

MINUTES**THE STATE MEDICAL BOARD OF OHIO****November 5, 2014**

Krishnamurthi Ramprasad, M.D., President, called the meeting to order at 9:50 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: Donald R. Kenney, Vice-President; Mark A. Bechtel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Michael L. Gonidakis; Amol Soin, M.D.; Robert P. Giacalone; Kim G. Rothermel, M.D.; and Andrew P. Schachat, M.D. The following member did not attend: Sushil Sethi, M.D.

Also present were: Jonathan Blanton, Interim Executive Director; Kimberly Anderson, Assistant Executive Director; Susan Loe, Assistant Executive Director, Human Resources and Fiscal; Danielle Cox, Chief of Human Resources; Vickie Oldham, Fiscal Officer; Michael Miller, Assistant Executive Director for Licensure and Renewal; Sallie J. Debolt, Senior Counsel; David Katko, Assistant Legal Counsel; Mary Courtney Ore, Deputy Director of Communications; Joan K. Wehrle, Education and Outreach Program Manager; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; K. Randy Beck, Acting Chief of Investigations; John Woolwine, Investigator Supervisor; Curtis Fortner and Dawn Smith, Investigators; William Schmidt, Senior Counsel for Investigations; Rebecca Marshall, Chief Enforcement Attorney; Marcie Pastrick, Mark Blackmer, Cheryl Pokorny, Angela McNair, Greg Taposci, James Roach, and Kimberly Lee, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and James Wakley, Assistant Attorneys General; Deirdre Benjamin, Attorney General Non-Legal Intern; R. 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; Mitchell Alderson, Chief of Licensure; Christine Schwartz, Legal Services Contractor; Cathy Hacker, P.A. Program Administrator; Judith Rodriguez, Legal Department Secretary; Jacqueline A. Moore, Legal/Public Affairs Assistant; Mary Sparks and Denise Denen, Medical Records Reviewers; Fonda Brooks, Investigations Secretary; Bonnie Ristow, Standards Review & Intervention Assistant; Angela Fields and Ruth Pologruto, Public Inquiries Assistants; Jewell Bates, CME & Renewal Assistant; Regina Bouldware, Amanda Blickenstaff, Victoria Litteral, and Tamara Spencer, Licensure Assistants; Caren McCann, Medical Documents Specialist; and Benton Taylor, Interim Executive Assistant.

MARK BECHTEL, M.D.

Dr. Ramprasad informed the Board that Dr. Bechtel has announced his intention to step down from the Board at the end of this year in order to accept a prestigious position as Chair of the Department of Dermatology at the University of Pennsylvania. Dr. Ramprasad commented that Dr. Bechtel's departure will be a great loss to the Board and his presence will be missed.

STAFF RETIREMENTS

Dr. Ramprasad wished to recognize several members of the Medical Board staff who will retire at the end of November. Dr. Ramprasad stated that members of the staff are the heart and soul of the Board and that the Board would not be able to accomplish its mission without individuals willing to serve the public.

Randy Beck: Dr. Ramprasad stated that Mr. Beck began service with the Medical Board 22 years ago as an Enforcement Investigator. In 2008, Mr. Beck became Investigator Supervisor for the Central Region, and in 2013 was named Interim Chief of Investigations. Mr. Beck and his team of investigators were instrumental in shutting down the pill mills throughout Ohio. Dr. Ramprasad thanked Mr. Beck for his service and for stepping up when he was needed as Interim Chief of Investigations. Mr. Beck replied that it has been a true pleasure.

Denise Denen: Dr. Ramprasad stated that Ms. Denen, a registered nurse, began service with the Board in 2003. Ms. Denen's expertise with cases involving psychiatric medications simplified the work of the Standards Review and Intervention Unit. Ms. Denen has worked carefully and diligently performing record reviews. Enforcement Attorneys have often requested Ms. Denen's assistance in evaluating cases and preparing materials for expert review. Dr. Ramprasad thanked Ms. Denen for her service.

Caren McCann: Dr. Ramprasad stated that Ms. McCann began service with the Medical Board in 2003 after 20 years with the Department of Administrative Services. As medical records document specialist, Ms. McCann has had numerous responsibilities, including preparing medical records for enforcement and quality intervention cases. Over the last 11 years, Ms. McCann has printed over 6 million copies and scanned 1.5 million records. Dr. Ramprasad thanked Ms. McCann for her service.

Kay Rieve: Dr. Ramprasad stated that Ms. Rieve began service with the Medical Board 35 years ago as a contract employee tasked with converting licensure documents to microfiche, which led to a full-time position as Chief of Records and Continuing Medical Education (CME). After a short break in service, Ms. Rieve returned to the Medical Board in 1994. Ms. Rieve has served as Administrative Officer since 2000 and is known as a walking, talking Medical Board encyclopedia. Dr. Ramprasad stated that Ms. Rieve's knowledge of licensure is immeasurable and her expertise will be missed.

John Woolwine: Dr. Ramprasad stated that Mr. Woolwine began service with the Medical Board in 1994, having retired from the Air Force Office of Special Investigations. As a certified fraud investigator, Mr. Woolwine began with the Board as an Enforcement Investigator focusing on fraud cases. Mr. Woolwine has served as Investigator Supervisor for the Southern Region since 2008. Dr. Ramprasad thanked Mr. Woolwine for his service.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the October 8, 2014, Board meeting, as written. Dr. Rothermel seconded the motion. All members voted aye. The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Ramprasad asked whether each member of the Board had received, read and considered the hearing records, the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Therese Kateri Byrne; Clinton J. Cornell, P.A.; Kyle Finnian Mills, M.D.; Raphael N. Ngegwe, M.D.; Sudhir Sitaram Polisetty, M.D.; and Paul Sresthadatta, D.O.

A roll call was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

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

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

Dr. Ramprasad noted that, in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In the matters before the Board today, Dr. Bechtel served as Secretary and Dr. Saferin 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.

THERESE KATERI BYRNE

Dr. Ramprasad directed the Board's attention to the matter of Therese Kateri Byrne. No objections have been filed. Ms. Shamansky was the Hearing Examiner. Dr. Ramprasad noted that this is a non-disciplinary matter; therefore, the Secretary and Supervising Member may vote.

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

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

Mr. Giacalone stated that Ms. Byrne completed a one-year massage therapy program at Laurel Highlands Therapeutic Academy in May 2009, passed the written examination, and was licensed to practice massage therapy in Pennsylvania in 2009. In July 2014, Ms. Byrne moved to Ohio to attend programs at the Reflexology Science Institute and the American Institute of Alternative Medicine. Ms. Byrne completed the programs and received a certificate as a Certified Reflexologist.

Mr. Giacalone continued that Ms. Byrne was a licensed massage therapist in Pennsylvania from 2009 to 2013 when she allowed the license to expire. Ms. Byrne testified that her goal was to practice reflexology in Ohio, but she had learned from prospective employers that in Ohio reflexology is considered part of massage therapy. Therefore, Ms. Byrne applied for an Ohio massage therapy license in May 2014.

Ms. Byrne's application was reviewed by Kay Rieve, the Board's Administrative Officer, who determined that Ms. Byrne did not meet the requirements for a massage therapy license. Specifically, Ms. Byrne's school, the Laurel Highlands Therapeutic Academy, is not an approved school in good standing with the State Medical Board of Ohio. Additionally, Ms. Byrne had not been a licensed massage therapist in another state for at least five years preceding her application, having been licensed in Pennsylvania for only four years. However, Ms. Rieve testified that Ms. Byrne may be able to qualify for a massage therapy license by meeting the requirements of Section 4731.19(A)(3)(b), Ohio Revised Code, provided that she could show that her program consisted of a course of instruction that meets the Board's course requirements.

Mr. Giacalone stated that, based on testimony provided at the hearing, the Hearing Examiner determined that Ms. Byrne's total science instruction amounted to 322 hours, which is three hours short of the requirement. Mr. Giacalone stated that, unfortunately, the language in Section 4731-1-16, Ohio Administrative Code, is proscriptive and does not permit any discretion for an applicant who is very close to meeting the educational requirements. Therefore, Mr. Giacalone agreed with the Hearing Examiner's Proposed Order to deny Ms. Byrne's application for a massage therapy license. Mr. Giacalone also agreed with the Hearing Examiner's suggestion that if Ms. Byrne is able to earn an additional three hours of academic credit in anatomy, physiology and kinesiology at the American Institute of Alternative Medicine,

the Board should consider that coursework if Ms. Byrne applies again.

Dr. Ramprasad agreed with Mr. Giacalone's analysis, but lamented that fact that the Board cannot grant Ms. Byrne a license due to being three hours short.

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

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

CLINTON J. CORNELL, P.A.

Dr. Ramprasad directed the Board's attention to the matter of Clinton J. Cornell, P.A. Objections have been filed and were previously distributed to Board members. Ms. Clovis was the Hearing Examiner.

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

Mr. Cornell was represented by his attorney, Elizabeth Collis.

Ms. Collis stated that she supports the Hearing Examiner's Proposed Order of a stayed suspension, which adequately addresses the nature of this case and is consistent with similar cases. Ms. Collis noted that this case involved a conviction related to one payment of only \$350.00. Ms. Collis stated that Mr. Cornell has already served 14 months in prison, which was essentially a suspension because he was unable to practice. Ms. Collis urged the Board to not impose a suspension, but asked that if Mr. Cornell's license is suspended that a wind-down period be included so he can reassign his current cases.

Mr. Cornell stated that the past couple of years have been the worst in his life. Mr. Cornell stated that he was accused of violating federal law, which he found shocking because he has always valued the rule of law. Mr. Cornell contended that he has never stolen, cheated, or defrauded anyone in his life, despite his guilty plea. Mr. Cornell stated that, generally, before a person can be convicted of a crime in America the government must prove that the person had intent to violate the law, a legal concept known as *mens rea*. However, Mr. Cornell stated that the law for which he pled guilty is not dependent upon intent and, according to the federal prosecutor, the government only needed to show that Mr. Cornell had received a

payment. Mr. Cornell's attorney had explained to him that it is a strict liability crime in which the government need not prove intent or even that Mr. Cornell knew the law existed. Therefore, Mr. Cornell stated that he took responsibility for receiving one payment of \$350.00, which had been arranged by his former employer as a way of satisfying over \$20,000.00 in legitimately-owed back wages. Mr. Cornell stated that the problem was that this repayment was dependent upon his willingness to refer a patient to his former employer for physical therapy services.

Mr. Cornell stated that although he has taken responsibility, he has been consistent in stating that he had no idea that accepting the payment would be inappropriate. Mr. Cornell further stated that his referrals in no way mirrored the payments and there were many months when he made no referrals yet he continued to receive payment on back wages. Mr. Cornell commented that though he is accused of violating a professional standard, when he explained the arrangement to his supervising physicians and fellow physician assistants, no one raised a voice of caution or hinted that it may be inappropriate, let alone a violation of federal law. Mr. Cornell also stated that there is no accusation that the services he ordered were not medically necessary and there was no criticism of the quality of care he provided. Mr. Cornell noted that the federal prosecutor in his case is on record agreeing with his explanation of events, an explanation that has not changed throughout this situation.

Mr. Cornell stated that he truly cares about the lives of others and that an accurate description of his life's financial strategy is that he believes in investing in the lives of others. Mr. Cornell stated that investing in the lives of others is the most valuable investment one can make and will never reach a point of diminishing returns. Mr. Cornell stated that the notion that he intentionally defrauded anyone is contradictory to the way he has lived his life. Mr. Cornell stated that he has been devastated both financially and professionally, but the worst part was being forcibly taken from his wife and children. Because of his prison term, Mr. Cornell missed his son's graduation from high school, his daughter's 16th birthday, the birth of a niece and a nephew, and the deaths of several family members.

Mr. Cornell asked the Board to adopt the Hearing Examiner's Proposed Order. Mr. Cornell stated that he has been punished excessively and there is no need for further punishment to deter him from making a similar mistake in the future. Mr. Cornell apologized for his mistake and for the poor judgment that contributed to it.

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

Mr. Wilcox stated that the State does not object to the substance of the Hearing Examiner's Report and Recommendation. However, Mr. Wilcox opined that the Proposed Order is extremely light given the felonious conduct that led to Mr. Cornell's conviction and imprisonment. Mr. Wilcox stated that according to the federal indictment, Mr. Cornell and other conspirators attempted to unlawfully enrich themselves "by paying and receiving kickbacks for the referral of Medicare and Medicaid beneficiaries for testing, physical therapy, and home healthcare services that were submitted to Medicare and Medicaid for payment." Consequently, Mr. Cornell pled guilty to one count of payment and receipt of healthcare kickbacks and was sentenced to 14 months of imprisonment, followed by two years of supervised release. In addition, the court barred Mr. Cornell from participating in any federal healthcare payment program for

five years and ordered him to pay restitution and investigation costs of \$38,000.00.

Mr. Wilcox continued that at his hearing, Mr. Cornell acknowledged the danger of his conduct, stating, “when you begin to cloud those lines of where you are directing a patient or where you are recommending the patient to go, and it is based on a decision that could be tainted by a financial relationship, it is not a pure clinical recommendation and that’s where I crossed the line.” Mr. Wilcox opined that at his hearing, Mr. Cornell attempted to minimize and distinguish his behavior from that of his co-defendants. Mr. Wilcox stated that even if the Board believes Mr. Cornell’s story that he participated in the scheme because his former practice owed him \$20,000.00, the bottom line is that Mr. Cornell directed patients to his former practice for economic benefit, which is against federal law.

Mr. Wilcox stated that while Mr. Cornell is not the worst respondent to appear before the Board, he is a convicted felon and the Proposed Order of a stayed 30-day suspension is not appropriate. Mr. Wilcox asked the Board to consider a more appropriate penalty for someone who has been convicted of a felony in the course of their medical practice. Mr. Wilcox suggested that a minimum six-month suspension would be more proper in this case.

Dr. Steinbergh moved to approve and confirm Ms. Clovis’ Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Clinton J. Cornell, P.A. Dr. Rothermel seconded the motion.

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

Mr. Kenney stated that Mr. Cornell pleaded guilty to one count of receiving a payment in receipt of a healthcare kickback. Mr. Kenney stated that Mr. Cornell had practiced as a physician assistant in Michigan from 2000 to 2012. In 2011, Mr. Cornell moved to Ohio and obtained an Ohio physician assistant license. In 2013, Mr. Cornell was found guilty was sending patients to his former employer and being paid installment payments, which they called kickbacks, for those referrals. Mr. Cornell testified that at the time he was making these referrals he did not know he was committing a crime. Mr. Kenney noted that due to sentence reduction, Mr. Cornell served 11 months in prison in addition to home confinement in lieu of prison. Mr. Kenney further noted that Mr. Cornell is excluded for five years from treating patients who are insured through a federal program.

Mr. Kenney stated that he agrees with the Findings of Fact and Conclusions of Law in the Report and Recommendation. Based on Mr. Cornell’s acceptance of a single payment of only \$350.00 in lieu of disputed wages, and the fact that no patients were harmed, Mr. Kenney opined that Mr. Cornell has been punished enough. Therefore, Mr. Kenney agreed with the Proposed Order to suspend Mr. Cornell’s license for 30 days, stay that suspension, and impose probationary terms and conditions for at least two years.

Dr. Steinbergh agreed with Mr. Kenney’s statements. Dr. Steinbergh noted that Mr. Cornell had had a prior action by the Michigan Board of Medicine for practicing outside the scope of his physician assistant license. Specifically, Mr. Cornell had ordered pharmaceutical samples at the clinic which employed him and dispensed them to indigent patients, which was outside the scope of a physician assistant’s practice in Michigan. Dr. Steinbergh stated that when a person has an action by a medical board, it serves as a “wake-

up call.” Dr. Steinbergh stated that the first time one comes into contact with a medical board and their license is threatened in any way, one should quickly learn how to respect their license and prevent errors from occurring in their practice. In this case, Dr. Steinbergh opined that Mr. Cornell has already paid a severe penalty, and she therefore agreed with the Proposed Order.

Mr. Giacalone echoed Mr. Kenney’s and Dr. Steinbergh’s statements. Mr. Giacalone stated that he had found the Assistant Attorney General’s own closing comments at the hearing to be very persuasive:

I mean, obviously, Mr. Cornell has paid a price for this, and not only in his freedom, he served ... almost a year in prison ... I’m sure that he’s out many, many thousands of dollars. So this lesson, obviously, was a very painful and expensive one. I don’t know what the Board can add to that, other than it’s not okay to have felonies on your record and practice medicine in Ohio without having that addressed.

Mr. Giacalone agreed and opined that Mr. Cornell has paid sufficiently.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

KYLE FINNIAN MILLS, M.D.

Dr. Ramprasad directed the Board’s attention to the matter of Theodore J. Cole, D.O. No objections have been filed. Ms. Shamansky was the Hearing Examiner.

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

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

Ms. Collis stated that Dr. Mills has successfully completed residential treatment at The Ridge. Ms. Collis noted that the Hearing Examiner has recommended a suspension of at least 180 days. Ms. Collis asked the Board not to impose such a long suspension, stating that Dr. Mills has complied with the conditions for

reinstatement and has completed his course of treatment.

