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# FY14 Annual Report

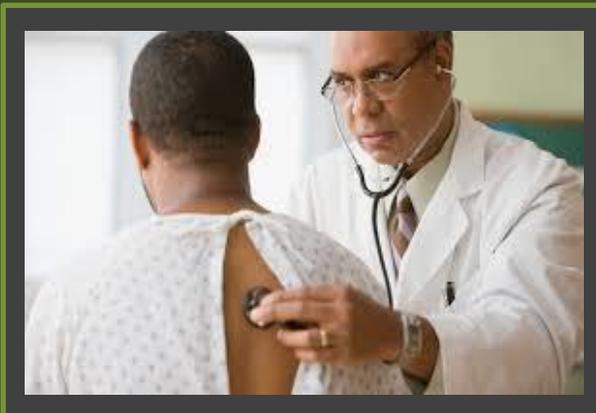
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State Medical Board  
of Ohio

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July 1, 2013 – June 30, 2014

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# State Medical Board of Ohio FY14 Annual Report

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# Agency Mission & Goals

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The Medical Board issues licenses and oversees the practice of medicine and its branches under the authority of the Medical Practices Act, Chapter 4731, Ohio Revised Code (“O.R.C.”), and related law. The Board has jurisdiction over allopathic physicians (MD), osteopathic physicians (DO), podiatric physicians (DPM), physician assistants (PA), anesthesiologist assistants (AA), radiologist assistants: (RA), acupuncturists (L.Ac.), oriental medicine practitioners, massage therapists (LMT), cosmetic therapists (CT), and genetic counselors. The Medical Board continues to regulate naprapaths and mechanotherapists licensed by the Board before March 1992.

The Medical Board’s regulatory responsibilities include investigating complaints against applicants and licensees, and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

## Agency Mission

To protect and enhance the health and safety of the public through effective medical regulation.

## Agency Goals

- ❖ Ensure that persons practicing medicine meet sufficient standards of education, training, competence and ethics.
- ❖ Define and advocate for standards of safe medical practice.
- ❖ Rehabilitate, when possible, persons who are impaired or who practice medicine unethically or below minimal standards of care, and prohibit persons who have not been rehabilitated from practicing medicine.
- ❖ Prohibit persons from practicing medicine whose violations are so egregious as to forfeit the privilege or who otherwise lack the legal authority.
- ❖ Provide information about the licensees of the Medical Board, the Board’s functions and operations, and the laws governing the practice of medicine.
- ❖ Achieve and maintain the highest possible levels of organizational efficacy.

# Medical Board Members

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The Medical Board is comprised of twelve members: nine physicians (seven MD, one DO, and one DPM) and three non-physician public members. All of the Board members are appointed by the Governor and serve five-year terms. Appointment terms are staggered to provide continuity and Board members may be reappointed. Two members are selected by their peers on the Board to serve as the Board's Secretary and Supervising Member who oversee the Board's investigatory and enforcement processes.

During FY14, the Medical Board met each month in the Administrative Hearing Room on the 3<sup>rd</sup> floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio. Meeting agendas and minutes are available on the Board's website: [www.med.ohio.gov](http://www.med.ohio.gov).

In addition to the regularly scheduled monthly meetings in FY14, the Board met six times by telephone conference to issue summary suspensions or accept a voluntary surrender of a license.

## Board Members serving during FY14

Mark Bechtel, MD  
Dermatology – Westerville, OH

Bruce Saferin, DPM (appointed 9/13)  
Podiatry – Toledo, OH

Laurie Elsass (term ended 7/13)  
Public Member – Dublin, OH

Sushil Sethi, MD, MBA, MPH  
Cardiothoracic Surgery – Mansfield, OH

Robert Giacalone, JD, RPh (appointed 10/13)  
Public Member – Dublin, OH

Amol Soin, MD, MBA  
Pain Management – Centerville, OH

Michael Gonidakis, JD  
Public Member – Columbus, OH

Anita M. Steinbergh, DO  
Family Practice – Columbus, OH

Donald R. Kenney, Sr.  
Public Member – Westerville, OH

J. Craig Strafford, MD, MPH (term ended 3/14)  
OB/GYN – New Vienna, OH

Kris Ramprasad, MD  
Gastroenterology – Cincinnati, OH

Lance Talmage, MD (term ended 5/14)  
OB/GYN – Toledo, OH

Kim G. Rothermel, MD (appointed 5/14)  
Pediatrics – Columbus, OH

# Medical Board Members

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## Medical Board Officers

Board officers include the President, Vice President, Secretary and Supervising Member. Officers serve a calendar year term from January 1 through December 31. The Board members elect officers annually during the December Board meeting and as needed if a vacancy occurs.

### 2013 Board Officers

Anita M. Steinbergh, DO – President  
Family Practice – Columbus, OH

J. Craig Strafford, MD, MPH – Secretary  
OB/GYN – New Vienna, OH

Kris Ramprasad, MD – Vice President  
Gastroenterology – Cincinnati, OH

Mark Bechtel, MD – Supervising Member  
Dermatology – Westerville, OH

### 2014 Board Officers

Kris Ramprasad, MD – President  
Gastroenterology – Cincinnati, OH

J. Craig Strafford, MD, MPH – Secretary  
(until term ended 3/14)  
OB/GYN – New Vienna, OH

Lance Talmage, MD – Vice President  
(until term ended 5/14)  
OB/GYN – Toledo, OH

Mark Bechtel, MD – Supervising Member  
Secretary (effective June 2014)  
Dermatology – Westerville, OH

Donald Kenney – Vice President  
(effective June 2014)  
Public Member – Columbus, OH

Bruce Saferin, DPM – Supervising Member  
(effective June 2014)  
Podiatry – Toledo, OH

## Board Appointments in FY14

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Governor John Kasich appointed the following persons to the Medical Board during FY14:

**Anita M. Steinbergh, DO**, a family physician from Columbus, was reappointed to the Board. Her term continues until April 25, 2018.

**Robert Giacalone, JD, RPh**, of Dublin, was appointed on October 29, 2013, as a public member of the Medical Board. His term continues until July 31, 2018. Mr. Giacalone is Senior Vice President of Regulatory Affairs and Chief Regulatory Counsel at Cardinal Health. Mr. Giacalone replaces Laurie Elsass whose term ended in July 2013.

**Bruce Saferin, DPM**, a podiatrist from Toledo, was appointed on September 10, 2013. His term continues until December 27, 2017. Dr. Saferin follows Marchelle Suppan, DPM, whose term ended in January 2013.

**Kim G. Rothermel, MD**, a pediatrician from Columbus, was appointed on May 19, 2014 to a term ending on March 18, 2017. She replaces Jack Amato, MD, whose term ended in March 2012.

# Medical Board Committees

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The Medical Board addresses a variety of policy issues through its standing committees. Committees formulate recommendations that are forwarded to the full Board for action.

The Board Committee structure was revised in February 2014. The former Executive Committee, Group 1 and Group 2 format was replaced by the following topic-based committees: Licensure Committee, Finance Committee, Policy Committee, Compliance Committee, and Physician Assistant/Scope of Practice Committee.

The Executive Director and senior staff members conduct research and provide support to the committees. Committee meetings are held the day of the monthly Board meetings and committee agendas are posted on the Medical Board's website. Board actions on committee recommendations are included in the Board meeting minutes.

## Physician Assistant Policy Committee

The Physician Assistant Policy Committee (PAPC) is the only statutorily required committee of the Medical Board. In compliance with Section 4730.05, O.R.C., the PAPC meets at least four times per calendar year to review and make recommendations concerning the education and licensure requirements for physician assistants; existing and proposed rules pertaining to the practice of physician assistants and the supervisory relationship between physician assistants and supervising physicians; application forms and procedures; and physician-delegated prescriptive authority for physician assistants in accordance with Section 4370.38, O.R.C. Recommendations made by the PAPC are forwarded to the Board's Physician Assistant/Scope of Practice Committee for further review and recommendation to the full Board.

During FY14, the PAPC met 11 times and focused on review of special services plan requests and post-graduate education equivalency issues. The PAPC reviewed proposed rules related to PA practice, and considered revisions to the Physician Assistant formulary. Information about physician assistant licensure and the activities of the Physician Assistant Policy Committee are posted on the Medical Board's website.

The Medical Board adopted a model supervisory plan for physician assistants working in an orthopedic practice in June 2014, as recommended by the PAPC. The model plan sets out the joint injections and aspirations that can be performed by a physician assistant with specified training and supervision.

Those listed below served on the Physician Assistant Policy Committee in FY14:

Melissa Bowlby, PA-C – Hilliard, OH Chair - term ended 5/16/14	Eric Luckage, Esq. – Columbus, OH term ended 5/16/14;	Anita M. Steinbergh, DO – Columbus, OH
Teresa Ash, PharmD – Lima, OH	Margaret Huwer, PharmD – Columbus, OH	Sean Stiltner, DO – Piketon, OH term ended 5/16/14
Robert Flora, MD – Akron, OH served until 10/13; position vacant	Ronald Routh, DO – Grove City, OH appointed 6/25/14	Robert Zaayer, Jr., PA-C – Stoutsville, OH appointed 5/22/14
James Fry, PA-C – Middletown, OH Chair effective 6/10/14		James Zedaker, PA-C – Tipp City, OH

# Medical Board Committees

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## Massage Therapy Advisory Committee

The Medical Board formed the Massage Therapy Advisory Committee (MTAC) in 2003 to identify and address issues specific to the profession. The MTAC met three times during FY14. The Committee discussed education, testing, and registration requirements for massage therapists, as well as issues related to the scope of practice of massage therapy. MTAC recommendations are forwarded to the Board's Physician Assistant/Scope of Practice Committee for further review and recommendation to the full Board.

