



AGENDA

**STATE MEDICAL BOARD OF OHIO
ASSIGNED COMMITTEES**

June 14, 2017

NOTE: Items listed on Committee agendas may also be discussed during the “Reports of Assigned Committees” on the Board’s Agenda

ALSO, Additions or deletions to this agenda may become necessary after publication. Please check the agenda appearing on the Board’s website for the most current version.

Start times are approximate and agenda items and committee meetings may be taken out of order, at the discretion of the Board President.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

7:30 a.m. – Conference Room #345

- I.) Minutes Review
- II.) Request to Change Physician Assistant Formulary
- III.) Proposed Rule on PA Licensure & Continuing Education

LICENSURE COMMITTEE

8:00 a.m. – Conference Room #318

- I.) Minutes Review
- II.) Licensure Application Reviews
 - a.) Janice Lee Jamison, M.T.
 - b.) Myron Hilmar Weinberger, M.D.
 - c.) Teresa Diane Batchelor, M.T.
 - d.) Anjali Gupta, M.D.
 - e.) Janice Lee Jamison, M.T.
 - f.) Michael P. Lorey, P.A.
- III.) Electronic Delivery of License Verifications

POLICY COMMITTEE**8:30 a.m. – Conference Room # 336**

- I.) Minutes Review
- II.) Acute Pain Rules
 - a.) Summary of Comments Received from CSI Process
- III.) Legislative Review
 - a.) Budget Amendments
 - b.) One-Bite Reporting Exemption Legislation
- IV.) Medical Marijuana Rules Update
- V.) Informed Consent Form for Investigational Drug, Product, or Device
- VI.) Proposed FAQ's for Rule 4731-11-09

FINANCE COMMITTEE**9:00 a.m. – Conference Room # 335**

- I.) Minutes Review
- II.) Officer or Staff Reports
 - a.) Medical Board Fiscal Update
 - b.) Other Reports
- III.) Existing Medical Board Fiscal Matters
- IV.) New Medical Board Fiscal Matters
- V.) Action Item



AGENDA

James A. Rhodes State Office Tower
30 E. Broad St., Columbus, OH 43215, 3rd Floor
June 14, 2017 - 9:45 a.m.

**NOTE: Additions to this agenda may become necessary.
Please check the agenda appearing on the Board's website for the most current version.**

Agenda items may be discussed out of order, at the discretion of the Board President.

- I. ROLL CALL
- II. MINUTES REVIEW
May 10, 2017 Board Meeting
- III. APPLICANTS FOR LICENSURE
 - a.) Acupuncturists
 - b.) Anesthesiologist Assistants
 - c.) Genetic Counselors
 - d.) Massage Therapists
 - e.) Oriental Medicine Practitioners
 - f.) Physician Assistants
 - g.) Physicians
- IV. REPORTS AND RECOMMENDATIONS
 - a.) Saul I. Blecher, M.D. (Cincinnati, OH)
 - b.) Sean Patrick Hammond, L.M.T. (Lakewood, OH)
- V. PROPOSED FINDINGS AND PROPOSED ORDERS
 - a.) Javaid Mohammad Bashir, M.D. (Jackson, MI)
 - b.) Joshua Lennon Brown, D.O. (Columbus, OH)
 - c.) Callie Yip, L.M.T. (Fairview Park, OH)
- VI. FINDINGS, ORDERS, AND JOURNAL ENTRIES
 - a.) Thomas Douglas Murray, M.D. (Caldwell, OH)
- VII. EXECUTIVE SESSION I
- VIII. EXECUTIVE SESSION II

BOARD AGENDA

June 14, 2017
9:45 a.m.
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TOPIC	PAGE NO.
IX. SETTLEMENT AGREEMENTS	
X. NOTICES OF OPPORTUNITY FOR HEARING, ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, AND ORDERS OF AUTOMATIC SUSPENSION	
XI. RULES & POLICIES	
a.) Proposed Rules in Chapter 4731-12 and Rule 4731-29-01	
XII. OPERATIONS REPORT	
XIII. REPORTS BY ASSIGNED COMMITTEES	
<u>Finance Committee Report</u>	
a.) Officer or Staff Reports	
i. Medical Board Fiscal Update	
ii. Other Reports	
b.) Existing Medical Board Fiscal Matters	
c.) New Medical Board Fiscal Matters	
d.) Action Item Review	
<u>Policy Committee Report</u>	
a.) Acute Pain Rules, Comments	
b.) Legislative Update	
c.) Medical Marijuana Rules Update	
d.) Informed Consent Form for Investigational Drug, Product, or Device	
e.) Proposed FAQ's for Rule 4731-11-09	
<u>Licensure Committee Report</u>	
a.) Licensure Application Reviews	
i. Janice Lee Jamison, M.T.	
ii. Myron Hilmar Weinberger, M.D.	
iii. Teresa Diane Batchelor, M.T.	
iv. Anjali Gupta, M.D.	
v. Janice Lee Jamison, M.T.	
vi. Michael P. Lorey, P.A.	
b.) Electronic Delivery of Licensure Verifications	

BOARD AGENDA

June 14, 2017
9:45 a.m.
(Continued)

TOPIC

PAGE NO.

Physician Assistant/Scope of Practice Committee Report

- a.) Request to Change Physician Assistant Formulary

Compliance Committee Report

XIV. DELEGATION OF AUTHORITY TO APPROVE APPEARANCES BY SKYPE

XV. PROBATIONARY REQUESTS

- a.) Mark L. Allen, M.D. (Poland, OH)
- b.) Kevin G. Baldie, M.D. (Cuyahoga Falls, OH)
- c.) Deborah L. Cook, D.P.M. (Mentor, OH)
- d.) Jesse M. Ewald, M.D. (Westerville, OH)
- e.) Bethany J. Notestine, M.T. (Cincinnati, OH)
- f.) Cara E. Perez, M.D. (Dayton, OH)
- g.) William Popovich, M.D. (Medina, OH)
- h.) Justin M. Rodebaugh, M.D. (Virginia Beach, VA)
- i.) Bernard J. Rose, M.D. (Kettering, OH)
- j.) John A. Ross, M.D. (Fostoria, OH)
- k.) Frank G. Stoddard, III, D.P.M. (Medina, OH)
- l.) Terry L. Thomas, D.O. (Whipple, OH)
- m.) Aly M. A. Zewail, M.D. (Doylestown, OH)

XVI. FINAL PROBATIONARY APPEARANCES

Paul H. Goodman, D.O. (Erie, PA)

Dr. Goodman is appearing before the Board pursuant to his request for release from the terms of his May 9, 2012 Consent Agreement.

W. Andrew Highberger, M.D. (Marysville, OH)

Dr. Highberger is appearing before the Board pursuant to his request for release from the terms of his June 13, 2012 Consent Agreement.

BOARD AGENDA

June 14, 2017
9:45 a.m.
(Continued)

TOPIC

PAGE NO.



AGENDA

**STATE MEDICAL BOARD OF OHIO
COMPLIANCE COMMITTEE**

June 14, 2017
Approximately 2:00 p.m.
30 E. Broad St., Columbus, OH 43215, 3rd Floor

**NOTE: Additions to this agenda may become necessary.
Please check the agenda appearing on the Board's website for the most current version.**

I. INITIAL PROBATIONARY APPEARANCES

Michael T. Bangert, M.D. (Troy, OH)

Dr. Bangert is making his initial appearance before the Committee pursuant to the terms of his March 8, 2017 Consent Agreement.

Paul R. Brown, P.A. (Perrysburg, OH)

Mr. Brown is making his initial appearance before the Committee pursuant to the terms of his April 12, 2017 Consent Agreement.

Danica Gineman, M.T. (Toledo, OH)

Ms. Gineman is making her initial appearance before the Committee pursuant to the terms of her March 8, 2017 Consent Agreement.

Aubrey D. Winkler, P.A. (Cleveland, OH)

Ms. Winkler is making her initial appearance before the Committee pursuant to the terms of her March 8, 2017 Consent Agreement.

II. TREATMENT PROVIDER APPLICATION

a.) Lumiere Healing Centers

III. APPROVAL OF REPORTS OF CONFERENCES

May 8 & 9, 2017

IV. MINUTES REVIEW

MINUTES**THE STATE MEDICAL BOARD OF OHIO****June 14, 2017**

Amol Soin, M.D., President, called the meeting to order at 9:45 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: Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Donald R. Kenney, Sr.; Michael L. Gonidakis; Andrew P. Schachat, M.D.; Michael Schottenstein, M.D.; and Mark A. Bechtel, M.D. The following members did not attend: Robert P. Giacalone, Vice President; Richard Edgin, M.D.; and Ronan M. Factora, M.D.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; David Fais, Assistant Executive Director; Sallie Debolt, Senior Counsel; Susan Loe, Director of Human Resources and Fiscal; Teresa Pollock, Director for Communications; Joseph Turek, Deputy Director for Licensure; Joan K. Wehrle, Education and Outreach Program Manager; Gary Holben, Operations Manager; Rebecca Marshall, Chief Enforcement Attorney; Mark Blackmer, Cheryl Pokorny, Angela McNair, James Roach, Gregory Tapocsi, and Kimberly Lee, Enforcement Attorneys; Kyle Wilcox, Melinda Snyder, and Emily Pelphrey, Assistant Attorneys General; R. Gregory Porter, Chief Hearing Examiner; Danielle Blue, Hearing Examiner; Nathan Smith, Senior Legal and Policy Counsel; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Annette Jones and Angela Moore, Compliance Officers; Colin DePew, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the May 10, 2017, Board meetings, as written. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

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,” as listed in the Agenda Supplement . Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Soin 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: Saul I. Blecher, M.D.; and Sean Patrick Hammond, L.M.T. A roll call was taken:

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

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

Dr. Bechtel - aye

Dr. Soin 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. Rothermel served as Secretary and Dr. Saferin served as Supervising Member.

Dr. Soin 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.

SAUL I. BLECHER, M.D.

Dr. Soin directed the Board's attention to the matter of Saul I. Blecher, M.D. No objections have been filed. Mr. Porter was the Hearing Examiner.

Dr. Soin stated that a request to address the Board has been filed on behalf of Dr. Blecher. However, the request was not filed in a timely manner. Therefore, the Board must determine whether to allow Dr. Blecher to address the Board.

Dr. Steinbergh move to allow Dr. Blecher to address the Board. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

Dr. Soin stated that five minutes will be allowed for Dr. Blecher's address.

Dr. Blecher told the Board that he has learned from his mistakes and errors in judgment. Dr. Blecher stated that he began taking corrective actions from the onset of the Board's investigation, including registering with and using the Ohio Automated Rx Reporting System (OARRS) and taking medical education courses in controlled substance prescribing and medical record-keeping. Dr. Blecher stated that he does not plan to prescribe controlled substances any longer unless there is an urgent situation.

Dr. Blecher asked the Board, when deciding on its disciplinary action, to consider that he has not practiced family medicine for nine months. Dr. Blecher further stated that if his ability to prescribe controlled substances is permanently limited then it will be very difficult for him to find a position as a family practice physician, even if he does not intend to prescribe controlled substances, since most

employers will not consider someone who has any restrictions on their license. Dr. Blecher also noted that he is currently certified to prescribe buprenorphine to treat opiate addiction and he would like to continue to do so following his suspension.

Dr. Blecher asked the Board for guidance regarding what activities he would be permitted to engage in when his medical license is under suspension. Specifically, Dr. Blecher asked if he would be able to 1) teach medical professionals and/or patients without performing direct hands-on care, prescribing, or making treatment decisions, 2) perform duties in a medical office that are permitted to be done by non-licensed individuals, such as giving free consultations to prospective patients and explaining what is done at the hormone replacement center, or 3) review medical histories with patients for documentation in their medical record.

Dr. Soin asked if the Assistant Attorney General wished to respond. Mr. Wilcox stated that he did not wish to respond.

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Saul I. Blecher, M.D. Dr. Schottenstein seconded the motion.

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

Dr. Bechtel stated that this case involves Dr. Blecher's care of nine patients and his use of controlled substances for weight reduction and treatment of intractable pain, as well as Dr. Blecher's failure to utilize the Ohio Automated Rx Reporting System (OARRS). Dr. Bechtel stated that from 2002 to September 2016, Dr. Blecher worked as a primary care physician in northern Kentucky. Dr. Blecher also worked from March 2009 to late 2016 at Nova HRT (Hormone Replacement Therapy) in Fairfield, Ohio, and this is where his treatment of the nine patients occurred. Dr. Bechtel noted that Dr. Blecher resigned from Nova HRT in late 2016 when he informed his employers that he was being investigated by the Medical Board. Dr. Bechtel also noted that Dr. Blecher was the subject of a prior action by the Board when he was reprimanded based upon an action taken by the New York State Office of Professional Medical Conduct. Dr. Bechtel stated that he is not aware of what violation occurred in New York which led to that action.

Dr. Bechtel stated that from 2005 to August 2015 Dr. Blecher was involved in the care of Patients 1, 3 through 7, and 9, with a primary focus on weight loss. Dr. Bechtel made the following observations on Dr. Blecher's treatment of these patients:

- Dr. Blecher failed to document adequate patient histories, physical examinations, review of previous medical records, or whether the patients had made good-faith efforts to lose weight through exercise and caloric restriction.
- Dr. Blecher failed to document that the patients were free of signs of drug or alcohol abuse.
- Dr. Blecher failed to document any potential contraindications to the use of controlled substances.
- In Patients 5 through 7 and 9, Dr. Blecher failed to determine if the patient had a body mass index (BMI) of at least 30, or at least 27 with comorbidities.
- In Patients 1, 3, 6, and 9, Dr. Blecher failed to meet face-to-face with the patients at least once every 30 days, as required by the Board's rules.

- In Patients 1, 3, 4, and 9, Dr. Blecher prescribed Adipex, a Schedule IV medication for weight loss, for more than 12 weeks.
- Dr. Blecher failed to discontinue Adipex for Patient 3 after it was thought that the patient may be taking the drug inappropriately. Dr. Blecher also failed to discontinue Adipex after a patient failed to show evidence of weight loss from the treatment.
- Patient 6, who was being prescribed Adderall by her psychiatrist, asked Dr. Blecher to prescribe her Adderall and take over that portion of her care. Dr. Blecher agreed to prescribe Adderall without contacting Patient 6's psychiatrist or reviewing records.

Dr. Bechtel stated that Dr. Blecher's treatment of the weight-loss patients show a trend of failure to document, failure to review records of previous treatment, failure to follow guidelines, and extending care beyond the time indicated.

Dr. Bechtel continued that Dr. Blecher also treated Patients 2, 7, and 8 for chronic pain between January 2007 and July 2015. Dr. Bechtel made the following observations concerning Dr. Blecher's treatment of these pain patients:

- Dr. Blecher failed to perform adequate histories or physical examinations, failed to establish a medical diagnosis for treatment, failed to document individualized treatment plans, failed to have the patients evaluated by a specialist, and failed to review previous treatment records.
- Dr. Blecher treated patients with methadone without documenting diagnostic studies or reviewing previous records.
- Dr. Blecher did not document a diagnosis for Patient 7 until the Medical Board and the Board of Pharmacy began investigating, whereupon a diagnosis of chronic back pain was documented. Again, Dr. Blecher did not document diagnostic studies, a history, or a physical examination for Patient 7.
- Dr. Blecher treated Patient 8's chronic back pain with opioids, along with prescribing of methadone.
- Dr. Blecher treat Patient 2 with methadone in the hopes of treating both his chronic pain and his previous history of addiction to Vicodin. Dr. Bechtel noted that Dr. Blecher is not certified to prescribe methadone for addiction purposes.

Dr. Bechtel stated that, again, Dr. Blecher exhibited a trend of failure to obtain adequate histories, perform physical examinations, or review previous records. In addition, there are multiple examples of Dr. Blecher failing to document his prescribing of controlled substances or evaluating OARRS. Dr. Blecher testified that he has no formal training in pain management or weight loss and that he is not certified to prescribe methadone for addiction treatment.

