

April 9, 2014

MINUTES

THE STATE MEDICAL BOARD OF OHIO

APRIL 9, 2014

Krishnamurthi Ramprasad, M.D., President, called the meeting to order at 9:52 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 and Acting Secretary; Mark A. Bechtel, M.D., Supervising Member; Anita M. Steinbergh, D.O.; Bruce R. Saferin, D.P.M.; Amol Soin, M.D.; Sushil M. Sethi, M.D.; Donald R. Kenney, Sr.; and Michael L. Gonidakis. Robert P. Giacalone did not attend.

Also present were: Aaron Haslam, Executive Director; Kimberly Anderson, Chief Legal Counsel; Jonathan Blanton, Deputy Director for Investigations and Enforcement; Michael Miller, Assistant Executive Director, Licensure and Operations; Mary Courtney Ore, Deputy Director of Communications; Sallie Debolt, Senior Counsel; David Katko, Assistant Legal Counsel; William Schmidt, Senior Counsel for Investigations, Compliance and Enforcement; Susan Loe, Assistant Executive Director, HR and Fiscal; Joan Wehrle, Education and Outreach Program Manager; K. Randy Beck, Chief of Investigations; Shawn McCafferty; and Terri Meyer, Enforcement Investigators; Rebecca Marshall, Chief Enforcement Attorney; Mark Blackmer, Andrew Lenobel, Karen Mortland, Marcie Pastrick, Cheryl Pokorny, and Greg Tapocsi, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and James Wakley, Assistant Attorneys General; Sana Ahmed, Attorney General Law Clerk; Gregory Porter, 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 Staff Attorney; Jacqueline A. Moore, Public Information Assistants; Cathy Hacker, P.A. Program Administrator; Christine Schwartz, Enforcement Intern; Gina Bouldware, Licensure Assistant; Benton Taylor, Business Office Assistant; and Paula Farrell, Executive Assistant to the Director.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the March 12, 2014, Board meeting and the April 3, 2014, Special Board meeting, as written. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

ELECTION OF SECRETARY

Dr. Ramprasad indicated that he appointed Dr. Talmage to serve as Acting Secretary, when Dr. Strafford left on March 20, 2014. He proposed that the Board now consider electing Dr. Talmage as Secretary.

Mr. Haslam explained that Dr. Strafford had not been reappointed by the Governor as of the last day of his five-year term and elected not to serve his 60-day carry over. Dr. Ramprasad then appointed Dr. Talmage as Acting Secretary until the April meeting.

Dr. Steinbergh moved to elect Dr. Talmage as Secretary. Dr. Saferin seconded the motion. A roll call was taken:

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

The motion carried.

ADMINISTRATIVE REPORT

Mr. Haslam indicated he received an email from Blanchard Valley Hospital commending the work of Investigator Chad Yoakum. Mr. Haslam provided each Board member with a copy of the document.

Dr. Steinbergh commented that it was a very nice email and gave kudos to Mr. Yoakum.

Mr. Haslam highlighted portions of the Administrative Report and stated that the transition of Dr. Talmage to Acting Secretary has gone smoothly and Board matters are moving forward.

Mr. Haslam announced that a public rules hearing regarding physician assistant and anesthesiologist assistant rules will be held on April 23, 2014. Mr. Haslam indicated that notice was sent to licensees and interested parties on March 31, 2014, inviting comments regarding the Board's proposed rules regarding Office Based Opioid Treatment. Those rules will be filed with the Common Sense Initiative (CSI).

Mr. Haslam stated terms for a physician Board member and consumer member on the Physician Assistant Policy Committee (PAPC) end on May 16, 2014, and the Board should begin considering appointments for these positions. Mr. Haslam provided the Board with the current roster of and the statutory reference to the PAPC.

Mr. Haslam said that the letter to Michael Botticelli, Acting Director, Office of National Drug Control Policy regarding Zohydro was prepared, reviewed by Dr. Soin, and presented to the Board for consideration. Mr. Haslam asked for the Board's approval to send the letter with Dr. Ramprasad's signature.

Dr. Saferin moved to send the letter to the Office of National Drug Control Policy with Dr. Ramprasad's signature. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Mr. Haslam indicated that he met with consulting group Strategic Public Partners (SPP)

to discuss a contract for marketing, publications and branding for the State Medical Board. SPP will work for the Board on an hourly basis, up to a cost of \$4,000 a month and up to \$48,000 annually. The contract has a 30-day escape clause for both parties without cause. The quoted amounts fall below the \$5,000 monthly or \$50,000 annual standard requiring Board and/or Controlling Board approval. However, Mr. Haslam indicated because this is not an action the Board historically performs, he wanted Board approval before signing the contract.

Dr. Steinbergh asked if there were any conflicts with the Board and this consulting group, what the length of the contract was, and how the Board found and selected this group.

Mr. Haslam stated the Board did a conflict check and found no conflicts with the Board or any of its employees and SPP, the length of the contract would be a year or less, and he had worked indirectly with this company in the past. Mr. Haslam indicated that SPP is very reputable with many notable clients, such as Google and Ford and the contract also includes the training of Ms. Ore and other Board employees.

Dr. Steinbergh moved to approve the contract with Strategic Public Partners for the purposes of marketing and branding the Board. Dr. Sethi seconded the motion. All members voted aye. The motion passed.

Mr. Gonidakis added that he and Board staff met recently and discussed the communication efforts of the office. The group talked about messaging and communication, with not only the licensees, but also the public. Mr. Gonidakis feels the Board can become recognized as a national leader with the help of SPP's guidance and by retooling and refining the process.

Dr. Steinbergh indicated that perhaps the Board should consider waiting to sign the contract until an Interim Director was appointed.

Dr. Ramprasad stated he felt the Board should move forward because of the time constraints. Dr. Ramprasad said the publication of the Your Report had been halted until reformatting can be done and SPP will be helpful in that process. Dr. Ramprasad said Mr. Gonidakis suggested that once the Your Report is reformatted, the Board should send it to physicians to get their thoughts and feedback. During the meeting, staff reviewed formats, colors and other issues relating to the reformatting process and Dr. Ramprasad felt the decision had been properly vetted.

Dr. Talmage said that communication is a common problem for Medical Boards across the country. Dr. Talmage suggested we keep a log of the procedure and submit it to the FSMB to use as a model project for other Boards.

Dr. Ramprasad wanted to reaffirm the importance of communication tools and told a story about his son writing a hand written note to his teacher and the impression that it made. Dr. Ramprasad reiterated the importance of communication and how successful it can be personally and professionally.

Mr. Haslam directed the discussion to proposed amended orders. Mr. Haslam indicated that Mr. Porter and the Hearing Unit would now be preparing the proposed amended

orders to ensure that all processes were handled correctly and without an appearance of impropriety. Mr. Haslam said he spoke to the Hearing Unit staff and they assured him they would not be offended if changes were requested by Board members and would be able to make those requested changes. Mr. Haslam invited Mr. Porter to speak regarding this matter.

Mr. Porter addressed the Board and indicated the members should feel free to contact him or Ms. Blue with questions and concerns about the cases and with changes to the orders. Mr. Porter stated that he and Ms. Blue would welcome the Board's input and are not out to defend their product. Mr. Porter said that he and Ms. Blue embrace the concept that the Board has the final word on all cases because the members have the expertise that the two of them lack. Mr. Porter will ensure that both his and Ms. Blue's contact information is provided to the Board members after the meeting. Mr. Porter also indicated that when sending information to the Board regarding the orders, it will be identified who prepared each case, whether it was one of them or a contract Hearing Examiner.

Dr. Steinbergh asked if Mr. Porter and Ms. Blue would be handling the changes to the cases, even if they were originally handled by one of the contract Hearing Examiners.

Mr. Porter indicated affirmatively and said the Board should reach out to either he or Ms. Blue at any time during work hours to discuss their changes. Mr. Porter said that either one of the Hearing Examiners can work with the Board to get the suggested changes made.

Dr. Sethi asked how they should handle their proposed changes during the Board meeting.

Mr. Haslam indicated that proposed amendments made during the meeting would be handled and processed during the meeting, as they are done currently. However, if changes are suggested prior to the meeting, the Board member should work directly with Mr. Porter and/or Ms. Blue.

Dr. Ramprasad asked if there are legal implications with the Board using the Hearing Examiners for this process.

Mr. Porter assured the Board that this process would not compromise cases.

Dr. Steinbergh commented that Ms. Debolt did a very good job with the amended orders and met the needs of the Board members. Dr. Steinbergh indicated that no potential conflict was evident and Ms. Debolt was very objective and thorough.

Mr. Haslam concurred and said Ms. Debolt may be assigned to assist the Hearing Unit with these matters in the future. Mr. Haslam clarified the assignment of these duties are, in part, due to the reorganization of the office.

Mr. Haslam moved on to the subject of Board Retreats and said they are being planned on Thursdays after Board meetings to discuss Disciplinary Guidelines and the office's strategic plan. Mr. Haslam indicated an email would be sent asking each Board member

for their availability for the Retreats. Mr. Haslam noted that historically, Disciplinary Guidelines were reviewed by a committee, but he felt they should be reviewed and determined by the Board.

Mr. Haslam concluded by passing out a copy of his letter of resignation and asked that the Board accept it, with an effective date of April 25, 2014.

Discussion followed about whether or not the Board should accept Mr. Haslam's resignation, because he has done a good job and many of the members do not want him to leave.

Dr. Saferin moved to accept Mr. Haslam's letter of resignation. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

It is noted that many Board members voted with hesitancy and reluctance to accept Mr. Haslam's letter of resignation, stating they wished he would reconsider.

Mr. Haslam thanked the Board for their kind comments and stated this was the conclusion of his last Administrative Report.

MISCELLANEOUS

Dr. Ramprasad indicated he asked Mr. Haslam to discuss with Senior Staff moving the Reports and Recommendations to the morning on the Board meeting agenda.

Mr. Haslam indicated staff had already sent letters for the May meeting and asked that the change not be made until June.

Dr. Ramprasad agreed that the change could occur in June.

Dr. Ramprasad informed all in attendance that the former director's suite is now the Albert Room.

Mr. Haslam indicated the move was made and photos and other memorabilia honoring Mr. Albert will be placed in the room. The Albert Room and the other conference room will be available to the entire staff for meetings and lunch gatherings.

Dr. Ramprasad stated a new Interim Director would be announced. Dr. Ramprasad noted he would do his due diligence, will consult with others, and make decisions that he feels is best for the Board.

Dr. Ramprasad said he, Mr. Haslam and Mr. Lenobel recently attended the Telemedicine Conference. Dr. Ramprasad said the technology was amazing and the conference was worthwhile. Dr. Ramprasad indicated they visited Children's Hospital the following day and he was struck by a unit that housed mostly teenagers that had failed suicide attempts. Dr. Ramprasad spoke about a conversation he had with a psychiatrist who indicated that more males complete suicides than females. The psychiatrist said that the early intervention is important and makes a difference. It was also indicated to Dr. Ramprasad that there are not enough child psychiatrists.

Dr. Steinbergh noted the language of "complete" or "not complete" is being used when it relates to suicides and that language was more appropriate than using the word "commit." Dr. Steinbergh asked the Board to use that language, and indicated it seems to strike a less negative and more understanding tone of what happens when a person comes to that point in his or her life when the concept of suicide is appealing.

RULES AND POLICIES

Ms. Anderson indicated that the Rules and Policies were tabled until May.

REPORTS BY ASSIGNED COMMITTEES

Physician Assistant/Scope of Practice Committee

Physician Assistant Matters

Dr. Steinbergh noted there was a correction in the application of Ms. Rae E. Bunyak, P.A., and Ms. Bunyak applied for a physician assistant certificate to practice, not a provisional certificate to prescribe. The Committee considered whether Ms. Bunyak's Masters of Science in Kinesiology from Louisiana State University was consistent with a Masters of Exercise Physiology, which is one of the courses of study accepted under the Board's rules. The Committee discussed the fact that Ms. Bunyak had practiced in several states. Dr. Steinbergh said in the letter to the Board, Ms. Bunyak discussed her past career. Ms. Bunyak said she worked for the Department of Defense for the past seven years and had worked as a P.A. with prescriptive authority, although that is not what the Committee was considering at the meeting.

Dr. Steinbergh continued by saying the Committee disagreed on Ms. Bunyak's comments about her Masters of Science Degree in Kinesiology having cardiac rehabilitation specialization. After reviewing Ms. Bunyak's transcript, the Committee did not feel that the course had an emphasis on cardiac rehabilitation, but agreed that Ms. Bunyak did take the course. However, in considering Ms. Bunyak's course of study and non-ARCPA Master's Degree, the Committee felt that it was clinically relevant and consistent with Exercise Physiology. The motion of the committee was to approve the request and deem

the coursework clinically relevant.

Dr. Saferin moved to accept the Masters in Kinesiology as clinically relevant to the practice of a Physician Assistant and grant the Certificate to Practice as a Physician Assistant for Rae E. Bunyak, P.A. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Special Services Plan

Dr. Steinbergh indicated that the Physician Assistant Policy Committee (PAPC) reviewed a Special Services Plan for Orthopaedic Specialists and Sports Medicine and tabled the matter. Therefore, it is not under consideration at this time.

Dr. Steinbergh moved on to the Special Services Plan for Reconstructive Orthopaedics and Sports Medicine and stated that the PAPC and the P.A. Committee approved all 11 of the requests, which meet or exceed the guidelines for orthopedic injections and/or aspirations.

Dr. Saferin moved to approve the Special Services Plans for Subacromial Bursa injections, Ganglion Cyst injections/aspiration, Lateral/Medial Epicondyle injections, A.C. joint injections, Olecranon Bursa injection/aspiration, Trigger Finger injections, Intra-articular hip injections, Greater Trochanter Bursa hip injections, CMC Thumb Joint injection, Plantar Fascia injection, and DeQuervain's injection submitted by Reconstructive Orthopaedics and Sports Medicine. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Dr. Steinbergh stated that the Special Services Plan for Universal Dermatology and Vein Clinic was reviewed and tabled by the PAPC because the application for the two plans was incomplete and further discussion and clarification was needed.