Dr. Mills stated that he has practiced emergency medicine in Ohio for over 20 years in small rural communities and he has always enjoyed his work. Dr. Mills stated that while there have been long periods of time in which he has not consumed alcohol, he does have a history of several alcohol-related misdemeanors. Dr. Mills stated that for most of his career he has been able to keep his personal and professional lives separate, noting that he was never impaired at work. Dr. Mills stated that he only consumed alcohol when he was not scheduled to work and his use of alcohol never affected his medical care. Dr. Mills stated that because he kept his personal and professional lives separate, he never thought he had to disclose his alcohol use or alcohol-related traffic violations to the Medical Board. Dr. Mills acknowledged that this was wrong and he should have been honest on his license renewal applications by disclosing his convictions.

Dr. Mills stated that through treatment, he has learned to minimize his use of alcohol and the way it has affected his life. Dr. Mills stated that he did not disclose his convictions on his renewal applications out of fear of losing his job and his medical license, as well as his pilot's license. Dr. Mills stated that he regrets not being honest on his renewal applications, but there is nothing he can do or say to change decisions he made in the past. Dr. Mills stated that for the sake of his health and the Board, he is willing to abstain from alcohol, submit to random drug screens, and attend Alcoholics Anonymous (AA) meetings. Dr. Mills urged the Board not to suspend his medical license.

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

Ms. Snyder stated that there are two aspects to Dr. Mills' case. First, there is the allegation of impairment. Dr. Mills has been diagnosed with alcohol abuse and has completed 28 days of inpatient treatment at The Ridge. Ms. Snyder stated that there is no dispute that Dr. Mills is impaired in his ability to practice medicine.

Second, it is alleged that Dr. Mills committed fraud by failing to disclose on his license renewal applications that he had had seven alcohol-related offenses. Ms. Snyder stated that it is not accurate to describe these incidents as "traffic violations," as Dr. Mills did today; Dr. Mills had six incidents of Operating a Motor Vehicle While Intoxicated (OVI) and one of Public Intoxication over the course of ten years. Ms. Snyder stated that the language of the renewal application is clear: If you have any offenses, you mark "Yes." Ms. Snyder stated that Dr. Mills did not do that.

Ms. Snyder stated that public trust is the cornerstone of the medical profession. Ms. Snyder stated that if patients cannot trust their physicians, patients will not give them accurate information and this can lead to a dangerous situation. Ms. Snyder stated that there are varying levels of breaches of trust, and Dr. Mills' breaches were acts of omission, which is distinct from actively lying. Ms. Snyder noted that Dr. Mills was forthright and honest at his hearing. Ms. Snyder stated that Dr. Mills is in the early stages of recovery and that denial is part of the recovery process.

Mr. Kenney moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law,

and Proposed Order in the matter of Kyle Finnian Mills, M.D. Dr. Steinbergh seconded the motion.

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

Dr. Schachat stated that there are two areas of concern in this case: Publishing a false, fraudulent, or misleading statement, and impairment. Dr. Mill's medical license was summarily suspended in June 2014 based on alcohol-related misdemeanor convictions between 1994 and 2011. Despite these convictions, Dr. Mills answered "no" to related questions on numerous renewal applications. Following an evaluation at Shepherd Hill Hospital, Richard Whitney, M.D., diagnosed Dr. Mills with alcohol abuse and determined that he is impaired in his ability to practice medicine to prevailing standards.

Dr. Schachat briefly reviewed Dr. Mills' medical career, including his family practice residency and his 20 years of practicing in emergency medicine and in the urgent care setting. Dr. Schachat also reviewed Dr. Mills' history of arrests, some of which included short terms in jail. Outside of medicine, Dr. Mills has a small excavating business and raises cattle on his 28-acre farm.

Dr. Schachat continued that Dr. Whitney concluded that Dr. Mills was not currently able to practice medicine due to the diagnosis of alcohol abuse. Dr. Whitney advised that Dr. Mills enter into a 28-day inpatient program within 48 hours. However, Dr. Mills did not enter a program within 48 hours because, according to his testimony, he knew his medical license would be suspended and he needed more time to choose a treatment program and arrange for care of his home and his animals. Dr. Mills was admitted to The Ridge a few days past the recommended deadline. At The Ridge, Dr. Mills was diagnosed with substance use disorder for alcohol and sustained partial remission. Todd Carran, M.D., Medical Director at The Ridge, stated in a letter to the Board, "I do believe Dr. Mills is currently capable of practicing within the acceptable and prevailing standards of care," with the customary aftercare and monitoring.

In summary, Dr. Schachat stated that Dr. Mills did not truthfully complete numerous license renewal applications; Dr. Whitney concluded that Dr. Mills was impaired in his ability to practice medicine; Dr. Mills did not enter the treatment program in the appropriate timeframe, but did so shortly thereafter; and Dr. Carran concluded that Dr. Mills is capable of medical practice with proper monitoring. Dr. Schachat noted that the Board is not aware of any alcohol-related concerns at Dr. Mills' work or injury to patients, and there have been supporting comments from Dr. Mills' employer and colleagues. However, Dr. Mills has had seven alcohol-related convictions or guilty pleas and these misdemeanors were not truthfully disclosed on license renewal applications. Dr. Schachat also reiterated that Dr. Mills is in the early phase of recovery.

Dr. Schachat agreed with the Proposed Order, which includes a suspension of at least 180 days, assuming that one views this as multiple separate instances of failures to disclose. However, Dr. Schachat stated that if one views the multiple failures to disclose as one mistake that was made repeatedly, then an argument could be made for a shorter suspension.

Mr. Kenney stated that he found this case very troubling. Mr. Kenney noted a letter from Dr. Whitney dated June 12, 2014, in which Dr. Whitney opined that Dr. Mills was not able to practice medicine at that time due to a diagnosis of alcohol abuse. That recent assessment, along with Dr. Mills' long history of

alcoholism, caused Mr. Kenney to doubt that the situation can be addressed with a suspension of only 180 days. Mr. Kenney further noted that Dr. Mills was asked to attend two AA meetings per week, yet he still does not have an AA sponsor or home group, which Mr. Kenney found unbelievable. Mr. Kenney also stated that Dr. Mills was late in beginning his 28-day inpatient treatment. Mr. Kenney opined that Dr. Mills is not serious about this situation and that this situation is more serious than a 180-day suspension would indicate.

Dr. Steinbergh stated that as she reviewed this case, she looked at the totality of Dr. Mills' life and the choices he has made in terms of his career. Dr. Steinbergh opined that this case is very different than other cases that have come before the Board because Dr. Mills has a life that is totally different from his professional life. Dr. Steinbergh stated that Dr. Mills has attempted to keep his professional and personal lives separate, and Dr. Steinbergh opined that Dr. Mills has successfully done this. Dr. Steinbergh observed that there is evidence in the record that Dr. Mills is an appropriate physician and he has never been seen impaired while working. Dr. Steinbergh noted that Dr. Mills has already been out of practice for five months due to the summary suspension of his license.

Dr. Steinbergh continued that Dr. Mills chose to delay his treatment due to his responsibilities to his home and his animals. Dr. Steinbergh opined that Dr. Mills responded to the situation in a way that was consistent with who he is and how he has chosen to live his life. Dr. Steinbergh stated that as a Board, the Medical Board tends to compare one doctor to another and expect each to fall in line because the Board wants the physicians to heal. Dr. Steinbergh stated that there are times when a physician fails to appear for an evaluation or treatment program and it is an act of defiance, but she does not see that in this case. Dr. Steinbergh stated that Dr. Mills' explanation that he had to arrange care for his animals and his farm was very reasonable to her as a human being.

Dr. Steinbergh stated that to the Board's knowledge, Dr. Mills has not caused harm to any patient. Dr. Steinbergh stated that there is no question that Dr. Mills lied in his license renewal applications. Dr. Steinbergh stated that lying is part of the disease of alcoholism and that once Dr. Mills began to lie he could not change the lie.

Dr. Steinbergh stated that she agrees with the Findings of Fact and Conclusions of Law in the Report and Recommendation. Dr. Steinbergh opined that because of the level of suspension that Dr. Mills has already had, the suspension time could be reduced to a minimum of 90 days. However, Dr. Steinbergh also understood and respected Mr. Kenney's comments. Therefore, Dr. Steinbergh stated that she could accept either 180 days or 90 days of suspension. Dr. Steinbergh opined that Dr. Mills will treat this disease appropriately now that he is much more aware of it.

Mr. Giacalone stated that he agrees with Mr. Kenney's comments. Mr. Giacalone stated that the ability to practice any profession is a privilege, not a right. Mr. Giacalone stated that Dr. Mills has the right to do whatever he wants within the confines of the law, but the privilege imposes different parameters on him. Mr. Giacalone noted that Dr. Mills had six OVI's and he obviously did not care about the people he could have harmed. Mr. Giacalone characterized Dr. Mills' attitude in his dealings with the Medical Board, as well as with the Federal Aviation Administration regarding his pilot's license, as wanting to do things his way on his own terms. However, Mr. Giacalone stated that one does not have the option of doing things

one's own way if one has a license and a privilege in the state of Ohio. Mr. Giacalone stated that even spending the night in jail failed to turn the corner for Dr. Mills. Mr. Giacalone opined that it is time that Dr. Mills did it the Board's way.

Mr. Kenney stated that he has no problem with Dr. Mills owning a farm or any of this other activities outside of medicine, nor did Mr. Kenney concern himself with the fact that Dr. Mills was two days late entering into treatment. Mr. Kenney's primary concern was that Dr. Mills was an alcoholic who was treating patients and the Board has no idea what happened during those time periods. Mr. Kenney stated that he would favor revoking Dr. Mills' license and opined that Dr. Mills' failure to come to terms with his situation after such a long period of time is inexcusable.

Dr. Ramprasad agreed with Mr. Kenney and found it very troubling that Dr. Mills did not trust the Board or his assessors, thinking that they only wanted to make money off of him. Dr. Ramprasad stated that Dr. Mills has demonstrated no self-reflection whatsoever. Dr. Ramprasad stated that no part of the license renewal application indicates that convictions do not have to be disclosed. Dr. Ramprasad stated that Dr. Mills must understand that he needs to take time to go through rehabilitation and the subsequent outpatient activities. Dr. Ramprasad opined that the Proposed Order is appropriate, noting that the six months of suspension on top of the five months he has been under summary suspension amounts to 11 months out of practice.

Mr. Kenney stated that he would agree to the Proposed Order.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

RAPHAEL N. NGENGWE, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Raphael N. Ngengwe, M.D. Objections to Ms. Shamansky's Report and Recommendation have been filed; however, the objections were not filed in a timely manner. Dr. Ramprasad stated that the Board must decide whether or not to accept Dr. Ngengwe's objections.

Dr. Steinbergh moved to introduce Dr. Ngengwe's objections into the record. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to accept the objections carried.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Raphael N. Ngengwe, M.D. Dr. Rothermel seconded the motion.

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

Dr. Soin stated that in June 2013, Dr. Ngengwe allegedly entered into a Statement of Charges and Settlement Agreement with the Iowa Board of Medicine, which cited him for violating the terms of a Physician Health Contract that he had entered into with the Iowa Physician Health Program. The Iowa Board issued a warning to Dr. Ngengwe and ordered him to pay \$1,000.00 in civil penalties.

Dr. Soin continued that Dr. Ngengwe entered into a consent agreement with the Iowa Board in December 2011 because he had been placed on probation in his cardiovascular fellowship on two occasions due to concerns about professionalism. Dr. Ngengwe had withdrawn from the fellowship in January 2010. At the request of the Iowa Board, Dr. Ngengwe completed a forensic professional fitness evaluation in October 2011, after which he was granted an Iowa medical license and issued a citation of warning. In June 2013, the Iowa Board alleged that Dr. Ngengwe violated the terms of his Contract by failing to attend three required counseling sessions between May and September 2012.

The State Medical Board of Ohio sent interrogatories to Dr. Ngengwe on three occasions, twice by certified mail and once by regular mail. The two sets sent by certified mail were returned unclaimed, while the third set was not returned. Dr. Ngengwe stated that he had moved and the initial interrogatories somehow did not reach him. Dr. Ngengwe also listed other circumstances in his life at that time as reasons that he did not respond to the interrogatories.

Dr. Soin stated that the information received from the Iowa Board is relatively vague. Dr. Soin felt it was reasonable for the Ohio Board to want to know the exact context of what happened to Dr. Ngengwe and why he had been issued a reprimand. Dr. Soin stated that he agreed with the Proposed Order, which would

suspend Dr. Ngengwe's Ohio medical license indefinitely and impose conditions for reinstatement or restoration of his license, including a written statement from the Ohio Board's enforcement section certifying the Dr. Ngengwe has fully complied with all subpoenas and interrogatories issued to him by the Board.

Dr. Steinbergh stated that she also agrees with the Proposed Order. Dr. Steinbergh stated that it is a shame to interrupt a physician's training, but opined that the Board needs to see Dr. Ngengwe at hearing and develop what happened in this situation. Dr. Steinbergh noted that, according to Dr. Ngengwe, he did not receive the Board's interrogatories because he had moved. However, Dr. Ngengwe eventually asked his brother, who still lived at Dr. Ngengwe's former address, to send the interrogatories to him. Dr. Steinbergh did not understand how Dr. Ngengwe's brother could receive something from the Medical Board and not forward it to Dr. Ngengwe.

Dr. Steinbergh further noted that Dr. Ngengwe called the Medical Board and a member of the staff instructed him to send a letter to the Board. Dr. Steinbergh was unclear as to why Dr. Ngengwe was given this instruction. Dr. Steinbergh opined that when there is communication between the Board and a licensee whose license is a risk, the licensee should be told exactly what needs to be done rather than simply told to write a letter to explain what happened.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

SUDHIR SITARAM POLISETTY, M.D.

Dr. Ramprasad directed the Board's attention to the matter of Sudhir Sitaram Polisetty, M.D. Objections have been filed and were previously distributed to Board members. Ms. Clovis was the Hearing Examiner.

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

Dr. Polisetty was represented by his attorney, Daniel Zinsmaster.

Mr. Zinsmaster opined that the Hearing Examiner's Report and Recommendation is flawed and is not an accurate summary of the facts, testimony, and evidence at the hearing. Mr. Zinsmaster stated that Dr. Polisetty has now been through two administrative hearings regarding these claims, once with the Medical Licensing Board of Indiana and once with the State Medical Board of Ohio. Mr. Zinsmaster stated that both proceedings failed to present any evidence that Dr. Polisetty is the creator of the documents in question, as noted by the Indiana Board.

Mr. Zinsmaster stated that at the Ohio proceedings there was over 800 pages of transcripts and over 70 exhibits, and nothing contained therein connects Dr. Polisetty to the claims. Mr. Zinsmaster stated that the Assistant Attorney General will argue that the circumstantial evidence is sufficient, but Mr. Zinsmaster stated that this is not the case. Mr. Zinsmaster stated that circumstantial evidence relies on an inference to connect a conclusion to a fact, such as a fingerprint at a crime scene. Mr. Zinsmaster stated that the State's evidence consists of denials from people who had the necessary means and ability to orchestrate these events, but their denials do not equate to someone else's admission.

Mr. Zinsmaster continued that it was determined at hearing that three people had the ability and access to produce these documents: Dr. Julian Trevino, the program director; Diana Ramsey; and Karen Baker, a former business manager for the training program. Dr. Trevino and Ms. Ramsey testified and denied authoring the documents or aiding Dr. Polisetty in doing so. Dr. Trevino and Ms. Ramsey also denied giving access to Dr. Polisetty or any other resident to allow them to do it. Mr. Zinsmaster observed that while everyone at Wright State University said they did not produce the documents, they also stated under oath that there was nothing indicating the Dr. Polisetty produced them. Mr. Zinsmaster further noted that when Dr. Trevino was asked who he thought produced the documents, he replied, "I have no idea." Mr. Zinsmaster stated that the location of the required information had been moved after Dr. Polisetty was terminated from the program and, according to the State's witnesses, Dr. Polisetty had never been to that new location.

Regarding Ms. Baker, Mr. Zinsmaster stated that she is Dr. Polisetty's former girlfriend who was terminated from the program in July 2011 for interfering with Dr. Polisetty's training and unlawfully accessing his wife's medical records. Having been fired one-and-a-half years before the creation of the document, Ms. Baker, like Dr. Polisetty, had never been to the new location of the required information. In an interview with a Board investigator, Ms. Baker denied ever speaking with Dr. Polisetty or aiding him in this endeavor. Mr. Zinsmaster noted that despite being formally identified as a State witness, neither Ms. Baker nor the investigator who interviewed her appeared at the hearing. Also, no sworn statement from Ms. Baker was offered into evidence. Despite this, Mr. Zinsmaster noted that the Board has cited Ms. Baker's alleged non-involvement as a fact in the Notice of Opportunity for Hearing.

Mr. Zinsmaster stated that after the Board's Notice excludes Ms. Baker as the producer of the documents, and after the witnesses from Wright State University exclude Dr. Polisetty, the Board is left with no identifiable person who could have been responsible unless one of the witnesses is lying. Mr. Zinsmaster stated that in the absence of either circumstantial or direct evidence, the State has a theory that is based on an illogical motive. Mr. Zinsmaster stated that the State will try to fool the Board by assailing Dr. Polisetty's character and reputation. Mr. Zinsmaster stated that while it is true that Dr. Polisetty was disciplined and ultimately terminated by his training program for failing to meet his responsibilities as a

resident, that does not amount to evidence of a crime or forgery.