Dr. Bechtel stated that it is important for the Board to consider the remedial measures that Dr. Blecher has taken. Dr. Bechtel noted that Dr. Blecher registered for OARRS immediately after being investigated by the Board. Dr. Blecher has also taken intensive courses in medical record-keeping and controlled substance prescribing from Case Western Reserve University. Dr. Bechtel stated that Dr. Blecher seemed remorseful, honest, and open in his testimony. Dr. Blecher has indicated that he would like to continue practice medicine and to avoid any permanent restrictions on his ability to prescribe.

Dr. Bechtel stated that Dr. Blecher has violated multiple laws and Board rules, as shown in the Hearing Examiner's Report and Recommendation. In light of the mitigating factors, the Proposed Order will not permanently revoke Dr. Blecher's medical license. Instead, the Proposed Order will suspend Dr. Blecher's license for a minimum of one year, followed by at least three years of probationary terms, including requirements for a Board-approved practice plan and monitoring physician. The Proposed Order would also permanently restrict Dr. Blecher from prescribing, ordering, administering, or furnishing controlled substances.

Dr. Steinbergh stated that she, like Dr. Blecher, is a primary care physician. Dr. Steinbergh expressed surprise at the number of times Dr. Blecher recertified with the American Board of Family Medicine during the time period that he was practicing and prescribing inappropriately. Dr. Steinbergh also opined that Dr. Blecher fits the criteria of a physician who can be remediated, as shown by his efforts to recertify and to proactively take courses in prescribing and record-keeping. However, Dr. Steinbergh stated that there are consequences for such behavior and that the Board has very good reason to permanently limit Dr. Blecher's prescribing authority.

Regarding Dr. Blecher's questions about what activities he can engage in while his license is suspended, Dr. Steinbergh stated that Dr. Blecher will not be able to practice medicine or do anything that requires his medical degree. Dr. Steinbergh elaborated that Dr. Blecher cannot go into a medical office, take a history, interface with patients or his staff, or do anything that he would do as a licensed physician. Dr. Steinbergh stated that Dr. Blecher would be able to teach, provided that the position does not require him to be licensed physician. Dr. Steinbergh opined that the Board's staff should review the Order with Dr. Blecher since he does not have counsel. Dr. Steinbergh recommended that Dr. Blecher review and understand the Ohio Medical Practices Act. Dr. Steinbergh also recommended that Dr. Blecher review the new rules regarding opioid prescribing, even though he will be restricted from prescribing those medications. Dr. Steinbergh stated that she supports the Proposed Order.

Dr. Schottenstein stated that the exhibits and the Board's Notice of Opportunity for Hearing had given him the impression of someone who was not practicing medicine. Dr. Schottenstein stated that, given the absence of informed consent, physical examinations, diagnoses, treatment plans, documentation of progress, OARRS checks, documentation of controlled substance prescriptions, referrals to specialists, and diagnostic testing, as well as the treatment of addiction with methadone, Dr. Schottenstein had been concerned that this was a pill mill situation or that there was a lack of competency to practice medicine. Dr. Schottenstein stated that he had wondered whether Dr. Blecher could be remediated. However, Dr. Schottenstein continued the Report and Recommendation, the testimony, and the exhibits, have address these concerns. Dr. Schottenstein opined that this was not a pill mill situation and that there is not a competency issue preventing Dr. Blecher from practicing medicine.

Dr. Schottenstein stated that Dr. Blecher had a substantial lack of knowledge of the rules for weight loss and the treatment of chronic pain. Dr. Schottenstein stated that Dr. Blecher was never formally educated in these areas and it had been his responsibility to educate himself more substantially if he intended to treat these serious issues. Dr. Schottenstein stated that Dr. Blecher took responsibility for his actions, did not make excuses, and expressed remorse in his testimony. Dr. Schottenstein opined that Dr. Blecher was truthful when he testified that he did not sell or give away controlled substances, that he had not intended to violate Ohio rules or laws, that his lack of documentation was not an attempt to deceive, and that he had felt that his prescriptions had been for legitimate medical reasons. Dr. Schottenstein also noted that Dr. Blecher essentially admitted to all the allegations in the Notice of Opportunity for Hearing.

Dr. Schottenstein opined that the Proposed Order is fair and reasonable. Dr. Schottenstein noted Dr. Blecher's testimony that he would prefer to practice without prescribing controlled substances and that is too difficult to keep track of the prescribing guidelines. Dr. Schottenstein also opined that the Proposed Order is reasonable because one could make a case for permanent revocation of Dr. Blecher's medicine license.

Dr. Schachat asked for clarification of what activities Dr. Blecher could engage in while his license is under suspension, noting that it is not unusual for technicians and medical assistants to take a patient history that is later reviewed by a physician. Ms. Anderson opined that Dr. Steinbergh had given a good description earlier of what could be under while a license was suspended. Ms. Anderson stated that the Board's Compliance Section can offer further guidance to Dr. Blecher on this question.

Dr. Steinbergh commented that when a physician walks into a medical office, the perception is that he is the physician. Dr. Steinbergh opined that as a physician, Dr. Blecher would not be able to take a patient history without giving an opinion or leaving the impression that he is the physician. Dr. Steinbergh opined that while his medical license is suspended, Dr. Blecher will have to walk away from his office and not be there. Dr. Schachat noted that it is not unusual for foreign medical graduates who are medically licensed outside Ohio to work as a technician or a research coordinator in Ohio without seeing patients. Dr. Schachat stated that such individuals are working as non-medical doctors. Dr. Steinbergh agreed that a non-licensed physician could work in research that does not require any clinical care or teach anatomy or physiology in college. Dr. Steinbergh stated that the key is to avoid any sort of clinical care. Dr. Steinbergh stated that the Board staff can provide further guidance to Dr. Blecher on this matter.

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

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

The motion to approve carried.

SEAN PATRICK HAMMOND, L.M.T.

Dr. Soin directed the Board's attention to the matter of Sean Patrick Hammond, L.M.T. No objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Sean Patrick Hammond, L.M.T. Dr. Schottenstein seconded the motion.

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

Dr. Schachat stated that Mr. Hammond was initially licensed as a massage therapist in 2012, but that license is currently suspended. In May 2016, Mr. Hammond was indicted for a controlled substance violation involving oxycodone and he ultimately pleaded guilty to one possession count. Mr. Hammond was granted intervention in lieu of conviction and was placed on probation for one year. In September 2016 Mr. Hammond was indicted on an aggravated possession charge related to fentanyl. Mr. Hammond pleaded guilty to this charge in November 2016 and he was sentenced to 18 months of community control.

Dr. Schachat continued that at his hearing, Mr. Hammond testified that he first used marijuana at the age of 14. At age 25, Mr. Hammond switched to opiates for pain management problems and this led to his addiction issues. Dr. Schachat stated the one pill of oxycodone was found in Mr. Hammond's car during a traffic stop. Dr. Schachat stated that Mr. Hammond later began using heroin because it was less expensive than oxycodone pills. In November 2016, Mr. Hammond overdosed on carfentanil and was revived. Mr. Hammond went to jail for two weeks and then entered a treatment program.

Dr. Schachat stated that, according to his testimony, Mr. Hammond's sobriety date is November 14, 2016 and his recovery is going well. Mr. Hammond further testified that he intends to continue attending Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings. Mr. Hammond has indicated that he is willing to work with the Board to prove his sobriety, though he is concerned about the cost of monitoring.

Dr. Schachat stated that he agrees with the Proposed Order, which would fine Mr. Hammond \$500 and suspend his massage therapy license for an indefinite period with standard monitoring requirements. Dr. Schachat noted that the fine of \$500 is considerably lower than the minimum provided by the Board's guidelines. Mr. Hammond would be able to apply for reinstatement or restoration of his license once he can demonstrate compliance with the Order and his ability to resume practice, whereupon a period of probation would begin.

Mr. Kenney questioned why the proposed fine, as noted by Dr. Schachat, is lower than what would be indicated from the Board's guidelines. Dr. Schottenstein stated that he also questioned the fine amount. Dr. Schottenstein noted, based on previous cases that have involved massage therapists, that there seems to be a determination that \$500 is a legitimate standard fine for massage therapists. Mr. Kenney commented that the Board's guidelines determine legitimate minimum, maximum, and standard fines.

Mr. Kenney speculated that \$500 may have become a standard fine for massage therapists because of the conception that members of that profession generally cannot afford a higher fine. However, Mr. Kenney stated that affordability has nothing to do with the Board's fines because the Board does not know respondents' financial situations. Mr. Kenney suggested, based on the Board's guidelines, that a fine of \$3,000 would be appropriate in this case.

Mr. Kenney moved to amend the Proposed Order to change the fine to \$3,000. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Dr. Schottenstein	- aye
	Dr. Steinbergh	- aye
	Dr. Sojn	- aye

Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Schachat	- nay
Dr. Bechtel	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Sean Patrick Hammond, L.M.T. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to approve carried.

Ms. Anderson commented for purposes of clarification that the Board only amended the amount of the fine in the Proposed Order and left the rest of the Proposed Order stand. The Board agreed.

PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Soin stated that in the following matters, the Board issued Notices of Opportunity for Hearing. No timely request for hearing was received. The matters were reviewed by Hearing Examiners, who prepared Proposed Findings and Proposed Orders for each, and are now before the Board for final disposition. These matters are disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In these matters, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member. In addition, Dr. Bechtel served as Secretary and/or Supervising member in the matter of Dr. Bashir.

JAVOID MOHAMMAD BASHIR, M.D.

Dr. Steinbergh moved to find that the allegations as set forth in the October 14, 2015 Notice of Opportunity for Hearing in the matter of Dr. Bashir have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

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

Dr. Steinbergh briefly reviewed Dr. Bashir's medical education and career, noting that his Ohio medical license expired in July 2013. Dr. Steinbergh stated that the Board has alleged that on April 10, 2015, the Michigan Medical Board revoked Dr. Bashir's medical license in that state and fined him \$50,000. The

Michigan Board's action was based on Dr. Bashir's September 17, 2014 conviction for Conspiracy to Pay and Receive Healthcare Kickbacks, in violation of federal law. The Board further alleged that the Virginia Board of Medicine suspended Dr. Bashir's privilege to renew his medical license in that state, based on the action taken in Michigan.

Dr. Steinbergh reviewed the factual basis of Dr. Bashir's guilty plea and conviction. In or about September 2010 Dr. Bashir entered into an agreement with a pharmacist who owned and controlled multiple pharmacies in the Detroit, Michigan, area. Dr. Bashir agreed to refer prescriptions to the pharmacies in exchange for a monthly cash kickback. The pharmacist made such payments, directly or indirectly, to Dr. Bashir on a regular basis between September 2010 and August 2011, when the pharmacist was arrested in connection with this case. As a result of their illegal kickback relationship, Dr. Bashir caused an improper gain of approximately \$180,000, funded by Medicare program, to be conferred upon the pharmacist's criminal organization. The U.S. District Court sentenced Dr. Bashir to 24 months of probation and ordered him to pay a \$100 assessment and \$180,000 in restitution.

Dr. Steinbergh stated that the Proposed Order is to permanently revoke Dr. Bashir's Ohio medical license. Dr. Steinbergh, noting that Dr. Bashir had the ability to regain his Michigan license and may be able to regain his Virginia license, stated that she had considered whether to support permanent revocation or non-permanent revocation. However, Dr. Steinbergh expressed great concern about the amount of narcotics the pharmacy organization was distributing, including Schedule II drugs by oxycodone, Schedule III hydrocodone, Schedule IV benzodiazepines, and Schedule V cough syrups with codeine. Dr. Steinbergh was not certain if the prescriptions sent by Dr. Bashir involved controlled substances. However, because of the fact that Dr. Bashir was referring patients to this pharmacy and must have known what the organization was doing, she saw Dr. Bashir as essentially an arm of the organization. Therefore, Dr. Steinbergh supported the Proposed Order of permanent revocation.

Dr. Schottenstein commented that he also supported the Proposed Order, based on Dr. Bashir's egregious behavior.

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

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

The motion to approve carried.

JOSHUA LENNON BROWN, D.O.

Dr. Schottenstein moved to find that the allegations as set forth in the September 14, 2016 Notice of Opportunity for Hearing in the matter of Dr. Brown have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order.

Mr. Gonidakis seconded the motion.

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

Dr. Soin briefly reviewed Dr. Brown's medical education and career. Prior to the Board's summary suspension of his training certificate, he was a third-year obstetrics and gynecology resident in Columbus, Ohio. Dr. Brown began using methamphetamine and gamma-hydroxybutyric acid (GHB) after trying both drugs at a party in January 2015. Within approximately one month from that date, according to Dr. Brown, he began consuming both methamphetamine and GHB daily either when he first woke up or after returning home from work. Dr. Brown further admitted that his drug use caused him to arrive late for work and, as a result, he was referred to his employer's physician health program, at which time he disclosed his drug use.

Dr. Soin continued that in April 2016, Dr. Brown began treatment for chemical dependency at Shepherd Hill Hospital and he completed the treatment in June 2016. However, Dr. Brown relapsed on methamphetamine and GHM a few days after his release and he was readmitted to Shepherd Hill Hospital on about June 13, 2016 for further inpatient treatment. Dr. Brown was released a second time on or about July 28, 2016 and he began intensive outpatient treatment at that time. Dr. Brown relapsed a second time on methamphetamine and GHB on or about August 8, 2016.

Dr. Soin stated that, as the evidence shows, Dr. Brown failed to successfully complete the recommended course of treatment at Shepherd Hill and is impaired in his ability to practice medicine according to acceptable and prevailing standards of care. The Hearing Examiner agreed with Richard Whitney, M.D., of Shepherd Hill, that because Dr. Brown never completed his treatment, he was never in true recovery. Therefore, this should be considered a continuation of Dr. Brown's initial impairment and not a relapse. Accordingly, the Hearing Examiner's Proposed Order is revocation of Dr. Brown's training certificate. Dr. Soin stated that it is possible that Dr. Brown will reenter inpatient treatment in the future and successfully complete it.

Dr. Schottenstein stated that he agrees with the Proposed Order. Dr. Schottenstein noted that the record indicates a history of clinical depression. Dr. Schottenstein stated if Dr. Brown ever reapplies for licensure, it would be preferable for him to have psychiatric care and counseling in place in addition to demonstration of prolonged sobriety and commitment to a substance abuse treatment program. Dr. Schottenstein added that it would also be beneficial to see letters from mental health professionals attesting to Dr. Brown's fitness to practice. Dr. Schottenstein commented that treatment of the comorbid mental health issue should significantly improve Dr. Brown's odds of maintaining his sobriety. Dr. Soin agreed with Dr. Schottenstein's comments.

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

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

Dr. Bechtel - aye

The motion to approve carried.

CALLIE YIP, L.M.T.

Dr. Steinbergh moved to find that the allegations as set forth in the September 14, 2016 Notice of Opportunity for Hearing in the matter of Ms. Yip have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Dr. Schottenstein seconded the motion.

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

Mr. Kenney stated that the allegations against Ms. Yip are based on a felony conviction. In June 2014 Ms. Yip pleaded No Contest to, and was found guilty of, Complicity to Commit Extortion. Ms. Yip was sentenced to 18 months in prison, ordered to pay restitution, and was placed on post-release control for three years. Ms. Yip disclosed her conviction on her application to renew her massage therapy license, submitted in November 2015. On her renewal application, Ms. Yip denied that she was guilty and stated that when her new roommate did not pay his share of rent, a friend took matters into his own hands. Regardless, Mr. Kenney stated that Ms. Yip was found guilty in a court of law.

Mr. Kenney stated that Ms. Yip's offense had nothing to do with the practice of massage therapy and there are no allegations of harm to patients. Mr. Kenney further stated that Ms. Yip has paid her debt to society through the court. Mr. Kenney disagreed with the Proposed Order of permanent revocation and opined that a non-permanent revocation would be more appropriate. Mr. Kenney commented that, if his proposed amendment is accepted, Ms. Yip should not apply for another license for at least six months.

Mr. Kenney moved to amend the Proposed Order to a revocation of Ms. Yip's license to practice massage therapy in Ohio. Mr. Gonidakis seconded the motion.

Dr. Schottenstein stated that he would have been glad to hear any mitigating circumstances if Ms. Yip had been inclined to request a hearing in order to testify or provide additional facts in the statement she included with her renewal application. However, Ms. Yip did not request a hearing or present any defense of herself, and Dr. Schottenstein found her statement to be underwhelming. Dr. Schottenstein expressed concern about the severity of the allegation against Ms. Yip. Consequently, Dr. Schottenstein agreed with the Proposed Order of permanent revocation.