The following professionals served on the Massage Therapy Advisory Committee in FY14:

Richard A. Greely, M.Ed., LMT, Chair  
Columbus, OH

Jeanne deMontagnac-Hall, BS, LMT  
West Chester, OH

Dennis J. Gibbons, M.Ed., LMT  
Beachwood, OH

Mary Riley, LMT  
Berea, OH

Karen Fink, RN, BSN, LMT  
Cleveland, OH

Ramona Chance, RN, LMT  
Grove City, OH

Lisa Keys, LMT  
Hillsboro, OH

## Board Operations

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### Change in Executive Director

Aaron E. Haslam, Esq., served as Executive Director of the Medical Board from July 1, 2013 until April 26, 2014. He left the agency to work in a private sector position in Cincinnati.

The Medical Board named Jonathan Blanton, Esq., Interim Executive Director effective April 27, 2014. Mr. Blanton continued his responsibilities as Deputy Director of Investigations, Compliance and Enforcement for the agency.

Mr. Blanton previously worked in the Ohio Attorney General's office as Director of the Economic Crimes Unit, a position he held since March 2011. Prior to working in the AG's office, he served as the Jackson County prosecutor for ten years. Mr. Blanton graduated from Ohio University and earned his law degree at the University of Kentucky. He is admitted to practice law in Ohio and the United States District Court, Southern District of Ohio.

The Executive Director oversees day-to-day operations of the agency. During FY14, staffing levels included approximately 81 full time positions. Medical Board operations are funded exclusively through licensing-related fees that are non-general revenue fund sources.

# Board Operations – Fiscal Report

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Agency revenue in FY14 totaled \$9,271,941. The FY14 expenditures totaled \$8,054,697 as of June 30, 2014. Payroll costs account for 85% of agency expenses. Operational expenses for office rent, computer services, medical expert contracts, equipment, maintenance and other support services account for the remaining 15% of the agency expenses.

The lower than anticipated spending reflects the high number of staff positions that remained vacant for an extended period of time while undergoing an internal reorganization. The agency began filling some crucial positions in the second half of FY14.

<b>Historical Comparison – Expenditures</b>		
FY12	(7/1/2011 – 6/30/2012)	\$8,492,474
FY13	(7/1/2012 – 6/30/2013)	\$7,922,127
FY14	(7/1/2013 – 6/30/2014)	\$8,054,697

The amounts listed for each fiscal year do not include funds that were encumbered at the end of the fiscal year but spent during the following fiscal year.

**Physician Loan Repayment Program (PLRP):** Since 1999, physician licensure biennial renewal fees have remained at \$305. Yet only \$285 of the fee supports Medical Board operations. The remaining \$20 is deposited in the state treasury to the credit of the Physician Loan Repayment Fund as required in Section 4731.281(B)(1)(h), O.R.C., to support the PLRP managed by the Ohio Department of Health.

The Physician Loan Repayment Program is designed to recruit or retain primary care physicians for underserved areas in Ohio. In exchange for loan repayment assistance, the physicians commit to a minimum of two years of practice at an eligible site in a Health Professional Shortage Area (HPSA) or Health Resource Shortage Area, accept Medicare and Medicaid, and otherwise see patients regardless of ability to pay.

<b>Physician Loan Repayment Program Transfers from Medical Board Operating Fund</b>		
FY12	(7/1/2011 – 6/30/2012)	\$438,700
FY13	(7/1/2012 – 6/30/2013)	\$391,805
FY14	(7/1/2013 – 6/30/2014)	\$443,300

# Board Operations – Fiscal Report

## FY14 Revenue

Medical Board operations are funded exclusively through licensing fees. The Board receives no funding from the state’s general revenue sources. Spending authority is authorized by the legislature through the biennial budget process. Agency revenue totaled \$9,271,941 in FY14.

<b>BY REVENUE CATEGORY:</b>	<b>FY14</b>	<b>FY13</b>
(422005) Renewal	\$ 6,937,235	\$ 5,869,020
(426095) Reinstatement	\$ 198,950	\$ 222,585
(426096) Restoration	\$ 34,275	\$ 36,045
(426097) Certificate of License	\$ 1,086,270	\$ 990,375
(426098) Training Certificate	\$ 175,950	\$ 162,750
(426099) Training Cert Renewal	\$ 147,595	\$ 149,870
(426100) Pre-Ed Certificate	\$ 95,100	\$ 95,160
(426101) Exam	\$ 2,250	\$ 4,250
(426102) Re-Exam	\$ 750	\$ -
(426103) Limited Branch Pre-Ed Certif	\$ -	\$ -
(426104) Supervisory Agreemt	\$ 48,075	\$ 55,670
(426105) Supv Agrmt Renewal	\$ 250	\$ 182,175
(426106) Dup Certificates/Wallets	\$ 20,335	\$ 21,820
(426107) Visiting Medical Faculty	\$ -	\$ 375
(426108) Special Activity	\$ 4,500	\$ 3,875
(426109) Telemedicine	\$ -	\$ -
(426110) Telemedicine Renewal	\$ 19,950	\$ 19,380
(426114) Provisional Certif to Prescrib	\$ 25,300	\$ 26,900
(426115) Certificate to Prescribe	\$ 31,900	\$ 24,300
(426116) Certificate to Prescribe Renewal	\$ 70,150	\$ 100
(426119) Reinstatement Penalty	\$ 41,700	\$ 37,900
(426120) Restoration Penalty	\$ 9,955	\$ 12,800
(426121) Cert of Good Standing Verif.	\$ 316,350	\$ 317,945
(450022) Penalty	\$ -	\$ -
(450023) Late Fees	\$ -	\$ -
(452518) Public Records	\$ 10	\$ 33
(452525) Reimbursement-Variou	\$ 5,091	\$ 2,528
(470800) Adjustments	\$ -	\$ (100)
<b>TOTAL:</b>	<b>\$ 9,271,941</b>	<b>\$ 8,235,756</b>

# Board Operations – Fiscal Report

## FY 14 Revenue

REVENUE BY LICENSE TYPE:	YEAR-TO-DATE FY14	YEAR-TO-DATE FY13
<i>Holding Account</i>	\$ -	\$ -
<i>Miscellaneous/Other</i>	\$ -	\$ 50
AA – Anesthesiologist Asst.	\$ 20,325	\$ 2,500
AC – Acupuncturist	\$ 21,625	\$ 2,425
CCE – Conceded Eminence	\$ 1,000	\$ 4,000
CRF – Clinical Research Faculty	\$ 5,250	\$ 6,375
CT – Cosmetic Therapist	\$ 11,400	\$ 12,925
DO – Osteopathic Medicine	\$ 976,855	\$ 826,555
DPM – Podiatric Medicine	\$ 156,100	\$ 149,090
GC – Genetic Counselor	\$ 29,400	\$ -
MD – Medicine	\$ 6,454,300	\$ 5,872,295
MD EXP – Expedited physician license	\$ 87,000	\$ -
MT – Massage Therapist	\$ 689,645	\$ 673,440
OM – Oriental Medicine	\$ 1,900	\$ 300
PA – Physician Assistant	\$ 473,375	\$ 344,145
RA – Radiologist Assistant	\$ 2,000	\$ 200
LICS – Misc./Mechano./Limited Br.	\$ 336,765	\$ 339,300
PUBL – Public Records (copies)	\$ 86	\$ 98
STAFF/OTHER Reimbursements	\$ 4,915	\$ 2,058
<b>Total Revenue</b>	<b>\$ 9,271,941</b>	<b>\$ 8,235,756</b>

Historical Comparison - Revenue		
FY12	(7/1/2011 - 6/30/2012)	\$8,795,400
FY13	(7/1/2012 - 6/30/2013)	\$8,235,756
FY14	(7/1/2013 - 6/30/2014)	\$9,271,941

Revenue increases in even-numbered fiscal years as the biennial licensure renewal deadline is January 31<sup>st</sup> of even-numbered years for anesthesiologist assistants, genetic counselors, physician assistants, radiologist assistants, acupuncturists and oriental medicine practitioners.

# Board Operations – Fiscal Report

## FY14 Expenditures

BY EXPENDITURE CATEGORY:		FY14	FY13
PAYROLL	(500) Payroll (Wages)	\$ 4,901,890	\$ 4,851,127
	(503) Fringe Benefits	\$ 1,839,541	\$ 1,754,300
	(504) Payroll Checkoffs/DAS/OBM	\$ 88,388	\$ 91,802
	Subtotal Payroll	\$ 6,829,820	\$ 6,697,229
PURCHASED SERVICES	(512-514) Training/Dues/Subs/Unemployment	\$ 31,691	\$ 39,204
	(515) Experts, Contract Hearing Officers & Court Reporters	\$ 123,889	\$ 98,239
	(518) Purchased Personal Services/ Temp Services	\$ 59,176	\$ 147,999
	(519) Filing Fees	\$ 469	\$ 191
	Subtotal Contractor/Training/Subpoenas	\$ 215,225	\$ 285,632
OPERATING	(521) Office Supplies/Data Proc. Supplies	\$ 66,516	\$ 52,060
	(522) Parking & Vehicle Exp. (expense code changed to 529 code in FY13)	\$ -	\$ 98
	(523) Travel	\$ 89,834	\$ 94,034
	(524) Cellular/Shipping/Postage/Internet	\$ 74,740	\$ 71,682
	(526) Maintenance & Repairs	\$ 10,481	\$ 11,539
	(527) Lease/Rentals/Archives	\$ 17,654	\$ 15,261
	(528) Printing, Binding, Legal Notice Publication	\$ 4,601	\$ 20,653
	(529) Interagency/Bank & Other	\$ 684,638	\$ 637,881
	Subtotal Operating	\$ 948,464	\$ 903,208
EQUIPMENT	(530-531) Office Equipment	\$ 2,577	\$ 11,447
	(534) Communications Equipment	\$ 21,729	\$ -
	(536-537) Data Processing Equipment	\$ 11,373	\$ 4,838
	(538) Copying & Printing Equipment	\$ 24,999	\$ -
	(539) Weapons	\$ -	\$ 609
	Subtotal Equipment	\$ 60,678	\$ 16,894
REFUND or TRANSFER	(590) Judicial Actions/Attorney Fees	\$ -	\$ -
	(595) Transfers/Other Refunds	\$ 510	\$ 19,165
	(596) Petty Cash Reimbursement	\$ -	\$ -
	Subtotal Transfers/Refunds	\$ 510	\$ 19,165
	<b>Total Expenditures</b>	<b>\$ 8,054,697</b>	<b>\$ 7,922,127</b>