Dr. Steinbergh noted that the Special Services Plan for Family Medical Group was referred to the P.A. Committee of the Board by the PAPC. Discussion was initiated during the meeting earlier in the day and it was determined the opinion of the Committee was warranted.

Dr. Bechtel stated the request of Family Medical Group was very concerning for several reasons. First, Dr. Bechtel did not feel that a thorough or well-detailed didactic plan for teaching existed. Dr. Bechtel said the Group requested the ability to freeze superficial malignancies. His concerns were that these are non-dermatologist and family doctors who are not trained in diagnosing skin lesions and cryosurgery on superficial skin cancers. Dr. Bechtel indicated in dermatology, only in rare circumstances with very small basal cells would that procedure be done and with very special equipment. Dr. Bechtel reiterated his concern and said it is not the technique that puts patients at risk, because it is a fairly conservative technique, but freezing lesions that should not be frozen, such as skin cancers and melanomas. Dr. Bechtel ended by saying the proposal puts patients at risk.

Dr. Ramprasad asked how proper education/training could be accomplished.

Dr. Bechtel indicated the group would need documentation of formal didactic training on identifying benign and malignant lesions.

Dr. Steinbergh thanked Dr. Bechtel for his comments and reiterated this matter would be reviewed by the PAPC with these and other comments that were received.

Review Changes to the Model Orthopaedic Plan

Dr. Steinbergh stated that changes to the Model Orthopaedic Plan were discussed at the PAPC and the matter was tabled in order to continue the discussion and redraft language. The matter was, however, presented to the P.A. Committee to inform them of the status. Dr. Steinbergh indicated that additional comments should go to Ms. Debolt.

Licensure Committee

Licensure Application Reviews

Raewyn Campbell, M.D.

Dr. Saferin stated that Raewyn Campbell, M.D., had submitted a licensure application. The Committee's recommendation is to grant Dr. Campbell equivalency for 24 months of Graduate Medical Education (GME) through second year level of GME and experience in Australia and New Zealand. Dr. Saferin also said that Dr. Campbell has nine months

of fellowship training that she is currently participating in at the University of Pennsylvania. Additionally, the Committee spoke with Dr. Campbell that morning and gathered additional and appropriate information. Therefore, the Committee recommends approval of the request.

Dr. Steinbergh moved to grant Dr. Campbell's request for Ohio licensure as presented. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Stefanie Avril, M.D.

Dr. Saferin stated that Stefanie Avril, M.D., applied for a Clinical Research Faculty Certificate in Ohio. Dr. Saferin noted that Dr. Avril meets the guidelines and was offered a job at University Hospital in Cleveland, Ohio. Therefore, the Committee recommends approval of the request.

Dr. Steinbergh moved to grant Dr. Avril's request for a Clinical Research Faculty Certificate. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Khalid Mumtaz, M.D.

Dr. Saferin stated that Khalid Mumtaz, M.D., applied for a Clinical Research Faculty Certificate in Ohio. Dr. Saferin indicated that Dr. Mumtaz meets all the guidelines and was offered a position at The Ohio State University. Therefore, the Committee requests approval of the request.

Dr. Steinbergh moved to grant Dr. Mumtaz's request for a Clinical Research Faculty Certificate. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Finance Committee

Mr. Kenney indicated that the Committee reviewed several matters during the meeting. The main issues discussed were the fining authority and how to collect those fines. Mr. Kenney then asked Ms. Loe to give a brief fiscal report.

Ms. Loe indicated that due to under spending, because of staff vacancies, the fund balance is higher than anticipated. Although the fund balance looks better than expected, this is only temporary as the Board continues to fill those positions.

Mr. Haslam echoed those comments.

Mr. Kenney stated that several Board and staff members met with Representative Anne Gonzales and Tim Maglione regarding fining authority legislation. Documentation that links the fines with the Board's current disciplinary guidelines was provided to all Board members for review. Mr. Kenney asked that all Board members review the documentation and stated he would like to vote on this matter at the May meeting.

Mr. Haslam indicated the proposed legislation will be emailed to Board members, once all groups have met to ensure that all are satisfied with the language.

Dr. Steinbergh suggested, when the Board is discussing fining authority in regards to physicians, that the Executive Directors for the Ohio Osteopathic Association (OOA) and the Ohio Podiatric Medical Association (OPMA) be included. These organizations have members who would be affected by the fines and not all of these physicians are represented by the Ohio State Medical Association (OSMA).

Mr. Kenney said one of the changes being made, would include all of the Board's licensees. All licensees would be subject to fines according to the Ohio Revised Code (ORC) and the Board's Disciplinary Guidelines.

Mr. Haslam stated all licensees will be included. LSC is drafting the remaining licensees

sections and the Board will reach out to all of the other associations for an interested parties meeting.

Mr. Kenney indicated the next step was to determine how these fines were going to be collected. To gather information on this process, Committee members met with the Attorney General's (AG) staff to discuss liens or judgments for licensee fines that are owed to the Board. The Committee was informed the AG's office send such matters to special counsel or collection agencies. The AG's office indicated, if the appropriate language is included in the legislation and approved, they could pursue liens and judgments more expeditiously.

Dr. Soin asked if a physician has broken a single statute 20 times on 20 different patients, will that individual receive 20 times the fine or multiple fines and which level of fine would the physician receive?

Mr. Haslam indicated the Board wanted to ensure the fines are linked directly to the disciplinary guidelines, so it is consistent and due process is occurring. Currently, if the Board cites a physician for multiple violations, the maximum regulation of that license is based on the highest offense committed. With the new fining authority, the licensee would be subject to the fine analogous with that offense. Mr. Haslam clarified essentially, there would be only one fine and would be concurrent, not consecutive.

Dr. Steinbergh commented that the Board needs to be clear that these fines are not in lieu of disciplinary actions against the licensees.

Dr. Sethi asked how the Board will collect if the licensee declares bankruptcy.

Mr. Kenney indicated that sometimes you cannot. It was indicated the AG collection fees are charged in addition to what is owed to the Board. Mr. Kenney was also told tax refunds and lottery winnings of a licensee can be seized to pay the fines.

Mr. Haslam moved the conversation to another legislative matter and said the Legislature's Finance Committee passed the Board's forfeiture legislation last night. This legislation will allow the Board to accept proceeds from forfeitures from criminal prosecutions of our licensees where our investigators have been involved. If a licensee is criminally convicted, there are typically forfeitures involved. Previously, the Board was not able to receive any of the forfeited funds for our involvement in the investigation because the Board is not a law enforcement agency. This legislation allows the Board to receive a portion of the forfeited funds for the cases that our investigators are involved with, without being designated as a law enforcement agency.

Mr. Haslam also said that Mr. LaCross was attending the Health Committee meeting because Representative Terry Johnson was submitting a bill that would allow our Board and other Boards to hold committee meetings via teleconference. The Board could hold these meetings throughout the month and the public could come in to participate, but the members could participate via telephone.

Dr. Steinbergh asked if that would qualify as a public meeting in terms of Board members per diem.

Mr. Haslam indicated that it would.

Policy Committee

Mr. Gonidakis said the Suboxone rules were submitted and the Board is accepting comments at this time. Mr. Gonidakis stated the Board has positioned itself to be light years ahead of the curve and he encourages anyone who wants to be involved in the Policy Committee to join them. Mr. Gonidakis asked Ms. Anderson to speak about telemedicine.

Ms. Anderson addressed the Board saying last month she reported the Committee had provided comments to the Department of Medicaid on their telemedicine rules. Those rules are tied to reimbursement, mostly in consulting situations with patients in health facilities consulting with physicians via telemedicine. Those situations would be reimbursed by Medicaid. The Board had some technical comments and the Department of Medicaid reached out to Ms. Anderson regarding the Board's rule 4731-11-09. Some technical conflicts may exist. Ms. Anderson said the Board will be proposing some changes to that rule, to clarify what constitutes an exam, based on our interpretive guideline. The Board may also be expanding where telepsychiatry can occur to include those definitions that Medicaid uses in their rules.

Ms. Anderson then spoke on One-bite and said that the Committee received comments and a large volume of journal articles provided by the Ohio Physicians Health Program. Those articles will be provided to the Board members electronically. The Committee is making a proposal to start the process of statutory and rules changes for One-bite. The proposal is that all reports go to the Compliance Department, with licensees who are diagnosed with substance use disorders making a report to the Board. These changes would not affect the way other issues that must be reported to the Board are handled, for instance DUIs. Ms. Anderson said the individual would report to the Board and Ms. Bickers or the Compliance manager would work with the Secretary and Supervising Member to see if that individual meets One-bite and could have private monitoring. If the licensee qualifies, a letter would be sent indicating they qualify for One-bite and what steps that individual needs to take. If the individual does not meet the exemption, a complaint would be filed and the case would work through the Board process. Ms. Anderson reiterated while the Committee continues to move forward on this matter, there will be many opportunities for public comment.

Mr. Haslam agreed and said some groups did not comment until late in the process and it was disingenuous for those groups to say they did not have enough time to make remarks regarding this matter.

Mr. Gonidakis concurred.

Dr. Steinbergh noted that the Committee is assuming that the Medical Board wants to move forward at this time. Dr. Steinbergh said it is important the Board talk amongst themselves to determine whether the One-bite process should be changed. Dr. Steinbergh asked if the Board had come to that decision.

Mr. Gonidakis stated prior to changing the committee structure, determination was made to elevate and take the next step with One-bite and the Board, several months ago, decided to start the process. Mr. Gonidakis recommends continuing and said he believes good can come of this matter and ultimately, statute and rule changes may not be needed.

Dr. Ramprasad concurred.

Dr. Saferin made a motion for the Committee to move forward with drafting the One-bite rule and bring the matter back to the Board for further discussions.

Ms. Anderson stated the concerns are about the chilling affect and indicated the question is, does the Board want to study it further or move forward.

Dr. Saferin asked for clarification about the chilling affect and whether it pertained to protecting the physicians or protecting the citizens of Ohio from the physicians.

Ms. Anderson indicated the issue raised is licensees may be hesitant to report to the Medical Board, because the licensees are not sure what would happen and if formal discipline may occur. Therefore, these individuals may not report and would not seek treatment, which would put Ohioans at risk.

Mr. Gonidakis said this process forces associations and the Board to work together.

Dr. Ramprasad said coordination and communication is necessary and the Committee should continue to work together with these associations to receive their comments.

Dr. Steinbergh seconded the motion. A vote was taken. All members voted aye.

Compliance Committee

No report was given from the March meeting.

APPLICANTS FOR LICENSURE

Dr. Bechtel moved to approve licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician applicants, listed in Exhibit "A" and the additional handout, the physician assistant applicants listed in Exhibit "B," the massage therapist applicants listed in Exhibit "C." Dr. Saferin seconded the motion. A roll call was taken.

ROLL CALL:	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

The motion carried.

EXECUTIVE SESSION

Dr. Ramprasad indicated he would entertain a motion to go into Executive Session to consider matters concerning the employment of a public employee.

Dr. Steinbergh moved to enter into Executive Session to consider matters concerning the employment of a public employee. Dr. Saferin seconded the motion.

A roll call was taken:

ROLL CALL:

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

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Haslam and Mr. Blanton.

The Board recessed at 12:15 p.m. for lunch and resumed at 1:00 p.m. and returned to public session.

APPOINTMENT OF INTERIM EXECUTIVE DIRECTOR

Dr. Ramprasad indicated that he would entertain a motion to name an Interim Executive Director.

Dr. Saferin moved that Jonathan D. Blanton, Esquire, be named Interim Executive Director, effective April 26, 2014, at a salary to be determined, to serve until such time as an Executive Director is hired and has commenced work for the Board.

I further move to authorize the Interim Executive Director to act as the appointing authority as follows:

- 1. For day-to-day operations of the agency, including but not limited to, hiring, firing, accepting resignations, imposing employee disciplinary action, and approving or denying leave requests, and**

2. For signing any fiscal or administrative documents.

I further move to authorize the Interim Executive Director to contract for services as necessary to carry out the Board's responsibilities, with the stipulation that all contracts of \$5,000 or higher must bear the signature of the President in addition to that of the Interim Executive Director.

I further move to designate the Interim Executive Director as the custodian of the Board's records and to grant the Interim Executive Director the authority to delegate certification of documents to other staff members as the need arises.

I further move to grant the Interim Executive Director the authority to designate other staff members to sign personnel, fiscal, and administrative documents as the need arises.

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

EXECUTIVE SESSION

Dr. Steinbergh moved to go into Executive Session to confer with the Medical Board's attorneys on matters of pending or imminent court action and for the purpose of deliberating on proposed consent agreements in the exercise of the Medical Board's quasi-judicial capacity. Dr. Saferin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Haslam, Mr. Blanton, Ms. Ore, Mr. Beck, Ms. Anderson, Mr. Miller, Ms. Marshall, Mr. Schmidt, Ms. Loe, Ms. Meyer, Mr. McCafferty, Ms. Pokorny, Ms. Mortland, Mr. Taposci, Ms. Wehrle, Ms. Schwartz, Mr. Katko, Ms. Bickers, Ms. Jones, Ms. Debolt, Ms. Rieve, Ms. Jacobs, Ms. Jackie Moore, Ms. Angela Moore, Ms. Pastrick, Mr. Blackmer, Ms. Hacker, Mr. Wilcox, Mr. Wakley, Ms. Snyder, Mr. Taylor and Ms. Farrell.

