



AGENDA

**STATE MEDICAL BOARD OF OHIO
ASSIGNED COMMITTEES**

November 8, 2017

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

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

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

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

7:30 a.m. – Conference Room #345

- I.) Minutes Review
- II.) Podiatrist Scope of Practice Inquiry
- III.) Regulation of Physician Assistant Prescriptive Authority

LICENSURE COMMITTEE

8:00 a.m. – Conference Room #318

- I.) Minutes Review
- II.) Licensure Application Reviews
 - a.) Vamshi Myneni, M.D.
 - b.) Sarah Ann Wright, M.T.

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

- I.) Minutes Review
- II.) FSMB Resolution on Prescribing
- III.) Prescribing Rules for Physicians in the VA System
- IV.) Rule 4731-11-09, Prescribing to Persons Not Seen
- V.) Rule 4731-11-12, Office-Based Opioid Treatment
- VI.) Acute Prescribing FAQ's
- VII.) Update on Rule Review

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

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



AGENDA

James A. Rhodes State Office Tower
30 E. Broad St., Columbus, OH 43215, 3rd Floor
November 8, 2017 - 9:45 a.m.

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

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

- I. ROLL CALL
- II. MINUTES REVIEW
October 11, 2017 Board Meeting
- III. APPLICANTS FOR LICENSURE
 - a.) Genetic Counselors
 - b.) Massage Therapists
 - c.) Physician Assistants
 - d.) Physicians
- IV. REPORTS AND RECOMMENDATIONS
 - a.) Borko Djordjevic, M.D. (Igallo, Montenegro)
 - b.) William Ira Feske, M.D. (Newport Beach, CA)
- V. PROPOSED FINDINGS AND PROPOSED ORDERS (none)
- VI. FINDINGS, ORDERS, AND JOURNAL ENTRIES
 - a.) Jill Cooke Wilson, M.T. (Palm Beach Gardens, FL)
- VII. EXECUTIVE SESSION I
- VIII. EXECUTIVE SESSION II
- IX. SETTLEMENT AGREEMENTS
- X. NOTICES OF OPPORTUNITY FOR HEARING, ORDERS OF SUMMARY SUSPENSION, ORDERS OF IMMEDIATE SUSPENSION, AND ORDERS OF AUTOMATIC SUSPENSION

BOARD AGENDA

November 8, 2017

9:45 a.m.

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TOPIC	PAGE NO.
XI. RULES & POLICIES	
a.) Adoption of Rules 4731-2-01 and 4731-11-01	
XII. OPERATIONS REPORT	
XIII. PROPOSED BOARD MEETING DATES, 2019	
XIV. REPORTS BY ASSIGNED COMMITTEES	
<u>Finance Committee Report</u>	
a.) Officer or Staff Reports	
i. Medical Board Fiscal Update	
ii. Other Reports	
b.) Existing Medical Board Fiscal Matters	
c.) New Medical Board Fiscal Matters	
d.) Action Item Review	
<u>Policy Committee Report</u>	
a.) FSMB Resolution on Prescribing	
b.) Prescribing Rules for Physicians in the VA System	
c.) Rule 4731-11-09, Prescribing to Persons Not Seen	
d.) Rule 4731-11-12, Office-Based Opioid Treatment	
e.) Acute Prescribing FAQ's	
<u>Licensure Committee Report</u>	
a.) Licensure Application Reviews	
i. Vamshi Myneni, M.D.	
ii. Sarah Ann Wright, M.T.	
<u>Physician Assistant/Scope of Practice Committee Report</u>	
a.) Podiatrist Scope of Practice Inquiry	
b.) Regulation of Physician Assistant Prescriptive Authority	
<u>Compliance Committee Report</u>	

BOARD AGENDA

November 8, 2017

9:45 a.m.

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TOPIC PAGE NO.

XV. PROBATIONARY REQUESTS

- a.) Thuan D. Dang, M.D. (Beavercreek, OH)
- b.) Ernest B. de Bourbon, III, M.D. (Dublin, OH)
- c.) Jagprit S. Dhillon, M.D. (Brecksville, OH)
- d.) Kavita A. J. Kang, D.O. (Cincinnati, OH)
- e.) Steve M. Leung, M.D. (Cleveland, OH)
- f.) Maneesh L. Mehra, M.D. (Avon Lake, OH)
- g.) Kyle F. Mills, M.D. (Wapakoneta, OH)
- h.) Bradley T. Schwarz, D.O. (Cleveland, OH)

XVI. REINSTATEMENT REQUESTS

- a.) Ernest B. de Bourbon, III, M.D.

XVII. FINAL PROBATIONARY APPEARANCES

Amanda S. Conn, M.T. (Oak Harbor, OH)

Ms. Conn is appearing before the Board pursuant to her request for release from the terms of her May 13, 2015 Consent Agreement.

Michael D. Cragel, D.P.M. (Maumee, OH)

Dr. Cragel is appearing before the Board pursuant to his request for release from the terms of his November 14, 2012 Consent Agreement.

Jose A. Crespo, M.D. (Pittsburgh, PA)

Dr. Crespo is appearing before the Board pursuant to his request for release from the terms of his May 11, 2016 Non-Disciplinary Consent Agreement.

John M. Hatheway, M.D. (Columbus, OH)

Dr. Hatheway is appearing before the Board pursuant to his request for release from the terms of the Board's Order of June 9, 2010.

Gregory G. Johnson, M.D. (Kent, OH)

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

BOARD AGENDA

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9:45 a.m.

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TOPIC

PAGE NO.



AGENDA

**STATE MEDICAL BOARD OF OHIO
COMPLIANCE COMMITTEE**

November 8, 2017
Approximately 2:00 p.m.
30 E. Broad St., Columbus, OH 43215, 3rd Floor

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

I. INITIAL PROBATIONARY APPEARANCES

John K. Krebs, M.D. (Sheffield Village, OH)

Dr. Krebs is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement.

Steven S. McNutt, M.D. (Shelby, OH)

Dr. McNutt is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement.

Stephen Lee Moore, D.O. (Avon Lake, OH)

Dr. Moore is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement.

Wayne J. Myles, D.O. (Bluefield, WV)

Dr. Myles is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement.

II. TREATMENT PROVIDER APPLICATION

- a.) Glenbeigh
- b.) MARR, Inc.

III. APPROVAL OF REPORTS OF CONFERENCES

October 10 & 12, 2017

IV. MINUTES REVIEW



PHYSICIAN'S ASSISTANT POLICY COMMITTEE

AGENDA

James A. Rhodes State Office Tower
Room 336, 3rd Floor
30 E. Broad St., Columbus, Ohio 43215
November 13, 2017
8:30 a.m.

TOPIC

PAGE NO.

I. Review minutes of the September 11, 2017 meeting

II. Request for review of drugs

- a.) Parsabiv
- b.) Emflaza
- c.) Xermelo
- d.) Kisqali
- e.) Xadago
- f.) Symproic
- g.) Zejula
- h.) Austedo
- i.) Ingrezza
- j.) Rydapt
- k.) Alunbrig
- l.) Tymlos
- m.) Radicava
- n.) Baxdela
- o.) Bevyxxa
- p.) Nerlynx
- q.) Vosevi

III. New business matters

MINUTES**THE STATE MEDICAL BOARD OF OHIO****November 8, 2017**

Amol Soin, M.D., President, called the meeting to order at 9:50 a.m. in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes Office Tower, 30 E. Broad Street, Columbus, Ohio 43215, with the following members present: Robert P. Giacalone, Vice President; Kim G. Rothermel, M.D., Secretary; Bruce R. Saferin, D.P.M., Supervising Member; Anita M. Steinbergh, D.O.; Michael L. Gonidakis; Andrew P. Schachat, M.D.; Michael Schottenstein, M.D.; Richard Edgin, M.D.; Ronan M. Factora, M.D.; and Mark A. Bechtel, M.D.

Also present were: Anthony J. Groeber, Executive Director; Kimberly Anderson, Assistant Executive Director; David Fais, Assistant Executive Director; Sallie Debolt, Senior Counsel; Bill Schmidt, Chief of Investigations; Susan Loe, Director of Human Resources and Fiscal; Jonithon LaCross, Public Policy & Governmental Affairs Program Administrator; Teresa Pollock, Director for Communications; Joseph Turek, Deputy Director for Licensure; Rebecca Marshall, Chief Enforcement Attorney; Mark Blackmer, Angela McNair, Cheryl Pokorny, James Roach, Kimberly Lee, Adam Meigs, and Melissa Wood, Enforcement Attorneys; Kyle Wilcox and Emily Pelphrey, Assistant Attorneys General; Danielle Blue, Hearing Examiner; Alana Volakis, Hearing Unit Assistant; Alexandra Murray, Managing Attorney for Standards Review, Experts, and Intervention; Gary Holben, Operations Manager; Annette Jones and Angela Moore, Compliance Officers; David Katko, Assistant Legal Counsel; Colin DePew, Legal and Policy Staff Attorney; Jacqueline A. Moore, Legal/Public Affairs Assistant; and Benton Taylor, Board Parliamentarian.

MINUTES REVIEW

Dr. Saferin moved to approve the draft minutes of the October 11, 2017, Board meetings, as written. Dr. Edgin seconded the motion. All members voted aye. The motion carried.

APPLICANTS FOR LICENSURE

Dr. Saferin moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the genetic counselor applicants listed in Exhibit "A," the massage therapist applicants listed in Exhibit "B," the physician assistant applicants listed in Exhibit "C," and the physician applicants listed in Exhibit "D," and to approve the results of the October 20, 2017 Cosmetic Therapy Examination and to certify as passing and license those receiving a score of 75 or greater on their examination, as listed in the Agenda Supplement and handouts. Dr. Steinbergh seconded the motion. A vote was taken:

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

Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

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

Dr. Soin asked whether each member of the Board had received, read and considered the hearing records, the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Borko Djordjevic, M.D.; and William Ira Feske, M.D. A roll call was taken:

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

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

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

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

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

Dr. Soin reminded all parties that no oral motions may be made during these proceedings.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

BORKO DJORDJEVIC, M.D.

Dr. Soin directed the Board's attention to the matter of Borko Djordjevic, M.D. No objections have been filed. Ms. Blue was the Hearing Examiner.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Borko Djordjevic, M.D. Dr. Schottenstein seconded the motion.

Ms. Anderson stated that Dr. Djordjevic apparently filed a request to address the Board, although that request did not appear in the Board members' documentation.

Dr. Steinbergh moved to allow Dr. Djordjevic to address the Board. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

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

Dr. Djordjevic was not present in the meeting, but he was represented by his attorney, Jeffrey Jurca.

Mr. Jurca requested that the Board amend the Hearing Examiner's Proposed Order so that Dr. Djordjevic can petition for release from his probationary terms after one year rather than two years.

Mr. Jurca noted that the Hearing Examiner's Report and Recommendation suggests that Dr. Djordjevic did not adequately express remorse for the events that occurred about 15 years ago involving his ex-wife. Mr. Jurca stated that Dr. Djordjevic had not intended to sugar-coat or soft-pedal any of those allegations in his testimony. Mr. Jurca conveyed that Dr. Djordjevic knows his actions in that incident were wrong.