# Board Operations – Fiscal Report

## FY14 Expenditures

<b>Expenditure by Division</b>	<b>FY14</b>	<b>FY13</b>
(355) Board Members (& PAPC)	\$ 123,244	\$ 142,371
(253) Compliance	\$ 220,539	\$ 209,133
(254) Enforcement	\$ 914,403	\$ 965,200
(100) Executive	\$ 377,780	\$ 292,910
(300) Hearing Unit	\$ 334,999	\$ 411,080
(252) Investigations	\$ 2,285,440	\$ 2,286,697
(120) Legal & Policy	\$ 471,338	\$ 471,570
(202) Licensure/Renewal/Info Technology	\$ 1,000,030	\$ 933,604
(203) Public Services/Communications	\$ 291,079	\$ 285,429
(255) Quality Intervention	\$ 583,084	\$ 545,991
(152) Operations (HR/Fiscal/Overhead)	\$ 1,452,758	\$ 1,378,141
<b>Total Expenditures:</b>	<b>\$ 8,054,697</b>	<b>\$ 7,922,127</b>

<b>FINANCIAL OVERVIEW FY14</b>		
Operating Fund Cash Balance FY12 (June 30, 2012)		\$2,948,273
Operating Fund Cash Balance FY13 (June 30, 2013)		\$2,976,390
Operating Fund Cash Balance FY14 (June 30, 2014)		\$4,103,698
<b>FY14 Net Revenue:</b>		<b>\$9,271,941</b>
FY14 End Encumbrances (FY15):		\$ 328,854
<b>EXPENDITURE</b>	FY12	\$8,492,474
<b>HISTORICAL</b>	FY13	\$7,922,127
<b>COMPARISON:</b>	FY14	\$8,054,697

The amounts listed for each fiscal year do not include funds that were encumbered at the end of the fiscal year but spent during the following fiscal year.

# Board Operations

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## **Executive Order 2013-05K – “Directing State Departments and Boards and Commissions to Streamline the State Licensing Process to Take into Account Relevant Military Education”**

On June 11, 2013, Governor Kasich issued Executive Order 2013-05K. This Order directed agencies issuing occupational certifications or licenses to review and revise policies and procedures to streamline the certification and licensing process to take into account military education, skills training, and service when determining equivalency for purposes of issuing certifications and licenses.

The Medical Board was one of the first agencies to recognize an applicant’s military service. Qualified military experience was included in HB284 (effective March 22, 2013) as a pathway to practice as a physician assistant in Ohio.

Licensure application forms for physicians were updated to include questions regarding the applicant’s current or past military service, and whether the applicant is the spouse of an individual currently serving in the United States military or reserves.

The Medical Board administers the licensing examination for cosmetic therapist (CT) applicants. As a result of the Executive Order, the \$250 examination fee is covered by the G.I. bill for qualified candidates.

## **Addressing Human Trafficking**

The Medical Board partnered with the Ohio Human Trafficking Task Force to help raise awareness of this issue through training, education, and collaboration.

*Training:* All Board employees completed training to recognize the signs of human trafficking. Board investigators and nurse reviewers, enforcement and legal staff, board members, and senior staff also received advanced training on this topic provided by the Ohio State Highway Patrol.

*Education:* The Medical Board included fact sheets and educational information about human trafficking for commercial sexual exploitation and forced labor at its educational displays held at state wide medical association conferences. Human trafficking information resources were shared with the Board’s Massage Therapy Advisory Committee.

*Collaboration:* Board investigators team with law enforcement on cases involving massage practice that may involve human trafficking. The agency also works with the Attorney General’s office and organized crime bureaus on this issue.

## **Customer Service Initiatives**

As part of the Governor’s focus on improving customer service throughout state government, agency employees participated in customer service training offered by the Ohio Department of Administrative Services (DAS). In addition, all new job descriptions include customer service requirements and that aspect of their work is considered during performance reviews.

# Licensure Activities

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The licensure responsibilities of the Medical Board ensure that those practicing medicine and the other professions regulated by the agency meet sufficient standards of education, training, competency and ethics. The training, education and other requirements for licensure for each profession established through Ohio law are available on the Medical Board's website.

## Licensees Regulated by the Medical Board

License Type	Total Active Licensees as of June 30, 2014	Total Active Licensees as of June 30, 2013
Cosmetic Therapist – CT	179	183
Massage Therapist – LMT	12,199	12,264
Osteopathic Physician – DO	5,685	5,479
Allopathic Physician – MD	39,108	38,561
Podiatric Physician – DPM	989	989
Mechanotherapist – DM	24	24
Naprapath – NAP	1	1
Physician Assistant – PA	2,639	2,551
Radiologist Assistant – RA	9	8
MD Training Certificate	4,441	4,332
DO Training Certificate	1,145	1,049
DPM Training Certificate	124	124
Acupuncturist – L.Ac.	205	214
Oriental Medicine Practitioner	17	1
Genetic Counselors*	130	NA
Anesthesiologist Assistant - AA	198	200
Telemedicine Licenses	167	145
<b>GRAND TOTAL</b>	<b>67,260</b>	<b>66,126</b>

\* The Medical Board began regulating genetic counselors in September 2013.

# Licensure Activities

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## Physician Assistant Certificates to Prescribe

The Medical Board has issued two types of certificates to qualified physician assistants permitting physician-delegated prescriptive authority since October 2007.

Types of PA Certificates to Prescribe	New certificates Issued in FY14	New certificates Issued in FY13
Provisional certificate to prescribe	260	257
Certificate to prescribe	321	239
	<b>FY14</b>	<b>FY13</b>
<b>Total number of PAs with active certificates to prescribe</b>	<b>1,651</b>	<b>1,395</b>

## Initial Licenses Issued

The following table illustrates the number and types of initial licenses to practice issued by the Medical Board during FY13 and FY14.

Type of License	Issued in FY14	Issued in FY13
Allopathic Physician	2,386	2,016
Osteopathic Physician	461	367
Podiatric Physician	42	44
Physician Assistant	275	248
Anesthesiologist Assistant	9	20
Massage Therapist	624	689
Cosmetic Therapist	6	14
Genetic Counselor	130	NA
Acupuncturist	15	25
Oriental Medicine Practitioner	16	1
Radiologist Assistant	0	0
<b>TOTAL</b>	<b>3,964</b>	<b>3,424</b>

# Licensure Activities

## FY14 License Processing Timelines

### *Processing time of application without a complaint*

License Type	Average Processing Days - no complaint	Percentage issued at or below average	Median Processing Days - no complaint	Percentage of applications one Standard Deviation above average
MD and DO	89	68%	65	9%
DPM	63	80%	39	<1%
Allied Practitioners	35	66%	29	9%

### *Processing time of application with a complaint*

License Type	Average Processing Days with complaint	Median Processing Days with complaint
MD and DO	153	108
DPM	86	94
Allied Practitioners	75	46

An application with complaint means that a potential violation of the statutes and/or rules enforced by the Medical Board has been identified in the application materials and further review by the Board's Secretary and Supervising Member was required

Allied practitioners include: anesthesiologist assistants, physician assistants, radiologist assistants, cosmetic therapists, acupuncturists, and oriental medicine practitioners

Massage therapists are not included in the tables due to the transition from a Medical Board administered licensing examination to the national Massage and Bodywork licensing examination (MBLEx). Genetic counselors are not included since the Board only began licensing this profession in September 2013.

## Training Certificates & Other Special Licenses

**Training Certificates:** Section 4731.291, O.R.C., requires those participating in a medical residency or fellowship training program in Ohio to obtain a training certificate or a full license. Training certificate holders may perform such acts as may be prescribed to or incidental to the internship, residency, or clinical fellowship training, but may not otherwise practice medicine in this state. Training certificates are valid for one year and may be renewed up to five times.

**Telemedicine Certificates:** The "practice of telemedicine" means the practice of medicine in this state through the use of any communication, including oral, written, or electronic communication, by a physician located outside of this state. By Section 4731.296, O.R.C., the Board issues telemedicine certificates to out-of-state practitioners who wish to practice telemedicine in Ohio.

**Special Activity Certificates:** Per Section 4731.294, O.R.C., special activity certificates are available to those practitioners licensed in another state who will be practicing in this state in conjunction with a special activity, program or event taking place in Ohio. Special activity certificates are valid for no more than 30 days.

# Licensure Activities

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**Clinical Research Faculty Certificates:** Section 4731.293, O.R.C., effective June 6, 2012, authorizes the Medical Board to issue clinical research faculty certificates. A clinical research faculty certificate authorizes the certificate holder to practice medicine and surgery, or osteopathic medicine and surgery, as incidental to the holder’s teaching or research duties at an Ohio medical school or osteopathic medical school, or a teaching hospital affiliated with the school. A clinical research faculty certificate may be renewed every three years.

