

January 8, 2014

MINUTES**THE STATE MEDICAL BOARD OF OHIO****January 8, 2014**

Krishnamurthi Ramprasad, M.D., President, called the meeting to order at 1:00 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: Lance A. Talmage, M.D., Vice-President; 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.; Sushil M. Sethi, M.D.; Bruce R. Saferin, D.P.M.; and Robert P. Giacalone.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Assistant Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Michael Miller, Assistant Executive Director for Licensure and Renewal; Sallie J. Debolt, General Counsel; David Katko, Assistant Legal Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; K. Randy Beck, Interim Chief of Investigations; John Woolwine, Investigator Supervisor; Michael Giar and Marcia Barnett, Investigators; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Karen Mortland, Mark Blackmer, Angela McNair; and Cheryl Pokorny, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and Heidi Dorn, Assistant Attorneys General; Gregory Porter, Interim Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones and Angela Moore, Compliance Officers; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; Christine Schwartz, Enforcement Intern; and Benton Taylor, Executive Assistant to the Executive Director.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the December 11-12, 2013, Board meeting, as written. Dr. Sethi seconded the motion. All members voted aye. The motion carried.

EXECUTIVE SESSION

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

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

Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- 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, Mr. Miller, Ms. Loe, Ms. Debolt, Mr. Katko, Ms. Wehrle, Mr. Schmidt, Mr. Beck, Mr. Woolwine, the Investigators, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Rieve, Ms. Jacobs, Ms. Moore, Ms. Brooks, Ms. Schwartz, and Mr. Taylor in attendance.

The Board returned to public session.

APPLICANTS FOR LICENSURE

Dr. Steinbergh 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," and the acupuncturist applicants listed in Exhibit "D." Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Ramprasad 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: Stanley Beekman, L.M.T., D.P.M.; Käri Jeanette Rouzer; and Somnath D. Roy, M.D.

A roll call was taken:

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

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

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

Dr. Ramprasad 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 matters before the Board today, Dr. Strafford served as Secretary and Dr. Bechtel served as Supervising Member. Dr. Ramprasad noted that Dr. Talmage also served as Secretary and/or Acting Supervising Member on the cases of Stanley Beekman, L.M.T., D.P.M., and Somnath D. Roy, M.D.

Dr. Ramprasad 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.

STANLEY BEEKMAN, L.M.T., D.P.M., Case No. 13-CRF-063

Dr. Ramprasad directed the Board's attention to the matter of Stanley Beekman, L.M.T., D.P.M. Objections have been filed and were previously distributed to Board members. Ms. Shamansky was the Hearing Examiner.

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

Dr. Beekman was represented by his attorney, Colin Jennings.

Mr. Jennings stated that he will reserve most of the allotted time to Dr. Beekman so he can explain his conviction. Mr. Jennings noted that two of the three charges against Dr. Beekman were dismissed, and the remaining charge was a felony not related to Dr. Beekman's practice of medicine. Mr. Jennings asked the Board to impose the minimum discipline for this infraction under the Board's disciplinary guidelines, which is a 30-day suspension.

Dr. Beekman stated that he has been practicing podiatry since 1978 and it is an honor for him to help eliminate pain. Dr. Beekman stated that he holds high standards of care and integrity and that he has never appeared before the Board in his career.

Dr. Beekman stated that he made a terrible mistake nine years ago by entering into an investment that, unknown to him, was a fraud. Dr. Beekman described himself as the victim of a predator. Dr. Beekman stated that he made a mistake and he accepts responsibility for his actions. Dr. Beekman noted that, as part of his plea agreement, the government acknowledged that Dr. Beekman's role in the scheme was minor. Dr. Beekman stated that he attempted to correct the situation by using his own money to complete the properties in question and arranging short sales. Dr. Beekman stated that he spent his life savings, about \$200,000.00, on this and will be making restitution to the bank for the rest of his life. Dr. Beekman explained that this situation resulted from the actions of a financial predator and were not intentional on his part.

Dr. Beekman continued that a suspension of his license will result in patients not receiving the care they need. Dr. Beekman noted that one patient in particular may require a partial amputation and has no faith in any other physician but himself. Dr. Beekman stated that a suspension will also result in the loss of his hospital privileges, his exclusion from insurance panels, and would be devastating to his practice. Dr. Beekman stated that if his license is suspended, he will not be able to serve his patients or make restitution to the courts. Dr. Beekman lamented that because of this situation, his children are now from a broken home and he has brought shame upon himself.

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

Ms. Dorn stated that she agrees with the Hearing Examiner's Report and Recommendation. Ms. Dorn noted that at its December 2013 meeting, the Board approved a Consent Agreement which imposed the

same discipline for another practitioner related to this matter; Ms. Dorn noted that the facts of that case were identical to that of Dr. Beekman's and opined that the two practitioners deserve the same sanction. Ms. Dorn stated that, although Dr. Beekman seems genuinely remorseful, it is inexcusable that he allowed fraud to be perpetrated on a federal lending institution by allowing the use of his good name. Ms. Dorn stated that the crime of fraud is serious and felt that the recommended 90-day suspension is appropriate.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Stanley Beekman, L.M.T., D.P.M. Dr. Saferin seconded the motion.

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

Mr. Kenney stated that Dr. Beekman was convicted in U.S. District Court of one count of Conspiracy to Commit Bank Fraud, False Statements to Influence a Bank to Make a Loan, Mail Fraud, and Wire Fraud. Mr. Kenney noted that, although the Board's disciplinary guidelines stipulate that the minimum discipline for such a conviction should be a suspension of 30 days, the Board is not bound by the disciplinary guidelines in its final decision.

Mr. Kenney stated that Dr. Beekman's attorney is asking for a 30-day suspension because the recommended 90-day suspension would jeopardize Dr. Beekman's patient care, hospital privileges, and provider contracts. However, Mr. Kenney stated that no evidence has been presented that a 30-day suspension wouldn't have the same negative effects of a 90-day suspension.

Mr. Kenney continued that Dr. Beekman allowed his partner, Jack Coppenger, to use his name to prepare fraudulent documents for banks to obtain loans for housing construction. Mr. Coppenger ultimately abandoned this construction. Dr. Beekman attempted to cover the loans, but eventually stopped making payments. Mr. Kenney opined that it is not the place of the Medical Board to understand Dr. Beekman's abilities as a businessman.

Mr. Kenney stated that Dr. Beekman's criminal activity has greatly affected his personal life, family relationships, and financial well-being. Mr. Kenney stated that Dr. Beekman's attorney, Mr. Jennings, suggests a reduction in the recommended 90-day suspension of Dr. Beekman's licenses. Mr. Kenney agreed, but not for any of the reasons suggested by Mr. Jennings. Mr. Kenney opined that the punishment given by the courts is appropriate for Dr. Beekman's fraudulent misconduct. Mr. Kenney felt that, although Dr. Beekman has shown a lack of good judgment in his business activities, there is no evidence that his patients have suffered from any of these activities. Mr. Kenney suggested that placing Dr. Beekman under the recommended probationary terms, with no suspension of his licenses, would be appropriate.

Mr. Kenney moved to amend the Proposed Order to eliminate the suspension of Dr. Beekman's licenses to practice podiatric medicine and massage therapy, leaving the minimum three-year probation and probationary terms intact. Mr. Gonidakis seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Steinbergh agreed that Dr. Beekman's criminal actions did not occur in the course of his practice of podiatric medicine. Dr. Steinbergh suspected that Dr. Beekman had good intentions when he entered into the investment, but he made improper ethical decisions when he began lying to the banks. Dr. Steinbergh opined that such ethical decisions by a physician do affect patient care and are threatening Dr. Beekman's ability to practice as a podiatrist. Dr. Steinbergh stated that she does not agree with the argument that a suspension will affect patient care. Dr. Steinbergh expressed sympathy for the family that Dr. Beekman has devastated, but noted that the Medical Board has often taken action against physicians knowing that families will suffer adverse effects. Dr. Steinbergh stated that disciplined physicians are sometimes obligated to obtain other kinds of employment to support their families.

Dr. Steinbergh opined that Dr. Beekman's actions are not egregious enough to consider revocation of his licenses, but she felt that a suspension is in order. Dr. Steinbergh suggested that a 30-day suspension of Dr. Beekman's licenses would be more appropriate than a 90-day suspension.

Mr. Gonidakis spoke in support of Mr. Kenney's proposed amendment, asking what the Board will accomplish by imposing a 30-day suspension. Mr. Gonidakis stated that if the proposed amendment is accepted, Dr. Beekman will still be under probationary terms for three years and will be required to take ethics courses. Mr. Gonidakis stated that Dr. Beekman has a stellar record in the practice of podiatric medicine and opined that there is no real reason to suspend his license.

Mr. Giacalone asked for more information regarding the related case referenced by Ms. Dorn. Ms. Marshall stated that the related case involved a practitioner who was involved in the same scheme with Dr. Beekman as a straw buyer. The other practitioner entered into a Consent Agreement which included an indefinite suspension of his license for 90 days and other conditions similar to the Proposed Order in Dr. Beekman's case. Mr. Giacalone asked if the other practitioner had cooperated with the courts and the Justice Department. Ms. Marshall could not definitively answer Mr. Giacalone's question, but noted that the practitioner admitted to the factual allegations in the citation, which were essentially the same as in Dr. Beekman's citation.

Dr. Ramprasad stated that he agrees with Mr. Kenney that Dr. Beekman's actions were not related to patient care. Dr. Ramprasad commented that physicians tend to be very poor businessmen and are particularly vulnerable to being taken advantage of in this fashion. Dr. Steinbergh disagreed with that statement.

Ms. Debolt pointed out that under Mr. Kenney's proposed amendment, the requirement that Dr. Beekman take ethics courses would be removed because that was related to the suspension. Mr. Kenney opined that it would be important for Dr. Beekman take the ethics courses. Dr. Ramprasad suggested that this topic be tabled so that an amended order addressing Mr. Kenney's concerns can be properly drafted.

Dr. Steinbergh moved to table this topic. Mr. Gonidakis seconded the motion. All members voted aye. The motion to table carried.

Dr. Ramprasad directed the Board's attention to the matter of Kären Jeanette Rouzer. He advised that no objections were filed. Ms. Shamansky was the Hearing Examiner. Dr. Ramprasad noted that this matter is non-disciplinary in nature, and therefore all Board members may vote.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Kären Jeanette Rouzer. Dr. Saferin seconded the motion.

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

Dr. Saferin stated that Ms. Rouzer graduated from Carlson College of Massage Therapy in Anamosa, Iowa, in December 2012. In April 2013, Ms. Rouzer applied for a license to practice massage therapy in Ohio. Ms. Rouzer and Carlson College have provided information on Ms. Rouzer's course of instruction, which involved 775 clock hours of instruction over a nine-month course. Ms. Rouzer has opined that her course of instruction meets Ohio's requirements for licensure.

Dr. Saferin continued that Section 4731.19, Ohio Revised Code, requires an applicant for a massage therapy license to fulfill one of the following requirements: Hold a diploma or certificate from a school, college, or institution in good standing with the Board; hold a diploma or certificate from a school, college, or institution in another state or jurisdiction showing completion of a course of instruction that meets the course requirements as determined by the Board's rules; or hold a current license, registration, or certificate in good standing in another state for massage therapy or cosmetic therapy for the preceding five years.

Dr. Saferin stated that Ms. Rieve, the Board's Administrative Officer, thoroughly reviewed Ms. Rouzer's application and determined that she does not meet the Board's requirements for licensure. Specifically, Ms. Rouzer does not hold a license to practice massage therapy or cosmetic therapy in any other state; Carlson College is not an approved school in good standing with the State Medical Board of Ohio; and Ms. Rouzer's course of instruction does not meet the Board's requirements for number of hours of instruction in specific areas.

Since Ms. Rouzer does not meet any of the requirements set forth by the Board for licensure as a massage therapist, Dr. Saferin supported the Proposed Order to deny Ms. Rouzer's application. Dr. Steinbergh agreed with Dr. Saferin.

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

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

Mr. Kenney - aye
Mr. Gonidakis - aye
Mr. Giacalone - aye

The motion to approve carried.