Dr. Soin asked if the Assistant Attorney General wished to respond. Ms. Pelphrey stated that she did not wish to respond.

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

Dr. Steinbergh briefly reviewed Dr. Djordjevic's background, including his medical education and practice in the former Yugoslavia. Dr. Djordjevic immigrated to the United States in 1970 and completed a one-year internship and a surgical residency, followed by a two-year plastic and reconstructive surgery residency in Columbus. Dr. Djordjevic was licensed to practice medicine in Ohio in 1975 and his Ohio license expired on December 31, 1990, due to non-renewal. Dr. Djordjevic was in private practice as a plastic surgeon in California from 1977 to 2007. Dr. Djordjevic testified that he has also held medical licenses in Nevada, Pennsylvania, New Jersey, and New York, though he has no active license in the United States at this time. From March 2008 to the present, Dr. Djordjevic has been the head of the Department of Plastic Surgery at the Mediterranean Surgery Center in Igalo, Montenegro. In addition, Dr. Djordjevic was in private practice in Belgrade, Serbia, from 2006 to 2016. Dr. Steinbergh noted that Dr.

Djordjevic has not practiced medicine in the United States for ten years.

Concerning the matter before the Board today, Dr. Steinbergh stated that Dr. Djordjevic was convicted in 2007 on federal charges of False Declaration and Concealment of Assets. Dr. Djordjevic was subsequently disciplined by the Medical Board of California for general unprofessional conduct because he failed to report his indictments and convictions to the Board. The California Board also disciplined Dr. Djordjevic for having been convicted of a crime that is substantially related to the qualifications, functions, and duties of a physician and surgeon, in relation to an incident involving his then-wife.

Dr. Steinbergh continued that, as documented and substantiated in the record, Dr. Djordjevic had been in an argument with his then-wife, Joi Stephens, and during the argument Ms. Stephens spit in Dr. Djordjevic's face. Dr. Djordjevic then punched Ms. Stephens in the mouth and, when she turned away to leave, Dr. Djordjevic grabbed her by the shirt, kicked the back of her leg, and punched and kicked her to cause visible injury to Ms. Stephens which was documented in court by pictures. Dr. Djordjevic was found culpable for these actions and he pleaded No Contest to the charge of Maliciously and Willfully Disturbing Another.

On September 7, 2007, Dr. Djordjevic entered into a Stipulated Consent Agreement and Order with the California Board which revoked his California medical license, stayed that revocation, suspended the license for three months, and established probationary terms for seven years. Based on the California actions, the medical boards in New Jersey and New York each suspended Dr. Djordjevic's licenses in those states and part of the stipulations for reinstatement were that Dr. Djordjevic meet all the conditions for reinstatement of his California license. In 2010, the California Board cancelled Dr. Djordjevic's California license because he had resided outside of California for the two previous years and had not been on active probation with the Board during that time.

In 2016, Dr. Djordjevic applied for restoration of his Ohio medical license. During his hearing, Dr. Djordjevic admitted to the issues surrounding the abuse of his wife, although Dr. Steinbergh stated that Dr. Djordjevic had tried to soften his account of the incident. Dr. Steinbergh stated that Dr. Djordjevic's daughter had sent a letter to the Board stating that she had perjured herself during the initial case. However, Dr. Steinbergh did not find Dr. Djordjevic's daughter to be a credible witness.

Dr. Steinbergh noted Dr. Djordjevic's testimony that he had been notified in 2008 that he does not have malpractice insurance, which had previously been carried through the American Society for Aesthetic Plastic Surgery. Dr. Steinbergh stated that there is nothing in the record to indicate that Dr. Djordjevic has specialty board certification. Dr. Steinbergh suspected that Dr. Djordjevic had been board-eligible (equivalent to what is called "board-qualified" today), but he appears to have never been board-certified. Dr. Steinbergh stated that Dr. Djordjevic currently practices as a solo practitioner in plastic surgery at a resort in Montenegro. Dr. Djordjevic principally performs aesthetic surgery such as facelifts, breast implants, liposuction, hand reconstruction, and genitalia surgery.

Dr. Steinbergh observed that the Board received a few letters of support on Dr. Djordjevic's behalf from people who had known him remotely in the past.

Dr. Steinbergh appreciated the comments from Dr. Djordjevic's counsel that Dr. Djordjevic has demonstrated remorse. However, the Hearing Examiner felt that Dr. Djordjevic had tried to excuse away some of his behavior and had an alternative narrative regarding the incident with his then-wife. Dr. Steinbergh stated that she agrees with the Hearing Examiner's Findings of Fact and Conclusions of Law.

The Proposed Order would grant Dr. Djordjevic's application for licensure, provided that he otherwise meets all statutory and regulatory requirements, and would establish probationary terms for a minimum of two years.

Expressing concerns about Dr. Djordjevic's clinical competency, Dr. Steinbergh proposed an amended Order which would require Dr. Djordjevic to take and pass the Special Purpose Examination (SPEX) within six months of the effective date of the Order, and that failure to pass the SPEX within that time frame would be considered an abandonment of the application. Upon passage of the SPEX, the amended Order would grant Dr. Djordjevic's application for licensure and temporarily restrict the license to a four-month preceptorship that shall include one month of observation and three months of patient care under direct supervision of a plastic surgeon who is certified by the American Board of Plastic Surgery (ABMS - American Board of Medical Specialties). Dr. Steinbergh stated that upon completion of the preceptorship, Dr. Djordjevic's license will become unrestricted and probationary terms will be established for a minimum of two years. The probationary terms will include completion of a board review course as well as a practice plan with a monitoring physician in Dr. Djordjevic's practice, subject to approval by the Board.

Copies of Dr. Steinbergh's proposed amended Order were provided to Board members.

Dr. Steinbergh stated that the proposed amended Order is consistent with other recent actions the Board has taken, based on recommendations from the Licensure Committee, to allow licensure restoration applicants to prove clinical competency. Dr. Steinbergh opined that due to his lack of board certification, Dr. Djordjevic may not be able to be credentialed in a hospital setting, and the monitoring provided by the proposed amended Order will allow the Board to ensure that Dr. Djordjevic's practice is consistent with the current standards of care in Ohio. Dr. Steinbergh reiterated that Dr. Djordjevic has not practiced medicine in the United States for ten years and that medical knowledge is constantly changing.

Ms. Anderson clarified that the hearing record includes documents from the American Board of Plastic Surgery (ABPS) from 2007, though there was no testimony on whether Dr. Djordjevic holds current board certification. Dr. Steinbergh noted that the letter from ABPS dated September 24, 2007, states, in part:

...recently learned that your license to practice medicine in California has been suspended and placed on probation. The action taken by the California Medical Board makes you ineligible for the examination processes of the board. You do not now possess an unrestricted license. You will not be able to sit for the 2007 oral examination.

Dr. Steinbergh stated that this may confirm that Dr. Djordjevic was board-qualified when he completed his plastic surgery training. Dr. Steinbergh added that Dr. Djordjevic could not become board-certified if he never completed his oral board examination. Dr. Steinbergh stated that because Dr. Djordjevic has been unlicensed in the United States for ten years, she did not see a path to board certification for him.

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

Dr. Schottenstein stated that Dr. Steinbergh's proposed amendment implies, but does not state specifically, that the probationary period begins after the preceptorship is concluded. Dr. Steinbergh agreed that the probationary period will begin immediately upon completion of the preceptorship.

Dr. Schottenstein disagreed with the suggestion from Dr. Djordjevic's attorney that the probationary period be reduced. Dr. Schottenstein opined that it is appropriate for Dr. Djordjevic to practice for two years under the terms of a Board-approved practice plan.

Dr. Steinbergh observed that under the proposed amended Order, Dr. Djordjevic will only make two personal appearances before the Board or its designee: Once in the third month after the Order's effective date, and once when he is requesting termination of the probationary period. Dr. Steinbergh stated that despite the paucity of appearances, the Board, and particularly the Board's Secretary and Supervising Member, will monitor Dr. Djordjevic's practice through the practice plan. Dr. Steinbergh stated that Dr. Djordjevic can be invited to appear before the Board if there are any concerns.

Ms. Anderson observed that the proposed amended Order includes a sentence at the end of Paragraph B that reads, "Upon successful completion of his preceptorship, Dr. Djordjevic's certificate shall become an unrestricted license." Ms. Anderson stated that the term "unrestricted" means no probationary terms. Dr. Steinbergh suggested that the sentence be altered to read, "Upon successful completion of his preceptorship, this limitation/restriction will be lifted." Ms. Anderson agreed.

Dr. Steinbergh wished to change her motion to amend as discussed. The amended Order will read as follows:

It is hereby ORDERED that:

A. **GRANT OF PHYSICIAN REINSTATEMENT OR RESTORATION AFTER PASSAGE OF EXAMINATION:** The application of Borko Djordjevic, M.D., for reinstatement/ restoration of his certificate to practice medicine and surgery in Ohio is GRANTED, provided that he takes and passes the Special Purpose Examination (SPEX), and otherwise meets all statutory and regulatory requirements. Failure to successfully complete the SPEX within six months of the effective date of this Order shall be considered abandonment of the application of Dr. Djordjevic's certificate to practice medicine and surgery in Ohio.

B. **LIMITATION/RESTRICTION:** The certificate of Dr. Djordjevic to practice medicine and surgery in the State of Ohio shall be LIMITED and RESTRICTED as follows:

Dr. Djordjevic's certificate is LIMITED and RESTRICTED until he successfully completes a four-month preceptorship, including one month of observation and three months of patient care under direct supervision, with an ABMS board-certified plastic surgeon. Upon successful completion of his preceptorship, this limitation/restriction will be lifted.

C. **PROBATION:** The certificate of Dr. Djordjevic to practice medicine and surgery in the State of Ohio shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two years:

1. **Obey the Law:** Dr. Djordjevic shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Declarations of Compliance:** Dr. Djordjevic shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there

has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

3. **Notification of Change in Terms of Probation by the New Jersey State Board of Medical Examiners, and the New York State Board of Professional Medical**

Conduct: Dr. Djordjevic shall immediately notify the Board in writing of any modification or change to any term, condition, or limitation imposed by the New Jersey State Board of Medical Examiners, and the New York State Board of Professional Medical Conduct, including termination of the 2008 New Jersey Board Order and 2009 New York Board Order.

4. **Personal Appearances:** Dr. Djordjevic shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Dr. Djordjevic shall also appear in person upon his request for termination of the probationary period, and/or as otherwise directed by the Board.

5. **Board Review Course:** Before the end of the first year of probation, or as otherwise approved by the Board, Dr. Djordjevic shall submit acceptable documentation of satisfactory completion of a board review course in plastic and reconstructive surgery, to be approved in advance by the Board or its designee.

6. **Practice Plan and Monitoring Physician:** Prior to Dr. Djordjevic's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Djordjevic shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Djordjevic's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Djordjevic shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

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

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Djordjevic and his medical practice, and on the review of Dr.