**Certificate of Conceded Eminence:** Section 4731.297, O.R.C., effective September 10, 2012, authorizes the Medical Board to issue a certificate of conceded eminence to candidates who demonstrate unique talents and extraordinary abilities not generally found within the candidate’s specialty. A certificate of conceded eminence permits a physician licensed in another state or country who has been appointed to serve as a faculty member at an academic medical center in Ohio to practice medicine as part of the physician’s employment with the academic medical center or an affiliated physician group practice.

The certificate of conceded eminence is valid for the shorter of two years or the duration of the certificate holder’s employment with the academic medical center or affiliated physician practice. The certificate ceases to be valid if the certificate holder resigns or is otherwise terminated from the center or practice. The certificate may be renewed every two years.

**Visiting Clinical Professional Development Certificate:** Section 4731.298, O.R.C., effective September 6, 2012, created visiting clinical professional development certificates. The holder of this type of certificate may practice medicine and surgery or osteopathic medicine and surgery only as part of the clinical professional development program in which the certificate holder participates.

The certificate holder’s practice must be under the direct supervision of a qualified faculty member of the medical school or affiliated teaching hospital conducting the program who holds a certificate to practice medicine and surgery or osteopathic medicine and surgery issued by the Medical Board. The visiting clinical professional development certificate is valid for up to one year and may not be extended.

Other Types of Licenses	Issued in FY14	Issued in FY13
Training Certificates – MD, DO, DPM	2,782	2,684
Telemedicine Certificates	32	25
Special Activity Certificates	24	29
Clinical Research Faculty Certificates	10	11
Conceded Eminence Certificate	2	2
Visiting Clinical Professional Development Certificate	0	0

**Emeritus Registration:** Physicians, massage therapists and cosmetic therapists who have been licensed in Ohio for at least 10 years and who have retired from active practice may apply for emeritus registration during the biennial license renewal process. Emeritus practitioners are no longer entitled to engage in the practice of medicine, massage therapy or cosmetic therapy. Chapter 4731-22, Ohio Administrative Code, addresses emeritus registration.

## Licensure Activities

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**Volunteer's Certificates:** Section 4731.295, O.R.C., allows the Board to issue a volunteer's certificate to an MD or DO who has retired from active practice so that the doctor may provide medical services to indigent or uninsured persons. A volunteer's certificate holder may not accept any form of remuneration for providing medical services. The certificate is valid for three years and may be renewed.

Other Types of Licenses	Issued in FY14	Issued in FY13
Emeritus Registration	159	134
Volunteer's Certificates	0	1

## Licensure Examinations

Licensure examinations for allopathic physicians (MD), osteopathic physicians (DO), and podiatric physicians (DPM) are administered by national examining boards and are offered throughout the year in a computerized format. Successful completion of national certification examinations are required for those applying for licensure as an anesthesiologist assistant, radiologist assistant, physician assistant, massage therapist, acupuncturist or oriental medicine practitioner.

The Medical Board administers a licensure examination for cosmetic therapy applicants. The cosmetic therapy licensure exam was offered to 10 candidates on August 30, 2013 and to 5 candidates on December 6, 2013. Successful completion of the Ohio exam is required for cosmetic therapy licensure.

## Licensure Process Improvements

The Medical Board is undertaking a significant transition, primarily focused on customer service and process improvement. In FY14, the Medical Board made strides in these areas:

- Implemented an expedited licensure process for qualified MDs and DOs practicing in another state applying for an Ohio license.
- Updated and simplified the instructions for licensees included on the licensure renewal forms.
- Established a new e-mail account in October 2013 called Med.Renewal so licensees can e-mail their request for their on-line password and user ID. This allows CME/Renewal staff to promptly respond to licensees. It also yielded an average of 22 fewer calls to the section per day.
- Included renewal deadlines and address change in the Medical Board's newsletter and E-News publications.
- Created an on-line link on the Board's website for licensees applying for licensure in another state to use to request verification of their Ohio license.

In April 2014, the Medical Board further streamlined the licensure process for physicians by discontinuing the requirement for applicants to complete the Uniform Application. The Ohio Addendum component of the application was expanded to include fields previously part of the Uniform Application. This change also saves applicants \$50.00. The Uniform Application is still accepted by the Board, but is no longer mandatory.

# Licensure Activities

## Licensure Renewal

The Medical Board uses a “staggered” system for the biennial licensure renewal of allopathic physicians, osteopathic physicians, podiatric physicians, massage therapist sand cosmetic therapists. Instead of a single expiration date, license expiration dates are variable. The first letter of the licensee’s last name determines if the license expires on January 1, April 1, July 1, or October 1, in either even numbered or odd numbered years.

### *Number of renewals processed and the percentage of on-line renewals by license type*

License Type	Number renewed in FY14	% renewed on-line
MD/DO/DPM	21,657	98%
Training Certificate (annual renewal July)	4,298	100%
Massage Therapist/Cosmetic Therapist	5,255	97%
Physician Assistants (PA) (January even numbered years)	2366	99%
PA Supervision Agreement (January odd numbered years)	11	100%
Anesthesiologist Assistant (January even numbered years)	200	97%
Acupuncture/Oriental Medicine (January even numbered years)	208	88%
Radiologist Assistant (January even numbered years)	0	0
PA prescriptive authority certificates (January even numbered years)	1,399	99%

### *Number of late renewals processed*

FY 14 Late Renewals - Physicians	
Ohio address	145
Out-of-state address	313
Total	458

FY 14 Late Renewals - Massage Therapy and Cosmetic Therapy	
Ohio address	546
Out-of-state address	63
Total	609

# Licensure Activities

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## Limited Branch Schools

The Medical Board grants Certificates of Good Standing to offer courses in massage therapy or cosmetic therapy to schools satisfying the statutory requirement for curriculum content and instruction hours. Graduation from an approved school satisfies one of the licensure eligibility requirements for massage therapy or cosmetic therapy.

During FY14, 69 schools held Certificates of Good Standing. The complete list of approved limited branch schools is available on the Medical Board's website.

## Acupuncture and Oriental Medicine Advisory Panel

In August 2013, the Medical Board approved the formation of an Acupuncture and Oriental Medicine Advisory Panel to educate Board staff on how and when supplemental techniques are applied in the scope of practice. Section 4762.01 (I), O.R.C., defines supplemental techniques to include the use of general non-medical nutritional information, traditional and modern oriental therapeutics, heat therapy, moxibustion, acupressure and other forms of Chinese massage, and educational information regarding lifestyle modifications. The panel met twice by teleconference in FY14.

The following professionals serve on the panel:

Galina V. Roofener, L.Ac. Oriental Medicine practitioner	Cleveland, OH
Steven A. Walkowski, DO, CSP-OMM Physician practitioner of acupuncture	Athens, OH
David Wang, L.Ac. Oriental Medicine & Acupuncture educator	Worthington, OH
Jared West, L.Ac. Acupuncturist	Warrensville Heights, OH
Lisa Wilson, L.Ac. Ohio Association of Acupuncture and Oriental Medicine representative	Sandusky, OH

# Investigations, Compliance, Enforcement & Hearings

The Medical Board protects the public through effective medical regulation. The Board investigates complaints, takes disciplinary actions against those who violate the Medical Practices Act and other applicable statutes and rules, and monitors licensees on probation.

**Complaints:** Complaints inform the Board of potential problems with a licensee’s practice. Complaints are received from a variety of sources, including the public, agency staff, state and national regulatory agencies, physicians, self-reports from licensees, hospitals, and others such as law enforcement and the media.

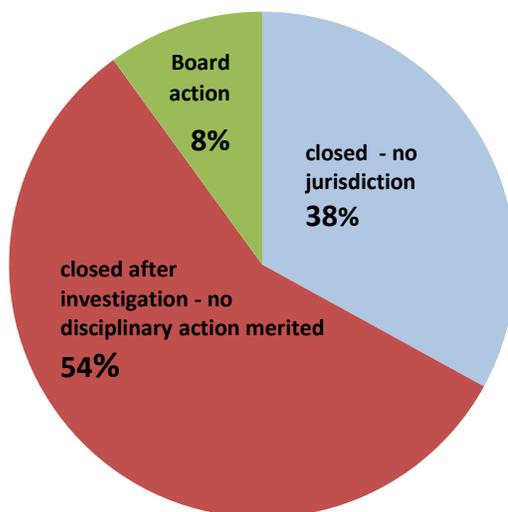
Types of complaints received include patient care concerns, inappropriate prescribing issues, discrepancies in licensure application information, criminal activity, impairment, ethical violations, office practice management concerns, and other issues.

All complaints received by the Medical Board and investigations conducted by the agency are confidential under Ohio law.

Two Medical Board members, the Secretary and the Supervising Member, oversee the agency’s investigative and enforcement activities. Complaints are reviewed to determine if the Board has jurisdiction over the subject of the complaint, and if so, if the allegations violate a section of Ohio law or a rule enforced by the Medical Board.

Complaint metrics – FY14	
New complaints received	4,745
Closed complaints <small>includes disposition of complaints received prior to FY14</small>	5,238
Median number of processing days from receipt of complaint to closure	200

**FY14 Medical Board Complaint Disposition**



Of the complaints received, 38% were closed because the Board had no jurisdiction. These complaints involved facilities or other persons the Board does not regulate.

The majority of complaints, 54%, were closed after investigation as the information obtained regarding the allegation did not support disciplinary action.

The remaining 8% of complaints resulted in disciplinary action by the Board.

# Investigations, Compliance, Enforcement & Hearings

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**Field Investigations and Subpoenas:** The Medical Board employs 20 field investigators who are based throughout the state.

In FY14, there were 1,302 new cases assigned to the Board’s field investigators, and 1,148 reports of investigation submitted. The agency issued 1,085 subpoenas for patient records or other documents as part of its complaint review process.

