistant Attorney General would like to respond. Mr. Appel stated that he would like to respond.

Mr. Appel stated that after listening to Dr. Temponeras' attorney, one would think this case is all about Patient 3 and whether it was an emergency. Mr. Appel stated that there was a finding in that matter, but it is not the primary reason for this case. Mr. Appel stated that the primary matter is that the DEA has revoked Dr. Temponeras' ability to prescribe because she improperly allowed her employees to illegally dispense 3,397 prescriptions that she did not write. Mr. Appel stated that physicians are allowed to personally furnish medications to patients. However, Dr. Temponeras hired unqualified employees, who were in a different part of the building from her medical practice and working for a different corporation, to dispense medication for both Dr. Temponeras and her father. The DEA further found that Dr. Temponeras' paperwork in this dispensing was terrible and had no opening inventory for this dispensary. As a result, the DEA cannot tell how many pills came in or went out. The Hearing Examiner stated that these are the reasons that she is recommending permanent revocation.

Mr. Appel urged the Board to accept the Hearing Examiner's recommendation. Mr. Appel stated that Dr. Temponeras' practice is so questionable that it is very doubtful that she can practice safely. One defense Dr. Temponeras raised before the DEA was that she could keep track of the employees through a video monitoring system. Mr. Appel stated that this is difficult to believe in light of the fact that this pharmacy had dispensed 1,600,000 unit dosages of oxycodone under her prescriptions. Mr. Appel stated that Dr. Temponeras is such a busy practitioner that it is difficult to believe that she was actively supervising the employees to the extent she claimed.

Regarding Patient 3, Mr. Appel stated that it is the minor violation in this case. Mr. Appel stated that physicians are allowed to prescribe controlled substances to a family member in an emergency situation. Mr. Appel stated that emergency situations do not last for months and months. In one instance, Dr. Temponeras said that Patient 3 was writhing in pain. Mr. Appel stated that Dr. Temponeras could have given him a shot of morphine and driven him to the hospital or prescribed some pills to get him from Saturday to Monday. However, these prescriptions went on for many months.

Mr. Appel stated that this case, involving improper dispensing of over 3,000 prescriptions of controlled substances, calls out for permanent revocation.

Mr. Gonidakis moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Margy Temponeras, M.D. Dr. Soin seconded the motion.

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

Mr. Gonidakis stated that in January 11, 2012, Dr. Temponeras' medical license was indefinitely suspended by the Board. Dr. Temponeras is before the Board again because the DEA revoked Dr. Temponeras' certificate of registration for violation of the Controlled Substances Act.

Mr. Gonidakis continued that Dr. Temponeras created two companies, one as her medical practice and the other as a dispensary, both at the same address. Under federal law, according to the DEA, a physician with a DEA certificate can prescribe or administer a controlled substance to a patient of her own practice, but otherwise a pharmacist must be involved. Mr. Gonidakis stated that Dr. Temponeras has never been licensed with Ohio or the DEA as a pharmacist. As Mr. Appel noted, there are 3,397 prescriptions for controlled substances, mainly oxycodone and Xanax, and another 1,600,000 dosage units of oxycodone between 2008 and 2011.

Mr. Gonidakis opined that Dr. Temponeras had a classic pill mill operation and she was very reckless in her practice. Mr. Gonidakis noted that Dr. Temponeras' father, also a physician, was involved in a limited, part-time basis in this practice in which non-physicians were prescribing drugs in a part of Ohio that has been devastated by this. Mr. Gonidakis supported the permanent revocation of Dr. Temponeras' license.

Dr. Soin stated that there is a pain management crisis in Ohio, with more people dying from drug overdose than from motor vehicle accidents every day, and cases like this are the problem. Dr. Soin stated that he is a pain management physician and he would be shocked if he dispensed 1,600,000 units of oxycodone in his entire career, yet Dr. Temponeras did so in a three-year period. Dr. Soin stated that this was so egregious that pharmacies in Dr. Temponeras' area stopped filling her prescriptions, prompting her to personally furnish them in what sounds like a classic pill mill operation. Because of this, Dr. Soin stated that he also supports permanent revocation.

Dr. Soin stated that, according to Mr. Barbin, the fact that Dr. Temponeras sought consultation for Patient 3 is somehow justification for her aberrant behavior. Dr. Soin stated that when a problem requires emergency treatment multiple times over several months, it stops being a dire, acute emergency and becomes a chronic issue. Dr. Soin opined that the whole rationale of defense in that matter is not acceptable by any standard.

A vote was taken on Mr. Gonidakis' motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to approve carried.

MICHAEL C. BENGALA, M.D., Case No. 12-CRF-143

Dr. Steinbergh directed the Board's attention to the matter of Michael C. Bengala, M.D. She advised that Objections were filed to Mr. Porter's Report and Recommendation and were previously distributed to Board members.

Dr. Ramprasad moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Michael C. Bengala, M.D. Dr. Soin seconded the motion.

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

Dr. Ramprasad stated that Dr. Bengala, a psychiatrist, semi-retired and moved to Florida in 2012. In January 2012, Dr. Bengala began working part-time at Pompano Beach Pain Management in Coral Gables, Florida. In February 2012, Dr. Bengala also began working part-time at Miami-Dade Medical Solutions, a pain clinic in Miami, Florida. Dr. Ramprasad noted that Dr. Bengala took the second position after being asked by the owner, who was also the wife of the owner of the first clinic.

Dr. Ramprasad continued that on June 26, 2012, the Florida State Surgeon General and Secretary of Health immediately suspended Dr. Bengala's Florida medical license based on alleged involvement in a "pill mill." The order was based on findings that Dr. Bengala's continued practice presented an immediate risk to public health, safety, and welfare. The Florida order also included findings that Dr. Bengala had inappropriately prescribed and distributed controlled substances to patients at Miami-Dade Pain Solutions and failed to appropriately monitor patients for drug diversion and abuse. Dr. Ramprasad stated that between February and April 2012, three undercover agents sought pain medication while exhibiting drug-seeking behavior. Dr. Bengala performed little or no examination and prescribed medications. Dr. Bengala was also arrested and faced criminal charges with respect to the same findings.

Dr. Ramprasad stated that Dr. Bengala had been a psychiatrist from 2008 and 2011 and did *locum tenens* in different areas as a psychiatrist, but this was the first time he started doing pain management.

Dr. Ramprasad stated that Dr. Bengala was offered a settlement agreement consisting of a reprimand and stipulations, including a fine and restriction from pain management practice. However, Dr. Bengala did not sign the settlement because there was an overlap in sentencing and criminal allegations, and Dr. Bengala's attorneys advised him to assert his Fifth Amendment privileges. Dr. Ramprasad stated that Dr. Bengala prescribed pain medications in an indiscriminate manner. Dr. Bengala's Florida medical license is currently under suspension.

Dr. Ramprasad stated that he accepts the findings of fact and conclusions of law in the Report and Recommendation. Dr. Ramprasad also agreed with the proposed order's indefinite suspension. However, Dr. Ramprasad stated that the proposed order seems to say that if Dr. Bengala has an unrestricted medical license in Florida, then Ohio would also provide an unrestricted license. Dr. Ramprasad opined that

safeguards are needed in this case. Dr. Ramprasad offered an amendment that would require a medical record-keeping course, a probationary term of at least five years, and the requirement that Dr. Bengala present a practice plan for Board approval should he seek to practice medicine in Ohio during his probation.

Dr. Ramprasad moved to amend the Proposed Order to read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** The certificate of Michael C. Bengala, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Bengala's certificate to practice medicine and surgery until all of the following conditions have been met:
 1. **Application for Reinstatement or Restoration:** Dr. Bengala shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Evidence of Unrestricted Licensure in Florida:** At the time he submits his application for reinstatement or restoration, Dr. Bengala shall provide the Board with acceptable documentation evidencing his full and unrestricted licensure in the State of Florida. If the sole remaining condition for full and unrestricted licensure in Florida is that Dr. Bengala must demonstrate full and unrestricted licensure in Ohio, then this requirement may be deemed by the Board to be satisfied.
 3. **Controlled Substances Prescribing Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Bengala shall provide acceptable documentation of successful completion of a course or courses dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Bengala submits the documentation of successful completion of the course(s) dealing with the prescribing of controlled substances, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.
 4. **Medical Records Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Bengala shall provide acceptable documentation of successful completion of a course or courses on maintaining adequate and appropriate medical records. The exact number of hours and the specific content of the course or courses shall be subject

to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Bengala submits the documentation of successful completion of the course(s) on maintaining adequate and appropriate medical records, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

5. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Bengala has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

C. **PROBATION:** Upon reinstatement or restoration, Dr. Bengala's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. **Obey the Law:** Dr. Bengala shall obey all federal, state, and local laws, and all rules governing the practice of medicine in the state in which he is practicing.
2. **Declarations of Compliance:** Dr. Bengala shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Bengala's certificate is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Evidence of Compliance with the Order of the Florida Surgeon General and Secretary of Health:** At the time he submits his declarations of compliance, Dr. Bengala shall also submit declarations under penalty of Board disciplinary action and/or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed by the Florida Surgeon General and Secretary of Health in Case No. 2012-06505. Moreover, Dr. Bengala shall cause to be submitted to the Board copies of any reports that he submits to the Florida Surgeon General and Secretary of Health whenever and at the same time the Florida Surgeon General and Secretary of Health requires such submission.
4. **Personal Appearances:** Dr. Bengala shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Bengala's certificate is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

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

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

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

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

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Bengala shall immediately so notify the Board in writing. In addition, Dr. Bengala shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Dr. Bengala shall further ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove any physician proposed to serve as Dr. Bengala's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Bengala's monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

6. **Required Reporting of Change of Address:** Dr. Bengala shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
7. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Bengala is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

- D. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Bengala's certificate will be fully restored.
- E. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Bengala violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- F. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Bengala shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Bengala shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Bengala provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

These requirements shall continue until Dr. Bengala receives from the Board written notification of the successful completion of his probation.

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Bengala shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Bengala shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Bengala receives from the Board written notification of the successful completion of his probation.
3. **Required Documentation of the Reporting Required by Paragraph F:** Dr. Bengala shall provide this Board with **one** of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail

communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Dr. Soin seconded the motion.

Dr. Steinbergh stated that she would now entertain discussion on the proposed amendment.

Dr. Steinbergh stated that Dr. Bengala's Florida order is very significant. Dr. Steinbergh opined that the Ohio Board should be certain that, if Dr. Bengala returns to practice in Ohio, that the Board can monitor him effectively. Dr. Steinbergh stated that if Dr. Bengala's Florida license is ultimately revoked, the Ohio Board can still reconsider the matter.

Dr. Soin stated that he was disturbed by this case, particularly the documentation of 30-second examinations and the dispensing of very large quantities of controlled substances, thus contributing to a prescription drug abuse problem. Dr. Soin asked, if Dr. Bengala's Florida license is reinstated with a restriction that he only practice psychiatry, would that prevent his reinstatement in Ohio under this order due to the order's requirement of an unrestricted Florida license. Dr. Steinbergh replied that the current proposed order would prevent Dr. Bengala's reinstatement in Ohio if his Florida license is restricted to psychiatry.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to amend carried.

A vote was taken on Dr. Ramprasad's amended motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye

Mr. Kenney - aye
Mr. Gonidakis - aye

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

HEATHER LYNN KOCHENASH, M.T., Case No. 13-CRF-024

Dr. Steinbergh directed the Board's attention to the matter of Heather Lynn Kochenash, M.T. She advised that the Board issued a Notice of Opportunity for Hearing to Ms. Kochenash and documentation of service was received. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter was reviewed by Hearing Examiner Blue, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

Dr. Ramprasad moved that the matter of Heather Lynn Kochenash, MT., Case No. 13-CRF-024, be remanded to the Hearing Examiner for review of all of the evidence contained in the Medical Board's records concerning the allegations of the Notice of Opportunity for Hearing issued to Ms. Kochenash on April 10, 2013. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to remand carried.

FRANCES ELIZABETH WEBB-SMITH, M.D., Case No. 12-CRF-027

Dr. Steinbergh directed the Board's attention to the matter of Frances Elizabeth Webb-Smith, M.D. She advised that the Board issued a Notice of Opportunity for Hearing to Dr. Webb-Smith and documentation of service was received. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter was reviewed by Hearing Examiner Porter, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

Dr. Sethi moved to find that the allegations as set forth in the March 14, 2012 Notice of Opportunity for Hearing in the matter of Dr. Webb-Smith have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Dr. Soin seconded the motion.