Djordjevic's patient charts. Dr. Djordjevic shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's office no later than the due date for Dr. Djordjevic's declarations of compliance.

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

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

7. **Required Reporting of Change of Address:** Dr. Djordjevic shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
8. **Tolling of Probationary Period While Out of Compliance:** In the event that Dr. Djordjevic 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.

- D. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Djordjevic's certificate will be fully restored.
- E. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Djordjevic violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- F. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**
 1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Djordjevic shall provide a copy of this Order to all employers or entities with which she is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training, and Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Djordjevic shall promptly provide a copy of this Order to all employers and 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 she applies for or obtains privileges or appointments.

In the event that Dr. Djordjevic provides any healthcare services or healthcare direction or medical oversight to any 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 Services.

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

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

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. Steinbergh's motion to amend:

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

Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Borko Djordjevic, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to approve carried.

WILLIAM IRA FESKE, M.D.

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

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

Dr. Feske was represented by his attorney, Jim McGovern.

Mr. McGovern stated that Dr. Feske had been able to travel from California to attend his hearing, but he was unable to appear before the Board today. Mr. McGovern commented that the Hearing Examiner did an excellent job summarizing the issues that arose from the action taken by the Medical Board of California. Mr. McGovern stated that there is no dispute that Dr. Feske made serious mistakes and that he has admitted to his conduct. Mr. McGovern noted that all the medications at issue in this matter had actually been prescribed to Dr. Feske by his physician. The inappropriate conduct involves the fact that Dr. Feske obtained the medications by prescribing them to himself in such a manner as to shield the fact that he was receiving the medications. The California Board addressed this conduct by issuing a reprimand to Dr. Feske.

Mr. McGovern continued that as a teleradiologist, Dr. Feske has numerous state licenses and is applying

for more, including in Ohio. Mr. McGovern stated that most other states where Dr. Feske has applied have licensed him and issued their own reprimand. Mr. McGovern stated that Dr. Feske has been extremely forthcoming with all the boards he has dealt with, including the Ohio Board. Mr. McGovern noted that in the Ohio hearing, Dr. Feske went so far as to update the Hearing Examiner regarding how other medical boards were dealing with his applications. Dr. Feske has expressed remorse for his conduct and an understanding of why it was wrong.

Mr. McGovern stated that Dr. Feske has completed the 27-hour prescribing course that was required by the California Board and has honored all other terms of the California Board Order. Mr. McGovern stated that Dr. Feske is a high-quality radiologist, as demonstrated at his hearing. Mr. McGovern noted that for the first quarter of 2017, Dr. Feske received the following commendation from his employer, Virtual Radiologic Professionals, LLC (vRad):

Congratulations. You are among a select group of vRad radiologists who read at least 1,500 preliminary studies in Q1 and did not receive a single major miss QA [quality assurance]. This is an extraordinary accomplishment and we in medical leadership salute your dedication to our patients and our clients.

Mr. McGovern stated that if the Board licenses Dr. Feske, he clearly has something to offer Ohio.

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

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

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

Dr. Soin stated that this case involves Dr. Feske taking medications that had been prescribed to him, which he later prescribed to himself in the name of his father-in-law. In response to these actions, the Medical Board of California reprimanded Dr. Feske and required him to complete a controlled substance prescribing course. Subsequently, Dr. Feske was also reprimanded by the South Dakota Board of Medical and Osteopathic Examiners. Dr. Soin briefly reviewed Dr. Feske's medical education and career.

Dr. Soin continued that when Dr. Feske's marriage began to deteriorate, he and his wife underwent counseling with a psychiatrist, Dr. Sandhu. Dr. Feske testified that he saw Dr. Sandhu three times over the next eight to ten months and was prescribed medications by Dr. Sandhu. Dr. Feske further testified that he (Dr. Feske) would call in the same prescriptions in his father-in-law's name and then pick them up from the pharmacy, paying the co-pay for the medications. Dr. Feske always ordered a 30-day supply of the medications and filled them eight to ten times over an eight to ten month period. When Dr. Feske was asked why he never discussed the prescriptions with his father-in-law, Dr. Feske had replied that it was an embarrassing situation for him. Dr. Soin stated that these facts came to light during Dr. Feske's subsequent divorce. The conduct was reported to the California Board, which later took action.

On or about March 8, 2016, Dr. Feske submitted an application for an Ohio medical license. On his application, Dr. Feske disclosed the California action. In a letter dated February 26, 2016, Dr. Feske also informed the Board that he was being investigated by the South Dakota Board, based on the California

action.

Dr. Soin stated that the Proposed Order would grant Dr. Feske's application for licensure and reprimand him, provided that he meets all other statutory and regulatory requirements. Dr. Soin noted that Dr. Feske complied with all the requirements of the California Board, including a 27-hour prescribing course, and that he was released from all obligations of the California Board in November 2015. Therefore, the Hearing Examiner felt that the necessary remedial measures have already been addressed.

Dr. Soin stated that Dr. Feske is now practicing teleradiology and has applied for licenses in several other states, which has resulted in reprimands and, in one state, a denial. However, Dr. Soin noted that the Ohio Board can only base its discipline on the actions of the California Board and South Dakota Board. The Hearing Examiner observed that Dr. Feske was very candid and forthcoming in his hearing and it was evident that he took this issue very seriously.

Dr. Schottenstein opined that Dr. Feske himself gave a good summation of his misconduct in his testimony. Dr. Schottenstein stated that Dr. Feske prescribed medications to a family member without any kind of history, examination, or documentation. Because Dr. Feske was the one who took the medications, one could argue that he prescribed to himself. This, and the fact that some of the payments for the medication was made by Medicare, indicate that Dr. Feske engaged in acts of dishonesty and the unethical practice of medicine.

However, Dr. Schottenstein observed multiple mitigating circumstances in this matter. Specifically, Dr. Feske has no prior disciplinary record; there was no dishonest or selfish motive; this was an isolated incident that is unlikely to recur; Dr. Feske made a full and free disclosure to the Board; Dr. Feske has taken interim remedial measures; Dr. Feske has shown remorse; and Dr. Feske's misconduct has not had an adverse impact on other people.

Dr. Schottenstein felt that the background information in this case is also mitigating. Dr. Feske was motivated by a concern that his seeking out legitimate psychiatric care would result in his being stigmatized in his community, leading to professional adverse consequences. Although Dr. Feske prescribed medications to a family member, it was never with the intent that the family member would actually take the medications; rather, it was an artifice to disguise the fact that Dr. Feske himself was the intended recipient. Dr. Schottenstein noted that Dr. Feske transcribed the prescriptions that were written for him by his psychiatrist, so Dr. Feske was legitimately prescribed the medication and he took it as directed. Dr. Schottenstein stated that Dr. Feske took these measures to hide his identity with regard to the prescriptions. The purpose of this exercise was to conceal Dr. Feske's treatment so that the pharmacy could not reveal his confidential medical information.

Dr. Schottenstein stated that if Dr. Feske had been actually prescribing medication for his father-in-law to take, or if Dr. Feske had been prescribing to himself without being under the care of a psychiatrist, or if Dr. Feske had been modifying the psychiatrist's prescriptions in some way, then this case would be very different. Dr. Schottenstein agreed with the Proposed Order, finding it to be a fair middle-ground in terms of consequences.

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

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

Dr. Schottenstein - aye
Dr. Steinbergh - aye
Mr. Giacalone - aye
Dr. Soin - aye
Mr. Gonidakis - aye
Dr. Schachat - aye
Dr. Factora - aye
Dr. Edgin - aye
Dr. Bechtel - aye

The motion to approve carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

Dr. Soin stated that in the following matter, the Board issued a Notice of Opportunity for Hearing, and documentation of Service was received. There was no timely request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter is therefore before the Board for final disposition. This matter is non-disciplinary in nature, and therefore all Board members may vote.

JILL COOKE WILSON, M.T.

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

Dr. Steinbergh moved to find that the allegations set forth in the September 14, 2017 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. Wilson's application for restoration of her Ohio massage therapy license, pending successful completion of the MBLEX within six months of the date of mailing of the Notice of Opportunity for Hearing. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel - aye
Dr. Saferin - aye
Dr. Schottenstein - aye
Dr. Steinbergh - aye
Mr. Giacalone - aye
Dr. Soin - aye
Mr. Gonidakis - aye
Dr. Schachat - aye
Dr. Factora - aye
Dr. Edgin - aye
Dr. Bechtel - aye

The motion carried.

EXECUTIVE SESSION

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

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

The motion carried.

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

The Board returned to public session.

RATIFICATION OF SETTLEMENT AGREEMENTSCHRISTOPHER ROBERT WHITE, M.D. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step II Consent Agreement with Dr. White. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

THOMAS F. GOODALL, D.O. – VOLUNTARY PERMANENT RETIREMENT

Dr. Steinbergh moved to ratify the proposed Voluntary Permanent Retirement with Dr. Goodall. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

NILESH B. JOBALIA, M.D. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

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

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

The motion to ratify carried.

PETER C. JOHNSON, M.D. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step II Consent Agreement with Dr. Johnson. Dr. Schottenstein seconded the motion. A vote was taken:

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

Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- abstain

The motion to ratify carried.

CYMA KHALILY, M.D. – CONSENT AGREEMENT

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

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

The motion to ratify carried.

CHRISTOPHER GEORGE ALSAGER LEE, M.D. – CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Consent Agreement with Dr. Alsager Lee. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

EDWARD I. NELSON, M.D. – CONSENT AGREEMENT

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

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

The motion to ratify carried.

STEVEN MARK OYAKAWA, M.D. – CONSENT AGREEMENT

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

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

The motion to ratify carried.

MOHAMMAD REZAAE, M.D. – VOLUNTARY PERMANENT RETIREMENT

Dr. Steinbergh moved to ratify the proposed Voluntary Permanent Retirement with Dr. Rezaee. Dr. Schottenstein seconded the motion. A vote was taken:

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

Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- abstain

The motion to ratify carried.

DONALD PAUL WINGARD, D.O. – PERMANENT SURRENDER OF CERTIFICATE TO PRACTICE
OSTEOPATHIC MEDICINE

Dr. Steinbergh moved to ratify the proposed Permanent Surrender with Dr. Wingard. Dr. Schottenstein seconded the motion.

Mr. Giacalone commented that he is amazed that the Nevada State Board of Osteopathic Medicine did not revoke this individual's license and that he was allowed back into practice in that state with such a lenient penalty.

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

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

The motion to ratify carried.

MALAK S. ADIB, M.D. – CONSENT AGREEMENT

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

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

Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- abstain

The motion to ratify carried.

JAMES IBRAHIM TAK, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step I Consent Agreement with Dr. Tak. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

JEROME BERNARD YOKIEL, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the proposed Step I Consent Agreement with Dr. Yokiel. Dr. Schottenstein seconded the motion. A vote was taken:

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

The motion to ratify carried.