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTS

Sohail Aman, M.D. – Consent Agreement

Dr. Steinbergh moved to ratify the Consent Agreement with Dr. Aman. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Joanna Chandra Salmon Kauffman, M.D. – Consent Agreement

Dr. Soin moved to ratify the Consent Agreement with Dr. Kauffman. Dr. Saferin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Tina Marie D. Nelson, M.D. – Consent Agreement

Dr. Soin moved to ratify the Consent Agreement with Dr. Nelson. Dr. Steinbergh seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

John Louis Ratz, M.D. – Voluntary Permanent Surrender of Certificate to Practice Medicine and Surgery

Dr. Soin moved to ratify the Voluntary Permanent Surrender of Certificate to Practice Medicine and Surgery for Dr. Ratz. Dr. Saferin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Richard S. Skoblar, M.D. – Consent Agreement

Dr. Steinbergh moved to ratify the Consent Agreement for Dr. Skoblar. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Daniel A. Martelino, M.D. - Voluntary Permanent Surrender of Certificate to Practice Medicine and Surgery

Dr. Steinbergh moved to ratify the Voluntary Permanent Surrender of Certificate to Practice Medicine and Surgery in Ohio for Dr. Martelino. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

Bradley Taylor Jennings, D.P.M. - Voluntary Permanent Surrender of Certificate to Practice Podiatric Medicine and Surgery

Dr. Soin moved to ratify the Voluntary Permanent Surrender of Certificate to Practice Podiatric Medicine and Surgery in Ohio for Dr. Jennings. Dr. Saferin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Theodore Roosevelt Cubbison, D.O. - Consent Agreement

Dr. Steinbergh moved to ratify the Consent Agreement with Dr. Cubbison. Dr. Soin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

PROBATIONIONARY REQUESTS

Dr. Ramprasad advised that at this time the Board would consider the probationary requests on the consent agenda. Dr. Ramprasad asked if any Board member wished to discuss a probationary report or probationary request separately.

Dr. Soin indicated that he wanted to discuss Nilesh B. Jobalia, M.D. Not specifically in regards to this case, but what the Board does when a pain management physician is cited for prescribing issues, specifically how the Board handles the supervisory position. Dr. Soin asked that the Board keep in mind that H.B. 93 passed two years ago where specific pain management providers have to be licensed and vetted by the Board of Pharmacy. Dr. Soin's question was, when the Board has a pain management physician who has a prescribing issue that initially had a pain management doctor as a supervising physician, but switches to one that may not be, does the Board perceive that as a problem? Dr. Soin asked if the Board vets that new supervising physician.

Mr. Gonidakis exited the meeting.

Dr. Steinbergh replied, in the past, the Board has always tried to have a monitoring physician in the same specialty. There are times because of geographic locations, perhaps in a small town with limited physicians, the Board may agree or approve a physician with a different specialty. However, Dr. Steinbergh said, the Board should be able to find a monitoring physician with the same specialty in the Cincinnati area, in Dr. Jobalia's situation.

Ms. Bickers interjected that Compliance would internally review the monitoring physician's Curriculum Vitae (CV) and determine whether there were concerns regarding that physician. There have been times when the Secretary or Supervising Member indicated the monitoring physician was not appropriate and the matter does not go to the Board until an appropriate monitoring physician was located.

Dr. Soin clarified his concerns and said his question was specifically regarding pain management and the new laws. When the Board has pain management physicians with prescribing issues, does the Board select or make the individuals select a supervising physician that meets the guidelines required in H.B. 93 to be a credentialed pain provider in the state. Dr. Soin wondered if the selection of a monitoring physician was in line with the statute.

Dr. Ramprasad joined the conversation and said it was a good idea and the Board could do that.

Dr. Steinbergh believes that it is not being done, but the Board could choose to do that. Dr. Steinbergh said that the Board has to be satisfied that the monitoring physician would appropriately manage. In Dr. Jobalia's case, the monitoring physician had experience with pain management.

Ms. Anderson noted that a physician that is Board Certified in Physical Medicine and Rehabilitation could meet the requirements for a pain management clinic.

Dr. Soin indicated that it could be difficult to enforce and track. Dr. Soin said that he did not have an issue with Dr. Jobalia's monitoring physician, and that he reviews these matters thoroughly. If, in the future, Dr. Soin has concerns, he will be sure to voice them.

Dr. Steinbergh reiterated that the Board needs to be comfortable with the monitoring physician or should voice their concern, so that a new monitoring physician can be selected.

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

- **To grant Michael T. Bangert, M.D.'s request for approval of Peter Golden, Jr., M.D., to serve as the new treating psychiatrist;**
- **To grant Nilesh B. Jobalia, M.D.'s request for Approval of William J. Bajorek, D.O. to serve as the new monitoring physician;**
- **To grant John K. Krebs, M.D.'s request for acceptance of Compliance staff's report of conference on March 11, 2014 and reduction in drug and alcohol rehabilitation meeting attendance from three per week to two per week with a minimum of ten per month;**
- **To grant David Brian Levy, D.O.'s request for Approval of *Coping with Stress and Burnout in Medicine*, administered by the Texas Medical Association to fulfill the personal/professional ethics course requirement and to continue under the terms of the July 10, 2013 Board Order, with future appearances before the Board Secretary or designee;**
- **To grant Deborah S. Lubitz, M.D.'s request for approval of Zahid F. Awan, M.D., to serve as the treating psychiatrist;**
- **To grant Joseph Francis Lydon, Jr., M.D.'s request for acceptance of Compliance staff's report of conferences on March 11, 2014 and approval of Chris Adelman, M.D., to serve as the new monitoring physician;**
- **To grant Sharon L. McRae, M.D.'s request for approval of psychiatric assessment/treatment recommendation conducted by Samuel L. Bradshaw, M.D., approval of *8 hour online Anger Management Class*, administered by Conflict Coaching & Consulting PLC, approval of *Stress Management 101* online course administered by UniversalClass, and to continue under the terms of the January 10, 2013, Board Order, with future appearances before the Board Secretary or designee;**
- **To grant Jerome A. McTague, M.D.'s request for *Medical Ethics Boundaries and Professionalism* administered by Case Western Reserve University to fulfill the ethics course requirement and *Medical Records Keeping Course***

administered by Western Institute of Legal Medicine to fulfill the records keeping course requirement;

- To grant Juliana J. Oak, M.D.'s request for permission to travel between Pennsylvania and Ohio without prior approval;
- To grant Sudhir S. Polisetty, M.D.'s request for approval of Charles F. Francke, M.D., to serve as the new treating psychiatrist;
- To grant Jerry G. Purvis, Jr., M.D.'s request for acceptance of Compliance staff's report of conference on March 11, 2014, and reduction in appearances from every three months to every six months;
- To grant Robert J. Rosenstein, D.P.M.'s request for acceptance of Compliance staff's report of conference on March 11, 2014, approval of Michael G. Coppers, D.P.M., to serve as the monitoring physician with the review of 10 charts per month;
- To grant Sudesh S. Reddy, M.D.'s request for release from the terms of the January 12, 2011 Consent Agreement;
- To grant Wayne Marshall Williams, M.D.'s request for acceptance of Compliance staff's report of conference on March 11, 2014, and discontinuance of the controlled substance log requirement.

Dr. Saferin seconded the motion. A roll call was taken:

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

The motion carried.

REPORTS AND RECOMMENDATIONS AND PROPOSED FINDINGS AND PROPOSED ORDERS

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: Betsy L. Cornell; Craig Whitaker Johnson, M.D.; David Edward Noonan, Jr.; and Nicholas Lawrence Pesa, M.D.

A roll call was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Steinbergh	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- 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. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Soin	- aye
	Dr. Steinbergh	- aye
	Dr. Ramprasad	- aye
	Dr. Sethi	- aye
	Dr. Talmage	- aye
	Mr. Kenney	- 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 disciplinary matters before the Board today, Dr. Talmage served as Acting Secretary and Dr. Bechtel served as Supervising Member.

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.

Betsy L. Cornell

Dr. Ramprasad directed the Board's attention to the matter of Betsy L. Cornell, and stated that no objections have been filed. Ms. Clovis was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Betsy L. Cornell. Dr. Saferin seconded the motion.

Dr. Ramprasad indicated because Mr. Gonidakis was assigned to review the case with the Board and had stepped out of the meeting. Therefore, this matter would be heard by the Board later in the meeting.

Craig Whitaker Johnson, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Craig Whitaker Johnson, M.D., and stated that objections have been filed, however they were not filed in a timely manner. Ms. Blue was the Hearing Examiner.

Dr. Saferin moved to accept Dr. Johnson's objections. Dr. Soin seconded the motion.

A roll call was taken:

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

The motion carried.

Dr. Ramprasad invited Dr. Johnson to address the Board.

Dr. Johnson introduced himself as a pediatrician, said he wasn't a public speaker, and indicated that he gets nervous around people. Dr. Johnson said his intention on January 2nd was never to have Patient 1 remove her clothes, but to put a gown on, so that he could do a blood pressure check. Dr. Johnson stated that he never denied the incident occurred and has told the truth consistently. Dr. Johnson said he apologized to Patient 1 for the misunderstanding and the embarrassment and said he is truly sorry for everything that happened. Dr. Johnson disclosed that he is 65 years old and has been a physician for 35 years and this is the only complaint the Board has ever had on him. Dr. Johnson said that this matter has been difficult for Patient 1's family and that it has also been difficult for him, his family and his office. In fact, Dr. Johnson said this has been the greatest stress of his entire life. Dr. Johnson said he has been stressed mentally, financially and spiritually and when the legal fees reached \$100,000, he and his wife decided they could not afford it anymore, so they have been working on the case together.

Dr. Johnson said he tried, at the hearing, to convey he was a very good person, goes to church weekly, and is a devout Christian, as are the rest of his family. Dr. Johnson said his fourth daughter did a year of ministry work in the U.S. and Central America and is currently on a six month mission in Africa. Dr. Johnson expressed he has wonderful children and believes they are because they have great grandparents and parents.

Dr. Johnson said Ms. Blue described him as narcissistic and admitted he looked it up

because he didn't know the definition. Dr. Johnson stated he never expounds on what he does for others, except with his wife, but he felt it was necessary at the hearing to make those comments to defend his character. Dr. Johnson said, as it says in the Bible, the Lord requires you to do justly, love mercy and to walk humbly with your God.

Dr. Johnson said he has been an extremely hardworking physician over the last 35 years, with the health of his patients being most important. Dr. Johnson said he is a solo pediatrician without coverage, he attended labor, delivery and nursery for 20 years, being held accountable 24 hours a day with little notice. Dr. Johnson indicated that he doesn't go home until his last patients are seen and, very importantly, he sees every patient that calls him after hours, weekends, and holidays and usually sees them promptly at his office. Dr. Johnson stated that he answers all of his after hours phone calls personally. Dr. Johnson indicated that he has seen thousands of patients after hours over the past 30 years at his office, his house, and patients' homes, saving the patients emergency room and urgent care visits.

Dr. Johnson said he puts in IVs at the office for fluids and does his own stitches. Dr. Johnson stated the Board may find it hard to believe that a physician could work seven days a week, 365 days a year, but said he does. Dr. Johnson said he does not take vacation and he cares deeply about his patients. Dr. Johnson said there are physicians that are more intelligent than him, but felt that there are few who work harder than he. Dr. Johnson said his office may be locked but it is never closed and every day is the same, whether is Monday through Sundays and holidays.

Dr. Johnson said that he was approached on several occasions about a position for Patient 1, and he called the mother and asked if it was acceptable for him to call her daughter. Dr. Johnson told the mother that he would arrange for a meeting with Patient 1, and he cleared that with his wife, as well. Dr. Johnson said the job would probably be the most strenuous job that Patient 1 had and he wanted to show Patient 1 what would be required. Dr. Johnson indicated that he may have to have her go up and down the stairs and if Patient 1 wanted the job, she could have it, but if she didn't want it, she didn't have to take it. Dr. Johnson said that there was a question on Patient 1's weight and that was a big issue. Dr. Johnson stated that Patient 1 gained 60 pounds and there was a question of her having hypertension. Dr. Johnson said he needed to see Patient 1 to see where her health was at that time.

Dr. Johnson stated that he has spent hours over the years taking care of this family and this situation was a terrible misunderstanding, was awkward and embarrassing, and he is sorry for it. Dr. Johnson indicated that he apologized to Patient 1 for it. Dr. Johnson indicated that he has never walked into a room with a patient that did not have clothes on in 35 years. Dr. Johnson said he has the utmost respect for the Board and they have a tough job to do and he understands how important it is. Dr. Johnson said he is in the fight for his life, for his family, and for his patients. Dr. Johnson said that he worries about his patients not having him as a physician, not because there aren't better physicians, but because he puts so much into his service. Dr. Johnson concluded by saying he hopes and trusts the Board's actions are fair.

Dr. Ramprasad asked if the Assistant Attorney General wished to respond.

Ms. Snyder indicated that she did wish to respond and said the problem with Dr. Johnson's story is it is completely unbelievable. The patient in this case had been a patient her entire life and was 23 at the time of this incident. Dr. Johnson arranged to have the young lady come to the office when it was closed and no one was going to be there. When the patient arrived, someone was at the office, so Dr. Johnson took her to lunch at Arby's, where he ate and the young lady sat and watched.

When Dr. Johnson and the female returned to the clinic, no one was there. Ms. Snyder said Dr. Johnson talked to the young lady about the position, never showed her the basement and never talked to her about going up and down the steps, and according to the young lady, never talked to her about her weight. Ms. Snyder said according to the records, Dr. Johnson then showed the female to an exam room and told the young lady to take everything off. The young lady asked, everything, and Dr. Johnson said yes, everything. The young lady proceeded to go into the exam room and took her clothes off, like Dr. Johnson had told her to do. Ms. Snyder continued by saying that Dr. Johnson walked into the exam room and said, this isn't what I like to see, but you passed the test. Ms. Snyder said Dr. Johnson stated he was shocked to see the young lady naked, and didn't expect to see her naked because he had given her a gown. However, Dr. Johnson's response doesn't coincide with his reaction. He did seem surprised and did not excuse himself so the young lady could put a gown on, but instead, tells her to walk down the hallway to the scales. Dr. Johnson followed behind the young lady as she walked to and from the scales. When they return to the exam room the female asks if she can put her clothes on and Dr. Johnson said yes. However, Ms. Snyder said, Dr. Johnson stayed in the room and watched as the female bends over to put on her pants first. Ms. Snyder said that Dr. Johnson told the young lady he knew this was embarrassing, but indicated he would do it for her and told her to ask him to.