Mr. Kenney stated that Dr. Webb-Smith's medical license expired on January 1, 2012. On October 3,

2011, Dr. Webb-Smith was notified by the Board of several complaints alleging patient abandonment. Dr. Webb-Smith received and signed for a letter from the Medical Board on December 7, 2011. On or about November 11, 2011, Dr. Webb-Smith called the Board and left a message with an address and phone number for future contact. On November 21, 2011, investigator Amy Myers called and left a message asking that Dr. Webb-Smith call her. On November 22, 2011, after no returned call, Ms. Myers called again and was advised that Dr. Webb-Smith was not in. Ms. Myers called again on November 23, 2011, and her call was not returned. When Ms. Myers called again, the recording said that the number was no longer in service. Mr. Kenney stated that numerous other attempts to contact Dr. Webb-Smith were unsuccessful.

Mr. Kenney continued that on November 30, 2011, Ms. Myers went to Dr. Webb-Smith's address and left a business card in the door. Later that day, Ms. Myers called and the person who answered said "Fran, that woman is on the phone for you." Dr. Webb-Smith never answered the phone, and after 20 minutes Ms. Myers hung up. On January 12, 2012, another certified letter was sent to Dr. Webb-Smith, but she failed to respond.

Based on allegations that Dr. Webb-Smith failed to cooperate with a Board investigation, Mr. Kenney agreed with the proposed order to revoke Dr. Webb-Smith's license to practice medicine and surgery in Ohio.

Dr. Steinbergh stated that the findings in the proposed order were significant. Dr. Steinbergh stated that she was disturbed that this was not simply a matter of not being able to locate Dr. Webb-Smith or that she was not responding. Dr. Steinbergh stated that she was offended by the fact on November 30, 2011, Ms. Myers traveled to Dr. Webb-Smith's residence, saw a car in the driveway with a license plate that said "PHYSICIAN," knocked on the door, then left a business card in the door. When Ms. Myers called later that day, someone answered and said "Fran, that woman is on the phone for you" and she was ignored. Dr. Steinbergh opined that this is a significant event and was unprofessional. Dr. Steinbergh stated that this is one of the more significant cases of failure to cooperate with an investigation. Dr. Steinbergh stated that Dr. Webb-Smith is clearly not interested in maintaining her medical license and is not interested in what the Board has to say. According to the citation, Dr. Webb-Smith closed her office and patients going to the office found a note on the door that said "Effective September 1, Dr. Francis Webb-Smith will no longer practice as a gynecologist. I will continue to work part-time as a cosmetic surgeon, but my true passion is with my gourmet healthy coffee company."

Dr. Steinbergh suggested that the order be amended to a permanent revocation. Dr. Ramprasad favored keeping the proposed order of non-permanent revocation, stating that Dr. Webb-Smith cannot regain her Ohio medical license without answering the Board in any case. Dr. Soin agreed and opined that Dr. Webb-Smith seems to have no interest in returning to the practice of medicine.

A vote was taken on Dr. Sethi's motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Steinbergh advised that in the following matters, the Board issued Notices of Opportunity for Hearing, and documentation of service was received for each. There were no requests for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. Dr. Steinbergh stated that the matter of Je Song, M.D., is disciplinary in nature, and therefore Dr. Strafford and Dr. Bechtel may not vote in that matter.

JE SONG, M.D., Case No. 12-CRF-127

Dr. Ramprasad stated that on or about October 20, 2011, in United States District Court in Mississippi, Dr. Song pled guilty to one felony count of distribution of Schedule II controlled substances outside the scope of a professional practice. Dr. Song was sentenced to 135 months of imprisonment, fined \$10,000.00, and imposed supervised release with conditions for a period of 36 months following release from prison. On or about March 5, 2012, the Pennsylvania State Board of Medicine issued an order of automatic suspension based on Dr. Song's conviction.

Dr. Ramprasad moved to find that the allegations as set forth in the November 14, 2012 Notice in the matter of Dr. Song have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, permanently revoking Dr. Song's license to practice medicine and surgery in Ohio. Dr. Soin seconded the motion.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to approve carried.

Dr. Steinbergh stated that the following Findings, Orders, and Journal Entries are not disciplinary in

nature, and therefore all Board members may vote.

ANTHONY C. BENTLEY, Case No. 13-CRF-032

Dr. Ramprasad moved to find that the allegations as set forth in the April 30, 2013 Notice in the matter of Mr. Bentley have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying his application for a license to practice massage therapy in the state of Ohio. Dr. Soin seconded the motion.

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

Mr. Gonidakis stated that Mr. Bentley has applied for a license to practice massage therapy in Ohio. Mr. Gonidakis noted that Mr. Bentley has had 500 hours of instruction in massage therapy and has been licensed as a massage therapist in Florida since 2009. Mr. Gonidakis stated that he supports the proposed order to deny because Mr. Bentley did not graduate from a massage therapy school in good standing with the Medical Board, his course of instruction does not meet the Board requirements, and he has not been licensed as a massage therapist in another state for at least five years.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion carried.

HEATHER ROCHELLE HOUGLAND, Case No. 13-CRF-030

Dr. Soin moved to find that the allegations as set forth in the April 22, 2013 Notice in the matter of Ms. Houglan have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, denying her application for a license to practice massage therapy in the state of Ohio. Dr. Bechtel seconded the motion.

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

Dr. Ramprasad stated that Ms. Houglan has applied for a license to practice massage therapy in Ohio. Ms. Houglan graduated from the Heritage Institute in Fort Myers, Florida, in 2004. Ms. Houglan submitted documentation of her course of study. Although Ms. Houglan stated in her application that she is licensed in Florida, no record of such a license was located. Dr. Ramprasad stated that Ms. Houglan

was licensed as a massage therapist in North Carolina in 2005, but that license lapsed in 2010, and therefore she has not been licensed for at least five years prior to the date of her application in Ohio.

Dr. Ramprasad stated that the Heritage Institute does not hold a Certificate of Good Standing from the Ohio Medical Board, and Ms. Hougland's course of instruction included only 150 hours of instruction in anatomy and physiology, 240 hours of instruction in massage theory and practice, and no instruction in ethics. Dr. Ramprasad stated that Ms. Hougland's instruction does not meet the minimum hours required in Ohio. Dr. Ramprasad agreed with the proposed order to deny Ms. Hougland's application.

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

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion carried.

HAYLEE BRIANNE WILLIAMS, M.T., Case No. 13-CRF-047

Dr. Soin moved to find that the allegations as set forth in the May 10, 2013 Notice in the matter of Ms. Williams have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective upon mailing, approving her application for restoration of her license to practice massage therapy in the state of Ohio, provided that Ms. Williams takes and passes the Massage and Bodywork Licensing Examination (MBLEX) within six months of May 10, 2013. Dr. Ramprasad seconded the motion.

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

Mr. Kenney stated that Ms. Williams' massage therapy license lapsed in 2009 for nonrenewal. Ms. Williams submitted an application for restoration of her license on April 12, 2013. Mr. Kenney stated that Ms. Williams has not been engaged in the practice of massage therapy for more than two years, and therefore supported the proposed order.

A vote was taken on Ms. Elsass' motion:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye

Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion carried.

CITATIONS, PROPOSED DENIALS, DISMISSALS, ORDERS OF SUMMARY SUSPENSION & NOTICES OF IMMEDIATE SUSPENSION

JOHN D. AMMON, 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. Ramprasad moved to send the Citation Letter to Dr. Ammon. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to send carried.

STANLEY BEEKMAN, L.M.T., D.P.M. - 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. Ramprasad moved to send the Citation Letter to Dr. Beekman. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye

Mr. Kenney - aye

The motion to send carried.

KEITH DONALD GOLDBLUM, M.D. – NOTICE OF AUTOMATIC SUSPENSION AND OPPORTUNITY FOR HEARING

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

Dr. Ramprasad moved to send the Notice of Automatic Suspension and Opportunity for Hearing Letter to Dr. Goldblum. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to send carried.

MARVIN H. RORICK, 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. Ramprasad moved to send the Citation Letter to Dr. Rorick. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to send carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

BRIAN BRUCE BEAM, M.D. –CONSENT AGREEMENT

Dr. Ramprasad moved to ratify the Proposed Consent Agreement with Dr. Beam. Dr. Soin seconded the motion. A vote was taken:

Dr. Steinbergh stated that she will now entertain discussion in the above matter.

Dr. Ramprasad asked questions regarding the physician's loss of hearing and the options available to him. Ms. Marshall stated that the Board is not unsympathetic in these situations and that various options were explored with the physician. Ms. Marshall stated that this proposed Consent Agreement is what best suits the physician at this time and also accomplishes the Board's objective of patient safety.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

DUANE GORDON PETERSON, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Soin moved to ratify the Proposed Permanent Surrender with Dr. Peterson. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she will now entertain discussion in the above matter.

Dr. Steinbergh asked why a permanent surrender and revocation was warranted in this case. Ms. Marshall replied, not referring to this specific case, that someone who holds an active unrestricted medical license is not necessarily practicing medicine. Ms. Marshall stated that this individual is almost 80 years old and this permanent surrender is what he wanted to do. Ms. Marshall reviewed the various safeguards that exist to ensure that permanent surrenders are negotiated fairly.

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

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye

Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion to ratify carried.

LEE ADAM BALAKLAW, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Soin moved to ratify the Proposed Permanent Surrender with Dr. Balaklaw. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

CHRISTOPHER S. CROOM, M.D. – STEP II CONSENT AGREEMENT

Dr. Ramprasad moved to ratify the Proposed Step II Consent Agreement with Dr. Croom. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

TONI LOUISE CARMAN, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Ramprasad moved to ratify the Proposed Permanent Surrender with Dr. Carman. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion to ratify carried.

JOSEPH MICHAEL FERRARA, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Ramprasad moved to ratify the Proposed Permanent Surrender with Dr. Ferrara. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion to ratify carried.

PETER TSAI, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Ramprasad moved to ratify the Proposed Permanent Surrender with Dr. Peter Tsai. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Ms. Elsass	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye

The motion to ratify carried.

TAHSIUNG TSAI, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Ramprasad moved to ratify the Proposed Step II Consent Agreement with Dr. Tahsiung Tsai. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

JOHN P. WINDZIGL, P.A. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Ramprasad moved to ratify the Proposed Permanent Surrender with Mr. Windzigl. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

TERRY ALAN DRAGASH, D.O. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Soin moved to ratify the Proposed Permanent Surrender with Dr. Dragash. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye

Mr. Gonidakis - aye
Mr. Kenney - aye

The motion to ratify carried.

DONALD KAPLAN, D.O. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Ramprasad moved to ratify the Proposed Permanent Surrender with Dr. Kaplan. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion to ratify carried.

MARGARET ANN EDWARDS, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Soin moved to ratify the Proposed Permanent Surrender with Dr. Edwards. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion to ratify carried.

MARCELLUS JAJUAN GILREATH, M.D. – PERMANENT SURRENDER OF CERTIFICATE

Dr. Ramprasad moved to ratify the Proposed Permanent Surrender with Dr. Gilreath. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain

Dr. Soin	- aye
Dr. Ramprasad	- aye
Dr. Steinbergh	- aye
Dr. Sethi	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye

The motion to ratify carried.

TERRY LINN THOMAS, D.O. – STEP II CONSENT AGREEMENT

Dr. Soin moved to ratify the Proposed Step II Consent Agreement with Dr. Thomas. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

ERIK J. KRAENZLER, M.D. – STEP I CONSENT AGREEMENT

Dr. Soin moved to ratify the Proposed Step I Consent Agreement with Dr. Kraenzler. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion to ratify carried.

Dr. Ramprasad moved to table this topic in case of possible additional settlement agreements. Dr. Soin seconded the motion. All members voted aye. The motion carried.

REINSTATEMENT REQUESTJENNIFER J. FURIN, M.D.

Dr. Ramprasad moved that the request for the reinstatement of the license of Jennifer J. Furin, M.D., be approved, subject to the probationary terms and conditions as outlined in the January 9, 2013 Board Order for a minimum of five years. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Gonidakis	- aye
	Mr. Kenney	- aye

The motion carried.

The Board took a brief recess at 3:30 p.m. and returned at 3:50 p.m.

PROBATIONARY APPEARANCESDAVID K. CARSON, M.D.

Dr. Carson was making his final appearance before the Board pursuant to his request for release from the terms of his May 12, 2010 Consent Agreement. Ms. Bickers reviewed Dr. Carson's history with the Board.

Dr. Steinbergh asked Dr. Carson to describe his current practice. Dr. Carson stated that he practices family medicine with one other physician. Dr. Steinbergh asked if Dr. Carson's practice is going well. Dr. Carson replied that the practice has seen better days, but it has been pretty good.

Dr. Steinbergh asked Dr. Carson to share what he has learned in this experience. Dr. Carson stated that he had tried to be supportive of his daughter and made an error in judgment. Dr. Carson stated that he has learned that he has to put his own feelings of family on the backburner to what he needs to do professionally. Dr. Carson admitted to his mistake and stated that he needs to move on with his life.