Mr. Zinsmaster continued that the State will theorize that Dr. Polisetty is responsible for the documents because he had motive to take the American Board of Dermatology (ABD) Certification Examination. Mr. Zinsmaster pointed out that whether Dr. Polisetty passed or failed that examination, Wright State University would have learned about it. Therefore, Mr. Zinsmaster stated that, according to the State's theory, Dr. Polisetty's motive was to sit for an examination and perhaps become board-certified for a matter of weeks before being caught. Mr. Zinsmaster stated that the only person with motive to produce these documents was Ms. Baker, a disgruntled ex-girlfriend who was fired from Wright State University.

Mr. Zinsmaster stated that, like the Indiana Board, the Ohio Board must dismiss the allegations against Dr. Polisetty. Mr. Zinsmaster stated that this may leave the case unresolved, but that is a better result than finding someone guilty of a crime based on nothing more than suspicions that were not carefully vetted before bringing allegations.

Dr. Polisetty assured the Board that he did not forge any documents, nor did he ask anyone to forge documents on his behalf.

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

Ms. Snyder stated that she will not try to fool the Board, but will ask the Board to use some common sense. Ms. Snyder stated that this case is about an elaborate scheme involving a forged letter of recommendation and a forged evaluation for a year of residency that Dr. Polisetty did not do. The forged documents included fake phone numbers, fake email addresses, and altered letterhead. Ms. Snyder stated that the sole purpose of the scheme was to convince the ABD that Dr. Polisetty was eligible to sit for the Certification Examination. Ms. Snyder stated that, in fact, Dr. Polisetty was not eligible to sit for the examination because he did not complete his training. Ms. Snyder stated that Dr. Polisetty knew he did not finish his training, but he sat for the examination anyway and submitted documents that he knew were full of lies.

Ms. Snyder stated that it is not believable that Dr. Polisetty could have believed that the documents were real. Ms. Snyder noted that Dr. Trevino essentially terminated Dr. Polisetty twice; his initial proposal to terminate Dr. Polisetty was overturned by the administration and his second proposal to terminate him was upheld. However, the evaluation purportedly written by Dr. Trevino was glowing and the letter of recommendation purportedly written by Dr. Trevino was effusive about what a wonderful resident Dr. Polisetty was.

Ms. Snyder continued that Dr. Polisetty is the only person who could have benefited from the forged documents. Ms. Snyder noted that Dr. Trevino testified that Dr. Polisetty had been a terrible resident and that he would never have written the things in the evaluation and the letter of recommendation. Ms. Snyder stated that the documents were not produced by Ms. Ramsey, or by Albert Painter, the Assistant Dean for Faculty Affairs at Wright State University, or by Ms. Baker.

Regarding Ms. Baker, Ms. Snyder stated that the Notice of Opportunity for Hearing alleges that Ms. Baker

denied any involvement in this matter. Ms. Snyder stated that the State did not prove that fact in the hearing and there is no evidence regarding it. Ms. Snyder stated that the Hearing Examiner did not consider Ms. Baker in the Report and Recommendation and suggested that the Board should not consider her either. Ms. Snyder stated that it does not matter whether Ms. Baker forged the documents or gave Dr. Polisetty the computer password or had any other involvement. Ms. Snyder stated that the key to this case is that Dr. Polisetty knew the documents were fake and he used them to present himself as board-eligible when he was not.

Ms. Snyder stated that the Board often talks about the importance of public trust in the medical profession. Ms. Snyder asked the Board if a patient could ever trust Dr. Polisetty. Ms. Snyder stated that the Indiana Board did not consider this case. Rather, the Indiana Board considered a case about Dr. Polisetty's consent agreement with that Board. Ms. Snyder also stated that the Indiana hearing did not have live witnesses and did not use the documents presented at the Ohio hearing. Instead, the Indiana hearing only used affidavits.

Ms. Snyder stated that she agrees with the Proposed Order to permanently revoke Dr. Polisetty's Ohio medical license.

Dr. Steinbergh moved to approve and confirm Ms. Clovis' Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Sudhir Sitaram Polisetty, M.D. Dr. Rothermel seconded the motion.

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

Dr. Steinbergh stated that on January 8, 2014, the Board notified Dr. Polisetty that it was proposing action on his medical license based on allegations that after being involuntarily terminated from his residency program, he submitted a forged third-year evaluation and a forged letter of recommendation to potential employers and to the ABD for the purpose of taking the ABD Certification Examination.

Dr. Steinbergh continued that Dr. Polisetty had been terminated from his three-year dermatology residency program at Wright State University on January 27, 2012, having only partially completed his third year. At that time, Dr. Polisetty had been in the process of repeating his third year because of concerns about his professionalism. In December 2011, Dr. Polisetty entered into a Probationary Consent Agreement with the Ohio Board because he admitted that he was repeating the final year of his residency and had been placed on probationary status due to conduct related to professionalism.

In October 2012, Dr. Polisetty entered into a Superseding Step I Consent Agreement, which suspended his license for a minimum of 90 days, because he admitted that he had been terminated from his residency program and that he had inaccurately answered questions from a Board representative. Specifically, Dr. Polisetty had claimed to a Board representative that he had never been arrested for or charged with criminal offenses excluding minor traffic violations. In fact, Dr. Polisetty had been charged with two misdemeanor offenses, including resisting arrest. In January 2013, Dr. Polisetty entered into a Step II Consent Agreement which reinstated his license and subjected it to certain terms. That Step II Consent Agreement is currently in effect.

Dr. Steinbergh noted that Dr. Polisetty was also licensed to practice medicine in Indiana since July 2013, but at the time of his hearing his Indiana license was under probation because of the restrictions on his Ohio medical license. Dr. Steinbergh stated that there was a discussion about the Indiana Board at the hearing, but Dr. Steinbergh did not feel that discussion was important to this case.

Dr. Steinbergh stated that Dr. Trevino, the residency program director and Chair of the Department of Dermatology at Wright State University, testified at the hearing. Dr. Trevino testified that Dr. Polisetty seemed to have overall good performance during his first year of residency, but there were concerns such as not showing up on time and not completing documentation and callbacks in a timely fashion. Dr. Trevino testified that Dr. Polisetty's second year presented more serious problems, including tardiness, unexcused absences, unexcused early departures, failure to wear the required attire, and issues with documentation. Dr. Polisetty was counseled and warned about these issues.

Dr. Steinbergh stated that in his testimony, Dr. Polisetty conceded that his second year started smoothly but became rocky. Dr. Polisetty also testified about his relationship with Ms. Baker, the Business Manager for the Department of Dermatology, and how it affected his life in the program and his personal life. At that time Dr. Polisetty was in a relationship with another woman who was the mother of his son. Dr. Polisetty was also having difficulty with his parents, who disowned him for having a child out of wedlock. Dr. Steinbergh noted documentation regarding Ms. Baker's disruption of his life and disruption of the hospital setting. In January 2010, Dr. Polisetty was placed on probation due to tardiness to clinic assignments, lack of professional attire, inadequate documentation in patient records, and lack of timely completion of patient dictation.

Dr. Steinbergh commented that it is clear to her that Dr. Polisetty is a disruptive physician who did not comply with the rules and put the hospital and the training program at risk by failing to respond appropriately to patient care.

Dr. Steinbergh continued that despite his probation, Dr. Polisetty completed his second year of residency. However, problems continued and he was placed on administrative leave with a preliminary determination to terminate him from the program. Following a due process hearing, Dr. Polisetty was allowed to continue in his residency program under certain conditions. Dr. Polisetty was counseled that if the problems continue, he would be terminated.

For those unfamiliar with these hospital processes, Dr. Steinbergh explained that the decision to terminate a resident is never made by the program director alone. Depending on the specific institution, discussions about terminating a resident may include the program director, the hospital CEO, an academic steering committee, the dean, the chief resident, and possibly the chief financial officer. Dr. Steinbergh further noted that the Accreditation Council for Graduate Medical Education (ACGME) defines six general competencies that residents must demonstrate in order to be graduated from a program. The six general competencies are patient care, medical knowledge, professionalism, systems-based practice, practice-based learning, and interpersonal and communications skills. Dr. Steinbergh stated that Dr. Polisetty did not pass these standards. Dr. Steinbergh stated that Dr. Trevino, a man of high reputation, would never put his career at risk by providing an inaccurate evaluation and letter of recommendation for Dr. Polisetty.

Dr. Steinbergh stated that in reviewing this case, she asked the Board staff to help her understand what it means legally to submit a forged document or to forge a document. Dr. Steinbergh was referred to Section 2913.31, Ohio Revised Code, which describes a number of ways that one can commit forgery, including the following:

- By forging or writing yourself and claiming that it is another person's act or writing with purpose to use the document to obtain some benefit for yourself or someone else through deception.
- By helping someone else create a forged writing to obtain some benefit for yourself or someone else through deception.
- By uttering or possessing with purpose to utter any writing that you know to have been forged with the purpose of using that document to obtain some benefit for yourself or someone else through deception.

Dr. Steinbergh also noted that according to Section 2913.01(G), Ohio Revised Code, "Forge" means "to fabricate or create, in whole or in part and by any means, any spurious writing, or to make, execute, alter, complete, reproduce, or otherwise purport to authenticate any writing, when the writing in fact is not authenticated by that conduct." According to Section 2913.01(F), Ohio Revised Code, "Writing" means "any computer software, document, letter, memorandum, note, paper, plate, data, film, or other thing having in or upon it any written, typewritten, or printed matter, and any token, stamp, seal, credit card, badge, trademark, label, or other symbol of value, right, privilege, license, or identification." According to Section 2913.01(H), "Utter" means "to issue, publish, transfer, use, put or send into circulation, deliver, or display."

Because of the foregoing definitions, Dr. Steinbergh felt it was not necessary for the Board to prove who forged the documents. It was only necessary for the Board to understand and believe that Dr. Polisetty used these documents, which he knew were not generated by Dr. Trevino, to gain access to the ABD examination and other purposes of employment. Dr. Steinbergh continued that if Dr. Polisetty's intent for doing so was to obtain a benefit for himself or someone else by deceiving a person or entity into thinking the documents were genuine, then he committed acts constituting forgery, which is a felony.

Dr. Steinbergh reiterated that Dr. Polisetty used these documents, which he knew were not legitimate, in order to benefit himself by sitting for a certification examination that he knew he did not qualify for. Dr. Steinbergh agreed with the Findings of Fact, Conclusions of Law, and the Proposed Order to permanently revoke Dr. Polisetty's medical license. Dr. Steinbergh commented that it is never easy to permanently revoke a license, but there comes a time when the Board must say that a person ought not to have the privilege of practicing medicine in this state.

Mr. Giacalone stated that he enjoys reading fiction, but he does not enjoy reading fiction in testimony. Mr. Giacalone found the theory proposed by Dr. Polisetty to be ludicrous. Mr. Giacalone stated that the only person who could have benefited from the forged documents was Dr. Polisetty. Mr. Giacalone stated that Dr. Polisetty's testimony is replete with answers that do not line up. For instance, Dr. Polisetty testified that he had threatened Wright State University with litigation and that is why the letter of recommendation was written; however, that was not true. Mr. Giacalone also opined that the forged letter of recommendation was so particular in detail that Dr. Polisetty was the only person who would have known those details. Mr. Giacalone opined that Dr. Polisetty must have played a role in crafting the letter and that

concocting a far-reaching scheme to explain the letter is insulting to the Board. Mr. Giacalone agreed with the Proposed Order of permanent revocation.

Dr. Rothermel stated that it is never comfortable as a member of the Board to consider revoking or suspending a license, especially for someone who has just completed residency and has committed years to schooling and training to become a physician. However, Dr. Rothermel opined that the lack of integrity and professionalism demonstrated throughout these proceedings would have a risk of impacting practice in later years. Dr. Rothermel stated that in practicing medicine, integrity and professionalism are of utmost importance.

Dr. Ramprasad found it very odd that an email purporting to be from Dr. Trevino was sent to the ABD requesting that Dr. Polisetty's examination date be moved to July 18, 2013. Then 14 minutes later, as if by magic, the ABD received an email from Dr. Polisetty requesting July 18, 2013, as his examination date. Dr. Ramprasad further stated that even if the documents were produced by someone else, Dr. Polisetty knew he did not qualify to sit for the examination because he did not complete three years of training. Dr. Ramprasad also noted that prior to this, Dr. Polisetty entered into a Consent Agreement for lying to the Board. When Dr. Polisetty appeared before the Board as stipulated by that Consent Agreement, he continued to lie by saying how well he was communicating periodically with Dr. Trevino. In truth, Dr. Trevino testified that he never communicated with Dr. Polisetty after he was terminated from the program. Dr. Ramprasad stated that he agrees with the Proposed Order of permanent revocation.

Mr. Gonidakis asked if the Board should consider a non-permanent revocation of Dr. Polisetty's license or if the facts of this case warrant a second chance. Dr. Steinbergh stated that she had considered that, but speculated that an alternative would probably entail a very long suspension and putting Dr. Polisetty into yet another order. Dr. Steinbergh noted that Dr. Polisetty still has not admitted to doing anything wrong. Mr. Gonidakis asked if the Board has a history of zero tolerance with similar cases. Dr. Steinbergh replied that the Board has seen cases of forged documents before, but a scheme of this magnitude is very unusual. Mr. Giacalone noted that Dr. Polisetty has had issues with the Board in the past for lying and he has already had his second chance. Mr. Giacalone also stated that this scheme was premeditated and incredibly calculated, going far beyond simply forgetting to mark a box.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

PAUL SRESTHADATTA, D.O.

Dr. Ramprasad directed the Board's attention to the matter of Paul Sresthadatta, D.O. No objections have been filed. Ms. Shamansky was the Hearing Examiner.

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

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

Ms. Collis stated that this case is somewhat different from the cases the Board traditionally sees. Ms. Collis stated that in 2010, Dr. Sresthadatta entered into a Consent Agreement with the Board based on an addiction to narcotics. Dr. Sresthadatta sought treatment and he has been in compliance with his Consent Agreement. In December 2013, Dr. Sresthadatta tested positive for alcohol.

Dr. Ramprasad exited the meeting at this time. Mr. Kenney assumed the chair.

Ms. Collis stated that Dr. Sresthadatta's positive test was very curious because even before entering treatment Dr. Sresthadatta rarely consumed alcohol due to a medical condition that prevented him from processing alcohol properly. Upon reflection, Dr. Sresthadatta determined that there was a medication he was using that had an alcohol base. Dr. Sresthadatta believes that it was his exposure to this medication that led to the positive test.

Ms. Collis stated that in previous cases in which a probationer has taken a medication that resulted in a positive screen test, the Board has imposed a very short suspension or no suspension. Ms. Collis referred to the case of Tom Starr, M.D., who took a medication which contained a narcotic while under probation with the Board. Ms. Collis noted that in Dr. Starr's case, the Board suspended his medical license for only 14 days. Ms. Collis opined that if the Board believes Dr. Sresthadatta took the medication without realizing it contained alcohol, then a very short suspension or no suspension would be appropriate. Ms. Collis continued that if the Board believes that Dr. Sresthadatta's relapse was intentional, then the Hearing Examiner's recommendation of a 90-day suspension is typical for a first-time relapse.

Dr. Sresthadatta stated that in 2010 he entered into a Step I Consent Agreement with the Board after it was determined that he suffered from substance abuse. Dr. Sresthadatta completed a 28-day treatment program and began random drug screening. Dr. Sresthadatta's medical license was reinstated approximately 90 days later. Dr. Sresthadatta stated that at the time he entered treatment his life was out of control. In 2010, Dr. Sresthadatta broke his foot and was prescribed Percocet as a pain reliever. After his foot healed he began using Percocet abusively. Dr. Sresthadatta stated that while he has abused other medications such as oxycodone, he has never consumed alcohol in any degree or fashion. Dr. Sresthadatta believed that the last time he consumed any alcohol was 2010. Dr. Sresthadatta stated that he has been clean and sober since his sobriety date of November 10, 2010.

Dr. Sresthadatta stated that he is before the Board today due to a positive screen for alcohol. Dr. Sresthadatta stated that from the time he was first questioned about this by the Board, he has always asserted that he did not intentionally consume an alcoholic beverage. As he testified at hearing, Dr. Sresthadatta stated that he has alcohol dehydrogenase deficiency syndrome which throughout his life has caused a negative reaction to any form of alcohol. Dr. Sresthadatta stated that for this reason, he has very rarely consumed alcohol even before his agreement with the Board.

Dr. Sresthadatta stated that at hearing he had testified that he was using a topical alcohol-based product called Androgel for a testosterone deficiency. Dr. Sresthadatta stated that the Androgel had been prescribed by his physician, who had full knowledge of his Consent Agreement. Dr. Sresthadatta stated that his use of Androgel is the only explanation he can think of for his positive screen result. Dr. Sresthadatta stated that he never intentionally consumed any alcoholic beverage.

Dr. Sresthadatta stated that he has made significant changes in his life and he no longer works as a surgeon. Dr. Sresthadatta stated that how he had functioned previously as a very busy surgeon was a significant contributor to the pathway that initially led him to abuse and addiction. Dr. Sresthadatta stated that he currently works at an urgent care facility on a very specific schedule and he ensures that he has time to attend rehabilitation meetings, as well as time for family and time for himself. Dr. Sresthadatta admitted that he is an addict and stated that he will continue with random drug testing. Dr. Sresthadatta stated that a suspension of his medical license would have a significant financial impact on himself and his family. Dr. Sresthadatta asked the Board to consider refraining from suspending his license at this time.

