



**State Medical Board of Ohio Meeting Minutes
July 14, 2021**

Betty Montgomery, President, called the meeting to order at 10:02 a.m. in the Administrative Hearing Room, 3rd floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio 43215 with the following members present: Sherry Johnson, D.O., Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Michael L. Gonidakis, Esq.; Robert Giacalone, J.D., R.Ph.; Michael Schottenstein, M.D.; Harish Kakarala, M.D.; Jonathan Feibel, M.D.; Yeshwant Reddy, M.D.; and Mark A. Bechtel, M.D.

Ms. Montgomery noted that the Board is meeting today in person for the first time since March 2020, having met via video conference since that time. The Board's video conference meetings had been livestreamed on the Board's YouTube channel for the benefit of the public. Due to positive public response, the Board meetings will continue to be livestreamed. Ms. Montgomery thanked the Ohio Channel for effectuating the livestreaming of the Board's in-person meetings. Ms. Montgomery also thanked the Board's staff for their hard work.

MINUTES REVIEW

Dr. Feibel moved to approve the minutes of the June 9, 2021 Board Meeting, and the June 29, 2021 Special Board Meeting. Dr. Kakarala seconded the motion. All members voted aye. The motion carried.

REPORTS AND RECOMMENDATIONS

Ms. Montgomery asked the Board to consider the Reports and Recommendations appearing on the agenda. Ms. Montgomery asked if each member of the Board received, read and considered the Hearing Record; the Findings of Fact, Conclusions and Proposed Orders; and any objections filed in the matters of: Vilma Kistner Briggs, M.D.; Martin Escobar, M.D.; Larry Everhart, M.D.; Joseph Peyton, D.O.; and Hong Wang. A roll call was taken:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

Ms. Montgomery further asked if each member of the Board understands that the Board's disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from Dismissal to Permanent Revocation or Permanent Denial. A roll call was taken:

Dr. Rothermel	Y
Dr. Saferin	Y

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Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

Ms. Montgomery further asked if each member of the Board understands that in each matter eligible for a fine, the Board's fining guidelines allow for imposition of the range of civil penalties, from no fine to the statutory maximum amount of \$20,000. A roll call was taken:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

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

During these proceedings, no oral motions were allowed by either party. Respondents and their attorneys addressing the Board were allotted five minutes to do so. The assistant attorneys general are subject to the same limitations.

Vilma Kistner Briggs, M.D.

Ms. Montgomery directed the Board's attention to the matter of Vilma Kistner Briggs, M.D. No objections have been filed. Ms. Lee was the Hearing Examiner.

Dr. Kakarala moved to approve and confirm the Proposed Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Dr. Briggs. Mr. Gonidakis seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein stated that he has compassion for Dr. Briggs and he understood that this has been an upsetting time for her. Dr. Briggs' counsel has described the Board's rules as archaic and their effect as punitive. The defense counsel further stated in the hearing that the system does not care about the individual and is instead about the rules and regulations. Dr. Schottenstein opined that these words were meant to shame the Board into feeling guilty about Dr. Briggs' required inpatient treatment under the Board's rule. But

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inherent in the counsel's words is a lack of appreciation of the fact that the Board must protect the public. Dr. Schottenstein stated that the Board is a patient protection board, not a physician protection board.

Dr. Schottenstein commented that it is galling that in the aftermath of a DUI, subsequently delivering a baby with alcohol on her breath, and later relapsing after treatment, that Dr. Briggs is in a state of indignation at her perceived victimization and is railing against the Board's requirement for inpatient treatment. Dr. Briggs' comments betray a sense of entitlement and are especially worrisome because they could signify continued ambivalence about sobriety. Dr. Schottenstein stated that the Board is strict in its requirements because they work. The Board must be strict because it does not want to see mothers and babies hurt because a doctor goes back into practice in an impaired state.

Dr. Schottenstein continued that Dr. Briggs has minimized her behavior by saying that no one was hurt in her DUI, no one was hurt when the baby was delivered, she only had two or three glasses of wine with her husband in her home, and no one would have even known about it if she had not said anything. By implication, Dr. Briggs is questioning why everyone is making such a big deal about everything. Dr. Schottenstein stated that this is denial, and an inpatient stay would help Dr. Briggs process that.

In his closing argument, defense counsel maintained that Medical Board licensees are not held to a higher standard; rather, they are held to the same standard as everyone else, using the example of sanitation workers and attorneys. Dr. Schottenstein respectfully disagreed with this, for reasons he felt were self-evident.

Dr. Schottenstein stated that Dr. Briggs' therapist and attorney do her no favors by feeding into the trope of a monolithic, heavy-handed Board that is perpetrating an injustice out of slavish devotion to the system. Such sentiment only feeds into Dr. Briggs' denial. Dr. Schottenstein emphasized that today's proceedings are occurring because of choices Dr. Briggs made and because she needs help, in addition to the Board's duty to protect the public. Dr. Schottenstein hoped that someone cares about Dr. Briggs enough to sit her down and have that conversation with her.

Dr. Schottenstein was concerned about the risk of additional relapse and that Dr. Briggs' sobriety is "a mile wide and an inch deep." Dr. Schottenstein stated that Dr. Briggs should be embracing inpatient rehabilitation with a spirit of humility instead of disparaging it.

Dr. Schottenstein agreed with the Hearing Examiner's Report and Recommendation. Dr. Schottenstein commented that if Dr. Briggs wants to foreclose her options for the next 20 years in order to avoid a 28-day inpatient stay, that is her decision. Dr. Schottenstein opined that the Board is correct to revoke Dr. Briggs' license on a non-permanent basis, and if she changes her mind she may apply for re-licensure.

Mr. Giacalone found it sad in some respects that Dr. Briggs would essentially throw away her career on this matter. Mr. Giacalone was surprised by Dr. Briggs' indignation, especially since she is a physician who treats patients and should understand her own weaknesses and limitations in this regard. Mr. Giacalone stated that he unfortunately agrees with Dr. Schottenstein's comments.

Dr. Bechtel also agreed with Dr. Schottenstein and felt the Proposed Order was appropriate. Dr. Bechtel found it concerning that Dr. Briggs went through two weeks of hospitalization and intensive outpatient treatment, only to relapse four weeks later. Dr. Bechtel felt that the recommendation for inpatient evaluation over a 28-day period was not unreasonable. It is ultimately the Board's decision based on protection of the public, and if Dr. Briggs is not willing to go through an inpatient evaluation then it is appropriate to revoke her medical license. Dr. Bechtel noted that Dr. Briggs has the ability to reconsider the evaluation and re-obtain her license, but it is the Board's duty to protect the public.

Dr. Feibel stated that he agrees with everything that has been said thus far.

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Ms. Montgomery noted a claim in the record that the inpatient treatment facility would not take Dr. Briggs for a 28-day evaluation because she did not qualify. Dr. Schottenstein offered assurance that Dr. Briggs does qualify for an inpatient evaluation.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Martin Escobar, M.D.

Ms. Montgomery directed the Board's attention to the matter of Martin Escobar, M.D. Objections have been filed and were previously distributed to Board members. Ms. Lee was the Hearing Examiner.

A request to address the Board has been filed on behalf of Dr. Escobar. Five minutes will be allowed for that address.

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

Mr. Zinsmaster stated that Dr. Escobar is a northeast Ohio family physician who has a matter proceeding against him in the courts. This matter is before the Board today because Dr. Escobar surrendered his Drug Enforcement Administration (DEA) certification as part of the court's bond terms and conditions. The findings from the court remain pending.

Mr. Zinsmaster continued that the Hearing Examiner has recommended an indefinite suspension of Dr. Escobar's medical license and requiring him to demonstrate an unrestricted DEA registration as a condition for reinstatement. Mr. Zinsmaster has filed objections because that recommendation is an impossibility. Mr. Zinsmaster explained that one cannot obtain DEA registration in Ohio unless one has an active Ohio medical license. Consequently, the Proposed Order would put Dr. Escobar in a Catch-22.

Mr. Zinsmaster noted that the court did not restrict Dr. Escobar from practicing at all, it only restricted him from prescribing medications. Mr. Zinsmaster stated that the Board has options, such as restricting Dr. Escobar from practice or imposing a suspension that is not contingent on showing active DEA registration. Mr. Zinsmaster asked the Board to refrain from putting Dr. Escobar into a situation that he would be literally incapable of remediating.

Ms. Montgomery asked if the Assistant Attorney General wished to respond. Mr. Wakley stated that he wished to respond.

Mr. Wakley stated that he is here today to own his mistake. The Hearing Examiner's recommendation was based on Mr. Wakley's recommendation. However, Mr. Wakley agreed with Mr. Zinsmaster that the Proposed Order would put Dr. Escobar into a Catch-22. Mr. Wakley recommended modifying the Proposed Order so that Dr. Escobar's license may be reinstated upon showing proof that the court has lifted any and all

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restrictions on his practice, since the restrictions would presumably be lifted once the case is over if it results in Dr. Escobar's favor. If the court case does not conclude in Dr. Escobar's favor, the Board will not have to worry about what conditions to impose at that point.

Dr. Johnson moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Dr. Escobar. Mr. Gonidakis seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein agreed with Dr. Escobar's counsel that the Proposed Order represents a "catch-22" because Dr. Escobar would have to regain his DEA registration in order to have his Ohio medical license reinstated, but he cannot regain DEA registration unless he has unrestricted medical licensure. Dr. Schottenstein commented that the purpose of the Order is not to keep Dr. Escobar's license interminably suspended.

Dr. Schottenstein stated that Dr. Escobar is innocent until proven guilty, and the Board can only impose a sanction for the conduct that is before it and not for future concerns. Dr. Schottenstein therefore felt it would not be appropriate to tie reinstatement requirements to the outcome of Dr. Escobar's criminal case. Dr. Schottenstein stated that Dr. Escobar's criminal case is not the matter before the Board today, only his surrender of his DEA registration. Dr. Schottenstein also commented that the reinstatement of Dr. Escobar's license would not be automatic and it would come to the Board for a vote, and further citations could be issued depending on the outcome of the trial. Even if Dr. Escobar is found not guilty, the Board can still investigate any and all facts that come from the trial. In the meantime, Dr. Escobar has no DEA registration and it would violate his bond with the court to prescribe any medication, so there should be no current prescribing activity.