Dr. Steinbergh asked if Dr. Carson would have an opportunity to share his experience with other physicians. Dr. Carson stated that his practice is quite small and no such opportunities have come up. Dr. Steinbergh asked if Dr. Carson is on staff at a hospital. Dr. Carson replied that he is not on a hospital staff and he works strictly in an outpatient setting. Dr. Carson stated that in the past, he has spoken to community groups as a practitioner of adolescent medicine on subjects such as human sexuality and sex counseling.

Dr. Ramprasad noted that Dr. Carson purchased a book on ethics and asked which book it was. Dr. Carson replied that he purchased the book from Case Western Reserve University and he still has it on his shelf. Dr. Carson felt that every physician of all specialties needs a book of ethics as a reminder to prevent possible short-comings.

Dr. Ramprasad moved to release Dr. Carson from the terms of his May 12, 2010 Consent Agreement. Dr. Soin seconded the motion. All members voted aye. The motion carried.

TONYA N. CROAK, M.T.

Ms. Croak was making her final appearance before the Board pursuant to her request for release from the terms of the Board's Order of December 8, 2010. Ms. Bickers reviewed Ms. Croak's history with the Board.

Dr. Steinbergh asked Ms. Croak to speak briefly about what her ethics course meant to her, especially as the Board looks at opportunities to develop and offer courses for massage therapists. Ms. Croak found the course very effective and felt that she benefited from it. Ms. Croak stated that the course was very convenient and the instructor, Dr. Donna Homenko from Case Western Reserve University, actually traveled to Columbus to meet with Ms. Croak.

Dr. Ramprasad asked if that ethics course was different from the ethics course she took during massage therapy school. Ms. Croak stated that she has taken several medical ethics courses, noting that she is also a registered nurse. Dr. Steinbergh asked if any action has been taken on Ms. Croak's nursing license. Ms. Croak replied that she notified the Nursing Board about her situation, but they have not contacted her regarding this matter.

Dr. Steinbergh asked if Ms. Croak has opportunities to share her experience with others in the massage therapy and nursing profession. Ms. Croak replied that she does have such opportunities and does so often.

Dr. Ramprasad moved to release Ms. Croak from the terms of the Board's Order of December 8, 2010. Dr. Soin seconded the motion. All members voted aye. The motion carried.

SEAN M. KLEPPER, M.D.

Dr. Klepper was making his final appearance before the Board pursuant to his request for release from the terms of his July 13, 2011 Consent Agreement. Ms. Bickers reviewed Dr. Klepper's history with the Board.

Dr. Steinbergh asked how Dr. Klepper is feeling. Dr. Klepper replied that he is feeling fine and his bipolar disorder has been well-controlled since his diagnosis seven years ago. Dr. Steinbergh asked if Dr. Klepper is still on the medications Depakote and Zyprexa. Dr. Klepper replied that that is the case, though the Depakote has been reduced.

Dr. Ramprasad asked if Dr. Klepper is currently working. Dr. Klepper stated that he is currently working *locum tenens* in Dayton, but is looking for a position.

Dr. Steinbergh asked how often Dr. Klepper sees his psychiatrist. Dr. Klepper replied that he sees his psychiatrist monthly. In addition, Dr. Klepper attends 10 meetings per month and has been sober for six years and three months. Dr. Steinbergh asked if Dr. Klepper intends to continue the meetings after he is released from the Consent Agreement. Dr. Klepper replied that the will continue and his sobriety is very important to him.

Dr. Ramprasad noted that Dr. Klepper spent two months in rehabilitation. Dr. Klepper stated that two to three months is standard for the facility he attended in Pennsylvania.

Dr. Ramprasad moved to release Dr. Klepper from the terms of his July 13, 2011 Consent Agreement. Dr. Soin seconded the motion. All members voted aye. The motion carried.

BRIAN E. LEVE, M.D.

Dr. Leve was making his final appearance before the Board pursuant to his request for release from the terms of his July 9, 2008 Consent Agreement. Ms. Bickers reviewed Dr. Leve's history with the Board.

Dr. Ramprasad asked if Dr. Leve is currently practicing obstetrics and gynecology. Dr. Leve replied that he is only practicing gynecology now in an office practice.

Dr. Ramprasad observed that Dr. Leve has stated that he is not sponsoring anyone and he feels that he is giving enough by taking care of patients. Dr. Leve stated that that is correct and he still feels that way. Dr. Leve stated that it is not that he does not want to sponsor anyone, but he has not been approached by anyone.

Dr. Soin asked how Dr. Leve's experience with addiction affected how he treats patients with addiction issues. Dr. Leve replied that he does not share his experiences with his patients, but his experience has helped his practice and has enlightened him. Dr. Leve stated that he prescribes Suboxone to his pregnant patients.

Dr. Ramprasad asked if Dr. Leve feels his program has been worthwhile. Dr. Leve replied that his program has been worthwhile and has helped him regain his focus and keep things in perspective.

Dr. Ramprasad moved to release Dr. Leve from the terms of his July 9, 2008 Consent Agreement. Dr. Soin seconded the motion. All members voted aye, except Dr. Steinbergh, who abstained. The motion carried.

CHRISTINE C. MCKAIN, M.D.

Dr. McKain was making her final appearance before the Board pursuant to her request for release from the terms of the Board's Order of December 9, 2009. Ms. Bickers reviewed Dr. McKain's history with the

Board.

Dr. Steinbergh stated that she enjoyed reading Dr. McKain's comments about her ethics course. Dr. Steinbergh asked what Dr. McKain is currently doing. Dr. McKain replied that she is practicing full-time emergency medicine in Portsmouth, Ohio. Dr. McKain also stated that her hospital has an emergency residency program. Dr. McKain stated that she has also been taking care of her daughter and things are going well.

Mr. Gonidakis exited the meeting at this time.

Dr. Steinbergh stated that from reviewing Dr. McKain's courses, she feels confident that Dr. McKain has learned from this and will move forward with that knowledge. Dr. McKain thanked the Board for not revoking her medical license. Dr. McKain stated that what she did was a mistake that was isolated to one patient who was also a colleague. Dr. McKain stated that she has learned her lesson and she shares her experience with any residents and medical students she interacts with.

Dr. Ramprasad moved to release Dr. McKain from the terms of the Board's Order of December 9, 2009. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

KAREN ORLOSKY, M.T.

Ms. Orlosky was making her final appearance before the Board pursuant to her request for release from the terms of her May 11, 2011 Consent Agreement. Ms. Bickers reviewed Ms. Orlosky's history with the Board.

Dr. Steinbergh stated that practicing massage therapy without a license is very concerning to the Board. Dr. Steinbergh asked if Ms. Orlosky could suggest ways that the Board can impress upon massage therapists the need to renew their licenses. Ms. Orlosky replied that in her case, she has simply not remembered to renew her license. Ms. Orlosky stated that she had a full-time position in healthcare separate from her massage therapy, which was a part-time career. Ms. Orlosky stated that this was a mistake and it had not been her intention to practice without a license. Since that time, Ms. Orlosky stated that she renews her license as soon as she receives the first notice.

Dr. Steinbergh asked if Ms. Orlosky is in a position to discuss this issue with her colleagues. Ms. Orlosky replied that she does speak of it, but usually not in a public venue.

Mr. Gonidakis returned to the meeting at this time.

Dr. Ramprasad asked why massage therapists seem to forget to renew, noting that physicians do not forget. Ms. Orlosky stated that she is also an anesthesiologist assistant and she has never forgotten to renew that license. Ms. Orlosky stated that at that time, massage therapy was not her primary career, but now it is. Ms. Orlosky stated that this is not an excuse, noting that many people have more than one way of earning a living these days.

Dr. Ramprasad moved to release Ms. Orlosky from the terms of her May 11, 2011 Consent Agreement. Dr. Soin seconded the motion. All members voted aye. The motion carried.

KYLE W. STEPHENS, M.D.

Dr. Stephens was making his final appearance before the Board pursuant to his request for release from the terms of his July 14, 2010 Consent Agreement. Ms. Bickers reviewed Dr. Stephens' history with the Board.

Dr. Ramprasad asked if Dr. Stephens has moved to Texas. Dr. Stephens replied that he has moved to Texas and he is waiting for his license to be granted in that state. In the meantime, Dr. Stephens has been conducting research at the hospital where he will be doing a fellowship. Dr. Ramprasad also noted that Dr. Stephens had been chief resident at the University of Toledo.

Dr. Ramprasad asked if Dr. Stephens is still taking Effexor. Dr. Stephens replied that he is still on Effexor. Dr. Ramprasad asked if Dr. Stephens is doing okay. Dr. Stephens replied that he is doing well and has settled into his new home in Houston.

Dr. Soin asked if Dr. Stephens will continue with his recovery in Texas. Dr. Stephens answered that he will continue with recovery and he has already attended some meetings in Texas. Dr. Stephens stated that he does not have a sponsor in Texas yet, but he is in contact with his Ohio sponsor by telephone.

Dr. Steinbergh stated that Dr. Stephens has a great career ahead of him. Dr. Steinbergh advised Dr. Stephens to be vigilant and commit to sobriety.

Dr. Ramprasad moved to release Dr. Stephens from the terms of his July 14, 2010. Dr. Soin seconded the motion. All members voted aye. The motion carried.

REGIS P. BURLAS, D.O.

Dr. Burlas was making his initial appearance before the Board pursuant to the terms of his June 12, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Burlas' history with the Board.

Dr. Steinbergh asked how Dr. Burlas is feeling. Dr. Burlas replied that he is feeling grateful. Dr. Steinbergh asked when Dr. Burlas' most recent sobriety date is. Dr. Burlas replied that his most recent sobriety date is April 16, 2013. Dr. Steinbergh asked if Dr. Burlas' drugs of choice were alcohol and benzodiazepines. Dr. Burlas responded that his drug of choice is only alcohol. Dr. Burlas stated that the benzodiazepines had been a physical dependency and he had been taking it as prescribed for sleep for one and a half year. Dr. Burlas stated that he never abused benzodiazepines and has not had any for almost three years.

Dr. Steinbergh asked if Dr. Burlas has a psychiatric diagnosis. Dr. Burlas replied that he does not have a psychiatric diagnosis. Dr. Steinbergh asked if Dr. Burlas is taking any other medications. Dr. Burlas replied that he takes medication for hypertension and diabetes, as well as Lasix and Trazodone as

prescribed by his primary care physician. Dr. Steinbergh asked if Dr. Burlas' primary care physician is aware of his current Consent Agreement. Dr. Burlas responded that his primary care physician is aware of his relapse.

Dr. Ramprasad asked for Dr. Burlas' opinion of his future outcome from Talbot Recovery Center, noting that Dr. Burlas has attempted multiple treatments at Glenbeigh Hospital. Dr. Burlas opined that his outlook is hopeful. Dr. Burlas stated that Glenbeigh has a good program, but about 80% or 90% of the patients are 20-year-old heroin addicts. Dr. Burlas stated that Talbot has individual therapy that has uncovered some childhood issues that he had not been aware of that were part of the reason he had a hard time controlling his alcohol issues. Dr. Burlas stated that he has committed to a six-month treatment at Talbot.

Dr. Ramprasad noted that Dr. Burlas' medical license is suspended for three years. Dr. Burlas stated that his medical license is currently the farthest thing from his mind. Dr. Burlas stated that it would be nice to get his license back, but without sobriety it would not matter. Dr. Burlas stated that at the age of 65, he would not be getting back into his specialty. Dr. Burlas stated that he will probably find a second career doing something.

Dr. Ramprasad asked if Dr. Burlas has family. Dr. Burlas replied that he has two daughters, aged 26 and 24. Dr. Burlas stated that he and his wife had a dissolution in January.

Dr. Steinbergh asked if Dr. Burlas has any questions for the Board. Dr. Burlas replied that he has no questions.

Dr. Ramprasad moved to continue Dr. Burlas under the terms of his June 12, 2013 Consent Agreement. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

JEAN A. CAIRNS, M.D.

Dr. Cairns was making her initial appearance before the Board pursuant to the terms of her April 10, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Cairns' history with the Board.

Dr. Steinbergh asked if Dr. Cairns has taken her required courses. Dr. Cairns stated that she has taken the medical record-keeping course, but has not taken the prescribing course. Dr. Steinbergh asked Dr. Cairns to describe her record-keeping course. Dr. Cairns replied that the course was excellent and she learned a lot, especially about billing. Dr. Cairns stated that her problem, prescribing to family members, was not discussed. However, Dr. Cairns stated that when the Medical Board investigator came to her office some years ago, she rectified the problem immediately.

Dr. Steinbergh asked when Dr. Cairns will take her course on prescribing controlled substances. Dr. Cairns replied that she had signed up for a course, but it was cancelled due to low turnout, so she is waiting for it to become available again. Dr. Ramprasad stated that the Board had discussed whether the course, offered by the Ohio State Medical Association (OSMA), would be useful. Dr. Ramprasad stated that the OSMA course has been approved by the Board, but asked Dr. Cairns to consider if another course would

offer more benefit. Dr. Ramprasad stated that the OSMA course is good, but may not be geared towards Dr. Cairns problem. Dr. Steinbergh agreed.