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

Ms. Snyder stated that Dr. Sresthadatta entered into a Step II Consent Agreement in April 2011 due to his abuse of Percocet. On October 8, 2013, one of Dr. Sresthadatta's random urine screens was positive for alcohol, but at a very low level. The Board then asked for ethyl glucuronide (EtG) and ethyl sulfate (EtS) testing to confirm the positive result. Ms. Snyder stated that the EtG and EtS tests, which are very sensitive, were positive for alcohol at a high level.

Dr. Ramprasad returned to the meeting at this time and resumed the chair.

Ms. Snyder continued that Dr. Sresthadatta claims that his use of the medication Androgel caused the positive test results. Ms. Snyder stated that James Ferguson, D.O., Medical Director in the Professional Monitoring Division of FirstLab, the facility which conducted the screening tests, testified that the test results were so high that Dr. Sresthadatta's use of Androgel could be ruled out as a cause. Dr. Ferguson provided a study involving people using the hand sanitizer Purell; Ms. Snyder stated that Purell is about 62% alcohol, which is comparable to Androgel's 67% alcohol. The participants in that study, who applied Purell repeatedly, did not test anywhere near the levels that Dr. Sresthadatta had tested. While Dr. Sresthadatta had speculated that his alcohol dehydrogenase deficiency syndrome had caused his body to produce the high levels of metabolites due to the topical Androgel medication, Dr. Ferguson believed that the syndrome would not have produced such high results.

Ms. Snyder opined that it is difficult to accept Dr. Sresthadatta's explanation not only because of Dr. Ferguson's testimony, but also because of testimony that Dr. Sresthadatta had been very careful in the past to make sure that other products he used, such as soap, did not contain alcohol. Ms. Snyder also noted testimony that Dr. Sresthadatta has used Androgel for a very long time before suddenly testing positive. Ms. Snyder stated that Dr. Sresthadatta has had a good, long run of sobriety and this seems to be a "blip" in his record. Ms. Snyder supported the Hearing Examiner's Report and Recommendation.

Dr. Steinbergh moved to approve and confirm Ms. Shamansky's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Paul Sresthadatta, D.O. Dr. Soin seconded the motion.

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

Mr. Gonidakis stated that Dr. Sresthadatta is before the Board based on an alleged violation of his Step II Consent Agreement. Mr. Gonidakis stated that Dr. Sresthadatta had been a full-time surgeon at Grant Hospital, but he lost that position in 2010 due to his addiction to pain medication and his forgery of prescriptions. Dr. Sresthadatta was arrested, spent time in jail, and entered into treatment at Shepherd Hill Hospital. Dr. Sresthadatta entered into a Step I Consent Agreement with the Board which suspended his medical license, then subsequently entered into a Step II Consent Agreement which reinstated his license and imposed probationary terms for a minimum of five years. Under the terms of his probation, Dr. Sresthadatta was required to abstain from drugs and alcohol, attend rehabilitation meetings, and undergo random drug screens.

Mr. Gonidakis continued that in October 2013, one of Dr. Sresthadatta's random urine screens was positive for alcohol. Dr. Sresthadatta has claimed that the positive result was due to the Androgel medication he had been prescribed. However, Mr. Gonidakis found the testimony of Dr. Ferguson compelling. Dr. Ferguson testified that false positives on random screens do happen, but the additional tests that followed were 99% to 100% accurate. Dr. Sresthadatta also claims to have alcohol dehydrogenase deficiency syndrome, though Mr. Gonidakis noted that Dr. Sresthadatta has never been tested for that and Dr. Sresthadatta admits to having drunk alcohol from time to time in his life.

Mr. Gonidakis further stated that Dr. Sresthadatta violated his Consent Agreement on Thanksgiving 2013 when he failed to call into FirstLab when required. Dr. Sresthadatta claimed that he had failed to call in because he was off of his routine due to the holiday. Mr. Gonidakis understood how that could happen and noted that at 4:00 p.m. that day he located an open facility where he could do a urine screen, which came back negative. Although this was technically a violation of Dr. Sresthadatta's Consent Agreement, Mr. Gonidakis gave Dr. Sresthadatta credit for following up in that instance.

Mr. Gonidakis stated that Dr. Sresthadatta violated his Consent Agreement by consuming alcohol and the Board must uphold a contract it has with a licensee. Mr. Gonidakis supported the Proposed Order to suspend Dr. Sresthadatta's medical license for a minimum of 90 days with conditions for reinstatement.

Mr. Kenney opined that Dr. Sresthadatta would be fortunate to only receive a 90-day suspension from the Board. Mr. Kenney commented that if Dr. Sresthadatta comes before the Board again under similar circumstances, he will not find it so easy. Mr. Kenney felt that Dr. Sresthadatta did not seem interested in

fulfilling his obligations to the Board. Mr. Kenney remarked that it is not good when the Board gives someone a chance to rehabilitate himself and he rejects that with his actions.

Dr. Steinbergh noted that the Proposed Order would require Dr. Sresthadatta to submit to a drug and alcohol assessment and any appropriate treatment as determined by an informed assessment. Dr. Steinbergh further noted that the Proposed Order does not require a 72-hour inpatient assessment, but rather it allows the assessor to determine if the assessment should be inpatient or outpatient. Ms. Bickers acknowledged that under the Board's current rules, the board-approved assessor can make that determination when the practitioner has at least one year of sobriety. Dr. Steinbergh asked if the Board could amend the Proposed Order to require that the assessment be inpatient. Ms. Marshall answered that the Board can amend the Proposed Order in that fashion, but noted that the current Proposed Order uses standard language.

Dr. Steinbergh opined that Dr. Sresthadatta's initial assessment should be inpatient because Dr. Sresthadatta continues to deny that he ingested alcohol despite the positive urine screen and the convincing testimony from Dr. Ferguson that the positive screen did not result from anything applied to his skin. Dr. Steinbergh also noted Mr. Kenney's concerns regarding the suggested length of Dr. Sresthadatta's suspension.

Dr. Ramprasad opined that the Board should rely on the people who have been approved by the Board as experts on these assessments. Dr. Ramprasad felt that it was not appropriate to second-guess a board-approved expert by instructing them how the assessment must be done. Dr. Rothermel agreed and stated that the assessor may well determine that a 72-hour inpatient assessment is necessary.

Mr. Giacalone stated that he has no opinion on the assessment except to say that if what the Board has done in the past makes sense then it should continue to do that. Mr. Giacalone stated that the key is that Dr. Sresthadatta's defense regarding Androgel was rebutted, so it is the Board's opinion that he is lying. Mr. Giacalone stated that if Dr. Sresthadatta comes before the Board again, forgiveness will be slight. Mr. Giacalone advised Dr. Sresthadatta that if he values his medical license then he must stay on track and have no more positive urine screens.

Dr. Ramprasad agreed with Mr. Giacalone and stated that there is no explanation for this other than Dr. Sresthadatta having relapsed by consuming alcohol. Dr. Ramprasad found it bothersome when someone is untruthful because it means they are not self-reflecting and they do not understand what is happening to them. Dr. Ramprasad stated that he understands Dr. Steinbergh's concerns because all Board members are concerned that this is not the right direction for Dr. Sresthadatta. Dr. Ramprasad echoed Mr. Kenney's and Mr. Giacalone's comments that if this happens once more, there will not be another chance.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye

Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to approve carried.

REPORT AND RECOMMENDATION ON REMAND

FRANKLIN DONALD DEMINT, D.O.

Dr. Ramprasad announced that the Board would now consider the Report and Recommendations on Remand 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 matter of Franklin Donald Demint, D.O.

A roll call was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

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

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye

Dr. Schachat - aye
Mr. Gonidakis - aye
Mr. Giacalone - aye

Dr. Ramprasad noted that, in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In this matter, Dr. Bechtel served as Secretary and Dr. Saferin served as Supervising Member.

Dr. Ramprasad directed the Board's attention to the matter of Franklin Donald Demint, D.O. Dr. Ramprasad stated that on April 18, 2013, the Medical Board entered an Order that suspended Dr. Demint's certificate for at least 180 days, set forth interim monitoring conditions and requirements for reinstatement, followed by probationary terms and conditions for at least three years. Dr. Demint appealed the Board's decision to the Franklin County Court of Common Pleas. On August 8, 2013, the Court reversed the Board's Order and remanded the case to the Board for a new hearing. The basis for the court's decision was that Dr. Demint should have been afforded additional time to obtain an expert witness prior to the hearing.

Dr. Ramprasad continued that an informal presentation of additional evidence took place on June 2, 2014, and the matter is now before the Board. Objections to Mr. Porter's Report and Recommendation on Remand have been filed by Dr. Demint and were previously distributed to Board members.

Dr. Steinbergh moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Order in the matter of Dr. Demint. Dr. Sojn seconded the motion.

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

Dr. Ramprasad stated that the matter of Dr. Demint was initially brought to the attention of the Board due to his treatment of 14 patients with pain medications. Patient 1, who came to the practice with a possible history of misusing pain medications, was diagnosed by Dr. Demint with fibromyalgia. However, Dr. Demint failed to document any evidence to support this diagnosis. Previously, the Board had indicated that Dr. Demint should have used pressure points to confirm the diagnosis. Dr. Ramprasad acknowledged that one month after Patient 1's initial visit, the American College of Rheumatology (ACR) changed its recommendations and no longer required pressure points for diagnosis of fibromyalgia. However, the ACR guidelines still indicate that there should be a widespread pain index of more than seven and a systemic severity scale of more than five; Dr. Demint did not follow these guidelines when diagnosing Patient 1 with fibromyalgia. Consequently, Dr. Ramprasad reiterated that Dr. Demint's diagnosis was not in accordance with ACR guidelines and pain medications were prescribed to Patient 1 earlier than necessary.

Dr. Ramprasad continued to Patient 2, who presented to Dr. Demint with back pain and thoracic pain. Patient 2 had stated that Neurontin upset her stomach, Lyrica caused her to swell, and she had no insurance. Dr. Ramprasad stated that Patient 2 was able to pay for her visits and Dr. Demint simply

ignored the red flags indicating possible medication abuse.

Patient 3 suffered from anxiety and depression. Patient 3 indicated that the only medication that worked for his pain was OxyContin. Dr. Ramprasad noted that this statement should have been seen as a red flag. An MRI showed no meniscus tear, but it did show degenerative joint disease for which morphine, oxycodone, fluoxetine, Xanax, and other medications were prescribed. Dr. Ramprasad stated although some patients have symptomology that is not consistent with imaging tests, there was no documented evidence of severe disease with Patient 3. A urine screen did not show hydrocodone, which had been prescribed, but did show benzodiazepines, which had not been prescribed. Although these results were confirmed by a subsequent urine screen, Dr. Demint considered these results to be false.

Patient 4 suffered from back ache and was prescribed morphine, oxycodone, OxyContin, and alprazolam. Another treating physician had discharged Patient 4, but Dr. Demint continued to treat him. An MRI was obtained and documented to be normal. Dr. Demint prescribed morphine equivalent doses (MED) for Patient 4 which varied from 140 to 220.

Patient 6 had a urine screen which was negative for oxycodone, which had been prescribed, and positive for alprazolam and lorazepam, which had not been prescribed. Dr. Ramprasad commented that Patient 7 had very similar findings.

Patient 9, who was on oxygen and had chronic obstructive pulmonary disease (COPD), was prescribed OxyContin and oxycodone by Dr. Demint. Dr. Ramprasad stated that, while was not a fatal mistake, physicians must be very careful when prescribing these medications because of possible respiratory depression.

Dr. Ramprasad further commented that for Patients 1 through 5 and 7 through 14, the amounts and types of narcotics prescribed were not supported by patient history, physical examination, or test results.

Dr. Ramprasad stated that many of these patients had significant red flags, which Dr. Demint basically ignored and prescribed higher-than-usual doses of medications. Dr. Ramprasad stated that he agrees with the Hearing Examiner's Findings of Fact. Dr. Ramprasad stated that Dr. Demint had inappropriately prescribed narcotics to Patients 1, 3, 4, 5, 7, 8, 11, and 13, and failed to obtain appropriate review of patient histories and medical records. Regarding Patients 3, 6, 8, 9, 11, 12, and 13, Dr. Ramprasad stated that Dr. Demint failed to appropriately act or properly document appropriate actions when presented with signs of drug abuse or diversion, including early refills and multiple abnormal toxicology results. Although Dr. Demint argued that he had done the right thing, Dr. Ramprasad agreed with the Hearing Examiner that there was no persuasive evidence on remand that was contrary to the Board's initial interpretation.

Dr. Ramprasad stated that Dr. Demint presented evidence on remand that selective serotonin reuptake inhibitors (SSRI) were not effective in treating pain. Dr. Ramprasad stated that this is not true and noted that the Medical Board, as a panel of experts, is qualified to determine whether that is true.

Dr. Ramprasad stated that it is very clear that Dr. Demint did not follow proper procedures, although he did not do this purposely for financial reasons. Dr. Ramprasad did not understand why Dr. Demint

prescribed these medications even on initial visits in such high doses for conditions which did not require them. Dr. Ramprasad noted that the diagnoses between patients did not vary, very minimal changes were seen on MRI, and almost the same medication combinations were used in high doses.

Dr. Ramprasad stated that Dr. Demint did take proper actions in some instances. Notably, Dr. Demint discharged Patient 8 after seeing white powder in his nose, discharged Patient 9 after he tested positive for Suboxone, and discharged Patient 10 when he refused a drug test. Dr. Demint also referred Patient 13 to an addictionologist after she tested positive for cocaine.

Dr. Ramprasad stated that he concurs with the Hearing Examiner's Proposed Order.

Dr. Soin noted irregularities with Dr. Demint's practice, most notably that it was a cash-pay practice, visits cost \$200.00, and patients had a 99% chance of being prescribed controlled substances. Dr. Soin stated that, according to a Medicare profile of physicians, 74% of pain management physicians wrote at least one prescription for a scheduled substance that year. Dr. Soin therefore found it very concerning that Dr. Demint, who was not a pain management physician, prescribed scheduled substances for 99% of his patients.

Having reviewed the hearing record, Dr. Soin stated that he did not agree with certain aspects of the expert witness testimony. Dr. Soin agreed with Dr. Ramprasad that Dr. Demint did some things well, but still opined that Dr. Demint did not "get it" when it comes to pain medications. Dr. Soin noted that due to the passage of House Bill 93, Dr. Demint has decided to stop practicing pain management and drop the number of pain patients he sees to approximately 11. Dr. Soin opined that Dr. Demint could still offer good service to his patients, but not in the field of pain management.

Dr. Soin proposed an amendment to the Hearing Examiner's Proposed Order. Dr. Soin's proposed amendment would reduce the minimum length of Dr. Demint's license suspension from 180 days to 90 days. Dr. Soin commented that the main purpose of the Board is to prevent Dr. Demint from harming the public and opined that this can be accomplished with a shorter period of suspension. Dr. Soin's proposed amendment also added a permanent limitation/restriction, as follows:

1. Dr. Demint shall not prescribe, administer, dispense or otherwise provide any narcotic analgesics including but not limited to single entity or combination products containing oxycodone, hydrocodone, hydromorphone, oxymorphone or codeine.
2. This limitation shall not apply to buprenorphine-containing products or any other products that are approved to treat drug addiction, provided that they are prescribed, administered, dispensed or otherwise provided in accordance with FDA-approved labeling and other federal and state requirements.

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

It is hereby ORDERED that:

- A. **SUSPENSION OF CERTIFICATE:** Commencing on the thirty-first day following the date on which this Order becomes effective, the certificate of Franklin Donald Demint, D.O., to practice osteopathic medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than 90 days. During the thirty-day interim, Dr. Demint shall not undertake the care of any patient not already under his care.
- B. **PERMANENT LIMITATION/RESTRICTION:** Upon reinstatement or restoration of Dr. Demint's certificate to practice osteopathic medicine and surgery in the State of Ohio, said certificate shall be permanently **LIMITED** and **RESTRICTED** as follows:
1. Dr. Demint shall not prescribe, administer, dispense or otherwise provide any narcotic analgesics including but not limited to single entity or combination products containing oxycodone, hydrocodone, hydromorphone, oxymorphone or codeine.
 2. This limitation shall not apply to buprenorphine-containing products or any other products that are approved to treat drug addiction, provided that they are prescribed, administered, dispensed or otherwise provided in accordance with FDA-approved labeling and other federal and state requirements.
- C. **INTERIM MONITORING:** During the period that Dr. Demint's certificate to practice osteopathic medicine and surgery in Ohio is suspended, Dr. Demint shall comply with the following terms, conditions, and limitations:
1. **Obey the Law:** Dr. Demint 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. Demint 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 date his quarterly declaration would have been due pursuant to his March 2010 Step II Consent Agreement. 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. Demint shall appear in person for interviews before the Board or its designated representative. The first such appearance shall take place on or before the date his appearance would have been scheduled pursuant to his March 2010 Step II Consent Agreement. 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. **Absences from Ohio:** Dr. Demint shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the

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 probationary terms set forth in this Order for occasional periods of absence of fourteen days or less.

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

5. **Ban on Administering, Furnishing, or Possessing Controlled Substance; Log:**

Dr. Demint shall not, without prior Board approval, administer, personally furnish, or possess (except as allowed under Paragraph C.6.a) any controlled substances as defined by state or federal law.