Board investigators are actively involved in drug task forces throughout the state. They have taken part in community “Drug Take Back” activities and attended public Town Hall meetings discussing heroin issues and prescription drug abuse.

Investigators also participate in high intensity drug trafficking area (HIDTA) activities. Ohio HIDTA is a federal program based in the Cleveland area. It helps coordinate the drug trafficking control efforts of Federal, state, and local law enforcement agencies.

Investigation Metrics – FY14	
Investigations completed	1,148
Subpoenas issued by investigation division	187
Median number of calendar days from referral of a case to the investigation section until the date the initial report of investigation is submitted	155 days
Median number of calendar days for all cases referred back to the investigation section for follow-up from the date the case is referred back to the date that the subsequent report of investigation is submitted	84 days

**Compliance Monitoring:** The Medical Board’s compliance staff monitored 355 licensees on probation due to a Board Order or a Consent Agreement in FY14. Probationers are usually required to attend periodic office conferences with the Board Secretary or designee to verify that the licensee is fulfilling the specific requirements of the Board Order or Consent Agreement. Compliance staff members participate in nearly 60 such conferences each month.

The compliance staff is also responsible for verifying that treatment providers, approved by the Board to provide services to licensees with chemical dependency issues, maintain compliance with the requirements in Section 4731.25, O.R.C., and in Chapter 4731-16, Ohio Administrative Code. As of June 30, 2014, there are 46 approved treatment providers. The list is available on the Medical Board’s website.

# Investigations, Compliance, Enforcement & Hearings

**Enforcement:** Enforcement attorney staff review the cases referred to the section by the Board’s Secretary and Supervising Member and prepare the cases for possible disciplinary action. Enforcement attorneys prepare citations, as well as Summary Suspensions, Immediate Suspensions and Automatic Suspensions. They also negotiate Consent Agreements and Voluntary Surrenders.

<b>FY14 Enforcement Metrics</b>	
New cases assigned to Enforcement	486
Cases completed by Enforcement	538
Subpoenas issued by Enforcement	235
Depositions conducted by Enforcement	15
Interrogatories generated by Enforcement	67

In FY14, the Enforcement section completed 538 cases resolving 1,056 complaints. A case may include more than one complaint.

<b>Enforcement Priority Code</b>	<b>Complaints resolved</b>	<b>Median Days from referral to completion</b>
1: Actions required by statute/rule; identified pill mills; impairment; licensure	218	77
2: Actions against physicians by other boards/entities; criminal convictions of physicians	268	37
3: Standards of care cases with risk of serious harm; violation of a Board Order or Consent Agreement; actions against non-physicians by other boards/entities; criminal convictions of non-physicians	151	84
4: Inappropriate prescribing of controlled substances; standards of care cases with mid-level risk of harm	153	392
5: Standards of care cases with low risk of harm; sexual touching/physical contact with patients	113	530
6: Inappropriate prescribing other than controlled substances; illegal or unlicensed practice; aiding/abetting unlicensed practice; improper delegation	57	402
7: Criminal acts not being prosecuted; financial fraud	10	264
8: Sexual comments, gestures or non-touching conduct; unethical or unprofessional conduct; malpractice reports	65	746
9: Technical violations of statutes/rules; technical prescription violations; medical records requests; inmate complaints	20	46
10: No jurisdiction - individuals not licensed by Board; fee disputes	1	255

# Investigations, Compliance, Enforcement & Hearings

The Board imposed 196 disciplinary sanctions and issued 113 citations in FY14.

Types of Actions Imposed	FY14	FY13
<b>Total Actions</b>	<b>196</b>	<b>182</b>
Revocations	64	47
Indefinite Suspensions	33	57
Definite Suspensions	4	5
Probations	45	39
Reprimands	1	3
Practice Limitations	4	3
Surrenders/Retirements	5	6
Disciplinary Licensure Denials or Withdrawals	22	7
Summary Suspensions	11	8
Automatic Suspensions	2	2
Immediate Suspensions	2	2
No Penalty Imposed/No further action	3	3

Definitions of Board action terms are found on pages 36 and 37 of this report.

## Top Reasons for Disciplinary Action:

FY14	FY13
Impairment - 31%	Impairment - 40%
Prescribing Issues - 21%	Prescribing Issues - 26%
Criminal Acts/Convictions - 18%	Actions by other Boards or agencies - 11%
Actions by other Boards or agencies - 6%	Criminal Acts/Convictions - 8%

**Hearing Unit:** The Medical Board’s Attorney Hearing Examiners conduct the administrative hearings of practitioners who requested a hearing regarding the charges issued by the Medical Board. Following the conclusion of the administrative hearing, the Attorney Hearing Examiner prepares a Report & Recommendation that includes the basis for the hearing, the findings of fact, conclusions of law and a proposed disciplinary sanction for consideration by the Board members. During FY14, 45 administrative hearings were held.

The Attorney Hearing Examiners also preside at public rules hearings regarding administrative rules promulgated by the agency. They prepare a report of the hearing for consideration by the Board members.

Hearing Unit Metrics FY14:	
Median calendar days from hearing request to first day of hearing	90
Median calendar days from close of hearing record to filing Report & Recommendation	24
Median calendar days from filing Report & Recommendation to effective date of final order	44

# Combating Prescription Drug Abuse

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The Medical Board is committed to being a proactive leader in reducing prescription drug abuse. Prescribing violations have been one of the top three reasons for discipline by the Board since FY12.

## **Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) “Trigger Point”**

These guidelines were adopted by the Medical Board in May 2013. The guidelines address the use of opioids for the treatment of chronic, non-terminal pain. The guidelines are intended to help health care providers review and assess their approach in the prescribing of opioids. The guidelines are points of reference intended to supplement and not replace the individual prescriber’s clinical judgment.

The 80 MED “trigger point” is an opportunity for physicians to review the plan of treatment, the patient’s response to treatment, and any modification to the plan of treatment that is necessary to achieve a favorable risk-benefit balance for the patient’s care. If opioid therapy is continued, further reassessment will be guided by clinical judgment and decision-making consistent with accepted and prevailing standards of care. The “trigger point” also provides an opportunity to further assess addiction risk or mental health concerns, possibly using Screening, Brief Intervention, and Referral to Treatment (SBIRT) tools, including referral to an addiction medicine specialist when appropriate.

The 80 mg MED is the maximum daily dose at which point the prescriber’s actions are triggered; however, this 80 mg MED trigger point is not an endorsement by any regulatory body or medical professional to utilize that dose or greater.

## **Governor’s Cabinet Opiate Action Team**

Board members Mark Bechtel, MD, and J. Craig Strafford, MD, and senior staff members Kimberly Anderson and Michael Miller, actively participated in several activities facilitated by the Governor’s Cabinet Opiate Action Team. Projects included prescriber education efforts, establishing prescribing guidelines, and establishing metrics regarding OARRS usage.

**Prescribing Resource Website launched:** The Governor’s Cabinet Opiate Action Team (GCOAT), the Medical Board, and a group of professional health care provider regulatory boards, associations, individual providers and other key stakeholders focused efforts on educating health care professionals and patients. The goal of this educational effort is to help reduce and eliminate the misuse and abuse of opioid drugs.

In October 2013, the team established a website, [www.opioidprescribing.ohio.gov](http://www.opioidprescribing.ohio.gov), that is hosted by the Medical Board. The site features the “*Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain*” adopted by the Medical Board in May 2013, a one hour continuing education video, as well as information and links to an improved OARRS reporting system keyed to this initiative.

## **Identifying Prescriber Outliers**

The Medical Board worked with the Ohio Board of Pharmacy to obtain a list of physicians who prescribed 500 or more prescriptions for controlled substances in the previous calendar year who were not registered for OARRS.

# Combating Prescription Drug Abuse

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## Identifying Prescriber Outliers continued

In January 2014, the Medical Board mailed letters to over 2,000 physicians on this list advising them of the requirements of Rule 4731-11-11, Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), and the 80 MED Guidelines adopted by the Board.

In April 2014, the Board of Pharmacy provided the Medical Board with an updated list. At that time, the number of physicians prescribing 500 or more controlled substance prescriptions without being registered for OARRS had dropped to nearly 1,400. Letters were hand-delivered by Medical Board investigators to these physicians advising them of the OARRS registration requirements.

Additionally, the Medical Board works with the Bureau of Workers Compensation and Ohio Medicaid to obtain prescribing data to determine outlier prescribers in those systems. Since FY13, the Medical Board has requested Drug Enforcement Administration (DEA) and National Provider Identifier (NPI) numbers on physician licensure renewal applications to help overlay the Medical Board's data with the prescribing data on OARRS and other systems.

## Prescription of Naloxone to High Risk Individuals - Joint Regulatory Statement

The regulatory statement is an overview intended to raise awareness about the benefits of prescribing naloxone for individuals at high-risk of opioid overdose. Adopted in April 2013, this is a joint regulatory statement with the Ohio Board of Nursing and the Ohio Board of Pharmacy. Prior to prescribing naloxone, prescribers should seek detailed information regarding risk factors for opioid overdose, the use of naloxone, and the laws and rules regulating prescribers in Ohio.

## House Bill 170: Naloxone Access

Effective 3/11/14: Sections 4730.431, and 4731.94, O.R.C.

The legislature addressed the use of naloxone in this act. The bill permits a physician or other health care professional who is authorized to prescribe drugs to personally furnish or issue a prescription for naloxone to a friend, family member, or other individual in a position to provide assistance to an individual at risk of experiencing an opioid-related overdose. The bill created Section 4730.431, O.R.C., in the Physician Assistant practices act, and Section 4731.94, O.R.C., in the Medical Practices Act.