Dr. Steinbergh asked if Dr. Cairns has questions for the Board. Dr. Cairns stated that she has no questions, but commented that she discusses her experience with every physician she comes in contact with.

Dr. Ramprasad moved to continue Dr. Cairns under the terms of her April 10, 2013 Consent Agreement. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

JOHN A. HEATHER, M.D.

Dr. Heather was making his initial appearance before the Board pursuant to the terms of his April 10, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Heather's history with the Board.

Dr. Ramprasad asked if Dr. Heather has taken the intensive course on controlled substances at Case Western Reserve University. Dr. Heather replied that he has signed up to take the course in September. Dr. Heather stated that he has already taken the medical record-keeping course and found it to be very eye-opening.

Dr. Steinbergh asked what Dr. Heather has learned from his experience. Dr. Heather replied that when treating a family member, his psychiatric training and all his medical training is useless because he cannot be objective. Dr. Heather stated that he went into a state of denial when he was doing it, and that was probably why did not maintain medical records on that treatment. Dr. Heather stated that when his kids get sick there is a gut instinct to take care of them, but you really don't know what is best for them.

Dr. Steinbergh asked if Dr. Heather had any questions about his Consent Agreement. Dr. Heather replied that he has no questions.

Dr. Ramprasad moved to continue Dr. Heather under the terms of his April 10, 2013 Consent Agreement. Dr. Sojin seconded the motion. All members voted aye. The motion carried.

SHARON L. MCRAE, M.D.

Dr. McRae was making her initial appearance before the Board pursuant to the terms of the Board's Order of January 10, 2013. Dr. McRae was also requesting approval of Samuel L. Bradshaw, M.D., to conduct the psychiatric assessment and subsequent treatment. Ms. Bickers reviewed Dr. McRae's history with the Board.

Dr. Steinbergh noted that Dr. McRae currently lives in Brookline, Massachusetts. Dr. McRae stated that her daughter is in Brookline and she splits her time between there and Kansas, where her mother is sick. Dr. McRae stated that her official address is in Michigan.

Dr. Steinbergh asked how Dr. McRae is doing. Dr. McRae replied that she is disillusioned that she is before the Board even though there is no evidence that she is impaired or has any mental illness. Dr.

McRae stated that she has worked from the time she graduated from residency until the present with no medical errors. Dr. McRae stated that she does not drink or smoke. Dr. McRae stated that the Iowa Board of Medicine, which took into account all the evidence, exonerated her, and the Michigan Board of Medicine is about to do the same. Dr. McRae stated that she does not know what evidence the Ohio Board has, but wanted it on the record that there are some falsified and inaccurate records.

Dr. McRae continued that she has never been on any medication for psychiatric illness and she is clinically competent. Dr. McRae also stated that she has over 50 letters of recommendation and has been credentialed at 16 hospitals with no disciplinary action. Dr. McRae stated that she has had no lawsuits, no Drug Enforcement Administration violations, and no medication errors. Dr. McRae stated that she is still not clear as to why her Ohio license is under probation and opined that an injustice has been done to her.

Dr. McRae stated that she has only been hospitalized twice. The first hospitalization was due to chest pain; psychiatric illness was ruled out. In that case, the physician opined that Dr. McRae's anxiety was related to job employment matters and referred her to an employment attorney. The other hospitalization occurred on January 2, 2011, after working four shifts of 80 hours and having only one energy drink during that time. Dr. McRae stated that no other physicians were showing up to relieve her, so she was stuck at the hospital working an extremely busy emergency department. After leaving that job, Dr. McRae became ill on the highway and had a secondary mental status related to her work. When Dr. McRae admitted to the hospital, she was given IV fluids, she was alert and oriented, and the EMS records and police records state that she was normal. In the emergency department, she was given Haldol and Ativan, which did cause some altered mental status. Dr. McRae stated that she was discharged at 8:30 a.m. on January 3. Dr. McRae stated that records showing that she was discharged on January 4 are inaccurate and that she has receipts from restaurants and different places that show that she was not in the hospital at that time.

Dr. McRae continued that when she returned to the hospital on January 7 for a follow-up visit, the psychiatrist stated that the emergency physician had been concerned about Dr. McRae's mental status, which was secondary to dehydration and exhaustion. The psychiatrist asked Dr. McRae to have herself evaluated or be reported to the Ohio Medical Board. Dr. McRae stated that she complied and signed a voluntary admission order. Dr. McRae stated that she was supposed to have been there for one day, but the attending psychiatrist said that no one informed her that she was supposed to be discharged. The psychiatrist refused to release her and kept her there for three days. Dr. McRae stated that she kept her own records of events during her stay and they do not coincide with the medical record, which therefore is falsified.

Dr. McRae stated that she has appealed this matter to a court. Dr. McRae stated that she is mentally competent, clinically proficient, has never had any disciplinary actions anywhere, and this is very wrong. Dr. McRae stated that she is here today because she has always complied with the law.

Dr. Steinbergh stated that Dr. McRae's appearance before the Board today is not a hearing. Rather, this is a time for Dr. McRae to appear so that the Board can get a sense of how she is doing and to answer any questions Dr. McRae might have. Dr. Steinbergh stated that after this appearance, Dr. McRae will continue under the terms of her Board Order. Dr. Steinbergh stated that nothing will change today and her only legal recourse to change the Board Order is to appeal to the courts, a process which Dr. McRae has

already begun. Dr. Steinbergh stated that the Board has already made its determination and Dr. McRae is obligated at this point to follow the Board Order.

Dr. McRae asked how her Ohio license, which is currently inactive because she allowed it to expire, can be on probation. Dr. Steinbergh explained that the Ohio Medical Board has jurisdiction over Dr. McRae's license even if it has been allowed to expire. Dr. McRae asked where she can find evidence that the Ohio Medical Board has such jurisdiction. Dr. Steinbergh stated that Ms. Bickers can refer Dr. McRae to the proper statute.

Dr. Steinbergh noted that Dr. McRae is asking that Dr. Bradshaw be approved to conduct Dr. McRae's psychiatric assessment and subsequent treatment. Dr. Steinbergh stated that Dr. Bradshaw participated in Dr. McRae's defense during the Board hearing. Dr. Steinbergh asked if there is any legal reason that the Board could not approve him. Dr. Ramprasad opined that Dr. Bradshaw seems appropriate. Ms. Bickers stated that the Board has approved such individuals in the past.

Dr. Ramprasad moved to continue Dr. McRae under the terms of the Board's Order of January 10, 2013, and to approve Samuel L. Bradshaw, M.D., to conduct the psychiatric assessment and subsequent treatment. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

NATALIE A. MONDARY, M.D.

Dr. Mondary was making her initial appearance before the Board pursuant to the terms of her April 10, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Mondary's history with the Board.

Dr. Ramprasad asked if Dr. Mondary is a partner with Dr. Cairns', who appeared before the Board earlier. Dr. Mondary replied that that is the case.

Dr. Steinbergh asked if Dr. Mondary is currently working. Dr. Mondary replied that she is practicing obstetrics and gynecology fulltime with Dr. Cairns. Dr. Steinbergh asked if Dr. Mondary has taken the required medical record-keeping course. Dr. Mondary answered that she has taken the course and found it to be the most informative of all the continuing medical education she has taken. Dr. Mondary stated that her medical records were examined and only a few problems were found.

Regarding the required prescribing course, Dr. Steinbergh opined that Case Western Reserve University course may be more beneficial to Dr. Mondary than the Ohio State Medical Association (OSMA) course, which is a short review course that the Board has approved.

Dr. Ramprasad asked if Dr. Mondary's practice has electronic medical records (EMR). Dr. Mondary replied that she and Dr. Cairns are still trying to determine which system would be best for their practice. Dr. Ramprasad asked if EMR is used at the hospital where she has privileges. Dr. Mondary answered that her hospital is just starting initial implementation of EMR.

Dr. Steinbergh asked if Dr. Mondary had any questions for the Board. Dr. Mondary replied that she had no questions, but stated that this experience has been eye-opening. Dr. Mondary stated that she had been

ignorant on this issue and she is trying to inform other physicians because treating family members seems like a common practice.

Dr. Ramprasad asked how this issue came to the attention of the Board. Dr. Mondary replied that Dr. Cairns, who is her sister-in-law as well as her partner, performed a C-section on her. Dr. Mondary stated that in her residency in Akron, everyone treated their families and partners. Dr. Mondary stated that she delivered some of Dr. Cairn's children and she had delivered some of hers. Dr. Steinbergh commented that her hospital system has a policy against that. Dr. Steinbergh also stated that it is against American Medical Association guidelines. Dr. Mondary stated that everyone knew of her and Dr. Cairns' situation and it was even reported in the local newspaper.

Dr. Ramprasad moved to continue Dr. Mondary under the terms of her April 10, 2013 Consent Agreement. Dr. Soin seconded the motion. All members voted aye. The motion carried.

JAMES H. SILVERBLATT, M.D.

Dr. Silverblatt was making his initial appearance before the Board pursuant to the terms of his April 10, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Silverblatt's history with the Board.

Dr. Steinbergh asked where Dr. Silverblatt is in the process of taking the required medical ethics courses. Dr. Silverblatt replied that he will sign up for two courses that will be given in the autumn.

Dr. Steinbergh asked if Dr. Silverblatt is actively practicing internal medicine and if people are aware of his Consent Agreement. Dr. Silverblatt answered that he is practicing internal medicine and he has notified all of his hospitals of his Consent Agreement, as well as insurance companies that cover his services. Dr. Silverblatt stated that he has encountered some problems with two insurance companies due to his Consent Agreement.

Dr. Steinbergh asked Dr. Silverblatt to describe his recent experience. Dr. Silverblatt answered that his experience has been eye-opening. Dr. Silverblatt stated that the thing he loves and lives for was being threatened and he must have great vigilance about his understanding of the law. Dr. Silverblatt stated that he is from an era when nurses would routinely approach physicians and ask them to write them prescriptions for their colds. Dr. Silverblatt stated that it was a different world then and it is incumbent upon him to protect his livelihood by understanding the laws. Dr. Silverblatt provided an example in which a patient had seen a chiropractor and was asking for a retroactive referral to the chiropractor. Dr. Silverblatt stated that this happens all the time, but he must be careful not to commit fraud.

Dr. Steinbergh asked if Dr. Silverblatt understands his Consent Agreement. Dr. Silverblatt replied that he understands his Consent Agreement.

Dr. Soin moved to continue Dr. Silverblatt under the terms of his April 10, 2013 Consent Agreement. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

ROBERT C. TURNER, M.D.

Dr. Turner was making his initial appearance before the Board pursuant to the terms of his April 10, 2013 Consent Agreement. Ms. Bickers reviewed Dr. Turner's history with the Board.

Dr. Ramprasad noted that Dr. Turner's medical license is currently suspended and asked how he is managing. Dr. Turner replied that things are difficult. Dr. Turner stated that he had hoped to be doing administrative things for the hospital, but that did not work out. Dr. Turner stated that he has done work with Habitat for Humanity and found it to be a good experience. Dr. Turner stated that his biggest concern is his lack of knowledge regarding medical records as they relate to controlled substances. Dr. Turner commented that many of his colleagues are just as ignorant and it is surprising how many people have never heard of House Bill 93. Dr. Turner stated that he had not known what an Ohio Automated Rx Reporting System (OARRS) report was. Dr. Turner stated that he is trying to take this message to those who will listen to it. Dr. Turner stated that he is also doing work for the Ohio State Medical Association (OSMA) that he hopes will educate people.

Dr. Ramprasad asked if Dr. Turner had practiced in a group practice. Dr. Turner replied that he was in a group practice. Dr. Ramprasad asked if Dr. Turner will be able to return to that practice when his license is reinstated. Dr. Turner stated that he does not know if he will be able to go back. Dr. Turner stated that a physician whose license has been suspended is not a good mark for a reputable group, and his partners have legitimate concerns about that. Dr. Ramprasad stated that Dr. Turner is a better physician now than he was before his suspension. Dr. Turner agreed, stating that the controlled substances course was particularly eye-opening.

Dr. Ramprasad asked if Dr. Turner had any questions for the Board. Dr. Turner replied that he has no questions.

Dr. Ramprasad moved to continue Dr. Turner under the terms of his April 10, 2013 Consent Agreement. Dr. Soim seconded the motion. All members voted aye, except Dr. Steinbergh, who abstained. The motion carried.

PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Steinbergh advised that at this time she would like the Board to consider the probationary reports and probationary requests on today's consent agenda. Dr. Steinbergh stated that she wished to discuss a probationary request separately.

JASON L. RICH, M.D.

Dr. Steinbergh stated that Jason Rich, M.D., has asked for approval of a coding and billing course that he took on March 2012. Dr. Steinbergh stated that Dr. Rich's Consent Agreement requires the Medical Board to approve Dr. Rich's courses in advance. Dr. Steinbergh asked Ms. Bickers to speak on this matter.