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

Ms. Marshall briefly reviewed the proposed citations for the Board, including the proposed citation for Matthew M. Minarik, P.A., identified as Citation #6. Ms. Marshall stated that Citation #6 is being proposed due to the licensee having held himself out as a physician, which constitutes the unlicensed practice of medicine; and a recent conviction for sexual imposition, a misdemeanor of moral turpitude. Ms. Marshall noted that as part of his court sentence, the licensee was ordered not to have any healthcare position which involves any patient contact. For this reason, Citation #6 is not a Summary Suspension because the licensee is already blocked from treating patients at this time.

Mr. Giacalone stated that he does not disagree with issuing Citation #6. However, Mr. Giacalone stated that this licensee has already impersonated a physician. Mr. Giacalone stated that the licensee could get a job in a healthcare institution where he would not technically have contact with patients, and then decide to impersonate a physician to someone in that facility. For these reasons, Mr. Giacalone opined that Citation #6 should be a Summary Suspension so that the licensee cannot walk the halls of a healthcare institution in that capacity. Mr. Giacalone stated that this licensee is a proven liar and a sexual predator.

Ms. Marshall understood Mr. Giacalone's concerns, but stated that two legal requirements must be met in order to issue a Summary Suspension. One requirement is clear and convincing evidence of a violation, which is present in this case. The second requirement is that there must be immediate and serious harm to patients. Ms. Marshall stated that the Board cannot demonstrate immediate and serious harm to patients because the court order has already removed the licensee from patient contact. Ms. Marshall stated that if that situation changes, the Board can issue a Summary Suspension very quickly.

Mr. Giacalone stated that he would hate to see someone hurt because the Board failed to issue a Summary Suspension to this licensee. Mr. Giacalone opined that the Board is in a position to issue a Summary Suspension in this case in order to remove any possibility of the licensee getting a non-patient care position in a healthcare facility and then impersonating a physician while there.

Dr. Steinbergh asked why the Board must wait until something happens before it acts. Ms. Marshall replied that the Board does not have to wait until something happens, but it must follow the law to meet the requirements of a Summary Suspension.

Mr. Groeber asked Ms. Marshall to explain the risks of proceeding prematurely with a Summary Suspension. Ms. Marshall stated that in this matter, a premature Summary Suspension could be overturned by court action. However, the bigger concern is that case law could result that would prevent the Board from summarily suspending licensees in the future. Ms. Marshall stated that the courts are very conservative about boards using summary suspensions because they deprive people of their license before they have had due process to have a hearing. Therefore, the Summary Suspension must be used responsibly and judiciously. Ms. Marshall stated that in the matter of Citation #6, there is no evidence of immediate and serious risk to patients because the licensee is not in contact with patients.

Dr. Steinbergh noted that the licensee is currently on a two-year probation imposed by the court due to his conviction for sexual imposition. Dr. Steinbergh hoped that during the probationary period, the licensee's probation officer would become aware of any attempts to step outside the guidelines and to work in a place he ought not work. Ms. Marshall agreed.

Ms. Marshall commented that when the staff discusses cases with the Board's Secretary and Supervising Member to determine which cases to cite and which to settle, the Secretary and Supervising Member typically do not choose to settle cases in which they feel that the Board may want to permanently revoke a license or take other very significant action. Ms. Marshall stated that this is especially true in cases involving a sex-related conviction. Ms. Marshall stated that the Board will have an opportunity to take whatever action it deems appropriate when the case comes back to the Board and all the information from the hearing is available.

Mr. Giacalone wished to ensure that the licensee does not have an opportunity to create another victim by working in an environment that he should not be in. Mr. Giacalone observed that the court suspended 45 days of the licensee's 60-day jail sentence, so he only spent 15 days in jail. Mr. Giacalone opined that the public is harmed by not summarily suspending this licensee. Mr. Giacalone reiterated that without a summary suspension, the licensee can get a non-patient care job in a hospital, such as a laboratory technician, and then don a lab coat and walk around impersonating a physician again. Ms. Marshall commented that a Summary Suspension of the licensee's physician assistant license would not prevent him from obtaining a position as a laboratory technician or a similar position. Mr. Giacalone disagreed, stating the no hospital would hire someone with a Summary Suspension for any position, whereas a hospital may hire someone who only has a citation.

Dr. Steinbergh observed that this licensee had referred to himself as a physician in July 2016, yet the Board did nothing at that time. Ms. Marshall commented that the licensee's action took place in July 2016, but the Board staff did not necessarily know about it at that time. Ms. Marshall noted that, according to Citation #6, the licensee met with Board staff in January 2017 and admitted at that time to having referred to himself as a doctor six months earlier. Ms. Marshall stated that all cases are brought to the Board as the soonest opportunity and that the more pressing issue is the licensee's sexual imposition conviction, which occurred in August 2017.

Ms. Marshall also reviewed the proposed citation for Joseph Froilan Yurich, M.D., identified as Citation #8. This licensee was convicted of Failure to Stop After an Accident, a misdemeanor of the first degree. The underlying facts involve the licensee operating a watercraft at night and striking another boat, killing one person and seriously injuring another person, and then leaving the scene of the crime. Dr. Steinbergh asked if this physician is currently in jail or in some other part of the legal process. Ms. Marshall replied that physician is not in jail.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Christopher Francis Aul, L.M.T., L.Ac., L.O.M.; Stephen Scott Brown, M.D.; Sean Patrick Hammond, L.M.T.; Danny Joseph Sayegh, M.D.; and Joseph Froilan Yurich, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

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

Dr. Edgin - aye
Dr. Bechtel - aye

The motion to send carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Matthew M. Minarik, P.A. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- nay
Dr. Soin	- aye
Mr. Gonidakis	- nay
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- aye

The motion to send carried.

Dr. Steinbergh moved to send the Notices of Opportunity for Hearing to Constance E. Ange, D.O.; and Deborah S. Lubitz, M.D. Dr. Schottenstein seconded the motion. A vote was taken:

ROLL CALL:

Dr. Rothermel	- abstain
Dr. Saferin	- abstain
Dr. Schottenstein	- aye
Dr. Steinbergh	- aye
Mr. Giacalone	- aye
Dr. Soin	- aye
Mr. Gonidakis	- aye
Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- abstain

The motion to send carried.

Ms. Marshall commented that the Board's two new Enforcement Attorneys, Adams Meigs and Melissa Wood, are present in the meeting. The Board welcomed Mr. Meigs and Ms. Wood.

RULES AND POLICIES

ADOPTION OF RULES 4731-2-01 AND 4731-11-01

Ms. Debolt stated that a public rules hearing was held on two proposed rules. These rules are now ready for adoption by the Board. Since these rules have not yet been officially cleared by the Joint Committee

on Agency Rule Review (JCARR), Ms. Debolt asked the Board to approve them for final filing once they have successfully completed the JCARR process.

Dr. Steinbergh moved that proposed Rules 4731-2-01 and 4731-11-01 be final filed with an effective date of December 7, 2017, contingent upon successful completion of the JCARR review process.

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

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

The motion to send carried.

OPERATIONS REPORT

Human Resources: Mr. Groeber stated that by next month the Board should have all of its employee positions staffed.

Investigator Firearms: Mr. Groeber stated that the Board continues to work with the union to implement changes directed by the Board with regard to investigator firearms. Mr. Groeber stated that staff will continue refining the investigator manual and work with the union to prepare for the return of firearms, should the Board vote to rescind investigator authority to carry firearms. Until a formal vote is taken, the Board will maintain the investigators' authority to carry firearms.

Mr. Groeber stated that he has asked Mr. Schmidt to research possible investigator training on topics such as de-escalation, critical conversations, and other aspects of engaging with licensees in possibly tense situations. Mr. Schmidt has also been asked to research non-lethal forms of protection for investigators, such as mace. Mr. Groeber asked if any Board member would object to such non-lethal protection. Mr. Gonidakis asked if there will be a list of such items that may be utilized, which may include mace, taser, etc. Mr. Groeber stated that Mr. Schmidt will report back to the Board when his research is complete. Mr. Groeber commented that a taser is at the upper end of the spectrum of things that he had in mind, but Mr. Schmidt will provide options for the Board's consideration. The Board had no objections to researching non-lethal forms of protection.

Education and Outreach: Mr. Groeber stated that the Communications Section has been very busy on the Board's recent initiatives, including the new acute pain prescribing rules and the bridge program. Board staff met with the Council of Medical School Deans to discuss addiction education in medical training, residency training, and post-residency training. Over the next six months, the Board will offer assistance in examining their practices in each of those three educational phases and cross-reference that information across programs to identify any gaps and to build a repository of information on best

practices and procedures.

Agency Operations: Mr. Groeber stated that the number of open complaints has continued to drop from month to month. Licensure numbers are also up compared to the same time last year. Mr. Groeber stated that Mr. Alderson has provided statistics on the value of the Board's expedited licensure program in terms of funds for the Board and the value it adds to Ohio as a whole.

Dr. Schottenstein noted that in the information provided to the Board, the average time to issue a license under the expedited licensure program seems quite high. Mr. Groeber stated that there were two to four applicants who filled out the expedited licensure application, but then failed to get their background check completed in a timely manner. Since the number of expedited licensure applicants is relatively small, just a few applicants taking a very long time can distort the average number of days for all expedited applicants. Mr. Groeber stated that generally speaking, the number of days to license an expedited licensure applicant is 15 to 17 days when the outliers are removed from the dataset. Mr. Groeber noted that one applicant this month was licensed within a single day.

Mr. Groeber stated that the average time to issue a medical license in the standard process has been reduced to 32 days.

Meet the Staff: Mr. Groeber stated that this month the Board's licensure staff is appearing before the Board to introduce themselves and describe their duties.

Joe Turek introduced himself as the Deputy Director over Licensure. Mr. Turek stated that the Licensure staff is the engine of the Board and spends every day providing excellent customer service to licensees and applicants. The list of applicants that the Board approves in just minutes every month represents hundreds of hours put in by the Licensure team. The Licensure staff is not only responsible for processing a large volume of license applications quickly and accurately, but is also responsible for service requests like license verifications, continuing medical education (CME) audits, and maintaining licensure records. The Licensure staff also responds to hundreds of emails and phone calls weekly. Mr. Turek stated that despite the many recent changes in the Department, the Licensure team has been able to steadily decrease the time it takes to issue licenses. Mr. Turek stated that he is grateful for the opportunity to lead this extraordinary group of passionate and hardworking individuals.

Mitch Alderson, Elizabeth Hawk, Jacob Padgett, Amanda Blickenstaff, Robyn Daughtry, Victoria Litteral, Krista Tackett, and Cathy Hacker each introduced themselves and described their duties in the Licensure Section. Mr. Turek noted that three staff members are unfortunately unable to be present today: Chantel Scott, Gina Bouldware, and Carolyn Mack.

Mr. Groeber stated that the Board has the opportunity to do a lot of great work that starts with the licensure process. Mr. Groeber stated that licensure is not just part of the Board's revenue, but it is also the first part of customer service. Mr. Groeber stated that he receives emails every week from people saying that Licensure is doing a great job. Mr. Groeber added that Licensure has done excellent work in driving down the time required to get licensed and improving customer service and communication with the Board's licensees. Mr. Groeber stated that thanks to the Licensure staff, it is easier to begin work as a physician or an allied professional in Ohio than in many other states.