Dr. Schottenstein had had the same thought as Mr. Wakley, namely to tie the reinstatement of Dr. Escobar's license to the lifting of any and all court conditions, including bond conditions that restrict his ability to practice medicine. A written copy of Dr. Schottenstein's proposed amended order was provided to the Board members for their review. The proposed amendment would remove the requirement for Dr. Escobar to regain his DEA registration as a condition for reinstatement, and insert a requirement that Dr. Escobar provide the Board with acceptable documentation of release from any and all restrictions imposed by the U.S. District Court on his ability to prescribe medication, including any restrictions that are a condition of bond.

Dr. Feibel stated that he will second the motion for discussion purposes.

Dr. Schottenstein moved to amend the Proposed Order as discussed above. Dr. Feibel seconded the motion.

Dr. Feibel expressed concern that Dr. Escobar's bond could be amended by the court. Dr. Feibel also opined the reinstatement of Dr. Escobar's license should be dependent on the lifting of all restrictions imposed by the court, including conditions that are a condition of bond, and not just the restrictions on prescribing. Dr. Schottenstein was respectful of Dr. Feibel's suggestion, but observed that Dr. Escobar is before the Board today due to the restrictions on his prescribing and not the other court restrictions. Responding to a question from Dr. Feibel, Ms. Anderson stated that if the proposed amendment passes then Dr. Escobar would be able to ask the Board for reinstatement if the court lifted the prescribing restrictions but left other restrictions in place. Dr. Feibel stated that if Dr. Escobar meets the Board's conditions for reinstatement, the Board cannot withhold the reinstatement.

Mr. Giacalone asked if there would be any unintended consequences of making these suggested changes. Ms. Montgomery asked Dr. Escobar's counsel, Mr. Zinsmaster, if he foresaw any such issues. Mr. Zinsmaster stated that Dr. Escobar's bond conditions also include some travel restrictions and the need to gain the court's permission to spend more than \$2,000. The only restrictions related to Dr. Escobar's practice of medicine is the prohibition from prescribing any medication and the further step of surrendering his DEA registration. Mr. Wakley added that the State has no objections to the proposed change.

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Dr. Schottenstein suggested changing the wording in Paragraph (B)(2) so that the lifting of any restrictions that are a condition of bond is a condition for reinstatement of his medical license.

Dr. Schottenstein wished to change his motion to amend so that the Order reads as follows:

It is hereby ORDERED that:

- A. **SUSPENSION OF LICENSE:** The license of Martin Escobar, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time.
- B. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Escobar's license to practice medicine and surgery until all of the following conditions have been met:
1. **Application for Reinstatement or Restoration:** Dr. Escobar shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Evidence of Release from Court Restrictions:** At the time he submits his application for reinstatement or restoration, Dr. Escobar shall provide the Board with acceptable documentation evidencing the lifting of, or release from, any and all restrictions imposed by the United States District Court for the Northern District of Ohio in Case No. 4:19-mj-6238 including his ability to prescribe medication and including any restrictions which are a condition of bond.
 3. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Escobar has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.
- C. **PROBATION:** Upon reinstatement or restoration, Dr. Escobar's license shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least one year:
1. **Modification of Terms; Exception:** Dr. Escobar shall not request modification of the terms, conditions, or limitations of probation for at least one year after imposition of these probationary terms, conditions, and limitations, except that Dr. Escobar may make such request with the mutual approval and joint recommendation of the Secretary and Supervising Member.
 2. **Obey the Law:** Dr. Escobar shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 3. **Declarations of Compliance:** Dr. Escobar shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which Dr. Escobar's license is restored or reinstated. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 4. **Personal Appearances:** Dr. Escobar shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Escobar's license is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

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5. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Escobar is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
 6. **Required Reporting of Change of Address:** Dr. Escobar shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
- D. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Escobar's license will be fully restored.
- E. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Escobar violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his license.
- F. **REQUIRED REPORTING TO THIRD PARTIES; VERIFICATION:**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Escobar shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Escobar shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments. In the event that Dr. Escobar provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. Further, within 30 days of the date of each such notification, Dr. Escobar shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

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

2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Escobar shall provide a copy of this Order by certified mail to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Escobar shall provide a copy of this Order by certified mail at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license.

Additionally, within 30 days of the effective date of this Order, Dr. Escobar shall provide a copy of this Order to any specialty or subspecialty board of the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists under which he currently holds or has previously held certification.

Further, within 30 days of the date of each such notification, Dr. Escobar shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

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

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

No Board member objected to the change in the motion to amend. The change in the motion to amend was accepted.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion to amend carried.

Dr. Feibel moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order, as amended, in the matter of Dr. Escobar. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion to approve carried.

Larry Everhart, M.D.

Ms. Montgomery directed the Board's attention to the matter of Larry Everhart, M.D. Objections have been filed and were previously distributed to Board members. Ms. Shamansky was the Hearing Examiner.

A request to address the Board has been filed on behalf of Dr. Everhart. Five minutes will be allowed for that address.

Dr. Everhart was represented by his attorney, Gerald Sunbury.

Dr. Everhart stated that he has been an ethical, effective, devoted, hard-working physician for 45 years and he has respect for his fellow physicians. Dr. Everhart stated that he has taken care of acutely and chronically ill

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patients with compassion and success in both hospital and office settings. Dr. Everhart added that he has worked without cost to take care of patients throughout the COVID-19 pandemic and no malpractice suit has been filed against him.

Dr. Everhart continued that he finds the conclusions of the Hearing Examiner and the Assistant Attorney General to be inconsistent with the evidence he had presented, including pertinent literary references that support his treatment plans, more than 80 patient testimonials, and testimony by Dr. Geraldine Urse who has managed residency programs for 15 years. Dr. Everhart stated that he has exceeded the minimal standards of care and provided a level of care that most patients had not found in encounters with several other physicians. Dr. Everhart added that many of these patients had been undiagnosed, misdiagnosed, and not treated appropriately.

Dr. Everhart continued that the State failed to meet the burden of proof because its expert had no experience in diagnosing or treating Lyme disease, Babesiosis, or other infections associated with chronic Lyme complex. Therefore, the State's expert, Dr. Curtis Taylor, did not know the standard of care and his testimony was based on reading guidelines from his computer. Dr. Taylor completely ignored the concept of false negative testing which is a regular occurrence in these patients. Dr. Everhart stated that the prescribing of mebendazole has been an appropriate and effective treatment for Babesiosis.

Dr. Everhart stated that the Meridian Stress Assessment (MSA) machine has been a useful tool that has helped him deliver high-quality and appropriate care to his patients. Dr. Everhart stated that the MSA machine is a Food and Drug Administration (FDA) cleared device, in the same category as an echocardiogram (EKG) machine; the MSA machine is used in Ohio, other states, and around the world. Like an EKG machine, information obtained from the MSA machine must be appropriately interpreted by a physician. Unlike an EKG, which deals primarily with the heart, the MSA deals with multiple organ systems and stressors. Dr. Everhart was unaware of any actions brought against other practitioners who use the MSA machine.

Dr. Everhart stated that his training and years of experience as an internist in both inpatient and outpatient settings, plus 20 years of using the MSA technology in clinical practice, have enabled him to effectively interpret the data informing treatment plans for complex patients. Over the years, Dr. Everhart has had many occasions to correlate and confirm MSA findings with standard testing. Dr. Everhart stated that chronic Lyme disease is controversial subject which has been recognized internationally for some time and is beginning to be accepted in this country. Dr. Everhart noted that one of the testimonial letters admitted to evidence is from attorney Lorraine Johnson, who speaks to this in more detail. Dr. Everhart stated that his patients' experiences, as put forth in more than 80 testimonial letters, offer confirmation that chronic Lyme disease exists and can be successfully treated.

Dr. Everhart asked the Board to continue to extend to him the privilege of practicing medicine in Ohio. Dr. Everhart stated that he is a law-abiding citizen and he has always followed the policies and rules of the Ohio's governing boards. Dr. Everhart stated that he is also speaking for his patients today, many of whom have chronic Lyme disease, and advocating for them to have access to his care which is affordable and convenient to most of them. Dr. Everhart stated that he is also advocating for other chronically ill but undiagnosed patients so they can find appropriate care. Dr. Everhart added that he is also speaking for those physicians who are willing to accept difficult, challenging cases and are willing to do more than meet the minimal standards of care based on guidelines. Dr. Everhart stated that a ruling against him would certainly inhibit such physicians.

Dr. Everhart stated that he respects the Board's authority and its responsibility to oversee and regulate the physicians of Ohio, and he has fully cooperated with the Board's investigative process. Dr. Everhart stated that he has effectively and successfully treated complex patients who found their way to him by patient or physician referral. Dr. Everhart does not have a website, nor does he promote himself or his practice. Many of his patients have spent tens of thousands of dollars in medical care without improvement or answers, and many were frustrated and disillusioned with the medical system. Many were at the end of their rope and were resigned to being non-functional for whatever life they had left. Dr. Everhart stated that he exceeded the

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minimal standards of care and appropriately prescribed to these patients, as evidenced by the patient testimonials, and to suggest otherwise is preposterous.

Dr. Everhart stated that the suspension of his medical license, as recommended by the Hearing Examiner, is inappropriate in view of the evidence presented and the quality of care he provides. Such a suspension would create an unnecessary hardship for Dr. Everhart, his employees, and many patients who see him routinely. Dr. Everhart stated that his patients are intelligent, well-educated, successful individuals who are nobody's fools. Dr. Everhart stated that his future, as well as his patients' and employees, await the Board's decision.

Mr. Sunbury stated that he is Dr. Everhart's attorney and also his long-time friend. Dr. Everhart is also Mr. Sunbury's doctor and he has known Dr. Everhart for over 60 years. Dr. Everhart stated that an internet search would show that many practitioner, including physicians, chiropractors, registered nurses, and dietitians, use the MSA machine. The FDA has approved it for well over 25 years and it is manufactured by three large corporations in this country.

Ms. Montgomery asked if the Assistant Attorney General wished to respond. Mr. Wilcox stated that he wished to respond.