Ms. Bickers stated that ideally, if a physician is required to take a course they submit a written request for

approval of that course along with a course outline. The course is submitted to the Secretary and/or Supervising Member for consideration, then ultimately to the full Board. Sometimes, the physician takes the course before they are approved, so the Board has to go back and consider the course retroactively to see if the course fits the Board's expectations.

Dr. Steinbergh stated that she brought this out for discussion so that new Board members can understand the processes involved. Dr. Steinbergh opined that Dr. Rich's course was appropriate.

Dr. Sethi moved to accept the Compliance staff's Reports of Conferences on June 10 & 11, 2013, with: Maryrose P. Bauschka, M.D.; Arturo J. Bonnin, M.D.; Dustin M. Clark, M.D.; Michael D. Cragel, D.P.M.; John P. Ellis, D.P.M.; Mary Jo Foote, P.A.; Peter Fragatos, M.D.; Deborah Lynne Frankowski, M.D.; Kristie L. Gibson, L.M.T.; Paul H. Goodman, D.O.; Wesley F. Hard, M.D.; Matthew R. Harris, D.O.; Brian D. Hesler, M.D.; W. Andrew Highberger, M.D.; James Cameron Johnson, D.O.; James M. Kennen, D.O.; Joseph Francis Lydon, Jr., M.D.; Michael C. Macatol, M.D.; Adam C. Mace, M.D.; Dominic J. Maga, D.O.; Patrick K. McGriff, D.O.; David A. McMaken, M.D.; Aiyappan Menon, M.D.; Breton Lee Morgan, M.D.; Barbara G. O'Keefe Murrell, M.D.; Siva Rao Murthy, M.D.; Jerry G. Purvis, Jr., M.D.; Sheila S. Reddy, M.D.; Charles W. Reyes, M.D.; Mark A. Rhodeback, M.T.; Matthew C. Riesen, M.D.; Steven E. Schwartz, P.A.; Richard S. Skoblar, M.D.; Paul Sresthadatta, D.O.; Kimberly M. Telmanik, P.A.; Terry L. Thomas, D.O.; and Amy R. Weidman, M.D.

Dr. Sethi further moved to accept the Compliance staff's Reports of Conferences and the Secretary and Supervising Member's recommendations, as amended, as follows:

- **To grant Matthew S. Cohen, D.O.'s request for approval of Karen J. Jacobs, D.O., to serve as the new treating psychiatrist;**
- **To grant Gary A. Dunlap, D.O.'s request for approval of Ryan P. Peirson, M.D., to conduct the psychiatric assessment and subsequent treatment, if required;**
- **To grant Ewa Marie Hansen, M.D.'s requests for approval of Dorrance Talbut, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per week;**
- **To grant Christopher J. Karakasis, M.D.'s request for approval to continue under the terms of his September 12, 2012 Step II Consent Agreement while residing in North Carolina;**
- **To grant Steven J. Kaz, M.D.'s requests for approval of Paul Hershberger, Ph.D., to serve as the treating psychotherapist; and approval of Kenneth D. Glass, M.D., to serve as the treating psychiatrist; and**
- **To grant Jason L. Rich, M.D.'s request for approval of *Coding & Billing: Primary Care Services Course*, administered by the Ohio State Medical Association, to fulfill the medical billing course requirement.**

Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

EXECUTIVE SESSION

Dr. Soin moved that the Board declare Executive Session to consider the discipline of a public employee and the employment of public employees. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Haslam, Ms. Anderson, Ms. Loe, and Ms. Debolt in attendance.

Mr. Kenney exited the meeting during the Executive Session.

The Board returned to public session.

Thereupon, at 5:50 p.m., the July 10, 2013 session of the State Medical Board of Ohio was adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on July 10, 2013, as approved on August 14, 2013.


Anita M. Steinbergh, D.O., President


J. Craig Strafford, M.D., M.P.H., Secretary



(SEAL)

July 11, 2013

MINUTES**THE STATE MEDICAL BOARD OF OHIO****July 11, 2013**

Anita M. Steinbergh, D.O., President, called the meeting to order at 8:00 a.m., in the Administrative Hearing Room of the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Kris Ramprasad, M.D., Vice-President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Donald R. Kenney, Sr.; Michael L. Gonidakis; and Amol Soin, M.D. The following member arrived at a later time: Sushil M. Sethi, M.D. The following members did not attend the meeting: Lance A. Talmage, M.D.; and Laurie O. Elsass.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Michael Miller, Interim Assistant Executive Director, Licensure and Renewal; Sallie J. Debolt, General Counsel; William Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca Marshall, Chief Enforcement Attorney; Katherine Bockbrader, Kyle Wilcox, and Melinda Snyder, Assistant Attorneys General; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Cathy Hacker, Physician Assistant Program Administrator; and Benton Taylor, Executive Assistant to the Executive Director.

EXECUTIVE SESSION

Dr. Bechtel moved that the Board declare Executive Session to confer with the Medical Board's attorneys on matters of pending court action. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Haslam, Ms. Anderson, Ms. Loe, Mr. Miller, Ms. Debolt, Mr. Schmidt, Ms. Wehrle, Ms. Marshall, the Assistant Attorneys General, Ms. Rieve, Ms. Jacobs, and Mr. Taylor in attendance.

Dr. Sethi entered the meeting during the Executive Session.

The Board returned to public session.

ADMINISTRATIVE REPORT

Mr. Haslam stated that this month's Administrative Report will be presented by both himself and Ms. Anderson, who was Interim Executive Director of the Board for half of the previous month.

Fiscal Year 2014-2015 Biennial Budget: Mr. Haslam stated that the Governor approved the Biennial Budget passed by the Legislature for Fiscal Years 2014 and 2015. Mr. Haslam stated that the Board's operating fund for each year will be \$9,172,060.00, which is the same as for Fiscal Year 2013.

Board Member Appointment: Mr. Haslam stated that Dr. Steinbergh has been reappointed to the Board and her current term is through April 25, 2018.

Controlling Board: Mr. Haslam stated that he, Ms. Loe, and Mr. Porter went to the Controlling Board on July 8 in order to get approval for two contracts for Hearing Examiners. The contracts, which were each for \$48,000.00 annually, were approved without any questions. Mr. Haslam stated that, as part of the recent Budget Bill, the requirement that the Board take all contracts to the Controlling Board for approval has been eliminated for all contracts below \$50,000.00. Therefore, the Board will not have to go to the Controlling Board for this purpose in the future.

Meetings with Staff and Stakeholders: Mr. Haslam stated that since he began as Executive Director, he has been meeting with different associations. Mr. Haslam stated that he has had constructive meetings with Jon Wills of the Ohio Osteopathic Association (OOA) and Elayne Biddlestone of the Academy of Medicine of Cleveland and Northern Ohio (AMCNO). Mr. Haslam noted that the Executive Committee also met with the OOA's Executive Committee yesterday. Meetings with other associations have already been arranged. Mr. Haslam stated that he will be proactive in meeting with associations to develop relationships as the Board moves forward.

Prescribing Issues: Ms. Anderson stated that September 1, 2013, remains the target rollout date for the new prescribing guidelines. The large group has broken into a number of subcommittees. The subcommittee on metrics met in June and is considering ways to measure the success or lack of success of the guidelines. Ms. Anderson stated that the subcommittee brought in a health economist and health policy expert who has been very helpful in guiding the subcommittee. The metrics that the subcommittee is considering are as follows:

- Decreasing number of patients being prescribed polypharmacy
- Use of the Ohio Automated Rx Reporting System (OARRS)
- Reducing opioid doses per capita
- Decreasing number of prescriptions with 120 morphine-dose equivalent (MED) or higher
- Decreasing the average MED per prescription.

Ms. Anderson was uncertain if everyone is completely comfortable with the proposed metrics. Ms. Anderson stated that everyone understands the importance of this work and how difficult it will be to move the numbers. Ms. Anderson stated that part of the difficulty is that there are legitimate reasons for some

patients to receive high amounts of prescriptions. Ms. Anderson stated that patients receiving treatment for terminal illness are not subject to the guidelines, but their data goes into OARRS anyway and must be weeded out later, thus adding to the difficulty of the process.

Dr. Soin suggested that some confusion could be resolved if 120 MED metric is changed to 80 MED, since 80 MED is the trigger for the guidelines. Ms. Anderson stated that that has been considered and agreed that it can be confusing to have two different numbers. The Board discussed the fact that many national organizations, such as the Federation of State Medical Board, the Centers for Disease Control, and the National Pain Society, have adopted a 120 MED trigger point. Ms. Anderson noted that Washington State has adopted a trigger of 100 MED. Dr. Sethi stated that Washington State spent many years and many millions of dollars to consult with experts and come to a consensus on their limit. As a result, Washington State is seen as the gold standard in these matters and it seems like Ohio is trying to recreate the wheel. Dr. Sethi also commented that in Texas prescriptions that last beyond 90 or 120 days must be reviewed and explained; Dr. Sethi stated that this is not restrictive, but just the act of reviewing records is tending to change physician behavior.

Dr. Strafford commented that these policies assume that there is an excess of prescribing, which is not always accurate. Dr. Strafford opined that there is an excess of abuse, which is somewhat different. Dr. Strafford expressed concern that every patient who is legitimately receiving medication over the trigger, such as terminally-ill patients, will represent a stone that will be turned over again and again. Dr. Strafford could not see a way to avoid this since prescriptions do not include information about diagnosis. Dr. Strafford stated that these guidelines will be difficult to live with if they are not carefully designed.

Ms. Anderson continued that another subcommittee will develop comprehensive educational materials. The medical associations are represented on this subcommittee, as well as non-physician prescribers (dentists, advanced practice nurses, and physician assistants). This subcommittee has broken into groups to deal with more specific aspects of the problem. Ms. Anderson noted that Dr. Strafford and Dr. Bechtel are on the OARRS registration group and are considering ways to streamline OARRS registration to make it easier. Ms. Anderson stated that she is on the group to consider the action steps that should take place when the 80 MED threshold is met. Other groups are handling education on the scope of the problem and further explanation of the 80 MED trigger threshold.

Ms. Anderson stated that she and Dr. Strafford will meet with the subcommittee later this afternoon. The plan is for the subcommittee to begin developing educational materials in a comprehensive way so it all looks the same and can go out from the licensing boards, associations, and the Department of Health. Mr. Haslam stated that it is important to stay heavily involved in these groups and to have an influence on the decisions.

Inspector General Report: Mr. Haslam stated that a response to the Inspector General's report has been drafted and provided to the Board members for their review. Mr. Haslam stated that the draft may be edited further before it is submitted to the Inspector General's office on July 22nd.

E-Licensing: Mr. Haslam stated that the project to develop a new e-licensing system for use by licensing board is proceeding, albeit slowly. Mr. Haslam noted that the project manager was replaced three days

ago. Mr. Haslam stated that Phase 1, which includes the Medical Board, was initially scheduled to be complete by December 2013; that deadline has been moved back to February 2014. Mr. Haslam stated that the Director of the Department of Administrative Services has recently become very interested in this project, so the project may move more smoothly in coming months. Mr. Haslam stated that the Governor's office is also considering this e-licensing system to be a priority.

Mr. Miller stated that in one week, a steering committee will be in place and the Medical Board will be represented on that committee to drive the project forward. Mr. Miller stated that the Board has requested demonstrations of the system that is already being used in other states. Mr. Haslam stated that the Medical Board will have a lot of input because it is the only large group in Phase 1. The vendor does not want the Medical Board to back out, so they will work with the Board to make sure it has what it needs.

Mr. Haslam stated that one peculiarity of the recently-passed budget bill was noted. Ms. Loe explained that a section of the budget bill authorized \$990,000.00 to be transferred from the 4K9 fund, which is the fund for all licensing boards. This initially caused some concern. However, Ms. Loe learned that this was merely a carry-over from what had already been authorized in the last biennium but had not been paid out to the vendors, so it does not represent additional funds. Mr. Haslam stated that he want to bring this to the Board's attention in case anyone saw it in the budget.

Boards and Commissions Meeting: Mr. Haslam stated that he attended the recent Boards and Commissions meeting. One of the items discussed was the Governor's Executive Order regarding putting military veterans to work. Mr. Haslam stated that the staff is working to see if there are ways the Medical Board can assist in that executive order and get people licensed easier, but obviously the Board's hands are tied due to statute. Mr. Haslam also stated that the Medical Board is in a somewhat different category than other licensing agencies because of the professionals the Medical Board licenses. However, Mr. Haslam will continue to search for ways to satisfy the executive order. A report to the Governor's office on this effort is due on December 31.

LEGISLATIVE UPDATES

House Bill 59, State Operating Budget: Mr. Miller stated that the State Operating Budget Bill passed and should go into effect at the end of September. The Board's requested appropriation of \$9,172,060.00 for the next two fiscal years was included, but the proposed increase in the physician license renewal fee was not.