## Medical Board Weighs in on ZohydroER®

The State Medical Board is committed to promoting the appropriate treatment of pain. That treatment sometimes involves the use of opioids. Yet the treatment of pain must be balanced against the potential for abuse and misuse that a particular medication may carry with it.

ZohydroER®, an extended release product containing the schedule II narcotic hydrocodone bitartrate, was introduced to the market in March 2014. The serious risk of addiction and overdose posed by ZohydroER®, prompted the State Medical Board to send a letter to Michael Botticelli, Acting Director of the Office of National Drug Control Policy on April 3, 2014. The Medical Board called upon the Federal government to limit the medication's availability until a tamper-resistant formulation becomes available.

# Combating Prescription Drug Abuse

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## Town Hall meetings

The Health and Aging Committee of the Ohio House of Representatives hosted four traveling committee meetings throughout the state to discuss prescription drug addiction and healthcare reform. Medical Board representatives attended and participated in the Town Hall meetings.

## Office Based Opioid Treatment – proposed rule

During FY14, the Medical Board established a panel of physician experts to help Board staff draft clinically relevant rules regarding office based opioid treatment. The panel met two times by teleconference, and will continue to meet in FY15. Those serving on the panel include:

- Mark Hurst, MD, Medical Director, Ohio Department of Mental Health and Addiction Services, Columbus, OH
- Jason Jerry, MD, Psychiatrist/ Addiction Medicine specialist, Cleveland Clinic, Cleveland, OH
- Robert Masone, MD, Anesthesiology/Pain Management specialist, Lancaster, OH
- Steven Matson, MD, Director, Opiate Addiction Clinic, Nationwide Children's Hospital, Columbus, OH
- Theodore Parran, Jr., MD, Addiction Medicine specialist, Case Western Reserve University, Cleveland, OH

The proposed rule requires physicians providing office based opioid treatment to practice according to an acceptable treatment protocol for assessment, induction, stabilization, maintenance and tapering; to require each patient to actively participate in appropriate behavioral counseling or treatment for addiction; and to limit the dose to 16 milligrams in most circumstances. The rule is currently under review and it is anticipated that it will be approved in FY15.

## Pain Clinic Licensure

The Medical Board continues to jointly administer licensure for pain clinics with the Ohio Board of Pharmacy by verifying that pain clinic applicants meet minimal standards of care. The Medical Board inspects practices that are suspected of operating as unlicensed pain management clinics.

## Collaborating with law enforcement

The Medical Board has increased cooperation and collaboration with law enforcement agencies, drug task forces and other state and federal agencies to address problem prescribing practices. Board investigators actively participate in 25 federal, state, and local drug task forces.

## Increasing OARRS awareness

The Board has worked to increase OARRS awareness and usage by providing a link to OARRS on the licensure renewal applications. Information about OARRS has also been provided in Medical Board newsletters and at Medical Board educational displays at the annual meetings of state medical professional organizations.

## Educational efforts addressing prescribing issues

The Medical Board focused on making licensees aware of changes in regulations through the Board's newsletter, policy statements and educational presentations. In FY14, 49 of the 101 presentations provided by the Board included prescribing information.

# Combating Prescription Drug Abuse

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The following bills passed in June 2014 impact how the Medical Board continues to address prescription drug abuse in FY15.

## **Sub. House Bill 314 – Opioid Prescriptions to Minors – effective 9/15/14**

- Establishes an explicit informed consent requirement for prescribers who, in the absence of a medical emergency or other specified circumstances, intend to prescribe controlled substances containing opioids to a minor. See Section 3719.061(B), O.R.C.
- Specifies that the informed consent requirement has three components: assessing the minor's mental health and substance abuse history, discussing with the minor and the minor's parent, guardian, or another authorized adult certain risks and dangers associated with taking controlled substances containing opioids, and obtaining the signature of the parent, guardian, or authorized adult on a consent form. See Section 3719.061(B), O.R.C.
- Limits to not more than a 72-hour supply the quantity of a controlled substance containing an opioid that a prescriber may prescribe to a minor when another adult authorized by the minor's parent or guardian gives the required consent. See Section 3719.061(E), O.R.C.
- Requires that the signed consent form, known as the "Start Talking!" consent form, be maintained in the minor's medical record. See Section 3719.061(E), O.R.C.
- Creates additional grounds for discipline by the Medical Board for physician assistants and physicians who fail to comply with the "Start Talking!" consent form requirements. See Sections 4730.25 (B)(25); 4730.41 (B)(5); and 4730.22(B)(48), O.R.C.

## **Am. Sub. House Bill 341 – Ohio Automatic Rx Reporting System (OARRS) – effective 9/15/14; portions of the law are phased in on later dates**

Effective January 1, 2015 - changes to Sections 4730.48, O.R.C., and 4731.281, O.R.C. (OARRS registration certification on renewal) Effective April 1, 2015 - Changes to Sections 4730.25, 4730.53, 4731.055 and 4731.22, O.R.C. (OARRS checking)

Medical Board licensees impacted by the law include physicians authorized to practice medicine, osteopathic medicine, or podiatric medicine, and physician assistants holding certificates to prescribe.

### **OARRS Access – effective September 15, 2014**

- Each prescriber who prescribes or personally furnishes opioid analgesics or benzodiazepines as part of the prescriber's regular practice, as well as pharmacists, obtain access to OARRS not later than January 1, 2015.
- Failure to obtain access to OARRS by January 1, 2015, constitutes grounds for license or certificate suspension. See Sections 4730.48, O.R.C., and 4731.281, O.R.C.

# Combating Prescription Drug Abuse

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## **OARRS Registration Certification on Renewal - effective January 1, 2015**

- Beginning January 1, 2015, requires physicians and physician assistants with prescriptive authority who prescribe or personally furnish opioid analgesics or benzodiazepines to certify on their biennial license renewal form that they have access to OARRS.
- The Medical Board is authorized to take a disciplinary action against a licensee who certifies to they have been granted access to OARRS and the Medical Board later determines that the licensee does not have such access. See Sections 4730.25(B)(25); 4730.48(A)(4)(c); 4731.281(B)(6)(c), and 4731.22, O.R.C.

## **Review of patient information in OARRS—effective April 1, 2015**

Beginning April 1, 2015, the following conditions related to prescribers use of OARRS information go into effect.

- The act requires a prescriber, before initially prescribing or personally furnishing the opioid analgesic or benzodiazepine, to request, or have a delegate request, patient information from OARRS that covers at least the previous 12 months. See Sections 4730.53(B)(1), and 4731.055(B)(1), O.R.C.
- If the patient's course of treatment for the condition continues for more than 90 days, the act requires the prescriber to make periodic requests for patient information from OARRS until the course of treatment ends. Such requests must be made at intervals not exceeding 90 days. See Sections 4730.53(B)(2), and 4731.055(B)(2), O.R.C.
- The prescriber is required to document in the patient's record that the OARRS report was received and assessed. See Sections 4730.53(B)(3), and 4731.055(B)(3), O.R.C.
- **Prescription issued in other states** - If the prescriber primarily practices in an Ohio county that adjoins another state, the prescriber is required to request information available in OARRS pertaining to prescriptions issued or drugs furnished to the patient in the neighboring state. See Sections 4730.53(B)(1), and 4731.055(B)(1), O.R.C.
- Exceptions to the OARRS review are delineated in Sections 4730.53(C), and 4731.055(C), O.R.C.
- The Medical Board is authorized to discipline prescribers who fail to request patient information in OARRS as required by this law. See Sections 4730.25, and 4731.22, O.R.C.
- **Medical Board rules** - The Medical Board shall adopt rules with respect to prescribing or personally furnishing any drug that is not an opioid analgesic or benzodiazepine but is included on OARRS (i.e. is a controlled substance). See Sections 4730.53 (D), and 4731.55 (D), O.R.C.

# Quality Intervention Program (QIP)

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Adopted into law in 1996, the Quality Intervention Program (QIP) is part of the Medical Board’s confidential investigatory processes and is designed to address quality of care complaints that do not appear to warrant intervention via formal disciplinary action. QIP focuses on cases in which poor practice patterns are beginning to emerge or the licensee has failed to keep up with changes in practice standards. With a successful intervention, the licensee benefits by improving practice methods; patients benefit from having a better practitioner available to address their healthcare needs; and the Medical Board protects the public without an adverse impact on the availability of care in the community.

A key component of the program is the use of Quality Intervention review panels comprised of physicians and a consumer representative who assess the practice of the licensee referred to the program and make recommendations to the Board’s Secretary and Supervising Member based upon their assessment.

Between January 2000 and June 2014, the Board’s Quality Intervention panels reviewed 1,502 such cases and 279 licensees were directed into focused re-education to address deficiencies identified through expert panel review. Courses related to improving medical record keeping practices and prescribing controlled substances were the most frequent referrals suggested by the QIP panels. Section 4731.22(O), O.R.C., requires licensees participating in an individual education program recommended by the QIP to pay any costs related to that educational program.