SOMNATH D. ROY, M.D., Case No. 12-CRF-149

Dr. Ramprasad directed the Board's attention to the matter of Somnath D. Roy, M.D. Objections have been filed and were previously distributed to Board members. Mr. Porter was the Hearing Examiner.

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

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

Ms. Collis stated that in December 2012, the Board automatically suspended Dr. Roy's medical license due to a criminal conviction based on allegations from 2007. Ms. Collis stated that the Board will not retry that criminal case, but felt that it is important for the Board to understand all of the facts of this case so that it can best determine the appropriate action. Ms. Collis stated that at Dr. Roy's hearing, she attempted to introduce a report from Dr. Levine, a well-known psychiatrist whose services have been utilized by the Board many times in the past. However, Dr. Levine's report was rejected and he was not permitted to testify. Ms. Collis later proffered Dr. Levine's report and it was again rejected. Ms. Collis asked the Board to review Dr. Levine's report before making a decision that will forever change the course of Dr. Roy's life.

Ms. Collis continued that many factors should be considered by the Board, including significant cultural and language differences. Although the Hearing Examiner believed that Dr. Roy was evasive in some of his responses to questions posed by both the Board's attorney and by herself, Ms. Collis stated that it is important to note that English is Dr. Roy's fifth language. Ms. Collis stated that Dr. Levine's report addresses other relevant cultural differences. In addition, although the Hearing Examiner questioned the credibility of the office manager, Ms. Collis noted that the office manager had not worked with Dr. Roy since 2010 when she was fired by Dr. Roy, and that she had no incentive to lie for Dr. Roy. Ms. Collis stated that by all accounts, Dr. Roy stopped doing breast examinations in 2004, three years prior to these allegations. Ms. Collis also noted that both women who filed allegations against Dr. Roy brought million-dollar lawsuits against him when the criminal courts would not pursue the case. The criminal case sat pending in Lorain County for five years before the prosecutor took any action. Ms. Collis stated that key witnesses, including former Medical Board member Dr. Mahajan and many of Dr. Roy's staff and employees, were listed as defense witnesses, but were never called to testify in the criminal case by Dr. Roy's defense counsel.

Ms. Collis stated that Dr. Roy is a credible witness and his account of these events has never changed from 2007 to the present time. Ms. Collis stated that Dr. Roy may be a poor businessman, but he is an honest, hard-working physician who is well-respected by his colleagues, patients, and staff, many of whom are

present in the meeting today on Dr. Roy's behalf. Ms. Collis asked the Board to impose a suspension that would allow Dr. Roy to return to the practice of medicine at some point in the future.

Dr. Roy stated that he has been a physician for 20 years and this is the first time he has ever appeared before this Board. Dr. Roy denied ever touching any employee or patient in any inappropriate manner. Dr. Roy stated that, unfortunately, medical schools do not provide proper training on how to run a business or the risks associated with that. Dr. Roy stated that he never performed background checks on his employees, trusting that if they seemed nice and worked hard then he could train them. Dr. Roy now realizes that this was inadequate.

Dr. Roy stated that in 2007, he needed to hire an office assistant urgently to replace a departing assistant. Dr. Roy interviewed the first candidate and offered her the job. That person worked for two days, then called and said that she would not be returning to work due to comments he had made to her. Dr. Roy was surprised by this development.

Dr. Roy continued that during this time, he was contacted by a second candidate who urgently wanted an interview. When Dr. Roy returned her call at the end of the work day, she asked to be interviewed that day. Dr. Roy stated that he granted her persistent requests, even though he was alone in the office. Dr. Roy stated that he now realizes this was poor judgment on his part. After a 15-minute interview, Dr. Roy offered her the job and expected her to start in a few days. The next day, she called and accused Dr. Roy of touching her inappropriately during the interview. Dr. Roy stated that he was shocked by this call. When the police asked Dr. Roy to go to the police station, he went without counsel because he knew he had done nothing wrong.

Dr. Roy stated that a few months later, he was sued for millions of dollars by these two job applicants.

Dr. Roy asked the Board to understand the price that he, his wife, his three children, and his patients have paid because he was helping someone in need. Dr. Roy stated that his innocent children should be able to attend the college of their dreams, but now will not be able to. Dr. Roy stated that he did not receive a fair trial and, even though he has no training in the legal profession, he recognized irregularities during the proceedings. Dr. Roy stated that witnesses on his behalf were not called to testify and he never had a chance to present his side of the story. Dr. Roy stated that, despite many inconsistencies in the statements provided by witnesses, the judge found Dr. Roy guilty. Dr. Roy noted that his version of the events has never changed.

Dr. Roy stated that he continued to practice medicine from 2007 until his Automatic Suspension in 2012. Dr. Roy stated that, despite negative publicity, he never lost any patients, never had another complaint, and his practice continued to grow during that time. Dr. Roy stated that he works hard for his patients and would never do anything to harm anyone. Dr. Roy asked the Board to allow him to continue practicing medicine.

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

Mr. Wilcox emphasized that Dr. Roy was tried in the Lorain County Court of Common Pleas and was found guilty. Mr. Wilcox stated that the trial applied the “beyond a reasonable doubt” standard, which is a much higher standard than what is used by the Medical Board. Mr. Wilcox also noted that according to the Board’s Rule 4731-13-24, someone being found guilty or pleading guilty in a criminal trial is conclusive proof of the elements of the crime. Mr. Wilcox stated that the Board is not here today to discuss whether the allegations against Dr. Roy are true, because they have already been proven true beyond a reasonable doubt in a court of law.

Mr. Wilcox noted that Dr. Roy has been designated a Tier 1 Sex Offender, which is warranted in Mr. Wilcox’s opinion. Mr. Wilcox stated that Dr. Roy engaged in a pattern of predatory behavior in which he exploited his position of power to satisfy his interest in viewing or touching these women in an inappropriate sexual manner. Mr. Wilcox pointed out that these events were in the course of Dr. Roy’s medical practice; two of the individuals were Dr. Roy’s patients, while the other two were applicants for jobs in Dr. Roy’s office. Mr. Wilcox particularly noted the two job applicants, who Dr. Roy saw alone in his office after business hours when no one less was around.

Mr. Wilcox opined that Dr. Roy has lost any ability to be trusted with a medical license in Ohio. Mr. Wilcox stated that through his predatory behavior, Dr. Roy has essentially forfeited his right to practice medicine. Mr. Wilcox agreed with the Hearing Examiner’s analysis of Dr. Roy’s credibility during his hearing and opined that his attempt to explain that he was somehow training the two job applicants is simply an excuse to cover up his predatory behavior.

Mr. Wilcox stated that Dr. Roy had a trial in Lorain County, had witnesses testify on his behalf, and was found guilty. Mr. Wilcox stated that this case does not represent a miscarriage of justice. Mr. Wilcox stated that Dr. Roy has been adjudicated a sex offender by a court, and therefore, as a Tier 1 sex offender, should never practice medicine in Ohio again.

Dr. Steinbergh moved to approve and confirm Mr. Porter’s Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Somnath D. Roy, M.D. Dr. Saferin seconded the motion.

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

Dr. Steinbergh stated that she agrees with Mr. Wilcox’s approach to this case. Dr. Steinbergh noted that in the objections to the Hearing Examiner’s Report and Recommendation, Dr. Roy’s attorney stated that Dr. Roy was found guilty by one judge without a jury. However, Dr. Steinbergh stated that Dr. Roy waived his right to a jury trial and chose to be tried before a judge. Dr. Steinbergh stated that Dr. Roy was convicted in November 2012 on four counts of gross sexual imposition and other charges. Dr. Roy was designated a Tier 1 sexual offender, will be under community control for three years, and was fined by the court.

Dr. Steinbergh believed that Dr. Roy, in fact, did what had been alleged. Dr. Steinbergh stated that the concept that a physician would interview a prospective employee with the types of questions Dr. Roy asked, including the amount that one applicant owed on her Victoria’s Secret credit card, and to examine applicants physically as a demonstration of how the potential employee would be expected to assess a

patient, were absolutely inappropriate.

Dr. Steinbergh noted that during Dr. Roy's criminal case, the prosecutor spoke of instances when a person with no prior record comes before the court and appears to be a fine, upstanding citizen, and yet they commit horrible sexual offenses. The prosecutor stated that often in such cases, people come forward on the defendant's behalf because they cannot believe it can be true. This is because the face that has been shown to the public is much different than the one that commits such crimes. Dr. Steinbergh opined that this aptly described this case.

Dr. Steinbergh noted that Dr. Roy's criminal case is currently on appeal. Dr. Steinbergh pointed out that under the Medical Practices Act, if a permanent revocation of license is based upon a conviction which is later overturned, then the practitioner may petition the Board for reconsideration of the matter and the practitioner's license may possibly be reinstated.

Dr. Steinbergh agreed with the Hearing Examiner's Findings of Fact, Conclusions of Law, and the Proposed Order to permanently revoke Dr. Roy's medical license.

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

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

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Ramprasad 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. Ramprasad stated that the matters of Ms. Lanzaretta and Dr. Nawabi are non-disciplinary in nature, and therefore all Board members may vote in those matters.

Dr. Ramprasad asked Ms. Debolt to briefly explain why the Board must be very detailed in its review of Findings, Orders, and Journal Entries. Ms. Debolt stated that a Board action taken in the 1990's led to a court ruling which stated that due process of law requires that there be a review of the evidence before the

Board issues an Order, even if the respondent does not request a hearing. A provision of the law allows the Medical Board to forego a hearing if one is not requested, but the requirement to review all relevant evidence remains. The Findings, Orders, and Journal Entries are compiled by the Board's staff so that the Board can review the evidence in the absence of a hearing before the Board makes its decision.

COLLEEN A. LANZARETTA, M.T., Case No. 13-CRF-087

Dr. Saferin moved to find that the allegations as set forth in the November 18, 2013 Notice in the matter of Ms. Lanzaretta 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 Ohio, provided that she takes and passes the Massage and Bodywork Licensing Examination (MBLEX) with six months of November 18, 2013. Dr. Soin seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Sethi stated that on November 18, 2013, the Board notified Ms. Lanzaretta that it proposed to approve her application for restoration of her license to practice massage therapy in Ohio, provided she takes and passes the MBLEX examination since she has not practiced massage therapy for over two years.

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

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

The motion carried.

NASEH NAWABI, M.D., Case No. 13-CRF-112

Dr. Steinbergh moved to find that the allegations as set forth in the November 14, 2013 Notice in the matter of Dr. Nawabi 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 medicine and surgery in Ohio. Dr. Saferin seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Talmage stated that Dr. Nawabi took and passed all three steps of the United States Medical Licensing Examination (USMLE), but did not do so within a 10-year period. Dr. Talmage noted that Dr. Nawabi failed Step 3 of the USMLE, which tests readiness for independent practice, nine times before passing it. The Board's rules stipulate that failing any step of the USMLE more than five times is grounds for denying licensure.

Dr. Talmage stated that, because of Dr. Nawabi's failure to pass all three steps of the USMLE within 10 years and the fact that he had more than five failures on a very critical portion of that test, he supports the motion to deny Dr. Nawabi's application for licensure.

Dr. Ramprasad noted that Dr. Nawabi trained at Cedars-Sinai Medical Center in Los Angeles, a very good facility. Dr. Ramprasad also speculated that the reason Dr. Nawabi failed Step 3 of the USMLE so many times was because he is a clinical pathologist, not a clinician. However, Dr. Ramprasad agreed that the Board's rules must be followed and an exception cannot be granted because Dr. Nawabi is not board-certified. Dr. Ramprasad stated that Dr. Nawabi is from Afghanistan and seems to have worked his way up in his profession. Dr. Sethi commented that he has been to Afghanistan twice and observed that medical education is greatly lacking there due to the war.

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

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

The motion carried.

ALLEN GEORGE SAOUD, D.O., Case No. 13-CRF-106

Mr. Gonidakis stated that Dr. Saoud currently holds medical licenses in Ohio and West Virginia. Mr. Gonidakis stated that Dr. Saoud was convicted in federal court in West Virginia on 13 counts of Health Care Fraud, one count of Aggravated Identity Theft, one count of Concealment of Material Facts in a Health Care Matter, one count of Corrupt Endeavor to Obstruct and Impede the Due Administration of Internal Revenue Laws, five counts of Bankruptcy Fraud, and one count of False Statements to a Federal Agent. Mr. Gonidakis noted that the West Virginia Board of Osteopathic Medicine has only suspended Dr. Saoud's medical license in that state.