Approval of Temporary Hearing Examiners: Mr. Miller stated that the legislature granted the Board's request that contracts for less than \$50,000 need not be taken to the Controlling Board for approval. Mr. Miller stated that this will result in time savings and easier contracting.

Internal Management and Assessment: Mr. Miller stated that provisions were added to statute regarding the Board's internal management and assessment. The Board will need to promulgate new rules to comply.

Educational Requirements for Genetic Counselor Licensure: Mr. Miller explained that the original

legislation authorizing licensure of genetic counselors was drafted in an attempt to include everyone in Ohio who was currently practicing genetic counseling. However, one individual fell outside that definition. That individual holds all the proper certifications, but had done so at an earlier stage and did not go through a genetic counseling program because, at that time, they did not exist. In response, the Board is supporting this limited grandfathering provision to grandfather that person into practice. The grandfather clause ends in December.

Schedule II Prescriptive Authority for Advanced Practice Nurses and Physician Assistants: Mr. Miller stated that changes were made to Schedule II prescriptive authority for physician assistants and advance practice nurses. Basically, this provision adds treatment facilities and similar institutions into definitions of mental health and treatment. Mr. Miller stated that this is an effort to clarify the statute.

Expedited Certificate to Practice Medicine: Mr. Miller stated that the Board's proposed expedited licensure language was included in legislation. Individuals utilizing expedited licensure must be in compliance with the medical education training requirements set forth in statute. The Board also has the ability to set policy around how individuals demonstrate compliance with those requirements. Mr. Miller stated that the staff will begin creating applications and will implement this provision by the end of September or the beginning of October.

Dr. Ramprasad thanked the Board members who worked hard on getting expedited licensure passed. Dr. Ramprasad appreciated Mr. Miller's commitment to it, as well as the significant roles played by Mr. Kenney and Mr. Gonidakis. Dr. Ramprasad suggested that a letter from the Board, signed by the President, be sent to legislators thanking them for their efforts. The Board agreed.

Grounds for Discipline: Mr. Miller stated that this provision establishes additional grounds for discipline regarding the failure to comply with requirements to maintain records with regards to performing or inducing an abortion.

Other Legislation: Mr. Miller asked the Board to consider if it wants to license music therapists. Legislation to license music therapists has been drafted but not yet introduced.

The Board discussed this issue. Mr. Miller suggested that the Counselor, Social Worker, and Marriage and Family Therapist Board or the Psychology Board may be more appropriate homes for music therapist licensure. The Board agreed.

Mr. Miller continued that another piece of legislation regarding physician assistants and advanced practice nurses being able to admit patients to a hospital. The bill is sponsored by Representative Gonzales; the primary initiator seems to be the Cleveland Clinic. Mr. Miller stated that he has had conversations with the Cleveland Clinic about how to better structure the legislation, while not giving an opinion about whether the Board supported this effort. Mr. Miller stated that the original draft would have required the Board to approve special services plans for any physician assistant who would be able to admit. This would have generated a great deal of work and essentially ground the Board to a halt. Mr. Miller suggested that admitting to hospitals should be within the list of services that a physician assistant can do.

Regarding advanced practice nurses, Dr. Steinbergh noted that they have independent practice, and therefore that is probably a hospital credentialing issue that the Board need not be involved with. Regarding physician assistants, Dr. Steinbergh opined that as long as they are in a supervisory relationship, they should be able to admit to any hospital in which they are credentialed to do that.

Dr. Strafford stated that this could result in a situation in which the physician assistant makes an error in judgment, and the question will be whether the physician assistant or the physician is responsible. Dr. Strafford stated it could be a problematic situation for the Board if the physician claims that he or she is not responsible for the physician assistant's decision to admit. Dr. Steinbergh stated that the physician is responsible for the physician assistant's actions, by agreement. Dr. Strafford stated that in some Federation of State Medical Board material, there is talk of moving away from the concept of the physician always being responsible for the physician assistant's actions. Dr. Strafford stated that the more support is given to alternative healthcare delivery methods, the more this reality will face the Board.

Mr. Kenney stated that Representative Anne Gonzales brings in a great deal of legislation concerning healthcare and is very influential in that arena. Mr. Kenney suggested that it would be very beneficial for the Board to work closely with Representative Gonzales so that the Board has a chance to affect these initiatives early in the process. The Board thoroughly discussed the need to build relationships with legislators. Mr. Haslam commented that this is a perfect time to begin cultivating additional relationships.

Mr. Kenney commented that better communication is needed between the Medical Board and the Board of Pharmacy regarding data of the Ohio Automated Rx Reporting System (OARRS). Mr. Miller stated that discussions with the Board of Pharmacy have greatly reduced the communicative distance between the two Boards. Mr. Haslam agreed, stating that communication with the Board of Pharmacy has vastly improved since he arrived in Columbus two years ago, though there is still more work to be done.

Dr. Steinbergh asked Mr. Miller to address Senate Bill 49, physician designation standards. Mr. Miller stated that that legislation has been around through a few General Assemblies, but has never made it to the Governor's desk. The medical associations support the bill, which attempts to establish ways in which insurers rate physicians and allows physicians to respond to those ratings. Dr. Steinbergh commented that community-based physicians are very concerned about these types of ratings because they can significantly affect their practices. Dr. Steinbergh stated that some of the ratings she has seen were not necessarily legitimate and the insurance companies sometimes use false data in the ratings.

Dr. Steinbergh noted that Senate Bills 79, 80, and 81 concern vaccinations performed by pharmacists and pharmacy interns. Dr. Steinbergh stated that she would like to know what the age limitation is for those vaccinations. Dr. Steinbergh also expressed concern about the level of the pharmacy interns who would be allowed to vaccinate. Mr. Miller stated that he has planned to discuss these issues with the Board of Pharmacy and will report back to the Board.

Dr. Steinbergh noted that Senate Bill 131 will require certain health professionals to complete instruction in cultural competency. Noting that this involves mandated continuing medical education, Dr. Steinbergh opined that the Board should be cautious with this bill. Mr. Miller commented that this bill has been around for several years and never seems to move beyond a hearing, if it gets a hearing. Mr. Miller noted

the Board's concern and stated that he will continue to monitor that legislation.

Dr. Steinbergh stated that Senate Bill 132 would require certain healthcare professionals to wear, when providing direct patient care, an identification badge or similar device that includes a photograph of the professional and the specific license he or she holds. Mr. Kenney agreed that making sure the patient has more information about their healthcare providers is important. Mr. Miller opined that this bill does not seem to be moving anywhere.

Mr. Haslam asked about Senate Bill 5, concerning Naloxone availability. Mr. Miller stated that the Board will be working closely with Representative Johnson on that bill. Mr. Miller noted that when the Board adopted a policy supporting this concept, a copy of the policy was sent to the sponsors of this bill. Mr. Haslam noted that the Governor is signing a bill today authorizing a Naloxone pilot program for Lorain County. Mr. Miller stated that Representative Johnson's bill, if passed, will be statewide.

Mr. Haslam noted that the legislative report includes Senate Bill 143, described as "to revise criminal law." Mr. Miller stated that this bill was recently introduced and is a few hundred pages long. Mr. Miller saw that references to Medical Board concerns were included in the bill, but he has not yet had a chance to read the legislation.

FISCAL REPORT

Ms. Loe stated that the fiscal figures for both May and June have been provided to the Board. Since June represented the end of Fiscal Year 2013, the Board can discuss year-end figures.

Ms. Loe stated that revenue is up 8% from Fiscal Year 2011; Ms. Loe noted that the Board always compares odd-numbered years to odd-numbered years, and even-numbered years to even-number years, because revenues fluctuate on that basis. Typically, odd-numbered years are lower-revenue years. Ms. Loe stated that the majority of the increase between Fiscal Year 2011 and Fiscal Year 2013 is from physician renewals. Increases in physician assistant supervision agreements, out-of-state verifications, and massage therapy renewals also contributed.

Ms. Loe noted that massage therapy renewal fees had doubled from \$50.00 to \$100.00, and some were concerned that this might discourage some renewals for those licensees who were not actively practicing massage therapy. However, 4,800 massage therapists renewed their licenses in Fiscal Year 2013, compared to 4,300 in Fiscal Year 2011.

Regarding expenses, the Board spent about \$7,900,000.00, which is more than one million dollars less than what the Board was authorized to spend. This was mostly due to an \$800,000.00 savings in personnel costs, as well as waiving the Attorney General fees. The Board spent less than half its equipment budget, and personnel services (contractors, temporary workers, etc.) were cut by over \$100,000.00. The Board finished Fiscal Year 2013 with a balance of just under \$3,000,000.00.

Mr. Haslam stated that he has been working on the budget with Ms. Loe and is uncertain why even-numbered years have significantly more revenue than odd-numbered years. Ms. Loe stated that this

fluctuation is mostly explained by the alphabetical distribution of physicians renewing their licenses. Physicians renew their licenses biannually on a schedule determined by the initial letter of their surnames, and a section of the alphabet that renews in even-numbered years is growing.

MEDICAL BOARD ANNUAL REPORT, FISCAL YEAR 2013

Ms. Wehrle provided the Board members with a working draft of the Annual Report for Fiscal Year 2013. Ms. Wehrle asked the Board members to review the report and provide any suggestions or edits. Mr. Haslam and the senior staff will work on filling in the blank values and reviewing the text, then send a pre-publication to the Board members via email.

Mr. Gonidakis asked how the Medical Board's report compares to the reports of other state medical boards. Ms. Wehrle replied that the Ohio Board's report contains much more information than is typically found in medical board annual reports. Mr. Haslam stated that before reviewing the initial draft, he looked up the annual reports from some other state medical boards. Mr. Haslam opined that the one provided today is much more impressive than what is seen in most other states.

Mr. Haslam noted that the Annual Report will not be able to be brought back to the Board before it is due.

Dr. Bechtel moved to approve the draft of the Annual Report for Fiscal Year 2013, with the understanding that edits may be made prior to filing based on comments from Board members and staff, and approved by Mr. Haslam. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

APPROVAL OF RULES

GENETIC COUNSELOR RULES

Ms. Debolt stated that the Common Sense Initiative Office had no comments or recommendations on these proposed rules, and there were no comments from the public.

Dr. Bechtel moved that the proposed Rules 4778-1-01, 4778-1-02, 4778-1-03, 4778-1-04, 4778-1-05, 4778-1-06, 4778-2-01, and 4778-2-02 be filed with the Joint Committee on Agency Rule Review for the rule-making process. Dr. Strafford seconded the motion. All members voted aye. The motion carried.

PHYSICIAN LICENSURE EXAMINATION RULES

Ms. Debolt stated that Rule 4731-6-14 is the Board's basic examination rule for physicians. The Common Sense Initiative Office has suggested, in order to reduce confusion, that the phrase "certification or recertification" be stricken and replaced by the word "certification," with the understanding that certification includes recertification.

Dr. Bechtel moved to amend proposed Rule 4731-6-14 by striking the word "recertification" in

paragraph (C)(3)(b)(1). Dr. Bechtel further moved that the proposed rule, as amended, be filed with the Joint Committee on Agency Rule Review for the rule-making process. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Ms. Debolt recommended that in Rule 4731-6-16, paragraph (G) be stricken in whole. Ms. Debolt stated that it is believed that anyone who qualifies under paragraph (G) will probably also qualify under conceded eminence. Ms. Debolt stated that paragraph (G) has only been used one time and is not a provision for licensure that is actively used.

Dr. Bechtel moved to amend proposed Rule 4731-6-16 by deleting paragraph (G). Dr. Bechtel further moved that the proposed rule, as amended, be filed with the Joint Committee on Agency Rule Review for the rule-making process. Dr. Soin seconded the motion. All members voted aye. The motion carried.

PRONOUNCEMENT OF DEATH RULE

Ms. Debolt stated that most of the proposed changes to this rule were done pursuant to statute. Physician assistants and advanced practice nurses were added to the list of those who can pronounce death, as well as those who hold a certificate of conceded eminence or a clinical research faculty certificate. Most of the comments regard the addition of physician assistants and advanced practice nurses, but the decision to include them has already been made by the legislature.

Ms. Debolt stated that the Common Sense Initiative recommends that the Board proceed with the rule amendment process, but suggested that in the future the Board contact all associations whose members are mentioned in the rule. That suggestion was made because the Board did not contact the chiropractic association about whether chiropractors should be able to pronounce death.

Dr. Sethi stated that chiropractors do not know the heart at all and asked how they can pronounce someone dead. Ms. Debolt stated that the rule, as amended, states that chiropractors can be competent observers, but are not able to pronounce death. Ms. Debolt explained that a competent observer is someone who can describe the condition of a body to a physician who is not physically present, and the physician can rely on those observations to pronounce death. Ms. Debolt noted that the list of competent observers is not being amended here and that chiropractors have been included as competent observers since the original rule was adopted in 1990.