Mr. Kenney stated that he had had the same thoughts expressed by Dr. Schottenstein. Nevertheless, Mr. Kenney opined that if Ms. Yip's actions did not put patients at risk and she has fulfilled the requirements of the courts, then it should not be an issue for the Board. Mr. Kenney acknowledged, however, the Ms. Yip did commit a felony. Mr. Kenney also agreed that Ms. Yip should have responded to the Board's Notice of Opportunity for Hearing.

Dr. Steinbergh agreed with Dr. Schottenstein's comments. Dr. Steinbergh stated that, because Ms. Yip did not request a hearing to defend herself or present all the evidence, the only thing the Board can base its decision on is Ms. Yip's felony conviction. Dr. Steinbergh stated that there is not enough evidence to support the notion that Ms. Yip is an ethical and moral individual. Dr. Steinbergh further noted that the Medical Board is obligated to protect the patient. Dr. Steinbergh commented that if her massage therapy

license was important to her, Ms. Yip should have come to a hearing and presented evidence. Dr. Steinbergh stated that she does not have enough evidence to say whether Ms. Yip is appropriate to practice massage therapy in Ohio. Dr. Steinbergh opined that Ms. Yip should not practice without coming to a hearing. Dr. Steinbergh supported the Proposed Order of permanent revocation.

Mr. Kenney stated that he agrees with Dr. Steinbergh's thoughts. However, Mr. Kenney noted that there is also not enough evidence to indicate that Ms. Yip is not appropriate to practice massage therapy. Mr. Kenney reiterated his view that Ms. Yip has already been punished for her actions. Mr. Kenney commented that he does not agree with permanent revocation, but he does agree with Dr. Steinbergh and Dr. Schottenstein in principle.

Dr. Steinbergh stated that an Order could be crafted that would suspend Ms. Yip's license and establish stipulations for reinstatement, such as providing certain documentation. Ms. Anderson agreed that the Board could issue such an Order, though it typically does not for a Proposed Finding and Proposed Order. Mr. Kenney could not see how the Board could require such documentation as a condition for practice. Dr. Steinbergh asked if the Board could require Ms. Yip to make a presentation before the Board or to attend a hearing. Ms. Anderson replied that the Board cannot require someone to ask for a hearing.

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

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

The motion to amend carried.

Mr. Kenney moved to find that the allegations as set forth in the September 14, 2016 Notice of Opportunity for Hearing in the matter of Ms. Yip have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order, as amended. Mr. Gonidakis seconded the motion. A vote was taken:

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

Having failed to achieve six affirmative votes, the motion to approve did not carry.

Mr. Taylor stated that if the Board wished to continue discussion of this matter, the original Proposed Order should be placed back before the Board to be either approved or amended.

Dr. Schottenstein moved to find that the allegations as set forth in the September 14, 2016 Notice of Opportunity for Hearing in the matter of Ms. Yip have been proven to be true by a preponderance of the evidence and to adopt Ms. Blue's Proposed Findings and Proposed Order. Dr. Steinbergh seconded the motion. A vote was taken:

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

Having failed to achieve six affirmative votes, the motion to approve did not carry.

Dr. Steinbergh moved to table the matter of Callie Yip, L.M.T. Mr. Gonidakis seconded the motion. All members voted aye. The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Soin stated that in the following matter, the Board issued a Notice of Opportunity for Hearing, and documentation of Service was received. There was no timely request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter is therefore before the Board for final disposition. This matter is disciplinary in nature, and therefore the Secretary and Supervising Member may not vote. In this matter, Dr. Rothermel served as Secretary, Dr. Saferin served as Supervising member, and Dr. Bechtel served as Secretary and/or Supervising Member.

THOMAS DOUGLAS MURRAY, M.D.

Dr. Soin stated that on January 11, 2017, the Board issued a Notice of Opportunity for Hearing to Dr. Murray stating that the Medical Board intended to consider disciplinary action regarding his license to practice medicine in Ohio. On or about August 13, 2016, in the United States District Court for the District of New Mexico, Dr. Murray pled guilty to two felony counts of Possession of a Matter Containing Visual Depictions of Minors Engaging in Sexually Explicit Conduct. On or about October 5, 2016, Dr. Murray was sentenced to 24 months of incarceration and seven years of probation, and he is required to register with state and federal sex offender/child offender databases.

Dr. Steinbergh moved to find that the allegations set forth in the January 11, 2017 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and to enter an Order, effective immediately, permanently revoking Dr. Murray's license to practice medicine and surgery in Ohio. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

EXECUTIVE SESSION

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

ROLL CALL:

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

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, Mr. Fais, Ms. Loe, Ms. Debolt, Ms. Pollock, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Murray, Mr. DePew, Ms. Moore, and Mr. Taylor in attendance.

The Board returned to public session.

EXECUTIVE SESSION

Dr. Saferin moved to go into Executive Session for the purpose of preparing for, conducting, or reviewing negotiations or bargaining sessions with public employees concerning their compensation or other terms and conditions of their employment; and to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- aye

Dr. Schottenstein - aye
Dr. Steinbergh - aye
Dr. Soin - aye
Mr. Kenney - aye
Dr. Schachat - aye
Dr. Bechtel - aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber and Ms. Loe initially in attendance. Mr. Groeber and Ms. Loe exited the meeting during the Executive Session.

The Board returned to public session.

The Board took a recess at 12:10 p.m. and resumed at 1:05 p.m.

PROPOSED FINDINGS AND PROPOSED ORDERS

CALLIE YIP, L.M.T.

Dr. Steinberg moved to remove the matter of Callie Yip, L.M.T., from the table. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

Ms. Anderson stated that since the Board discussed the matter of Ms. Yip, it has been discovered that some of the evidence in the case that should have been presented to the Hearing Examiner was not provided. Therefore, Ms. Anderson asked the Board to remand this matter back to the Board's Hearing Unit so that the additional evidence can be considered by the Hearing Examiner.

Dr. Steinbergh moved to remand the matter of Callie Yip, L.M.T., to the Hearing Unit. Dr. Schottenstein seconded the motion.

Mr. Gonidakis asked if Ms. Yip will receive notification that this case has been remanded back to the Hearing Unit. Ms. Anderson replied that Ms. Yip would not be notified because the Board is not issuing a new citation and she never requested a hearing on the initial citation. Mr. Gonidakis opined that it would be appropriate to notify Ms. Yip that the Board will consider this case again in the future with additional evidence. Ms. Anderson stated that the way the Board communicates with respondents is through the Notice of Opportunity for Hearing, which has already been sent. Ms. Anderson further stated that the time for Ms. Yip to request a hearing based on the Notice of Opportunity for Hearing has passed. Ms. Anderson stated that, absent a request for a hearing, the Board does not send notice to respondents regarding the consideration of their case, though the matter is listed on the Board's public agenda. Ms. Anderson stated that the Board will notify Ms. Yip when the Board issues its Order, and Ms. Yip will have the right to appeal that Order to the courts if she so chooses.

Mr. Gonidakis reiterated his opinion that Ms. Yip should be notified of the Board's future consideration of her case based on additional evidence. Mr. Gonidakis observed that the Board's previous discussion of Ms. Yip focused a good deal on the fact that Ms. Yip had not requested a hearing and was not present at the meeting, yet Ms. Yip cannot be present at the Board's future consideration if she is not notified. Ms.

Anderson agreed and stated that that fact remains unchanged. Mr. Gonidakis asked if Ms. Yip could have requested a hearing or presented evidence had she been present today when the Board was unable to decide on an Order. Ms. Anderson replied that Ms. Yip would not have been able to do so for jurisdictional reasons.

Dr. Steinbergh stated that she understands Mr. Gonidakis' position. Dr. Steinbergh expressed concern that the Board had not received all the evidence that it should have in this case. Dr. Steinbergh commented that the Board's process in this regard must be improved, noting that this is not the first time this has happened. Dr. Steinbergh stated that this is something that should not happen. Ms. Anderson agreed.

Dr. Schottenstein noted for clarification that the failure to provide certain information was an oversight and not an intentional withholding of information. Ms. Anderson agreed and reiterated that the Board's staff only realized a few moments ago that this had happened. Ms. Anderson stated that the staff will systematically review this process to ensure that it does not happen again.

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

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

The motion to remand carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

STEPHEN BERNIE, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

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

The motion to ratify carried.

C.P.C., M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Schottenstein moved to ratify the Proposed Consent Agreement with C.P.C., M.D. Mr. Gonidakis seconded the motion.

Dr. Steinbergh stated that she intends to vote against this proposed Consent Agreement. Dr. Steinbergh opined that the Board should not accept the permanent surrender of a training certificate for an impairment issue. Dr. Steinbergh opined that this individual should have the opportunity to return to medicine following proper treatment.

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

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

Having failed to achieve six affirmative votes, the motion to ratify did not carry.

RENATO F. DELA CRUZ, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Consent Agreement with Dr. Dela Cruz. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

MAHENDRA KUMAR MAHAJAN, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

Dr. Steinbergh moved to ratify the Proposed Permanent Surrender with Dr. Mahajan. Dr.

Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

ABDUL M. ORRA, D.O. – CONSENT AGREEMENT

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

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

The motion to ratify carried.

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

Ms. Marshall briefly reviewed the proposed citations. Dr. Steinbergh asked what happens when the Board cites a physician who is outside of the United States. Ms. Marshall answered that if a physician's address of record is outside the United States, then the Notice of Opportunity for Hearing is sent via international registered mail; if service cannot be achieved, notices will be published in periodicals in the area of the address of record.

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

Dr. Steinbergh moved to enter an Order of Summary Suspension in the matter of James A. Gideon, M.D., in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to approve carried.

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

Dr. Steinbergh moved to enter an Order of Summary Suspension in the matter of Denise Ann Hamilton, M.D., in accordance with Section 4731.22(G), Ohio Revised Code, and to issue the Notice of Summary Suspension and Opportunity for Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to approve carried.

Dr. Steinbergh moved to send the Notice of Immediate Suspension and Opportunity for Hearing to William George Paloski, D.O. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

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

The motion to send carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to rick James Bucher, M.D.; Ronald Blane Casselberry, M.D.; John Cameron Hodge, D.O.; Nilesh B. Jobalia, M.D.; Firas A. Rabi, M.D.; and Robert Windsor, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to send carried.

RULES AND POLICIES

PROPOSED RULES IN CHAPTER 4731-12 AND RULE 4731-29-01

Ms. Debolt stated that the Rules in Chapter 4731-12 and Rule 4731-29-01 have to do with podiatric licensure and procedures for the operation of a pain management clinic, respectively.

Dr. Saferin moved that that Rules 4731-12-01, 4731-12-02, 4731-12-04, 4731-12-05, 4731-12-06, 4731-12-07 and 4731-29-01 be final filed with an effective date of June 30, 2017. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

OPERATIONS REPORT

Human Resources: Mr. Groeber stated that there are currently a number of vacant positions, the most urgent of which is an investigator position in the North area. Interviews are underway to fill the nurse reviewer positions. A position for a certification/licensure specialist remains vacant and may be filled by incoming personnel from the Dietetics Board or the Respiratory Care Board, should that proposed consolidation be approved by the legislature.

Investigator Firearms: Mr. Groeber noted that the Board had previously directed the staff to take steps

towards removing the authorization for the Board's investigators to carry firearms in the near future. Pursuant to a suggestion from the Labor-Management Committee, which was approved by the Board, additional written comments from the Board investigators were provided to Board members regarding some areas of elevated danger in the course of their duties. Management feedback on how to make the investigator positions safer have also been provided, whether the Board chooses to discontinue the authorization to carry firearms or not. Mr. Groeber emphasized that the Board continues the authorization to carry firearms while this discussion continues.

Mr. Groeber asked if any Board members had any comments about the written scenarios of elevated danger provided by the investigators.

Dr. Schottenstein stated that when these discussions began, his initial thought was to be respectful of the investigators' need to be able to protect themselves in unpredictable situations. However, he found the examples of elevated danger provided by the investigators to be examples of predictable danger, not unpredictable danger, and that it was common sense that the investigators placed themselves into risky situations. Dr. Schottenstein expressed a concern that having a firearm by have given the investigators a false sense of courage in terms of going into potentially dangerous situations that they would otherwise avoid. Dr. Schottenstein stated that in this sense, one could make a case that having a firearm actually increases the risk to investigators because it clouds judgment in such situations that should be avoided. Dr. Schottenstein agreed with that thought of changing the investigator job description to make the position safer in general.

Dr. Steinbergh agreed with Dr. Schottenstein's comments and stated that she was also surprised that investigators were going into such situations. Dr. Steinbergh understood how an investigator may feel safer with a weapon, but she opined that that is not a reason to carry a weapon. Dr. Steinbergh agreed that the investigator position should be revised to improve investigator safety. Dr. Steinbergh stated that she has always opposed the use of firearms by Medical Board investigators, while appreciating they training they go through for carrying firearms. Dr. Steinbergh commented that she is not opposed to people having weapons, but she pointed out that the Medical Board is not a law enforcement agency and should not act like one.

Dr. Saferin also agreed that the investigator position description should be changed to make the job safer. However, Dr. Saferin stated that the written statement provided by investigators describe situations that turned dangerous rather quickly, and therefore having a firearm was a benefit. Dr. Saferin stated that more and more people in the public are carrying firearms and situations can change quickly, particularly when people are upset that their license is being revoked or suspended. For these reasons, Dr. Saferin supported to policy of investigators carrying firearms.

Mr. Groeber briefly outlined management's initial thoughts on how to make the investigators' jobs safer:

- Investigators should exercise discretion in meeting with a licensee alone in the licensee's office, particularly if the licensee is suspected of being impaired and/or having a firearm.
- Investigators should be allowed to leave an interview at any time if they feel uncomfortable.
- Investigators should not meet with licensees in the licensees' homes.
- If a licensee is unwilling to meet in a public location or in a time frame between 7:00 a.m. and 6:00 p.m., then the licensee should be subpoenaed into the Medical Board offices for an

interview.

- Investigators should never meet personally with an individual who is known or expected to be armed.
- Investigators should never be on the front line in a raid situation; investigators should only participate when the area is secure.

The Board indicated general agreement with the points outlined by Mr. Groeber.

Mr. Groeber added that management also wants to investigate the possibility of outsourcing the gathering of emergency urine screens to a third party, since that seems to be a situation in which investigators may encounter less stable individuals. Mr. Groeber stated that using a third party company that specializes in gathering such specimens would also improve the chain of custody on those materials. Dr. Steinbergh commented that she would be concerned for the safety of the individual from the third-party company. Mr. Groeber indicated that the licensee would be providing a sample voluntarily in these situations.

Lastly, Mr. Groeber stated that in any situation which is predictably dangerous, the Board should partner with law enforcement to serve subpoenas and other actions, even if it means paying law enforcement overtime. Mr. Groeber outlined an obviously dangerous hypothetical situation in which a licensee who is a mixed martial arts fighter and a suspected drug trafficker is practicing paramilitary drills with a firearm and a bullet-proof vest. In such a situation, the investigator should use the telephone, the Board's subpoena authority, or law enforcement.

The Board indicated agreement with the items discussed by Mr. Groeber. Mr. Groeber stated that he will work with Mr. Fais and Mr. Schmidt to review and make appropriate changes to the policies and procedures manual for investigators.

Mr. Groeber read the following statement, prepared by Ms. Loe:

If the Board agrees that they wish to proceed with removing firearms, you can direct staff at this time to proceed with the necessary steps over the next 90 days, including updating job classifications, specifications, and position descriptions, and revising investigator manual and protocols with the goal towards removing firearms effective at the September 13 Board meeting.

Dr. Steinbergh moved to implement the actions as outlined in Ms. Loe's statement. Dr. Schottenstein seconded the motion.

Dr. Saferin stated that he is uncertain how to vote on this motion because he supports the changes to the investigator job description, but he does not support removing the authority of investigators to carry firearms. Dr. Saferin asked if the motion could be broken into two parts. Dr. Steinbergh agreed.

Dr. Steinbergh wished to withdraw her motion. No Board members objected to withdrawing the motion. The motion was withdrawn.