Ms. Snyder asked the Board to imagine the patient while considering this case. The young lady suffered from depression, had recently gained weight and was uncomfortable about it, and these were things Dr. Johnson was aware of. Dr. Johnson said this was a big misunderstanding, but Ms. Snyder indicated it was a well laid plan, a crime of opportunity, and all about degrading and humiliating this patient and Dr. Johnson's sexual gratification. Ms. Snyder said that Dr. Johnson indicated there was no way he could have intended this situation to be sexually gratifying, because he has a microphallus and is incapable of getting an erection. Ms. Snyder indicated that one does not need to get an erection to be sexually gratified from viewing something.

Ms. Snyder also said that this patient testified she had to go through therapy and indicated that she would never go to a male doctor again. Ms. Snyder said there are many facts to this case and the report is very comprehensive. Ms. Snyder reminded the Board that Ms. Blue does not hand out permanent revocation lightly, but Ms. Blue had the opportunity to watch Dr. Johnson and the witnesses testify, weighed the credibility, and believed the patient.

Mr. Gonidakis returned to the meeting at this time.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Craig Whitaker Johnson,

M.D. Dr. Saferin seconded the motion.

Dr. Ramprasad asked Mr. Gonidakis whether he 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: Betsy L. Cornell; Craig Whitaker Johnson, M.D.; David Edward Noonan, Jr.; and Nicholas Lawrence Pesa, M.D.

Mr. Gonidakis answered in the affirmative.

Dr. Ramprasad asked whether Mr. Gonidakis 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.

Mr. Gonidakis answered affirmatively.

Dr. Soin reviewed the case with the Board saying that Dr. Johnson testified that since 1985 he had been a solo practitioner in Middletown. Dr. Johnson's testimony indicated that he treats pediatric patients from birth to college and sees about 30 patients a day in the winter and approximately 20 patients per day in the summer. This case focuses around Patient 1, a 25 year-old female. Dr. Soin said that Patient 1 testified that she is a college graduate and is currently employed. On July 28, 1988, Patient 1 became a patient of Dr. Johnson when she was two months old and left the practice on January 3, 2012. Dr. Soin continued by saying that Dr. Johnson testified that from July, 1988 through November 2011, he treated Patient 1 a total of 196 times, saying that Patient 1 had chronic asthma and came to his office weekly for allergy shots. Dr. Johnson also acknowledged in his testimony that he treated Patient 1 for depression and anxiety and prescribed Zoloft for her. Dr. Soin said Dr. Johnson indicated that Patient 1's depression was triggered by the death of a friend and dog. Dr. Soin continued by saying that Dr. Johnson testified that when Patient 1 was 20 years old, he became concerned about her weight, because over a course of two years Patient 1 went from 146½ pounds to 211 pounds. In the testimony, Dr. Johnson stated that Patient 1 was "obese and a pretty girl and probably outgoing." Dr. Soin said that Dr. Johnson acknowledged he had a good relationship with Patient 1, referring to her as his favorite patient and went to her high school graduation party and that she comes from a wonderful family.

Dr. Soin reiterated that this case stems from an incident on January 2, 2012, when she was 23 years old, Patient 1 went to Dr. Johnson's office to interview for a clerical position in the medical practice. Dr. Soin said that Patient 1 stated she was chosen to come to the office on that day at 10:00 a.m. and was told to come at 11:00 a.m. When Patient 1 arrived, Dr. Johnson told her he was on his way to lunch and offered to take her to Arby's. Dr. Johnson and Patient 1 went to Arby's and he ate, she did not. At that point and time, Dr. Johnson discussed job duties with the patient.

Dr. Soin continued saying that Patient 1 said, when returning to the office in the reception area, she removed her jacket because Dr. Johnson wanted to smell her to determine whether or not she smelled like smoke, since one of her family members smoked. In the testimony, the patient explained that Dr. Johnson lifted her arm and smelled her arms, her back and her waist area. Patient 1's testimony continued by stating, upon taking her back

to the examination room, Dr. Johnson told her to go into the room and take everything off. Patient 1 asked, everything and Dr. Johnson replied, yes everything. Patient 1 testified that while in the examination room she felt very vulnerable and wondered how she could get out of this situation. Patient 1 indicated that she hoped there would be a gown for her to wear, but there was not. The testimony says that Dr. Johnson returned to that room and at that time, the patient tried to cover herself up by placing her right arm across her chest and crossing her legs. Patient 1 testified that Dr. Johnson said, "This isn't what I like to see, but you pass the test." Patient 1 said she felt very vulnerable, nervous and scared and indicated that then, Dr. Johnson had her walk down the hallway and get her weight checked.

Dr. Soin continued review of the case, saying that Patient 1 testified that after the incident, she drove straight home and immediately told her parents what had happened. Subsequently, she and her family called the Middletown Police and went to the station to file a report. Patient 1 acknowledged that subsequently a civil lawsuit was settled against Dr. Johnson as a result of the incident.

Dr. Soin said he also wanted to note Dr. Johnson's testimony for the record. Dr. Soin said Dr. Johnson testified that on January 2, 2012, the roads were slippery and icy, so he contacted Patient 1 and told her she did not need to come to the office. Dr. Johnson indicated that Patient 1 said she wanted to come to the office and could use her parents vehicle. Dr. Johnson testified that he told Patient 1 to wait an hour and come to the office at that time. Dr. Johnson also testified that in the office he wanted to discuss with her the details of the job. When asked about Patient 1 taking off her clothes, Dr. Johnson, stated it meant just the sweater she was wearing because he wanted to take her blood pressure. Additionally, in the testimony, Dr. Johnson denied he asked to smell the patient.

Dr. Soin concluded by saying that the Report and Recommendation is very comprehensive and there is testimony from Dr. Johnson's wife and additional support from the fathers of two other patients. Being aware of the charges against Dr. Johnson, those fathers testified that he was a wonderful physician and was professional and caring. Dr. Soin stated, what the case boils down to is credibility. Dr. Soin said in a section of the Report and Recommendation, it says that Dr. Johnson's explanation for the January 2, 2012 incident defies common sense. Dr. Johnson did not have to interview Patient 1 because he had already offered her a job. Dr. Soin continued by reading that Dr. Johnson's explanation for wanting to interview her personally is ludicrous because he never showed her the basement where she would be working, and never discussed those job duties during the interview. Dr. Soin said first, Dr. Johnson could have explained the job duties and described the location over the telephone. Secondly, Dr. Johnson's wife confirmed that her husband had never hired a patient to work as office staff. Third, Dr. Johnson offered a strenuous position to Patient 1, who he described as overweight, asthmatic, and allergic to work in a basement that he described as dirty and dusty, even though Dr. Johnson claimed to be concerned about her health. Dr. Soin stated if Dr. Johnson was truly concerned about Patient 1's health, he would not have offered her a position in conditions that would have flared up her condition.

Dr. Soin indicated there was absolutely no need to examine Patient 1 during the job interview. Dr. Soin read pertinent rules of the Administrative Code. Rule 4731-26-01(H)

“Sexual misconduct” means conduct that exploits the licensee-patient relationship in a sexual way, whether verbal or physical, and may include the expression of thoughts, feelings, or gestures that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes sexual impropriety, sexual contact, or sexual interaction as follows:

(1) “Sexual impropriety” means conduct by the licensee that is seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient, including but not limited to, the following:

(a) Neglecting to employ disrobing or draping practices respecting the patient's privacy;

Dr. Soin said that based on this information and the testimony, he supports the proposed order to permanently revoke Dr. Johnson’s license.

Dr. Steinbergh agreed with Dr. Soin and said, as solo practitioner, she often interviewed potential employees after hours, so she was not concerned that Dr. Johnson was in the office after hours alone with Patient 1. Dr. Steinbergh said that Dr. Johnson apparently had a good relationship with Patient 1 and her family. However, Dr. Steinbergh was not convinced that Patient 1’s story was fabricated and felt there was no potential for Patient 1 to make up this story. Dr. Steinbergh stated that she is convinced there was no misunderstanding. Dr. Steinbergh said there was no reason for the young woman to be undressed at that time and if Dr. Johnson had walked into the room and the young woman was naked, the physician should have immediately walked out of the room and said there was a misunderstanding. Dr. Steinbergh believed there was no misunderstanding, because Dr. Johnson proceeded to have Patient 1 walk down the hall and back.

Dr. Steinbergh indicated that the citizens of Dr. Johnson’s communities know him for his more than 30 years of service and they may not understand this egregious action, as it is probably inconsistent with how they have known the pediatrician. However, the Medical Board considers these actions egregious and no physician should take advantage of anyone under circumstances like these. Therefore, Dr. Steinbergh noted that she supports the Report and Recommendation and agrees with permanent revocation of Dr. Johnson’s license.

Mr. Kenney stated that he takes another view on this matter and asked where the proof was. Mr. Kenney said, in most cases the Board hears, there is testimony saying it happened, but this is one person saying it did and the other person saying it did not. Mr. Kenney said that these two individuals have known each other since Patient 1 was a baby and maybe that would cause Dr. Johnson to react differently with her being unclothed. Mr. Kenney noted that he disagrees with the Report and Recommendation of permanent revocation.

Dr. Sethi joined the discussion and said he has a question of credibility of Patient 1 and asked why the young woman would take off her clothes in this situation, even if the doctor said for her to do so. Dr. Sethi agreed with Mr. Kenney that he does not feel there is proof and indicated it is a he said/she said situation.

Dr. Steinbergh interjected and said the young woman left the office and immediately went to police department, told her parents and filed a complaint, and she did not take the job. Dr. Steinbergh said she believes Patient 1 was telling the truth.

Mr. Kenney replied, you do not know that.

Dr. Ramprasad said that the answer is simple. When you have someone in power, a physician that you trust, it is very difficult to put oneself in that position and ask why an individual would do that. Dr. Ramprasad agreed that it does not make sense to the Board, but if he put himself in that position and walked into an examination room where a woman was naked, Dr. Ramprasad indicated he would not have entered the room. Dr. Ramprasad continued by asking why he would walk behind a naked individual and noted he would offer them something to cover up with. Dr. Ramprasad said he would be embarrassed as a physician if he did not communicate appropriately regarding the clothing issue. Dr. Ramprasad said he did not understand why Patient 1 was asked to take her clothes off and asked what the reasoning was if it was a job interview. Dr. Ramprasad said he does not have a daughter, but has family members who are female, and if it was his daughter or any of them that this happened to, he would be irate.

Mr. Kenney said that Dr. Johnson had not admitted to telling Patient 1 to take her clothes off and the physician had known Patient 1 since birth. Mr. Kenney indicated that Dr. Johnson said he asked the young woman to take her sweater off.

Dr. Soin interjected and said that he did not agree with Mr. Kenney on that particular point. Dr. Soin cited when Dr. Johnson spoke to the Board, he blatantly said it was a misunderstanding but did not deny the fact that he stayed in the room when the young woman was naked, or that he said she "passed the test." Dr. Soin also noted that Dr. Johnson settled a civil law suit and believed if the physician was innocent, he would have fought the lawsuit.

Mr. Kenney said that he could comment on civil lawsuits, but instead restated his opinion on the case.

A roll call was taken on the motion to approve:

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

The motion failed.

Dr. Sethi moved to amend the proposed order to a one-year suspension with required ethics programs.

Dr. Saferin noted that certain things make no sense and said, did Dr. Johnson sit in the room while Patient 1 was naked? Dr. Saferin said the answer to that question is yes. Did Dr. Johnson not offer Patient 1 a gown? The answer is yes. Dr. Saferin continued by saying, did Dr. Johnson watch Patient 1 walk down hallway to be weighed? The answer is yes. Dr. Saferin stated, that is not a misunderstanding, it is a direct act. Dr. Saferin said that maybe, the Board gives the benefit of the doubt that Dr. Johnson didn't mean to have Patient 1 take off her clothes completely. However, once Patient 1 was naked, the scenario continued and did not change. Dr. Saferin noted that Dr. Johnson did not walk out of the room, did not excuse himself, and did not offer a gown. Dr. Saferin thinks the Board should reevaluate the situation and determine that it was not a misunderstanding and indicated this is not the type of physician who should be practicing in the State of Ohio and treating patients.

Dr. Ramprasad noted that this is a case of patient safety.

The motion failed for lack of a second.

Dr. Saferin moved that the Board reconsider permanent revocation. Dr. Steinbergh seconded the motion.

Dr. Saferin indicated that he does not believe it is a misunderstanding or a he said, she said situation because the young woman followed up with a police and a lawsuit.

Mr. Kenney indicated if he knew more about qualifications of one year, motion, he would have seconded it, because he would like to see a one-year suspension.

Dr. Steinbergh said she understands Mr. Kenney's he said/she said thought, but the record is clear as to what occurred. Dr. Steinbergh asked if Mr. Kenney would put himself in the physician's place and then asked Mr. Kenney why someone who was being interviewed for a job would be asked to disrobe.

Mr. Kenney indicated that Dr. Johnson said he did not ask Patient 1 to disrobe.

Dr. Steinbergh asked if it was acceptable for Dr. Johnson to ask Patient 1 to disrobe.

Mr. Kenney stated it was not acceptable, but Dr. Johnson had known Patient 1 she was an infant. Mr. Kenney asked why the young woman did not ask for a robe and indicated that there could have been a lack of communication.

Dr. Ramprasad explained that he would never, even though he may have known the patients well, ask them to disrobe.

Mr. Kenney agreed that it is not the right thing to do.

Dr. Ramprasad said that Dr. Johnson stated he stayed outside, but why would the physician let the patient walk to the scales without clothes.

Mr. Kenney said, the Board looks at this situation as such a terrible situation, but then looks at a licensee that is doing drugs and performing surgery and we do not think that is egregious. Mr. Kenney believes it is misconceived, he believes a wrong was done, but does not believe that a physician should lose his license after all these years. The young woman had a friend and dog die and maybe that had something to do with the circumstances. Mr. Kenney said he questioned how the Board could take the physician's license away without really knowing what happened.

Dr. Steinbergh asked if Mr. Kenney agreed with the Conclusions of Law and not with the Proposed Order.

Mr. Kenney indicated that he could not say that and he would have to read the documents again.

Dr. Steinbergh asked if Mr. Kenney agreed with the Findings of Fact that Dr. Johnson engaged in behavior constituting sexual impropriety and/or sexual misconduct.

Mr. Kenney indicated that he did not agree with that statement.