Mr. Wilcox stated that this is a unique case. Mr. Wilcox stated that this is a case of a physician who is defrauding his patients and has been doing so for many years. The documentation in the ten patients charts in the hearing record shows that Dr. Everhart is using the MSA machine to diagnose patients. For most patients, the records are very sparse: There is an initial examination, then the MSA test is performed and based on the results of that test, multiple courses of antibiotics, antifungals, and antiparasitic drugs are prescribed. The diagnosis clearly comes from the machine.

Mr. Wilcox stated that medicine is an investigative process. Mr. Wilcox commented that if there actually was a machine that could diagnose what is happening inside a patient's body just by putting a wand over them, every doctor and institution in the country would have that machine, insurance would cover it, and it would be in residency training programs. That is not the case with the MSA machine. The State's expert witness, Dr. Taylor, convincingly testified that medicine is not that easy. The minimal standard of care for internal medicine requires investigation, laboratory tests, and other recognized testing, and this process is nowhere to be found in Dr. Everhart's records or his testimony.

Mr. Wilcox continued that the Board had an opportunity to view a video of Dr. Everhart using the MSA machine. Mr. Wilcox stated that the idea that the MSA machine can somehow detect frequencies of infections like *H. pylori* is preposterous. Mr. Wilcox stated that Dr. Everhart and his expert, Dr. Urse, made that clear when they could not explain how the machine worked other than to say it is programmed into the machine or it is proprietary information with the manufacturer. Mr. Wilcox opined that that is a significant red flag. Dr. Wilcox added that comparing the MSA machine to something like an EKG machine, which is used in practically every health institution in the world, is simply illegitimate.

Mr. Wilcox stated that the potential of Dr. Everhart's treatment to harm patients was illustrated by Patient 9. Patient 9 was a 28-year-old female who saw Dr. Everhart on four occasions. Dr. Everhart ordered three MSA tests and then started Patient 9 on the same course of antibiotics. Patient 9 was eventually admitted to the hospital with *C. difficile* and sepsis.

Mr. Wilcox stated that Dr. Everhart defrauded his patients and still does not acknowledge that. Mr. Wilcox disagreed with the Hearing Examiner's Proposed Order because it assumes that Dr. Everhart will change. Mr. Wilcox did not believe Dr. Everhart will change, based on his testimony indicating that he believes his treatment is appropriate and he is not amenable to remediation. Mr. Wilcox noted that some of Dr. Everhart's patients had 18 MSA tests at \$150 to \$350 per test, and Patient 7 had 23 MSA tests. All of these patients received the same diagnosis.

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Mr. Wilcox stated that the record is clear that Dr. Everhart committed fraud, and he requested that the Board revoke Dr. Everhart's Ohio medical license.

Dr. Johnson moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Dr. Everhart. Dr. Kakarala seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein stated that the field of medicine is one in which the principles of science are applied. The scientific method is used to provide results that are reproducible by other scientists, bias is controlled by random sampling and blinding of the subjects and researchers of experiment, and the results are subject to peer review. Results are quantified, such as confidence in the level of accuracy and the margin of error. Scrutiny and attempts to repudiate results are welcomed. Adherence to the principles of science is indispensable to the advances achieved in the field of medicine in modern times.

Dr. Schottenstein stated that the Meridian Stress Assessment (MSA) machine is not based on science; rather, it is based on pseudoscience. Pseudoscience claims to be based on scientific principles, but in fact it is inconsistent with scientific method, is without scientific foundation, and is actually the opposite of science. Dr. Schottenstein noted that early 20th Century philosopher Karl Popper talked about the concept of falsifiability as a way of distinguishing science from pseudoscience. In the field of science, results are inherently falsifiable, which means it is rationally possible to contradict them through competing observation. By contrast, pseudoscientific claims are based on an inherently unfalsifiable belief system: If one cannot prove it is wrong, then it must be true. Pseudoscience is substantially dependent on confirmation bias, which means one favors information that supports what one already believes. In pseudoscience, attempts to refute the claims of the practitioner are rejected instead of welcomed and there is a lack of willingness to have outside experts assess the claims of benefit, as has been seen with the description of the MSA technology as proprietary.

Dr. Schottenstein continued that Dr. Everhart embraces patient testimonial accounts to justify his practice, even though patient testimonials never qualify as evidence in the field of medicine. Dr. Schottenstein stated that Dr. Everhart has taken a dagger to the heart of the medical profession by relying on and defending technology that is rooted in pseudoscience. Every diagnosis Dr. Everhart makes and every decision he makes based on this technology is inherently flawed. Dr. Schottenstein disagreed with Dr. Everhart's characterization of this technology, opining that it is not a useful tool, does not give good information, is not an appropriate tool in the right hands, and does not help one get to the root of the problem. Dr. Schottenstein stated that any conversation about chronic Lyme disease and the criteria for its diagnosis becomes meaningless in the context of the use of this machine.

Dr. Schottenstein stated that Dr. Everhart goes to great lengths to rationalize his use of this machine. For instance, Dr. Everhart had testified that he has heard of people in the insurance industry who recognize the value of the machine, even if they don't pay for the test. Also, Dr. Everhart had heard of practitioners who use the machine, but he did not name one person or institution with certainty that do so anywhere. Dr. Everhart further rationalized that the machine is very effective because he gets great reviews online and there were many patient testimonials that vouch for his practice. However, Dr. Schottenstein noted that Dr. Everhart spends a lot of time with his patients and his patients like him, and those testimonial letters really speak to that more than anything. As Dr. Schottenstein had previously noted, in the field of medicine patient testimonials never qualify as evidence. Nonetheless, Dr. Everhart perceives the testimonials as proof of the validity of his practice.

Dr. Schottenstein continued that another rationalization is the practice of having patients sign a form in which they acknowledge that the machine does not diagnose medical conditions. Dr. Everhart relies on that form and the use of semantics that the machine is just a tool that provides useful information. Dr. Schottenstein stated that that form and those semantics are contradicted by Dr. Everhart's actual behavior. Testimony and records clearly show Dr. Everhart's use of the machine to engage in diagnosis of medical conditions. Dr. Schottenstein

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stated that Dr. Everhart cannot have a patient sign a form that the machine is not being used to diagnose medical conditions, and then proceed to do exactly that.

Dr. Schottenstein observed that when Dr. Everhart is asked how the machine works, he says that he is not an engineer and it is good enough for him that someone at the manufacturing company knows what they are doing. Dr. Schottenstein commented that the representatives of the company, which makes money if Dr. Everhart uses their product, assured Dr. Everhart that they have people who know how this arcane technology works. The fact that no one can prove otherwise is a hallmark of pseudoscience because it is unfalsifiable; the company's information is proprietary and not subject to any scientific scrutiny.

Dr. Schottenstein stated that in his testimony, Dr. Everhart blithely referenced the fact that the machine is based on principles of homeopathy. Dr. Schottenstein was uncertain if Dr. Everhart understands how badly this hurts his credibility and what that sounds like to practitioners who are based in science. Dr. Schottenstein stated that homeopathy is an example of pseudoscience and has no place in the practice of medicine.

Dr. Schottenstein stated that Dr. Everhart's claim that this machine provides actionable intelligence in the diagnosis of rare infections based on its ability to determine pathogen resonant frequencies by measuring electrical skin resistance is extraordinary. Dr. Schottenstein stated that it would be miraculous if such a machine actually existed. Dr. Schottenstein quoted Carl Sagan that extraordinary claims require extraordinary evidence. Dr. Schottenstein questioned where the extraordinary evidence is in this case. Dr. Schottenstein also questioned where the ordinary evidence is, or the supporting data.

Dr. Schottenstein stated that Dr. Everhart is not using this machine because there have been good, reliable, reproducible studies that have shown its validity for purposes of medical diagnosis. Rather, Dr. Everhart was impressed with the demonstration by the company's representatives as to the benefits of the machine. Dr. Schottenstein stated that it is unethical to use a machine for purposes of medical diagnosis or treatment if the source of information is the company's representatives who profit if the machine is purchased. Dr. Schottenstein stated that the company's representatives are salespeople and their job is to put on a great show. It is up to the physician to maintain a healthy skepticism when confronted with a demonstration of a product by company representatives.

Dr. Schottenstein continued that Dr. Everhart is diagnosing serious, rare medical conditions with this machine based on his own personal opinion that these conditions are ubiquitous and underdiagnosed in central Ohio. Dr. Schottenstein stated that there is no evidence to that effect, and it is actually contrary to Centers for Disease Control and Prevention (CDC) data. Further, the machine is being used in lieu of actual laboratory tests and imaging studies that are available. The machine was a contrivance that allowed Dr. Everhart to justify the diagnosis which he was essentially otherwise making up out of whole cloth from a variety of nonspecific physical complaints. Dr. Schottenstein stated that Dr. Everhart's treatment of these conjectured conditions was grossly negligent, as illustrated by the treatment-induced liver toxicity in Patient 2 and the hospitalization and treatment-induced sepsis of Patient 9.

Dr. Schottenstein stated that, sadly, Dr. Everhart has used this machine to diagnosis unfounded problems in numerous patients over the years. This has the effect of tempting vulnerable patients away from legitimate medical care that is science-based, which has negative repercussions in terms of both physical and emotional health for these individuals and for society at large.

Dr. Schottenstein noted defense counsel's closing argument in which he expressed surprise, given the concerns that have been raised about the MSA device, that the Medical Board has never previously taken action against either against the company that manufactures the device or against other health care providers that may have used it. Dr. Schottenstein stated that this is a fair question, and answered it by saying the Medical Board is a complaint-driven organization. The Board does not take it upon itself to spontaneously investigate medical technology or go into doctors' offices to investigate their practices. The Board responds to complaints, and someone lodged a complaint about Dr. Everhart's practice with the Board. Dr. Schottenstein commented that if Dr. Everhart's activities had been more mundane such as diagnosing vitamin

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deficiencies and recommending nutrition changes, that would probably have stayed under the radar. Dr. Schottenstein added that not every healthcare provider is licensed by the Medical Board, so practitioners using this technology who are licensed by other entities would not be in the Board's jurisdiction.