Dr. Saferin moved to revised the investigator manuals and protocols to implement safer work practices, as discussed. Dr. Rothermel seconded the motion. A vote was taken:

ROLL CALL:

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

The motion carried.

Dr. Steinbergh moved to update the investigator job classification, specifications, and position descriptions with a goal toward removing the authority for investigators to carry firearms, effective at the September 13, 2017 Board meeting. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- aye
Dr. Saferin	- nay
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Mr. Kenney	- aye
Dr. Schachat	- aye
Dr. Bechtel	- aye

The motion carried.

Mr. Groeber noted that at this time, the Board is maintaining investigators' authority to carry firearms.

Information Technology: Mr. Groeber stated that the new e-License system will be implemented on Monday, which will pull allopathic, osteopathic, and podiatric physician licensure into the new system. The implementation will lead to brief periods of shut-down with read-only access. Mr. Groeber stated that instructional videos on using the new system have been posted and the Board's licensees have been send sign-in names and passwords. Mr. Groeber stated that the Board's licensure staff will work later hours next week, as well as next Saturday morning, to answer any questions that licensees may call and ask about the new system.

Communications and Outreach: Mr. Groeber stated that April and May were robust months for presentations, publications, and meetings by the Board. Mr. Groeber stated that all outreach activities are listed in the Operations Report.

Agency Operations: Mr. Groeber stated that there have been some slow-downs with the migration to the new e-License system, but there has been no change in the Board's caseload. Total number of licensees is up 8%, MD/DO licenses are up 11%, and expedited licenses are up 12% over last year.

Mr. Groeber stated that there has been a suggestion that the Board have opportunity to meet with staff

members. Mr. Groeber suggested that at every other Board meeting, a group of staff members in a certain area meet with the Board and describe what they do. Mr. Groeber stated that this will give the Board members an improved understanding of the Board's overall processes.

Mr. Groeber noted that on Monday, Ms. Anderson will celebrate ten years of working with the Board. The Board applauded Ms. Anderson.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

FISCAL REPORT

Ms. Loe stated that the Board's April revenue was slightly over \$1,000,000 and expenses were over \$600,000. Ms. Loe stated that review is far ahead of where it was two years ago in the same cycle. Ms. Loe stated that this increase is almost entirely due to licensees renewing their licenses early before the new system is implemented, and therefore the Board can probably expect a small dip in revenue after the new system goes online. Ms. Loe stated that the Board's cash balance is just under \$4,000,000. Ms. Loe noted that the current fiscal year will end on June 30.

ACCOUNTS RECEIVABLE

Ms. Loe stated that the Board received another \$500 fine payment from a massage therapist in compliance with a consent agreement. Ms. Loe noted that another licensee was fined \$10,000 in a consent agreement, but the agreement gave the licensee six months to pay the fine. Ms. Loe stated that all other outstanding fines are in the collections process. Ms. Loe commented that it is highly unlikely that some of the outstanding fines will be paid because the licensee, or former licensee in the case of revocations, is bankrupt or must pay debts to the Internal Revenue Service first. Ms. Loe stated that the Board has received a total of \$21,000 since general fining authority was implemented.

PURCHASE OF EMAIL MARKETING SYSTEM

Mr. Kenney stated that the Finance Committee approved up to \$25,000 for the purchase of an email marketing system. Mr. Groeber stated that this the system will allow the Board to send targeted emails to different licensure groups based on license type, the timeframe in which the license will expire, or other criteria. Mr. Groeber stated that the system will also provide better tracking capabilities and even offer the opportunity for text messaging. Mr. Groeber added that the system will be user-friendly and will also be more efficient for the Board's staff. Dr. Schottenstein added that the system will also allow the Board to reach out to prospective licensees.

Mr. Groeber stated that the funds approved by the Finance Committee will cover the initial set-up of the system and the first year of service, with following years being about \$20,000. Mr. Groeber opined that this will be a wise investment considering that the Board will have almost 80,000 licensees over the next two years following the anticipated consolidate with the Dietetics Board and the Respiratory Care Board. Mr. Groeber noted that the Finance Committee vote unanimously to approve up to \$25,000.

TRAVEL AUTHORIZATION

Mr. Kenney stated that the Committee recommended approval of Ms. Debolt to represent the Board at the Criminal Justice Opioid Response Policy Academy, hosted by the Substances Abuse and Mental Health Services Administration in collaboration with the Bureau of Justice Assistance. The Academy will be held in Indianapolis, Indiana, June 27-28, 2017. Ms. Debolt noted that the Ohio Supreme Court will pay the bulk of her travel expenses.

Dr. Saferin moved to approve Ms. Debolt's travel to the Criminal Justice Opioid Response Policy Academy on June 27-28, 2017, in Indianapolis, Indiana, and that Ms. Debolt's attendance at the Academy is in connection to her duties as Senior Counsel for the State Medical Board. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

EXECUTIVE DIRECTOR COMPENSATION

Mr. Kenney stated that the Finance Committee recommends approval of a 2.5% increase in the salary of the Executive Director. Dr. Soin commented that the Board, having completed a review of Mr. Groeber, is very pleased with his performance as Executive Director. Dr. Soin further commented that as President of the Board, it has been a pleasure to work with Mr. Groeber.

Dr. Saferin moved to increase the Executive Director's compensation by 2.5%, effective in the pay period including July 1, 2017. Mr. Gonidakis seconded the motion. A vote was taken:

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

The motion carried.

PURCHASE OF EMAIL MARKETING SYSTEM

Concerning the purchase of the email marketing system, previously discussed, Dr. Saferin asked if the full Board should confirm the Finance Committee's approve to spend up to \$25,000 on the system. Ms. Loe replied that the Committee has the authority to approve the expenditure, but the full Board may confirm it if it wants to.

Dr. Saferin moved to confirm the Finance Committee's decision regarding expenditure on the email marketing system. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

POLICY COMMITTEEACUTE PAIN RULES

Ms. Anderson stated that the Board will soon receive word from the Common Sense Initiative (CSI) regarding approval to file the proposed acute pain rules with the Joint Committee on Agency Rule Review (JCARR) sometime after this meeting but before the July 12 Board meeting. Ms. Anderson asked the Board to authorize Dr. Soin to approve the Board to file the proposed rules with JCARR following approval by CSI.

Dr. Steinbergh moved to authorize Dr. Soin to approve the filing of the proposed acute pain rules with JCARR following approval by CSI. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

LEGISLATIVE UPDATE

Mr. LaCross stated that the House passed its version of the budget on Monday. The budget bill included the following provisions in relation to the Medical Board:

- Moving allopathic, osteopathic, and podiatric medical licensure requirements from Eligibility for Examination to Eligibility for Licensure.
- Reducing the initial medical licensure fee to \$305.
- Making podiatric physicians eligible for the Clinical Research Faculty Certificate.
- Making training certificates a three-year certificate, eligible for one renewal.

Mr. LaCross stated that amendments to the Omnibus Bill are due tomorrow. Mr. LaCross stated that the amendment regarding consolidation of the Dietetics Board and the Respiratory Care Board with the Medical Board will be resubmitted. This amendment will align the Dietetics and Respiratory Care Boards with the Medical Board's licensure, enforcement, and investigations divisions so that the consolidation on January 21, 2018, will be more easily accomplished. Mr. LaCross also noted that the licensure fees for dietetic and respiratory care professionals will be reduced.

Mr. LaCross stated that House Bill 145, concerning the One-Bite Reporting Exemption, was passed out of committee.

Mr. LaCross stated that House Bill 75, the Armed Forces reciprocity bill, would have made a limited license available for individuals who are not qualified for licensure. Mr. LaCross stated that the Board was able to stop that bill, arguing that it would be a danger to the public and would be unenforceable. Mr. LaCross stated that Representative Johnson will introduce a more minimal bill that will affect licensees outside of the Medical Board.

Mr. LaCross stated that there is a prescribing bill that is currently on hold. Mr. LaCross stated that he will continue to negotiate with Representative Edwards on that bill.

Mr. LaCross stated that the Board was able to remove language from the budget bill that would have required the Board to fingerprint all the physicians moving forward, at the physicians' expense. That language was in pursuance of a program with the Bureau of Criminal Identification and Investigation which runs continuous checks on licensees for missed arrest records, which the Board would take action on. The Board would also have been charged an undisclosed amount for that program.

Mr. LaCross stated that he, Mr. Miller, and other staff would like to open the Board's revised code sections to see what can be streamlined in order to increase the Board's efficiency.

Mr. LaCross stated that work continues on legislation to change the number of hours of continuing medical education (CME) required for physician license renewal from 40 Category I hours to 50 Category I hours and to eliminate the requirement for Category II hours.

Mr. Gonidakis noted that legislation that has been in effect for some months allows physicians to reduce their CME requirements by providing care to the indigent. Mr. Gonidakis expressed concern about reducing the requirement for physicians to be educated on a regular basis. Mr. Gonidakis opined that the

practice of medicine should not be diluted in this way or by continuing to extend the scope of practice of non-physicians such as physician assistants. Mr. Gonidakis recommended that the Board become more sensitive to such legislative proposals that do not help the practice of medicine and, in fact, hurts the practice of medicine and patient safety.

Dr. Steinbergh agreed with Mr. Gonidakis' comments. Dr. Steinbergh stated that providing care to the indigent is a wonderful thing, but it does not advance the physician's education. Dr. Steinbergh also commented that accrediting bodies that accredit CME will probably not accept that one can attend a three-hour class and have it considered Category I. Dr. Schachat noted that most physicians also have CME requirements for their hospital privileges or specialty board certification and those requirements will be unchanged. Dr. Steinbergh agreed, but she added that many physicians are not specialty board certified.

Dr. Steinbergh asked about the status of Senate Bill 55, which would establish minimum nurse-to-patient ratio in hospitals and prohibit retaliatory actions by hospitals against nurses. Mr. LaCross replied that that bill is not moving forward. Dr. Steinbergh stated that she does not know the details of this particular bill, but she opined that the Board should be supportive of this type of bill for reasons of patient safety. Dr. Steinbergh stated that it is very difficult for physicians to work in an environment where the nurses are expected to take care of too many patients. Dr. Schachat agreed that better nurse staffing enhances quality and safety. However, Dr. Schachat felt that the proper nurse-to-patient ratio could be different in different facilities and that the issue should not be micromanaged. Dr. Schachat also noted that there are very strong imperatives for hospitals to lower costs and having a rule that forces higher staffing levels would conflict with that imperative. Dr. Schachat stated that hospitals are already mandated to do things safely and each institution should be allowed to determine the proper ratio.

MEDICAL MARIJUANA RULES UPDATE

Dr. Soin stated that the Medical Marijuana Advisory Committee had its last meeting on June 8. Ms. Anderson stated that the Board's proposed rules on Medical Marijuana has been approved by the Common Sense Initiative with no changes and the rules have been filed with the Joint Committee on Agency Rule Review (JCARR). A public hearing on the Board's medical marijuana rules is scheduled for July 10 at 1:00 p.m. at the State Fire Marshall's office in Reynoldsburg.

INFORMED CONSENT FOR INVESTIGATIONAL DRUGS, PRODUCT, OR DEVICE

Dr. Soin stated that new medications and devices must go through multiple stages to gain Food and Drug Administration (FDA) approval. Dr. Soin observed that there is a movement to allow investigational drugs that have passed phase one of FDA testing to be allowed to be used in certain scenarios, such as potential life-extending or life-saving medications. Dr. Soin noted that phase one testing is little data on efficacy or safety. Dr. Soin stated that the legislature has tasked the Board with providing an informed consent form for this process in Ohio, so information is being gathered to produce such a form. Ms. Anderson stated that any input into this matter would be welcome.

PROPOSED FAQ'S FOR RULE 4731-11-09

Dr. Soin stated that the Policy Committee reviewed the comments received regarding the proposed frequently asked questions (FAQ) document on Rule 4731-11-09. Ms. Debolt stated that work on the FAQ document will continue and will be brought back to the Committee next month.

LICENSURE COMMITTEECOSMETIC THERAPY UNIVERSAL EXAMINATION

Dr. Saferin stated that the Licensure Committee had a good discussion with representatives from the Society for Clinical and Medical Hair Removal (SCMHR) regarding the new licensure examination for cosmetic therapists. Dr. Saferin stated that SCMHR is supportive of the Committee's work and a draft rule will be brought for the Board's consideration next month.

LICENSURE APPLICATION REVIEWSMYRON HILMAR WEINBERGER, M.D.

Dr. Saferin stated that Dr. Weinberger has applied for licensure in Ohio. Dr. Weinberger has indicated that he has not engaged in the clinical practice of medicine since 2007. Dr. Saferin briefly reviewed Dr. Weinberger's education and career, noting that he has served in administrative capacity as professor emeritus of medicine at Indiana University School of Medicine and editor-in-chief of the Journal of the American Society of Hypertension. Dr. Weinberger has indicated that he would like to pursue an administrative medical license in Ohio. The Committee recommends approval of Dr. Weinberger's application.

Dr. Saferin moved to grant Dr. Weinberger's application for license to practice medicine and surgery in Ohio and immediately limit and restrict the license to the practice of administrative, non-clinical medicine. Dr. Saferin further moved that all limitations and restrictions shall terminate upon evidence acceptable to the Board or its designee that Dr. Weinberger has successfully certified his American Board of Medical Specialties Certification in Internal Medicine and completed a Board approved preceptorship or upon successful completion of the Special Purpose Examination (SPEX). Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

ANJALI GUPTA, M.D.

Dr. Saferin stated that Dr. Gupta has applied for medical licensure in Ohio. Dr. Gupta indicated on her application that she has not been engaged in the clinical practice of medicine since July 2012. In 2012, Dr. Gupta took time off from work to start a family and raise twins at home. Dr. Gupta obtained American Board of Emergency Medicine (ABEM) certification in 2011 and has maintained her continuing medical

education (CME) requirements. As of February 2017, Dr. Gupta was meeting the ABEM Maintenance of Certification (MOC) requirements. Dr. Gupta's certification will expire in December 2021. The Committee recommends approval of Dr. Gupta's application.

Dr. Saferin moved that Dr. Gupta's application for a license to practice medicine and surgery in Ohio be approved and immediately limited to participation in a Board-approved 30-day preceptorship that includes one week of observation and three weeks of patient care under direct supervision. Dr. Saferin further moved that the limitations and restrictions on Dr. Gupta's ability to practice outside the preceptorship shall be lifted upon receipt of evidence acceptable to the Board or its designee that Anjali Gupta, MD has successfully completed the thirty-day preceptorship, as well as a Board-approved emergency medicine board review course within one year of the date of mailing the Notice of Opportunity for a Hearing. Dr. Schottenstein second the motion.

Dr. Steinbergh stated that she agrees with the provision for a 30-day preceptorship, but she does not agree that Dr. Gupta should be required to take an emergency medicine board review course. Dr. Steinbergh noted that Dr. Gupta is well-qualified, holds current ABEM certification, and is meeting the MOC requirements. Dr. Steinbergh opined that the preceptorship to refamiliarize her with emergency medicine work should be sufficient.

Dr. Saferin stated that the Committee discussed the points raised by Dr. Steinbergh. Dr. Saferin stated that if Dr. Steinbergh wished to amend his motion, he would consider it a friendly amendment.

Dr. Rothermel stated that she could go either way on this question, but she felt that five or more years is a significant amount of time to not be clinically active. Dr. Rothermel commented that MOC can mean many different things and that MOC requirements are not necessarily in-depth. Dr. Schottenstein agreed that five years away from practice is a long time and opined that asking Dr. Gupta to take the board review course is reasonable.

Dr. Schachat stated that he would second Dr. Steinbergh's motion to amend for purposed of discussion.

Dr. Steinbergh moved to amend the motion to remove the requirement that Dr. Gupta take a Board-approved emergency medicine board review course. Dr. Schachat seconded the motion.

Dr. Steinbergh reiterated that Dr. Gupta is already boarded in emergency medicine and opined that she should not be required to take the certification examination again, though she may choose to do so. Dr. Steinbergh also noted that Dr. Gupta is current on her MOC requirements and opined that MOC requirements are meaningful.