Mr. Gonidakis explained that Dr. Saoud was found to have falsified billings claims to Medicare and Medicaid from 1998 to 2004. In 2005, Dr. Saoud negotiated a settlement with federal and state officials in West Virginia. In that settlement, Dr. Saoud admitted to no wrongdoing, he was fined over \$300,000.00, other claims were dropped, and he agreed to be excluded from Medicare and Medicaid for 10 years. From 2005 to 2010, Dr. Saoud devised a scheme to defraud Medicare and Medicaid again by hiding his involvement with a new practice which has been described as a sham company. These actions led to Dr. Saoud's most recent conviction.

Mr. Gonidakis suggested the permanent revocation of Dr. Saoud's Ohio osteopathic medical license is warranted.

Mr. Gonidakis moved that the license of Allen George Saoud, D.O, to practice osteopathic medicine and surgery in Ohio be permanently revoked. Dr. Steinbergh seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Steinbergh agreed with Mr. Gonidakis' statements. Dr. Steinbergh noted that, although Dr. Saoud's West Virginia medical license is suspended, some states use different terminology from Ohio and it may be that a suspension in West Virginia is equivalent to a revocation in Ohio.

A vote was taken on Mr. Gonidakis' motion:

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

The motion carried.

MARTIN RYERSON SEVREY, JR., D.O., Case No. 13-CRF-107

Dr. Soin stated that on or about September 4, 2012, in Circuit Court in Douglas County, Missouri, Dr. Sevrey was convicted on one amended count of Domestic Assault in the Third Degree, a Class A misdemeanor under Missouri law.

Dr. Soin continued that on or around April 22, 2012, police responded to several phone calls about a

domestic violence disturbance at the Sevrey home. Police officers confiscated a gun and a knife from Dr. Sevrey, who had allegedly been drinking. There were disputing reports on the nature of the gun; Dr. Sevrey's wife claimed that she had to pull the gun on Dr. Sevrey in self-defense, while Dr. Sevrey claimed that he had to beat his wife and apprehend the gun because he felt threatened. The officers found the wife to have multiple bruises across her face and she had difficulty breathing, possibly from being struck in the ribs.

Dr. Soin noted that, according to the police report, Dr. Sevrey allegedly had a history of doing this to his wife and had even given her steroids from his clinic to help her with bruises and other painful issues arising from abuse. Dr. Soin further noted that flowers were delivered just the day before from a previous incident of domestic violence. It was further alleged that Dr. Sevrey prescribed pain medication under his wife's maiden name, presumably so that no one would find out what was going on. Finally, it was alleged that Dr. Sevrey wrote a prescription for Klonopin and that Dr. Sevrey had taken that medication himself.

Dr. Soin continued that on or about March 21, 2013, Dr. Sevrey was convicted on four counts of Failure to Keep or Furnish Records on Controlled Substances, a Class A misdemeanor under Missouri law.

On or about August 14, 2013, the Missouri State Board of Registration for the Healing Arts issued an Order placing Dr. Sevrey's license on probation for a period not to exceed two years and requiring him to obtain an assessment from the Missouri Association of Osteopathic Physicians and Surgeons. Dr. Sevrey was further required to successfully complete anger management and record-keeping courses.

Based on these facts, Dr. Soin recommended that Dr. Sevrey's Ohio medical license be revoked.

Dr. Soin moved that Dr. Sevrey's license to practice osteopathic medicine and surgery in Ohio be revoked. Dr. Steinbergh seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Steinbergh stated that revoking Dr. Sevrey's Ohio medical license will give him the opportunity, if he wishes, to reapply for a license and to have a hearing on this matter.

Mr. Giacalone opined that permanent revocation of Dr. Sevrey's license would be more appropriate than a non-permanent revocation. Mr. Giacalone noted excerpts from a court affidavit, including Dr. Sevrey's wife's allegations that Dr. Sevrey had been beating her for two days at the time of his arrest, that Dr. Sevrey had been drinking and had a gun, that Dr. Sevrey brings home steroids and give them to his wife to help with bruising from his beatings, and that Dr. Sevrey prescribes pain medication for his wife so she does not go to see other physicians.

Mr. Giacalone stated that Dr. Sevrey is a menace who beats his wife and uses his prescriptive authority to treat her so no one else finds out about it. Mr. Giacalone opined that Dr. Sevrey is not a doctor that is wanted in Ohio.

Dr. Soin stated that he struggled with the same issues as Mr. Giacalone. Dr. Soin felt that a non-permanent

revocation would give Dr. Sevrey an opportunity to have a hearing in this matter if he ever wishes to practice medicine in Ohio. Dr. Soin also noted that the affidavit that Mr. Giacalone read from were accounts from individuals and that there were opinions on what happened on both sides. Dr. Soin stated that he is uncomfortable drawing certain conclusions without a hearing.

Dr. Ramprasad agreed with Dr. Soin and pointed out that, according to one account, Dr. Sevrey's wife fired a shot with a gun. Dr. Ramprasad felt that the Board should hear from both sides before deciding to permanently revoke Dr. Sevrey's Ohio license. Dr. Ramprasad stated that if Dr. Sevrey were to apply for another license, he would be cited and no license would be issued until the Board chose to grant or deny his application. Dr. Ramprasad acknowledged that Dr. Sevrey's wife was found to have been abused. Dr. Ramprasad indicated that he could support either revocation or permanent revocation in this case.

Mr. Giacalone noted that Dr. Sevrey was found guilty of a prescribing issue, which seems to support his wife's story. Mr. Giacalone saw no reason for this individual to come before the Board a second time when the information is already available. Mr. Giacalone opined that if Dr. Sevrey is a problem to his family, then he is definitely a problem to his patients.

Dr. Soin asked how often respondents who have their licenses revoked actually re-apply and request a hearing, particularly if they failed to request a hearing in the first instance. Ms. Marshall replied that that circumstance happens frequently.

Dr. Saferin noted that Dr. Sevrey was not interested in a hearing to discuss this matter currently. Mr. Giacalone stated that if Dr. Sevrey's Ohio medical license were important to him, he would have requested a hearing. Mr. Giacalone asked why Dr. Sevrey should be given another chance to have a hearing if his Ohio medical license is not important to him.

Dr. Steinbergh stated that this case was a difficult one for her. Dr. Steinbergh stated that she could support permanent revocation of Dr. Sevrey's license. Dr. Steinbergh stated that, although there is no question that Dr. Sevrey is violent against his wife, she does not know much about the situation or whether the domestic violence went both ways. Dr. Steinbergh stated that she does not understand how a physician, who is responsible to do no harm, can beat his wife. Dr. Steinbergh stated that she has very little tolerance for such actions.

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

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

Mr. Gonidakis - aye
Mr. Giacalone - nay

The motion carried.

REPORTS AND RECOMMENDATIONS

STANLEY BEEKMAN, L.M.T., D.P.M., Case No. 13-CRF-063

Dr. Steinbergh moved to remove the matter of Stanley Beekman, L.M.T., D.P.M., from the table. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Board staff provided the Board members with a document clarifying the motion to amend made by Mr. Kenney during the first discussion of this case. Ms. Debolt noted that the probation in the proposed amended order would be for a definite three years, not a minimum of three years.

Dr. Steinbergh stated that she does not support the proposed amendment. Dr. Steinbergh stated that she could support reducing Dr. Beekman's suspension to 30 days, but opined that removing the suspension completely does not recognize Dr. Beekman's falsehoods and his conviction. Dr. Sethi agreed with Dr. Steinbergh, stating that too many lives have been affected by Dr. Beekman's actions.

Dr. Soin appreciated the reasoning behind Mr. Kenney's proposed amendment. However, Dr. Soin noted that Dr. Beekman himself, through his attorney, has asked for a 30-day suspension rather than the Hearing Examiner's proposed 90-day suspension. Dr. Soin opined that if Dr. Beekman is asking for a 30-day suspension, and he is on record that his patients would not be harmed by a 30-day suspension, then a 30-day suspension should be acceptable. Mr. Kenney opined that Dr. Beekman and his attorney asked for a 30-day suspension because that is the minimum sanction under the Board's disciplinary guidelines, and they did not understand that the Board can choose to go outside the disciplinary guidelines.

Mr. Gonidakis reiterated that the matter before the Board is far outside the issue of patient safety and wondered what the Board would be accomplishing if it suspended Dr. Beekman's license for 30 days. Mr. Gonidakis felt that the three-year probation is appropriate so that the Board can monitor Dr. Beekman, but did not feel that there is any foundational support for a suspension of 90 days or 30 days.

Mr. Giacalone suggested, since there appears to be disagreement between a 30-day suspension and no suspension, that a 15-day suspension may be something the Board can agree on.

Mr. Giacalone moved to amend Mr. Kenney's motion to amend so that Dr. Beekman's licenses to practice podiatric medicine and massage therapy will be suspended for 15 days prior to the beginning of the probationary period. No member seconded the motion. The motion was lost for want of a second.

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

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

The motion to amend carried.

Dr. Steinbergh moved to amend the Order to include a 30-day suspension. Dr. Sethi seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

After some discussion, Dr. Steinbergh explained that she offered her motion to amend because she thought that Mr. Kenney's proposed amendment had failed. Since Mr. Kenney's motion to amend had, in fact, passed, Dr. Steinberg chose to withdraw her motion.

Dr. Steinbergh wished to withdraw her motion to amend. No member objected to withdrawing the motion. The motion to amend was withdrawn.

Mr. Kenney moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Stanley Beekman, L.M.T., D.P.M. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion to approve did not carry.

Dr. Steinbergh moved to adopt the Hearing Examiner's Proposed Order, except that the suspension of Dr. Beekman's licenses will be for not less than 30 days. Dr. Sethi seconded the motion. A vote was taken:

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

The motion did not carry.

Mr. Giacalone moved to adopt the Hearing Examiner's Proposed Order, except that the suspension of Dr. Beekman's licenses will be for not less than 15 days. Dr. Steinbergh seconded the motion. A vote was taken:

Dr. Ramprasad stated that he will now entertain discussion in this matter.

Mr. Gonidakis asked if Dr. Beekman's licenses will become active after 15 days under Mr. Giacalone's proposed Order. Dr. Steinbergh stated that the suspension would be for a minimum of 15 days and that the Board would have to vote to reinstate Dr. Beekman's licenses. After a brief discussion, Mr. Giacalone favored a definite 15-day suspension.

Mr. Giacalone wished to change his motion to include a definite 15-day suspension instead of a minimum 15-day suspension. No Board member objected to the change. The change to Mr. Giacalone's motion was accepted.

A vote was taken on Mr. Giacalone's motion:

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

Mr. Gonidakis - aye
Mr. Giacalone - aye

The motion did not carry.

Mr. Giacalone moved to adopt the Hearing Examiner's Proposed Order, except that the suspension of Dr. Beekman's licenses will be for a definite period of 15 days. Mr. Giacalone further moved to accept the Hearing Examiner's Findings of Facts and Conclusions of Law. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

The Board took a brief recess at 2:50 p.m. and returned at 3:10 p.m.

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

STEVEN FRANCIS BREZNY, 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. Soin moved to send the Citation Letter to Dr. Brezny. Mr. Kenney seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in this matter.

Dr. Saferin noted that the Board recently issued an Order to this practitioner indicating that his license to practice medicine will not be reinstated until he has, among other things, complied with the Board's subpoena for medical records. This citation is being proposed because the practitioner has applied for reinstatement, but he has not yet fully complied with the subpoena. Dr. Saferin asked for clarification on this matter.