Dr. Schottenstein stated that Dr. Everhart and his counsel ultimately rely on their argument that there were many long-suffering patients who got better with Dr. Everhart's treatment. Dr. Schottenstein pointed out that it is still not known if the patients actually had the conditions for which they were being treated because there were no science-based diagnostic tests. Further, it is not known if Dr. Everhart's approach to treatment, in which he gave patients several broad-spectrum agents, treated something that was not even on his list of diagnoses, essentially treating those patients by accident. It is not known if the patients would have gotten better in time without treatment, nor is it known if there was a placebo response because there is no control group regarding Dr. Everhart's approach. Dr. Schottenstein felt that this is a difficult concept for those who are not educated in scientific principles, but he was incredulous that Dr. Everhart does not seem to understand these basic and obvious flaws in his theory that he must be practicing medicine appropriately because some patients got better.

Dr. Schottenstein respectfully disagreed with the Hearing Examiner's Proposed Order, which conceptualizes Dr. Everhart as someone who can be remediated with additional medical study and training. Dr. Everhart's testimony did not indicate any insight, regret, or resolve to practice according to the standard of care. The job of the Medical Board is to protect the citizens of Ohio and the medical profession itself from quackery, and its response should be unequivocal. The Medical Board exists to act as a bulwark against the pseudoscience that would infect the medical profession and put Ohio's citizens at risk. Dr. Schottenstein opined that the Board should send a letter to the FDA informing them of the details of this case and how their 510(k) clearance was used to provide a veneer of credibility to Dr. Everhart's use of this technology.

Dr. Schottenstein moved to amend the Proposed Order to a permanent revocation of Dr. Everhart's Ohio medical license. Dr. Feibel seconded the motion.

Mr. Giacalone stated that the FDA's approval process and its clearance process are very different from each other. The clearance process means clearance to market a medical device and requires substantial equivalence to something already on the market. The "clearance" process is not akin to prescription drug or medical device "approval." The "approval" process is very regimented and involves clinical studies establishing safety and effectiveness. Mr. Giacalone stated that the MSA machine, as it currently exists, does not fall into the category which requires a PMA (Premarket Approval) by the FDA. Mr. Giacalone opined that characterizing the use of this medical device as being somehow equivalent in value or utility to an EKG, as Respondent's attorney stated, is a farce.

Mr. Giacalone stated that an FDA guidance document from August 1994 that skin response measurement devices such as the MSA device ". . . were intended only for measurement of skin resistance (i.e., conductance). Any other intended use diagnostic capability must be supported by valid scientific data." The document further states that the FDA is ". . . not aware of any galvanic skin response (GSR) device that has any specific diagnostic capability, nor is there any scientific evidence that GSR devices can be used to diagnose any particular disease."

Responding to a question from Ms. Anderson, Mr. Giacalone stated that the document to which he is referring is not part of the hearing record for this case, but it is a publicly-available record from the FDA and can be found online. Ms. Anderson recommended that the Board's discussion be confined to the hearing record. Mr. Giacalone stated that the FDA document is relevant to this matter and strikes at the validity of what is being purported by the manufacturer of this device and the Respondent as to the intended use of the MSA medical device. In short, the claims purported to be made by the manufacturer and the Respondent regarding the diagnostic capabilities of this device are clearly contrary to the FDA's regulations and the FDA's opinion of such devices.

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Mr. Giacalone continued that the FDA issued numerous warning letters for GSR medical devices. Mr. Giacalone found it interesting that Geraldine Urse, D.O., who testified as an expert in support of Dr. Everhart, used a hand-held GSR medical device manufactured by ZYTOS in her own practice. This same company, ZYTOS Technologies, Inc., had received a Warning Letter from the FDA pertaining to the company's handheld GSR device, the ZYTOS Hand Cradle. Specifically, the FDA issued a warning letter to ZYTOS regarding inappropriate and unsubstantiated claims that the ZYTOS medical device could be used for "diagnosing a disease." Mr. Giacalone stated that if this product actually did what it is purported to do in terms of diagnostic capabilities, any legitimate medical device company would have moved forward to obtain an FDA approval through the premarket approval process given that the diagnostic capabilities attributed to such a device would be revolutionary. Mr. Giacalone stated that the purported diagnostic claims for this device are clearly out of scope for its FDA clearance as a GSR device. That said, he questioned how a medical professional could have been taken in and relied upon such unsubstantiated claims.

Ms. Montgomery commented that it is important that the Board's decision is based on the hearing record.

Dr. Feibel stated that he appreciates Mr. Giacalone's comments, but he will not use those comments in forming his determination in this matter. Dr. Feibel agreed with Dr. Schottenstein's comments. Dr. Feibel stated that it is important to understand that Dr. Everhart earned a lot of money on this device. Dr. Feibel noted the following passage from Dr. Everhart's consent form:

Please note that the equipment utilized is nondiagnostic in nature. This procedure is approved by the FDA for evaluation of functional health and will help the doctor determine what medicines or nutritional supplements will be needed to address your specific health needs.

The doctor may recommend certain nutritional supplements which can be purchased on site from HOST NUTRITION, LTD. You may choose to purchase similar products elsewhere; however, we can only vouch for the quality and effectiveness of the specific products we have tested you for on the MSA machine. The majority of these products are produced in reputable labs and are only sold by health care providers. You cannot purchase these brands in retail stores.

Dr. Feibel opined that this is an effort to get patients to purchase products from Dr. Everhart, which he found to be wholly unethical and a harm to the public.

Dr. Johnson stated that there is great concern about the medications that were prescribed by Dr. Everhart and the process for prescribing them in terms of the public pharmacy. Dr. Johnson noted that a patient became very ill and septic as a result of this exposure, which is very concerning in itself.

Referring to his previous comments, Mr. Giacalone clarified that the FDA approval process and clearance process was discussed *ad nauseum* in the hearing testimony, and the information he had discussed simply delineates what is in the scope of the clearance and the approval processes. Mr. Giacalone reiterated that it is publicly-available information, no different than a statute or a regulation. Mr. Giacalone opined that it is relevant because it is important to understand the product is not being used for what it was cleared to be used for by the FDA, and, furthermore, that the FDA sent Warning Letters that were sent in similar situations shows that it is being used inappropriately.

Ms. Montgomery opined that Dr. Everhart has not been truthful when claiming that he does not use the machine for diagnostic purposes. Ms. Montgomery stated that the Assistant Attorney General clearly established that the machine is being used for diagnosis. Ms. Montgomery also expressed concern that the diagnoses seem to be routinized. Further, the medications are prescribed in large amounts and appear to contradict each other in some cases.

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As a consumer representative on the Board, Ms. Montgomery was concerned that the MSA machine was being inappropriately used as a diagnostic tool, that the diagnoses from the machine are not reliable, and as a result the medications prescribed in some cases seem to be dangerous. Ms. Montgomery believed that the record reflects a real danger to the public in terms of how Dr. Everhart is practicing medicine.

Dr. Reddy stated that Dr. Everhart is treating lesions which could have been diagnosed easily and treated very nicely, rather than the way Dr. Everhart treated them. Dr. Reddy stated that the MSA machine may have given some evidence of the condition, but Dr. Everhart never proved that that particular condition existed before starting treatment.

Responding to a question from the Board Parliamentarian, Dr. Schottenstein clarified that his motion to amend to a permanent revocation was not intended to alter the \$3,500 fine that was in the original Proposed Order. All Board members agreed that that was their understanding as well.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion to amend carried.

Dr. Feibel moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order, as amended, in the matter of Dr. Everhart. Dr. Johnson seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion to approve carried.

Joseph Peyton, D.O.

Ms. Montgomery directed the Board's attention to the matter of Joseph Peyton, D.O. No objections were filed. Mr. Porter was the Hearing Examiner.

A request to address the Board has been filed on behalf of Dr. Peyton. Five minutes will be allowed for that address.

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Dr. Peyton was represented by his attorney, Gregory Tapocsi.

Mr. Tapocsi stated that he has filed no objections to the Hearing Examiner's detailed Report and Recommendation because he and Dr. Peyton feel the Proposed Order is appropriate for his conduct. Dr. Peyton spends the vast majority of his time practicing geriatric medicine and serving as medical director for numerous nursing homes and regimented care facilities. 95% of Dr. Peyton's professional time is devoted to practicing geriatric medicine and hospice care; the remaining 5% is allotted to his generally family medicine practice. At the time of the hearing a very small percentage of Dr. Peyton's practice, about 15 to 20 patients, involved the prescribing of opioids. At this time an even smaller number, about 4 to 5 patients, are prescribed opioids, and those are nursing home patients. Mr. Tapocsi stated that this is not a case of a physician prescribing combinations of controlled substances at high dosages. Rather, this is a documentation case.

Mr. Tapocsi noted that the State's expert, when asked what his overall concern is and what this case is about, answered that it was about documentation. Dr. Peyton has not disputed that at any point in these proceedings and he has admitted his shortcomings in documentation. Since that time, Dr. Peyton has worked hard to remedy those deficiencies. Dr. Peyton has obtained a new electronic medical record (EMR) system that is much easier to use and he has received training on that system. Dr. Peyton also works with a scribe to assist with his documentation. Most importantly, Dr. Peyton has completed a prescribing course and a record-keeping course.

Mr. Tapocsi stated that Dr. Peyton is a devoted physician and has practiced for over 30 years with no prior discipline. The evidence shows that Dr. Peyton is a caring, compassionate physician and only wants what is best for his patients. Mr. Tapocsi respectfully asked the Board to adopt the Proposed Order, which is consistent with the Board's disciplinary guidelines for record-keeping cases and consistent with the mitigating circumstances of this case.

Dr. Peyton stated that he had wanted to be a physician since he was about 12 years old and he considers it an absolute privilege to dedicate his life to others. Dr. Peyton has been blessed to practice medicine for over 30 years and he has made it his mission to help those in need. Dr. Peyton's passion is for family medicine, particularly geriatrics. Dr. Peyton had seen many changes in the practice of medicine, but something that has not changed is the importance of keeping thorough and accurate charts. Dr. Peyton stated that record-keeping is one of the foundational elements of the medical profession and he had neglected to meet those standards and expectations. Dr. Peyton stated that his practice had been purchased by a large health system that utilized an EMR he was not familiar with, and his practice also suffered a ransomware attack, but there is no excuse for his neglect. Dr. Peyton accepted full responsibility for the shortcomings in his record-keeping and stated that it will not happen again.