In the event that the Board agrees at a future date to modify this Order to allow Dr. Demint to administer or personally furnish controlled substances, Dr. Demint shall keep a log of all controlled substances prescribed, administered or personally furnished. Such log shall be submitted in the format approved by the Board and shall be submitted to the Board no later than the date upon which Dr. Demint's declarations of compliance quarterly declaration is due, or as otherwise directed by the Board. Further, Dr. Demint shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board immediately upon request.

6. **Sobriety**

- a. **Abstention from Drugs:** Dr. Demint 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. Demint's history of chemical dependency. Further, in the event that Dr. Demint is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Demint shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Demint received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Demint 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. Demint shall abstain completely from the use of alcohol.
7. **Drug and Alcohol Screens/Drug Testing Facility and Collection Site**: Dr. Demint shall submit to random urine screenings for drugs and alcohol at least two times per month, or as otherwise directed by the Board. Dr. Demint 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. Demint's drug(s) of choice.

Dr. Demint shall abstain from the use of any substance and the consumption of poppy seeds or any other food or liquid that may produce a low level positive result in a toxicology screen. Dr. Demint shall be held to an understanding and knowledge that the consumption or use of such substances, including but not limited to substances such as mouthwash or hand cleaning gel, may cause a positive drug screen that may not be able to be differentiated from intentional ingestion, and therefore such consumption or use is prohibited under this Order.

All such urine screenings for drugs and alcohol shall be conducted through a Board-approved drug testing facility and collection site pursuant to the global contract between said facility and the Board, that provides for the Board to maintain ultimate control over the urine screening process and to preserve the confidentiality of all positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code, and the screening process shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph C.8 below, to approve urine screenings to be conducted at an alternative drug testing facility and/or collection site or a supervising physician, such approval shall be expressly contingent upon the Board retaining ultimate control over the urine screening process in a manner that preserves the aforementioned confidentiality of all positive screening results.

Dr. Demint shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. All specimens submitted by Dr. Demint 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.

Further, within thirty days of the effective date of this Order, Dr. Demint shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug testing facility and/or collection site in order to facilitate the urine screening process in the manner required by this Order. Further, Dr. Demint shall promptly

provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Demint and the Board-approved drug testing facility and/or collection site. Dr. Demint'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.

Dr. Demint shall ensure that the urine screening process performed through the Board-approved drug testing facility and/or collection site 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. Demint and the Board-approved drug testing facility and collection site shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Demint shall ensure that the Board-approved drug testing facility and/or collection site 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.

In the event that the Board-approved drug testing facility and/or collection site becomes unable or unwilling to serve as required by this Order, Dr. Demint must immediately notify the Board in writing, and make arrangements acceptable to the Board pursuant to Paragraph C.8 below, as soon as practicable. Dr. Demint shall further ensure that the Board-approved drug testing facility and/or collection site also notifies the Board directly of its inability to continue to serve and the reasons therefore.

The Board expressly reserves the right to withdraw its approval of any drug testing facility and/or collection site in the event that the Secretary and Supervising Member of the Board determine that the drug testing facility and/or collection site has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

8. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Demint shall submit his urine specimens to the Board-approved drug testing facility and collection site chosen by the Board. However, in the event that utilizing said Board-approved drug testing facility and/or collection site creates an extraordinary hardship upon Dr. Demint, as determined in the sole discretion of the Board, then subject to the following requirements, the Board may approve an alternate drug testing facility and/or collection site, or a supervising physician, to facilitate the urine screening process for Dr. Demint:
 - a. Within thirty days of the date upon which Dr. Demint is notified of the Board's determination that utilizing the Board-approved drug testing facility

and/or collection site constitutes an extraordinary hardship upon Dr. Demint, he shall submit to the Board in writing for its prior approval the identity of either an alternate drug testing facility and collection site, or the name of a proposed supervising physician, to whom Dr. Demint 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. Demint's residence or employment location, or to a physician who practices in the same locale as Dr. Demint. Dr. Demint shall ensure that the urine screening process performed through the alternate drug testing facility and/or collection site, 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. Demint acknowledges that the alternate drug testing facility and collection site, or the supervising physician, shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- b. Dr. Demint shall ensure that the alternate drug testing facility and/or collection site, 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 alternate drug testing facility and/or collection site, or the supervising physician, becomes unable or unwilling to so serve, Dr. Demint must immediately notify the Board in writing. Dr. Demint shall further ensure that the previously designated alternate drug testing facility and collection site, or the supervising physician, also notifies the Board directly of the inability to continue to serve and the reasons therefore. Further, in order to ensure that there will be no interruption in his urine screening process, upon the previously approved alternate drug testing facility, collection site, or supervising physician becoming unable to serve, Dr. Demint shall immediately commence urine screening at the Board-approved drug testing facility and collection site chosen by the Board, until such time, if any, that the Board approves a subsequent alternate drug testing facility, collection site, or supervising physician, if requested by Dr. Demint.
- d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Demint's designated alternate drug testing facility and/or collection site, or any person proposed to serve as his supervising physician, or to 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.

- e. In the event that the Board approved an alternate drug testing facility and/or collection site, or a supervising physician, pursuant to the March 2010 Step II Consent Agreement between Dr. Demint and the Board, the entity, facility or person previously approved by the Board to so serve pursuant to the March 2010 Step II Consent Agreement may, in the sole discretion of the Board, be approved to continue as Dr. Demint's designated alternate drug testing facility and collection site or as his supervising physician under this Order.
9. **Reports Regarding Drug and Alcohol Screens:** All screening reports required under this Order from the Board-approved drug testing facility and/or collection site, or from the alternate drug testing facility and/or collection site or supervising physician, must be received in the Board's offices no later than the due date for Dr. Demint's quarterly declaration. It is Dr. Demint's responsibility to ensure that reports are timely submitted.
10. **Additional Screening Without Prior Notice:** Upon the Board's request and without prior notice, Dr. Demint 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. Demint, or for any other purpose, at Dr. Demint's expense. Dr. Demint'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.
11. **Rehabilitation Program:** Dr. Demint shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than twice per week with a minimum of ten per month. At least one of the abovementioned meetings shall be a Caduceus meeting. Substitution of any other specific program must receive prior Board approval.

Dr. Demint 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. Demint's quarterly declarations.

12. **Comply with the Terms of Aftercare Contract:** Dr. Demint shall maintain continued compliance with the terms of the aftercare contract entered into with a Board-approved treatment provider, provided that, where terms of the aftercare contract conflict with terms of this Order, the terms of this Order shall control.

13. **Releases:** Dr. Demint 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. Demint's chemical dependency 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 of the Ohio Revised Code and are confidential pursuant to statute. Dr. Demint shall also provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he 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.
14. **Required Reporting of Change of Address:** Dr. Demint shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

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

1. **Application for Reinstatement or Restoration:** Dr. Demint shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Demint shall have maintained compliance with all the terms and conditions set forth in Paragraph C of this Order.
3. **Controlled Substances Prescribing Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Demint shall provide acceptable documentation of successful completion of a course or courses dealing with the prescribing of controlled substances. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

4. **Medical Records Course(s)**: At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Demint shall provide acceptable documentation of successful completion of a course or courses on maintaining adequate and appropriate medical records. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

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

5. **ACOFP Course**: At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Demint shall provide acceptable documentation of successful completion of the Annual ACOFP Intensive Update and Board Review in Osteopathic Medicine. This course shall be taken in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) during which it is completed.

In addition, at the time Dr. Demint submits the documentation of successful completion of the ACOFP course, he shall also submit to the Board a written report describing the course, setting forth what he learned from the course, and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

6. **Additional Evidence of Fitness To Resume Practice**: In the event that Dr. Demint 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.

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

1. **Terms, Conditions, and Limitations Continued from Suspension Period**: Dr. Demint shall be subject to the terms, conditions, and limitations specified in Paragraphs B and C of this Order.
2. **Practice Plan and Monitoring Physician**: Within 30 days of the effective date of Dr. Demint's reinstatement or restoration, or as otherwise determined by the Board, Dr. Demint shall submit to the Board and receive its approval for a plan of practice in

Ohio. The practice plan will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Demint shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

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

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

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

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

- F. **TERMINATION OF PROBATION; PERMANENT LIMITATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Demint's certificate will be restored, but shall thereafter be permanently LIMITED and RESTRICTED as specified in Paragraph B, above.
- 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. Demint 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. Demint shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

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

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

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Demint shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Demint 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. Demint 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. Demint shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Demint. This requirement shall continue until Dr. Demint receives from the Board written notification of the successful completion of his probation.
4. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Demint 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.

- H. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Demint 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.
- I. **SUPERSEDE PREVIOUS CONSENT AGREEMENT:** Upon becoming effective, this Order shall supersede the terms and conditions set forth in the March 2010 Step II Consent Agreement between Dr. Demint and the Board.

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

Mr. Giacalone seconded the motion.

Dr. Ramprasad stated that he will now entertain discussion of the proposed amendment.

Mr. Giacalone stated that there are many questions regarding Dr. Demint. Mr. Giacalone stated that a typical “pill mill” pattern would be to prescribe the same regiment for every patient, whereas Dr. Demint’s prescriptions varied between patients. However, Mr. Giacalone stated that it was very apparent that Dr. Demint overprescribed and that his prescription habits do not necessarily fit within proper parameters. Mr. Giacalone further stated that Dr. Demint failed to recognize red flags that are indicative of abuse or diversion, including urine screens that are negative for prescribed medications and positive for medications that have not been prescribed. Mr. Giacalone stated that all of this raises questions about Dr. Demint’s competency in relation to prescribing controlled substances.

Mr. Giacalone opined that, based on the arrogance of Dr. Demint’s testimony and the forthrightness of his convictions, it is possible that following a suspension he will return to his previous prescribing habits. Mr. Giacalone approved of Dr. Demint’s current practice of prescribing Suboxone as an addiction management physician, but wanted to ensure that he does not return to pain management because he has proven incapable or unwilling to prescribe narcotic analgesics appropriately. Mr. Giacalone supported Dr. Soin’s proposed amendment because it permanently prohibits Dr. Demint from prescribing narcotic analgesics. Mr. Giacalone stated that Dr. Demint may still provide value to society by treating addiction with Suboxone, and may also prescribe other medications such as antibiotics. Mr. Giacalone also agreed with Dr. Soin regarding reducing the minimum time of suspension from 180 days to 90 days.

Dr. Steinbergh noted that the proposed amendment will still impose conditions for reinstatement of Dr. Demint’s medical license, including the requirement that he take a course in prescribing controlled substances. Dr. Steinbergh agreed with this requirement because, even with the permanent limitation/restriction proposed by Dr. Soin, Dr. Demint will still be prescribing some controlled substances. Dr.

Demint will also be required to take a medical record-keeping course. Dr. Steinbergh further commented that the required Intensive Update and Board Review course, administered by the American College of Osteopathic Family Physicians (ACOFP), will give Dr. Demint an opportunity to update himself on family medicine. Upon reinstatement, Dr. Demint will be required to have a practice plan with a monitoring physician. Dr. Steinbergh opined that this proposal provides the necessary patient protection measures.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Order, as amended, in the matter of Dr. Demint. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Ramprasad stated that in the following matters, the Board issued Notices of Opportunity for Hearing and documentation of Service was received for each. There were no requests for hearing filed, and more than 30 days have elapsed since the mailing of the notices. The matters are therefore before the Board for final disposition. Dr. Ramprasad noted that these matters are non-disciplinary, and therefore all Board

members may vote.

JAIME ALLISON CHICKLETTS, M.T.

Dr. Ramprasad stated that Ms. Chickletts has applied for restoration of her license to practice massage therapy in Ohio. The Board notified Ms. Chickletts that it proposed to approve her application, provided that she take and pass the Massage and Bodywork Licensing Examination (MBLEX) due to the fact that Ms. Chickletts has not engaged in the active practice of massage therapy for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the September 12, 2014 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Ms. Chicklett's application for restoration, provided that she takes and passes the Massage and Bodywork Licensing Examination within six months of September 12, 2014. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to approve carried.

MICHAEL PAK, M.D.

Dr. Ramprasad stated that Dr. Pak has applied for restoration of his license to practice medicine and surgery in Ohio. The Board notified Dr. Pak that it proposed to approve his application, provided that he take and pass the radiation oncology specialty board recertification examination due to the fact that Dr. Pak has not engaged in the active practice of medicine for more than two years.

Dr. Steinbergh moved to find that the allegations set forth in the September 12, 2014 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, granting Dr. Pak's application for restoration, provided that he takes and passes the radiation oncology specialty board recertification examination within one year of September 12, 2014. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
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Dr. Saferin	- aye
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to approve carried.

EXECUTIVE SESSION

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

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

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

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTS

CARLA MELINDA MYERS, D.O. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step II Consent Agreement with Dr. Myers. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:

Dr. Bechtel	- abstain
Dr. Saferin	- abstain
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to ratify carried.

JOSEPH DAVID SEPATE – PERMANENT WITHDRAWAL OF APPLICATION FOR CERTIFICATE TO PRACTICE MASSAGE THERAPY

Dr. Steinbergh moved to ratify the Proposed Permanent Withdrawal with Mr. Sepate. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Bechtel	- abstain
Dr. Saferin	- abstain
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to ratify carried.

DOUGLAS SCOTT TRUBIANO, D.O. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY

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

ROLL CALL:

Dr. Bechtel	- abstain
Dr. Saferin	- abstain
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye

Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to ratify carried.

BDB, D.O. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with BDB, D.O. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- nay
	Dr. Ramprasad	- nay
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- nay
	Mr. Giacalone	- nay

The motion to ratify did not carry.

BRUCE A. SPERO, M.D. – CONSENT AGREEMENT

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

MARTIN PALMER AMBROSE, M.D. – STEP I CONSENT AGREEMENT

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

COURTNEY DESELM BONNER, D.O. – STEP II CONSENT AGREEMENT

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

DAVID O'CONNELL, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Dr. O'Connell. Dr. Soin seconded the motion. A vote was taken:

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

Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to ratify carried.

Dr. Steinbergh moved to table the topic of Ratification of Consent Agreements. Dr. Rothermel seconded the motion. All members voted aye. The motion carried.

CITATIONS AND ORDERS OF SUMMARY SUSPENSION

JACQULYN MARIE CAPUTO, L.M.T. – CITATION LETTER

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

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to send carried.

HEATHER NICOLE NIXON, L.M.T. – CITATION LETTER

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

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

ROLL CALL:

Dr. Bechtel	- abstain
Dr. Saferin	- abstain
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

JUSTIN MATTHEW RODEBAUGH, M.D. – CITATION LETTER

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

Dr. Steinbergh moved to send the Citation Letter to Dr. Rodebaugh. Dr. Soin seconded the motion.

A vote was taken:

ROLL CALL:

Dr. Bechtel	- abstain
Dr. Saferin	- abstain
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

JOHN A. ROSS, M.D. – CITATION LETTER

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

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

ROLL CALL:

Dr. Bechtel	- abstain
Dr. Saferin	- abstain

Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- nay
Dr. Ramprasad	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to send carried.

MARY JO-ELLEN ERICKSON, M.D. – 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 send the Notice of Summary Suspension and Opportunity for Hearing to Dr. Erickson. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Ramprasad	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to send carried.

The Board took a recess at 1:00 and resumed the meeting at 2:00. Dr. Ramprasad was absent when the meeting resumed. Mr. Kenney assumed the chair.

APPLICANTS FOR LICENSURE

Dr. Steinbergh moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the acupuncturist applicants listed in Exhibit “A,” the anesthesiologist assistant applicants listed in Exhibit “B,” the genetic counselor applicants listed in Exhibit “C,” the massage therapist applicants listed in Exhibit “D,” the Oriental medicine practitioner applicants listed in Exhibit “E,” the physician assistant applicants listed in Exhibit “F,” and the physician applicants listed in Exhibit “G.” Dr. Rothermel seconded the motion.

A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

PROBATIONARY REQUESTS

Mr. Kenney advised that at this time he would like the Board to consider the probationary requests on today's consent agenda. Mr. Kenney asked if any Board member wished to discuss a probationary report or probationary request separately. Dr. Steinbergh stated that she wished to discuss the matter of Jackson L. J. Flanigan, M.D., separately.

Dr. Steinbergh noted on the documentation that there is some discussion about insurance providers not recognizing Dr. Flanigan on their rolls. Dr. Steinbergh noted that Dr. Flanigan's "request for a letter of compliance was previously addressed by the Board staff." Dr. Steinbergh asked Ms. Bickers to briefly address the nature of a letter of compliance. Ms. Bickers stated that if a probationer is in compliance with their consent agreement or Board order, the Compliance staff can send a letter to entities such as insurance companies to confirm their compliance, though the letter does not advocate for the probationer.