Ms. Marshall briefly explained that the practitioner still has not complied with 100% of the subpoena, but he has submitted an application for reinstatement of his medical license. Describing the process in general, Ms. Marshall stated that when a practitioner requests reinstatement but has not completely fulfilled the conditions for reinstatement as defined by the Board, the Secretary and Supervising Member may determine that the respondent has substantially complied and allow the process to move forward in the form of a citation. Ms. Marshall stated that if an applicant feels that they have complied with the Board's Order to the best of their ability, then they may be cited so that a hearing can take place. Following the hearing, the Board can decide if there has been substantial compliance with the Board Order, and then grant or deny the application as the Board sees fit. The Board may also choose to grant reinstatement, but include a suspension or probationary terms for the license.

Ms. Marshall stated that, though this practitioner still has not completely complied with the Board's subpoena, he has provided some new information and has made a new request for reinstatement. This process will allow the Board to determine whether the practitioner has substantially complied with the Board's Order.

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

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

The motion to send carried.

JESSOP MARK MCDONNELL, 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. Steinbergh moved to send the Citation Letter to Dr. McDonnell. Dr. Soin seconded the motion.

A vote was taken:

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

Dr. Steinbergh	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

LYDIA CAROLINE NICHOLS, 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. Steinbergh moved to send the Citation Letter to Dr. Nichols. Dr. Soin seconded the motion. A vote was taken:

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

The motion to send carried.

SUDHIR SITARAM POLISETTY, 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. Steinbergh moved to send the Citation Letter to Dr. Polisetty. Dr. Soin seconded the motion. A vote was taken:

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

Dr. Steinbergh	- aye
Dr. Ramprasad	- aye
Dr. Sethi	- aye
Dr. Talmage	- abstain
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

BIKRAMJIT SINGH, 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. Steinbergh moved to send the Citation Letter to Dr. Singh. Dr. Soin seconded the motion. A vote was taken:

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

The motion to send carried.

WILLIE FRED STEWART, 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. Steinbergh moved to send the Citation Letter to Dr. Stewart. Dr. Soin seconded the motion. A vote was taken:

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

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

The motion to send carried.

STEVEN E. TIMOTEO – CITATION LETTER

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. Steinbergh moved to send the Citation Letter to Mr. Timoteo. Dr. Soin seconded the motion. A vote was taken:

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

The motion to send carried.

ZBIGNIEW TROJANOWSKI, 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. Steinbergh moved to send the Citation Letter to Dr. Trojanowski. Dr. Soin seconded the motion. A vote was taken:

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

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

The motion to send carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

JAMES EARL LASSITER, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender of Certificate with Dr. Lassiter. Dr. Saferin seconded the motion. A vote was taken:

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

The motion to ratify carried.

JOSEPH M. WEST – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Mr. West. Dr. Saferin seconded the motion. A vote was taken:

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

Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to ratify carried.

I. PRAVEEN KUMAR, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Kumar. Dr. Saferin seconded the motion. A vote was taken:

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

The motion to ratify carried.

SHAHIDA AZIZ KHAN, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. Khan. Dr. Saferin seconded the motion. A vote was taken:

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

The motion to ratify carried.

Dr. Ramprasad expressed a general sense of concern regarding permanent surrender of licenses and struggled with why a practitioner would agree to a permanent surrender. Ms. Marshall appreciated Dr. Ramprasad's concerns and opined that the concern is at least partially due to the fact that little information on permanent surrenders is provided to the Board.

Ms. Marshall briefly explained that, generally speaking, permanent surrenders tend to fall into one of two categories. In one instance, the practitioner may not be capable of practicing due to an illness such as dementia or Parkinson's disease. In these cases, very little information may be provided in order to protect the practitioner's privacy and in recognition of the fact that the practitioner has not done anything wrong.

In the other instance, the practitioner may have committed an act so heinous that they know that they would have no hope of retaining their license in a hearing. In these instances, the practitioner may ask that very little information be provided and, in exchange, the Board is able to quickly and permanently remove the practitioner from practice without a protracted fight through a hearing.

Ms. Marshall further noted that in most permanent surrenders, the practitioner is represented by an attorney. Ms. Marshall stated that in some cases, like dementia, the Enforcement Section will not accept a permanent surrender and will insist that the practitioner get an attorney to represent his or her interests. Ms. Marshall stated that the Enforcement Section works closely with the Secretary and Supervising Member in negotiating permanent surrenders. Mr. Haslam stated that even after the practitioner has signed the permanent surrender, he or she may change their mind as long as the Board has not yet ratified it.

RICHARD N. MCCARTY, D.O. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE
OSTEOPATHIC MEDICINE AND SURGERY

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. McCarty. Dr. Saferin seconded the motion. A vote was taken:

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

The motion to ratify carried.

PROBATIONARY APPEARANCESCAROLYN A. CHAMBERS, M.D.

Dr. Chambers was appearing before the Board pursuant to her request for release from the terms of her January 12, 2011 Consent Agreement. Ms. Bickers reviewed Dr. Chambers' history with the Board.

Dr. Steinbergh asked if Dr. Chambers' practice is going well. Dr. Chambers replied that her practice is going well.

Dr. Steinbergh asked Dr. Chambers to describe her recovery and if she is planning any changes to her recovery after being released from her Consent Agreement. Dr. Chambers responded that, other than not having to call the lab every day for urine monitoring, she is not planning any changes to her recovery program. Dr. Chambers stated that she is well-established in an Alcoholics Anonymous (AA) program in Mansfield and most of her social life revolves around AA. Dr. Chambers also stated that she works in a federally-funded health care clinic and loves her job.

Dr. Steinbergh asked if Dr. Chambers socializes with colleagues who are not in AA. Dr. Chambers replied that she does not and that there are no other physicians in her community who are in AA. Dr. Chambers stated that her colleagues are aware that she is in recovery.

Dr. Steinbergh asked if Dr. Chambers is involved with caduceus. Dr. Chambers answered that there is not a caduceus meeting in Mansfield. Dr. Chambers stated that she had been attending caduceus in Columbus, but it was a long trip. Dr. Steinbergh asked if Dr. Chambers is continuing with any other kind of outpatient care. Dr. Chambers replied that she had been in an aftercare program for a year-and-a-half at Cornerstone for Recovery, but was released from the program when she completed the therapy. Dr. Chambers stated that no one has told her that she needs to see a psychiatrist or psychologist. Dr. Chambers found her AA meetings to be sufficient.

Dr. Ramprasad asked what is different today from when Dr. Chambers was charged with Driving Under the Influence and how much her treatment programs have helped her. Dr. Chambers replied that when she was drinking, she was not engaging well with her practice. Dr. Chambers felt that being a sober physician has made her a better physician. Dr. Chambers stated that she enjoys her work and feels more engaged with her practice and with life in general.

Dr. Ramprasad asked if there were any triggers that had caused Dr. Chambers to drink. Dr. Chambers stated that she has no family history of alcoholism that she is aware of, nor can she blame the stress of being an obstetrician and gynecologist (OB/GYN) since she began drinking before entering that field. Dr. Chambers stated that she drank in order to change the way that she felt. Dr. Chambers stated that she now realizes that she can handle anything with support from AA or her family.

Responding to a question from Dr. Steinbergh, Dr. Chambers stated that she began drinking in medical school. Dr. Steinbergh asked if anyone during medical school or post-graduate training had been concerned about Dr. Chambers' drinking. Dr. Chambers replied that in medical school she began to have

problems with getting to class on time and studying adequately. During residency, Dr. Chambers developed a pattern in which all she was doing was working and drinking because she did not have time or energy for anything else. Dr. Chambers stated that she does not know how she got so far into practice without anyone disciplining her or saying anything to her about her drinking. Dr. Steinbergh observed that Dr. Chambers seems to carry on a similar pattern today, replacing working and drinking with working and attending AA, and still does not socialize with her colleagues. Dr. Steinbergh added that her observation is not a criticism, only an aide in understanding Dr. Chambers' current situation.

Dr. Sethi asked if Dr. Chambers has anyone observing her work at this time. Dr. Chambers replied that a senior partner in her practice is currently monitoring her work. Dr. Sethi asked if there are other OB/GYN's at Dr. Chambers' practice. Dr. Chambers answered that there is one other physician in her practice, but not an OB/GYN. Dr. Sethi asked how Dr. Chambers hopes to prevent herself from drinking again. Dr. Chambers responded that she has a strong recovery program, a good sponsor, and good support from her family. Dr. Chambers hoped that the chances of her drinking again were minimal, but stated that no one can say that for sure.

Dr. Steinbergh moved to release Dr. Chambers from the terms of her January 12, 2011 Consent Agreement, effective January 12, 2014. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

ELIZABETH J. (MARTIN) GROSS, P.A.

Ms. Gross was appearing before the Board pursuant to her request for release from the terms of her September 8, 2010 Consent Agreement. Ms. Bickers reviewed Ms. Gross' history with the Board.

Dr. Steinbergh asked Ms. Gross to describe her practice. Ms. Gross replied that she currently works in a family practice in Dublin, Ohio, with one supervising physician, along with another physician assistant and a nurse practitioner. Ms. Gross has two small children, so she only works part-time four mornings per week. Dr. Steinbergh asked if Ms. Gross finds her current practice to be fulfilling. Ms. Gross replied that she finds her work fulfilling.

Dr. Steinbergh asked Ms. Gross to describe her recovery and if she anticipates any changes as she is released from her Consent Agreement. Ms. Gross answered that both she and her husband are in recovery and they attend many meetings together. In addition, most of the people Ms. Gross socializes with are in recovery, though she does have some friends who are not in recovery. Ms. Gross stated that her whole life revolves around recovery, including reading books and having conversations on the topic.

Dr. Steinbergh asked how Ms. Gross deals with having friends not in recovery who may have a drink during a social event. Ms. Gross responded that she will often have sparkling water in a wine glass and people do not seem to notice. Ms. Gross stated that her husband is often with her and does the same thing. Ms. Gross stated that her close friends are aware of her addiction.

Dr. Ramprasad noted that Ms. Gross seemed to have struggled through recovery, having gone through three programs within a short time period. Ms. Gross stated that she spent almost a year in and out of

treatment programs. Ms. Gross stated that she would get out of treatment, relapse, be sent back by her family, get out again, and repeat that cycle. Ms. Gross stated that it took her that long to realize that she is an alcoholic and cannot safely use any substances.

Dr. Ramprasad asked if Ms. Gross is still taking Paxil for depression. Ms. Gross answered that she has switched to Cymbalta. Dr. Ramprasad asked if Cymbalta is helpful in Ms. Gross' recovery. Ms. Gross replied that it is helpful. Ms. Gross stated that when she was drinking, the alcohol would not let her antidepressant work, resulting in increased anxiety. Since Ms. Gross has stopped drinking, her anxiety has been almost zero.

Dr. Steinbergh commented that Ms. Gross' husband and two children are good reasons for her to stay healthy. Ms. Gross stated that her children were born in sobriety and she would never do anything to harm them or their relationship.

Dr. Steinbergh moved to release Ms. Gross from the terms of her September 8, 2010 Consent Agreement, effective January 15, 2014. Dr. Soin seconded the motion. All members voted aye. The motion carried.

WILLIAM B. KEREK, M.D.

Dr. Kerek was appearing before the Board pursuant to his request for release from the terms of the Board's Order of January 13, 2010. Ms. Bickers reviewed Dr. Kerek's history with the Board.

Dr. Soin asked Dr. Kerek to describe his current practice environment. Dr. Kerek stated that he is a nursing home physician, sometimes called a "sniffist," for Skilled Nursing Facility (SNF). Dr. Soin asked if Dr. Kerek treats patients with chronic pain. Dr. Kerek replied that some of his patients have chronic pain. Dr. Kerek stated that virtually 100% of his patients enter the nursing home on a regimen that has already been established by other physicians. Dr. Kerek stated that he basically continues the patients' regimens and is occasionally able to decrease their medication over time.

Dr. Soin noted that one of Dr. Kerek's issues with the Board regarded his documentation. Dr. Soin asked Dr. Kerek to describe his current documentation style and if he uses electronic medical records (EMR). Dr. Kerek answered that his documentation style is similar to what he had done before. Dr. Kerek stated that he sees each patient monthly and makes a progress note at that time, with the nursing staff doing about 95% of the documentation. Dr. Kerek stated that currently, all of his charting is in paper form. Dr. Steinbergh asked if the medical record-keeping course had helped Dr. Kerek. Dr. Kerek replied that the course helped him, though it is geared more toward private practice. Dr. Kerek stated that he would highly recommend the course, especially to younger physicians.