Dr. Peyton stated that he has completed a record-keeping course at Case Western Reserve University about the latest changes in the standard of care for documentation, and he will continue to take similar continuing medical education (CME) courses on that topic moving forward. Dr. Peyton's office has transitioned to a new EMR system that is easy to use, and he also utilizes the services of a scribe when necessary to ensure that his notes are timely. Dr. Peyton assured the Board that his record-keeping now exceeds the highest standard of care.

Dr. Peyton continued that there was also discussion about his patients receiving controlled substance prescriptions. Dr. Peyton stated that prescribing controlled substances was an extremely small part of his practice, and it is an even smaller part currently. Dr. Peyton stated that he takes the utmost care and precaution in the limited situations where a controlled substance prescription is indicated. Dr. Peyton stated that his daughter has been in recovery for substance abuse disorder and he knows first-hand the perils of opioid use.

Dr. Peyton thanked the Board for its professionalism throughout this process and he apologized for his shortcomings outlined in the Report and Recommendation.

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Ms. Montgomery asked if the Assistant Attorney General wished to respond. Mr. Wilcox stated that he wished to respond.

Mr. Wilcox stated that this case reflects very poor documentation. Mr. Wilcox stated that it is very important for a physician to document why a drug is being prescribed, what it is treating, and how the patient is doing on the medication. Dr. Peyton also failed to comply with the Board's intractable pain rules and the Ohio Automated Rx Reporting System (OARRS) rules. Dr. Peyton made clear in his hearing that he realizes his shortcomings. Mr. Wilcox continued that some of Dr. Peyton's patients demonstrated red flag behavior, such as multiple failed drug screens and reports of aberrant behavior, for which he did not document any reaction or that he had addressed it.

Mr. Wilcox opined that the Proposed Order, which is a reprimand and probation for one year with a monitoring physician and educational courses, is rather light. Mr. Wilcox was interested in what the Board members thought about this case and if they felt another Order would be appropriate for Dr. Peyton.

Mr. Giacalone moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Dr. Peyton. Dr. Johnson seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Feibel agreed with the Assistant Attorney General that the Proposed Order is very light. Dr. Feibel appreciated that Dr. Peyton accepted his mistakes and has gone a long way to mitigate this matter. Nevertheless, Dr. Feibel felt that there must be some responsibility for poor prescribing patterns, inattention to red flags, and other issues. These actions hurt patients by potentially telling them it is okay to continue taking the medicine as they are, and patients rely on physicians to make sure they do not do that.

Dr. Feibel stated that this is more than just a case of poor documentation and he felt a reprimand and one-year probation is exceedingly light. Dr. Feibel stated that he would support a six-month suspension of Dr. Peyton's medical license followed by a two-year probation, but he wished to hear what other Board members thought about this case.

Mr. Giacalone agreed that for a number of Dr. Peyton's patients there was excessive prescribing, especially of oxycodone and other controlled substances. However, Mr. Giacalone stated that it was very limited and Dr. Peyton seems to have inherited these patients from other physicians. Mr. Giacalone agreed that Dr. Peyton's treatment was sloppy and not in accordance with the intractable pain rules, but it was thankfully limited to a handful of patients. Mr. Giacalone opined that a six-month suspension would be harsh in this case, stating that this case is different from those the Board typically sees involving over-prescribing.

Dr. Feibel noted that the Board does not currently have a mechanism for notifying a physician's patients of a Board Order or a requirement that the physician notify patients of a Board Order, and consequently patients do not know that their physician has been disciplined unless they look up the physician on the Board's website. Dr. Feibel stated that this could potentially lead to public harm.

Dr. Feibel, noting little support among Board members for a six-month suspension, suggested that a three-month suspension of Dr. Peyton's license followed by a two-year probation would be appropriate.

Dr. Feibel moved to amend the Proposed Order to suspend Dr. Peyton's medical license for a definite period of three months, followed by a two-year probationary period with the probationary terms unchanged. No Board member seconded the motion. The motion was lost for want of a second.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain

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Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	N
Dr. Reddy	N
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion to approve carried.

Hong Wang

Ms. Montgomery directed the Board's attention to the matter of Hong Wang. No objections were filed. Ms. Shamansky was the Hearing Examiner. This matter is non-disciplinary in nature, and therefore all Board members may vote.

Dr. Bechtel moved to approve and confirm the Proposed Findings of Fact, Conclusions, and Order in the matter of Ms. Wang. Dr. Johnson seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Ms. Montgomery stated that in the following matters, the Board issued Notices of Opportunity for Hearing. No timely requests for hearing was received. These matters were reviewed by a Hearing Examiner, who prepared Proposed Findings and Proposed Orders, and they 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 matters of Dr. Ranieri and Dr. Swick.

Joseph Betro, M.D.

Dr. Johnson moved find that the allegations as set forth in the September 9, 2020 Notice of Opportunity for Hearing in the matter of Dr. Betro have been proven to be true by a preponderance of the evidence

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and to adopt Ms. Shamansky’s Proposed Findings and Proposed Order. Dr. Bechtel seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter.

Dr. Schottenstein stated that Dr. Betro was one of the co-conspirators in the matter of Dr. Zahoor, whose order the Board amended last month to a maximum fine of \$20,000 due to the egregious nature of the case. Dr. Schottenstein opined that this Proposed Order should be amended in the same way.

Dr. Schottenstein moved to amend the Proposed Order to increase the proposed fine from \$18,000 to \$20,000. Dr. Reddy seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion to amend carried.

Dr. Feibel moved find that the allegations as set forth in the September 9, 2020 Notice of Opportunity for Hearing in the matter of Dr. Betro have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky’s Proposed Findings and Proposed Order, as amended. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Kristina L. Hecht, R.C.P.

Dr. Bechtel moved find that the allegations as set forth in the February 10, 2021 Notice of Opportunity for Hearing in the matter of Ms. Hecht have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee’s Proposed Findings and Proposed Order. Dr. Johnson seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Thomas Ranieri, M.D.

Dr. Johnson moved find that the allegations as set forth in the September 9, 2020 Notice of Opportunity for Hearing in the matter of Dr. Ranieri have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee's Proposed Findings and Proposed Order. Dr. Kakarala seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion carried.

Shawn M. Swick, M.D.

Dr. Johnson moved find that the allegations as set forth in the March 11, 2020 Notice of Opportunity for Hearing in the matter of Dr. Swick have been proven to be true by a preponderance of the evidence and to adopt Ms. Lee's Proposed Findings and Proposed Order. Dr. Reddy seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

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

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Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion carried.

Jacob Osterhues, L.M.T.

Dr. Johnson moved find that the allegations as set forth in the May 13, 2020 Notice of Opportunity for Hearing in the matter of Mr. Osterhues have been proven to be true by a preponderance of the evidence and to adopt Ms. Shamansky’s Proposed Findings and Proposed Order. Dr. Reddy seconded the motion.

Ms. Montgomery stated that she will now entertain discussion in the above matter. No Board member offered discussion in this matter.

A vote was taken on Dr. Johnson’s motion:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Ms. Montgomery stated that in the following matters, the Board issued Notices of Opportunity for Hearing, and documentation of Service was received for each. There were no timely requests for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. These matters are therefore before the Board for final disposition.

Susan M. Norcia, M.T.

Ms. Montgomery stated that On December 9, 2020, the Board authorized issuance of a Notice of Opportunity for Hearing to Susan M. Norcia, M.T., informing her that the State Medical Board of Ohio proposed to deny her application for a license to practice massage therapy in the State of Ohio because she has not provided

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documentation that she has successfully passed an examination approved by the Board, to wit: all applicants seeking a certificate to practice massage therapy must have passed the Massage & Bodywork Licensing Examination (“MBLEx”). According to Ms. Norcia’s application, she has not passed the MBLEx as required by the Board.

Dr. Bechtel moved to find that the facts set forth in the December 9, 2020 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, denying Ms. Norcia’s application for a license to practice massage therapy. Dr. Reddy seconded the motion. A vote was taken:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Vern D. Reynolds, D.O.

Ms. Montgomery stated that on March 10, 2021, the Board authorized issuance of a Notice of Opportunity for a Hearing to Vern D. Reynolds, D.O., informing him that the State Medical Board of Ohio proposed to deny his application for a certificate to recommend the medical use of marijuana, because the doctor has previously been subject to disciplinary action that was based, in whole or part, on inappropriately prescribing a controlled substance, or other dangerous drug, making him ineligible for a certificate to recommend, to wit: on or about January 13, 2021, Dr. Reynolds entered into a Consent Agreement with the Medical Board in which his license was reprimanded, and subject to probationary terms until the completion of medical education courses. The Consent Agreement was based, in part, on the doctor’s admission that he had pre-signed a prescription for a controlled substance without having included the patient’s name or date.

Dr. Johnson moved to find that the facts set forth in the March 10, 2021 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, denying Dr. Reynolds’ application for a Certificate to Recommend the Medical Use of Marijuana in Ohio. Dr. Kakarala seconded the motion.

Dr. Reddy stated that Dr. Reynolds applied for a Certificate to Recommend in July 2018, and then entered into his Consent Agreement in January 2021. Dr. Reddy asked why there was a three-year delay in this matter. Ms. Anderson replied that the issue that resulted in the January 2021 Consent Agreement would have delayed consideration of the Certificate to Recommend application.

A vote was taken on Dr. Johnson’s motion:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y

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Mr. Gonidakis	Abstain
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion carried.

Dawn M. Tomko, R.C.P.

Ms. Montgomery stated that on April 14, 2021, the Board authorized issuance of a Notice of Opportunity for Hearing to Dawn M. Tomko, R.C.P., informing her that the State Medical Board of Ohio proposed to approve her application for restoration of her license to practice as a respiratory care professional, provided that she take and pass the Clinical Simulation Examination (CSE), administered by the National Board for Respiratory Care, because she has not been engaged in the active practice of respiratory care for more than two years.