Board Consolidation: Mr. Groeber stated that work on the upcoming consolidation with the Ohio Board of Dietetics and the Ohio Respiratory Care Board continues smoothly. An amendment to House Bill 145,

the One-Bite Reporting Exemption, has been finalized to align the procedures and processes of the incoming boards with the Medical Board's operations. The amendment also further defines the advisory committees for those professions and who can serve on those committees. Mr. Groeber noted that the bill will become effective 90 days after it is signed by the Governor, so there may be some brief overlap of processes following the January 21, 2018 consolidation.

Staff Volunteer Program: Mr. Groeber stated that the Board is having a charity coat drive through the Cristo Rey program.

Laptop Computers for Board Members: Mr. Groeber asked which of the five Board members who use the Board's laptop computers during Board meetings wished to continue doing so. Four Board members indicated that they would like to continue using the laptop computers. Mr. Groeber stated that Mr. Taylor will continue to set up laptops for those Board members. Mr. Groeber stated that that the laptop computers may be replaced by newer laptops or iPads in the future.

PROPOSED MEETING DATES FOR 2019

Dr. Schottenstein moved to approve the proposed Board meeting dates for the calendar year 2019, as listed in the Agenda Materials. Dr. Bechtel seconded the motion. All members voted aye, except Dr. Steinbergh, who abstained. The motion carried.

REPORTS BY ASSIGNED COMMITTEES

FINANCE COMMITTEE

FISCAL REPORT

Dr. Schottenstein stated that the Board's revenue for September was \$575,425, compared to a revenue of \$841,280 in September 2015. Dr. Schottenstein reminded the Board that there has been a substantial decrease in Fiscal Year 2018 revenue due to the large surge of early license renewals in Fiscal Year 2017 prior to the eLicense system conversion. The Board's revenue for Fiscal Year 2018 so far is \$1,474,915, which is a year-to-date decrease of 30% over the two-year cycle. Net revenue losses in September 2015 is \$54,571, compared to a net revenue gain in September 2015 of \$252,005. Dr. Schottenstein noted that the Board's revenue began slowly increasing again in September compared to the previous month.

Dr. Schottenstein stated that the Finance Committee does not feel like there is cause for concern regarding the Board's revenue at this time, noting that the review has been affected by two variables. First, there is an ongoing disruption of the typical revenue cycle caused by the early license renewals of Fiscal Year 2017. Second, the Board has altered its notification schedule so that notifications for license renewal are sent to licensees three months in advance instead of six months in advance, resulting in fewer renewals from licensees who would typically renew immediately upon receiving the first notification. These factors also make assessment of the revenue cycle by comparing one fiscal year to another less predictable. Because of these disruptions of the revenue cycle, Dr. Schottenstein expected revenue for Fiscal Year 2018 to be continually behind that of Fiscal Year 2016 and that review for Fiscal Year 2019 will be continually behind that of Fiscal Year 2017.

Regarding the Board's cash balance, there has been a 24.2% decrease compared to the previous year.

Dr. Schottenstein noted that in December 2016, \$1,488,000 was transferred from the Board's fund by the Department of Administrative Services (DAS) to support eLicense development. Another \$1,100,000 is anticipated to be transferred at the end of Fiscal Year 2018, which is expected to be the last large transfer of funds. Dr. Schottenstein stated that these large cash transfers do not come out of the Board' spending authority, but are simply bulk transfers of funds to DAS.

Dr. Schottenstein stated that the Board's total expenditures in September 2017 were \$629,996, compared to expenditures of \$647,805 in September 2016. Year-to-date, there has been a 4% increase in expenditures for this fiscal year. Dr. Schottenstein stated that this is not viewed as a concern because the increase is substantially a function of payroll increases which have resulted from filling vacant positions, as well as cost-of-living raises. The current projected spending for Fiscal Year 2018 is about \$8,800,000, well under the allotted spending authority of \$10,200,000.

FINE EXPENDITURES AND ALLOCATIONS

Dr. Schottenstein stated that there have been no changes in fine expenditures and collocations since last month. Thus far, \$22,500 has been approved for allocation from fine revenue for Fiscal Year 2018. This total includes allocations for the acute pain prescribing rule video, a continuing medical education (CME) accreditation for a conference on medication-assisted treatment (MAT) of addiction, and a Governor's Cabinet Opiate Action Team (GCOAT) educational video.

ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that about \$13,000 in fines were collected in September. In total, the Board has levied \$234,500 in fines and has received payments totaling \$102,500. The \$132,000 that is still outstanding includes two \$20,000 fines that will be very difficult to collect and may never be collected.

Dr. Schottenstein provided details on the following licensees:

- Juan Hernandez, M.D. has been ill.
- J. Derek Hollingsworth, D.O., whose whereabouts had previously been unknown, has been located practicing in a Suboxone clinic in Montana. Dr. Schottenstein was uncertain if a part of Board's fine can be garnished from Dr. Hollingsworth's earnings.
- Tracy ReAnn Ruedisueli, P.A., is the first licensee to fail to pay a fine that was levied in a consent agreement rather than a Board order. Dr. Schottenstein noted that Ms. Ruedisueli has been noncompliant with the terms of her Agreement in general, not just the fine, which has been sent to collections. Dr. Schottenstein stated that this could generate another citation for violating a Consent Agreement.

In addition, Dr. Schottenstein stated that the Board has received its first non-disciplinary fine for a violation of continuing medical education (CME) requirements.

EDUCATION AND OUTREACH

Dr. Schottenstein stated that Ms. Pollock updated the Finance Committee on the Board's education and outreach activities. Dr. Schottenstein stated that Ms. Pollock has modified the acute pain prescribing video into a shorter version which will be featured on the Take Charge Ohio website. The Finance

Committee viewed the shortened video and was very pleased with it.

Dr. Schottenstein stated that at Ms. Pollock's request, the Committee approved a \$10,000 allocation for an opiate prescribing video addressing prescribing guidelines for pregnant women.

Dr. Saferin moved to approve the \$10,000 allocation as discussed. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

OHIO OPIOID TECHNOLOGY CHALLENGE

Mr. Groeber stated that the Ohio Third Frontier has initiated the Ohio Opioid Technology Challenge, in which \$20,000,000 in prize money is dedicated for ideas that are brought forward and brought to market for technology to fight opiate addiction. Consequently, a panel of individuals is needed to act as judges for the ideas. Mr. Groeber stated that he and Mr. Giacalone have been included on the panel and will therefore need to travel, most likely to Dublin, Ohio. Ms. Anderson has recommended that the Board approve this travel.

Dr. Saferin moved to approve any travel expenses incurred by Mr. Giacalone and Mr. Groeber as part of the Ohio Opioid Technology Challenge, and that their participation is part of their duties as a member of the State Medical Board of Ohio and Executive Director of the State Medical Board of Ohio, respectively. Dr. Bechtel seconded the motion. All members vote aye, except Mr. Giacalone, who abstained. The motion carried.

POLICY COMMITTEE

FSMB RESOLUTION ON PRESCRIBING

Ms. Anderson stated that the Board has submitted a resolution to the Federation of State Medical Boards (FSMB) regarding acute pain prescribing. In response, Dr. Chaudhry, CEO of the FSMB, has provided a report from the National Academy of Medicine and has asked if the report satisfies what the Board seeks to address with the resolution. The Policy Committee felt that the report contained good information, but would like to proceed with the proposed resolution.

PRESCRIBING RULES FOR PHYSICIANS IN THE VA SYSTEM

Ms. Anderson stated that in October, the Policy Committee requested research regarding prescribing practices in federal centers such as Veterans Affairs and Department of Defense facilities. Ms. Anderson stated that a detailed memo has been provided to all Board members on that topic.

RULE 4731-11-09, PRESCRIBING TO PERSONS NOT SEEN

Ms. Anderson stated that the Board received a letter from InSight Telepsychiatry asking for an exception to allow prescribing of controlled substances for children receiving medication for attention deficient hyperactivity disorder (ADHD) without an initial examination. Ms. Anderson commented that there was some misinformation in the letter; specifically, the letter indicates that this was a new part of the Rule that was adopted in March 2017. Ms. Anderson stated that, in fact, such prescribing has never been permitted by the Board's Rule. Ms. Anderson stated that the Board has already gone as far as it can with its Rule due to restrictions with federal law.

Ms. Anderson stated that she will prepare a response to InSight Telepsychiatry based on the discussion in Policy Committee.

RULE 4731-11-12, OFFICE-BASED OPIOID TREATMENT

Ms. Anderson stated that the Board received a letter from NaphCare, an organization that provides detoxification treatment in jails. In the letter, NaphCare requested information or an opinion that the Board's office-based opioid rule does not apply to detoxification treatment in jails. Ms. Anderson stated that based on her review, it appears that the rule does apply to detoxification treatment in jails. Ms. Anderson stated that this has already been communicated to NaphCare.

Ms. Anderson commented that the recently-passed budget bill requires the Medical Board and the Nursing Board to pass rules related to medication-assisted treatment, including detoxification. Therefore, Board staff will meet with the Nurse Board and also with NaphCare to learn more about their concerns.

Dr. Schottenstein stated that it was unclear to him why NaphCare could not prescribe Suboxone in accordance with the Board's rule. Ms. Anderson replied that that was also unclear to her and the legal staff, but she looked forward to learning more from NaphCare.

ACUTE PRESCRIBING RULE FAQ'S

Ms. Anderson stated that the Policy Committee received an update on the draft frequently asked questions (FAQ) about acute pain prescribing. Ms. Anderson stated that the FAQ's have been posted to the Board's website, and as a consequence the legal staff is receiving much fewer phone calls with questions on that subject. Ms. Anderson stated that one question that continues to arise is whether the prescribing physician and the treating physician are the same person. Ms. Anderson stated that they are the same person. At the Policy Committee's direction, that FAQ will be updated so that the question is answered "Yes" before the rationale for the answer is explained.

UPDATE ON RULE REVIEW

Ms. Anderson stated that all the Board's rules, except for the light-based medical device rules, are either current in the five-year rule review process, filed with the Common Sense Initiative (CSI), or further along in the process. In 2018, the Board will review the rules on light-based medical devices, medication-assisted treatment, and the mental and physical health of physicians, among others.

Since rules cannot be filed with the Joint Committee on Agency Rule Review (JCARR) in December, the Policy Committee has recommended authorizing Board staff to file any rules that are released from CSI in November with JCARR.

Dr. Bechtel moved to authorize Board staff to file any rules that are released from CSI in November with JCARR. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

Mr. Giacalone exited the meeting at this time.

LICENSURE COMMITTEELICENSURE APPLICATION REVIEWSVAMSHI MYNENI, M.D.

Dr. Saferin stated that Dr. Myneni is applying for a license and has requested a waiver of the United States Medical Licensing Examination (USMLE) ten-year rule based on 4731-6-14(C)(3)(b)(ii), Ohio Administrative Code. Dr. Myneni obtained a master's degree and completed a four-year American psychiatric residency during the eleven years between the passage of the steps of the USMLE. Dr. Myneni graduated from Gandhi Medical College in India in May 2006 and earned a master degree from East Tennessee State University in October of 2008. Regarding the American residency, Dr. Myneni trained in psychiatry at Case Western Reserve University/ University Hospitals Cleveland Medical Center Program, an American Council for Graduate Medical Education (ACGME) accredited program, for a total of four years.