QIP panel activities	FY14	FY13
<b>Case closed</b> – no quality of care concerns identified by QIP panel; no further action needed by the Board	70	52
<b>Licensee referred for remedial education</b> – panel identified remediable practice deficiencies; doctor notified of outcome of panel review and directed to appropriate educational program	15	27
<b>Caution letter sent to licensee</b> – licensee advised of practice concerns but remedial education not necessary and no other action needed by the Board	6	8
<b>Referred to the Medical Board’s Secretary and Supervising Member for further action</b> – panels found practice deficiencies that did not appear to be remediable. Cases may involve a number of patients or practice deficiencies viewed by the panelists as particularly egregious.	6	3
<b>Total cases reviewed by QIP</b>	<b>97</b>	<b>90</b>

# Quality Intervention Program (QIP)

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The Quality Intervention Panels met nine times during FY14. The following professionals served on Quality Intervention Panels:

Michael Amalfitano, DO  
Medina, OH

Eric Haus, DO – Internal Medicine  
Mansfield, OH

Gregory Cerilli, MD – General Surgery  
Toledo, OH

Barbara Hoover – Consumer Member  
Hilliard, OH

Brian Dorner, MD – Plastic Surgery  
Dublin, OH

William Klykylo, MD – Psychiatrist  
Dayton, OH

Carol Egner, MD – OB/GYN  
Cincinnati, OH

Carla O’Day, MD – Emergency Medicine  
Cleveland, OH

Edward Fine, MD – Otolaryngology  
Westlake, OH

Ranjit Rath, MD – Cardiothoracic Surgery  
Cincinnati, OH

Stephen Haverkos, MD – Orthopedic Surgery  
Cincinnati, OH

Mary Jo Welker, MD – Family Practice  
Columbus, OH

Edward Cherullo, MD – Urology  
Cleveland, OH

## FY14 Legislative Update

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### House Bill 59: FY14 State Operating Budget provisions effective 9/29/13

- **Agency Appropriations:** The Board’s requested annual appropriation of \$9,172,060.00 for FY14 and FY15 was approved, but the proposed increase in the physician license renewal fee was not.
- **Approval of Temporary Hearing Examiners:** The legislature granted the Medical Board’s request that contracts for Attorney Hearing Examiners for less than \$50,000 need not be taken to the Controlling Board for approval.
- **Internal Management and Assessment:** Provisions were added to Section 4731.05, O.R.C., requiring the Board to adopt internal management rules that set criteria for accessing the Board’s accomplishments, activities, and performance data, including metrics detailing:
  - Revenues and reimbursements;
  - Budget distribution;
  - Investigation and licensing activity, including processing time frames; and
  - Enforcement data, including processing time frames.

The Medical Board’s annual report is to include data gleaned from the assessments. The annual report is posted on the Board’s website.

# FY14 Legislative Update

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- **Educational Requirements for Genetic Counselor Licensure:**  
HB59 set a time limited exception to the educational requirements to be eligible for a genetic counselor license. An individual seeking a license under this provision had to file a license application with the Board not later than December 31, 2013. The Medical Board supported the limited “grandfather” provision included in Section 4778.03,O.R.C.
- **Schedule II Prescriptive Authority for Advanced Practice Nurses and Physician Assistants (Section 4730.411,O.R.C.):**  
Adds residential care facilities to the list of locations from which an advanced practice registered nurse or physician assistant with prescriptive authority may prescribe schedule II controlled substances without restrictions.
- **Expedited Certificate to Practice Medicine:** The Medical Board’s proposed expedited licensure language was included in HB59. The bill created an expedited certificate to practice medicine and surgery or osteopathic medicine and surgery by endorsement for certain physicians who are already licensed in another state or in Canada. Section 4731.299, O.R.C., defines the eligibility requirements to qualify for an expedited license. The fee for an expedited license is \$1,000.00 which is nonrefundable and nontransferable.
  - 87 physicians applied for expedited licensure in FY14.
- **Grounds for Discipline:** The bill established Section 4731.22 (B)(47) as an additional basis for disciplinary action by the Medical Board. This provision addresses failure to comply with requirements to maintain records related to performing or inducing an abortion.

## **House Bill 170: Naloxone Access**

Effective 3/11/14: Section 4730.431, O.R.C.; Section 4731.94,O.R.C.

The bill permits a physician or other health care professional who is authorized to prescribe drugs to personally furnish or issue a prescription for naloxone to a friend, family member, or other individual in a position to provide assistance to an individual at risk of experiencing an opioid-related overdose. The bill created Section 4730.431, O.R.C., in the Physician Assistant practices act, and Section 4731.94,O.R.C., in the Medical Practices Act.

## **English proficiency standards for oriental medicine practitioners/acupuncturists**

Effective 3/11/14: Section 4762.03 (B)(4), O.R.C

HB170 adds two additional ways that English language proficiency may be demonstrated to the State Medical Board by an applicant for a certificate to practice oriental medicine or acupuncture. The act also allows an oriental medicine practitioner applicant to submit evidence of previously holding an Ohio certificate to practice acupuncture.

The following laws signed in June 2014 will impact Board operations in FY15:

## **Sub. House Bill 314 – Opioid Prescriptions to Minors – effective 9/15/14**

See page 26 for a summary of provisions in this law.

# FY14 Legislative Update

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## **Am. Sub. House Bill 341 – Ohio Automatic Rx Reporting System (OARRS) – effective 9/15/14;** portions of the law are phased in on January 1, 2015 and April 1, 2015

See pages 26 and 27 for information about this law.

## **House Bill 483 – Mid-Biennium Review – effective 9/15/14** portions of the law are phased in on January 1, 2015 and April 1, 2015

- Requires OARRS registration and OARRS checks for prescribers of opioid analgesics and benzodiazepines
- Allows physicians and PAs to run an OARRS report on the mother of a newborn or infant diagnosed as opioid dependent
- Requires notices for patients being tested for Lyme disease
- Adds statutory definition of massage therapy
- Authorizes the Medical Board to require continuing education for cosmetic and massage therapy licensees through rule
- Eliminates the statutory requirement for continuing education for cosmetic therapists
- Allows the Medical Board to accept civil forfeiture money
- Changes the licensure cycle for terminal distributors and states that some of the licensing fees for terminal distributors could be used for establishing and maintaining OARRS.

# FY14 Rules Update

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The following rules were adopted by the Medical Board in FY14. All rules are included in the Ohio Administrative Code (O.A.C.)

## **Anesthesiologist Assistant Rules – Chapter 4731-24, O.A.C., effective 6/30/14**

No changes were made to the following rules:

- 4731-24-01 Definitions
- 4731-24-02 Anesthesiologist Assistants: supervision
- 4731-24-03 Anesthesiologist Assistants: enhanced supervision

4731-24-04 Anesthesiologists assistants: prohibitions – rescinded

This rule was rescinded as the Ohio Supreme Court ruled the first paragraph unconstitutional and the remainder of the rule was included in statute.

## **Physician Assistant Rules – Chapter 4730, O.A.C., effective 6/30/14**

The following rules were amended:

- 4730-1-03 Duties of a supervising physician
- 4730-1-07 Miscellaneous provisions
- 4730-2-02 Educational requirements for prescriptive authority
- 4730-2-06 Physician assistant formulary
- 4730-2-07 Standards for prescribing
- 4730-3-01 Definitions
- 4730-3-02 Criminal records checks

# FY14 Rules Update

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## Physician Assistant Rules - effective 6/30/14 – continued

- 4730-2-10 Standards and procedures for review of “Ohio Automated Rx Reporting System” (OARRS) – this is a new rule

## Genetic Counselors - Chapter 4778, O.A.C., effective 10/31/13 – new rules

- 4778-1-01 Definitions
- 4778-1-02 Application for license
- 4778-1-03 Special activity license
- 4778-1-05 Collaboration agreement
- 4778-1-06 Miscellaneous provisions
- 4778-2-01 Definitions (related to criminal records checks)
- 4778-2-02 Criminal records checks

## Criminal Records Checks - Chapter 4731-4, O.A.C., effective 12/31/13

- 4731-4-01 Definitions
- 4731-4-02 Criminal Records Checks

The rules were amended to include oriental medicine practitioners and to simplify the criminal background check procedures for out-of-state applicants.

## MD or DO Licensure Eligibility – Chapter 4731-6, O.A.C., effective 10/31/13

These rules impact an MD or DO applying for licensure in Ohio as the attempt and time limits in which an MD or DO must pass all three steps or levels of the USMLE or COMLEX-USA changed effective 10/31/13. The rules do not impact currently licensed physicians.

- 4731-6-14 Eligibility for licensure by examination
- 4731-6-16 Eligibility for medical or osteopathic licensure by endorsement of licenses granted by other states

## Termination of the Physician-Patient Relationship – Chapter 4731-27, O.A.C., effective 12/31/13

- 4731-27-01 Definitions
- 4731-27-02 Dismissing a patient from the medical practice
- 4731-27-03 Notice of termination of physician employment or physician leaving practice, selling a practice, or retiring from practice of medicine

The Ohio General Assembly enacted Section 4731.228, O.R.C., effective March 22, 2013, which requires the employer of a physician to notify patients when an employed physician’s employment ends for any reason. That legislation also required the Medical Board to amend Rule 4731-27-01 to specify the means by which the patient notification must be given by the employer.

# FY14 Rules Update

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## **Termination of the Physician-Patient Relationship continued**

Upon review of the rule, it was determined that the rules would be clearer if the requirements for terminating a single patient from the medical practice were in a separate rule from the requirements for notifying a group of patients that the physician will no longer be practicing at the same medical practice.

The Medical Board approved “FAQs regarding Terminating the Physician-Patient Relationship” on December 12, 2013.

# FY14 Policy Update

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The Medical Board adopted the following position statements in FY14.

## **Prescribing Qsymia® and Belviq® for Chronic Weight Management** approved August 2013

Qsymia® (phentermine and topiramate extended-release) and Belviq® (lorcaserin hydrochloride) are FDA-approved Schedule IV medications specifically designed for chronic weight management in adults. The position paper provides guidance regarding prescribing Qsymia® or Belviq® in compliance with Rule 4731-11-04, Ohio Administrative Code, *Controlled substances: Utilization for weight reduction*, which governs the use of Schedules III and IV controlled substances to assist in weight loss.

## **Physician Assistant Practice at Urgent Care Centers or Retail Clinics** approved January 2014

The Medical Board clarified that physician assistants may practice in urgent care centers or retail clinics when the appropriate physician supervision, direction and control are provided. The position statement outlined the current responsibilities of the supervising physician when overseeing PAs in an urgent care center or retail clinic. Restrictions placed on physician assistant prescribing of Schedule II drugs in these practice settings are included in the statement.