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

ROLL CALL:	Dr. Rothermel	- nay
	Dr. Saferin	- nay
	Dr. Schottenstein	- nay
	Dr. Steinbergh	- aye
	Dr. Soin	- nay
	Mr. Gonidakis	- nay
	Mr. Kenney	- nay

Dr. Schachat	- nay
Dr. Bechtel	- nay

The motion to amend did not carry.

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

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

The motion carried.

JANICE LEE JAMISON, M.T.

Dr. Saferin stated that Ms. Jamison is applying for restoration of her massage therapy license. Dr. Saferin stated that Ms. Jamison has not actively practiced massage therapy since her license expired in 2014. The Licensure Committee recommends approval of Ms. Jamison's application.

Dr. Saferin moved to approve Ms. Jamison's request for restoration of her license to practice massage therapy in Ohio, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

TERESA DIANE BATCHELOR, M.T.

Dr. Saferin stated that Ms. Batchelor is applying for restoration of her massage therapy license. Dr. Saferin stated that Ms. Batchelor has not actively practiced massage therapy since her license expired in 2011. The Licensure Committee recommends approval of Ms. Batchelor's application.

Dr. Saferin moved to approve Ms. Batchelor's request for restoration of her license to practice massage therapy in Ohio, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion carried.

MICHAEL P. LOREY, P.A.

Dr. Saferin stated that Mr. Lorey is applying for restoration of his physician assistant license. Dr. Saferin stated that Mr. Lorey has not actively practiced as a physician assistant since September 2003. In February 2015, the Board conditionally approved Mr. Lorey's restoration application pending the completion of a preceptorship. However, Mr. Lorey was unable to find a preceptor. Therefore, Mr. Lorey obtained a master's degree at Pace University in December 2016, retook the Physician Assistant National Recertifying Examination (PANRE), and passed. Mr. Lorey also regained certification from the National Committee on Certification of Physician Assistants (NCCPA).

The Licensure Committee recommends approval of Mr. Lorey's application.

Dr. Saferin moved to approve Mr. Lorey's request for Ohio licensure as presented. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

YEHUDITH ASSOULINE-DAYAN, M.D.

Dr. Saferin stated that Dr. Assouline-Dayana is applying for medical licensure in Ohio. Dr. Assouline-Dayana has requested a waiver of the Board's 10-year rule for passing the United States Medical

Licensing Examination (USMLE) on the basis of 4731-6-14, Ohio Administrative Code, which allows the Board to grant a good-cause waiver to any applicant who demonstrates good cause, as determined by the Board, for not having passed all three steps of the USMLE within a 10-year period. Dr. Saferin noted that Dr. Assouline-Dayane passed all three steps of the USMLE on her first attempt, far exceeding the minimum passing score each time.

Dr. Saferin stated that Dr. Assouline-Dayane is also requesting graduate medical education (GME) equivalency pertaining to 4731.14(B)(2), Ohio Revised Code, which permits the Board to determine an equivalent to the GME training requirement of two years through the second-year level. Dr. Saferin stated that Dr. Assouline-Dayane has a total of seven-and-a-half years of post-graduate training and has completed a residency in Israel. Dr. Saferin noted that this experience includes one year of a rotating internship, four years of residency in internal medicine, and two-and-a-half years in a gastroenterology/hepatology fellowship in Israel. In addition, Dr. Assouline-Dayane has served as staff physician in Israel for nine years. Most recently, Dr. Assouline-Dayane has served as a clinical associate professor in gastroenterology and hepatology at the University of Iowa Hospital and Clinic for three-and-a-half years and holds that position currently. Dr. Assouline-Dayane plans to take the American Board of Internal Medical certification examination, which she was granted an opportunity to do in August 2016. Dr. Assouline-Dayane is certified by the Israel Medical Association Scientific Council in internal medicine, gastroenterology, and hepatology.

The Licensure Committee recommends approve of Dr. Assouline-Dayane's request.

Dr. Saferin moved to approve the good cause exception of the 10-year rule, as outlined in 4731-6-14, and to accept the examination sequence in order to grant Dr. Assouline-Dayane a license. Dr. Saferin further moved to find that Dr. Assouline-Dayane's training and experience in Israel and the United States be equivalent to the 24 months of graduate medical education through the second-year level so that she may be granted a license. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

ELECTRONIC DELIVERY OF LICENSURE VERIFICATIONS

Mr. Turek stated that the Licensure Committee discussed the proposal to move from sending licensure verifications by mail to sending them by email. Mr. Turek noted that many other states send and receive licensure verification via email. Mr. Turek stated that this proposal is an effort to continuing streamlining licensure processes. The Board had no objections to proceeding with the proposal.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEEREQUEST TO CHANGE PHYSICIAN ASSISTANT FORMULARY

Dr. Steinbergh stated that the Physician Assistant Policy Committee (PAPC) received a letter from the Cleveland Clinic Multiple Sclerosis Department request that the Committee reevaluate the physician assistant formulary for certain medications. The PAPC did not meet this month, but will review the request next month. However, the Board's Physician Assistant/Scope of Practice Committee met this morning and discussed the request.

Dr. Steinbergh stated that the request concerns the ability of physician assistants to prescribe certain medications and comparing the physician assistant formulary to the advanced practice nurse (APN) formulary. Dr. Steinbergh noted that both Committees have been considering changing the physician assistant formulary, which is currently rather complicated, into a negative formulary similar to the APN exclusionary formulary. Dr. Steinbergh stated that these discussions will continue next month.

Dr. Bechtel discussed the rapid evolution of formularies in oncology and other fields. Dr. Bechtel stated that new drugs are being developed rapidly and oncology and other specialty groups in Ohio depend on physician assistants and APN's in providing patient care. Dr. Bechtel expressed concerns about whether the PAPC is meeting frequently enough to deal with issues that impact the care that physician assistants provide. Dr. Bechtel noted that the PAPC, which recommends changes to the physician assistant formulary, has had some meetings cancelled recently due to a lack of quorum. Dr. Bechtel also stated that the Committee should address the question of whether the physician assistant and APN formularies should be equal and whether those positions are equal to each other.

Dr. Steinbergh thanked Dr. Bechtel for his input. Dr. Steinbergh agreed that physician assistants and APN's are often compared to each other. Dr. Steinbergh stated that APN's are independent practitioners in collaborative relationships with physicians and that the APN formulary states that their prescribing will be within the scope of practice of their collaborating physicians. Dr. Steinbergh stated that physician assistants are in a supervisory relationship with physicians and are also expected to prescribe with the scope of practice of their supervising physicians. Dr. Steinbergh stated that she understands Dr. Bechtel's concerns about rapidly-changing medications, especially in oncology, but she also expressed concerns about patient protection and the black label warning that some medications have.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on May 10, 2017, the Compliance Committee met with Alex T. Alahakoon, M.D.; Roozbeh Badii, M.D.; Christina Bieermann, M.T.; Andrew J. Kuntzman, M.T.; Elizabeth R. Stipe, M.T.; and Shannon Lee Swanson, D.O., and moved to continue them under the terms of their respective Board actions. The Compliance Committee accepted Compliance staff's report of conferences on April 10 & 11, 2017.

DELEGATION OF AUTHORITY TO APPROVE APPEARANCES BY SKYPE

Dr. Soin noted that, pursuant to the Board's discussion of this topic at its April 2017 Retreat, final probationary appearances before the Board should be conducted in person and not via Skype or other electronic means. However, Dr. Soin stated that there may be instances where an electronic appearance is necessary. Dr. Soin stated that for one physician in particular, a personal appearance before the Board

would be very challenging. The physician in question lives in California and works in a small community hospital in an underserved area. Dr. Soin stated that the physician is the only anesthesiologist in the hospital and it is very difficult to find cross-coverage. Dr. Soin further noted that this physician has been very compliant with the terms of his probation. Dr. Soin suggested that in this and similar cases, it would be reasonable to allow an electronic appearance.

Dr. Soin suggested that a policy be implemented so that, in cases in which a probationer would have to travel a great distance that would cause demonstrable harm to patient care, the Board President be allowed to approve the final probationary appearance to occur electronically. Dr. Steinbergh agreed that this would be appropriate in limited situations. Dr. Steinbergh opined that the situation cited by Dr. Soin would be an appropriate example for allowing an electronic appearance.

Dr. Steinbergh moved to allow final probationary appearances by electronic means on an individual basis if it is proposed by the Secretary and Supervising Member and approved by the President. Dr. Saferin seconded the motion. A vote was taken:

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

The motion carried.

PROBATIONARY REQUESTS

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

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

- **To grant Mark L. Allen, M.D.'s request to continue under the terms of the Board's Order of August 12, 2015, while residing in Kansas;**
- **To grant Kevin G. Baldie, M.D.'s request for approval of Lori A. Pittinger, M.D., to serve as the treating psychiatrist;**
- **To grant Deborah L. Cook, D.P.M.'s request for reduction in personal appearances to annually;**
- **To grant Jesse M. Ewald, M.D.'s request for approval of Gerald J. McKenna, M.D., to serve as the treating psychiatrist;**

- To grant James T. Lutz, M.D.'s request for discontinuance of the drug log requirement; and reduction in recovery meeting attendance to three meetings per week with a minimum of ten per month;
- To grant Bethany J. Notestine, M.T.'s request for approval of *From the Client's Perspective: Marketing, Policies and Ethics of your Practice; a Self-Evaluation for an Ethical Practice; Dealing with Ethical Gray Areas in Massage; Ethical Dilemmas Fully Exposed; and Ethics and the Power Differential* online courses, offered by the American Massage Therapy Association; to fulfill the personal/professional ethics requirement;
- To grant Cara E. Perez, M.D.'s request for release from the terms of her June 8, 2016 Consent Agreement;
- To grant William Popovich, M.D.'s request for approval of David W. Stroom, M.D., to serve as the new treating psychiatrist;
- To grant Justin M. Rodebaugh, M.D.'s request for approval of Virginia Health Practitioners' Monitoring Program to conduct monitoring while the doctor resides in Virginia;
- To grant Bernard J. Rose, M.D.'s request for approval of Gary A. Balster, M.D., to serve as the new treating psychiatrist;
- To grant John A. Ross, M.D.'s request for reduction in personal appearances to once per year;
- To grant Frank G. Stoddard, III, D.P.M.'s request for approval of *Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*, administered by Case Western Reserve University, to fulfill the medical record-keeping course requirements for reinstatement; and approval of *Intensive Course in Controlled Substance Prescribing: Pain, Anxiety, Insomnia*, administered by Case Western Reserve University, to fulfill the controlled substances prescribing course requirement for reinstatement;
- To grant Terry L. Thomas, D.O.'s request for approval of Courtney S. Adkins, D.O., to serve as the new monitoring physician; and
- To grant Aly M. A. Zewail, M.D.'s request for approval of Gizelle Jones Williams, L.I.S.W.-S., to conduct psychotherapy treatment.

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

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

The motion carried.

FINAL PROBATIONARY APPEARANCES

PAUL H. GOODMAN, D.O.

Dr. Goodman was appearing before the Board pursuant to his request for release from the terms of his May 9, 2012 Consent Agreement. Dr. Soin reviewed Dr. Goodman's history with the Board.

In response to questions from Dr. Soin, Dr. Goodman stated that he practices full-time as an emergency medicine physician in two different facilities. Dr. Goodman stated that he works mostly nights, four 12-hour shifts per week, and he enjoys his work. Dr. Goodman stated that his recovery is going excellently and he plans to continue his recovery activities after he is released from probation.

Dr. Steinbergh asked if Dr. Goodman is currently under psychiatric care. Dr. Goodman stated that he had been seeing a psychiatrist at the Cleveland Clinic and began treatment for depression. After about a year, the psychiatrist opined that Dr. Goodman no longer had depression and he was discharged from psychiatric care. Dr. Goodman stated that he had been taking medication for depression, but he is not taking any psychiatric medication currently. Dr. Goodman stated that the only counseling he receives currently is through his Alcoholic Anonymous partnerships. Dr. Goodman commented that he is doing very well.

Dr. Steinbergh moved to release Dr. Goodman from the terms of his May 9, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

W. ANDREW HIGHBERGER, M.D.

Dr. Highberger was appearing before the Board pursuant to his request for release from the terms of his June 13, 2012 Consent Agreement. Dr. Soin reviewed Dr. Highberger's history with the Board.

Dr. Steinbergh noted that Dr. Highberger had been an anesthesiologist, but has since retrained in another specialty. Dr. Steinbergh asked Dr. Highberger to describe his retraining and his current work. Dr. Highberger replied that he currently works full-time at Shepherd Hill Hospital as an addiction medicine specialist. Dr. Highberger stated that after his medical license was restored, he did a one-year fellowship in addiction medicine in New York and trained with Richard Whitney, M.D.

Dr. Steinbergh asked what Dr. Highberger's triggers are and how the Board can be assured that he will not relapse again. Dr. Highberger responded that one of the biggest issues in his relapse was that he had gone back to work in anesthesiology, which is a very dangerous environment for a recovering addict. Dr. Highberger explained that he had been sober for nine years when he had hip replacement surgery and had opioid prescribed for a period of time afterwards. Dr. Highberger stated that he did extremely well and stopped taking the opioids when the prescription was complete. However, the course of opioids did activate Dr. Highberger's disease and things got out of hand about six to eight months later. Dr. Highberger stated that returning to the field of anesthesiology was a mistake that almost cost him his life.

Dr. Steinbergh asked how Dr. Highberger would manage if he needed another surgery involving acute

pain. Dr. Highberger answered that if he had to take pain medication again, he would have an addiction specialist involved in his care. Dr. Highberger commented that after his release from probation he will continue to be monitored by the Ohio Physician Health Program, probably for the rest of his career. Dr. Steinbergh agreed that that was a good idea.

Dr. Schottenstein noted that Dr. Highberger now has a permanent limitation on his license restricting him from practicing anesthesiology. Dr. Schottenstein asked if Dr. Highberger was accepting of the restriction when it was enacted, or if he resented the restriction initially. Dr. Highberger replied that he had no interest in returning to anesthesiology, noting that the small amounts of opioids and other mood-altering drugs in the operating room are potentially harmful to an addict. Dr. Highberger commented that anesthesiology is very high-risk in general and anesthesiologists have the highest mortality rate of all physicians. Dr. Highberger stated that he was grateful for the Board's restriction and did not resent it at all.

Dr. Schottenstein asked if Dr. Highberger is enjoying his current work. Dr. Highberger replied that it is the greatest job he has ever had and he wishes he had entered addiction medicine sooner. Dr. Highberger stated that his work helps his recovery, though he emphasized that he works his own recovery program outside of work.

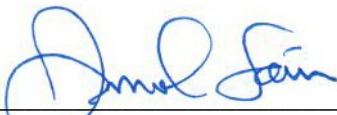
Dr. Steinbergh moved to release Dr. Highberger from the terms of his June 13, 2012 Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

ADJOURN


Dr. Steinbergh moved to adjourn the meeting. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Thereupon, at 3:05 p.m., the June 14, 2017 session of the State Medical Board of Ohio was adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on June 14, 2017, as approved on July 12, 2017.



Amol Sooin, M.D., President


Kim G. Rothermel, M.D., Secretary

(SEAL)



State Medical Board of Ohio

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE MEETING

June 14, 2017

30 E. Broad St., Columbus, OH Room 345

Members: Anita M. Steinbergh, D.O., Chair Andrew P. Schachat, M.D. Mark A. Bechtel, M.D. Michael Schottenstein, M.D. Member Absent: Robert P. Giaclaone	Staff: Sallie Debolt, Senior Counsel Cathy Hacker, Physician Assistant Program Administrator
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Dr. Steinbergh called the meeting to order at 7:30 a.m.

MINUTES REVIEW

Dr. Bechtel moved to approve the draft minutes of May 10, 2017. Dr. Schachat seconded the motion. The motion carried.

REQUEST TO CHANGE PHYSICIAN ASSISTANT FORMULARY

Dr. Steinbergh stated that the Cleveland Clinic has requested certain changes to the physician assistant formulary.

Dr. Schachat stated that he will recuse himself from discussion of the Cleveland Clinic request.