Dr. Bechtel moved to find that the facts set forth in the April 14, 2021 Notice of Opportunity for Hearing have been proven to be true by a preponderance of the evidence, and that the Board enter an Order, effective immediately upon mailing, approving Ms. Tomko's application for restoration of her license to practice respiratory care in the State of Ohio be approved, provided that she takes and passes the CSE within 6 months of the date of mailing of the Notice of Opportunity for a Hearing. Dr. Johnson seconded the motion. A vote was taken:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

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; and to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official. Dr. Bechtel seconded the motion. A vote was taken:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y

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Dr. Feibel	Y
Dr. Reddy	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

The Board went into Executive Session at 11:44 a.m. and returned to public session at 12:01 p.m.

The Board recessed at 12:01 p.m. The meeting resumed at 12:40 p.m.

SETTLEMENT AGREEMENTS

Janet Lynn O'Hara, M.D.

Dr. Feibel moved to ratify the proposed Permanent Surrender with Dr. O'Hara. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion carried.

John J. Vargo, D.O.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Vargo. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion carried.

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Jason Alan Robinson, R.C.P.

Dr. Johnson moved to ratify the proposed Permanent Surrender with Mr. Robinson. Dr. Bechtel seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Randall O. Krawcheck, D.O.

Dr. Johnson moved to ratify the proposed Consent Agreement with Dr. Krawcheck. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Abstain
Ms. Montgomery	Y

The motion carried.

Irene Ellen Dornauer, R.C.P.

Dr. Bechtel moved to ratify the proposed Step II Consent Agreement with Ms. Dornauer. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y

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Ms. Montgomery	Y
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The motion carried.

Jeffrey David Neidhart, M.D.

Dr. Kakarala moved to ratify the proposed Step I Consent Agreement with Dr. Neidhart. Dr. Feibel seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

NOTICES OF OPPORTUNITY FOR HEARING, ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, AND ORDERS OF AUTOMATIC SUSPENSION

Ms. Marshall and Ms. Canepa presented the following Citations to the Board for consideration:

1. James E. Prommersberger, D.P.M.: An Immediate Suspension, based on convictions for multiple felonies, including 30 counts of trafficking in drugs.
2. Sarah Au, M.D.: A Summary Suspension, based on a relapse.
3. Cristen Evilsizer: Based on pleas of guilty to two felonies.
4. David Maxwell Gibson, L.M.T.: Based on pleas of guilt to a felony, specifically vehicular homicide for causing death of another while under the influence of drugs or alcohol.
5. Shannon Quigley: Based on impairment, pursuant to an evaluation conducted in April 2021.
6. Jennifer N. Russell, R.C.P.: Based on pleas of guilty to five counts of aggravated vehicular assault while under the influence of drugs or alcohol.
7. Basem Kaleem Shlewiet, M.D.: Based on action by the Pennsylvania State Board of Medicine, which accepted a permanent surrender of the doctor's license in that state related to multiple felony and misdemeanor sex offenses involving patients.
8. Michel Toret, M.D.: Based on pleas of guilty to felonies in Pennsylvania, specifically drug delivery resulting in death and administering a controlled substance without lawful purpose.
9. Marie Therese Shedlock, P.A.: A Summary Suspension, based on a relapse.
10. Noel J. Watson, M.D.: A Summary Suspension, based on administering drugs for other than legal or legitimate therapeutic purposes, violation of the sexual misconduct rules, and violation of the drug rules.

Dr. Johnson moved to approve and issue proposed Citation #1, an Immediate Suspension. Dr. Bechtel seconded the motion. A vote was taken:

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Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Dr. Johnson moved to approve and issue proposed Citation #2, a Summary Suspension. Dr. Bechtel seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Dr. Johnson moved to approve and issue proposed Citation #9, a Summary Suspension. Dr. Bechtel seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Dr. Johnson moved to approve and issue proposed Citation #10, a Summary Suspension. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain

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Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

Dr. Johnson moved to approve and issue proposed Citations #'s 3 through 8. Dr. Bechtel seconded the motion. A vote was taken:

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Dr. Bechtel	Y
Ms. Montgomery	Y

The motion carried.

OPERATIONS REPORT

Human Resources: Ms. Loucka stated that the Board has hired Amy Priddy as the new Compliance Manager. Ms. Priddy comes to the Board from the Attorney General's office. Ms. Priddy will work with Ms. Dorcy in compliance and help reshape and put substance into the probation program and the provider agreements with treatment providers, as well as maintain the Board's ongoing relationship with the Ohio Physician Health Program.

The Board has also hired Jennifer Reed as a new Enforcement Attorney. Ms. Reed also comes to the Board from the Attorney General's office. Ms. Reed will be the lead Enforcement Attorney on sexual misconduct cases.

Reesa Carter, currently at the Board's front desk has taken an internal promotion to the Licensure section.

Stuart Nealis has left the Board for a position with The Ohio State University. Human Resources is working to fill the position of project manager.

On July 21, the Investigations, Enforcement, and Compliance sections will meet at an off-site retreat for a one-day training on a variety of topics.

Budget Update: Ms. Loucka stated that the Board's revenue outlook is positive and that that July 1 renewal deadline has passed. The Board has received a little more than half of the fines it has assessed to date and there is an ongoing effort internally and with the Attorney General's office to recoup those fines.

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Ms. Loucka stated that Dr. Schottenstein will give a more detailed report during the financial update later in the meeting.

Legislative Affairs and Policy: Ms. Loucka stated that in response to the Strauss Working Group report, the Executive Directors of the health care boards met last week to discuss best practices for sexual misconduct investigations, investigative techniques, and support to staff in various matters.. The Medical Board is a leader of that group. There will be investigative training at the end of August. The Board is also working with the Governor's convened overdoes strike team to feel out where the Board's licensees fit into that picture.

Ms. Loucka stated that she and Ms. Montgomery had an opportunity to meet with the Chief Counsel and Assistant Counsel of The Ohio State University (OSU) to discuss ongoing efforts to share information within the bounds of each entity's rules and regulations and to explore how to reach the common goal of protecting the public. Mr. Gonidakis asked which entity initiated the meeting. Ms. Montgomery responded that both the Board and The OSU made a joint decision to hold the meeting.

Office of Budget and Management Audit: Ms. Loucka stated that the audit by the Office of Budget and Management (OBM), done at the request of the Strauss Working Group, has been completed. Ms. Loucka has seen a draft of the audit, which will be shared with the Board when it is in its final form. The draft contained recommendations relative to protection of the Board's data, access to Salesforce, recommendations about investigations, and closing cases in Salesforce. The final audit report is expected next month.

Quality Assurance Committee: Ms. Montgomery noted that the staff continues to discuss methods of expediting case review and to finalize proposals for a Quality Assurance (QA) Committee. Ms. Loucka agreed and stated that recommendations for a QA Committee will be on the Board's August agenda.

Compliance Statistics: Ms. Loucka stated that the Board currently has 184 probationers. Ms. Priddy's role will be to review the probationers and determine who has been successful and who may need more follow-up.

Special Projects: Ms. Loucka stated that the Board's subpoena process has been overhauled to improve time and efficiency.

Licensure: Ms. Loucka stated that Fiscal Year 2021 ended with about 6,000 non-renewals. This number is somewhat inflated because it captures those who's licenses would have expired in 2020 but did not due to the automatic extension. The number of licensees has dropped somewhat from about 93,000 to about 90,000.

Ms. Loucka stated that in compliance with recent legislation, the Board will join the Interstate Medical Licensing Compact (IMLC). This will be a potential new revenue stream for the Board and there will be new practices and procedures. A working group is being formed internally to implement these changes within the next 15 months and to work with the ILMC staff.

Ms. Loucka noted that licensure times have slowed somewhat. One reason for this slowdown is that Licensure is short a staff member. Another reason is that the Bureau of Criminal Investigation (BCI) switched to a new background check system that took the Board offline for a few days in June. The background check system is running better now, but is still not 100%. Also, all the licensees who delayed renewal until July 1 need background checks as well.

Medical Board Experts: Ms. Montgomery commented that there is some concern about the Board's processes for obtaining experts. Ms. Loucka stated that it has been increasingly difficult to find experts to review cases and it is a time-consuming process. Part of the difficulty may be related to what the Board pays for experts. Another problem may be that there is a higher proportion of physicians who work for large employers who will not let them work as experts. Currently, an expert must be in a certain jurisdiction or be actively practicing. Ms. Loucka opined that the Board should consider legislative solutions to allow the Board to cast a wider net for its expert pool. The new process is a significant investment in the Salesforce system will provide the real picture of how the Board is using its experts.

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Ms. Loucka also noted the potential of using a contracting service for experts, which was one of the recommendations of the Federation of State Medical Boards report. Ms. Loucka stated that in the United States, only the District of Columbia Board of Medicine fully uses a contracting service for experts at this time, while some other boards use such services for some of their work. Ms. Loucka stated that the Board may consider using a contracting service for cases involving certain specialties where finding experts is particularly difficult.

The Board thoroughly discussed the issue of experts, the current process, and the importance of obtaining appropriate experts for each case. The Board also discussed the hiring of a medical director, which was included in the Board's budget request, and that part of that position would be to facilitate the expert process and, when appropriate, act as an expert himself or herself.

Mr. Giacalone noting that the Board's experts have always been Ohio-based and asked if the Board can obtain experts from outside Ohio. Ms. Marshall stated that in areas in which the standard of care in Ohio is codified, such as pain prescribing and dietary prescribing, an Ohio physician is required so they can be an expert on the Ohio standard of care. Dr. Reddy commented that there are plenty of experts in Ohio, but the difficulty lies in the amount that the Board pays experts.

Complaints: Ms. Loucka noted that first quarter data showed that the Board had been closing or otherwise resolving complaint faster than new complaints were received. However, the second quarter data shows that there are a record number of new complaints. Despite having record numbers of closures, they did not outpace the new complaints. Management is concentrating on where additional staff are being utilized so that this issue can be addressed. Ms. Reed, recently hired as an Enforcement Attorney for sexual misconduct cases, will be beneficial in moving those complaints along in the process. Once the Office of Budget and Management (OBM) makes its final allotments, the Board will implement a strategic hiring plan to address the volume of complaints. The staff will also discuss other intermediate efforts to resolve complaints.