## **Capital Punishment and Physicians** approved May 2014

The position statement provides guidance to physicians regarding ethical licensure issues that might arise if they are requested to participate in matters relating to execution by lethal injection, including providing expert testimony regarding an execution which has previously taken place.

# Scope of Practice Clarification

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## Laser Treatment for Fingernail Fungus and Scars on the Hand by Podiatric Physicians

At its September 12, 2013 meeting, the Medical Board determined that an Ohio podiatric physician who has successfully completed appropriate training may, as medically appropriate, provide treatment of fingernail fungus in podiatric patients and for treatment of scars on the hand when the etiology of the scar is not associated with trauma.

# Educational Outreach Activities

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**Publications and presentations:** The Board continues its efforts to continually improve the information provided to licensees, the public, stakeholders, the media and other interested parties.

In addition to publication of the agency newsletter and E-Reports, educational outreach efforts include publishing a monthly report of licensure actions taken by the Medical Board; providing and responding to inquiries from local, state, national and international media; and managing social media, such as Facebook, to expand access to information about the Medical Board.

During FY14, 101 presentations were provided by the agency. Popular topics include the role of the Medical Board, legal aspects of controlled substance prescribing, understanding the medical licensure process, the impaired professional, and defining professionalism in medical practice.

**Partners in Professionalism:** A joint educational project between the Medical Board and Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), “Partners in Professionalism” promotes professional behavior and the responsibilities of medical licensure to doctors-in-training. Nationally recognized as a model program by Administrators in Medicine, the innovative program introduces first year medical students to problematic behavior or practices that can jeopardize a medical career and place patients at risk. Program components include didactic presentations by Board executive staff, review and discussion of resource materials provided by the Board, and medical student attendance at a Medical Board meeting.

**Working with stakeholders:** Working with key stakeholders is another aspect of the Medical Board’s educational outreach program. The Medical Board participates in the meetings of state professional associations, including the Ohio State Medical Association, the Ohio Osteopathic Association, the Ohio Foot and Ankle Medical Association, the Ohio Association of Physician Assistants, the Ohio Massage Therapy Association, the Ohio Academy of Family Physicians, and the Ohio Association of County Behavioral Health Authorities.

During FY14, Medical Board representatives participated in national educational programs provided by the Federation of State Medical Boards, the American Osteopathic Association, Administrators in Medicine, the National Association of Drug Diversion Investigators, and the National Association of Attorneys General, Southern Region.

**Website:** The Medical Board’s website – [www.med.ohio.gov](http://www.med.ohio.gov) – is a strong educational tool for the agency. Website content is frequently updated to provide the most current information to users about the Medical Board and its services. Web based e-business services, such as online licensure applications for physicians, and online licensure renewal for all licensees regulated by the Medical Board, improve operational efficiency and service to our licensees. A redesign of the website is planned for completion in FY15.

## Educational Outreach Activities

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**Social Media:** The Medical Board’s Facebook page enhances the Board’s website. Periodic notices about rules hearings, potential law changes, meeting notices for the Board and its advisory groups, highlights of Board meeting agendas, website content updates, and time sensitive announcements can be found on the Medical Board’s Facebook page.

## Public Records

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The Medical Board receives numerous requests for copies of public records each year. While many documents are available through the Medical Board’s website, requests for more complex records are provided by the agency. Requests for disciplinary action files, licensure files and board meeting materials are the most frequently requested documents. A response to a public records request may require providing hundreds, and in a few cases, thousands of pages of material.

FY14 Public Records Metrics:	
Requests received	276
Items in those requests	783
Median Days to completion	7

## State and National Activities

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The Medical Board plays a vital role in the retention and development of the healthcare workforce in Ohio and serves as a resource to policymakers. Members of the Board and senior staff members actively participate in a number of national organizations and committees addressing a broad range of critical issues including the Federation of State Medical Boards, Administrators in Medicine, American Association of Osteopathic Examiners, the Executive Board of the Federation of Podiatric Medical Boards, and the Federation of State Massage Therapy Boards.

The Board is actively involved with the Governor’s Cabinet Opiate Action Team and related subcommittees. The Board participates in the Prescription Drug Abuse Action Group facilitated by the Ohio Department of Health, the Ohio Council of Medical School Deans, the Patient Centered Medical Home Education Advisory Committee, the Health Information Technology Interagency Work Group, and the Ohio Boards and Commissions Management Group. Representatives from the Medical Board serve on the Committee for Prescriptive Governance facilitated by the Ohio Board of Nursing. Additionally, the Medical Board works with the Health Policy Institute of Ohio on telehealth and workforce issues.

# Board Action Definitions

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<b>PERMANENT REVOCATION</b>	The permanent loss of a certificate to practice in Ohio and the inability, at any time, to reapply for or hold any certificate to practice in Ohio. An individual whose certificate has been permanently revoked shall forever thereafter be ineligible to hold any certificate to practice, and the board shall not accept from that individual an application for reinstatement or restoration of the certificate or for issuance of a new certificate. (Rule 4731-13-36 (A), O.A.C.)
<b>REVOCATION</b>	The loss of a certificate to practice in Ohio. An individual whose certificate has been revoked shall be eligible to submit an application for a new certificate. All disciplinary action taken by the board against the revoked certificate shall be made a part of the board's records for any new certificate granted under this rule. (Rule 4731-13-36 (B), O.A.C.)
<b>SUSPENSION</b>	The temporary loss of a certificate to practice in Ohio. A suspension shall be imposed for either a definite or an indefinite period of time. (Rule 4731-13-36 (C), O.A.C.)
<b>LIMITATION</b>	Precludes the certificate holder from engaging in a particular conduct or activity, to impose conditions on the manner in which that conduct or activity may be performed, or to require the certificate holder to abide by specific conditions in order to continue practicing medicine. A limitation shall be either temporary or permanent. (Rule 4731-13-36 (D), O.A.C.)
<b>PROBATION</b>	A situation whereby the certificate holder shall continue to practice only under conditions specified by the board. Failure of the certificate holder to comply with the conditions of probation may result in further disciplinary action being imposed by the board. The probation period shall be for either a definite or indefinite term. If probation is for an indefinite term, the board shall establish a minimum probation period and the board shall release the certificate holder from the conditions of probation upon completion of the minimum probation period and upon the board's determination that the purpose of probation has been fulfilled. (Rule 4731-13-36 (E), O.A.C.)
<b>PERMANENT DENIAL</b>	The permanent denial of an application for a certificate to practice in Ohio. An individual whose application for a certificate has been permanently denied shall forever thereafter be ineligible to apply to the board for any certificate to practice, and the board shall not accept from that individual an application for issuance of a certificate. (Rule 4731-13-36 (J), O.A.C.)
<b>REPRIMAND</b>	The certificate holder is formally and publicly reprimanded in writing. (Rule 4731-13-36 (F), O.A.C.)
<b>NO FURTHER ACTION</b>	The Board finds that a violation occurred but declines to impose any disciplinary sanction. (Rule 4731-13-36 (G) O.A.C.)

# Board Action Definitions

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<b>DENIAL</b>	The denial of an application for a certificate to practice in Ohio. An individual whose application for a certificate has been denied shall be eligible to submit a new application for a certificate. In determining whether to grant a new application, the board may consider any statutory violations that were committed by the individual before or after the denial of the individual's previous application, including those that formed the basis for the denial. (Rule 4731-13-36 (K), O.A.C.)
<b>CONSENT AGREEMENT</b>	Conditions and limitations placed on licensee's practice by mutual agreement with the Medical Board.
<b>VOLUNTARY SURRENDER</b>	Practitioner surrenders license to practice in lieu of further disciplinary proceedings; may authorize the Board to permanently revoke or revoke the practitioner's license without further legal proceedings.
<b>DISMISSAL</b>	The board finds that no violation has occurred. (Rule 4731-13-36 (H), O.A.C.)
<b>SUMMARY SUSPENSION</b>	License to practice is suspended prior to a hearing based on clear and convincing evidence of a violation and that continued practice by the licensee poses a danger of immediate and serious harm to the public. (Section 4731.22 (G), O.R.C.)
<b>AUTOMATIC SUSPENSION</b>	License to practice is suspended prior to a hearing when a licensee pleads guilty to, is found by a judge or jury to be guilty of, or is found eligible for intervention in lieu of conviction in this state or treatment or intervention in lieu of conviction in another jurisdiction for specified crimes of violence. (Section 4731.22 (I), O.R.C.)  License to practice is automatically suspended if the licensee is adjudged by a probate court to be mentally ill or mentally incompetent. (Section 4731.221, O.R.C.)
<b>IMMEDIATE SUSPENSION</b>	License to practice is suspended prior to a hearing pursuant to Section 3719.121, O.R.C., when a licensee pleads guilty to, is found by a judge or jury to be guilty of, or is found eligible for treatment in lieu of conviction of a felony drug abuse offense.
<b>INTERIM AGREEMENT</b>	Licensee agrees to cease practice or to practice with limitations until the administrative hearing process is completed and the Board issues a Final Order imposing a disciplinary sanction.
<b>NOTICE OF OPPORTUNITY for HEARING</b>	In compliance with Ohio's Administrative Procedures Act (Chapter 119, O.R.C.), a formal notice letter is sent to an individual informing them that the Medical Board intends to take action based upon the reasons listed in the letter. The letter also advises the individual that they may request a hearing on the matter but the hearing request must be received within 30 days of the date the notice was mailed by the Board.

Medical Board disciplinary actions are published each month in the *Formal Action Report* available on the Medical Board's website.