Dr. Soin asked if Dr. Kerek conducts pain assessments on patients who are on chronic pain medications. Dr. Kerek answered that he does conduct pain assessments. Dr. Kerek stated that he also gets a lot of feedback from the nursing home staff on how patients are doing on their medications.

Dr. Steinbergh asked if Dr. Kerek is seeking specialty certification as a nursing home specialist. Dr. Kerek

replied that he was not aware that such a specialty certification existed. Dr. Steinbergh encouraged Dr. Kerek to explore that possibility.

Mr. Giacalone listed some of the allegations the Board had made against Dr. Kerek when he was disciplined:

- Inappropriately made no changes in treatment or monitoring of Patient 10, despite early evidence of refill requests, a psychologist's recommendation for treatment for alcohol and drug abuse, and multiple presentations of Patient 10 to the emergency department seeking pain medications
- Inappropriately prescribed MSContin to Patient 11 and inappropriately made no changes in the treatment and monitoring of Patient 11, despite evidence that Patient 11 was dismissed from pain clinics for trading narcotics and illegal substances, made early refill requests, and provided a drug screen that was positive for hydrocodone and marijuana
- Inappropriately made no change in treatment or monitoring of Patient 12, despite evidence of prior records identifying the potential for overuse or abuse of Patient 12's chronic medications, drug-seeking behaviors, psychiatric hospitalization for opioid-induced psychosis associated with Patient 12's admitted purchase of OxyContin and Percocet, and multiple drugs screens for marijuana.
- Inappropriately continued prescribing narcotic cough syrup for Patient 12 and failed to try and/or document the trial of escalating treatment for asthma

Mr. Giacalone asked why Dr. Kerek had thought that this prescribing pattern was appropriate at those times and what is going to change in Dr. Kerek's prescribing habits going forward. Dr. Kerek replied that most of the patients he sees now are on low doses of narcotics. Dr. Kerek further stated that his past prescribing was based on the global opinion of other physicians who have sent patients to nursing homes. Mr. Giacalone asked if Dr. Kerek intends to simply continue medication regimens for patients who are on large doses of medications. Dr. Kerek replied that for patients on more than a relatively low dose, he tends to get them involved with a pain management specialist.

Mr. Giacalone asked what Dr. Kerek will do differently so that he does not appear before the Board again. Dr. Kerek answered that he is now in a completely different kind of practice than he had been in before. Dr. Kerek stated that he sees virtually no patients similar to Patients 10, 11, or 12. Mr. Giacalone asked if the controlled substance prescribing course has sensitized Dr. Kerek to overprescribing practices. Dr. Kerek replied affirmatively. Dr. Kerek stated that if he were to return to office practice, which he has no intention of doing, he would not take on the same types of patients he had had before. In that circumstance, Dr. Kerek stated that he would refer any new pain patients to a pain management specialist.

Dr. Soin asked how often Dr. Kerek checks the Ohio Automated Rx Reporting System (OARRS) for new nursing home patients who are already on narcotics. Dr. Kerek answered that he does not check OARRS for such patients because in a nursing home, patients are regulated just as if they were in a hospital and only get the medications given them by the nurses. Dr. Soin asked if Dr. Kerek is registered with OARRS. Dr. Kerek responded that he is registered with OARRS.

Dr. Sethi asked if there is peer review of Dr. Kerek's work. Dr. Kerek answered that the medical director of the two nursing homes he goes to also functions as his monitoring physician for purposes of his Board

Order. Dr. Sethi asked if Dr. Kerek ever reconciles patients' medications to check for possible interactions. Dr. Kerek stated that he tries to do that and noted that one benefit of a nursing home is that there is an overseeing pharmacy that checks for interactions.

Dr. Steinbergh moved to release Dr. Kerek from the terms of the Board's Order of January 13, 2010, effective January 12, 2014. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

STEPHEN T. MCCARREN, M.D.

Dr. McCarren was appearing before the Board pursuant to his request for release from the terms of his January 15, 2009 Consent Agreement. Ms. Bickers reviewed Dr. McCarren's history with the Board.

Dr. Ramprasad asked if Dr. McCarren has returned to the practice of anesthesiology. Dr. McCarren replied that he has always practiced anesthesiology. Dr. Ramprasad asked if alcohol had been the primary substance that Dr. McCarren had abused. Dr. McCarren replied that alcohol was the only substance that he had ever abused.

Dr. Ramprasad noted that Dr. McCarren appears to have struggled with recovery in different treatment centers. Dr. McCarren stated that he began using alcohol in medical school when his father died. After Dr. McCarren was charged with Driving Under the Influence, his medical school provided some help. Dr. McCarren stated that he would abstain for years at a time and then drink because he thought he had beaten the problem. Each time Dr. McCarren drank again, his life suffered. Dr. McCarren eventually realized that he is an alcoholic and his life has greatly improved since his last drink. Dr. McCarren stated that he is grateful for everything he has gone through because it has brought him to this point.

Dr. Soin asked Dr. McCarren to describe his current recovery network. Dr. McCarren answered that his recovery network is multi-faceted. Dr. McCarren stated that the biggest thing for him is to keep himself grounded daily, which he accomplishes by making gratitude lists, attending Alcoholic Anonymous (AA) meetings, and reflecting at the end of each day on what he did right and what he can improve upon.

Dr. Talmage asked when Dr. McCarren's depression was diagnosed. Dr. McCarren replied that his depression was diagnosed in April 2008, the last time he had sought help for his addiction. Dr. McCarren stated that his depression was treated with medication until early 2009 and he has not taken medication for depression since that time.

Dr. Ramprasad asked what will prevent Dr. McCarren from relapsing again. Dr. McCarren stated that he has seen what it is to be sober and what it is to see your life fade away. Dr. McCarren stated that he knows what it is like to not get enjoyment from watching his children at basketball games or not being able to coach the team due to his drinking. Dr. McCarren opined that turning himself in for relapsing was the best thing he had ever done. Dr. McCarren stated that seeing his children become teenagers and young men, interacting with people in AA, and caring for patients are incentives for staying sober. Dr. McCarren stated that he also works with patients who have chemical dependency and are concerned that having surgery will get them addicted to pain medication; Dr. McCarren helps these patients arrange for other

people to control their post-surgical medication. Dr. McCarren stated that helping others is a big part of helping himself stay sober.

Dr. Steinbergh moved to release Dr. McCarren from the terms of his January 15, 2009 Consent Agreement, effective January 15, 2014. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

JOHANNA W. WASEN, L.M.T.

Ms. Bickers stated that Ms. Wasen is not present in the meeting.

PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Ramprasad advised that at this time he would like the Board to consider the probationary reports and probationary requests on today's consent agenda. Dr. Ramprasad asked if any Board member wished to discuss a probationary report or probationary request separately. No Board member wished to discuss a probationary report or probationary request separately.

Dr. Steinbergh moved to accept the Compliance staff's Reports of Conferences on November 12 & 14, 2013, with: Paul P. Chu, M.D.; Dustin M. Clark, M.D.; William M. Cox, M.D.; Mary Jo Foote, P.A.; Peter Fragatos, M.D.; Deborah Lynne Frankowski, M.D.; Paul H. Goodman, D.O.; Wesley F. Hard, M.D.; Matthew R. Harris, D.O.; Roy W. Harris, D.O.; W. Andrew Highberger, M.D.; Emmart Y. Hoy, Jr., D.O.; James M. Kennen, D.O.; John R. Kerns, D.O.; Joseph Francis Lydon, Jr., M.D.; Michael C. Macatol, M.D.; Dominic J. Maga, D.O.; Patrick K. McGriff, D.O.; Barbara G. O'Keefe Murrell, M.D.; Siva Rao Murthy, M.D.; Gerald K. Perelman, D.P.M.; Sheila S. Reddy, M.D.; Charles W. Reyes, M.D.; Steven E. Schwartz, P.A.; Richard S. Skoblar, M.D.; and Paul Sresthadatta, D.O.

Dr. Steinbergh 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 Mohammad A. Adas, M.D.'s request for approval of a modified practice plan;**
- **To grant Kevin Gordon Baldie, M.D.'s request for approval of Gina D. Glenn Hutton, M.D., to serve as the treating psychiatrist;**
- **To grant Rebecca Ann Brauch, M.D.'s request for approval of Fawzia A. Toor, M.D., to serve as the treating psychiatrist;**
- **To grant Michael D. Cragel, D.P.M.'s request for reduction in appearances to every six months; reduction in drug and alcohol rehabilitation meetings to two per week with a minimum of 10 per month; and discontinuation of monthly chart review;**
- **To grant John P. Ellis, D.P.M.'s request for reduction in drug and alcohol rehabilitation**

meetings to two per week with a minimum of 10 per month; and reduction in psychotherapy sessions to once every three months;

- To grant Julian A. Gordon, M.D.'s request for discontinuance of psychotherapy sessions;
- To grant Brian D. Hesler, M.D.'s request for discontinuance of Naltrexone treatment; reduction in psychotherapy to every three months; reduction in alcohol and drug rehabilitation meetings to two per week with a minimum of 10 per month; and reduction in appearances to every six months;
- To grant Josh U. Hill, P.A.'s request for reduction in psychiatric sessions to every six months;
- To grant Gregory Gene Johnson, M.D.'s request for approval of a modified practice plan; and approval of Alan Leslie Robbins, M.D., to serve as an additional monitoring physician;
- To grant Mahendra K. Mahajan, M.D.'s request for reduction in drug and alcohol rehabilitation meetings to two per week with a minimum of 10 per month; reduction in psychotherapy treatment sessions to once per month; reduction in psychiatric treatment to every three months; and reduction in personal appearances to every six months;
- To grant Patrick E. Muffley, D.O.'s request for approval of a course tailored specifically for the doctor by Stephen Levine, M.D., to fulfill the physician/patient boundaries course requirement;
- To grant Robert J. Rosenstein, D.P.M.'s request for approval of *Medical Ethics, Boundaries & Professionalism*, administered by Case Western Reserve University, to fulfill the personal/professional ethics course required for reinstatement;
- To grant James H. Silverblatt, M.D.'s request for approval of *the PBI Prescribing Course: Opioids, Pain Management and Addiction*, administered by Professional Boundaries, Inc., to fulfill the controlled substances prescribing course requirement;
- To grant Rick Skibicki, M.D.'s request for reduction in psychiatric treatment sessions to every six months; and
- To grant Erik J. Kraenzler, M.D.'s request for approval of Jason M. Jerry, M.D., to serve as the treating psychiatrist; approval of Michael G. Licina, M.D., to serve as the monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per month.

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

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

January 8, 2014

Dr. Sethi	- aye
Dr. Talmage	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

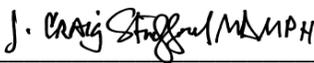
The motion carried.

Thereupon, at 4:10 p.m., the January 8, 2014 session of the State Medical Board of Ohio was adjourned by Dr. Ramprasad.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on January 8, 2014, as approved on February 12, 2014.



Krishnamurthi Ramprasad, M.D., President



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

(SEAL)

MINUTES**THE STATE MEDICAL BOARD OF OHIO****January 9, 2014**

Krishnamurthi Ramprasad, M.D., President, called the meeting to order at 8:05 a.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: Lance A. Talmage, M.D., Vice-President; Anita M. Steinbergh, D.O.; Donald R. Kenney, Sr.; Amol Soin, M.D.; Sushil M. Sethi, M.D.; Bruce R. Saferin, D.P.M.; and Robert P. Giacalone. The following member arrived at a later time: J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; and Michael L. Gonidakis.

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; David Katko, Assistant Legal Counsel; William Schmidt, Senior Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Randy Beck, Interim Chief of Investigations; John Woolwine, Investigator Supervisor; Marcia Barnett, Investigator; Rebecca Marshall, Chief Enforcement Attorney; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Danielle Bickers, Compliance Supervisor; Kay Rieve, Administrative Officer; Barbara Jacobs, Senior Executive Staff Attorney; Vickie Oldham, Fiscal Officer; Cathy Hacker, Physician Assistant Program Administrator; and Benton Taylor, Executive Assistant to the Executive Director.