Mr. Haslam asked if chiropractors are defined as competent observers by statute. Ms. Debolt replied that the only group of people included as competent observers by statute are coroner's investigators; all other competent observers are defined by the Medical Board through the rule promulgation process.

Dr. Steinbergh questioned why podiatrists are included on the list of those who can pronounce death, noting that their scope of practice is the foot and ankle. Ms. Debolt answered that the Medical Board added podiatrists to that list prior to filing the proposed amendments with the Common Sense Initiative Office. Dr. Steinbergh stated that she could see podiatrists acting as competent observers, but could not see them as being able to pronounce death.

The Board continued to thoroughly discuss the issues of podiatrists being able to pronounce death and chiropractors being competent observers. Dr. Ramprasad suggested that if the podiatrist and chiropractor has Advanced Cardiac Life Support (ACLS) certification, then they should be able to pronounce death and be competent observers, respectively. Dr. Sethi agreed and suggested that the rule be amended to say that those professionals listed as competent observers can only be competent observers if they have current ACLS certification, with the exception of coroner's investigators since they are included by statute. The Board agreed.

Dr. Steinbergh suggested that the rule be further amended to say that podiatrists may pronounce death only if they have current ACLS certification. The Board agreed.

Dr. Bechtel moved that the current Rule 4731-14-01 be amended as discussed. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Dr. Bechtel exited the meeting at this time.

PRESENTATION ON THE PRACTICE OF GENETIC COUNSELORS

At this time, Shawn McCandless, M.D., and Dawn Allain, C.G.C., appeared before the Board. Dr. Steinbergh thanked Dr. McCandless and Ms. Allain for agreeing to present on the topic of genetic counselors, a profession that will soon be licensed by the Medical Board. Members of the Board introduced themselves.

Dr. McCandless stated that he is a specialist in medical genetics and discussed the role of the physician geneticists compared to that of the genetic counselor. Dr. McCandless opined that one reason this is the right time to begin licensing genetic counselors is that the understanding of how genes cause human disease has become much more complicated. Consequently, the ability to articulate those complicated concepts in a way that a person dealing with a genetic disorder can understand is a very important skill. Dr. McCandless stated that genetic counselors have worked hard to develop that ability.

Dr. McCandless continued that the increasing knowledge of genetics has led to a greater ability to recognize the genetic basis of disease. For instance, it is now recognized that cancer is a genetic disorder, whether it is due to genetic changes that accumulate during a lifetime or genetic changes that occurred prior to birth or prior to conception, or any combination thereof. This has resulted in a great number of genetic tests for cancer, as well as neurological diseases, cardiovascular diseases, and other conditions. These tests are widely used today for understanding genetic predisposition or determining treatment of cancers and other conditions.

Dr. McCandless stated that genetic tests often have results that are not expected, such as a predisposition to cancer or Alzheimer's disease. Dr. McCandless stated that since this information must be shared with the patient, it is important to have medical professionals such as genetic counselors who understand the genetic tests and are trained to properly communicate the results and risks to patients with a variety of educational and intellectual backgrounds. This will become even more important as new genetic tests are being

developed at an increasing pace.

Dr. Steinbergh asked Dr. McCandless to describe the differences between a physician geneticist like himself and a Ph.D.-trained geneticist. Dr. McCandless explained that Ph.D. geneticists are laboratory directors and are not physicians who are qualified to practice medicine. Dr. McCandless stated that both medical geneticists and Ph.D. geneticists are certified by the American Board of Medical Genetics (ABMG), which is part of the American Board of Medical Specialties (ABMS).

Regarding the collaborative relationship between medical geneticists and genetic counselors, Dr. McCandless stated that physicians ask genetic counselors to provide education and counseling to patients and their families. Dr. McCandless stated that genetic counselors have special training in these areas and are usually more adept at performing these functions than the physicians. Dr. McCandless stated that genetic counselors may collaborate with a medical geneticist or with a specialty group to provide genetic expertise to the group's patients. Genetic counselors are not uncommon in oncology practices, obstetrics and gynecology practices, and even family medicine practices. Dr. McCandless opined that it would be foolish of him to try to predict where the field of genetic counseling may go as knowledge in the field grows. Dr. McCandless stated that it would be unusual today for a genetic counselor to be employed by a large multi-specialty physician group, but it may not be unusual in ten or fifteen years.

Dr. Sethi asked what safeguards are in place to ensure that patients are receiving a professional level of services from a genetic counselor. Dr. McCandless replied that genetic counselors are certified by the American Board of Genetic Counseling (ABGC), a very well-established board that follows all the guidelines of the medical professional fields in establishing appropriate credentialing and training requirements. Dr. McCandless stated that he has had the opportunity to serve on review committees for genetic counseling training programs and observed that those programs have almost more regulation than that of medical geneticists in terms of quality measures. Dr. McCandless stated that genetic counseling training programs cannot be started by individuals, but must be part of an accredited institution of higher education.

At 11:05 a.m., Mr. Taylor noted that the departure of some Board members has resulted in the loss of the Board's quorum, and therefore the meeting took a brief recess. The meeting resumed at 11:15 a.m.

Dr. Sethi asked how the practice of genetic counseling will affect the abortion rate as more tests are developed to detect the possibility of a genetic disease in an unborn child. Dr. McCandless stated that termination of pregnancy is an option that is currently legal and available in Ohio and across the United States for women carrying a child with a genetic defect. Dr. McCandless stated that no one likes the fact that some pregnancies end in abortion, but it is difficult to answer Dr. Sethi's question because it is not known where the field of genetics is heading. Dr. McCandless stated that with advances in identifying carrier conditions prior to conception, there are now more options for avoiding pregnancies that will be affected by genetic conditions. Dr. McCandless opined that there is greater potential for limiting the conception of children with genetic defects than there is to increase the demand for termination.

Dr. Sethi asked if there are any ethical behavior controls for genetic counselors to prevent them from swaying their patients' decisions regarding abortion. Dr. McCandless stated that genetic counselors have

very clear and demanding ethical standards. Dr. McCandless stated that any genetic counselor who is advocating abortion or, in some way, is pushing a person to have an abortion would be in danger of losing their certification. Ethically, genetic counselors are required by the ABGC to inform patients of all legal options in a factual manner, including informing them of the many happy families who have raised a child with the genetic defect in question, as well as options for adoption. Dr. McCandless opined that there is a misconception that geneticists and genetic counselors think that abortion is a good thing.

Mr. Gonidakis asked, with the rapid increase in autism and the many theories as to its cause, at what point are those in the field of genetics scaring couples into making decisions that probably are not the right decisions. Dr. McCandless stated that that is a compelling argument to have a well-trained, well-educated, responsible genetic counselor available to prevent or counteract much of the misinformation about genetic conditions. Regarding decisions made as a result of advancing testing technology and the ability to identify genetic traits, theoretically including such traits as sex, eye color, and athletic prowess, Dr. McCandless stated that genetic counselors will not make those decisions. Rather, society will make those decisions through public policy, regulation, and laws. Genetic counselors will serve patients by answering their questions in a factual and straight-forward manner.

Mr. Gonidakis noted that the word “propensity” or “predisposition” is often used in relation to genetic testing. Mr. Gonidakis asked how to correlate facts and science on the one hand, and words like “propensity” on the other. Dr. McCandless opined that this comes down to having a well-educated, thoughtful workforce that is able to explain complicated concepts to a family. Dr. McCandless explained that genetic counselors are trained to communicate with families and give them a realistic understanding of the risks of their situation.

At this time, Ms. Allain addressed the Board. Ms. Allain stated that she is a board-certified genetic counselor with 20 years of experience and that the field of genetic counseling is over 30 years old. Genetic counselors are masters-trained and there are currently 31 accredited training programs in the United States; Ohio State University will begin a genetic counseling program with provisional accreditation in 2014 and Ms. Allain is one of the co-directors of that program. Most programs are two-year programs with didactic coursework in medical genetics, psychology, psychosocial assessment, and clinical work. Graduates of these programs have to leave with a patient portfolio in order to sit for the national board examination.

Ms. Allain reviewed the history of the certification process for genetic counselors. Ms. Allain added that genetic counselors are currently certified by the AMGC and are recertified every five years either by examination or by having obtained a certain number of continuing education credits, as reflected in the new Ohio law.

Ms. Allain stated that genetic counselors practice in healthcare teams. Currently, about 36% of genetic counselors work in academic institutions and about 17% work in hospitals. Genetic counselors also work in diagnostic laboratories and large specialty physician groups. Ms. Allain stated that she is often asked if genetic counselors go into private practice. Ms. Allain observed that genetic counselors are now licensed in about 13 states, and only 0.5% of them are in private practice in states with large rural areas, such as Nevada and Wyoming.

Ms. Allain stated that the clinical practice settings for genetic counselors are widely varied, with cancer genetics being the largest-growing area over the last five years. Ms. Allain noted that the field of cardiovascular genetics is also growing rapidly. Ms. Allain opined that the next niche for genetic counseling will be in the field of neuroscience.

Ms. Allain continued that the role of genetic counselors is to help families navigate the complications involved in a hereditary condition, whether it is an active diagnosis or an increased risk of developing a condition. Genetic counselors use family history to provide a risk assessment and to consider diagnostic laboratory tests, in collaboration with physicians, to determine the likelihood of developing a disease. Genetic counselors also explain the natural history of the disease to the patient and what medical management they might expect to see.

Ms. Allain noted that, unlike physicians, genetic counselors have luxury of time and are often able to spend an hour to even two hours with a family to answer their questions and concerns about a genetic disorder. Ms. Allain stated that she often works with entire families.

Dr. Steinbergh asked how genetic counseling works in rural communities, where there are fewer genetic counselors and fewer physicians. Ms. Allain replied that genetic counselors work with physicians across the state and provide services via telemedicine. Also, genetic counselors staff the rural satellite clinics of large institutions.

Mr. Gonidakis stated that, to his understanding, there are companies that market genetic tests very strongly and offer kickbacks for tests and screenings when they may not be necessary. Mr. Gonidakis asked what the current relationship is between genetic counselors and the companies that produce and market these genetic tests. Ms. Allain answered that the role of the genetic counselor is to identify the best test for an individual. This involves looking at the laboratories that perform the required test, considering the sensitivity and accuracy of the test, how long the laboratory has been operating, and whether the genetic counselor trusts those who will perform the test. Ms. Allain stated that the companies do not often market directly to genetic counselors because genetic counselors already know about all the academic and commercial laboratories available.

Dr. Ramprasad asked about the role of a physician in a genetic counselor's practice. Ms. Allain responded that genetic counselors work with physicians every day and she would not be able to do her job without working with a physician. Ms. Allain stated that she goes over all her cases with the physician, including physicians who do not specialize in genetics. Ms. Allain stated that she staffs several neurology clinics and works with neurologists daily, and she has a medical geneticist if she has questions or if she thinks the patient should be seen by a medical geneticist instead of a genetic counselor.

Dr. Ramprasad stated that as a gastroenterologist, he would be uncomfortable that he could not provide the strong genetic background to be able to help a genetic counselor. Dr. Ramprasad asked about a hypothetical situation in which a physician hires a genetic counselor and then does not know what to do with those services. Ms. Allain answered that genetic counselors function on their own in developing risk assessments, determining appropriate genetic tests, and sending the patient back to the physician for medical management.

Dr. Steinbergh thanked Dr. McCandless and Ms. Allain for their informative presentation.

REPORTS BY ASSIGNED COMMITTEE

EXECUTIVE COMMITTEE'S MEETING WITH REPRESENTATIVES OF THE OHIO OSTEOPATHIC ASSOCIATION

Dr. Steinbergh stated that the Executive Committee met with the Executive Committee of the Ohio Osteopathic Association (OOA) and discussed several topics with them, including the Medical Board's budget issues, the Ohio Automated Rx Reporting System (OARRS), the patient home model, and physician reentry to the workplace. The OOA also informed the Executive Committee that the Ohio University Heritage College of Osteopathic Medicine is developing a health policy fellowship.

Dr. Steinbergh stated that most of the discussion focused on pain clinics, opiate prescribing guidelines and how they affect community-based physicians, and access to pain management overall. The OOA expressed concern that primary care physicians could expose themselves to inappropriate prescribing and disciplinary by the Board. Also of great concern was the increase in heroin use in Ohio. The OOA and the Executive Committee discussed the best ways to handle chronic pain management and the need to educate both physicians and patients in these areas. The OOA and the Executive Committee agreed to continue this discussion in the future.

POSSIBLE VISIT FROM THE FEDERATION OF STATE MEDICAL BOARDS

Dr. Steinbergh stated that she had received a phone call from Hank Chaudhry, D.O., President and CEO of the Federation of State Medical Boards (FSMB). Dr. Chaudhry had asked if there will be a good time for the FSMB to visit the State Medical Board of Ohio. At that time, Dr. Steinbergh had replied that she would discuss this with the rest of the Board.