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

- **To grant Nicholas A. Atanasoff, D.O.'s request for reduction in alcohol and drug rehabilitation meetings to two per week with a minimum of ten per month; and reduction in psychotherapy sessions to every three weeks;**
- **To grant Michael T. Bangert, M.D.'s request for reduction in personal appearances from every three months to every six months; approval of Ebaa S. Rajab, M.D., to serve as the new monitoring physician; and determination of the frequency and number of charts to be reviewed at 10 charts per month;**
- **To grant Courtney D. Borruso, D.O.'s, request for approval of Christina M. Delos Reyes, M.D., to serve as the treating psychiatrist; and approval of Paul Minnillo, Ph.D., to serve as the treating mental health professional;**

- To grant Janice Electa Green, Douglas, M.D.'s request for reduction in the frequency of drug screens to twice per month; and reduction in personal appearances to every six months;
- To grant Lynne A. Eaton, M.D.'s request for discontinuance of the Naltrexone requirement;
- To grant Jackson L. J. Flanigan, M.D.'s request for discontinuance of the controlled substance log requirement;
- To grant George D. Griffin, III, M.D.'s request for approval of the *Intensive Course in Controlled Substance Management*, offered by Case Western Reserve University, to fulfill the pharmacology course requirement; and release from the terms of the April 14, 2014 Board Order;
- To grant Raymond C. Gruenther, M.D.'s request for approval of Bashar Brijawi, M.D., to serve as the monitoring physician;
- To grant Harry F. Howell, II, L.M.T.'s request for approval of the online personal/professional ethics course *Dealing with Ethical Gray Areas in Massage Therapy*, offered by the American Massage Therapy Association, required prior to reinstatement;
- To grant Joseph Francis Lydon, Jr., M.D.'s, request for reduction in personal appearances from four per year to every six months;
- To grant Anna M. Marcinow, M.D.'s request for reduction in drug and alcohol rehabilitation meetings to two per week with a minimum of ten per month; discontinuance of the controlled substance log requirement; and discontinuance of the chart review requirement;
- To grant Matthew C. Riesen, M.D.'s request for discontinuance of the chart review requirement; and discontinuance of the drug log requirement; and
- To grant Rick Skibicki, M.D.'s request for approval of David C. Morro, M.D., to serve as the new monitoring physician;
- To grant Christina L. Summers, M.T.'s request for approval of an online ethics course, *The Ethics of Touch Continuing Education Series, Ethical Dilemmas*, administered by Sohnen-Moe Associates, Inc., required for reinstatement.

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

RATIFICATION OF SETTLEMENT AGREEMENTS

Dr. Steinbergh moved to remove the topic of Ratification of Settlement Agreements from the table.
Dr. Rothermel seconded the motion. All members voted aye. The motion carried.

NORMAN W. LEFKOVITZ, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE
MEDICINE AND SURGERY

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to ratify carried.

REINSTATEMENT REQUEST

BRADLEY J. VARGO, D.O.

Dr. Steinbergh stated that on May 14, 2014, the Board issued an Order, effective May 30, 2014, that suspended Doctor Vargo's license to practice osteopathic medicine for an indefinite period of time, but not less than 180 days. The May 2014 Order was based on the Board's findings that the doctor was impaired in his 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, and on his false, fraudulent, deceptive or misleading statement on an application for renewal of his license to practice medicine and surgery in Ohio.

Dr. Steinbergh stated that Dr. Vargo has met the conditions for reinstatement in his Board Order and has provided the required documentation of his ability to resume the practice of medicine.

Dr. Steinbergh moved that the request for the reinstatement of the license of Bradley J. Vargo, D.O., be approved, effective November 27, 2014, subject to the probationary terms and conditions as outlined in the May 14, 2014 Board Order for a minimum of five years. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye

Mr. Gonidakis - aye
Mr. Giacalone - aye

The motion to ratify carried.

FINAL PROBATIONARY APPEARANCES

ERIN KAYE (BALL) CLARK, M.T.

Ms. Clark was appearing before the Board pursuant to her request for release from the terms of her March 12, 2009 Consent Agreement. Ms. Bickers reviewed Ms. Clark's history with the Board.

Dr. Steinbergh asked if Ms. Clark is currently practice massage therapy. Ms. Clark replied that she performs some massage therapy at home for family and friends, but she is not currently working anywhere.

Dr. Steinbergh asked Ms. Clark to elaborate on her service work and volunteering activities. Ms. Clark replied that she mostly works with people dealing with addiction and recovery. Ms. Clark stated that she mostly volunteers through programs like Alcoholics Anonymous (AA) and at the Center for Chemical Addiction and Treatment (CCAT) in Cincinnati. Ms. Clark commented that she is also the President of the PTA at her children's school, which keeps her very busy.

Dr. Steinbergh asked if Ms. Clark anticipates returning to massage therapy. Ms. Clark responded that she may return to massage therapy in the future when her youngest child, who was born in May 2014, is older. Dr. Steinbergh suggested that Ms. Clark maintain her continuing education and keep her massage therapy license in good health in the meantime.

Dr. Steinbergh noted that Ms. Clark had previously been convicted of trafficking in cocaine and asked if she is currently connected with drugs or alcohol in any form. Ms. Clark answered that she is not connected to drugs or alcohol and she has been clean for years. Ms. Clark stated that she had been convicted over 10 years ago when she was young and made mistakes. Ms. Clark stated that she has no desire to return to that.

Dr. Steinbergh moved to release Ms. Clark from the terms of her March 12, 2009 Consent Agreement, effective November 19, 2014. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:

Dr. Bechtel	- abstain
Dr. Saferin	- abstain
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion to release carried.

SAMUEL DRAKE, M.D.

Dr. Drake was appearing before the Board pursuant to his request for release from the terms of his May 11, 2011 Consent Agreement. Ms. Bickers reviewed Dr. Drake's history with the Board.

Dr. Soin asked Dr. Drake to describe the context by which he came to be in this position with the Board. Dr. Drake replied that his problem had been that he had set some things up for some of his employees, but that is all over now. Dr. Soin asked Dr. Drake to elaborate. Dr. Drake explained that an employee asked him to leave pre-signed prescriptions for office use when he went on vacation. When undercover agents from the Medi-Cal program in California visited the office, they were given pre-signed prescriptions by Dr. Drake's employees.

Dr. Soin asked if Dr. Drake has any intention of practicing in Ohio or if he will stay in California. Dr. Drake replied that he is thinking about practicing in Ohio. Dr. Soin asked Dr. Drake to describe his current practice environment and schedule. Dr. Drake responded that he practices in a clinic in Santa Maria, California, and works five days per week, six hours per day.

Dr. Steinbergh asked under what circumstances Dr. Drake would come to Ohio to practice. Dr. Drake stated that he would like to practice in the Cleveland area where some of his family lives. Dr. Steinbergh asked Dr. Drake to elaborate on his California practice. Dr. Drake stated that it is a private practice and he primarily treats migrant workers. Dr. Steinbergh asked if Dr. Drake anticipated starting his own practice if he comes to Ohio. Dr. Drake responded that he would prefer to work with other practitioners and he did not want to start another practice. Dr. Steinbergh asked if Dr. Drake has any offers from Ohio. Dr. Drake replied that he has had a few offers for *locum tenens* work, but nothing permanent. Dr. Steinbergh cautioned Dr. Drake to understand any employer's expectations before accepting a *locum tenens* position so that he does not get into a compromising situation.

Mr. Giacalone asked if Dr. Drake practices any pain management in his current practice. Dr. Drake answered that he practices very little pain management. Mr. Giacalone asked if Dr. Drake understands the laws of Ohio regarding opioid prescribing. Dr. Drake replied that he took a prescribing course a few years ago but he is not up-to-date on it. Mr. Giacalone suggested that Dr. Drake examine Ohio's current laws closely before accepting a *locum tenens* position because, historically, many problem events seem to arise from those scenarios.

Dr. Schachat noted that, in addition to pre-signed prescriptions, Dr. Drake's Board action also involved false claims to Medi-Cal. Dr. Drake stated that when the Medi-Cal undercover agent visited the office, Dr. Drake's medical assistant and secretary billed for that service, which was against Medi-Cal regulations.

Dr. Soin moved to release Dr. Drake from the terms of his May 11, 2011 Consent Agreement. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to release carried.

RANDI J. MCVETY, M.T.

Ms. McVety was appearing before the Board pursuant to her request for release from the terms of her September 12, 2012 Consent Agreement. Ms. Bickers reviewed Ms. McVety's history with the Board.

Dr. Steinbergh asked Ms. McVety to describe her current practice. Ms. McVety replied that she is currently practicing massage therapy out of her home, as well as practicing massage therapy at the Honda plant and a spa near her home. Dr. Steinbergh asked if Ms. McVety keeps a copy of her massage therapy license in each of these places. Ms. McVety replied that she does.

Dr. Steinbergh asked if Ms. McVety understands her responsibility to renew her license. Ms. McVety replied affirmatively. Dr. Steinbergh suggested that Ms. McVety become involved in a massage therapy association and speak out to massage therapists about their responsibilities to licensure. Ms. McVety agreed.

Dr. Steinbergh moved to release Ms. McVety from the terms of her September 12, 2012 Consent Agreement, effective November 12, 2014. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to release carried.

Mr. Gonidakis exited the meeting at this time.

KURT J. PALAZZO, M.D.

Dr. Palazzo was appearing before the Board pursuant to his request for release from the terms of his August 12, 2009 Consent Agreement. Ms. Bickers reviewed Dr. Palazzo's history with the Board.

Dr. Steinbergh asked how Dr. Palazzo's practice in Portsmouth, Ohio, is doing. Dr. Palazzo replied that his practice is doing well and he is employed by the hospital.

Dr. Steinbergh stated that she was particularly touched by Dr. Palazzo's letter thanking the Board for its intervention and what it would have meant if the Board had not intervened. Dr. Steinbergh thanked Dr. Palazzo for recognizing the difficulty of what the Board must do and its desire to allow physicians to heal and keep them in practice. Dr. Soin agreed and opined that Dr. Palazzo's letter was very sincere.

Dr. Soin asked if Dr. Palazzo has seen problems since the pill mills in southeastern Ohio have been shut down or if there are a lot of patient seeking opioids from him. Dr. Palazzo replied that some patients come to him seeking drugs but he is able to weed them out. Dr. Palazzo stated that he has some patients on chronic pain medicine and he tries to manage them appropriately.

Dr. Steinbergh moved to release Dr. Palazzo from the terms of his August 12, 2009 Consent Agreement, effective November 11, 2014. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Giacalone	- aye

The motion to release carried.

RICHARD M. WEIL, M.D.

Dr. Weil was appearing before the Board pursuant to his request for release from the terms of his November 12, 2009 Consent Agreement. Ms. Bickers reviewed Dr. Weil's history with the Board.

Dr. Steinbergh asked if Dr. Weil's sobriety date continues to be October 24, 2008. Dr. Weil replied that his sobriety date has not changed. Dr. Steinbergh asked Dr. Weil to explain how he is continuing to heal and stay well. Dr. Weil stated that he is actively involved in Alcoholics Anonymous (AA) and he currently has three sponsees.

Dr. Soin asked Dr. Weil to explain how he started abusing hydrocodone. Dr. Weil responded that he had initially been prescribed medications for orthopedic injuries and dental issues. Dr. Weil stated that he also

had personal issues at that time, including some deaths in his family. Dr. Weil stated that pharmaceutical samples were available to him at that time and he used cough medicines to help him sleep. Eventually, it escalated to the point where he needed the medicine to sleep and to reduce anxiety. Dr. Weil stated that he was not communicating and he had thought that he could bear everything himself.

Dr. Soin asked if Dr. Weil had received multiple prescriptions for his initial injuries. Dr. Weil answered that he was only prescribed a series of small things and nothing long-term or in large quantities, but it was enough to get the ball rolling. Dr. Soin stated that such situations make physicians respect how even a few prescriptions can have a long-lasting impact on people

Dr. Steinbergh noted that there were medical students in attendance and asked if Dr. Weil had any advice for them. Dr. Weil stated that medical school is hard, but stresses increase in residency and fellowship that one may not be able to deal with. Dr. Weil stated that classmates, family, and friends will help keep them out of trouble and keep them sane. Dr. Weil stated that he had isolated and stopped communicating because he thought he could handle everything himself. Dr. Weil advised the students to have some humility, otherwise they will suffer humiliation. Dr. Rothermel remarked that this is good advice.

Mr. Gonidakis returned to the meeting at this time.

Dr. Steinbergh moved to release Dr. Weil from the terms of his November 12, 2009 Consent Agreement, effective November 12, 2014. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to release carried.

MATTHEW H. EVENHOUSE, M.D.

Dr. Evenhouse was appearing before the Board pursuant to his request for release from the terms of his November 12, 2009 Consent Agreement. Ms. Bickers reviewed Dr. Evenhouse's history with the Board.

Dr. Soin asked Dr. Evenhouse to describe his role at Alphora, an international air ambulance company. Dr. Evenhouse explained that he and another gentleman founded Alphora and he is the Chief Medical Officer of the group. Alphora is still expanding and has been able to secure contracts with some groups in Africa. Dr. Evenhouse stated that he is involved in the business side of things and learning how to manage regulatory issues and how to make the endeavor financially viable. Dr. Evenhouse stated that he is

currently dealing with the Ebola question and working with people from the U.S. State Department and the World Health Organization. Dr. Evenhouse commented that it is a big process and is quite exciting.

Dr. Soin asked Dr. Evenhouse to describe how he became addicted to Percocet and Vicodin. Dr. Evenhouse stated that he had been a typical emergency medicine physician and was working 60 to 80 hours per week, and sometimes more. In August 2006 he awoke with a stiff neck and fever. Suspecting meningitis, Dr. Evenhouse went to the emergency department. Dr. Evenhouse stated that other than a hernia repair, this was his first experience with IV medications. Dr. Evenhouse recounted that the physicians, who were his colleagues and meant well, were very generous with his pain medications.

Dr. Evenhouse continued that over the next two years he became involved with sports and had some kidney stones because of his training and diet. Once again, compassionate physicians made certain the Dr. Evenhouse had plenty of medications at home. Dr. Evenhouse stated that at some point his relationship with these substances changed from being a therapeutic thing for a specific painful condition. Dr. Evenhouse began to take pills to fight fatigue, which led to side-effects that he tried to figure out how to manage. Dr. Evenhouse stated that as a physician, it had been very easy for him to manipulate the system to get the medications, including mishandling drug documents.

Dr. Evenhouse stated that eventually access to drugs became his whole world and work became something that was in the way of being able to take another medication. For about two years the situation was out of control, but Dr. Evenhouse had no idea he was sick and he thought he was more in control than ever before. In 2007, Dr. Evenhouse's work performance statistics began to drop, which he attributed to stress. When Dr. Evenhouse began to suspect that something was wrong, he looked into what he must do in such a situation. The process he researched scared Dr. Evenhouse to the point where he decided that he must hide his problem further.

Dr. Evenhouse stated that the last three months of his addiction before coming to the attention of the Board were surreal. There were numerous near-overdoses and Dr. Evenhouse would often wake up and not know how long he had been out. Dr. Evenhouse also noticed memory loss, like forgetting a television show he had watched with his wife. Dr. Evenhouse's work performance continued to deteriorate and his co-workers began to show concern. Dr. Evenhouse stated that the day he was confronted about his problem was probably the greatest relief of his life because he did not know how to get out of his situation. Dr. Evenhouse stated that coming to the attention of the Board saved his life.

Dr. Soin asked Dr. Evenhouse to describe how he was confronted and how he had obtained the medications he abused. Regarding obtaining medications, Dr. Evenhouse stated that he had relatives who were getting a lot of medications from their physicians and he obtained some that way. Dr. Evenhouse also wrote prescriptions to himself. On one occasion Dr. Evenhouse wrote a prescription that was dated incorrectly, which prompted the pharmacist to contact the hospital. The hospital investigated further and found other improprieties. Dr. Evenhouse was eventually confronted by the hospital staff.

Dr. Steinbergh found it interesting that researching the process had made Dr. Evenhouse want to hide his problem further. Dr. Steinbergh asked if Dr. Evenhouse could give insight into how physicians respond at such times and how the Medical Board may be more proactive in getting physicians to admit their

problems earlier and get into treatment. Dr. Evenhouse stated that in his case, he had always been considered an over-achiever and a very driven person. Dr. Evenhouse also stated that he had always had problems with criticism, indicating that he was a pain-avoiding person. When Dr. Evenhouse learned that he would have to self-report to the Board or someone else would have to report him, he balked. Dr. Evenhouse stated that he was still in an imaginary world of being in control and he thought he could manage his job and his responsibilities at home. Dr. Evenhouse saw the process as something that would be a big inconvenience to him.

Dr. Evenhouse explained that the mindset of an addicted person is very fantasy-based and self-focused, so the thought of losing something was unacceptable. Dr. Evenhouse felt that this is a difficulty shared by many people when they are addicted. Dr. Evenhouse stated that for an addicted person there are already some feelings about the outside world not being fair, so the thought that there would be some sort of consequence is magnified in a negative way. Consequently, there is a lot of disincentive to pursue help because it is seen as admitting a weakness and it may bring on punishment. Dr. Evenhouse stated that when he was abusing substances, he did exactly what he wanted, when he wanted, and how he wanted and he was not receptive to input from others. When Dr. Evenhouse entered the process with the Board, he found it scary because he was now getting the things he had been trying to avoid. Dr. Evenhouse stated that he has spoken to others in the same situation and they all said that everything they had tried to prevent ended up happening to them, and by trying to avoid it, more was brought onto them.