PRESENTATION BY REPRESENTATIVES FROM EISAI AND VIVUS ON NEW WEIGHT-LOSS MEDICATIONS

Mr. Schmidt stated that he has been asked to provide a brief synopsis of the history of weight-loss medication regulation in Ohio. Mr. Schmidt stated that in the 1980's, Ohio was among the top five states for distribution of amphetamines. In response, the Board developed rules to outlaw the use of Schedule II amphetamines for weight-loss. However, as amphetamine use dropped, the use of other diet drugs became a bigger problem, primarily phentermine. Rules were drafted to limit the use of such drugs, based on a lack of research that demonstrated that these products had any long-term efficacy. The Board adopted rules limiting the use of such drugs to 12 weeks and required the physician to see the patient every 30 days.

Mr. Schmidt stated that the Board is currently reviewing the weight-loss rules because pharmacological and medical research has advanced. Two new medications have been approved by the U.S. Food and Drug Administration (FDA) for maintenance of weight, as opposed to short-term use. Mr. Schmidt stated that these new medications do not quite fit into the regulatory framework adopted by the Board, so representatives from the makers of the medications are here to provide information and answer questions.

Ms. Debolt introduced Lester Chow, representing Vivus, the makers of the medication Qsymia. Mr. Chow stated that he is a clinical pharmacist with 17 years of experience in healthcare. Mr. Chow currently serves as a medical liaison for Vivus.

Mr. Chow stated that it has been about 13 years since the FDA has approved a new medication to treat obesity and it has now approved two medications for chronic use. Mr. Chow stated that Qsymia is the first combination product of immediate-release phentermine and extended-release topiramate. Qsymia is intended for patients with a Body Mass Index (BMI) of at least 30, or at least 27 with one co-morbidity such as hypertension, dyslipidemia, or diabetes. Mr. Chow noted trials which indicate a greater than 10% reduction in body weight at one year and maintained at two years.

Mr. Chow stated that one major concern regarding phentermine is the potential for abuse or addiction because it is related to the amphetamine class. However, Mr. Chow described studies that show a lack of dependency. Mr. Chow stated that he has provided documentation of the trials to the Board members.

Mr. Chow continued that one of the biggest changes in the newly-approved medications is that they are for long-term chronic therapy, as opposed to short-term therapy with older medications. Mr. Chow noted that organizations such as the American Medical Association and the American Academy of Clinical Endocrinology have recognized obesity as a disease, with the later organization incorporating the pharmacological agents as a therapeutic option to decrease progression of Type II diabetes. Mr. Chow stated that such recognition will help physicians pay more attention to this problem and begin to treat patients for being overweight or obese. Mr. Chow speculated that in time, these changes will lead to the development of new therapeutic approaches and will eventually lead insurers to pay for this treatment.

Regarding the State Medical Board of Ohio's weight-loss regulations, Mr. Chow asked the Board to reconsider the 12-week rule, which was initially intended to address treatment with short-term medications and provide safety against potential dependency and abuse. Mr. Chow reiterated that it has now been shown that use of phentermine does not lead to dependency. Mr. Chow also stated that there is confusion among pharmacists about applying the 12-week rule because Qsymia contains phentermine. Mr. Chow stated that pharmacists are not considering that medications like Qsymia are for chronic maintenance therapy, not short-term use. Mr. Chow respectfully asked the Board to provide Qsymia with an exclusion from the 12-week rule.

Mr. Chow continued that the rule requiring face-to-face monitoring by the physician every 30 days was intended to maximize patient safety and minimize the potential for abuse. Mr. Chow commented that Ohio has the strictest policies regarding monitoring of weight-loss medications, including the stipulation that physician assistants and nurse practitioners may not perform this monitoring as they do in other states. Mr. Chow stated that the 30-day rule adds an unnecessary burden to both patients and physicians and drives an increase in healthcare costs. Mr. Chow opined that for medications used for chronic conditions, the 30-day rule should not apply. Mr. Chow stated that confusion with this regulation has caused some pharmacists to refuse to fill prescriptions, causing an interruption in patient therapy and decreasing the benefit of the medication. Mr. Chow asked the Board to consider providing an exclusion from the 30-day rule for Qsymia and other chronic management medications.

Mr. Chow continued that the six-month rule states that physicians may not initiate weight-loss treatment if the patient has received a controlled substance for weight-loss within the last six months. Mr. Chow stated that the current clinical data on pharmacologic management and guidelines do not support such an

interruption in therapy and does not give the patient the best possible chance to lose weight and potentially reduce cardiovascular risk factors. Mr. Chow asked the Board to consider providing an exclusion for Qsymia from the six-month rule.

Mr. Chow stated that the preceding issues were brought to the attention of Vivus by physicians, pharmacists, and patients in Ohio. Mr. Chow stated that the current regulations were meant to apply to short-term medications which have a potential for abuse, but have put unnecessary barriers and burdens on patients and prescribers in providing quality care. Mr. Chow stated that modifying the regulations will ultimately benefit patients in helping reduce weight, maintain weight-loss, and potentially improve the co-morbid conditions.

Dr. Talmage stated that, as a clinician, he often asks patients to return to his office for a review of their medications to see if they are working. Dr. Talmage opined that asking the patient to return in 30 days would be cheaper than providing a three-month prescription for a medication that is later found to not work for the patient. Mr. Chow agreed that patients on Qsymia should be assessed within their first month on the medication to check on side-effects and efficacy. However, Mr. Chow stated that once the patient is stabilized and has entered the maintenance phase, a face-to-face visit every 30 days may be too frequent. Mr. Chow likened this to the typical treatment of dyslipidemia, in which patients are monitored at three-month intervals, then six-month intervals, then one-year intervals.

Dr. Talmage asked about the price for a one-month supply of Qsymia. Mr. Chow replied that the cost would be roughly \$150.00 per month. Mr. Chow stated that there are commercial programs to help patients with this cost, as well as patient savings plans for the initial three months of therapy.

Dr. Sethi opined that physician monitoring of patients on these medications is critical. Dr. Sethi stated that weight-loss at 30 days could be due to a placebo effect or other factors rather than the medication. Dr. Sethi also disagreed that obesity is a disease, opining that it is a habit and that very few people are obese due to a disease. Dr. Sethi opined that Vivus is pushing a drug for no reason when many people can lose weight by proper counseling. Dr. Sethi asked what part of the brain Qsymia works on. Mr. Chow replied that the phentermine component works on the norepinephrine portion of the brain to decrease appetite. Mr. Chow stated that the part of the brain that the topiramate works on is not clearly elucidated, but it seems to modulate certain receptors and also decreases appetite.

Mr. Chow stated that Qsymia is not for cosmetic use. Rather, Qsymia is for patients who are obese and have other co-morbidities such as diabetes or hypertension. Mr. Chow stated that patients are brought into the doctor's office for management of all their co-morbidities, including obesity. Mr. Chow agreed that Qsymia and similar drugs are not a magic pill and must be used in conjunction with lifestyle changes, increased physical activity, and patient counseling. Mr. Chow indicated that some Vivus studies have shown that weight reduction can decrease the need for medications to treat hypertension or maintain A1C levels.

Dr. Sethi asked if any double-blind studies have been done on these medications. Mr. Chow replied that all of Vivus' studies have been double-blind and described some of the studies conducted.

Dr. Steinbergh expressed concerns about both phentermine and topiramate going into the body, particularly considering the risks of renal disease or fetal abnormalities in pregnant women. Dr. Steinbergh opined that these medications need more monitoring by physicians, not less. Dr. Steinbergh stated that extending the period between monitoring could result in the physician missing the peak effects of the medication on liver function tests, for example. Dr. Steinbergh stated that young physicians are facing more and more pressure to see more patients in less time and she worried about adding new medications while reducing monitoring.

Mr. Chow stated that Vivus has data from clinical studies that shows the Qsymia is safe in patients who are taking anti-depressants and it does not increase the risk of depression or suicidality. Mr. Chow also commented that in the majority of trials, the majority of weight-loss occurred within eight to twelve weeks, so the physician would have indication by that time that the medication is working. Mr. Chow agreed that patients should be monitored as their weight loss continues, but opined that once the patient plateaus at the weight at which they will be maintained, monitoring every 30 days may not be necessary.

Dr. Steinbergh asked if Qsymia and similar medications will be used principally by weight-loss management specialists. Mr. Chow replied that most of the physicians prescribing Qsymia are related to a weight-loss environment. Mr. Chow agreed that these medications should be used by specialists who understand these types of drugs. However, Mr. Chow stated that adequate education should be provided to everyone so that the best decisions can be made.

Dr. Strafford stated that the 12-week, 30-day, and six-month rules exist in order to protect patients. Dr. Strafford stated that the information he has been provided show studies with a total of 1,128 participants. Dr. Strafford acknowledged that there may be more studies, but stated that there does not seem to be enough participants to draw the generalizations that have been made. Dr. Strafford stated that the changes Vivus is requesting would be reasonable if Qsymia is as safe as they are speculating, but opined that that is not yet certain. Mr. Chow stated that Vivus' Phase 3 trials included over 4,500 patients and met the goals defined by the FDA. Mr. Chow stated that 4,500 may not seem like a lot, but it included many different kinds of patients, such as diabetics, people with hypertension, and people who were almost candidates for surgical intervention.

Dr. Strafford noted that if the Board decides not to change the weight-loss rules, then medications like Qsymia can still be used with only the inconvenience of more frequent visits. Dr. Strafford commented that additional data would go further toward empowering the Board to change the rules. Mr. Chow stated that post-marketing surveillance with all Qsymia prescriptions since the launch in September 2012 have shown no indications of adverse events. Mr. Chow stated that, in fact, the results of the surveillance have been very consistent with Vivus' studies. Mr. Chow stated that Vivus is embarking on a cardiovascular outcomes trial that will provide more information on a different population of patients. Mr. Chow hoped that the outcome of that trial will provide assurances of the safety of Qsymia on that population.

Dr. Ramprasad asked if the side-effects of Qsymia occurred early or late in Vivus' studies. Mr. Chow replied that side-effects usually occurred early. For instance, Mr. Chow stated that hyperkalemia happens within four to six weeks and then resolves.

Dr. Saferin asked if the Board's current rules prevents patients from continuing on Qsymia for a long period of time. Mr. Chow responded that physicians have been reporting to Vivus that their patients have been having problems getting prescriptions and having continuity of care due to confusion and inconsistent practice among pharmacists.

Mr. Giacalone asked when Qsymia was approved by the FDA. Mr. Chow replied that Qsymia was approved in April 2012 and was launched in September 2012. Mr. Giacalone noted that this was after the debacle with Fen-Phen, so the FDA was sensitized to the issues with amphetamine products. Mr. Giacalone asked if the FDA is requiring Vivus to perform a Phase IV post-approval study on Qsymia. Mr. Chow answered that the FDA's only stipulation was to conduct a cardiovascular outcomes trial, which will begin later this year.

Mr. Giacalone asked if there is any outer limit in chronic use of Qsymia. Mr. Chow stated that current data is only out to two years. Mr. Giacalone asked if a limit of two years is in Qsymia's approved labeling. Mr. Chow responded that the current labeling indicates one year because it did not include the subsequent trial, but that extension trial was later published. Mr. Giacalone noted that if approval is received from the FDA, the labeling will be changed to a two-year limit.

Dr. Ramprasad thanked Mr. Chow for his presentation.

Ms. Debolt introduced Tiffany Kung representing Eisai, the makers of Belviq.

Ms. Kung stated that she is a pharmacist by training and is an associate medical director for Eisai. Ms. Kung stated that she will provide a clinical overview of Belviq, and then her colleague Gary Riddle will discuss policy.

Ms. Kung stated that Belviq is indicated for chronic weight management and is similar to other medications for chronic weight management. Ms. Kung stated that Belviq is contraindicated in pregnant women because pregnant women should be gaining weight instead of losing it. Ms. Kung stated that Belviq, also known as lorcaserin, is a selective serotonin 2C receptor agonist. Because of this mechanism for action, there is a warning for serotonin syndrome.