Ms. Montgomery noted one case the Board heard today involving a licensure issue and a respondent who did not qualify for a license. Despite not qualifying for licensure, the respondent pushed forward with the case, which consumed a great deal of the staff's time and the Board's time. Ms. Montgomery also noted the Board's significant backlog of cases and efforts to address that. Ms. Loucka agreed and stated that the tools being put into place should also help address the backlog. Ms. Loucka commented that the number on the Board's staff has remained the same for many years but complaints have increase by about 50% in the same time, which has contributed to the backlog. Ms. Loucka stated that when 760 complaints are received in a month, that is a lot for a staff of six attorneys and 20 investigators. Ms. Montgomery asked about the cause of the increase in complaints. Ms. Loucka was uncertain of the cause, but noted that the other health care boards in Ohio have seen a similar increase.

Dr. Feibel asked if there are any complaints that are able to be dispensed of more quickly. Ms. Loucka stated that complaints can be closed if they concern something not in the Board's jurisdiction, such as billing complaints or office hours. However, many of the complaints are about substantive issues, including standard of care, prescribing, and impairment. Dr. Rothermel added that sometimes there are multiple complaints from multiple sources about the same thing.

Communications: Ms. Loucka stated that the Communications section continues to do a fantastic job for the Board, maintaining a social media presence, sending email blasts to licensees, sending license renewal reminders, and working with associations.

Ms. Loucka stated that today's meeting, although being conducted in-person, is being livestreamed on the Board's YouTube channel. Ms. Loucka thanked the Ohio Channel's generosity in making this possible and teaching Board staff how to continue livestreaming the meetings in the future. Recordings of livestreamed meetings can be found on YouTube.

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RULES & POLICIES

Rule Review Update

Ms. Anderson stated that the Rule Review Update has been provided in the Board meeting materials for the members' review. No Board member had questions about the Rule Review Update.

Adoption of Rules

Ms. Anderson stated that a number of rules were considered at the public rules hearing on May 17, 2021, including a number of hearing rules, dietetics rules, and light-based medical devices rules. These rules are now ready for adoption by the Board.

Ms. Anderson noted that at the last Board meeting, the Board approved changes to the light-based medical devices rules, based on comments received at the public hearing. Subsequently, it was learned that the budget bill contained language affecting those rules. The bill does not affect the Board's rules for non-ablative laser procedures, but laser hair removal procedures are affected. Specifically, the budget bill language exempts the following individuals from the training and education requirements: Physical therapists, registered nurses, licensed practical nurses, physician assistants, previously-licensed cosmetic therapists, and persons who had been using light-based medical devices for hair removal for at least the preceding two years through lawful delegation.

Ms. Anderson pointed out that the Board's emergency rule allowing previously-licensed cosmetic therapists to continue to be delegated laser hair removal procedures will expire on August 8, while the language in the budget bill will not become effective until September 30. Ms. Anderson advised the Board to adopt the rules approved last month so that cosmetic therapists can continue the procedure between August 8 and September 30.

Ms. Montgomery asked if the Board knows how cosmetic therapists are fairing under the emergency rule. Ms. Anderson replied that the staff can reach out to the association with that inquiry. Ms. Anderson noted that individuals from the profession who had provided information at the Board's public hearing have indicated that they will not oppose the budget bill language. When the Board goes through the rule promulgation process to amend the rules to match the statute, there will be a clearer picture of how these changes are impacting people. Ms. Loucka commented that the Board's message has been one of continued interest in making certain that cosmetic therapists can continue to work and to make physicians feel comfortable delegating these procedures to cosmetic therapists.

Dr. Saferin moved to adopt, amend, and rescind the rules as described in the June 25, 2021 memorandum from Ms. Anderson and to assign each rule action the effective date of July 31, 2021. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Ms. Anderson commented that the staff continues to work on a Frequently-Asked Questions (FAQ) document for the light-based medical device rules to help reduce confusion about the many recent changes.

Public Rules Hearing

Ms. Anderson stated that the Board held a public rules hearing on June 28, 2021, for the Ohio Automated Rx Reporting System (OARRS) rules, the pronouncement of death rule, one rule for the delegation of medical tasks, and the sexual misconduct rules. The hearing report has been provided to the Board members in the meeting materials. Two substantive comments were received on these rules.

The first comment related to Rule 4731-23-02, delegation of medical tasks. The Ohio Department of Development Disabilities (DODD) recommended deletion of Section (D)(2) to be consistent with other amendments that had removed language regarding individuals in their system.

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Dr. Schottenstein asked why there is a disinclination for physician delegation in the development disability environment. Ms. Anderson responded that DODD has indicated through their legal counsel that it did not want physicians in these settings to delegate to unlicensed individuals, but they did not elaborate as to the reason.

The second comment pointed out that, while dietitians were included in the sexual misconduct rules, holders of the dietetics limited permit was inadvertently left out. Ms. Anderson recommended amending the rule to include limited permit holders.

Dr. Saferin moved to amend Rule 4731-23-02 to delete section (D)(2); and to amend Rule 4731-26-01 to add limited permit holders to paragraph (A)(4). Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Initial Circulation of Rules

Ms. Anderson stated that it was previously believed that no comments had been received upon the initial circulation of these rules. However, a substantive comment had been received from a massage therapy school. Ms. Anderson stated that this will be brought back in August for the Board's review.

Telemedicine FAQ's

Mr. Smith stated that at its June 9, 2021 meeting, the Board agreed that 90 days after the Governor terminates the State Declaration of Emergency, it would resume enforcement of laws and rules that require in-person patient visits at certain times. The Governor terminated that declaration on June 18, and therefore the enforcement of those laws and rules will resume on September 17.

Mr. Smith stated that the Board received many inquiries about telemedicine throughout the pandemic and will likely to continue receiving such questions. A draft frequently asked questions (FAQ) document has been developed for the Board's review. The FAQ document is divided into four parts:

- The effect of the COVID-19 pandemic State of Emergency on telemedicine in Ohio and what happens when enforcement is resumed.
- The effect of the resumption of the enforcement
- Licensure questions and other general questions related to practicing telemedicine in Ohio.
- The specific laws and rules affecting the provision of medical care through telemedicine.

Mr. Smith asked the Board to review and discuss the FAQ's and approve either the draft or a revised version so that they may be posted to the Board's website.

The Board members discussed the FAQ document thoroughly. In response to a question from Ms. Montgomery, Mr. Smith stated that the Board does not require any kind of separate certificate or notification for a physician to practice telemedicine in Ohio. Mr. Smith added that, with very limited exceptions, physicians and physician assistants must be licensed by Ohio in order to treat patients in Ohio via telemedicine, even if the practitioner is in another state.

Responding to a question from Dr. Reddy, Mr. Smith stated that a practitioner cannot prescribe via telemedicine unless they have seen the patient before. The Board's rules define an active patient as someone who has been seen within the last 24 months for the same condition or illness for which they are being prescribed medication.

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Dr. Reddy commented that generally, before the pandemic, he would see patients to whom he is prescribing medication in person at least every three months. The rules say that a complete physical examination should be completed within three months. Dr. Kakarala observed that it may depend on how one defines the term “physical examination.” Dr. Feibel agreed with Dr. Kakarala, noting that there is literature coming out indicating that one can even perform an orthopedic physical examination through telemedicine, which Dr. Feibel does not personally believe. Such literature will call into question what a physical examination is, and therefore the Board should consider refining that language.

Mr. Smith stated that House Bill 122 is working its way through the legislative process. If passed, House Bill 122 would drastically affect this FAQ document. Currently, House Bill 122 has passed the House and is awaiting its first hearing in the Senate Health Committee. The Board staff will engage with the Health Committee and try to affect the legislation using the substantive comments provided by the Board’s *ad hoc* Telemedicine Committee. The current FAQ document reflects the state of telemedicine today.

Dr. Reddy agreed with Dr. Feibel’s comments and suggested using the term “in-person physical examination.” Dr. Reddy commented that he is seeing patients he has not seen in person for a year and he is detecting problems that he did not detect when he examined them via telemedicine. Dr. Reddy stated that he needs to see how his patients walk, and it is very difficult for patients to show that on telemedicine.

Dr. Feibel opined that a patient should be seen in person at least every year, and more often if the patient is receiving prescriptions. Dr. Feibel favored some exceptions, such as patients who are infirm or is otherwise unable to go to the physician’s office. Dr. Feibel used a patient with agoraphobia as an example. Dr. Feibel opined that if the Board does not pay close attention to the telehealth rules they could be abused.

In summary, Ms. Loucka stated that the current draft FAQ document addresses the current world and the Board needs to do legislative outreach on the pending bill. Ms. Loucka noted that there has been a significant increase in mental health treatment via telemedicine. Ms. Loucka speculated that if HB 122 does not pass, there will be an effort to address telemedicine for mental health treatment. Regarding disciplinary issues, Ms. Loucka stated that complaints about telemedicine will be approached relative to the factual circumstances like any other standard of care complaint.

Ms. Montgomery thanked Mr. Smith for doing a remarkable job on the FAQ document. Ms. Montgomery asked that the document include a statement that it reflects the current rules and laws and it may be modified if new rules or laws become effective.

Dr. Saferin moved to approve the draft FAQ document on telemedicine as discussed. Dr. Reddy seconded the motion. All members voted aye. The motion carried.

Legislative Update

House Bill 110, State Operating Budget: Ms. Wonski stated that House Bill 110 was signed into law by the Governor on June 30. All provisions tied to an appropriation became effective upon signature, while all other provisions will become effective on September 30.

Several amendments were included in the final version of House Bill 110. Action items required of the Board are as follows:

- The bill creates a Massage Therapy Advisory Council. Ms. Reardon will manage the implementation of that Council. The Board should begin accepting applications for the Council in September and the first meeting of the Council should be in November. One member of the Council must be a physician from the Medical Board.
- The bill recognizes the authority of a medical practitioner to decline to perform or participate in any health care service that violates that practitioner’s conscious, as informed by moral, ethical, or religious beliefs or principles. In addition, the Board is required to use up to \$5,000

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in fiscal year 2022 to create a brochure or other educational materials regarding that right of conscious. Those materials are to be posted to the Board's website. Ms. Wonski will lead a work group from Legal, Fiscal, and Communications to determine how to meet those requirements.