Dr. Evenhouse stated that since being in recovery he has been able to participate in medical student education. Dr. Evenhouse stated that medical students are being exposed to a much deeper understanding of addiction than he ever had been. Dr. Evenhouse stated that when he was an emergency physician, addicts were considered to be troublesome patients or a lower category of person. Dr. Evenhouse stated that his generation does not necessarily understand addiction as a treatable disease, but having medical students exposed to that is a big step.

Dr. Rothermel expressed concern that it seems that Dr. Evenhouse's friends and colleagues did not report Dr. Evenhouse through proper channels, though they may have approached him personally. Dr. Rothermel advised the medical students that the greatest thing they can do for a friend is to report a suspected problem through appropriate channels. Dr. Rothermel stated that it does not always help to personally approach a person because they may not have the strength to get out of the situation on their own.

Dr. Rothermel asked if Dr. Evenhouse had friends who approached him when he was abusing medications. Dr. Evenhouse replied that he was not approached. Dr. Evenhouse stated that it was a very painful time because his co-workers noticed the decrease in his performance and that he seemed sick at the end of every shift, which was basically due to withdraw. Dr. Evenhouse's co-workers decided not to talk to him because he was having "issues." When Dr. Evenhouse was confronted by the hospital, individuals who he had thought were his friends decided that he should be avoided. Dr. Evenhouse stated that from his former co-workers' perspective, addiction is a personal weakness and moral failing that they did not want to be associated with.

Dr. Evenhouse stated that he had thrown out his white coats and stethoscope because he had thought he was done with medicine. However, this was not the case. Dr. Evenhouse opined that because he has been

forthright with his disease since entering treatment, he has regained many of the things he has lost and some aspects of his life are even better than they were before.

Mr. Giacalone commented that it appears that Dr. Evenhouse's colleagues and friends unknowingly sent him down this path by providing him with extra medications. Dr. Evenhouse agreed and reiterated that they did so unknowingly. Dr. Evenhouse opined that this is because his generation of physicians does not understand the disease of addiction or how prevalent it is. Dr. Evenhouse commented that he came out of residency at the time when pain was considered to be the fifth vital sign and that having a patient in pain was not acceptable.

Dr. Steinbergh moved to release Dr. Evenhouse from the terms of his November 12, 2009 Consent Agreement, effective November 12, 2014. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- abstain
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion to release carried.

ADMINISTRATIVE REPORT

Staffing Updates: Mr. Blanton stated that in addition to the retiring staff members mentioned at the beginning of the meeting, Ms. Jacobs, who had been the Board's Executive Staff Attorney, has also resigned after more than 12 years with the Board in order to accept a position with the Bureau of Workers Compensation.

Mr. Blanton stated that Robyn Daughtry has become a full-time staff member and is doing a great job at the Board's front desk. Also, Kimberly Lee began as an Enforcement Attorney on October 20 after five years in private practice.

Mr. Blanton stated that interviews have been scheduled to fill the licensure certification examiner position. Applications are being reviewed for the position of Chief of Investigations. Also, applications continue to be received for the Administrative Officer's position.

Rules Updates: Mr. Blanton stated that on November 24 a public hearing will be held to accept comments from the public on proposed Rule 4731-11-12 concerning office-based opioid treatment.

Meetings: On October 7, Mr. Kenney, Mr. Gonidakis, Mr. Blanton, and Mr. LaCross met with Senator

Shannon Jones to discuss House Bill 531 concerning the Board's proposed fining authority bill. Mr. LaCross advises that the bill will hopefully be voted out of the House of Representatives on November 19 and be sent to the Senate. Mr. Blanton stated that the Board will continue to work on getting the bill passed out of the Senate's Medicaid, Health and Human Services Committee.

On October 8, Mr. LaCross met with Rep Sprague and the Board of Pharmacy to discuss a potential Suboxone licensure bill, which is still in the formulation stage.

On October 14, Mr. Blanton, Ms. Anderson, and Ms. Ore attended the multi-agency meeting regarding the Ebola virus at the Ohio Emergency Operations Center, hosted by the Department of Health. Mr. Blanton stated that the Medical Board serves as a conduit of information for the Board's licensees and the Board has worked with the medical associations in this regard.

On October 15, Dr. Steinbergh invited Mr. Blanton and Ms. Anderson to the Ohio University Heritage College of Osteopathic Medicine's Dublin campus to discuss Partners in Professionalism program and to view their telecommunications technology. Mr. Blanton stated that the Board is hoping to analyze the possibility of having technology placed in the Board's regular meeting room so that the Board's meetings can be video recorded and/or broadcast.

On October 17, Mr. LaCross and Investigator Shawn McCafferty met with local Drug Enforcement Administration (DEA) agents to discuss Suboxone clinics.

On October 21, Mr. Schmidt and Mr. LaCross met with representatives from the Department of Mental Health and Addition Services regarding Suboxone issues and ensuring that effective treatment is available in the proper format.

On October 23, Mr. Blanton, Ms. Anderson, Mr. Schmidt, and Mr. LaCross participated in a Suboxone interested parties meeting coordinated by Representative Sprague.

On October 27, Mr. Blanton and Mr. LaCross met with Bonnie Kantor-Burman, head of Governor's Cabinet Opiate Action Team (GCOAT) and Director of the Department of Aging, to discuss how the Medical Board can contribute to GCOATS's overall mission.

Publications: Mr. Blanton stated that the October issue of the Medical Board E-News was published on October 16. A follow-up issue was published on October 17 with guidelines on Ebola prevention measures for physician offices, ambulatory settings, and outpatient clinics.

Presentations: On October 11, Dr. Steinbergh provided presentation of controlled substance prescribing issues at the Touchdown to CME program in Canton, Ohio, sponsored by the Eighth District Academy of Osteopathic Medicine & Surgery and the Ohio Osteopathic Foundation.

On October 12, Ms. Anderson provided presentation on telemedicine issues to the Board of Directors of the Ohio Academy of Family Physicians.

On October 20, Investigator Michael Staples provided a presentation on naïve prescribers and an in-service for the Board of Nursing. Mr. Blanton stated that the Board of Nursing sent a letter thanking the Board for Mr. Staple's outstanding presentation.

On October 24, Mr. Miller served as panelist addressing how medical regulatory boards are collaborating with law enforcement agencies at the Citizen Advocacy Center's annual meeting in Baltimore, Maryland.

On October 24, Ms. Rieve and Mr. Alderson gave a presentation on physician licensure updates to the Ohio Association of Medical Staff Services Fall Forum conference. Ms. Wehrle also provided a presentation at that meeting regarding an insider's guide to Medical Board regulations.

On October 28, Ms. Anderson participated in panel at The Ohio State University Moritz College of Law on health care law careers. The panel was facilitated by the Health Law Society at the College of Law.

On October 28, Mr. Schmidt provided a presentation regarding impaired practitioners, telemedicine, and other practice related issues to members of The Ohio State University Licensed Independent Practitioners Health Committee.

Mr. Blanton stated that the Board has requested information from the Board of Pharmacy to do another reach-out on the Ohio Automated Rx Reporting System (OARRS). The Board asked for information on physicians who have issued more than 500 prescriptions for controlled substances from October 1, 2013, through September 30, 2014. 980 names were received. Mr. Blanton stated that a letter is being prepared to remind these practitioners about the Board's OARRS rule. Mr. Blanton stated that the practitioners will be informed that House Bill 341 will require the following: 1) physicians who prescribe benzodiazepines or opioids must certify on their next license renewal application that they have registered with OARRS, and 2) physicians who do not fall into an excepted category must check OARRS and document it before prescribing benzodiazepines or opioids.

Mr. Blanton stated that Dr. Soin and Ms. Anderson will give a presentation on Saturday, November 8 in Cleveland focusing on prescribing. Mr. Blanton complimented Ms. Wehrle on developing the wonderful graphics and PowerPoint for this presentation.

PROPOSED MEETING DATES FOR 2016

Dr. Steinbergh moved to approve the proposed Board meeting dates for 2016. Mr. Giacalone seconded the motion.

Mr. Kenney stated that he will now entertain discussion in the above matter.

The Board discussed whether two-day meetings, as proposed, should be approved or if one-day meeting, as the Board has been having throughout 2014, would be more appropriate. Dr. Steinbergh opined that approving two-day meetings strictly for calendar purposes so that the dates would be available if needed, such as when the Board chooses to have a retreat. Dr. Steinbergh stated that the Board President can determine when one-day meetings are adequate as it has throughout 2014. Mr. Kenney expressed concern

that if two-day meetings are approved, then topics will be found to fill those two days. Mr. Kenney favored one-day meetings. Mr. Giacalone agreed that one-day meetings are preferable, but agreed with Dr. Steinbergh that the Board should approve two days for each month so that the public is adequately informed on those rare occasions when a two-day meeting will be needed, such as a retreat.

Mr. Gonidakis reiterated that if Dr. Steinbergh's motion passes, it does not necessarily mean that the Board will meet on both days each month. Mr. Gonidakis opined that the Board has been doing well holding one-day meetings. Dr. Saferin opined that if the Board wishes to continue having one-day meetings, then it should only approve one day each month for the meeting.

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

ROLL CALL:	Dr. Bechtel	- abstain
	Dr. Saferin	- nay
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- nay
	Mr. Giacalone	- aye

The motion carried.

Mr. Giacalone exited the meeting at this time.

BOARD MEETING DATE FOR NOVEMBER 2015

Mr. Taylor explained that in November 2013, the Board approved Thursday, November 12, 2015 as its meeting date for that month due to the Veteran's Day holiday on November 11. However, a board member has requested that the Board consider moving this day so that the Board meeting day is not preceded by a day on which the Board will not be open for business.

Dr. Steinbergh moved to move the date of the Board's November 2015 meeting to Wednesday, November 4, 2015. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye

The motion carried.

RULES & POLICIES

PROPOSED AMENDEMENTS TO RULE 4731-11-01, DEFINITIONS APPLICABLE TO CONTROLLED SUBSTANCES

Ms. Debolt stated that the topic of Rule 4731-11-01 is linked to Rule 4731-11-09, which was tabled at the Policy Committee. Therefore, Ms. Debolt asked the Board to table Rule 4731-11-01 as well.

Dr. Steinbergh moved to table discussion of Rule 4731-11-01. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye

The motion carried.

Mr. Giacalone returned to the meeting at this time.

PROPOSED REVISION TO PROPOSED RULE 4731-11-12, OFFICE-BASED OPIOID TREATMENT

Ms. Debolt stated that on November 24, 2014, the Board will hold a public hearing for comments on proposed Rule 4731-11-12 concerning office-based opioid treatment. As the Joint Committee on Agency Rule Review (JCARR) reviewed the proposed Rule, it noted a mistake concerning incorporation by reference. Under JCARR's interpretation, the proposed Rule must cite the effective date of any federal rules or statutes to which it refers. Ms. Debolt asked the Board to grant permission to file a revised rule that includes language that the physician shall comply with all federal and state laws applicable to office-based opioid treatment.

Dr. Steinbergh moved that proposed Rule 4731-11-12 be amended at paragraph (B)(1) to generally refer to applicable federal and state laws and rules. Dr. Steinbergh further moved that the revised proposed rule be filed with JCARR. Mr. Giacalone seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye

Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

REPORTS BY ASSIGNED COMMITTEES

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

FORMULARY CHANGES

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) and the Board's Physician Assistant/Scope of Practice Committee have considered the proposed changes to the physician assistant formulary. Dr. Steinbergh stated that the medications discussed were approved by the Food and Drug Administration (FDA) in 2013.

Gilotrif is an anti-neoplastic kinase inhibitor. The Committees recommend that this be placed in the "CPT may not prescribe" category.

Injectafer is an injectable ferric carboxymaltose which is essentially a new sugar in the iron. Injectafer is an IV medication and it is determined that there is a low risk for anaphylaxis. The Committees recommend that this be placed in the "physician-initiated" category.

Fetzima is a psychotherapeutic anti-depressant very similar to other SNRI's and SSRI's with no increase in side-effects. The Committees have recommended that this be placed in the "CPT may prescribe" category.

Valchlor, a skin and mucus membrane agent, is a topical product that is perhaps being used for Mycosis Fungoides. Dr. Steinbergh stated blood dysplasia may occur in 13% of cases. Dr. Steinbergh stated that there was some discussion as to whether this medication should be physician-initiated or if the CPT should not prescribe it. Dr. Steinbergh asked for Dr. Bechtel's opinion. Dr. Bechtel stated that Valchlor operates through systemic absorption and there have been some problems with bone marrow suppression. Dr. Bechtel stated that he can understand when a physician assistant in an oncology center may use Valchlor under physician direction. Dr. Steinbergh stated that the Committees will maintain their recommendation to place Valchlor in the "physician-initiated" category.

Tivicay is an anti-infective, anti-viral, and anti-retroviral agent. Dr. Steinbergh commented that these products always go into the "physician-initiated" category.

Inlyta is an anti-neoplastic kinase inhibitor. The Committees recommend that this be placed in the "CPT may not prescribe" category.

Brintellix is a psychotherapeutic agent antidepressant with few side effects compared to current SSRI's. The Committees recommend placing this in the "CPT may prescribe" category.

Oxsoalene is a skin and mucus membrane and photochemotherapy agent. Dr. Steinbergh stated that the physician assistant could be approved to apply the medication, but there was question about the application of light to activate it. Dr. Steinbergh stated that this discussion concerns the topical form of the medication, not the oral form. Dr. Bechtel stated that the standard of care in the United States is that, in most situations, the physician assistant can apply the medication and the light. Dr. Bechtel commented that the light is a UV light and not a laser. Dr. Steinbergh stated that the recommendation will be to place this in the "CPT may prescribe" category.

Duavee is a conjugated estrogen for vasomotor symptoms of menopause and osteoporosis prevention. The Committees recommend that this be placed in the "CPT may prescribe" category.

Opsumit is a cardiovascular agent, a vasodilating agent, and an endothelin receptor antagonist which is used principally for pulmonary hypertension. Adempas is a very similar medication also used to treat pulmonary hypertension. The Committees recommend placing these medications in the "CPT may not prescribe" category.

Aptiom is a central nervous system agent and an anti-convulsant. The Committees recommend placing this into the "physician-initiated" category.

Luzu is a topical anti-fungal and anti-infective agent. The Committees recommend placing this into the "CPT may prescribe" category.

Olysio and Sovaldi, which are only used in combination with each other, are hepatitis C antiviral medications. Dr. Steinbergh briefly discussed the increasing standards of care for hepatitis C which require immediate or very quick treatment. The Committees recommend placing these medications, in combination, in the "CPT may prescribe" category. The Committees further recommended that when these medications are used in combination with pegulated interferon, they should be in the "physician-initiated" category.

Anoro Ellipta is a bronchodilator and long-lasting beta agonist. The Committees recommend placing this medication in the "CPT may prescribe" category.

Contrave is a combination of naltrexone and bupropion. Because of the presence of naltrexone, the Committees recommend that this medication be placed in the "physician-initiated" category.

Dr. Steinbergh added that a new category has been developed for the physician assistant formulary for anti-hepatitis C viral medications, in response to new treatment protocols for hepatitis C. Dr. Steinbergh stated that these medications are different from some of the usual anti-viral medications and are somewhat more dangerous.

Dr. Steinbergh moved to accept the changes and additions to the physician assistant formulary as discussed. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

SPECIAL SERVICES APPLICATION REVIEWS

BEACON ORTHOPEDICS

Dr. Steinbergh stated that Beacon Orthopedics has requested approval of special services plans for ischial bursa injections, intra-articular hip injections, sacro-iliac joint injections, and Pes Anserine injections. In September 2014, the PAPC considered these requests and returned them to Dr. Chaudhary of Beacon Orthopedics with a request that he amend the applications to reflect the following: The physician will see the patient and make the decision that this is the appropriate treatment prior to the initial injection; the physician will see the patient after the treatment plan is completed; the physician assistants will have at least two years of experience in orthopedics to be competent to perform these injections; and the supervising physician will utilize 100% onsite supervision while the physician assistants are performing the injections.

Dr. Steinbergh stated that Dr. Chaudhary as agreed to all these conditions. However, Dr. Steinbergh noted that Part III of the applications, which has percentages of direct, on-site, and off-site supervision, have not been corrected. The Committees have recommended that the applications be approved with the understanding that Ms. Debolt will amend Part III of the applications to reflect 100% on-site supervision and attach Dr. Chaudhary's letter agreeing to that stipulation.

ISCHIAL BURSA INJECTION

Dr. Steinbergh stated that in the ischial bursa injection is not listed in the Board's model orthopedic plan. However, following research conducted during the Physician Assistant Policy Committee (PAPC) meeting, the Committees recommend approval of this injection with ultrasound guidance.

Dr. Steinbergh moved to approve the special services application for ischial bursa injection, with ultrasound guidance. Dr. Saferin seconded the motion.

Dr. Rothermel asked what the criteria are for training the physician assistants in the use of ultrasound. Dr. Steinbergh stated that the clinical program will be supervised by the supervising physician and will last a minimum of 10 hours. The program may include a cadaver course to learn proper technique and accuracy of injections and aspirations. The physician assistant may also participate in a course led by a registered ultrasound technician to learn the technique of ultrasound guided injections. Dr. Steinbergh also noted that the physician assistant will observe the supervising physician performing 25 procedures, followed by the supervising physician observing the physician assistant performing 25 procedures.