Ms. Kung continued that, similar to guidance set forth by the FDA on the design of clinical trials for weight management, the primary endpoint of Eisai's Phase III program was 5% weight loss at the end of year one. Ms. Kung stated that about 47% of the patient population was able to achieve the 5% weight loss. Ms. Kung also reviewed the third Phase III trial, which was specific to patients with Type II diabetes. For this trial, 37% of patients were able to lose 5% of body weight at one year; a drop in fasting glucose was also recorded. Due to some concerns about valvular heart disease, virtually all participants in the Phase III program were required to have an EKG at baseline and every six months. However, the EKG's showed no statistical difference between the group taking Belviq and the group taking placebo. The most common side-effects were headache, dizziness, fatigue, and, in diabetic patients, hypoglycemia.

Mr. Riddle introduced himself as the state government affairs manager for the Greater Northeast Area. Mr. Riddle suggested that the 6-month rule should not apply to therapies that involve chronic weight loss

management medications. The rationale for this suggestion is that the rule was meant to encourage a step-wise approach for those who have “fallen off the wagon” to begin again with diet and exercise. Mr. Riddle argued that once it has been established that a patient needs a prescription or pharmacotherapy, any lapse in therapy should not require a six-month period before returning to the therapy. Mr. Riddle compared this to the treatment of hypertension, arguing that a hypertensive patient whose drug regimen is interrupted would be immediately placed back on the medication and not be required to return to a low-sodium diet for six months.

Regarding the 30-day rule, Mr. Riddle asked the Board to relax this rule to be more consistent with prevailing peer-review guidelines and professional medical judgment. Mr. Riddle presented a slide showing some of the rules in other states surrounding Ohio and the Greater Northeast. Mr. Riddle noted that Ohio’s rule is unique and could potentially be a hindrance to patients.

Mr. Giacalone asked if Belviq will go through a post-approval study. Ms. Kung stated that a cardiovascular outcomes trial has already begun and will run for five years. Ms. Kung stated that the outcomes trial can be found on the internet at clinicaltrials.gov. Mr. Giacalone asked how big the patient population will be for the outcomes trial. Ms. Kung responded that the goal is to have 16,000 participants and for 12,000 to complete the trial.

Dr. Ramprasad noted that in the initial trials for Belviq, the first year saw a 5% to 10% weight loss, but weight was gained in the second year, though it remained lower than the baseline. Dr. Ramprasad asked how Eisai would suggest that a patient continue on Belviq when they continue to gain weight in the second year. Ms. Kung stated that this is a pattern that is seen across the board with all weight-loss medications and it is a matter of human biology. Ms. Kung stated that some patients were discontinued from Belviq after the first year and put on placebo, meaning diet and exercise only. Ms. Kung stated that those on placebo gained weight much more rapidly than those who stayed on Belviq in the second year.

Dr. Ramprasad asked if any patients got ischemia of the bowel, which can happen with medications that act on serotonin receptors. Ms. Kung replied that no ischemia of the bowel was detected and noted that Belviq is a very selective agonist for the 2C serotonin receptor, whereas ischemia of the bowel is associated with other serotonin receptors.

Dr. Ramprasad asked if Eisai is suggesting that patients on selective serotonin reuptake inhibitor (SSRI) not use Belviq. Ms. Kung answered that it is not a recommendation, but it is a warning for caution. Ms. Kung stated that the trials did not result in any instances of serotonin syndrome, though there were some cases of serotonin excess, possibly in relation to taking medicines such as Mucinex DM. Ms. Kung stated that part of Eisai’s education on Belviq is about the signs and symptoms of serotonin syndrome, as a precaution. Ms. Kung stated that some providers in the field have used Belviq with patients who are also on SSRI for depression and there have been no problems.

Dr. Ramprasad asked if the side-effects occurred early or late in the trial. Ms. Kung replied that the side-effects were usually early, within the first two weeks.

Dr. Soin commented that he appreciates the notion that patients on these chronic medications for a very

long time are stable and that perhaps the 30-day requirement would be overly-restrictive.

Dr. Steinbergh expressed concern that physicians may prescribe these products without fully understanding them, due to the pressure to see patients more quickly and not having time to consider the effects of multiple medications. Dr. Steinbergh speculated that the Medical Board's rules could be coordinated with Pharmacy Board's rules so that physicians can be alerted to possible interactions and potential serious side-effects. Mr. Giacalone agreed.

Dr. Steinbergh also commented that if these medications are being marketed as the answer to all the patients' problems, then the companies are doing a disservice. Ms. Kung agreed and stated that Belviq is not a cure-all. Ms. Kung stated that most people are looking for more than 5% weight-loss and that Eisai encourages people to focus on overall health and well-being, not just weight-loss. Ms. Kung noted a disclaimer that if the patient has not lost 5% of body weight within 12 weeks, the therapy should be discontinued. Also, physicians are encouraged to select patients who are ready to make lifestyle changes that include diet and exercise.

Dr. Strafford asked if work is being done with genetic markers to determine who most benefits from the medication. Ms. Kung answered that work is being done, but no conclusion has yet been reached. Mr. Giacalone asked if portions of the trial population are based upon race or other factors. Ms. Kung replied that so far no statistically significant differences have been found between ethnicities or gender.

Responding to further questions from Mr. Giacalone, Ms. Kung stated that the medication is intended for chronic use, which she interpreted as possible life-long therapy by the FDA's standards. Ms. Kung stated that only two-year data is available and, based on known patterns for weight-loss medications, it seems unlikely that the same medication will work for the course of the patient's life. Ms. Kung felt that a more common scenario would be patients taking these medications for a few years and then needing another form of therapy.

Dr. Ramprasad thanked Mr. Chow, Ms. Kung, Mr. Riddle, and other representatives of Vivus and Eisai for providing this information for the Board's consideration.

ADMINISTRATIVE REPORT

Meetings: Mr. Haslam stated that there were fewer meetings with outside groups in December due to end-of-the-year activities. Mr. Haslam noted that Mr. Miller participated in a meeting at the Governor's office regarding the Veterans Executive Order. Mr. Miller stated that last week, the Governor issued a report on what different state agencies are doing with regard to the Veterans Executive Order, such as recognizing education equivalencies or the changes the Medical Board made to physician assistant licensing. The Governor's office is encouraging agencies to help expedite the licensure process for veterans, such as providing a place on the licensure application form to indicate veteran status and moving those applications to the front of the line. Mr. Haslam stated that he will provide a copy of the Executive Report to Board members.

Education and Outreach Activities: Mr. Haslam stated that on December 20, 2013, he attended a town

hall meeting at Blanchard Valley Health Center in Findlay, Ohio, hosted by Representative Sprague. The purpose of the town hall meeting was to discuss 11 pending bills in the House of Representatives.

Mr. Haslam noted that House Bill 314, concerning informed consent for prescribing narcotics to minors, was reported out of committee yesterday. Mr. Haslam stated that the current bill grants the Medical Board the authority to fine a practitioner up to \$20,000.00 for violation of this provision, though Mr. Haslam understood that there is an exception if the physician thinks it is in the safety interest of the child to not disclose the prescription to the patient. Dr. Strafford commented that Medical Board staff investigating possible violations will check for documentation of such safety concerns in the medical record. Mr. Haslam stated that this bill will set a precedent that can lead to obtaining fining authority in a more general sense. Mr. LaCross commented that there may be difficulty getting House Bill 314 through the Senate, particularly with a maximum fine of \$20,000.00.

Mr. Haslam stated that the physician assistant legislation has not been finalized, but it is expected to be completed soon. Mr. Haslam stated that members of the House Health Committee have expressed grave concerns about expanding prescribing authority to more individuals.

Mr. Kenney stated that he has received no information on what fines the Board is pursuing through legislation or what the Board is trying to accomplish legislatively. Mr. Kenney stated that for members of the staff to be pushing for legislation before approval by the Board is inappropriate. Mr. LaCross stated that the Board's proposed legislation is currently being drafted. Mr. Kenney stated that members of the Board need to be part of the drafting process. Dr. Ramprasad stated that with the committee reorganization beginning next month, Mr. Kenney will be on the new Finance Committee and will receive that information in a few days.

Mr. Kenney commented that he has been told he would receive information on several occasions, without results. Mr. Kenney stated that the Board needs to have a coherent message and stated that there needs to be an agenda for the meeting with Representative Gonzales later this month. Mr. Kenney stated that without an agenda, it would be better not to attend the meeting and waste political capital. Mr. Gonidakis agreed, noting that the December 2013 meeting minutes indicate that a list of legislative goals would be sent to Board members, but no such list was received. Mr. Kenney stated that the Board needs communication in order to figure out what it wants.

Fiscal Report: Mr. Haslam stated that the Board currently has a small surplus so far this fiscal year, though expenditures outpaced revenue for the month of November 2013.

Mr. Haslam noted that statistics on completion of licensure applications for November 2013 and December 2013 have increased to more than 100 days. However, Mr. Haslam stated that if a few outliers are removed, the number reduces to about 90. Mr. Haslam stated that the figure of 90 is still too high and work will be done to reduce that number.

Mr. Gonidakis asked if improvement has been seen that is a direct result of the LeanOhio process that the Board undertook. Mr. Haslam stated that there has been significant improvement in the complaint and enforcement processes, which were the focus of the LeanOhio event. The Board's licensure process will

also go through a similar process to improve, but that has been delayed. Mr. Haslam stated that the licensure process can be challenging because of various requirements that are outside the Board's control, such as background checks. Mr. Haslam stated that he is exploring the development of new statistics that will more accurately measure the staff performance regardless of outside delays.

Dr. Ramprasad stated that the Board will probably discontinue the Universal Application in a few months, which will speed the process. Also, the Federation Credentials Verification Service (FCVS) is piloting a project with Ohio State University to fill out information on medical students as they leave medical school, which should also improve efficiency.

Mr. Kenney asked if getting background checks in a timely fashion is usually a problem. Mr. Miller answered that the process is slower in certain times of the year when other professionals are also having background checks. Mr. Kenney asked if there is only one source for background checks. Mr. Miller replied that the Board is required to use the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI).

Mr. Kenney asked how long it can take to license an individual if all the required information is available. Mr. Miller stated that it cannot be less than approximately 30 days because the Board must vote to approve licensure at its monthly meetings.

Public Record Requests: Mr. Haslam stated that last year, 63,835 pages were provided as public record requests, which is slightly down from the previous year. Mr. Gonidakis asked how much the Board charges for public records requests. Ms. Debolt answered that the Board charges \$0.05 per page for anything over 100 pages which is mailed. Ms. Debolt stated that most public records requests are filled electronically.

The Board engaged in a brief discussion of credit card processing charges. Ms. Loe stated that these charges are negotiated in a statewide contract. Mr. Haslam stated that the Board loses \$12,000.00 per month on these processing charges. Mr. Kenney commented that government organizations are the only entities he knows of that do not charge a processing fee for using a credit card in order to cover that cost. Ms. Debolt commented that there would need to be a statutory change to allow the Board to collect a processing fee for using a credit card. Ms. Loe stated that processing paper checks is a much more expensive process.

Statistics: Mr. Haslam stated that the Medical Board now has 67,356 licensees. Mr. Haslam stated that the Board took 231 disciplinary actions in 2013, which is up from 2012. Mr. Haslam also noted that there has been a significant decrease in caution letters because it was felt that they were being over-utilized. Currently, more office conferences are being held in lieu of caution letters.

Mr. Gonidakis asked for an update on the backlog of work that has existed for the last several months. Ms. Anderson stated that significant progress has been made on the backlog, though there is more work to be done. Ms. Anderson credited processes that were developed with the help of LeanOhio for the reduction in the backlog. Ms. Anderson offered to provide the Board members with specific figures in this regard. Responding to Mr. Gonidakis, Ms. Anderson opined that it is realistic to anticipate a six-month window for

eliminating the backlog.

Dr. Bechtel noted that the number of complaints closed in 2013 increased 66% from 2012. Dr. Strafford further noted that the 5,500 complaints were closed, but the number of new complaints doubled in September and October 2013. Ms. Jacobs stated that this spike in new complaints is a result of working through a backlog of “yes” answers for some questions on renewal applications that had not been entered as complaints as they should have been. Ms. Jacobs stated that legally, the Board cannot deny relicensure solely based on a “yes” answer, but the staff can act more quickly in filing complaints on them.