A roll call was taken:

Dr. Steinbergh moved to table the matter until the May meeting. Dr. Saferin seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Betsy L. Cornell

Dr. Ramprasad directed the Board's attention to the matter of Betsy L. Cornell, and stated that no objections have been filed. Ms. Clovis was the Hearing Examiner.

Dr. Steinbergh had moved, earlier in the meeting, to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Betsy L. Cornell, and Dr. Saferin had seconded the motion.

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

Mr. Gonidakis reviewed the case with the Board saying that Ms. Cornell received notice from the Board on April 14, 2013. That notice indicated the Board was taking disciplinary action against her massage therapist license because it has expired and she had been practicing without a license for approximately seven years, which constitutes a felony. Mr. Gonidakis reviewed Ms. Cornell's credentials, saying she received her license in 1997, and has been self-employed since 2013. Mr. Gonidakis said Board staff testified that Ms. Cornell's certificate needed to be renewed every two years, and Ms. Cornell had not met that requirement. Mr. Gonidakis said that Ms. Cornell stated she did not know until November of 2012 that her certificate had expired and at that time, she contacted the Board, admitted to practicing without a license, and reapplied in February of 2013. Ms. Cornell had claimed that she started school and had moved and did not receive notice from the Board. Mr. Gonidakis indicated that the Hearing Examiner in this matter noted Ms. Cornell appeared remorseful, did not believe there was ill intent and does not believe it will happen again.

Mr. Gonidakis said the proposed order is to grant Ms. Cornell's application to practice with a suspension of 60 days and probation of two years. However, Mr. Gonidakis disagrees and believes that seven years of practice without due diligence is extreme and he asked for the opinion of other Board members.

Dr. Steinbergh agreed with Mr. Gonidakis and said the Board has wrestled with the time frame and what was an appropriate time. Dr. Steinbergh noted that in November of 2012 Ms. Cornell notified the Board that her certificate had expired, but did not stop practicing until the Board told her to do so. Dr. Steinbergh did not believe it was a lack of understanding on Ms. Cornell's part. Ms. Cornell's situation is like having a driver's license and tags on your car and everyone knows those items must be renewed. Dr. Steinbergh suggested a suspension of at least 90 days or longer, if other members agreed and said individuals in this profession must understand the importance of renewing in a timely manner.

Dr. Saferin noted there were several problems with the case. The first being that Ms. Cornell disrespected the Board by not renewing and caused loss of income to the Board for the three or four times she should have renewed, but did not. Dr. Saferin continued to say that Ms. Cornell continued to work, knowing she did not have a license.

Dr. Saferin moved to amend the Proposed Order for Betsy L. Cornell to read as follows:

It is hereby ORDERED that:

- A. **GRANT OF CERTIFICATE; SUSPENSION OF CERTIFICATE: The application of Betsy L. Cornell for restoration of her certificate to practice massage therapy in Ohio is GRANTED, provided that she otherwise meets all statutory and regulatory requirements. This certificate shall be immediately SUSPENDED for an indefinite period of time not less than 180 days.**

B. CONDITIONS FOR REINSTATEMENT OR RESTORATION: The Board shall not consider reinstatement or restoration of Ms. Cornell's certificate to practice massage therapy in Ohio until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Ms. Cornell shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Additional Evidence of Fitness to Resume Practice:** In the event that Ms. Cornell has not been engaged in the active practice of massage therapy for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion pursuant to Section 4731-222, Ohio Revised Code, to require additional evidence of her fitness to resume practice.
3. **Personal/Professional Ethics Course(s):** Ms. Cornell shall submit acceptable documentation of successful completion of a course or courses dealing with personal/professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee.

In additional, at the time Ms. Cornell submits the documentation of successful completion of the course(s) dealing with personal/professional ethics, she shall also submit to the Board a written report describing the course(s), setting forth what she learned from the course(s), and identifying with specificity how she will apply what she has learned to her practice of massage therapy in the future.

C. PROBATION: Upon reinstatement or restoration, Ms. Cornell's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of two years:

1. **Obey the Law:** Ms. Cornell shall obey all federal, state, and local laws, and all rules governing the practice of massage therapy in Ohio.
2. **Declarations of Compliance:** Ms. Cornell shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances:** Ms. Cornell shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes

effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

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

D. TERMINATION OF PROBATION: Upon successful completion of probation, as evidenced by a written release from the Board, Ms. Cornell's certificate will be fully restored.

E. VIOLATION OF THE TERMS OF THIS ORDER: If Ms. Cornell violates the terms of this Order in any respect, the Board, after giving her notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of her certificate.

F. REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Ms. Cornell shall provide a copy of this Order to all employers or entities with which she is under contract to provide health-care services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or health-care center where she has privileges or appointments.

Further, Ms. Cornell shall promptly provide a copy of this Order to all employers or entities with which she contracts in the future to provide health-care services, or applies for or receives training, and the Chief of Staff at each hospital where she applies for or obtains privileges or appointments. This requirement shall continue until Ms. Cornell received from the Board written notification of the successful completion of her probation.

For massage therapists, the term "healthcare services" includes massage-therapy services, and the term "healthcare center" includes but is not limited to entities that may be referred to as a wellness center, exercise center, health club, spa, salon, or gymnasium.

These requirements shall continue until Ms. Cornell receives from the Board written notification of the successful completion of her probation.

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

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

Dr. Steinbergh seconded the motion.

Mr. Gonidakis asked if the Board could recoup the charges that Ms. Cornell failed to pay for renewal.

Dr. Saferin indicated he asked that question and the answer was, not any longer. A maximum of a \$100 fee was only allowable at this time.

A roll call was taken on Dr. Saferin's motion to amend:

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

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

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Betsy L. Cornell. Dr. Saferin seconded the motion.

A roll call was taken:

ROLL CALL:	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

The motion to approve as amended carried.

David Edward Noonan, Jr.

Dr. Ramprasad directed the Board's attention to the matter of David Edward Noonan, Jr., and stated that no objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Ramprasad continued in saying that a request to address the Board had been filed timely on behalf of Mr. Noonan. Five minutes would be allowed for that address.

Mr. Noonan thanked the Board for the opportunity to address them. Mr. Noonan stated that he respected Ms. Blue's recommendation and understands her rationale based on his history. However, Mr. Noonan indicated that important information was left out. Mr. Noonan said that he did spend time in jail, but paid restitution to the people he did harm to, paying back over \$35,000 in less than five years of monthly installments. Mr. Noonan said once he accomplished restitution to the individuals, then he paid his taxes. Mr. Noonan reminded the Board that the charges were more than 15 years ago and was because of his drug addictions and said that he has been drug free for 15 years with no alcohol abuse. Mr. Noonan continued saying that he does have a glass of wine every once in a blue moon and quoted Clint Eastwood, saying a good man needs to know his limitations. Mr. Noonan said while going through rehabilitation, he was given the foundation and some building blocks, that did not set in right away, but eventually he found out what he could and could not do.

Mr. Noonan also said that the references submitted should have been contacted, because these folks have followed him along his journey and will call him to be their designated driver now. Mr. Noonan said that speaks volumes that they trust him with their family and friends safety. Mr. Noonan spoke about the report mentioning gainful employment and the fact that he has a painting business. Mr. Noonan said the report stated that by giving him a license, it would allow him to go out and do what he did again. Mr. Noonan said in his painting business, he is required to have a license and collects several hundreds, sometimes thousands of dollars before work is completed. Mr. Noonan continued by saying many of his clients are elderly, because the work is too hard for them to do themselves. He continued to say that he has no blemish with the Better Business Bureau while he has had his painting business, and the same judge that sentenced him hired Mr. Noonan to paint his and several of his friends' homes.

Mr. Noonan said he knows what he did was wrong, but indicated that he can be trusted and he believes that the risk factor is low in his situation. He said that he will be providing a service and the customers will pay afterwards at the desk of the office and the cost is much less than what he charges with his painting business. Mr. Noonan closed by saying that after doing what he did 15 years ago, he became branded, but he feels that he deserves a second chance because he paid his debt to society.

Dr. Ramprasad asked if the Assistant Attorney General wished to respond.

Ms. Snyder stated she did and addressed the Board by saying that Mr. Noonan has applied for a massage therapist license. Ms. Snyder also indicated that Mr. Noonan informed the Board that the Ohio Department of Insurance permanently revoked his insurance license because he was convicted of insurance fraud, and in layman's terms, Mr. Noonan is a classic con man. Ms. Snyder reviewed the case by saying that Mr. Noonan was convicted in three different counties of defrauding five of his insurance clients and they were all elderly. Ms. Snyder claimed that Mr. Noonan used the elderly as his personal cash machine and would tell the individuals that he needed the money to open them a new policy or renew their policy. Then Mr. Noonan would keep the money and one of the individuals found out of the scam by going to the hospital only to find out that they had no insurance.

Ms. Snyder agreed that these actions happened 15 years ago, and that Mr. Noonan was very forthcoming at the hearings. She indicated she deferred to the Board, but pointed out the crimes were opportunistic and that Mr. Noonan took advantage of the elderly.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of David Edward Noonan, Jr. Dr. Soin seconded the motion.

Dr. Sethi reviewed the case with the Board, by restating Mr. Noonan's credentials stating he was born in 1965 in Lorain, Ohio. Mr. Noonan obtained an Associate's Degree from the Electronic Technology Institute in 1986, graduated from Cleveland Institute of Medical Massage in Middleburg Heights, Ohio, and is currently employed as a laborer at Judco, Inc., in Elyria, Ohio. Mr. Noonan also owns his own painting company. Dr. Sethi

continued by saying on January 23, 2013, Mr. Noonan submitted an application to the Board for a certificate to practice massage therapy, which remains pending.

Dr. Sethi said on March 10, 2000, Mr. Noonan plead guilty to Theft in violation of Section 2913.02, Ohio Revised Code, a felony of the fourth degree. The court accepted the plea and sentenced Mr. Noonan to five years of community control, ordered him to submit to random alcohol/drug testing, that he obtain and maintain verifiable employment, surrender his insurance license and pay restitution, which was \$12,165.00.

Dr. Sethi stated on March 21, 2000 in Lorain County Court of Common Pleas, Mr. Noonan was charged with four separate counts of Theft from Elderly Person. Dr. Sethi said one individual was in their 80s and the other in their 90s and said he could not imagine someone stealing from them. Of the charges in the indictment, one was a third degree felony, two were fourth degree felonies, and the final was a fifth degree felony. Dr. Sethi said, on February 12, 2001, Mr. Noonan plead guilty to the four separate counts and was ordered to be incarcerated one year for each count. Mr. Noonan was also ordered to pay restitution of \$21,421.23.

Dr. Sethi continued by saying that April 5, 2000 in Richland County Court of Common Pleas, an indictment was filed against Mr. Noonan. Ultimately, Mr. Noonan was sentenced to four years of community control, fined \$500, and ordered to pay restitution of \$5,003.00.

Dr. Sethi stated it is undisputed that, from 1997 to 1999, Mr. Noonan knowingly and deceptively conned elderly women into giving him money for insurance policies or updates to insurance policies that never existed and stole over \$38,000 from his victims. As a result, Dr. Sethi said, Mr. Noonan was convicted of six felonies in three Ohio courts. Mr. Noonan admitted he committed these crimes, but argued that he did to pay outstanding gambling debts and to feed his drug use. Dr. Sethi said that Mr. Noonan further argued that he has served his time, paid restitution to his victims, and does not gamble or use drugs anymore. Therefore, Mr. Noonan requests that this Board give him a second chance to pursue a career in massage therapy.

Dr. Sethi continued reviewing the case saying that while the Hearing Examiner appreciated Mr. Noonan's candor at the hearing regarding his prior convictions and his desire to make a better life for himself, the Hearing Examiner determined these mitigating factors did not outweigh the seriousness of Mr. Noonan's offenses. Dr. Sethi said the evidence is clear that Mr. Noonan was dishonest and preyed on vulnerable elderly women who trusted him with their money and business.

Dr. Sethi concluded by saying, as such, Mr. Noonan should not be provided an opportunity to engage in this behavior again and the recommendation is that Mr. Noonan's application be permanently denied.

Dr. Saferin said this case struck a note with him and he asked, shouldn't individuals be given a second chance? Mr. Noonan has paid his debt to society, is sober, and paid restitution. Dr. Saferin said the Board gives many people the chance to get life together

once they become sober and Mr. Noonan has done everything the Board would ask of another who has done Step I and II.

Dr. Saferin moved to amend the Proposed Order to grant and require Mr. Noonan to take personal and professional ethics and two years of probation.

Mr. Gonidakis seconded the motion.

Dr. Steinbergh indicated that she is in favor of second chances but cannot get past the six serious felony convictions in Ohio and the elderly that Mr. Noonan victimized.

Dr. Sethi stated he thought gambling was a disease and that Mr. Noonan could go back to his old habits.

Dr. Soin agreed and said these crimes range from the 1980s to 2000s, which seems like a pattern of behavior.

Mr. Gonidakis indicated that the Board is not defending Mr. Noonan's past, and neither is Mr. Noonan, but he has owned it. The Board talks about people accepting responsibility for his actions, which Mr. Noonan has. Most importantly, Mr. Noonan has paid restitution and met all requirements of the law. Mr. Gonidakis agrees that probation would allow the Board to keep an eye on him.

Dr. Ramprasad agreed with Mr. Gonidakis saying these crimes happened almost 15 years ago. Dr. Ramprasad said the Board seems to give drugs and alcohol a second and sometimes third chance and those circumstances are equally dangerous to patients. Dr. Ramprasad indicated that he supported the proposed amendment.

Dr. Steinbergh noted that while the Board did not allege impairment, Mr. Noonan stated he would wave his objection under Eastway, should the Board decide to impose sanctions, which included requirements for impairment evaluation of treatment that the Board could add.

Dr. Steinbergh moved to table the Proposed Order for David Edward Noonan, Jr. while an amended order is drafted that can be reviewed later in the meeting. Mr. Gonidakis seconded the motion. A roll call was taken:

ROLL CALL:	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

The motion carried.