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

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

INTRA-ARTICULAR HIP INJECTION

Dr. Steinbergh stated that the request for the intra-articular hip injection generated more discussion because one of the physician assistants on the PAPC felt it was more risky in its application. The PAPC sent this to the Board's Physician Assistant/Scope of Practice Committee without a recommendation. The Physician Assistant/Scope of Practice Committee discussed this and recommended approval with ultrasound guidance. Dr. Steinbergh noted that this procedure has been approved by the Board in the past.

Dr. Steinbergh moved to approve the special services application for intra-articular hip injection, with ultrasound guidance. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

SACRO-ILIAC JOINT INJECTION

Dr. Steinbergh stated that the Committees have recommended approval of the sacro-iliac joint injection.

Dr. Steinbergh moved to approve the special services application for sacro-iliac joint injection. Dr. Rothermel seconded the motion.

Dr. Soin asked if this injection should be ultrasound-guided. Dr. Steinbergh replied that in most circumstances in large clinics this injection is ultrasound-guided, but that is not a requirement in this application. Dr. Soin remarked that it is difficult to get an intra-articular injection into the sacro-iliac joint without some sort of imaging. Dr. Soin believed that fluoroscopy is the standard imaging used for this injection currently. However, Dr. Soin opined that this is a very challenging injection even with imaging guidance. Dr. Soin indicated that he intended to vote against approving this application.

The Board discussed this matter thoroughly. Dr. Schachat noted that the physician assistant will observe the supervising physician performing 25 procedures, followed by the supervising physician observing the physician assistant performing 25 procedures. Dr. Schachat also noted that the physician assistant will only perform the procedure if the surgeon is comfortable with that. Dr. Steinbergh agreed and noted that the application requires 100% on-site supervision and that the physician assistant will have at least two years of orthopedic experience.

After further discussion, Dr. Steinbergh changed her motion.

Dr. Steinbergh wished to change her motion to specify that the injection is being approved with ultrasound guidance. No Board member objected to the change in the motion. The change in the motion was accepted.

Dr. Steinbergh stated that this is ultimately the supervising physician's responsibility and he or she will make the decision that the injection is appropriate for the patient and that the physician assistant is capable of performing it.

Dr. Soin stated that he briefly researched the matter on the internet and learned from the Journal of Physical Medicine and Rehabilitation that in a prospective randomized single-blind study of ultrasound and fluoroscopy guidance with the sacro-iliac injection, the success rate for ultrasound was 87.3% and the success rate for fluoroscopy was 98.2%. Ms. Debolt noted that, as a radiologic procedure, physician assistants are not able to use fluoroscopy unless they are licensed to do so through the Ohio Department of Health.

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

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye

Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Soin	- nay
Dr. Schachat	- aye
Mr. Gonidakis	- abstain
Mr. Giacalone	- aye

The motion carried.

PES ANSERINE INJECTION

Dr. Steinbergh stated that the Pes Anserine injection, which is given in the knee, was been recommended for approval by both Committees.

Dr. Steinbergh moved to approve the special services application for Pes Anserine injection. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

PHYSICIAN ASSISTANT LICENSE APPLICATION REVIEW

GERGORY BEE, P.A.

Dr. Steinbergh stated that Mr. Bee's application for a license to practice as a physician assistant was reviewed by the Committee last month. At that time, the Committee was uncertain about the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approval of his program and his master's degree in kinesiology. Discussion of Mr. Bee's application was tabled in order to determine if he qualified for licensure by virtue of holding a master's degree in a course of study with clinical relevance to the practice of physician assistants that was obtained from a program accredited by a regional or specialized with a professional accrediting agency recognized by the Council for Higher Education Accreditation.

Dr. Steinbergh stated that Mr. Miller researched the matter and learned that Mr. Bee's program did not hold the required accreditation to qualify for licensure as a physician assistant. However, Mr. Miller noted

that Mr. Bee does qualify for licensure under Section 4731.11(C)(1), Ohio Revised Code, which requires an applicant to hold a current valid license or other form of authority to practice as a physician assistant issued by another jurisdiction prior to Jan. 1, 2008. Dr. Steinbergh stated that Mr. Bee has held a physician assistant license in Virginia since 2005.

Dr. Steinbergh noted that applicants who receive their license to practice pursuant to 473.11(C)(1) do not qualify for a certificate to prescribe. Dr. Steinbergh noted that when a physician assistant accepts a position in Ohio, it is possible that employers may assume that the physician assistant has prescriptive authority or is able to obtain such authority. Dr. Steinbergh encouraged Mr. Bee to have this conversation with potential employers so there is no misunderstanding. Dr. Steinbergh stated that Mr. Bee does not qualify for a certificate to prescribe unless he obtains an ARC-PA approved master's degree.

Dr. Steinbergh moved to approve Mr. Bee's application for a license to practice as a physician assistant in accordance with Section 4730.11(C)(1), Ohio Revised Code. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

LICENSURE COMMITTEE

LICENSURE APPLICATION REVIEWS

ERIC AMEND, M.D.

Dr. Saferin stated that Dr. Amend is applying for an initial license to practice medicine and surgery in Ohio. Dr. Amend has not been engaged in the clinical practice of medicine since March 2011. Dr. Amend is a graduate of the University of Toledo and was an obstetrics and gynecology resident at the University of Toledo from July 2001 to June 2005. Dr. Amend was an attending physician in Oregon from 2006 to 2011. Dr. Amend has held board certification from the American Board of Obstetrics and Gynecology since 2010 and holds a current medical license in Oregon.

Dr. Saferin stated that the Committee recommends approval of Dr. Amend's application, with the requirement that he participate in a preceptorship for at least three months.

Dr. Saferin moved to approve Dr. Amend's application for a license to practice medicine and surgery in Ohio. Dr. Saferin further moved that upon issuance, Dr. Amend's license shall be restricted to require a preceptorship for a period of not less than three months that indicates direct supervision upon completion of the preceptorship, and the preceptor shall provide a written report to the Board that indicates whether Dr. Amend has practiced satisfactorily and in accordance with acceptable an prevailing standards of care. Dr. Saferin further moved that upon demonstration that Dr. Amend has practiced satisfactorily, all limitations and restrictions shall be terminated. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

KIMBERLY CARIS, L.M.T.

Dr. Saferin stated that Ms. Caris has applied for restoration of her massage therapy license. Ms. Caris has not engaged in the practice of massage therapy since August 2007. The Committee recommends approval of Ms. Caris' application, provided that she takes and passes the Massage and Bodywork Licensing Examination (MBLEX).

Dr. Saferin moved to approve Ms. Caris' application for restoration of her massage therapy license, pending successful completion of the MBLEX. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

MICHAEL LOREY, P.A.

Dr. Saferin stated that Mr. Lorey has applied for restoration of his physician assistant license. Mr. Lorey has not actively practiced as a physician assistant since September 2003. Mr. Lorey retook the Physician Assistant National Recertifying Examination (PANRE) on July 10, 2014 and passed. Mr. Lorey regained certification in July 2014.

Dr. Saferin stated that discussion of Mr. Lorey's application was tabled last month so that certain restrictions could be drafted. The Committee recommends approval of Mr. Lorey's application, with the restriction that he shall be required to have direct supervision for a period of three months.

Dr. Saferin moved that Mr. Lorey's application for restoration be approved. Dr. Saferin further moved the upon restoration, Mr. Lorey's license shall be restricted to require direct supervision for a period of three months and that supervising physician shall provide a written report to the Board at the conclusions of the three month period indicating whether Mr. Lorey has practiced satisfactorily and in accordance with acceptable and prevailing standards of care. Dr. Saferin further moved that upon documentation that Mr. Lorey has practiced satisfactorily, all limitations and restrictions shall terminate. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

VENKAT MANTHA, M.D.

Dr. Saferin stated that Dr. Mantha is requesting graduate medical education (GME) equivalency pursuant to Section 4731.14(B)(2), Ohio Revised Code, which permits the Board to determine an equivalent to the GME training requirement of 2 years through the second year level. Dr. Mantha has six years of post-graduate training in United Kingdom and has obtained a diploma from the Fellow of the Faculty of Anaesthetists of the Royal College of Surgeons of Ireland. Dr. Saferin noted that Dr. Mantha's training and diploma was considered by the American Board of Anesthesiologists (ABA) to be equivalent to three years of GME training in the United States. Dr. Mantha became board-certified by the ABA after completing one year of GME training in Chicago. Dr. Mantha has been practicing in the United States for 20 years.

Dr. Saferin stated that the Board recommends approval of Dr. Mantha's request.

Dr. Saferin moved that Dr. Mantha's request to deem his training and experience in the United Kingdom and 12 months of training in United States to be equivalent to 24 months of GME through the second year level so that he can be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

KEVIN ROSENBLATT, M.D., PH.D.

Dr. Saferin stated that Dr. Rosenblatt is applying for a license to practice medicine and surgery in Ohio. Dr. Rosenblatt is over the ten-year limit for passing all steps of the United States Medical Licensing Examination (USMLE) by one month. Dr. Saferin stated that Dr. Rosenblatt passed each step of the USMLE on the first attempt. Dr. Rosenblatt also completed a dual residency fellowship program with the National Institute of Health and the National Cancer Institute and holds dual degrees of MD and Ph.D. Dr. Rosenblatt specializes in anatomic pathology.

Dr. Saferin stated that the Committee Recommends approval of Dr. Rosenblatt's application.

Dr. Saferin moved to approve the good-cause exception and accept Dr. Rosenblatt's examination sequence so that he may be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

RYAN FAUGHT, L.M.T.

Dr. Saferin stated that Mr. Faught has applied for restoration of his license to practice massage therapy in Ohio. Mr. Faught has not practiced massage therapy since 2009. The Committee recommends approval of Mr. Faught's application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX).

Dr. Saferin moved to approve Mr. Faught's application for restoration of his license to practice massage therapy in Ohio, pending successful completion of the MBLEX. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

SUNNY RAE DIFLORIO, L.M.T.

Dr. Saferin stated that Ms. DiFlorio has applied for restoration of her license to practice massage therapy in Ohio. Ms. DiFlorio has not practiced massage therapy since 2006. The Committee recommends approval of Ms. DiFlorio's application, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX).

Dr. Saferin moved to approve Ms. DiFlorio's application for restoration of her license to practice massage therapy in Ohio, pending successful completion of the MBLEX. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

CERTIFICATE FOR CONCEDED EMINENCE APPLICATION REVIEW

ZELIA MARIA DA SILVA CORREA, M.D.

Dr. Saferin stated that Dr. Correa is applying for a Certificate of Conceded Eminence. Dr. Correa is a graduate of Faculdade de Medicina de Sao Jose do Rio Preto in Brazil, is currently licensed in Brazil, and currently holds a Visiting Medical Faculty Certificate in Ohio. Dr. Correa has been a full-time faculty member of the University of Cincinnati College of Medicine Department of Ophthalmology since 2006. Dr. Correa is an oculo-pathologist, an oculo-oncologist, and a teacher with the University of Cincinnati College of Medicine.

Dr. Saferin stated that at the last Committee meeting, discussion of Dr. Correa's application was tabled so that additional questions could be asked. A response from Dean Boat of the University of Cincinnati was included for further consideration, as well as two additional recommendations. Dr. Saferin stated that the Committee recommends approval of Dr. Correa's application.

Dr. Saferin moved to approve Dr. Correa's application for a Certificate of Conceded Eminence. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Bechtel	- aye
	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

Dr. Bechtel exited the meeting at this time.

POLICY COMMITTEE

Mr. Gonidakis stated that the Policy Committee had conversations regarding drafting guidelines for extended release opioids. The draft guidelines will be put into final form and presented to the Board for approval in December.

Mr. Gonidakis stated that the Policy Committee also had a very good conversation about the one-bite rule. Mr. Gonidakis stated that Representative Wachtmann is working with the Legislative Services Commission to create a draft for the Board's review. Mr. Gonidakis stated that this will be a 2015

initiative.

Mr. Gonidakis stated that the Ohio Automated Rx Reporting System (OARRS) rule will be brought to the Board for review in December after some discrepancies are corrected.

DRAFT WEIGHT-LOSS RULE AMENDMENT

Ms. Debolt stated that rule 4731-11-04 is the current rule concerning the prescribing of controlled substances for short-term weight loss. In October 2015, the Committee had directed the Board staff to not make significant changes to the requirement that the physician meet face-to-face with the patient every thirty days or the requirement that once a patient has been on the medications for 12 weeks they have to be off for six months before resuming the regimen.

Ms. Debolt stated that some changes to the rule have been recommended to clean up the rule and to recognize the fact that some patients receive weight loss management from dieticians. Consequently, the recommended changes remove the phrase "maintenance of weight loss," which was originally included to address a medication that is no longer on the market.

Ms. Debolt stated that with that change, this proposed amendment to the Rule has been put out for public comment. Ms. Debolt asked the Board to approve filing the proposed amendment with the Common Sense Initiative office.

Dr. Steinbergh moved to approve filing the proposed amendment with the Common Sense Initiative office. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

DISCUSSION REGARDING PUBLIC COMMENTS RECEIVED ON DRAFT RULES

Ms. Debolt stated that a public hearing for comments on draft Rules 4731-1-02, 4731-11-02, 4731-11-03, 4731-11-05, 4731-11-09, and 4731-6-35 was held. The only rule for which comments were received was Rule 4731-11-09, which concerns prescribing to persons with whom the physician has not established a physician/patient relationship. Ms. Debolt stated that comments on that rule were received as late as yesterday morning. Ms. Debolt stated that more time is needed to properly consider the comments on draft Rule 4731-11-09 so that a thoughtful response and possible incorporation of the comments into the draft

rule can be completed. Ms. Debolt asked the Board to approve filing the other rules with the common Sense Initiative office.

Dr. Steinbergh moved to approve filing draft Rules 4731-1-02, 4731-11-02, 4731-11-03, 4731-11-05, and 4731-6-35 with the Common Sense Initiative office. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

FINANCE COMMITTEE REPORT

Mr. Kenney stated that House Bill 531, which will grant the Board fining authority, will likely be approved by the House of Representatives on November 18, at which point it will move to the Senate. Senator Jones has advised that no one is opposing the Bill at this time. Mr. Kenney stated that if the Bill becomes law, the next step will be for the Board to determine the actual fines for each offense.

Mr. Kenney stated that overall, the Board's expenses are down due to employment vacancies and the Board's revenue is slightly up. Mr. Kenney stated that he will provide a detailed report on the Board's expenses in December.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on October 8, 2014, the Compliance Committee met with Theodore R. Cubbison, D.O., and moved to continue him under the terms of his August 13, 2014 Step II Consent Agreement.

The Compliance Committee accepted Compliance staff's report of conferences on September 8th and 9th, and further approved the draft minutes from the September 10, 2014 Compliance Committee.

BOARD-APPROVED TREATMENT PROVIDER RENEWAL APPLICATIONS

Dr. Steinbergh moved to approve that the renewal applications for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Glenbeigh Center of Beachwood, Glenbeigh Center of Canton, Glenbeigh Center of Erie, Glenbeigh Center of Niles, Glenbeigh Center of Rocky River, Glenbeigh Center of Toledo, and Glenbeigh Hospital. Dr. Saferin seconded the motion. A

vote was taken:

ROLL CALL:

Dr. Saferin	- aye
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

The Board took a recess at 4:20 p.m. and returned at 5:20 p.m.

EXECUTIVE SESSION

Dr. Saferin moved that the Board declare Executive Session for the purpose of hiring an Executive Director. Dr. Soin seconded the motion. A vote was taken:

ROLL CALL:

Dr. Saferin	- aye
Dr. Rothermel	- aye
Dr. Steinbergh	- aye
Mr. Kenney	- aye
Dr. Soin	- aye
Dr. Schachat	- aye
Mr. Gonidakis	- aye
Mr. Giacalone	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session at 5:20 p.m.

The Board returned to public session at 5:25 p.m.

APPOINTMENT OF THE EXECUTIVE DIRECTOR

Dr. Steinbergh moved to make an offer to Anthony J. Groeber to serve as the Executive Director of the State Medical Board of Ohio. Dr. Steinbergh further moved to delegate the authority to negotiate salary to Dr. Ramprasad and Mr. Kenney. Dr. Steinbergh further moved that upon Mr. Groeber's acceptance of the offer, he shall be appointed the Executive Director, to begin service as of November 16, 2014, and with authority to act as the appointing authority 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; to sign any fiscal or administrative

documents; to contract for services as necessary to carry out the Board's responsibilities, with the stipulation that all invoices of \$5,000 or higher must be approved by the President; to serve as the custodian of the Board's records, with authority to delegate certification of documents to other staff members as the need arises; and to designate other staff members to sign personnel, fiscal, and administrative documents as the need arises. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL:	Dr. Saferin	- aye
	Dr. Rothermel	- aye
	Dr. Steinbergh	- aye
	Mr. Kenney	- aye
	Dr. Soin	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Mr. Giacalone	- aye

The motion carried.

The Board members congratulated Mr. Groeber on his appointment. Mr. Groeber thanked the Board for this opportunity and expressed eagerness to begin his new duties with the State Medical Board. Dr. Steinbergh suggested that a press release announcing Mr. Groeber's appointment be prepared for immediate release.

Thereupon, at 5:30 p.m., the November 5, 2014 session of the State Medical Board of Ohio was adjourned by Mr. Kenney.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on November 5, 2014, as approved on December 10, 2014.



Krishnamurthi Ramprasad, M.D., President



Mark Bechtel, M.D., Secretary

(SEAL)