Dr. Myneni explained that completing the USMLE Steps, working part-time, financial hardships migrating to the US, and pursuit of his master degree simultaneously contributed to his inability to pass the USMLE examination sequence in ten years. Dr. Myneni also advised that his struggle to achieve hands-on clinical experience due to not securing a residency program for three years, his requirement of a visa sponsorship to work in the United States, his volunteering to achieve clinical experience, and prolonged work hours and overnight calls during his intern and second residency year all impacted his ability to pass the Step 3 of the USMLE in a timely manner.

Dr. Saferin stated that the Licensure Committee has recommended approval of Dr. Myneni's request.

Dr. Saferin moved to approve the good cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accept the examination sequence in order to grant Dr. Myneni a license. Dr. Steinbergh seconded the motion. A vote was taken:

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

The motion carried.

SARAH ANN WRIGHT, M.T.

Dr. Saferin stated that Ms. Wright is applying for restoration of her MT license in Ohio. Ms. Wright has indicated on her application for restoration that she has not actively practiced massage therapy in Ohio since her Ohio license expired on October 1, 2011. Ms. Wright is requesting the restoration of her Ohio

license originally issued in July of 2000. The recommendation of the Committee is to approve the request.

Dr. Saferin moved to approve Ms. Wright's request for Ohio licensure, pending successful completion of the MBLEX within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Edgin seconded the motion. A vote was taken:

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

The motion carried.

Mr. Giacalone returned to the meeting at this time.

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE

PODIATRIST SCOPE OF PRACTICE INQUIRY

Dr. Steinbergh stated that the Committee considered an inquiry regarding the podiatric scope of practice. Specifically, the Committee discussed whether podiatrists ought to be authorized to perform shave biopsies and punch biopsies proximal to the ankle but distal to the knee. Dr. Steinbergh stated that following a robust conversation, the Committee tabled this topic so that more information can be gathered to substantiate the Committee's decision. Dr. Steinbergh stated that the Committee will probably discuss this matter again in January 2018.

REGULATION OF PHYSICIAN ASSISTANT PRESCRIPTIVE AUTHORITY

Dr. Steinbergh stated that the Committee tabled this topic due to time constraints. The Committee will discuss this matter in December 2017.

COMPLIANCE COMMITTEE

Dr. Steinbergh stated that on October 11, 2017, the Compliance Committee met with Cari R. Corfman, M.T.; Robert R. Daiber, M.D.; Anshuli Gupta, M.D.; and Rajive Tandon, M.D.; and moved to continue them under the terms of their respective Board actions. The Compliance Committee also accepted Compliance staff's report of conferences on September 11 & 12, 2017.

EXECUTIVE SESSION

Dr. Steinbergh moved to go into Executive Session for the purpose of preparing for, conducting,

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

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

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session with Mr. Groeber, Ms. Anderson, and Ms. Loe in attendance.

The Board returned to public session.

The Board meeting recessed at 12:28 p.m. and resumed at 1:15 p.m.

PROBATIONARY REQUESTS

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

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

- **To grant Thuan D. Dang, M.D.'s request to continue under the terms of the August 12, 2015 Board Order while residing in Texas;**
- **To grant Ernest B. de Bourbon, III, M.D.'s request for 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;**
- **To grant Jagprit S. Dhillon, M.D.'s request for reduction in recovery meetings to two per week with a minimum of ten meetings per month;**
- **To grant Kavita A. J. Kang, D.O.'s request for release from the terms of the February 8, 2012 Step II Consent Agreement (to be submitted); waiver of the January 2018 personal appearance due**

to the doctor's release being scheduled for February 2018; and approval of Gregory G. Duma, M.D., to serve as an additional monitoring physician;

- To grant Steve M. Leung, M.D.'s request to reduce appearances to every six months;
- To grant Maneesh L. Mehra, M.D.'s request for approval of Elias Issa, M.D., and Naveen Gopal, M.D., to serve as the new monitoring physicians;
- To grant Kyle F. Mills, M.D.'s request to reduce drug and alcohol rehabilitation meeting attendance to two per week with a minimum of ten per month; and
- To grant Bradley T. Schwarz, D.O.'s request for approval of the Physicians' Health Program of The Foundation of the Pennsylvania Medical Society to conduct monitoring while the doctor resides in Pennsylvania.

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

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

The motion carried.

REINSTATEMENT REQUEST

ERNEST B. DE BOURBON, III, M.D.

Dr. Steinbergh moved that the request for the reinstatement of the license of Ernest B. de Bourbon, III, M.D., be approved, effective immediately, subject to the permanent limitation in the July 13, 2016 Board Order, as well as the probationary terms and conditions as outlined in the July 13, 2016 Board Order, for a minimum of 1 year. Dr. Schottenstein seconded the motion. A vote was taken:

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

Dr. Schachat	- aye
Dr. Factora	- aye
Dr. Edgin	- aye
Dr. Bechtel	- abstain

The motion carried.

FINAL PROBATIONARY APPEARANCES

AMANDA S. CONN, M.T.

Ms. Conn was appearing before the Board pursuant to her request for release from the terms of her May 13, 2015 Consent Agreement. Dr. Soin reviewed Ms. Conn's history with the Board.

Dr. Soin asked what changes Ms. Conn has made in her life so that she does not inadvertently allow her massage therapy license to lapse again. Ms. Conn answered that she has become more organized and she makes notes for herself. Ms. Conn stated that she returned to the practice of massage therapy on November 12, 2016, and has been actively practicing since that time. Ms. Conn stated that the Board's requirement that she take a course in ethics led her to a job opportunity as an ethics teacher at a local massage therapy program.

In response to questions from Dr. Schottenstein, Ms. Conn elaborated that she teaches a 49-hour course on ethics based on a textbook from Sohnen-Moe Associates, Inc. Ms. Conn's course covers business ethics, ethics in dealing with clients, the therapeutic relationship, appropriate boundaries, integrity, and how personal ethics should lead into a massage therapy practice. Ms. Conn confirmed that she is learning as she is teaching. Ms. Conn stated that developing the curriculum for the new ethics program at the school required her to dig deep into the field of ethics, so now ethics is always at the front of her mind instead of the back of her mind.

Dr. Steinbergh moved to release Ms. Conn from the terms of her May 13, 2015 Consent Agreement, effective November 12, 2017. Mr. Giacalone seconded the motion. All members voted aye. The motion carried.

Dr. Steinbergh thanked Ms. Conn for contributing to the education of massage therapists. Ms. Conn stated that she will remind people to self-police and that she will watch for those who practice unethically.

MICHAEL D. CRAGEL, D.P.M.

Dr. Cragel was appearing before the Board pursuant to his request for release from the terms of his November 14, 2017 Consent Agreement. Dr. Soin reviewed Dr. Cragel's history with the Board.

Responding to questions from Dr. Soin, Dr. Cragel stated that he is not practicing podiatric medicine currently but he would like to return to practice on a part-time basis in a non-surgical practice. Dr. Cragel stated that he currently works with addicted individuals at a mission, which he has found to be a very interesting and eye-opening experience.

Dr. Steinbergh asked if there are opportunities for Dr. Cragel, as a podiatrist, to receive fellowship training in addiction medicine. Dr. Cragel replied that he was not certain if there were any barriers and he would

not be opposed to addiction medicine training.

Dr. Steinbergh asked Dr. Cragel to describe how he separates his personal addiction from his work with addicted people. Dr. Cragel stated that when he is helping others, he is also helping himself and it serves as a great motivator. Dr. Steinbergh asked how Dr. Cragel expects to move forward with his process. Dr. Cragel replied that he had previously had a lone wolf mentality and felt that he did not need anyone; if something had been bothering Dr. Cragel, he would "bury it." Dr. Cragel has learned that this is not healthy. Dr. Cragel has also learned to have a life-work balance. Dr. Cragel stated that he is spiritually stronger now and he has a good support group in his church and in Alcoholics Anonymous. Dr. Steinbergh asked if Dr. Cragel sponsors anyone. Dr. Cragel answered that he does not currently sponsor anyone, though he did sponsor someone briefly in the past.

In response to a question from Dr. Schottenstein, Dr. Cragel confirmed that he leads a faith-based men's sobriety group. Dr. Schottenstein asked what benefit men receive from being in a men's group. Dr. Cragel replied that men tend to share less when there are women in the group. Dr. Cragel stated that in a group size of ten to twelve, relationships are built and relationships bring accountability.

Dr. Steinbergh moved to release Dr. Cragel from the terms of his November 14, 2012 Consent Agreement, effective November 14, 2017. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

JOSE A. CRESPO, M.D.

Dr. Crespo was appearing before the Board pursuant to his request for release from the terms of his May 11, 2016 non-disciplinary Consent Agreement. Dr. Soin reviewed Dr. Crespo's history with the Board.

Dr. Soin asked about Dr. Crespo's retraining program. Dr. Crespo replied that he initially had great difficulty finding a residency program that would accept him because he had already successfully completed a residency program. In 2015, Dr. Crespo found a place in a small community hospital in East Liverpool, Ohio. Unfortunately, the hospital's obstetrics ward closed and Dr. Crespo was forced to seek another opportunity. In 2016, Dr. Crespo was able to join a practice of five obstetricians/gynecologists (OB/GYN) in Steubenville, Ohio, and complete what the Board had asked of him. Regarding his long-term goals, Dr. Crespo stated that he would like to practice as a general OB/GYN and probably stay in the Steubenville area. Dr. Crespo hoped to become credentialed in a hospital now that he has completed this process.

Dr. Schottenstein asked if Dr. Crespo's proctorship was productive in terms of sharpening his skill set following his time away from practice. Dr. Crespo stated that he had had an excellent residency and he felt good about the transition into the proctorship.

Dr. Steinbergh moved to release Dr. Crespo from the terms of his May 11, 2016 non-disciplinary Consent Agreement, effective immediately. Dr. Schottenstein seconded the motion. All members voted aye. The motion carried.

JOHN M. HATHEWAY, M.D.

Dr. Hatheway was appearing before the Board pursuant to his request for release from the terms of the Board's Order of June 9, 2010. Dr. Soin reviewed Dr. Hatheway's history with the Board.

Dr. Soin, noting that Dr. Hatheway has committed multiple infractions for different reasons, asked what changes Dr. Hatheway has made in his life to prevent these situations from occurring again. Dr. Hatheway replied that one big change in his life is that he has not had a drop of alcohol for twelve years, nine months, and three days. Dr. Hatheway stated that twelve years ago as he was going into Parkside for treatment, he felt that his life was over and that he had no future. However, things slowly changed. Dr. Hatheway opined that the best thing that happened is that he eliminated alcohol from his life.