Nicholas Lawrence Pesa, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Nicholas Lawrence Pesa, M.D., and stated that no objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Ramprasad continued in saying that a request to address the Board had been filed timely on behalf of Dr. Pesa. Five minutes would be allowed for that address. Dr. Pesa was represented by Mr. Zinsmaster.

Mr. Zinsmaster addressed the Board and stated that neither he nor Assistant Attorney General Wilcox filed objections to Ms. Blue's report and recommendation, saying he and his client support her summaries and proposals. Mr. Zinsmaster noted that even though this is a disciplinary case from Dr. Pesa's perspective, he wanted the Board to know that it was not an adversarial proceeding.

Mr. Zinsmaster said Dr. Pesa is a young physician with a promising future who nearly threw it all away because of addiction and inappropriate acquisition of the drugs fueling his disease. Thankfully, Dr. Pesa's employers became suspicious and intervened and confronted him. Mr. Zinsmaster indicated that, without hesitation, Dr. Pesa opened up to his employers. The people that recruited Dr. Pesa and trusted him did not cast him aside, but instead showed Dr. Pesa the direction to get help at Cleveland Clinic's Lutheran Hospital and then at Glenbeigh. Mr. Zinsmaster said Dr. Pesa has completed inpatient treatment, extra outpatient therapy, has entered into the aftercare contract, and has been 100% compliant with all his terms. Dr. Pesa has accomplished or is currently accomplishing all that is required by law and the Board's rules and regulations. Mr. Zinsmaster noted that his treatment providers at Glenbeigh spoke glowingly of Dr. Pesa's time, how he embraced and was extremely active in the treatment. Glenbeigh's medical director testified at the hearing, saying that Dr. Pesa was probably one of the best physicians he had worked with for over the past year or so.

Mr. Zinsmaster said while in treatment, Dr. Pesa self-reported to Kim Anderson at the Board, which triggered the summary suspension. Dr. Pesa was candid and forthcoming with the Hearing Examiner, knowing this was part of his recovery. Mr. Zinsmaster indicated that Dr. Pesa's family and employer remain by his side and they hope the Board will also support the physician and allow the opportunity to demonstrate he is, once again, worthy of their trust.

Dr. Pesa thanked the Board for the opportunity to address them and admitted he made very serious mistakes. Dr. Pesa reiterated the facts that his employers approached him when they suspected he was impaired. Dr. Pesa said he was embarrassed, it was shameful, but he willingly accepted the help and was relieved that he was finally going to get help with this serious problem that could hurt his coworkers, his family, his friends and himself. Dr. Pesa said he had been in intensive treatment, first by completing four days at Lutheran Hospital at the Cleveland Clinic because he could not get into Glenbeigh, but he knew he needed help immediately. Dr. Pesa also said he completed 28 days of treatment and was discharged with staff approval, and entered into aftercare agreement, doing outpatient, doing AA and Caduceus meetings.

Dr. Pesa stated that he understands sobriety is a lifelong commitment and forever and that he also has to make many amends to family, his employer, and the Board. Dr. Pesa said he hopes the Board believes that he is committed to earning back the Board's trust. Dr. Pesa added that, to practice medicine is a privilege not a right and he hopes the Board will allow him to return to what he loves and has worked very hard at, the practice of medicine.

Dr. Ramprasad asked if the Assistant Attorney General wished to respond.

Mr. Wilcox indicated that he did wish to respond and said he commended the Hearing Examiner in this case saying it was a summary suspension case and the staff should be recognized for the prompt handling of it. Mr. Wilcox agreed that Dr. Pesa is a young and accomplished physician who could have a fantastic career ahead of him, if he can control his addiction. Mr. Wilcox disagreed with the recommendation, saying it is too light given the seriousness of Dr. Pesa's addiction. He suggested 90 or 180 days of suspension from the date of the Board meeting to allow Dr. Pesa to establish his sobriety. Mr. Wilcox reiterated that Dr. Pesa has impressive credentials and is well liked by the hospital staff, but believes more time was needed.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Nicholas Lawrence Pesa, M.D. Dr. Soin seconded the motion.

Dr. Talmage exited the meeting at this time.

Mr. Kenney reviewed the case with the Board saying that Dr. Pesa was born in 1981 in Cleveland, Ohio, in 2008 obtained a medical degree from Case Western, and was licensed to practice medicine and surgery in 2010. Dr. Pesa has not practiced since January 17, 2014, when he entered the hospital to detox from opiates. Mr. Kenney stated that Dr. Pesa spent seven days in the Cleveland Clinic then was transferred to Glenbeigh where he completed 28 days of inpatient treatment. From the hospital, Dr. Pesa self-reported to the Board that he was in treatment for opiate abuse and diversion. On February 15, 2014, Dr. Pesa entered a two-year agreement with Glenbeigh Hospital, which requires 14 restrictions including random drug screens for the entire two-year period. Mr. Kenney continued by saying Dr. Pesa has a long history of using drugs, using marijuana since he was 15 years old, sometimes five to six times a week. Dr. Pesa's testimony also indicated that he experimented with hallucinogens and cocaine.

According to the testimony, said Mr. Kenney, from June 2013 to January 2014, Dr. Pesa diverted Dilaudid for his own use from electronic pharmacies, the operating room and the intensive care unit. Dr. Pesa said in his testimony that if opiates were around, he would use them and admitted that he had taken Percocet and Vicodin, during parties at medical school. Mr. Kenney stated that Dr. Pesa said he diverted opiates from two to three patients daily for six months and used the waste for himself. Mr. Kenney concluded saying that he disagreed with the Hearing Examiner's 90-day suspension.

Mr. Kenney moved to amend the Proposed Order of Nicholas Lawrence Pesa, M.D. to read as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** The certificate of Nicholas Lawrence Pesa, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than eighteen months from April 9, 2014.
- B. **INTERIM MONITORING:** During the period that Dr. Pesa's certificate to practice medicine and surgery in Ohio is suspended, Dr. Pesa shall comply with the following terms, conditions, and limitations:
 1. **Obey the Law:** Dr. Pesa shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 2. **Declarations of Compliance:** Dr. Pesa shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 3. **Personal Appearances:** Dr. Pesa shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every three months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
 4. **Sobriety:**
 - a. **Abstention from Drugs:** Dr. Pesa shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed, or administered to him by another so authorized by law who has full knowledge of Dr. Pesa's history of chemical dependency and/or abuse and who may lawfully prescribe for him (for example, a physician who is not a family member). Further, in the event that Dr. Pesa is so prescribed, dispensed, or administered any controlled substance or tramadol, Dr. Pesa shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Pesa received, the medical purpose for which he received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use. Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Pesa shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.
 - b. **Abstention from Alcohol:** Dr. Pesa shall abstain completely from the use of alcohol.

5. Drug and Alcohol Screens; Drug Testing Facility and Collection Site:

a. Dr. Pesa shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Pesa shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Pesa's drug(s) of choice.

b. Dr. Pesa shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Pesa shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

c. Dr. Pesa shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Pesa shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen, and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result on a toxicology screen is prohibited under this Order.

d. All urine screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and Board-approved collection site pursuant to the global contract between the approved facility and the Board, which provides for the Board to maintain ultimate control over the urine-screening process and to preserve the confidentiality of positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code. The screening process for random testing shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph B.6, below, to approve urine screenings to be conducted at an alternative drug-testing facility, collection site, and/or supervising physician, such approval shall be expressly contingent upon the Board's retaining ultimate control over the urine-screening process in a manner that preserves the confidentiality of positive screening results.

e. Within 30 days of the effective date of this Order, Dr. Pesa shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Pesa shall provide to the Board written documentation of completion of such arrangements, including a copy of

any contract entered into between Dr. Pesa and the Board-approved DFCS. Dr. Pesa's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

f. Dr. Pesa shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Pesa and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening result.

g. Dr. Pesa shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.

h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Pesa shall immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph B.6, below, as soon as practicable. Dr. Pesa shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.

i. The Board, in its sole discretion, may withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

6. Alternative Drug-testing Facility and/or Collection Site: It is the intent of this Order that Dr. Pesa shall submit urine specimens to the Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Pesa, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Pesa.

a. Within 30 days of the date on which Dr. Pesa is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Pesa, he shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Pesa shall submit the required urine specimens.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Pesa's residence or employment location, or to a physician who practices in the same locale as Dr. Pesa. Dr. Pesa shall ensure that the urine-screening process performed through the alternative DFCS or through the supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In

addition, Dr. Pesa shall ensure that the alternative DFCS or the supervising physician maintains appropriate control over the specimen and immediately informs the Board of any positive screening result.

- b. Dr. Pesa shall ensure that the alternative DFCS or the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Pesa shall immediately notify the Board in writing. Dr. Pesa shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Pesa shall, in order to ensure that there will be no interruption in his urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Pesa.
- d. The Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Dr. Pesa's designated alternative DFCS or any person proposed to serve as his supervising physician, or may withdraw its approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

7. Reports Regarding Drug and Alcohol Screens: All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Pesa's declarations of compliance. It is Dr. Pesa's responsibility to ensure that reports are timely submitted.

8. Additional Screening Without Prior Notice: Upon the Board's request and without prior notice, Dr. Pesa shall provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Pesa, or for any other purpose, at Dr. Pesa's expense. Dr. Pesa's refusal to submit a specimen upon the request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary and Supervising Member of the Board.

9. Rehabilitation Program: Dr. Pesa shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval.

Dr. Pesa shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Pesa's declarations of compliance.

10. Comply with the Terms of Aftercare Contract: Dr. Pesa shall maintain continued compliance with the terms of the aftercare contract(s) entered into with his treatment provider(s), provided that, where terms of an aftercare contract conflict with terms of this Order, the terms of this Order shall control.

11. Releases: Dr. Pesa shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Pesa's chemical dependency and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43, Ohio Revised Code, and are confidential pursuant to statute.

Dr. Pesa shall also provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event Dr. Pesa fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

12. Absences from Ohio: Dr. Pesa shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the suspension/probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have discretion to waive part or all of the monitoring terms set forth in this Order for occasional periods of absence of 14 days or less.

In the event that Dr. Pesa resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Dr. Pesa may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Pesa is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

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

C. CONDITIONS FOR REINSTATEMENT OR RESTORATION: The Board shall not consider reinstatement or restoration of Dr. Pesa's certificate to practice medicine and surgery until all of the following conditions have been met:

1. Application for Reinstatement or Restoration: Dr. Pesa shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.

2. Compliance with Interim Conditions: Dr. Pesa shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.

3. Demonstration of Ability to Resume Practice: Dr. Pesa shall demonstrate to the satisfaction of the Board that he can practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:

- a. Certification from a treatment provider approved under Section 4731.25, Ohio Revised Code, that Dr. Pesa has successfully completed a minimum of 28 days of inpatient/residential treatment for chemical dependency/abuse at a treatment provider approved by the Board.
- b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but shall not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.
- c. Evidence of continuing full compliance with this Order.
- d. Two written reports indicating that Dr. Pesa's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependency/abuse.

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Pesa. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Pesa shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Pesa, and any conditions, restrictions, or limitations that should be imposed on Dr. Pesa's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

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

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

1. Terms, Conditions, and Limitations Continued from Suspension Period: Dr. Pesa shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.

2. Personal/Professional Ethics Course(s): Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Pesa shall submit acceptable documentation of successful completion of a course or courses dealing with personal/professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

3. Controlled Substances Log [Including Disposal]: Dr. Pesa shall keep a log of all controlled substances prescribed, administered, or personally furnished. Moreover, Dr. Pesa shall dispose of all excess or unused controlled substances properly, and shall assure that such disposal is witnessed and countersigned by a person who is permitted under State law to administer controlled substances and who is employed by or has privileges in the hospital or institution in which Dr. Pesa is practicing. The witness shall sign the controlled substance log indicating that Dr. Pesa has properly disposed of any excess or unused controlled substance.

Such log shall be submitted in a format of Dr. Pesa's choosing and approved in advance by the Board. All such logs required under this paragraph must be received in the Board's offices no later than the due date for Dr. Pesa's declarations of compliance, or as otherwise directed by the Board. Further, Dr. Pesa shall make his patient records with regard to such prescribing, dispensing, or administering available for review by an agent of the Board upon request.

4. Tolling of Probationary Period While Out of Compliance: In the event that Dr. Pesa is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

- E. TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Pesa's certificate will be fully restored.
- F. VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Pesa violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- G. REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**

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

In the event that Dr. Pesa provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Pesa receives from the Board written notification of the successful completion of his probation.

2. Required Reporting to Other State Licensing Authorities: Within 30 days of the effective date of this Order, Dr. Pesa shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Dr. Pesa shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Pesa receives from the Board written notification of the successful completion of his probation.

3. Required Reporting to Treatment Providers/Monitors: Within 30 days of the effective date of this Order, Dr. Pesa shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Pesa. This requirement shall continue until Dr. Pesa receives from the Board written notification of the successful completion of his probation.

4. Required Documentation of the Reporting Required by Paragraph G: Dr. Pesa shall provide this Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

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

Dr. Sethi seconded the motion.

Dr. Steinbergh indicated that she wanted to talk to Dr. Pesa about the seriousness of this addiction, saying when he talked about making amends to family, friends and his employer, there was no mention of the patients from which he diverted the Dilaudid. Dr. Steinbergh said she did not trust Dr. Pesa or his decision-making. Dr. Steinbergh continued by saying that Dr. Pesa was not just getting drugs for himself, he involved the care of patients and diverted anesthesia from them. Dr. Steinbergh said she did not think that Dr. Pesa should ever go back to the practice of anesthesiology because she thinks he will relapse and then he will be in serious trouble with the Board. Therefore, Dr. Steinbergh said, unless the Board really makes their point at this time, Dr. Pesa may not fully understand the seriousness of his addiction.

Dr. Steinbergh said the suspension should be longer than 90 days and would speak to a lengthier time, but agrees with interim monitoring with controlled substance logs and the ethics courses. Dr. Steinbergh concluded by restating that she had grave concerns about Dr. Pesa going back to anesthesia and his chances of relapsing, if he does.