REPORTS BY ASSIGNED COMMITTEES

EXECUTIVE COMMITTEE

FEDERATION OF STATE MEDICAL BOARDS 2014 ANNUAL MEETING

Dr. Ramprasad stated that the Executive Committee discussed the Annual Meeting of the Federation of State Medical Boards (FSMB) in April 2014. The Executive Committee recommends that Dr. Steinbergh be the State Medical Board of Ohio’s voting member and Mr. Haslam will attend the meeting as the Board’s Executive Director; Dr. Steinbergh and Mr. Haslam will use FSMB scholarship funding to cover travel expenses. Mr. Giacalone will also attend and has received a Public Member Scholarship from the FSMB to cover travel expenses. In addition, Dr. Strafford, Dr. Bechtel, and Dr. Sethi will also potentially attend the meeting.

Mr. Gonidakis exited the meeting at this time.

Dr. Steinbergh moved that the Board pay the travel expenses and *per diem* of any Board members who are interested in attending the 2014 Annual Meeting of the Federation of State Medical Boards, and not supported by an FSMB scholarship. Dr. Steinbergh further moved to recognize that Board members’ attendance at the meeting is connected to their duties and responsibilities as members of the State Medical Board of Ohio. Dr. Strafford seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Ramprasad asked if there should be a maximum number of Board members attending the meeting. Dr. Steinbergh opined that six or eight members should be the most to attend. Dr. Steinbergh stated that attendance at the meeting is important for the growth of Board members and to know what is happening nationally in the field of medical regulation. Dr. Steinbergh stated that Ohio has always been recognized as a leader among the large medical boards. Dr. Steinbergh also commented that this is a real working meeting and constitutes continuing education for the Board. Dr. Bechtel stated that he has attended one FSMB Annual Meeting and found it to be very beneficial from an educational standpoint, especially the ability to interact with other states regarding various issues.

Dr. Strafford stated that continuing medical education (CME) credits will be available for those attending the meeting, but members must pay for those credits themselves.

A vote was taken on Dr. Steinbergh's motion. All members voted aye, except Dr. Bechtel, who abstained. The motion passed.

Mr. Gonidakis returned to the meeting at this time.

Dr. Strafford moved that Dr. Steinbergh serve as the voting delegate to the Annual Meeting of the State Medical Board, in connection with her responsibilities and related to her position on the Board. Dr. Strafford further moved that Mr. Haslam attend the meeting as the Board's Executive Director, in connection with his responsibilities and related to his position with the Board. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

GROUP 1 COMMITTEE

LICENSURE APPLICATION REVIEW

KEITH KESSLER, M.D.

Dr. Ramprasad stated that Dr. Kessler has 12 months of post-graduate education in the United States. Dr. Kessler is requesting that his experience as a practicing physician in Kentucky be deemed equivalent to the 24 months of graduate medical education required for licensure. The Group 1 Committee recommends granting Dr. Kessler's request.

Dr. Soin moved to deem Dr. Kessler's 31 years as a practicing physician in Kentucky to be equivalent to 24 months of graduate medical education through the second-year level of GME so that he may be granted a license. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

JAYANT PRATAP, M.D.

Dr. Ramprasad stated that Dr. Pratap, a graduate of the University of Cambridge, has worked in Cincinnati

under a Visiting Faculty Certificate since April 2011. Dr. Pratap is seeking licensure and is requesting that his training and experience in the United Kingdom and his experience as Visiting Faculty in the United States be deemed equivalent to 24 months of graduate education. The Group 1 Committee recommends granting Dr. Pratap's request.

Dr. Saferin moved to deem Dr. Pratap's training and experience in the United Kingdom and his experience as Visiting Faculty in the United States to be equivalent to 24 months of graduate education through the second year level of GME so that he may be granted a license. Dr. Bechtel seconded the motion. A vote was taken:

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

The motion carried.

DISCUSSION OF ONE-BITE RULE

Dr. Ramprasad stated that the Group 1 Committee had a long discussion on the interpretation of the Board's One-Bite rule, specifically regarding loopholes and inconsistent implementation. Mr. Haslam, Ms. Bickers, Ms. Marshall, and other staff will work on this issue can bring it back to the Board for discussion next month.

PHYSICIAN ASSISTANT MATTERS

STATEMENT REGARDING PRACTICE AT URGENT CARE CENTERS

Dr. Steinbergh stated that a proposed statement has been drafted on the laws and rules regarding the supervision and practice ability for physician assistants in urgent care centers. This is in response to the growing trend of using physician assistants at urgent care centers. The proposed statement is intended to serve as a guidance document for employers. Ms. Debolt stated that following the Group 2 Committee discussion, the document was amended to include retail clinics as well as urgent care centers.

Dr. Ramprasad asked if the term "retail clinic" is defined in the statement. Ms. Debolt replied that retail clinics are the small clinics one finds in pharmacies or supermarkets for treatment of routine ailments. Ms. Debolt stated that the term "retail clinic" is not defined in law or rule, but pointed out that "urgent care

center” is also not defined in law or rule. Ms. Debolt stated that the proposed statement can be amended to provide a definition for retail clinic.

Ms. Debolt stated that the concern of the Group 2 Committee is that there seems to be a separation between the supervising physician and the physician assistant. Ms. Debolt commented that urgent care centers in particular seem to be making decisions on a higher corporate level as to which physician assistant is to work in which urgent care center, further dissolving the relationship between the physician assistant and the supervising physician. The proposed statement explains the current law regarding physician assistant practice in an understandable way. Ms. Debolt stated that the only difference between physician assistant practice in urgent care centers and retail clinics is that physician assistants cannot prescribe Schedule II medications in a retail clinic, whereas they may be able to prescribe Schedule II medications in urgent care centers if the situation meets one of the requirements set out on page 2 of the proposed statement.

Dr. Bechtel moved to approve the proposed statement on physician assistant practice in urgent care centers and retail clinics. Dr. Saferin seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion in the above matter.

Dr. Ramprasad asked for clarification on the difference between an urgent care center and a retail clinic. Ms. Debolt replied that retail clinics are set up in some sort of commercial business and are intended to treat conditions that one would see a primary care physician for, such as a cold or a rash. Ms. Debolt continued that urgent care centers are an alternative to emergency departments and represent a somewhat higher level of treatment, though urgent care centers can also provide primary care. Dr. Steinbergh stated that urgent care centers will have physicians present, whereas a retail clinic may be staffed solely by physician assistants.

Mr. Kenney exited the meeting at this time.

Dr. Bechtel wished to change his motion to include an addition to the statement defining urgent care center and retail clinic. No Board members objected to the change. The change to the motion was accepted.

A vote was taken on Dr. Bechtel’s motion. All members voted aye. The motion carried.

URGENT CARE SUPERVISORY PLANS AND SUPERVISION AGREEMENTS

TONI ROGERS, M.D.

Dr. Steinbergh stated that in November 2013, the Board approved an urgent care supervisory plan and supervision agreement for Jeffrey White, M.D. Dr. Rogers is in the same group with Dr. White. Dr. Steinbergh stated that the Group 2 Committee recommends approval of Dr. Roger’s application, pending a letter identifying the sites in question. Dr. Steinbergh also suggested that under Patient Referral Requirements, that the statement, “The physician assistant will refer the patient to the supervising physician in any instance where a patient presents with a condition outside the scope of practice or level of

comfort of the PA,” also include the phrase “or at the patient’s request.” The Board engaged in a general discussion of situations in which a patient requests to be seen by a physician rather than a physician assistant.

Mr. Kenney returned to the meeting at this time.

Dr. Saferin moved to approve the urgent care supervisory plan and supervision agreement of Dr. Rogers, pending a letter confirming that Dr. Rogers practices at all the locations. Dr. Soin seconded the motion. A vote was taken:

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

The motion carried.

NASRA AHMED, M.D.

Dr. Steinbergh stated that Dr. Ahmed’s application is also secondary to the application from Dr. White which was approved by the Board in November 2013. The Group 1 Committee recommends approval of Dr. Ahmed’s application.

Dr. Saferin moved to approve the urgent care supervisory plan and supervision agreement of Dr. Ahmed. Dr. Soin seconded the motion. A vote was taken:

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

The motion carried.

MAZHAR HUSSAIN, M.D.

Dr. Steinbergh stated that this application is for approval for a physician assistant to deliver services at a walk-in urgent care center. The Group 2 Committee recommends denying Dr. Hussain's application due to concerns of inadequate supervision. Dr. Steinbergh stated that under this application, the physician assistant would not be working directly with Dr. Hussain. Although another physician would be available to assist the physician assistant, there is no application from the physician, so it is unclear how much supervision the physician assistant would have. Dr. Saferin noted that denial is also recommended due to the Board's distance rule for physician assistants and their supervising physician.

Dr. Saferin moved to deny Dr. Hussain's application due to concerns of inadequate supervision and distance between the physician assistant and supervising physician. Dr. Soin seconded the motion.

A vote was taken:

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

The motion carried.

FORMULARY DISCUSSION

Dr. Steinbergh stated that the Physician Assistant Policy Committee meeting was cancelled this month. However, some matters regarding the physician assistant formulary that were discussed last month were tabled pending input from Dr. Bechtel.

Dr. Bechtel stated that Mirvaso is a vasoconstricting agent, very similar to Visine for eyes. The effect lasts for about 12 hours. Dr. Bechtel stated that concerns regarding side-effects are not indicated in the literature. Dr. Bechtel opined that Mirvaso is a safe medication. Dr. Sethi asked about the indications for use of Mirvaso. Dr. Bechtel replied that redness of the cheeks would be an indication for use of Mirvaso and it can be used every day.

Dr. Saferin moved to approve Mirvaso for the physician assistant formulary under the "CPT May

Prescribe” category. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Dr. Bechtel stated that Levulan Kerastick is an agent used in photodynamic therapy for treatment of actinic keratosis, which is red scaly patches on the skin due to sun damage. Levulan Kerastick is a topical medication applied directly to the skin and is activated about an hour later by a blue light. Dr. Bechtel stated that use of Levulan Kerastick has become widespread in the United States and is now considered the standard of care in treating actinic keratosis. Levulan Kerastick is also approved by Medicare. Dr. Bechtel stated that one side-effect in 80% to 90% of patients is redness once the medication is applied and activated. However, the redness later subsides.

Dr. Steinbergh stated that the Group 2 Committee recommends approval of Levulan Kerastick as a physician-initiated prescription, and that the physician must activate the blue light. Dr. Bechtel explained that the physician must activate the blue light because it is a light-based therapy as defined in the Board’s rules.

Dr. Saferin moved to approve Levulan Kerastick for the physician assistant formulary as a physician-initiated medication. Dr. Saferin further moved to stipulate that the physician must apply the blue light for activation of the medication. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

INSPECTOR GENERAL’S REPORT ON DOUGLAS EDWARDS

Mr. Haslam stated that the Inspector General has issued a report on allegations that Douglas Edwards, former Chief of Investigations for the State Medical Board of Ohio, had solicited personal loans from subordinates. The Inspector General found several instances of wrongful acts in this regard. Mr. Haslam noted that each loan made to Mr. Edwards was paid back in full. The Inspector General’s report makes no recommendations to the Board concerning this matter. The Inspector General’s office has referred this matter to the Franklin County Prosecutor’s Office and the Ohio Ethics Commission.

Dr. Steinbergh expressed concern about how to address this ethical matter within the agency, stating that there should never be a reason for a supervisor to ask a subordinate for money. Mr. Haslam stated that this matter can be highlighted in the Board’s annual ethics training. Ms. Debolt stated that it can also be added to the Board’s work policy. Mr. Haslam stated that this was a very rare circumstance and that the loan amounts were a few hundred dollars each. Mr. Haslam stated that Mr. Edwards did solicit two larger loans, one for \$5,000.00 and one for \$10,000.00, but those requests were declined.

Thereupon at 10:50 a.m. the January 9, 2014, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Ramprasad.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on January 8-9, 2014, as approved on February 12, 2014.

21866

January 9, 2014



Krishnamurthi Ramprasad, M.D., President



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

(SEAL)