Dr. Steinbergh commented that the Physician Assistant Policy Committee (PAPC) continues to consider proposed changes to the physician assistant formulary to make it a negative formulary. Dr. Steinbergh stated that under a negative formulary, physician assistants would be able to prescribe anything that is within the scope of practice of their supervising physicians except what is listed on the negative formulary. Dr. Steinbergh noted that the advanced practice nurse (APN) formulary is an exclusionary formulary.

Dr. Steinbergh noted that in its request, the Cleveland Clinic states that the current physician assistant formulary creates a divide between physician assistants and APN's. Dr. Steinbergh opined that the Cleveland Clinic misunderstands that, unlike a physician assistant, an APN in an independent practitioner in collaboration with a physician.

The Committee discussed this matter thoroughly. Dr. Steinbergh explained the process by which the PAPC, which did not meet this month, makes recommendations to the Medical Board regarding changes to the physician assistant formulary. Dr. Bechtel asked if a physician assistant is equivalent to an APN, noting that it is often argued that a physician assistant should be able to prescribe something because an APN can prescribe it. Dr. Steinbergh stated that physician assistants and APN's are often used interchangeably as physician extenders. Dr. Schottenstein questioned if the Physician-Initiated category in the current physician assistant formulary will disappear in a negative formulary. Dr. Steinbergh agreed that that is a good question.

Dr. Steinbergh continued that the APN formulary has resulted in APN's being able to prescribe new medications, and then question why they must stop after there is a review and a decision to add it to their exclusionary formulary. Dr. Steinbergh also noted concerns about whether the PAPC meets frequently enough to keep up with review of new medications. Dr. Bechtel agreed, noting that the PAPC has only meet twice in the last six months and some meetings are cancelled due to a lack of quorum. Dr. Bechtel stated that many new medications are very dangerous and should not be prescribed by a physician assistant. Dr. Steinbergh agreed and opined that members should not be appointed to the PAPC if they cannot attend the meetings. Dr. Steinbergh further opined that the PAPC needs a stronger chair to move the Committee forward and focus on formulary review. Ms. Debolt noted that the PAPC also must review proposed rules that affect physician assistants.

Dr. Steinbergh asked if there was any potential for the PAPC, which was created by statute, to be dissolved. Ms. Debolt replied that there are some pending changes regarding the classification and reimbursement of PAPC members, but no current proposals to dissolve that body. Ms. Debolt noted that pending legislation to consolidate the Dietetics Board and the Respiratory Care Board into the Medical Board creates similar advisory committees for those professions.

Regarding the physician assistant formulary in general, Dr. Schachat commented that the formulary does not work as it is currently structured. Dr. Schachat stated that the different classifications and different ways in which a medication can be used can be confusing. Dr. Schottenstein stated that even if the classification headings were removed and the medications were listed individually, there would still need to be distinctions between using a medication for one indication and not for another.

Dr. Bechtel stated that oncology drugs are being developed at a very rapid pace and are on a fast track for approval. Dr. Bechtel further noted that these new drugs can have many side effects. Dr. Bechtel stated that these new medications can be critical for patients and can mean the difference between life and death. In addition, the medical community is relying more and more on physician assistants and APN's. Dr. Bechtel stated that these challenges must be dealt with.

Dr. Steinbergh thanked the Committee for engaging in this important discussion.

Proposed Rule on Physician Assistant Licensure and Continuing Education

Ms. Debolt stated that a statute that has recently become effective requires the Medical Board to allow physicians and physician assistants to earn up to one-third of their continuing medical education (CME) requirements by providing free care to the uninsured. Ms. Debolt stated that a new Rule has been draft to reflect this change in law.

Dr. Steinbergh suggested that there be a requirement that documentation of free care provided to the uninsured hours include a signature from the medical director of the facility.

Dr. Schachat asked if there is a definition of the term "uninsured." Ms. Debolt replied that the term "uninsured" is defined by the law and can be included in a frequently asked questions (FAQ) document. Dr. Schachat commented that, as written, it seems that if a physician sees 20 patients in the regular course of practice and three of them are uninsured, then the physician could claim some CME credit for the uninsured patients. Ms. Debolt stated that that could be the case if the patients are uninsured and the physician is not being paid.

Dr. Bechtel moved to add language to the proposed Rule requiring the signature of the medical director to confirm CME-eligible credit. Dr. Bechtel further moved that the proposed

Rule, as amended, be circulated to interested parties for review. Dr. Schachat seconded the motion. The motion carried.

The meeting adjourned at 8:25 a.m.

Anita M. Steinbergh, D.O.
Chair

blt

State Medical Board of Ohio

LICENSURE COMMITTEE MEETING
June 14, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Bruce R. Saferin, D.P.M., Chair Kim G. Rothermel, M.D. Michael Gonidakis	Staff: Joseph Turek, Deputy Director for Licensure Mitchell Alderson, Chief of Licensure Chantel Scott, Chief of Renewal Sallie Debolt, Senior Counsel Colin DePew, Assistant Attorney
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Dr. Saferin called the meeting to order at 8:08 a.m.

COSMETIC THERAPY UNIVERSAL EXAMINATION

The Committee discussed a conference call the Dr. Saferin and Dr. Rothermel had just concluded with William Moore, President of the Society for Clinical and Medical Hair Removal (SCMHR). Dr. Saferin noted that the Board is interested in using SCMHR's Certified Clinical Electrologist (CCE) examination as a licensure examination for cosmetic therapists in Ohio.

The Committee discussed the questions specific to Ohio law that the Board can request be added to the CCE for Ohio cosmetic therapist applicants. The Committee determined that the examination for Ohio applicants should have 5% on massage and 5% on Ohio law as it relates to the practice of cosmetic therapy.

MINUTES REVIEW

Dr. Rothermel moved to approve the draft minutes of the April 12, 2017 meeting of the Licensure Committee. Mr. Gonidakis seconded the motion. The motion carried.

Dr. Rothermel moved to approve the draft minutes of the May 10, 2017 meeting of the Licensure Committee. Mr. Gonidakis seconded the motion. The motion carried.

LICENSURE APPLICATION REVIEWS

Myron Hilmar Weinberger, M.D.

Dr. Saferin stated that Dr. Weinberger is applying for a medical license in Ohio. Dr. Weinberger indicated on his application that he has not been engaged in the clinical practice of medicine since 2007. Dr. Weinberger has stated that he would like to pursue an administrative medical license.

Dr. Rothermel moved to recommend that the Board grant Dr. Weinberger's application for license to practice medicine and surgery in Ohio and immediately limit and restrict the license to the practice of administrative, non-clinical medicine. Dr. Rothermel further moved to recommend that all limitations and restrictions shall terminate upon evidence acceptable to the Board or its designee that Dr. Weinberger has successfully certified his American Board of Medical Specialties Certification in Internal Medicine and completed a Board approved preceptorship or upon successful completion of the Special Purpose Examination (SPEX). Mr. Gonidakis seconded the motion. The motion carried.

Anjali Gupta, M.D.

Dr. Saferin stated that Dr. Gupta is applying for a medical license in Ohio. Dr. Gupta indicated on her application that she has not been engaged in the clinical practice of medicine since 2012. Dr. Saferin stated that Dr. Gupta has fulfilled her maintenance of certification (MOC) requirements for emergency medicine; her current certification expires in 2021. Dr. Gupta has decided to reenter practice because her children are starting preschool.

Dr. Saferin asked if, in addition to a Board-approved preceptorship, Dr. Gupta should also be required to complete a specialty board review course. Dr. Rothermel suggested eliminating that requirement for purposes of participation in a preceptorship since Dr. Gupta has continued with her continuing medical education (CME) and is currently board-certified. Dr. Rothermel noted that the board review course is often a week long and may not be offered for many months.

Dr. Rothermel moved to recommend that Dr. Gupta's application for a license to practice medicine and surgery in Ohio be approved and immediately limited to participation in a Board-approved 30-day preceptorship that includes one week of observation and three weeks of patient care under direct supervision. Dr. Rothermel further moved that the limitations and restrictions on Dr. Gupta's ability to practice outside the preceptorship shall be lifted upon receipt of evidence acceptable to the Board or its designee that Anjali Gupta, MD has successfully completed the thirty-day preceptorship, as well as a Board-approved emergency medicine board review course within one year of the date of mailing the Notice of Opportunity for a Hearing. Mr. Gonidakis second the motion. The motion carried.

HOUSE BILL 290

Mr. Turek stated that House Bill 290 became effective on April 6. House Bill 290 permits health care professionals to earn continuing education credits by providing services to uninsured people. This provision is applicable to physicians and physician assistants and up to one-third of continuing medical education (CME) requirements can be fulfilled in this fashion. Mr. Turek stated that some of the Board's rules will need to be changed to reflect this new law. The draft amendments to the rules would allow physicians to earn 33 hours and will only be credited to Category 2 requirements.

Dr. Saferin stated that as the Board moves forward with a proposal to increase the Category 1 requirements to 50 hours and to eliminate the Category 2 requirements, these draft amendments will need to be redone in the near future.

Mr. Gonidakis commented that the legislature is apparently continuing the trend of diluting the practice of medicine and is now watering down educational requirements. Mr. Gonidakis opined that the Board and its Executive Director and staff should make clear to the legislature that this trend is not good public practice and is detrimental to the overall practice of medicine. Mr. Gonidakis recommended that the Board staff develop a strategy to represent these views to the legislature. Dr. Saferin agreed and suggested the Mr. Gonidakis discuss this at this afternoon's Board meeting.

Dr. Rothermel commented that applying this rule to Category 2 CME's is preferable to Category 1, which she felt would be absurd. Dr. Saferin agreed and stated that for up to one-third of required educational time, the physician would not be actually learning anything. Mr. Turek noted that under this law, if and when the Board stops accepting Category 2 CME and requires 50 hours of Category 1 CME, the Board will still be required to allow up to one-third of those Category 1 hours to be fulfilled by service to the uninsured and indigent. Dr. Rothermel stated the serving the uninsured and indigent

is something that physicians should devote time to, but it is not continuing medical education. Mr. Gonidakis agreed.

Ms. Debolt stated that another piece of pending legislation would require agencies, including the Medical Board, to license people from other states who are either members of the armed forces or spouses of members of the armed forces, but do not meet the requirements for licensure. Under the proposed legislation, the individual would be allowed to practice in Ohio for a year.

Mr. Gonidakis moved to circulate the draft rules implementing House Bill 290 to interested parties for comment. Dr. Rothermel seconded the motion. The motion carried.

LICENSURE APPLICATION REVIEWS

Janice Lee Jamison, M.T.

Dr. Saferin stated that Ms. Jamison is applying for restoration of her massage therapy license. Dr. Saferin stated that Ms. Jamison has not actively practiced massage therapy since her license expired in 2014.

Dr. Rothermel moved to recommend approval of Ms. Jamison's request for restoration of her license to practice massage therapy in Ohio, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Mr. Gonidakis seconded the motion. The motion carried.

Teresa Diane Batchelor, M.T.

Dr. Saferin stated that Ms. Batchelor is applying for restoration of her massage therapy license. Dr. Saferin stated that Ms. Batchelor has not actively practiced massage therapy since her license expired in 2011.

Dr. Rothermel moved to recommend approval of Ms. Batchelor's request for restoration of her license to practice massage therapy in Ohio, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Mr. Gonidakis seconded the motion. The motion carried.

Michael P. Lorey, P.A.

Dr. Saferin stated that Mr. Lorey is applying for restoration of his physician assistant license. Dr. Saferin stated that Mr. Lorey has not actively practiced as a physician assistant since September 2003. In February 2015, the Board conditionally approved Mr. Lorey's restoration application pending the completion of a preceptorship. However, Mr. Lorey was unable to find a preceptor. Therefore, Mr. Lorey obtained a master's degree at Pace University in December 2016, retook the Physician Assistant National Recertifying Examination (PANRE), and passed. Mr. Lorey also regained certification from the National Committee on Certification of Physician Assistants (NCCPA).

Mr. Gonidakis moved to recommend approval of Mr. Lorey's request for Ohio licensure as presented. Dr. Rothermel seconded the motion. The motion carried.

Yehudith Assouline-Dayana, M.D.

Dr. Saferin stated that Dr. Assouline-Dayana is applying for medical licensure in Ohio. Dr. Assouline-Dayana has requested a waiver of the Board's 10-year rule for passing the United States Medical Licensing Examination (USMLE) on the basis of 4731-6-14, Ohio Administrative Code, which allows the Board to grant a good-cause waiver to any applicant who demonstrates good cause, as determined by the Board, for not having passed all three steps of the USMLE within a 10-year period. Dr. Saferin noted that Dr. Assouline-Dayana passed all three steps of the USMLE on her first attempt, far exceeding the minimum passing score each time.

Dr. Saferin stated that Dr. Assouline-Dayana is also requesting graduate medical education (GME) equivalency pertaining to 4731.14(B)(2), Ohio Revised Code, which permits the Board to determine an equivalent to the GME training requirement of two years through the second-year level. Dr. Saferin stated that Dr. Assouline-Dayana has a total of seven-and-a-half years of post-graduate training and has completed a residency in Israel. Dr. Saferin noted that this experience includes one year of a rotating internship, four years of residency in internal medicine, and two-and-a-half years in a gastroenterology/ hepatology fellowship in Israel. In addition, Dr. Assouline-Dayana has served as a staff physician in Israel for nine years. Most recently, Dr. Assouline-Dayana has served as a clinical associate professor in gastroenterology and hepatology at the University of Iowa Hospital and Clinic for three-and-a-half years and holds that position currently. Dr. Assouline-Dayana plans to take the American Board of Internal Medical certification examination, which she was granted an opportunity to do in August 2016. Dr. Assouline-Dayana is certified by the Israel Medical Association Scientific Council in internal medicine, gastroenterology, and hepatology.

Dr. Rothermel moved to recommend approval of the good cause exception of the 10-year rule, as outlined in 4731-6-14, and to accept the examination sequence in order to grant Dr. Assouline-Dayana a license. Dr. Rothermel further moved to find that Dr. Assouline-Dayana's training and experience in Israel and the United States be equivalent to the 24 months of graduate medical education through the second-year level so that she may be granted a license. Mr. Gonidakis seconded the motion. The motion carried.

ELECTRONIC DELIVERY OF LICENSURE VERIFICATIONS

Mr. Turek that currently when a licensee requests that the Board send a licensure verification, it must be printed on special paper, put into an envelope, labeled, and mailed. Mr. Turek stated that this process is time-consuming. Mr. Turek noted that many other states have implemented electronic delivery of licensure verifications.

Mr. Gonidakis moved that the Board implement electronic licensure verification. Dr. Rothermel seconded the motion. The motion carried.

AdjOURN

Dr. Rothermel moved to adjourn the meeting. Mr. Gonidakis seconded the motion. The motion carried.

The meeting adjourned at 8:55 a.m.

Bruce R. Saferin, D.P.M.
Chair

blt

State Medical Board of Ohio

POLICY COMMITTEE MEETING

June 14, 2017

30 East Broad Street, Columbus, OH 43215, Room 336

<p>Members: Amol Soin, M.D., Chair Andrew P. Schachat, M.D. Mark. A. Bechtel, M.D.</p> <p>Other Board Members Present: Kim G. Rothermel, M.D. Michael Schottenstein, M.D. Bruce Saferin, D.P.M. Michael Gonidakis Donald Kenney Anita Steinbergh, D.O.</p>	<p>Staff: A.J. Groeber, Executive Director Kimberly Anderson, Chief Legal Counsel Sallie J. Debolt, Senior Counsel David Fais, Deputy Director Rebecca Marshall, Chief Enforcement Attorney Jonithon LaCross, Director of Public Policy & Government Affairs Tessie Pollock, Director of Communication Nate Smith, Senior Attorney Joan Wehrle, Education & Outreach Program Manager</p>
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Dr. Soin called the meeting to order at 8:31 a.m.

MEETING MINUTES REVIEW

Dr. Bechtel moved to approve the Policy Committee minutes of the May 10, 2017 meeting. Dr. Schachat seconded the motion. The motion carried.

ACUTE OPIOD PRESCRIBING RULES

Ms. Anderson referred to the copies of the comments received during the CSI process included in the agenda materials. Approximately 71 comments were received which are being reviewed by CSI. We anticipate receiving the letter from CSI soon so we can file the rules with JCARR.