Dr. Sethi agreed that more than 18 months is necessary to ensure Dr. Pesa does not relapse and agrees that Dr. Pesa should consider something other than anesthesiology.

Dr. Soin said, as an anesthesiologist, it is very easy to get their hands on narcotics, as they have complete access, more so than any other physician. They can pull drugs all the time because their patients need it urgently and it is very easy to take the medicine and put it in our pockets without anyone ever knowing, because all the physician has to do is turn up the gas and no one will know. Dr. Soin indicated that he has spoken to several of his colleagues who have impairment issues and they state they sit and stare at the narcotics in their hand and know how easy it would be to keep and take the drugs themselves. Dr. Soin concluded by saying he was worried about Dr. Pesa relapsing and said he is a young physician with his whole life and career ahead of him.

Dr. Talmage returned to the meeting at this time.

Dr. Ramprasad joined the discussion and said, with anesthesia, recidivism is very high and there is a 20% mortality rate when individuals go back to anesthesia. In the past, the Board has stopped physicians from going back to anesthesiology and Dr. Ramprasad said he believes Dr. Pesa should consider not going back to it, because addictions are so hard to control.

A roll call was taken:

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

April 9, 2014

Mr. Gonidakis - aye

The motion carried.

Dr. Steinbergh moved to approve the Proposed Order as amended. Dr. Soin seconded the motion.

A roll call was taken:

ROLL CALL:	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

The motion carried.

Dr. Steinbergh commented to Dr. Pesa that she hopes he will take the time that he is out of practice to consider leaving anesthesia, because he has a whole career ahead of him and if he goes back to it, she feels he will be back in front of the Board.

PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Ramprasad indicated that in the following matter, the Board issued a Notice of Opportunity for Hearing and that no timely request for hearing was received. The matter was reviewed by a Hearing Examiner, who prepared the Proposed Findings and Proposed Orders and the matter is now before the Board for final disposition. Dr. Ramprasad stated that this item is disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In this matter, Dr. Talmage served as Acting Secretary and Dr. Bechtel served as Supervising Member.

Bikramjit Singh, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Bikramjit Singh, M.D.

Dr. Steinbergh moved to find that the allegations as set forth in the January 8, 2014 Notice of Opportunity for Hearing in the matter of Dr. Singh have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Dr. Sethi seconded the motion.

Dr. Ramprasad indicated that he would now entertain discussion regarding the matter.

Dr. Saferin reviewed the case with the Board stating that Dr. Singh applied for a Training Certificate in May of 2013. The Board relied on his representation on his application

detailing Dr. Singh's education and medical experience. Dr. Saferin indicated that Dr. Singh personally completed and signed the application, verified it was strictly true in every respect. Dr. Saferin continued by saying that Dr. Singh had the statement notarized, swearing to the truth and accuracy of the information in the document. On the basis of those representations, the Board issued a Training Certificate to Dr. Singh authorizing him to work directly with patients in a residency program.

Dr. Saferin continued by saying, Dr. Singh was dishonest about his medical training and experience and did not have the qualifications he claimed. On the application for the Training Certificate, Dr. Singh claimed he worked from August of 2004 to June of 2008, as a medical officer at a coronary unit in Metro Hospital in Faridabad, India and from July of 2008 to June of 2011, as a medical officer in critical care unit at Fortis Escorts Hospital in Faridabad, India. Dr. Saferin said that only after a complaint was reported to the Board and interrogatories were sent, did Dr. Singh admit that from 2004 to 2008, he was either a student or was on vacation, and that from 2008 through 2010, he worked as a physician in a general practitioner's office. Dr. Saferin noted that Dr. Singh worked as a medical officer in the critical care unit in Fortis Escorts Hospital for only one year from June 2010 to June 2011, and at Fortis Shalimar, Bagh, New Delhi, for only four months, from July of 2011 to November of 2011.

Dr. Saferin stated that Dr. Singh had significantly less experience and training than indicated on his application and possibly may not have been licensed to work at Mercy St. Vincent's Hospital had the Board known the true level of experience. Dr. Saferin continued by saying that Dr. Singh claimed that his wife, at that time, pressured him to lie on his application. However, that excuse was unacceptable, as Dr. Singh was responsible for the accuracy of his application. Dr. Saferin indicated that Dr. Singh could have corrected his false statements when he submitted an application for renewal, but he did not. Therefore, Dr. Singh lied twice and accepted the Board's renewal until an investigation commenced.

Dr. Saferin concluded by saying the evidence is unequivocal that Dr. Singh obtained his Training Certificate under false pretenses and stated he supported the motion of permanent revocation.

A roll call was taken:

ROLL CALL:	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

The motion carried.

Dr. Steinbergh exited the meeting at this time.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Ramprasad advised that Mr. Good applied for restoration of his massage therapy license, which expired on August 31, 2005. According to the resume of activities on the restoration application, it has been more than two years since Mr. Good has actively engaged in the practice of massage therapy. On January 28, 2014, the Board issued a Corrected Notice of Opportunity for Hearing, and documentation of Service was received. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. The matter is now before the Board for final disposition.

Dr. Ramprasad stated that the matter is not disciplinary in nature, and therefore the Secretary and Supervising Member may vote.

James A. Good, M.T.

Dr. Soin moved to find that the allegations as set forth in the January 29, 2014 Corrected Notice in the matter of Mr. Good, M.T., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, to approve the restoration of the license to practice massage therapy in Ohio, provided Mr. Good takes and passes the Massage and Bodywork Licensing Examination (MBLEX) within six months of January 29, 2014. Dr. Saferin seconded the motion.

Dr. Ramprasad stated that he would entertain discussion in the above matter. A roll call was taken:

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

The motion carried.

Kristen Rochelle Richards

Dr. Ramprasad stated that Rochelle Richards applied for a license to practice massage therapy in Ohio. According to the information provided on her application, Ms. Richards completed a course of instruction which does not meet the Ohio curriculum requirements at a school that does not hold a certificate of good standing from the Medical Board, nor has she held a license to practice massage therapy in good standing in another state for at least five years prior to her Ohio application. On January 27, 2014, the Board issued a Notice of Opportunity for Hearing to Ms. Richards, and documentation of Service was

received. Dr. Ramprasad said there was no request for hearing filed, and more than 30 days have elapsed since the mailing of the notice and the matter is now before the Board for final disposition.

Dr. Ramprasad stated that the matter is not disciplinary in nature, and therefore the Secretary and Supervising Member may vote.

Dr. Saferin moved to find that the allegations as set forth in the January 27, 2014 Notice in the matter of Kristen Rochelle Richards have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, to deny the application for a license to practice massage therapy in Ohio. Dr. Soin seconded the motion.

Dr. Ramprasad stated that he would entertain discussion in the above matter. A roll call was taken:

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

The motion carried.

Christi Lynn Greene, M.T.

Dr. Ramprasad stated that Ms. Greene was convicted of one felony count of Attempted Illegal Assembly or Possession of Chemicals for the Manufacture of Drugs, a fourth degree felony, related to participation in the production of methamphetamine. On February 12, 2014, the Board issued a Notice of Opportunity for Hearing to Ms. Greene, and documentation of Service was received. Dr. Ramprasad stated that there was no request for hearing filed, and more than 30 days have elapsed since the mailing of the notice. The matter is now before the Board for final disposition.

Dr. Steinbergh returned to the meeting at this time.

Dr. Ramprasad stated that this item is disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In this matter, Dr. Talmage served as Acting Secretary and Dr. Bechtel served as Supervising Member.

Dr. Ramprasad indicated that the staff had not recommended a disciplinary action in this matter. Therefore, the motion must specify what, if any, disciplinary action should be imposed and the effective date of the Order.

Dr. Soin moved to find that the allegations set forth in the February 12, 2014 Notice issued to Christi Lynn Greene, M.T., have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, of permanent revocation of Ms. Greene's massage therapy license. Dr. Sethi seconded the motion.

Mr. Kenney exited the meeting at this time.

Dr. Ramprasad stated that he would entertain discussion in the above matter. A roll call was taken:

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

The motion carried.

Steven Eric Timoteo

Dr. Ramprasad stated that Mr. Timoteo applied for a massage therapy license, and was directed to submit to an outpatient examination for possible impairment of ability to practice according to acceptable and prevailing standards of care, because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Dr. Ramprasad said that Mr. Timoteo failed to appear for the examination and was deemed to be impaired in his ability to practice. He has not provided documentation that the failure to appear was due to circumstances beyond his control. On January 8, 2014, the Board issued a Notice of Opportunity for Hearing to Mr. Timoteo for the purpose of determining whether his failure to appear at the examination was due to circumstances beyond his control. Service was completed via a certificate of mailing. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the notice. The matter is now before the Board for final disposition.

Dr. Ramprasad stated that the item is disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In this matter, Dr. Talmage served as Acting Secretary and Dr. Bechtel served as Supervising Member.

Dr. Sethi moved to find that the allegations set forth in the January 8, 2014 Notice in the matter of Steven Eric Timoteo have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, denying the application of Steven Eric Timoteo. Dr. Soin seconded the motion.

Dr. Ramprasad stated that he would entertain discussion in the above matter. A roll call

was taken:

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

The motion carried.

ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, AND NOTICES OF AUTOMATIC SUSPENSION

James Andrew Williams, D.O. - Notice of Summary Suspension and Opportunity for Hearing

At this time, the Board read and considered the proposed Notice of Summary 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 enter an Order of Summary Suspension in the matter of James Andrew Williams, D.O., in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Dr. Soin seconded the motion. A roll call was taken:

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

The motion carried.

The Board took a short recess.

PROBATIONARY APPEARANCES

Mr. Kenney returned to the meeting at this time.

Francis E. Dumont, M.D.

Dr. Steinbergh welcomed Dr. Dumont to the meeting, asked how he was doing, asked about his practice and inquired as to how many hours a week he was working.

Dr. Dumont indicated that he was working a 40-hour week and is on the road every weekday. Dr. Dumont said he loved the work and felt it was an amazing gift to be able to bring his work into individual's homes.

Dr. Ramprasad asked if he was in the Christ Hospital group before.

Dr. Dumont answered that he could not get privileges when his license was on probation, so he could not join Christ Hospital's group. He indicated that he was planning to continue what he was doing, because he felt that God had led him there.

Dr. Steinbergh moved to release Francis E. Dumont, M.D., from the terms of the Board's Order of September 14, 2011, effective April 11, 2014. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Timothy A. Heinrichs, M.D.

Dr. Steinbergh welcomed Dr. Heinrichs to the meeting, asked how he plans to handle his recovery moving forward and how his practice was going.

Dr. Heinrichs indicated that he made a number of very good friends in the support groups and plans to continue with the groups. Dr. Heinrichs also said he had been working with younger gentlemen who had problems in the community. He said he had been actively involved with those individuals and in the AA program. Dr. Heinrichs indicated that his practice was going extremely well.

Dr. Steinbergh noted that Dr. Heinrichs raises horses and that he was the Mercer County Coroner.

Dr. Heinrichs said he owns a farm and he and his son raise thoroughbred horses. Dr. Heinrich confirmed that he is the Mercer County Coroner.

Dr. Talmage asked if Dr. Heinrichs was a sponsor or that he intended to become an Alcoholics Anonymous (AA) sponsor.

Dr. Heinrichs indicated that he was a sponsor.

Dr. Steinbergh moved to release Timothy A. Heinrichs, M.D., from the terms of his April 8, 2009, Step II Consent Agreement, effective April 9, 2014. Dr. Saferin seconded the motion. All members present voted aye. The motion carried.

James M. Kemper, D.O.

Dr. Steinbergh welcomed Dr. Kemper to the meeting, asked about his practice, specifically in regards to prescribing controlled substances and pain management, and asked what he felt he had learned from the experience.

Dr. Kemper said he had been working in an urgent care clinic for about three and a half years in Cincinnati.

Dr. Ramprasad stated he thought so, because he knows Dr. Kemper's supervising physician.

Dr. Kemper said that most of the patients that he prescribes pain medication to are for acute injuries, such as broken bones and burns. He indicated that he only prescribes medication in supplies of a few days to a week supply. Dr. Kemper indicated if a patient comes in with chronic or acute pain problems, he checks OARRS for suspicious activity. Dr. Kemper also said that if a patient has a chronic pain problem, he urges them to get a family physician to manage it.

Dr. Steinbergh asked if there are pain management clinics in his area that Dr. Kemper would refer to, rather than primary care, depending on his diagnosis of the patient and asked if a the patient could get a timely appointment at them.

Dr. Kemper indicated that there are a few main management centers in the area and indicated that the office does not schedule the appointment for the patient, but rather, they provide the patient with the contact information.

Dr. Soin joined the conversation to suggest, if Dr. Kemper is treating acute pain as an emergency or in an urgent care setting, that dispensing 72 hours' worth of medication would be sufficient. Dr. Soin indicated that he appreciated Dr. Kemper's statement, which was made during his last appearance, that he had learned to be more suspicious of patients.

Dr. Kemper said that he has become more suspicious of patients and his experience with the Board had made him a better physician in those situations.

Dr. Talmage asked if Dr. Kemper had done continuing medical education (CME) in pain management.

Dr. Kemper indicated, not specifically, but he does attend medical conferences, which last two or three days and includes at least one presentation on pain management.

Dr. Steinbergh moved to release James M. Kemper, D.O., from the terms of his April 13, 2011 Consent Agreement, effective April 9, 2014. Dr. Soin seconded the motion. All members voted aye. The motion carried.

MISCELLANEOUS

Dr. Steinbergh moved to give the Board President the authority to set the salary for the Interim Executive Director. Dr. Saferin seconded the motion. All members present, excluding Dr. Ramprasad, voted aye. The motion carried.

The Board took a short recess.

REPORTS AND RECOMMENDATIONS CONTINUEDDavid Edward Noonan, Jr.

Dr. Steinbergh made a motion to remove from the table, the matter of David Edward Noonan, Jr. Dr. Soin seconded the motion. All members voted aye. The motion carried.

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

It is hereby ORDERED that:

A. **GRANT OF APPLICATION; SUSPENSION OF CERTIFICATE:** The application of David Edward Noonan, Jr., to practice massage therapy in the State of Ohio shall be GRANTED, provided that he otherwise meets all statutory and regulatory requirements. That certificate shall be immediately SUSPENDED for an indefinite period of time.