Dr. Hatheway continued that he had previously had significant personality issues and had tended to be narcissistic. Dr. Hatheway had used alcohol to bridge the gap between feeling that he was better than everyone else and yet, beneath it all, feeling that he was less than other people and not as good as he should be. Dr. Hatheway stated that he had felt that he was the most humble person in the world because he did not like himself. However, Dr. Hatheway learned that true humility does not mean disliking himself, but accepting himself for who he was. Dr. Hatheway added that he has looked at his life every day since then. Dr. Hatheway commented that Alcoholics Anonymous (AA) and the 12 Steps have been a big help to him, particularly Step 4 in which he had to investigate and discuss his life with another person. Dr. Hatheway stated that AA is his biggest support at this time.

Dr. Steinbergh asked if Dr. Hatheway planned to change anything about his recovery program after he is released from probation. Dr. Hatheway replied that he is not planning any big changes except that he will no longer need to call in to the testing lab every day. Dr. Hatheway stated that he had had trouble calling in sometimes, resulting in extensions of his probationary time.

Dr. Steinbergh asked if Dr. Hatheway continues to have active staff privileges at Grant Hospital and New Albany Surgical Center. Dr. Hatheway answered that he still has those staff privileges, as well as at Mount Carmel Medical Center. Dr. Steinbergh noted that Dr. Hatheway's practice group has become supportive of him and asked if Dr. Hatheway is still with the same group. Dr. Hatheway confirmed that he is still with the same group.

Dr. Steinbergh moved to release Dr. Hatheway from the terms of the Board's Order of June 9, 2010, effective immediately. Dr. Edgin seconded the motion. All members voted aye, except Dr. Schottenstein, who abstained. The motion carried.

GREGORY G. JOHNSON, M.D.

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

In response to questions from Dr. Soin, Dr. Johnson stated that his psoriatic arthritis has been stable for five years and he sees a rheumatologist on a regular basis. Dr. Johnson stated that his arthritis does not impact his ability to practice, noting that he is now board-certified in addiction medicine and no longer has need for surgical expertise. Dr. Johnson stated that his recovery is going well, he attends three to four Alcoholics Anonymous (AA) meetings per week, and he was the Chair of his homegroup this year. Dr. Johnson added that he has a sponsor and a sponsee.

Dr. Schottenstein, noting that Dr. Johnson has relapsed in the past, asked what he has put into place to prevent another relapse in the future. Dr. Johnson responded that one must be willing and ready to go through recovery, whereas he had previously gone through treatment only because of pressure from the

Board and from his family. Dr. Johnson stated that subsequently he was fortunate enough to spend 94 days in a treatment facility in Atlanta, and that is when he realized that he needed to make a commitment to his recovery. Dr. Johnson stated that he works hard in his recovery, as well as in his practice as an addiction medicine specialist. Dr. Johnson stated that his recovery is separate from his patients' recovery, but they do blend and overlap. Dr. Johnson added that when he feels that it is appropriate, he may share his story with a patient if he thinks it will help get them into recovery.

Dr. Schottenstein observed that Dr. Johnson has a history of psychiatric treatment and asked about his emotional health. Dr. Johnson replied that his emotional health is fine and that, as his psychiatrist said, his depression was secondary to his drug use. Dr. Johnson indicated that since he discontinued drug use he has had no problems with depression, his mood is stable, and he is not anxious. Dr. Schottenstein asked if Dr. Johnson is currently taking any medication. Dr. Johnson answered that he had been diagnosed with Bipolar Disorder II in Atlanta, and therefore he is prescribed Lamictal which is managed by his family physician.

Dr. Schottenstein moved to release Dr. Johnson from the terms of his May 9, 2012 Consent Agreement, except for the permanent restriction/limitation, effective immediately. Mr. Giacalone seconded the motion. All members voted aye, except Dr. Steinbergh and Dr. Schachat, who abstained. The motion carried.

ADJOURN

Dr. Schottenstein moved to adjourn the meeting. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Thereupon, at 1:47 p.m., the November 8, 2017 session of the State Medical Board of Ohio was adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on November 8, 2017, as approved on December 13, 2017.



Amol Soin, M.D., President



Kim G. Rothermel, M.D., Secretary

(SEAL)



State Medical Board of Ohio

PHYSICIAN ASSISTANT/SCOPE OF PRACTICE COMMITTEE MEETING

November 8, 2017

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

<p>Members: Anita M. Steinbergh, D.O., Chair Andrew P. Schachat, M.D. Mark A. Bechtel, M.D. Robert P. Giacalone</p> <p>Other Member Present: Kim G. Rothermel, M.D. Bruce R. Saferin, D.P.M. Michael Schottenstein, M.D. Richard Edgin, M.D. Ronan M. Factora, M.D.</p>	<p>Staff: Sallie Debolt, Senior Counsel</p>
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Dr. Steinbergh called the meeting to order at 7:30 a.m.

MINUTES REVIEW

Dr. Bechtel moved to approve the draft minutes of October 11, 2017, as corrected. Mr. Giacalone seconded the motion. The motion carried.

PODIATRIST SCOPE OF PRACTICE INQUIRY

Dr. Steinbergh stated that the Ohio Foot and Ankle Association has requested that the Board consider whether it is within the podiatrist scope of practice to perform shave biopsies and punch biopsies on the leg or hand when a skin lesion appears suspicious. Dr. Steinbergh stated that Section 4731.51, Ohio Revised Code, defines the practice of podiatric medicine and surgery as follows:

The practice of podiatric medicine and surgery consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments. A podiatrist may treat the local manifestations of systemic diseases as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself.

Dr. Steinbergh commented that podiatrists can biopsy the hand, according to statute. Dr. Steinbergh added that podiatrists can also participate in wound care of the leg that relates to diabetes and other ailments. Dr. Steinbergh asked for comments on this topic.

Dr. Schottenstein agreed with Dr. Steinbergh regarding the hand, but opined that the request to extend the podiatric scope of practice, with regard to the lower leg, seems to be inconsistent with statute. Dr. Saferin agreed that podiatrists can treat skin lesions of the hand, though they cannot treat trauma of the hand. Regarding the leg, Dr. Saferin stated that the same kind of treatment is required for a lesion on the leg as for a lesion on the foot. Dr. Saferin further commented that podiatrists also

do skin grafts and the resultant wound care on the leg and that treatment of lesions is the same type of thing. Dr. Schottenstein agreed that that makes sense, but again expressed concern about the language of the statute.

Dr. Saferin continued that under current practice, a podiatrist who observes a suspicious lesion on the leg must refer the patient to another physician instead of taking a biopsy of the lesion. Dr. Saferin stated that if a podiatrist could take a biopsy and the test came back benign then no further action is needed, but if it is malignant then the podiatrist can make the appropriate referral. Dr. Saferin stated that in this manner, the patient can be diagnosed and treated more quickly than if they had to wait for an appointment with a dermatologist, general surgeon, or family physician.

Dr. Schachat asked if there is an accepted definition of the term “superficial.” Dr. Bechtel replied that the term “superficial” is not well-defined in the Medical Board’s statute, though a statute under the Cosmetology Board defines “superficial” as the stratum corneum of the skin. Dr. Bechtel noted that not all skin cancers are superficial and many can be invasive.

Dr. Bechtel stated that physicians at wound care centers in Ohio play a major role in identifying suspicious ulcerations involving the shin or the peritubular surface. Dr. Bechtel opined that it is very appropriate and important to patient care that these physicians are able to perform biopsies on the peritubular surface because they could be squamous cell cancer. Dr. Bechtel further opined that if a podiatrist is caring for a lesion on the ankle and there is a spot above the lesion that looks suspicious, then the podiatrist should be able to biopsy the lesion.

Dr. Steinbergh agreed that podiatrists have the technical ability to perform these biopsies, but she expressed concern about the medical interpretation of the lesion. Dr. Steinbergh stated that a podiatrist is not necessarily trained to recognize certain types of skin lesions, and this would affect the decision-making involved in determining whether the lesion should be removed or what the follow-up care would be. For instance, Dr. Steinbergh stated that a dysplastic lesion may be interpreted as benign by a pathologist, but the physician must recognize that there may be concerns even if that particular lesion is benign.

Dr. Bechtel added that performing the biopsy may be a simple matter, but the decision of choosing what part of the lesion to biopsy can be more difficult. Dr. Bechtel stated that choosing the correct part of the lesion for biopsy is critical and, if done incorrectly, could lead to inaccurate results and a bad outcome for the patient. Dr. Bechtel also stated that interpretation of the pathology is also critical.

Dr. Saferin agreed with the prior statements, but noted that podiatrists already take biopsies of lesions on the foot for the same reasons and are interpreting those results. Dr. Saferin agreed that the important part of this process is not taking the biopsy, but interpreting the results and making appropriate referrals. Dr. Saferin stated that this is why podiatrists take many continuing medical education (CME) on biopsies, dermatology, and lesions. Dr. Saferin stated that the ability to biopsy lesions on the leg would allow podiatrists to get patients to appropriate care more quickly, rather than having to refer for the biopsy.

Dr. Steinbergh stated that this inquiry concerns the leg below the knee, but expressed concern that the scope of podiatric medicine may be moving further and further up the leg. Dr. Rothermel, noting that podiatrists are allowed to treat lesions on the hand, asked if there may be future efforts to extend the podiatric scope of practice to the forearm as well. Dr. Saferin replied that that has never been discussed in the 40 years that he has practiced as a podiatrist.

Dr. Schachat asked if family physicians perform such biopsies. Dr. Steinbergh replied that biopsies are a part of the family physician scope of practice.

Mr. Giacalone asked about the statutory history of placing the treatment of lesions on the hand into the podiatric scope of practice. Dr. Steinbergh opined that it is related to the fact that the anatomy of the hand is similar to the anatomy of the foot. Dr. Saferin briefly described how podiatrists came to treat lesions of the hand and have done so for several decades.

Dr. Steinbergh stated that she has been concerned over the last several years that the Board, through its responses to inquiries, has interpreted the statute to allow podiatrists to perform a variety of procedures that may not have been originally contemplated, such as grafting skin from the upper leg to the foot or ankle or treating wounds and ulcers of the lower leg. Dr. Steinbergh stated that these actions involved podiatrists taking their skills and applying them to an area that is not clearly in their scope of practice. Dr. Steinbergh opined that if the statute is to be interpreted in this and other ways, it should be set out in a Board Rule.

Dr. Schottenstein was uncertain if a rule of that nature would be consistent with statute. Dr. Schottenstein commented that he researched what other states do in this regard and found that only four states (Alaska, Michigan, Minnesota, and West Virginia) do what Ohio does in terms of podiatrists and treatment on the hand. Ms. Debolt stated that Ohio law specifically allows podiatrists to treat lesions on the hand, but the question before the Committee concerns the leg.

Dr. Factora asked if there are any differences in pathology between lesions of the foot and ankle and lesions of the leg. Dr. Bechtel answered that there are very unusual tumors that occur on the leg and are not commonly seen elsewhere on the body. Dr. Bechtel stated that these tumors may be rare, but they do occur and are difficult to interpret. Dr. Schachat asked if family physicians would have difficulty interpreting such tumors. Dr. Bechtel replied that a family physician, and even some dermatologists, may have difficulty interpreting these tumors.