We will be asking the full Board to do what they did with the medical marijuana rules and delegate Dr. Soin to give us approval to file the acute pain rules with JCARR based on the CSI recommendations.

Dr. Soin said it would certainly help with efficiency in the process. There are other boards involved in this project so we don't want the Medical Board to slow down the process. He thinks there are a lot of people who have worked on the acute pain rules and he likes where we ended up.

LEGISLATIVE UPDATE

Mr. LaCross reported that it is still budget time. The budget is over in the Senate and the substitute bill dropped on Monday. Omnibus amendments are due on Thursday. The final version of the bill should be available next Monday or Tuesday and it is our last chance to get anything included in the budget.

He reported that we have done well in the budget so far. We have been able to get MD/DO DPM statutory changes moving from eligibility to sit for a licensure examination to eligibility for licensure; reduced the initial application fee for MD/DO/DPM licenses; added clinical research faculty certificates for DPMs; and removed the PAPC pay requirement as PAPC members will be reimbursed for travel expenses. He indicated there is an administrative CME fix; licensure restoration and reinstatement fees were combined into one fee, rather than having separate application fee and restoration or reinstatement fees; and some technical issues were also corrected.

Mr. LaCross also reported changes related to training certificates. Training certificates will be for three years, instead of annually. The certificate can be renewed one time for an additional three-year period, so a training certificate could be valid for a total of six years. This change will make it easier for licensure staff and physicians.

Dr. Schachat asked about a trainee in a seven-year training program, such as a neurosurgery program. Mr. LaCross indicated that this is a situation that licensure staff could make an exception for but we will figure out a way to make that work. It was noted that there are not many extended residency training programs so it would impact a small percentage of doctors-in-training.

Mr. LaCross said that we will be taking on dietetics and respiratory therapy licensees. We put forth an amendment to align dietetics and respiratory therapy statutory code to be in line with the Medical Board's. We particularly need to include them in our investigation, enforcement and licensing provisions. He said that currently there are sections of their laws where their investigations are not confidential. We also need to address the role of the Medical Board's Secretary and Supervising Member. If the current statutes don't get changed, the Executive Director will take on additional responsibilities. Additionally, we want to move them into the two-year staggered renewal cycle, and to build them into our eLicense system. Incurring costs now will be easier than later down the road. We did not get this in the sub bill, so we're working to get it into the omnibus bill. If that doesn't work, we'll look for a vehicle in the fall to get it done so that we can move forward in January 2018.

Mr. Groeber reported that the budget is effective 90 days from the date of signature. However, board consolidation language goes into effect on January 21, 2018 so that is when dietitians and respiratory therapists move over to the Medical Board. There is time to get the clean-up work done regarding consolidation issues. Mr. Groeber indicated that there are approximately three or four staff from those boards, as well as some vacant positions. The Medical Board is compensated in the budget going into the second year of the biennium. The budget funding is close to what we originally requested. He said we have no concerns financially or from a human resources standpoint.

Mr. LaCross reported that we reduced the dietician and respiratory therapist licensure renewal fees by converting to a biennial cycle from an annual cycle.

Mr. LaCross said that we tried to change the CME requirements for MD/DO/DPM to 50 hours of category 1 credit every two years. However, we need to convene a workgroup with the professional association because of differing definitions of category 1 programming. He will be contacting board members for their input and he welcomed their participation in the workgroup.

Mr. LaCross said that all of our statutory code will be reviewed in the fall to see what needs to be changed to make things more operationally efficient.

HB145, “one-bite” – The bill has moved out of committee but it is not yet on the floor. Mr. LaCross said he is working on the floor calendar now as there will be probably be a short legislative session after the budget bill is finalized before the legislature goes on summer break.

Dr. Schottenstein asked if any changes had been made to the legislation. Mr. LaCross responded that no changes were made and all agreed with what the Medical Board had agreed upon with the associations and the hard work put into the language of the bill. He is hoping to get it ready for review by the Senate in the fall. No changes were made to bill.

Mr. Groeber reported that we have a working schedule and have mapped out milestones with the Ohio Physicians Health Program so that we will able to implement the program as quickly as possible. He indicated that the rules process will probably take the longest.

Mr. LaCross also reported that the CRNA bill (HB191) will not be leaving the House. HB75, the armed forces bill, requiring expedited licensure for active duty military or their spouses, is still in discussion. The prescribing bill (HB 167) is under discussion in the House. We are looking at adding medication-assisted treatment (MAT) modalities to that bill.

MEDICAL MARIJUANA RULES UPDATE

Ms. Anderson reported that the rules were filed with JCARR on June 9th. CSI provided a letter to the Board with no recommendations for changes to the proposed rules. A public hearing will be held on July 10 and 11 at the State Fire Marshal’s Office in Reynoldsburg. Ms. Anderson indicated that all the medical marijuana rules from the Medical Board, Department of Commerce and the Pharmacy Board will be heard. The Department of Commerce rules for processors and labs are the morning of July 10, the Medical Board rules are the afternoon the July 10th and the Pharmacy Board rules are on the 11th. The location offers free parking.

Ms. Anderson reported that the Medical Marijuana advisory committee met last week. Dr. Soin participated and provided an update on the status of the Medical Board’s rules. She reported that we are on schedule for a September 8th effective date.

Dr. Soin reported that at the advisory committee meeting, one of the patient advocates asked him if medical marijuana would have a chilling effect on pain management practitioners who also have patients on opioids because he thinks it might.

Dr. Soin said he responded to the advocate’s question with his opinion as a private citizen, as he doesn’t believe it may have a chilling effect, he thinks it will have a chilling effect. For instance, if he has a patient on opioids who is stable and managing their pain and the patient went to another practitioner to get recommended for medical marijuana would he discontinue the patient’s opioids. Dr. Soin said that frankly, he probably would because it is hard for him to know the combination of effects between the opioids and medical marijuana. Dr. Steinbergh also commented about the potential liability as well.

Dr. Soin said he thought the advocate's question was more along the line of what do our rules say about that scenario. He said that this may become an issue, and if it does, perhaps we can address it as a frequently asked question.

Mr. Groeber said that he and Ms. Anderson had discussed this after the Advisory Committee meeting. He said he believed the safest course of action at this time is to say if the patient is thinking about obtaining medical marijuana there should first be a conversation with the doctor routinely seen by the patient, so that there are no surprises if the patient's drug screen is positive for marijuana.

Dr. Soin indicated that many pain doctors have updated their opioid treatment agreements to address medical marijuana and their personal stance on it. For example, some practitioners may indicate that the patient cannot have opiates and medical marijuana at the same time and the patient would violate their treatment agreement if the patient has a positive screen. Patients need to be aware of the potential consequences of medical marijuana use. Even if the patient says that medical marijuana is legal, the physician can still not allow it in their practice.

This is an area that may be of concern to patient advocates as it seems they expect to see more conversation about opioids and medical marijuana for patients. Some patients may believe that they will be able to use medical marijuana for their condition and ultimately be able to discontinue their opioid therapy.

INFORMED CONSENT FORM FOR INVESTIGATIONAL DRUG, PRODUCT OR DEVICE

Nate Smith reported that this is an issue the legal department is working on and will be bringing more information to the Board later this summer. He reported that the legislature passed "right to try" legislation in HB290 in the last general assembly. The legislation is part of a multi-state effort intended to provide quicker patient access to investigational drugs, rather than through the FDA process which is known as expanded access or compassionate use. At least 12 states have approved similar legislation. This legislation is codified in a few different sections of the Ohio Revised Code.

He referred the committee members to Section 4731.97 included on page 26 of the Policy Committee packet. The law permits patients with terminal conditions to be treated with investigational drugs, products, or devices. This term is defined in statute to be "drugs, products, or devices that have completed phase one of the United States FDA clinical trials but have not yet received FDA approval for general use."

He explained that "completing phase one" means the item has been determined to be relatively safe by the FDA, but there has been no determination by the FDA as to its effectiveness.

The law passed late last year and became effective this spring. The law tasks the Medical Board to create a template for informed consent. Section C of the statute spells out several factors that the legislature wants to be incorporated in the informed consent template for practitioners. We have started working on this project but we have found some unique challenges in reconciling the statutory requirements with the FDA regulations on informed consent. We have reached out to Dr. Soin, but we

are looking for input from other Board members, or their contacts in practice or in hospitals, regarding the template for investigational drugs, products and devices.

Dr. Schachat asked if the law required the companies to make their drug, product or device available. Dr. Soin commented that the company can say no, and there is no obligation on the insurance company to cover it, so it is an out-of-pocket expense for the patient.

Dr. Soin said he has been reviewing information and researching the “right to try” efforts. He said other states have done this and it seemed that a lot of articles referred to the “Dallas Buyers Club” movie that came out a few years ago. Laws have been implemented in other states but in practical matters they haven’t really impacted the system.

Dr. Soin reported that currently the FDA has an algorithm for compassionate use. Patients can get a phase 1 or non-approved drug for a terminal illness. The FDA approves over 90% of the requests received. Some reports he reviewed said that it may be closer to 99% approval. The only time the FDA disapproves a request is when the risk of potential harm is greater than the potential benefit. FDA has said the “right to try” laws are not needed since there already is a mechanism allowing access to phase one drugs, products and devices.

Dr. Soin suggested Mr. Giacalone could be a good resource because of his experience in pharma. One item he and staff discussed was obtaining templates from other states that have similar legislation. He also contacted a hospice and palliative care group he has worked with in Dayton about their experience or knowledge about informed consent.

Dr. Bechtel said that it is important to note that in clinical trial development it goes through phase one, phase two and phase three. Phase one studies involve a limited number of patients and they are looking at acute toxicity to determine at what level could be potentially fatal. There is very little study about broad safety and efficacy at that level. They are focusing on acute toxicity to determine at what level will the heart stop beating, or a patient have breathing problems. Dr. Soin said he read that sometimes only 10 patients may be in phase one levels trials.

Dr. Schachat said that it takes a minimum of 300 patients to get a 1% complication rate.

Dr. Steinbergh questioned the 100 mile limit referred to in paragraph (B)(2) on page 27 which states: “An individual who meets the requirements of division (B)(1) of this section is not an eligible patient if a clinical trial using the investigational drug, product, or device is actively being conducted within one hundred miles of the individual's residence, unless the individual applied for participation but was denied access to that clinical trial.” She wondered why the patient would not be eligible.

Dr. Schachat commented that the mileage limit may be included in order to encourage patients to be involved in a clinical trial is it is a much better way to find out if the item works. Also patients involved in a clinical trial can get the medication at no cost, and the medication is appropriately supervised.

Mr. LaCross reported that we have obtained a model informed consent template from The Ohio State University.

Dr. Schottenstein asked if there is an FDA form in addition to the Ohio form? Mr. Smith replied that the FDA requirements are spelled out in the Code of Federal Regulations which lists what an informed consent form should include. There are some rigorous requirements.

Proposed FAQ for RULE 4731-11-09 Prescribing to Persons Not Seen by the Physician/Physician Assistant

Dr. Soin referred to page 409 in the committee materials. He reported that he had a chance to review the proposed FAQs and he felt they were very well done.

Ms. Debolt reported that the Board is getting lots of questions about the rule. She said we can review and discuss the proposed questions and answers. Staff is looking to the Board for feedback to assure we are coming from the right direction with the answers. She indicated that the first few questions were self-explanatory and noted that health care providers include nurse practitioners and physician assistants.

Dr. Steinbergh thought the FAQs were fine. She suggested we start discussing the comments received from Mr. Sean McGlone, Senior Vice President and General Counsel from the Ohio Hospital Association (OHA). She thought the OHA scenarios were legitimate scenarios that needed to be discussed.

Ms. Debolt said that a physician-patient relationship can be established through electronic means with the patient remote from the physician with an evaluation. If the provider prescribes non-controlled substances you follow paragraph C. If prescribing controlled substances, you follow paragraph D, which refers you back to C. The use of physician extenders and other support staff in fulfilling the requirement that there be an evaluation is the basis for many of the questions we are receiving. These issues are reflected in the OHA scenarios.

Dr. Steinbergh believed that the concern was based on the language in (C)(4) of the rule that states:

(4) The physician shall, through interaction with the patient, complete a medical evaluation that is appropriate for the patient and the condition with which the patient presents and that meets the minimal standards of care, which may include portions of the evaluation having been conducted by other Ohio licensed healthcare providers acting within the scope of their professional license;

Dr. Steinbergh said that Mr. McGlone is asking some direct questions. For instance, scenario #4: Patient is on Synthroid for low thyroid and physician had prescribed this for six months. Six months goes by and patient forgets that they are at that six month mark and requests a refill. Patient's physician is out of town but she has entrusted her partner to cover her patients. Partner reviews patient's chart, deems it safe and appropriate, and sends the script in so patient doesn't have to wait 7+ days for his/her meds. Patients on long term meds will often not know the exact date their medication expires.

Dr. Steinbergh thought that this scenario fell into an appropriate type of on call situation.

Dr. Steinbergh referred to scenario #5 which Mr. McGlone described as a twist on the Synthroid patient situation. During the course of a prescription regimen and since the last refill, a patient may change jobs, or employers may change health plans/coverage policies. A patient would need a prescription for a different drug (perhaps a generic or slightly different name brand that is covered under the new health plan). The patient calls in to request a prescription for the now-covered drug when the patient's physician is unavailable, and the covering physician needs to write a new prescription (not just a refill) of the now-covered drug to continue the patient's previous treatment plan.

Dr. Schachat and Dr. Steinbergh noted that this type of scenario happens all the time. She said all the scenarios happen all the time. But the question is that Mr. McGlone was concerned that physicians may be stepping outside of the requirements of C4 because there is no evaluation of the patient by the on call doctor. Dr. Steinbergh commented that she sees this scenario as an on call situation.

Ms. Debolt said that question is when you are on call and patient who you have never seen before calls in, and you have the patient's medical record there, do you interact personally with that patient? Dr. Steinbergh replied sometimes not. Sometimes it is a nurse that talks with the patient, but not all the time. Yet it happens where the patient will call because they need their medication but there has been a change in insurance and the doctor has to consider it, even if they are not necessarily seeing the patient. Someone in the office is reviewing the formulary, either the doctor or someone else, and the doctor will approve the prescription. Ms. Debolt stated that the decision would be based on the information the nurse provided to the doctor as the nurse interacted with the patient. Dr. Steinbergh agreed, but it is new prescription, not a refill. It's slightly different from an on call situation, but the covering doctor has to take care of it at that point and the doctor might decide that they do not need to see the patient.

Ms. Debolt clarified that the physician does not have to interact directly with the patient. Dr. Steinbergh agreed.

Dr. Schachat said he sees the key part of (C)(4) as . . . The physician shall, through interaction with the patient, complete a medical evaluation that is appropriate . . . He said that sometimes no evaluation is the "appropriate" evaluation for a patient. He cited a situation where the doctor reviewed the medical record and decided that the patient did not have to be examined. Dr. Steinbergh agreed.

Dr. Schachat said it is not uncommon to get a call from a patient regarding a prescription because the cost of the drug is high and the patient will ask if there is a less expensive drug that can be used.

Ms. Debolt asked if it was important for the information to be conveyed to the physician by a nurse. Drs. Steinbergh and Dr. Schachat said sometimes it is just a phone message received by the doctor, or it's a call from a pharmacist.

Dr. Steinbergh noted that it was important for the physician to document the medication information in the patient's chart.

Ms. Anderson asked to work with Drs. Schachat and Steinbergh on drafting FAQs addressing the scenarios raised by the OHA. She said we would also work with the hospital association and others who have concerns. It's challenging to interpret a rule that can apply to a wide range of situations. Ms. Anderson said that the FAQs would be brought back to the committee for further review.

Dr. Bechtel commented that these are common scenarios and the answers need to be carefully thought out so that new problems are not created by addressing some concerns.

Ms. Debolt said there is another important question to discuss. She cited an example of an APRN seeing a patient in their home as part of a home visit program and the patient needs a Schedule II opiate analgesic. An APRN can only prescribe for up to 72 hours in that situation. Question was raised as to whether the collaborating physician, who is at the office, can write a 30-day prescription for the medication based only on the APRN's assessment as the doctor has never physically seen the patient. An on call situation does not fit this example because the physician is not available in an on call situation.