B. **INTERIM MONITORING:** During the period that Mr. Noonan's certificate to practice massage therapy in Ohio is suspended, Mr. Noonan shall comply with the following terms, conditions, and limitations:

1. **Obey the Law:** Mr. Noonan shall obey all federal, state, and local laws, and all rules governing the practice of massage therapy in Ohio.
2. **Declarations of Compliance:** Mr. Noonan shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances:** Mr. Noonan shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. **Initiate Drug/Alcohol Treatment:** Within 30 days of the effective date of this Order, or as otherwise approved by the Board, Mr. Noonan shall submit to a drug/alcohol assessment and any appropriate drug/alcohol treatment, as determined by an informed assessment of his current needs.

Such assessment shall comply with Rule 4731-16-05, Ohio Administrative Code, and such treatment shall comply with Rule 4731-16-02, Ohio Administrative Code, and shall be provided by a treatment provider approved under Section 4731.25, Ohio Revised Code, for treatment of drug and/or alcohol dependency or abuse.

Prior to the assessment, Mr. Noonan shall furnish the approved treatment provider copies of the Board's Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record that the Board may deem appropriate or helpful to the treatment provider. Within ten days after the completion of the assessment, or as otherwise determined by the Board, Mr. Noonan shall cause a written report to be submitted to the Board from the treatment provider, which shall include, to the extent applicable, the following:

- A detailed plan of recommended treatment based upon the treatment provider's informed assessment of Mr. Noonan's current needs;
- A statement indicating whether Mr. Noonan entered into or commenced the recommended treatment program within 48 hours of its determination;
- A copy of a treatment contract signed by Mr. Noonan establishing the terms of treatment and aftercare, including any required supervision or restrictions on practice during treatment or aftercare; and
- A statement indicating that the treatment provider will immediately report to the Board any failure by Mr. Noonan to comply with terms of the treatment contract during inpatient or outpatient treatment or aftercare.

a. Sobriety

1. Abstention from Drugs: If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed, or administered to him by another so authorized by law who has full knowledge of Mr. Noonan's history of chemical dependency and/or abuse and who may lawfully prescribe for him (for example, a physician who is not a family member).

Further, in the event that Mr. Noonan is so prescribed, dispensed, or administered any controlled substance, carisoprodol, or tramadol, Mr. Noonan shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Mr. Noonan received, the medical purpose for which he received the drug,

the date the drug was initially received, and the dosage, amount, number of refills, and directions for use.

Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to him, Mr. Noonan shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

2. **Abstinence from Alcohol:** If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall abstain completely from the use of alcohol.

b. **Drug & Alcohol Screens; Drug Testing Facility and Collection Site**

1. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Mr. Noonan shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board, and shall include Mr. Noonan's drug(s) of choice.

2. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Mr. Noonan shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

3. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Mr. Noonan shall be held to an understanding and knowledge that the consumption or use of various substances, including

but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result in a toxicology screen is prohibited under this Order.

4. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, all urine screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and a Board-approved collection site pursuant to the global contract between the approved facility and the Board, which provides for the Board to maintain ultimate control over the urine-screening process and to preserve the confidentiality of positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code. The screening process for random testing shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph 6 below (“Alternative Drug-testing Facility and/or Collection Site”), to approve urine screenings to be conducted at an alternative drug-testing facility, collection site, and/or supervising physician, such approval shall be expressly contingent upon the Board’s retaining ultimate control over the urine-screening process in a manner that preserves the confidentiality of positive screening results.

5. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, within 30 days of the effective date of this Order, Mr. Noonan shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug-testing facility and/or collection site (“DFCS”) in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Mr. Noonan shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Mr. Noonan and the Board-approved DFCS. Mr. Noonan’s failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

6. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall ensure that the urine-screening process performed through the Board-

approved DFCS requires a daily call-in procedure; that the urine specimens are obtained on a random basis; and that the giving of the specimen is witnessed by a reliable person.

In addition, Mr. Noonan and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

7. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.

8. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, in the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Mr. Noonan must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 6 below, as soon as practicable. Mr. Truesdale shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.

9. The Board, in its sole discretion, may withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

c. Alternative Drug-testing Facility and/or Collection Site: If Mr. Noonan is found to be impaired by a Board-approved treatment provider, it is the intent of this Order that Mr. Noonan shall submit urine specimens to the Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Mr. Noonan, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Mr. Noonan.

1. Within 30 days of the date on which Mr. Noonan is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Mr. Noonan, he shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the

name of a proposed supervising physician to whom Mr. Noonan shall submit the required urine specimens.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Mr. Noonan's residence or employment location, or to a physician who practices in the same locale as Mr. Noonan. Mr. Noonan shall ensure that the urine-screening process performed through the alternative DFCS or through the supervising physician requires a daily call-in procedure; that the urine specimens are obtained on a random basis; and that the giving of the specimen is witnessed by a reliable person. In addition, Mr. Noonan acknowledges that the alternative DFCS or the supervising physician shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

2. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall ensure that the alternative DFCS or the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.

3. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, in the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Mr. Noonan must immediately notify the Board in writing. Mr. Noonan shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DCFS or supervising physician becomes unable to serve, Mr. Noonan shall, in order to ensure that there will be no interruption in his urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Mr. Noonan.

4. If Mr. Noonan is found to be impaired by a Board-approved treatment provider, the Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Mr. Noonan's designated alternative DFCS or any person proposed to serve as his supervising physician, or may withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and

Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

d. **Reports Regarding Drug & Alcohol Screens:** If Mr. Noonan is found to be impaired by a Board-approved treatment provider, all screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Mr. Noonan's declarations of compliance. It is Mr. Noonan's responsibility to ensure that reports are timely submitted.

e. **Additional Screening without Prior Notice:** If Mr. Noonan is found to be impaired by a Board-approved treatment provider, upon the Board's request and without prior notice, Mr. Noonan must provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Mr. Noonan, or for any other purpose, at Mr. Noonan's expense. Mr. Noonan's refusal to submit a specimen on request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.

f. **Rehabilitation Program:** If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval.

Mr. Noonan shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Mr. Truesdale's declarations of compliance.

g. **Comply with the Terms of Aftercare Contract:** If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall maintain continued compliance with the terms of the aftercare contract entered into with his treatment provider, provided that, where terms of the aftercare contract conflict with terms of this Order, the terms of this Order shall control.

h. **Releases:** If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Mr. Noonan's chemical

dependency/abuse and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43, Ohio Revised Code, and are confidential pursuant to statute.

Mr. Noonan shall also provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event Mr. Noonan fails to agree to comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

5. **Absences from Ohio:** Mr. Noonan shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the suspension/probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.

Further, the Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Order for occasional periods of absence of 14 days or less.

In the event that Mr. Noonan resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Mr. Noonan may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Mr. Noonan is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

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

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Mr. Noonan's certificate to practice massage therapy in Ohio until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Mr. Noonan shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.

2. **Compliance with Interim Conditions:** Mr. Noonan shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.

3. Demonstration of Ability to Resume Practice: If Mr. Noonan is found to be impaired by a Board-approved treatment provider, Mr. Noonan shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:

a. Certification from treatment provider approved under Section 4731.25, Ohio Revised Code, that Mr. Noonan has successfully completed a program of intensive outpatient treatment for chemical dependency/abuse at a treatment provider approved by the Board. Such treatment shall include a minimum of 20 treatment sessions over no less than five consecutive weeks.

b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but shall not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.

c. Evidence of continuing full compliance with this Order.

d. Two written reports indicating that Mr. Noonan's ability to practice massage therapy has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependence/abuse.

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Mr. Noonan. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Mr. Noonan shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Mr. Noonan, and any conditions, restrictions, or limitations that should be imposed on Mr. Noonan's practice of massage therapy. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may require an updated assessment and report if

the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. **Effect of Further Board Action During Suspension:** In the event that the Board initiates future formal proceedings against Mr. Noonan prior to his reinstatement, Mr. Noonan shall be ineligible for reinstatement until such future proceedings have been fully resolved by the Board.

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

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

1. **Terms, Conditions, and Limitations Continued from Suspension Period:** Mr. Noonan shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.

2. **Modifications of Terms:** Mr. Noonan shall not request modifications of the terms, conditions, or limitations of probation for at least two years after imposition of these probationary terms, conditions, and limitations.

3. **Tolling of Probationary Period While Out of Compliance:** In the event Mr. Noonan is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

4. **Personal/Professional Ethics Course:** Before the end of the first year of probation, or as otherwise approved by the Board, Mr. Noonan shall submit acceptable documentation of successful completion of a course or courses dealing with personal/professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee.

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

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

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

G. REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER

1. Required Reporting to Employers and Others: Within 30 days of the effective date of this Order, Mr. Noonan shall provide a copy of this Order to all employers or entities with which he is under contract to provide health-care services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or health-care center where he has privileges or appointments.

Further, Mr. Noonan shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide health-care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

For massage therapists, the term "healthcare services" includes massage-therapy services, and the term "healthcare center" includes but is not limited to entities that may be referred to as a wellness center, exercise center, health club, spa, salon, or gymnasium.

This requirement shall continue until Mr. Truesdale receives from the Board written notification of the successful completion of his probation.

2. Required Reporting To Other Licensing Authorities: Within 30 days of the effective date of this Order, Mr. Noonan shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Mr. Noonan shall provide a copy of this Order at the time of application to the proper licensing authority of any State or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Mr. Noonan receives from the Board written notification of the successful completion of the probation.

3. Required Reporting to Treatment Providers/Monitors: Within 30 days of the effective date of this Order, Mr. Noonan shall promptly provide a copy of this Order to all persons and entities that provide chemical-dependency treatment to or monitoring of Mr. Noonan. This requirement

shall continue until Mr. Noonan receives from the Board written notification of the successful completion of his probation.

4. Required Documentation of the Reporting Required by Paragraph G: Mr. Noonan shall provide the Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Dr. Steinbergh stated that she disagreed with the amended proposed order because of the felony convictions.

Discussion followed among the Board members and staff about the specifics of the amended proposed order. A roll call was taken:

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

The motion to amend carried.

Dr. Saferin moved to approve the Proposed Order, as amended, for David Edward Noonan, Jr.. Dr. Sethi seconded the motion. A roll call was taken:

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

The motion failed.

Dr. Steinbergh reiterated that the felony convictions are preventing her from voting for the proposed order.

Dr. Steinbergh asked to vote on the motion to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of David Edward Noonan, Jr. A roll call was taken:

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

The motion to reconsider failed.

Dr. Steinbergh moved to table the Proposed Order in the matter of David Edward Noonan, Jr., until the May meeting. Mr. Gonidakis seconded the motion. All members voted aye. The motion carried.

Craig Whitaker Johnson, M.D.

Dr. Steinbergh moved to remove from the table, the matter of Craig Whitaker Johnson, M.D. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh stated for the record, that the Board had tabled the matter until May, but were able to prepare a proposed order. The Board attempted to notify Dr. Johnson that the Board planned to consider the proposed order at the meeting. Considering the fact that the proposed order was better than permanent revocation, the Board felt it was important to move forward with the matter at this meeting.

Dr. Steinbergh moved to amend the Proposed Order in the matter of Craig Whitaker Johnson, M.D., to read as follows:

It is hereby ORDERED that:

- A. SUSPENSION OF CERTIFICATE: The certificate of Craig Whitaker Johnson, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than two years.**

B. CONDITIONS FOR REINSTATEMENT OR RESTORATION: The Board shall not consider reinstatement or restoration of Dr. Johnson's certificate to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Johnson shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Personal/Professional Ethics Course(s):** Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Johnson shall submit acceptable documentation of successful completion of a course or course dealing with personal/professional ethics. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

3. **Course(s) Concerning Physician/Patient Boundaries:** Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Johnson shall submit acceptable documentation of successful completion of a course or courses on maintaining physician/patient boundaries. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

4. **Additional Evidence of Fitness to Resume Practice:** In the event that Dr. Johnson has not been engaged in the practice of medicine and surgery for a period in excess of two years prior to application for

reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

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

1. **Obey the Law:** Dr. Johnson shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Declarations of Compliance:** Dr. Johnson shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances:** Dr. Johnson shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Johnson is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
5. **Required Reporting of Change of Address:** Dr. Johnson shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

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

E. VIOLATION OF THE TERMS OF THIS ORDER: If Dr. Johnson violates the terms of this Order in any respect, the Board, after giving his notice and the opportunity to be heard, may institute whatever disciplinary action it

deems appropriate, up to and including the permanent revocation of his certificate.

F. REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:

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

In the event that Dr. Johnson provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Johnson receives from the Board written notification of the successful completion of his probation.

- 2. Required Reporting to Other State Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Johnson shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Dr. Johnson shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Johnson receives from the Board written notification of the successful completion of his probation.
- 3. Required Documentation of the Reporting Required by Paragraph B:** Dr. Johnson shall provide this Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an

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

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

Dr. Saferin seconded the motion.

A roll call was taken:

ROLL CALL:	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

The motion carried.

Dr. Steinbergh moved to approve the Proposed Order, as amended, in the matter of Craig Whitaker Johnson, M.D. Dr. Saferin seconded the motion.

A roll call was taken:

ROLL CALL:	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

The motion carried.

MISCELLANEOUS

Dr. Ramprasad appointed Dr. Steinbergh, Dr. Saferin, Mr. Kenney and Mr. Gonidakis to

April 9, 2014

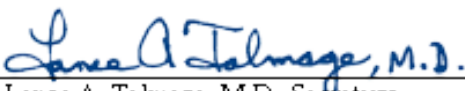
serve as members of the Search Committee for Executive Director, with Dr. Steinbergh serving as Chair.

Dr. Ramprasad, thereupon at 4:30 p.m. adjourned the April 9, 2014, meeting of the State Medical Board of Ohio.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on April 9, 2014, as approved on May 14, 2014.



Krishnamurthi Ramprasad, M.D., President



Lance A. Talmage, M.D., Secretary