Dr. Steinbergh noted that the Board's schedule is quite full in the coming months, but November may be a good time to entertain such a visit. The purpose of the visit would be to introduce the FSMB to the new Board members and to get a sense of where Ohio is at this time. Dr. Steinbergh stated that the Ohio Medical Board has always been a nationally-recognized board and active in FSMB functions, noting the Dr. Talmage recently completed his one-year chairmanship of the FSMB and continues to participate in FSMB activities. Dr. Steinbergh stated that she has served for several years on the FSMB Bylaws Committee and is currently the chair of that committee. Dr. Steinbergh stated that, if the Board agrees to a November visit, it would entail one or two people from the FSMB making a presentation to the Board on Thursday morning.

Dr. Strafford stated that he once had a very positive view of the FSMB, but this has diminished somewhat because they seem to be selling their products to medical boards. Dr. Strafford noted that he has participated in FSMB committee work in the past and opined that the FSMB's publications are excellent. Dr. Strafford opined that FSMB now seems driven toward Maintenance of Licensure (MOL) in disproportion to the mood for it, especially in Ohio. Dr. Strafford stated that if the FSMB makes a visit, he

would like to see discussion of telemedicine, the push for national licensure, and collaborative opportunities. Dr. Steinbergh stated that Dr. Chaudhry is aware that the Ohio Board would not be interested in discussing MOL. Dr. Steinbergh stated that another possible topic is Ohio's new expedited licensure process and how it affects the Federation Credentials Verification Service (FCVS).

Dr. Ramprasad stated that he would like the FSMB to address the issue of physicians on probation and the problems they encounter with insurance companies and their specialty certification boards. Dr. Steinbergh agreed and opined that physicians should not lose their specialty certification just because they are on probation with the Medical Board.

After further discussion, the Board was in agreement that the FSMB should make a visit with a limited agenda. Dr. Steinbergh stated that she will consult with Mr. Haslam as to scheduling details.

LICENSURE APPLICATION REVIEWS

CURTIS MORRISON, M.D.

Dr. Ramprasad stated that Dr. Morrison has applied for restoration of his Ohio medical license. Dr. Ramprasad stated that Dr. Morrison became board-certified in internal medicine and cardiovascular disease in 1997, but stopped practicing in 2001. Dr. Morrison obtained a Master of Business Administration degree in 2008 and began his own asset management company. Dr. Morrison recently passed his specialty board recertification examination. The Group 1 Committee recommends approving Dr. Morrison's application. Dr. Soin noted that Dr. Morrison's scores on his recertification examination were very high, scoring in the top decile.

Dr. Soin moved to approve Dr. Morrison's application for license restoration as presented. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

RAO KILARU, M.D.

Dr. Ramprasad stated that Dr. Kilaru has applied for an Ohio medical license. Dr. Kilaru graduated from medical school in India in 1976 and trained in Cleveland from 1976 to 1977. Dr. Kilaru has only one year of post-graduate medical education, but has practiced medicine for 36 years. Further, Dr. Kilaru is board-certified in emergency medicine and his certification is good until 2017. The Group 1 Committee

recommends approving Dr. Kilaru's request to deem his 36 years of practice and clinical experience to be equivalent to 24 months of graduate medical education.

Dr. Soin moved to deem Dr. Kilaru's 36 years of practice and his clinical experience to be equivalent to 24 months of graduate medical education through the second-year level so that he may be granted a license. Dr. Strafford seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

CLINICAL RESEARCH FACULTY CERTIFICATE APPLICATION REVIEWS

BENJAMIN MEDALION, M.D.

Dr. Ramprasad stated that Dr. Medalion is a well-qualified physician who has performed heart transplants and lung transplants in Israel. Dr. Medalion also completed a two-year fellowship at the Cleveland Clinic. Dr. Medalion has been offered a position in Ohio. The Group 1 Committee recommended approving Dr. Medalion's application.

Dr. Ramprasad moved to approve Dr. Medalion's application for a Clinical Research Faculty Certificate. Dr. Sethi seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

CLAUDIO LEO GELAPE, M.D.

Dr. Ramprasad stated that Dr. Gelape is from Brazil and is well-qualified in cardiothoracic surgery and transplant surgery. The Group 1 Committee recommended approving Dr. Gelape's application for a Clinical Research Faculty Certificate.

Dr. Strafford moved to approve Dr. Gelape's application for a Clinical Research Faculty Certificate. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion carried.

ACCOMMODATION REQUEST

DAVID ROSENBLUM, M.D.

Dr. Ramprasad stated that the Group 1 Committee was evenly divided on this matter, and therefore made no recommendation to the Board. Dr. Rosenblum is requesting to take the computer-based United States Medical Licensing Examination (USMLE) Step III with special accommodations under the Americans with Disabilities Act of 1990 due to his diagnosis of Attention Deficient Hyperactivity Disorder (ADHD). Dr. Rosenblum requests to have one-and-a-half times the normal time allotted and to take the test in isolation. Dr. Ramprasad noted that Dr. Rosenblum passed Steps I and II of the USMLE with no accommodations, though he had some difficulties. The National Board of Medical Examiners opined that Dr. Rosenblum should be given the accommodations.

Mr. Kenney stated that he had opposed granting the accommodations in committee. One reason for Mr. Kenney's opposition is the fact that Dr. Rosenblum passed the first two steps of the USMLE within the normal time allotted. Another reason was Mr. Kenney's concern about how Dr. Rosenblum will practice medicine in stressful situations, such as an emergency department, if he cannot concentrate enough to pass Step III within a certain amount of time.

Dr. Steinbergh spoke in support of Dr. Rosenblum's request. Dr. Steinbergh stated that individuals with ADHD and similar diagnoses frequently have difficulty in testing situations and in focusing on reading, but are able to focus completely on something that is meaningful to them. Dr. Steinbergh opined that it would be appropriate to accommodate Dr. Rosenblum for the testing situation. Dr. Steinbergh stated that Dr. Rosenblum's ability to focus when working will be evaluated in his residency training.

Responding to inquiries, Ms. Rieve stated that Dr. Rosenblum did ultimately pass Steps I and II of the USMLE with no accommodations, but initially failed one of those tests once and the other one twice. Mr. Kenney opined that the Board should let Dr. Rosenblum to take Step III with no accommodations and see what happens.

Dr. Strafford moved to approve Dr. Rosenblum's request for accommodations during the administration of Step III of the USMLE. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- nay
	Dr. Soin	- nay
	Dr. Ramprasad	- aye
	Dr. Steinbergh	- aye
	Dr. Sethi	- aye
	Mr. Kenney	- nay
	Mr. Gonidakis	- nay

The motion did not carry.

Mr. Kenney noted that he himself has Attention Deficit Disorder, and therefore he is familiar with similar conditions. Mr. Kenney acknowledged that he has been successful despite his diagnosis, but also noted that he is not a physician.

Mr. Kenney moved to deny Dr. Rosenblum's request for accommodations in the administration of Step III of the USMLE. Dr. Strafford seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Soin	- aye
	Dr. Ramprasad	- nay
	Dr. Steinbergh	- nay
	Dr. Sethi	- nay
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

The motion to deny carried.

REVISIONS TO GENETIC COUNSELOR APPLICATIONS

Mr. Miller stated that the Board has two separate applications for genetic counselors; one for a full certificate and one for the supervised practice plan. Mr. Miller presented a draft application combining those into one application.

Dr. Strafford moved to approve the draft genetic counselor license application. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

PODIATRIC MEDICINE SCOPE OF PRACTICE INQUIRY

Dr. Steinbergh stated that the Group 2 Committee was unable to come to a decision on this matter. Therefore, it was referred to the Board for discussion purposes. Dr. Steinbergh asked to table this discussion, noting the lateness of the day and the time the discussion is likely to consume.

Dr. Strafford moved to table this topic. Dr. Soin seconded the motion. All members voted aye. The motion carried.

ANESTHESIOLOGIST ASSISTANT RULES

Ms. Debolt stated that Rules 4731-24-01, 4731-24-02, 4731-24-03, and 4731-24-04 are due for their five-year review. Ms. Debolt recommended that Rules 4731-24-01, 4731-24-02, and 4731-24-03 be filed with no changes, as there is no indication of any problems with these rules. Ms. Debolt recommended that Rule 4731-24-01 be rescinded, noting that the first paragraph has been ruled unconstitutional by the Ohio Supreme Court and the rest of the rule is already in the Ohio Revised Code.

Dr. Soin moved the Rules 4731-24-01, 4731-24-02, and 4731-24-03 be filed with the Joint Committee on Agency Rule Review as “no change” rules. Dr. Soin further moved that Rule 4731-24-04 be filed with the Common Sense Initiatives Office as a rule proposed to be rescinded. Dr. Ramprasad seconded the motion. All members voted aye. The motion carried.

PHYSICIAN ASSISTANT MATTERS

REVIEW CHANGE TO FORMULARY

Dr. Steinbergh stated that there had been a question about Invokana, which is recommended for addition to the physician assistant formulary as a physician-initiated medication. It was felt that Invokana should be physician-initiated due to possible significant side-effects.

Dr. Strafford moved to approve Invokana for the physician assistant formulary as a physician-initiated medication. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh stated that the Physician Assistant Policy Committee also discussed the medications Lincess and Qsymia. Dr. Steinbergh noted that Lincess is already in the physician assistant formulary in the laxative category, while Qsymia is a weight-loss medication and therefore cannot be prescribed by physician assistants.

SPECIAL SERVICES APPLICATION REVIEW

BRUCE RANK, M.D.

Dr. Steinbergh stated that this special services application for sclerotherapy will utilize 80% onsite supervision and 20% direct supervision, which represented 100% onsite supervision. The physician assistant will observe 25 cases and then will perform 25 cases while being observed by the supervising physician. The Group 2 Committee recommended approving this application.

Dr. Soin moved to approve the special services application of Bruce Rank, M.D. Dr. Ramprasad seconded the motion.

Dr. Steinbergh stated that she will now entertain discussion in the above matter.

Dr. Sethi stated that sclerotherapy can have significant complications and expressed concern about the procedure being performed by a physician assistant. Dr. Steinbergh noted that the Medical Board began approving this procedure for physician assistants in 2002 following a great deal of discussion about the procedure and safety. Dr. Steinbergh stated that historically, sclerotherapy has been approved with 100% onsite supervision. Dr. Steinbergh further noted that the plan calls for direct supervision in 20% of cases after training is complete. Dr. Steinbergh stated that the Board's feeling has been that the physician assistant will be properly trained under the plan and that the supervising physician takes responsibility for patient care and any complications.

Dr. Sethi asked what insurance would cover liability for the procedure. Dr. Steinbergh replied that the physician assistant will have liability insurance.

A vote was taken on Dr. Soin's motion to approve. All members voted aye, except Dr. Sethi, who voted no. The motion carried.

RULES REVIEW

Ms. Debolt stated that the proposed amendment to Rule 4730-1-07, if adopted, will stipulated that the physician rules for prescribing controlled substances also apply to physician assistants, with the exception of the Ohio Automated Rx Reporting System (OARRS) rule. Ms. Debolt stated that the OARRS requirements regarding physician assistants have already been approved in a separate rule.

Dr. Strafford moved to approve the proposed amendment to Rule 4730-1-07. Dr. Strafford further moved that the proposed amended rule be filed with the Common Sense Initiatives Office. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Ms. Debolt stated that, due to recent changes in legislation, the physician assistant formulary no longer needs to be defined in the Board's rules. Ms. Debolt proposed that the Board rescind Appendix A of Rule 4730-2-06, which contains the physician assistant formulary.

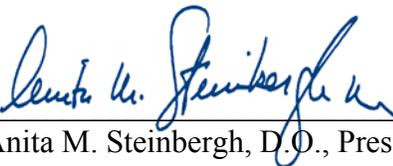
Ms. Debolt also recommended further amendments to Rule 4730-2-06. Specifically, Ms. Debolt recommended striking the portion of the rule that says that physician assistants cannot prescribe Schedule II controlled substances, since that has be superseded by recent legislation. Also, Ms. Debolt stated that the current rule states that a drug cannot be prescribed by physician assistants until the drug is added to the formulary. However, Ms. Debolt pointed out that the physician assistant formulary lists classifications of drugs, not the names of specific drugs. Ms. Debolt suggested that for clarification purposes, this portion of the Rule 4730-2-06 be amended to read as follows: "A drug for which the classification is not included on the formulary shall not be prescribed by a physician assistant until it is reviewed and added to the formulary."

Dr. Strafford moved to approve the proposed amendments to Rule 4730-2-06, Ohio Administrative

Code. Dr. Strafford further moved that the proposed amended rule be filed with the Common Sense Initiative. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Thereupon at 12:40 p.m., the July 11, 2013, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Steinbergh.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on July 10-11, 2013, as approved on August 14, 2013.


Anita M. Steinbergh, D.O., President


J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)