Ms. Debolt indicated that she believed the physician needed to have some interaction with the patient in this situation. Dr. Steinbergh agreed. Dr. Schachat commented that it would need to be an appropriate interaction, which may be none as the doctor could read the nurse practitioner's notes and assessment of the patient and agree with it. Others found it to be inappropriate to only rely on the nurse's assessment when prescribing Schedule II controlled substances.

Ms. Debolt noted the proposed FAQ on pg. 412 as follow:

Q: I have a collaboration agreement with an advanced practice nurse. Can I rely solely on that nurse's assessment for the evaluation aspect before potentially prescribing a controlled substance to the patient?

A: No. There still must be the appropriate interaction between you and the patient.

Ms. Debolt said the proposed FAQ mentions controlled substances, not just Schedule II medications.

Another situation described by Ms. Debolt involved a hospital inpatient who needed a noncontrolled substance on somewhat of an emergency basis. Does the on call physician need to interact with the patient or can the doctor rely on the nurse's evaluation?

Dr. Schachat commented that this type of situation happens all the time. For example, the patient is on the surgery service and the doctors are in the operating room. One of the non-operating doctors is covering the patients on the service. The nurse contacts the covering physician regarding a prescription needed for the patient. The question is whether the doctor needs to see the patient. The doctor needs to do what is appropriate. Usually the covering physician reviews the patient's records and medication history, checks to see if the patient has allergies, then prescribes the medication. Usually the covering doctor has reviewed their colleague's notes and they don't need to see the patient.

Ms. Debolt said that a strict reading of the 11-09 rule, if it is an inpatient situation, and the physician is remote, the physician does not have to interact with the patient to prescribe a controlled substance

under federal law. But, under our rule, the physician would have to have an interaction with the patient to prescribe a noncontrolled drug. Several people have brought this to the Board's attention and it is causing issues.

In summary, an appropriate evaluation is needed which could be a review of the patient's chart or the doctor could decide that they need to see the patient.

Ms. Anderson commented that the "appropriate" evaluation referenced in (C)(4) of the rule seems to be the controlling issue. The Board is looking at what is appropriate for the patient.

Ms. Anderson indicated we had received a late comment on the rule regarding lining up the prescribing issues regarding controlled and noncontrolled substances.

Ms. Debolt thanked the committee for their input and said the updated FAQs will be brought to the committee next month.

ADJOURN

Dr. Schachat moved to adjourn the meeting. Dr. Bechtel seconded the motion. Motion carried.

The meeting adjourned at 9:19 a.m.

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State Medical Board of Ohio

FINANCE COMMITTEE MEETING
June 14, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Donald R. Kenney, Sr., Chair Bruce R. Saferin, D.P.M. Michael Schottenstein, M.D. Michael L. Gonidakis Member absent: Richard A. Edgin, M.D.	Staff: A.J. Groeber, Executive Director Susan Loe, Director of Fiscal and Human Resources Teresa Pollock, Director of Communications
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Mr. Kenney called the meeting to order at 9:00 a.m.

MINUTES REVIEW

Dr. Saferin moved to approve Finance Committee May 10, 2017 meeting minutes. Dr. Schottenstein seconded the motion. The motion carried.

FISCAL UPDATE

Ms. Loe stated that the Board had over \$1,000,000 in revenue and about \$600,000 in expenses for April. Ms. Loe stated that revenue continues to be higher than expected due to licensees renewing early before the new e-License system is implemented. Ms. Loe stated that the Board's cash balance is just under \$4,000,000, up from \$3,600,000 in March.

ACCOUNTS RECEIVABLE

Ms. Loe stated that last month a \$500 fine was paid by a massage therapist who had practiced beyond the expiration of his massage therapy license. Ms. Loe noted that the Board approved one Consent agreement last month which included a \$10,000 fine, but the Agreement gave the practitioner six months to pay the fine. Ms. Loe briefly reviewed past due fines and noted that those practitioners tend to be bankrupt or cannot be found.

Mr. Groeber commented that one of the benefits of the new e-License system that the Board will move to is that payments will be done electronically and checks will no longer need to be processed.

BIENNIAL BUDGET

Mr. Groeber stated that the Board's biennial budget request has been somewhat reduced in the current language of the budget bill. Ms. Loe stated that the reduction was based on the Board's historic spending. Ms. Loe also noted that the budget was slightly increased from a previous level in anticipation of the consolidation with the Dietetics Board and Respiratory Care Board. Ms. Loe stated that the Board's allotment this fiscal year is \$10,100,000; Ms. Loe expected the Board to spend about \$8,700,000 of that allotment.

In response to questions from Dr. Saferin, Mr. Groeber stated that the consolidation with the Dietetics Board and the Respiratory Care Board will be effective on January 21, 2018. Ms. Loe stated that the Board will gain seven full-time positions and one part-time position from the other boards, though only three of the full-time positions are currently filled. Mr. Groeber added that the Medical Board will gain

about 11,000 new licensees. Mr. Groeber stated that the legislation calls for the formation of a Dietetics Advisory Committee of seven members to advise the Board on matters relating to that profession.

Dr. Saferin exited the meeting at this time.

Dr. Schottenstein asked if the dietetic and respiratory care licensees are comfortable with their migration to the Medical Board. Mr. Groeber replied that to his understanding, those licensees are pleased that they will hold a license from the Medical Board because of the Medical Board's resources and infrastructure to support activities. Mr. Groeber added that the associations of those professions have objected to the consolidation.

EMAIL MARKETING SYSTEM

Ms. Pollock stated that the Board has had conversations about the possible cost of an email marketing system. The purpose of the new system would be to improve communication with licensees and other entities outside state government. Ms. Pollock stated that after receiving bids and presentations, Salesforce Marketing Cloud has been identified as the optimal choice. Ms. Pollock stated that with Salesforce Marketing Cloud, the Board will have the ability to incorporate specific information into emails that would include the recipient's name and license number, which can greatly increase the success rate of emails regarding renewal. Ms. Pollock added that the emails will also be very viewable on cellular phones, as opposed to current emails that have a link to a PDF file. Ms. Pollock further noted that in cases of licensees practicing beyond the expiration of their license, the Board will be able to produce the email renewal reminder sent to the licensee and demonstrate that it the email was opened.

Ms. Pollock continued that the initial cost of Salesforce Marketing Cloud for the first year will be \$14,000 for the program to send to specified email addresses, \$6,000 for additional contacts to incorporate all the Board's licensees, and \$4,000 to set up the program.

In response to questions from the Committee, Ms. Pollock and Mr. Groeber stated that licensees will be able to respond to emails sent by the Board, licensees will be able to click on a link in an email to go directly to the Board's license renewal page, and video can be embedded in the email. Mr. Groeber added that there is also an available feature for sending text alerts.

Responding to questions from Mr. Gonidakis, Mr. Groeber stated that Carahsoft, the company which contracts with the State of Ohio for information technology purchases, works hand-in-hand with Salesforce. Ms. Pollock stated that Salesforce Marketing Cloud will cost about \$20,000 per year beyond the initial year. Ms. Pollock stated that there will be a limit of 2,500,000 emails per year, though Mr. Groeber commented that that figure can be revisited. Ms. Pollock stated that payments will be made annually.

Dr. Schottenstein asked if there will be opportunity to contact prospective licensees and make it easier for them to apply for Ohio licensure. Ms. Pollock replied that there will be such opportunity, especially with those in medical school.

Dr. Saferin moved to approve up to \$25,000 towards the Salesforce Marketing Cloud system.

Dr. Schottenstein seconded the motion. The motion carried.

EXECUTIVE DIRECTOR COMPENSATION

Mr. Groeber stated that the State of Ohio's union contract provides for a 2.5% increase in compensation for all union employees starting with the pay period that includes July 1, 2017. Mr. Groeber is able to authorize a 2.5% increase for the Board's non-union employees as well, but he is unable to approve an increase for himself.

Dr. Saferin moved to recommend an increase the Executive Director's compensation by 2.5%, effective in the pay period including July 1, 2017. Mr. Gonidakis seconded the motion. The motion carried.

TRAVEL AUTHORIZATION

Mr. Groeber stated that the Substances Abuse and Mental Health Services Administration, in collaboration with the Bureau of Justice Assistance, is hosting the Criminal Justice Opioid Response Policy Academy in Indianapolis, Indiana, on June 27-28, 2017. Mr. Groeber recommended that Ms. Debolt be approved to attend the Academy, stating that Ms. Debolt's knowledge of how regulatory agencies and their rules are affected by law enforcement decisions makes her the ideal choice to represent the Medical Board. Mr. Groeber stated that the Ohio Supreme Court will pay Ms. Debolt's travel expenses, but asked that any expenses that may not be covered to be paid by the Board.

Dr. Saferin moved to recommend approval Ms. Debolt's travel to the Criminal Justice Opioid Response Policy Academy on June 27-28, 2017, in Indianapolis, Indiana, and to cover any travel expenses that may not be paid by the Ohio Supreme Court. Dr. Schottenstein seconded the motion. The motion carried.

ADJOURN

Dr. Saferin moved to adjourn the meeting. Dr. Schottenstein seconded the motion. The motion carried.

The meeting adjourned at 9:28 a.m.

State Medical Board of Ohio

COMPLIANCE COMMITTEE MEETING

June 14, 2017

30 E. Broad St., Columbus, OH Administrative Hearing Room

<p>Members: Anita M. Steinbergh, D.O., Chair Amol Soin, M.D. Michael Schottenstein, M.D.</p> <p>Member absent: Robert Giacalone</p> <p>Other Board members present: Kim Rothermel, M.D.</p>	<p>Staff: Alexandra Murray, Managing Attorney Annette Jones, Compliance Officer Angela Moore, Compliance Officer Benton Taylor, Board Parliamentarian</p>
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Dr. Steinbergh called the meeting to order at 3:18 p.m.

INITIAL PROBATIONARY APPEARANCES

Michael T. Bangert, M.D.

Dr. Bangert is making his initial appearance before the Committee pursuant to the terms of his March 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Bangert's history with the Board.

In response to questions from Dr. Schottenstein, Dr. Bangert stated that he is currently seeking employment and has applied for multiple positions. Dr. Bangert stated he continues to see his psychiatrist and he sees a counselor monthly. Dr. Bangert stated that he had experienced some anxiety last year when his wife had a high-risk pregnancy with twins, but nothing that kept him from functioning in daily life.

Dr. Schottenstein asked Dr. Bangert about the medications he is taking. Dr. Bangert stated that he is not taking any medications besides Zoloft and Risperidone. Dr. Bangert stated that he has not had any mood issues since being on the medication for the past year. Dr. Bangert also stated that he does not use alcohol or drugs.

Dr. Schottenstein asked if Dr. Bangert was able to self-monitor his symptoms and to tell someone if his symptoms are returning. Dr. Bangert replied that he had once noticed that he was starting to lose sleep, which was one of the symptoms he was paying attention to. Dr. Bangert also stated that he notices when he begins to overthink things. Dr. Bangert stated that he knows to speak up and contact a healthcare provider if his symptoms return.

Responding to questions from Dr. Steinbergh, Dr. Bangert stated that he completed residency at Case Western Reserve University in 2014 and worked at a small community hospital for two years. Dr. Bangert stated that his patient care has never been affected and he intends to work full-time as an anesthesiologist when he finds a position. Dr. Bangert stated that employers have been very interested in him until they learn that he has a Board action. Dr. Bangert stated that employers do not want to deal with the more complicated credentialing process that a Board action entails, even though he has two separate evaluations that state he is fit to practice. Dr. Steinbergh commented that larger hospital systems sometimes have better credentialing departments and are more willing to work with

this type of situation. Dr. Steinbergh also commented that it may be helpful if a colleague of Dr. Bangert's could advocate for him in such matters.

Dr. Soin moved to continue Dr. Bangert under the terms of his March 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Schottenstein seconded the motion. The motion carried.

Paul R. Brown, P.A.

Mr. Brown was not present the meeting. Ms. Moore stated that she has tried to contact Mr. Brown without success.

Danica Gineman, M.T.

Ms. Gineman was not present the meeting. Ms. Moore stated that she has tried to contact Ms. Gineman without success.

Aubrey D. Winkler, P.A.

Ms. Winkler is making her initial appearance before the Committee pursuant to the terms of her March 8, 2017 Consent Agreement. Dr. Steinbergh reviewed Ms. Winkler's history with the Board.

In response to questions from Dr. Schottenstein, Ms. Winkler stated that she is currently managing a local restaurant bar. Ms. Winkler is also writing medical and health articles part-time. Ms. Winkler stated that she wants to focus her time on her family, her emotional well-being, and making ends meet. Ms. Winkler stated that she has worked a lot with her partner, with her therapist, and on her own and she believes she is doing very well.

Regarding the situation that brought her to the attention of the Board, Ms. Winkler stated that it escalated very slowly, starting with simply sending an email to a patient about meditation tapes and offering to help if he needed to reach out on a personal level. From the point, Ms. Winkler stated that it skyrocketed into a more personal relationship which she inappropriately encouraged. The situation eventually became frightening when the patient began expressing extreme feelings and thoughts of suicide and threats.

Ms. Winkler continued that she sees a psychiatrist and a therapist because she struggles with depression and she is working to come off medication for the first time in over a year. Ms. Winkler stated that this has been a traumatic experience and she does not blame anyone but herself. Ms. Winkler stated that she has struggles in terms of guilt and self-worth and that she is doing everything she can to move forward.

Dr. Schottenstein commented that situations like Ms. Winkler's begin with a boundary crossing that turns into a boundary violation. Dr. Schottenstein stated that Ms. Winkler had interaction with her patient that was not related to his health care, which led to the inappropriate relationship. Dr. Schottenstein commented that Ms. Winkler's case demonstrates the importance of boundaries and maintaining a psychological and social distance. Ms. Winder agreed with Dr. Schottenstein's comments.

Responding to questions from Dr. Steinbergh, Ms. Winkler stated that she had been practicing in a psychiatry practice when this incident occurred. Ms. Winkler stated that she thought she would do very well in the field of psychiatry as a physician assistant because of her personal history and

empathy. However, Ms. Winkler stated that she will not return to psychiatry. Ms. Winkler stated that she accepted an offer to practice with a psychiatrist even before she graduated from her education program. Ms. Winkler stated that after six months the psychiatrist wanted Ms. Winkler to take over his patients and for him to be more hands-off management. Following a 500-hour period, Ms. Winkler began supervising nurses and students on top of her patient load. Ms. Winkler stated that it was a very fast-paced practice and she should have left, but she felt it would look reflect poorly on her if she quit her first position after less than a year. Ms. Winkler stated that she was very uncomfortable with how the practice was managed.

Dr. Steinbergh asked what Ms. Winkler felt may be a more appropriate practice for her. Ms. Winkler replied that besides psychiatry, her other big interest is surgery and the hands-on aspect of that field. Ms. Winkler also felt that surgery would be a safer emotional space for her because she had a difficult time disconnecting emotionally from her patients. Dr. Steinbergh was glad that Ms. Winkler could recognize what challenges could face her in a primary care setting. Dr. Steinbergh commented that Ms. Winkler may be less fearful of those fields after she takes her required courses and becomes better educated in those boundaries.

Dr. Soin moved to continue Ms. Winkler under the terms of her March 8, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Schottenstein seconded the motion. The motion carried.

Dr. Steinbergh wished Ms. Winkler luck and commended her for recognizing the need to feel comfortable with her scope of practice. Dr. Schottenstein agreed and commented that this incident need not permanently bar Ms. Winkler from psychiatric practice in the future.

TREATMENT PROVIDER APPLICATION

Lumiere Healing Centers

Dr. Schottenstein moved to recommend approval of the Application for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Lumiere Healing Centers. Dr. Soin seconded the motion. The motion carried.

APPROVAL OF REPORTS OF CONFERENCES

Dr. Schottenstein moved to approve the Compliance Staff's Reports of Conferences for May 8 & 9, 2017. Dr. Soin seconded the motion. The motion carried.

MINUTES REVIEW

Dr. Schottenstein moved to approve the draft minutes from May 10, 2017. Dr. Soin seconded the motion. All members voted aye. The motion carried.

The meeting adjourned at 3:45 p.m.

Anita M. Steinbergh, D.O.
Chair

blt