- The bill requires all hospitals to be licensed by the Department of Health within three years of the effective date of the bill, rather than simply registered as in current law. The staff is working internally to determine the Medical Board's role in these requirements.

Senate Bill 6: Ms. Wonski stated that this bill, signed into law by the Governor on July 1, requires the Board to join the Interstate Medical Licensing Compact (ILMC). Ms. Loucka and Mr. Turek are working with ILMC staff to collaborate on an implementation strategy. Board staff will also begin working through the intricacies of implementation. This creates a new track for licensure, so the Licensure section will be most heavily impacted; however, all sections will see some sort of impact. Implementation must occur by September 2022.

Other Legislation: Ms. Wonski stated that other legislation that has not moved recently due to the focus on the budget, but will likely begin moving soon, include the following:

- House Bill 176, concerning athletic trainers.
- House Bill 318, concerning anesthesiologist assistants.
- House Bill 196, concerning the licensure of surgical assistants.
- Senate Bill 131 and House Bill 203, concerning occupational licensing reciprocity.
- House Bill 81, concerning massage therapy bill.
- House Bill 193, concerning electronic prescriptions.
- House Bill 37, concerning emergency prescription refills.
- House Bill 122, concerning telemedicine.
- House Bill 356, concerning drug offenses and treatment.

Ms. Wonski stated that there may also be legislation regarding physician assistants, such as decoupling national accreditation from licensure, issuing pink slip sedation, optimal team practice, and prescribing bariatric medication. Ms. Wonski and Ms. Reardon had a meeting with representatives from the Ohio Physician Assistant Association to discuss their draft legislative language and priorities.

Regarding House Bill 356, Dr. Reddy observed that it prevents physicians from prescribing opioids for more than three days, though it can be repeated for another three days. Dr. Reddy noted that for many types of surgery, especially orthopedic surgery, the patient's pain will not go away in three days. Dr. Reddy opined that if such patients are expected to go back to the physician's office in three days, there will be access to health care issues. Dr. Reddy found the concept of limiting opioid prescriptions to three days to be very disturbing and stated that there should be exceptions for trauma or acute pain that lasts longer than usual. Dr. Reddy stated that three days may be acceptable for emergency physicians, but not for treating pain from surgery.

Dr. Feibel agreed with Dr. Reddy. Dr. Feibel stated that he sat on the State committee that dealt with this issue extensively, and commented that the legislature does not seem to understand the template that committee developed that has truly curbed abuse.

Ms. Wonski stated that everyone she has reached out to on this issue has echoed Dr. Reddy's and Dr. Feibel's concerns. Ms. Wonski plans to address this with the sponsors and stakeholders of the bill.

Dr. Reddy noted that most overdose deaths are no longer from prescription drugs; rather, it is non-prescription, mostly illegal drugs that now account for the majority of overdose deaths. Dr. Reddy stated that the legislature

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is pushing to limit prescription drug overdoses when it should concentrate on other issues. Ms. Wonski agreed and stated that the data shows the Board's rules are working with regard to prescription drugs.

Mr. Gonidakis thanked Dr. Reddy for bringing up this issue, stating that he has also seen that data and the Board should do everything to make sure the legislature is aware of that.

Dr. Schottenstein concurred with everything that has been said so far. Dr. Schottenstein opined that the requirement for additional reexamination so a patient can obtain an additional opioid prescription will increase the cost of care and overload a physicians' offices and clinics. Dr. Schottenstein noted that currently the field of orthopedics and some other fields are exceptions to the rule limiting larger quantities, and he speculated that under this bill every specialty would attempt to get their own exceptions and ultimately obviate the law. Dr. Schottenstein also expressed concern about the undertreatment of pain because physicians may not want to deal with an additional examination and may just leave only the initial three-day prescription when the patient may need more. Dr. Feibel agreed and stated that if he performed an orthopedic surgery on someone on Friday and had to see them again on Monday, it would be almost ridiculous. Mr. Giacalone also agreed.

Dr. Saferin also agreed with the preceding comments and expressed concern about undertreating patients. Dr. Saferin continued that physicians may be afraid to prescribe any more medication or the pharmacist may refuse to fill an additional prescription because they are counting the days.

COMMITTEE BUSINESS

Compliance Committee Report

Ms. Montgomery stated that the Compliance Committee met this morning and reviewed the medical condition questions, particularly mental health questions, on licensure applications. The Committee agreed that there should be a five-year lookback for such questions and that mental health should be included under medical conditions. The Committee also reviewed Compliance statistics provided by Ms. Dorcy.

Finance Committee Report

Dr. Schottenstein stated that in May 2021 the Board's revenue was \$1,111,187. Dr. Schottenstein commented that any month with \$1,000,000 of revenue is a good month for the Board. The Board is still catching up from the revenue that had been delayed due to the July 1 license renewal deadline extension. As a preview, Dr. Schottenstein stated that June should show a revenue of about \$1,300,000. The Board's cash balance is once again over \$6,000,000.

Dr. Schottenstein noted the relatively small net revenue for May 2021 at \$40,950. Dr. Schottenstein explained that in two months of every year there are three pay periods instead of two, and May was one of those months, thus explaining the low net revenue. Monthly payroll is usually around \$640,000, but for May it was \$965,730, which cancelled out what would have otherwise been a very good net revenue month.

Dr. Schottenstein stated that the \$10,700,000 in revenue through May 2021 plus the estimated \$1,300,000 in June equals roughly \$12,000,000 in revenue, which surpasses the \$11,500,000 that was projected for Fiscal Year 2021. This is partly due to conservative estimates of revenue growth, but the Board continues to have substantial growth in the number of licensees. At last count, the Board had about 91,000 licensees.

Dr. Schottenstein noted only a 0.1% increase year-to-date for expenditures for Fiscal Year 2021. This is due to a combination of remote work by the staff, discontinuing the use of contractors for sexual misconduct case reviews, and discontinuing use of temporary workers. Also, there has been less use of supplies and less traveling due to the pandemic.

Dr. Schottenstein stated that the Governor has signed the State Operating Budget. The Board did not receive everything it had requested, but that is not uncommon. The budget authorizes the Board to expand the staff by

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another six positions, which is what the Board had requested. It is hoped that adjustments in the spending authorization will allow the Board to fill the positions it needs.

Dr. Schottenstein that the Board received \$10,000 in disciplinary fines and \$2,647.49 in collections. Total fines year-to-date as of May is \$157,427.

Physician Assistant Policy Committee Report

Ms. Reardon stated that the Physician Assistant Policy Committee (PAPC) met on Friday, July 9. Ms. Wonski gave a legislative update of pertinent legislation. Ms. Anderson discussed pending Medical Board rules, including light-based medical device rules. The PAPC also discussed that in the future the Ohio Physician Assistant Association (OPAA) will be invited to give an update at every PAPC meeting. In the Fall, the Ohio Physicians Health Program (OPHP) will give a presentation.

The PAPC will next meet on November 5.

Appointments to Physician Assistant Policy Committee

Dr. Feibel moved to reappoint Scott Cackler, P.A., and Mishit Mehta, M.D., to the Physician Assistant Policy Committee for terms beginning on July 14, 2021, and ending July 14, 2023. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Licensure Application Reviews

Dr. Johnson moved to approve the Licensure staff recommendations for the requests of Matthew D. Burstein, M.D., Ph.D.; Hazem Eltahawy, M.D.; Amanda Snell; and Swapna Thammishetti, M.D. Dr. Kakarala seconded the motion. A vote was taken:

Dr. Rothermel	Y
Dr. Saferin	Y
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Ms. Montgomery	Y

The motion carried.

PROBATIONARY REPORTS AND REQUESTS

Office Conference Review

Dr. Johnson moved to approve the Compliance staff's Reports of Conferences for June 8 and 10, 2021. Dr. Kakarala seconded the motion. All members voted aye, except Dr. Rothermel and Dr. Saferin, who abstained. The motion carried.

Probationary Requests

Dr. Kakarala moved to approve the Secretary and Supervising Member's recommendations for the following probationary request:

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- a) Stewart I. Adam, III, M.D.: Request for release from the terms of the July 10, 2019 Consent Agreement.
- b) Julie M. Alderson, D.O.: Request for discontinuance of the chart review requirement.
- c) Ho D. Anh, M.D.: Request for approval of the previously completed course *Medical Record Keeping*, offered by The American College of Legal Medicine and The Western Institute of Legal Medicine, to fulfill the medical records course requirement.
- d) Courtney E. Barrows, M.D.: Request for approval of Michael J. Primc, M.D., to complete the psychiatric return to work assessment required for reinstatement.
- e) Dale A. Harris M.D.: Request for approval of Olaya L. Solis, M.D., to complete a psychiatric return to work assessment for reinstatement.
- f) Ryan R. Lee, M.T.: Request for approval of the course *Ethics for Massage Therapists: A Comprehensive Overview*, offered by American Massage Therapy Association, to partially fulfill the personal/professional ethics course requirement, with an additional five or more credit hours of ethics courses needed to fulfill the complete course requirement.
- g) Michael C. Macatol, M.D.: Request for release from the terms of the December 10, 2014 Board Order.
- h) M. Salim Ratnani, M.D.: Request for release from the terms of the October 10, 2018 Board Order.
- i) Luke Simmons, M.D.: Request for reduction in psychiatric sessions with Carol Chung, M.D. from every month to every two months; and discontinuance of Vivitrol treatment.
- j) Mitchell E. Simons, M.D.: Request for approval of the previously completed course *Intensive Course in Controlled Substance Prescribing*, offered by Case Western Reserve University, to fulfill the controlled substance prescribing course requirement; and approval of the previously completed course *Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*, offered by Case Western Reserve University, to fulfill the medical records course requirement.

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

Dr. Rothermel	Abstain
Dr. Saferin	Abstain
Mr. Giacalone	Y
Dr. Schottenstein	Y
Dr. Johnson	Y
Mr. Gonidakis	Y
Dr. Kakarala	Y
Dr. Reddy	Y
Dr. Feibel	Y
Ms. Montgomery	Y

The motion carried.

ADJOURN

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

The meeting adjourned at 2:24 p.m.

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We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on July 14, 2021, as approved on August 11, 2021.


Betty Montgomery, President


Kim G. Rothermel, M.D., Secretary