Dr. Factora asked if there are differences in training or biopsy techniques between lesions of the foot and lesions of the leg. Dr. Saferin and Dr. Steinbergh replied that there are no such differences. Dr. Factora asked if there is any data to show that the use of biopsies has been excessive for podiatrists, or for any specialty when such procedures become available. Dr. Steinbergh stated that this is one of her concerns, that a practitioner may desire to do a procedure to get reimbursed for it.

Dr. Steinbergh stated that Ms. Debolt has drafted a possible response to the inquiry. Copies of the draft response were provided to Committee members. The Committee discussed this issue and the draft response thoroughly.

Dr. Steinbergh reiterated concerns about interpretation, stating that a biopsy result showing that the lesion is not malignant does not necessarily mean it is not malignant. Rather, biopsy results are a tool to be used in conjunction with the physician's other observations in order to make an interpretation. Dr. Steinbergh stated this interpretation of a lesion that is not on the foot, ankle, or hand, is not within the podiatrist scope of practice.

Dr. Saferin noted that this draft response indicates that the podiatrist may biopsy, but the patient must be referred to another physician for interpretation. Dr. Saferin commented that if the referral must be made in any case, the podiatrist may as well not do the biopsy. Dr. Schachat stated that in his practice, he does not order tests if he is referring a patient to another physician; instead, Dr. Schachat lets the next physician decide what tests are appropriate. Dr. Steinbergh stated that a primary care physician may order tests when referring so that the specialist has some preliminary results.

Dr. Saferin stated that podiatrists' skills and decision-making do not diminish as they move up the leg. Dr. Saferin stated that a podiatrist will know how to treat a lesion on the leg just as he or she treats a lesion on the foot. Dr. Saferin added that if the biopsy results are benign then there is no problem, whereas another result will lead the podiatrist to make a referral and take other appropriate steps. Dr. Steinbergh reiterated that biopsy results are only one piece of the decision-making process in interpreting lesions, particularly when considering a disease entity that can manifest in different ways.

Dr. Bechtel commented that a physician may biopsy a brownish plaque on the thigh and the results may come back as granulomatous dermatitis. A physician with a good knowledge base in this area would pursue that result more aggressively and perhaps order a chest x-ray and a more systemic work-up, whereas a physician with less knowledge of the systemic disease process may interpret it as benign and take no action. Dr. Steinbergh opined that this is a very good example.

Dr. Steinbergh observed the Jimelle Rumberg, Executive Director of the Ohio Foot and Ankle Medical Association (OFAMA), was present in the meeting. Dr. Steinbergh asked Ms. Rumberg if the OFAMA has a desire to look into changing statute in this regard. Ms. Rumberg responded that the OFAMA has no interest in changing statute and only wants to ensure that podiatrists are practicing within their scope of practice and within the letter of the law. Ms. Rumberg stated that podiatrists are questioning why they cannot perform a shave biopsy on a suspicious lesion when they are in wound care centers stripping off tissue and doing skin harvesting in the thigh and buttock area. Mr. Giacalone commented that the skin grafting is to augment skin replacement on the foot and not intended to be events in themselves. Dr. Schachat stated that there is no question that podiatrists have the technical skill necessary, but that it is a matter of whether they have the academic interpretation knowledge.

Dr. Schachat recommended that this topic not be brought before the Board today due to time concerns. The Committee agreed.

Dr. Bechtel moved to table this topic for discussion in the future. Mr. Giacalone seconded the motion. The motion carried.

Dr. Steinbergh stated that when discussion of this topic resumes, she would like to take a closer look at the research Dr. Schottenstein did on how other states approach this issue. Dr. Steinbergh stated that discussion of this topic will probably resume in January 2018.

OPIATE PRESCRIBING INQUIRY

Dr. Edgin stated that he has received an inquiry from two different orthopedic surgeons about whether a physician assistant can write refills of medication for less than 30 MED (morphine-equivalent dose) for an original prescription by the physician that was at 30 MED. Ms. Debolt replied that physician assistants may do so. Ms. Debolt added that a physician assistant may also write an initial prescription, and may do so for more than 30 MED. Ms. Debolt stated that if an initial prescription is over 30 MED, regardless of who writes it, subsequent prescriptions must be less than 30 MED.

REGULATION OF PHYSICIAN ASSISTANT PRESCRIPTIVE AUTHORITY

Dr. Schachat moved to table discussion of this topic. Dr. Bechtel seconded the motion. The motion carried.

The meeting adjourned at 8:20 a.m.

Anita M. Steinbergh, D.O.
Chair

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State Medical Board of Ohio

LICENSURE COMMITTEE MEETING
November 8, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Bruce R. Saferin, D.P.M., Chair Kim G. Rothermel, M.D. Richard A. Edgin, M.D. Ronan M. Factora, M.D. Other Board members present: Michael Schottenstein, M.D.	Staff: Joseph Turek, Deputy Director of Licensure/Renewal Mitchell Alderson, Chief of Physician Licensure Colin DePew, Assistant Attorney
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Dr. Saferin called the meeting to order at 8:16 a.m.

MINUTES REVIEW

Dr. Edgin moved to approve the draft minutes of September 13, 2017. Dr. Factora seconded the motion. The motion carried.

LICENSURE APPLICATION REVIEWS

Vamshi Myneni, M.D.

Dr. Myneni is applying for a license and has requested a waiver of the United States Medical Licensing Examination (USMLE) ten-year rule. Dr. Saferin noted that Dr. Myneni missed the ten-year limit by only one year. Dr. Saferin continued that Dr. Myneni graduated from Gandhi Medical College in India in 2006, earned a master degree from East Tennessee State University in 2008, and completed a four-year psychiatric residency at Case Western Reserve University/University Hospitals in 2017.

Dr. Myneni explained completing the USMLE Steps, working part-time, financial hardships involved with migrating to the United States, and pursuing his master degree all at the same time contributed to his not passing the sequence in ten years. Dr. Myneni also advised that he struggled to achieve hands on clinical experience due to not securing a residency for three years, needing Visa sponsorship to work in the United States, volunteering in order to achieve clinical experience, and prolonged work hours and overnight calls during his intern and second residency year impacted his ability to pass the Step 3 of the USMLE.

Dr. Rothermel moved to recommend approval of the good-cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(b)(ii), and accepting the examination sequence so that Dr. Myneni can be granted a license. Dr. Edgin seconded the motion. The motion carried.

Sarah Ann Wright, MT

Dr. Saferin Ms. Wright is applying for restoration of her MT license in Ohio. Ms. Wright indicated on her application for restoration that she has not actively practiced Massage Therapy in Ohio since her Ohio license expired on October 1, 2011.

Dr. Rothermel moved to recommend approval of Ms. Wright's request for Ohio licensure, pending successful completion of the Massage and Bodywork Licensing Examination (MBLEX) within six months from the date of mailing of the Notice of Opportunity for a Hearing. Dr. Edgin seconded the motion. The motion carried.

ADJOURN

Dr. Edgin moved to adjourn the meeting. Dr. Factora seconded the motion. The motion carried.

The meeting adjourned at 8:20 a.m.

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

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State Medical Board of Ohio

POLICY COMMITTEE MEETING

November 8, 2017

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

<p>Members: Andrew P. Schachat, M.D. Robert Giacalone Mark. A. Bechtel, M.D. Amol Soin, MD</p> <p>Other Board Members Present: Kim G. Rothermel, M.D. Bruce Saferin, D.P.M. Michael Schottenstein, M.D. Anita Steinbergh, D.O. Ronan Factora, M.D. Richard Edgin, M.D.</p>	<p>Staff: A.J. Groeber, Executive Director Kimberly Anderson, Chief Legal Counsel Sallie J. Debolt, Senior Counsel Nathan Smith, Senior Legal and Policy Attorney David Fais, Deputy Director Rebecca Marshall, Chief Enforcement Attorney Jonithon LaCross, Director of Public Policy & Government Affairs Tessie Pollock, Director of Communication Joan Wehrle, Education & Outreach Program Manager Adam Meigs, Enforcement Attorney Melissa Wood, Enforcement Attorney</p>
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Dr. Soin called the meeting to order at 8:32 a.m.

MEETING MINUTES REVIEW

Dr. Soin asked for approval of the draft minutes of the October 11, 2017 meeting which were included in the agenda materials.

Dr. Bechtel moved to approve the Policy Committee minutes of the October 11, 2017 meeting. Dr. Schachat seconded the motion. The motion carried.

FSMB Resolution on Prescribing

Ms. Anderson reported that several months ago, the Policy Committee asked that the Executive Director reach out to the FSMB to explore the idea of a resolution to convene a work group to deal with standardization of opioid prescribing practices.

Mr. Groeber talked with Dr. Snyder and Dr. Chaudhry of the FSMB and Dr. Chaudhry forwarded a copy of the recent special publication from the National Academy of Medicine, "First, Do No Harm: Marshaling Clinician Leadership to Counter the Opioid Epidemic." Dr. Chaudhry asked that the Board review the publication to see if it satisfies the concerns behind the request for a workgroup to explore standardization of opioid prescribing practices.

Ms. Anderson noted that it is a lengthy report. She referred to page 54 of the report which calls the nations physicians to action and it hits three basic categories: prioritizing non-opioid strategies for chronic pain management; following five basic axioms of responsible opioid prescribing; and promoting policies that stimulate and support evidence based action.

Mr. Groeber asked if the National Institute of Medicine report is prescriptive enough for licensees. In Ohio, we have the acute rules and we'll have to review other prescribing rules as well. He asked Dr. Schottenstein if he believed a resolution was needed based on this report.

Dr. Schottenstein commented that it is a good paper as it painted a vivid picture of the overall opioid epidemic but it was not as prescriptive as he was hoping for. He recently watched various news reports and saw that Florida implemented a three-day rule for prescription of opioids, while New Jersey has a five-day rule, and Virginia has a 14-day rule and, of course, Ohio has our new rule requiring five-days for minors and seven-days for adults and the qualifications that go along with that. Many states may have not implemented any rules and there does not seem to be consensus on this issue for appropriate guidelines that are evidenced based. His thought was that medical boards could use the guidance of the FSMB in terms of helping to formulate this policy. In the same way that the FSMB formulated guidelines for chronic opioid prescribing it made sense that we have should have evidence based guidelines for acute prescribing.

Dr. Schottenstein noted that we now have a hodge-podge of different states coming out with different regulations. It would make sense to have some type of consistency in terms of the approach to the evidence. He would like to see guidelines from the FSMB that make recommendations along the line of what we've done here, and he thinks it would be nice for the other states that don't have their own rules. The paper was great, but it is not a substitute for what he had in mind.

Mr. Giacalone agreed with Dr. Schottenstein. It's a nice paper but the FSMB was one participant out of many. It did not consider FSMB membership and medical board responsibilities and it was not prescriptive enough for licensees. Mr. Giacalone noted that the reality is that US Congress is passing bills on this issue. Some states are also doing it, but federal legislation will address this issue. There are currently bills in the House and Senate. One bill has a 10-day limit and the other has a seven-day limit.

Mr. Giacalone said he thinks the FSMB needs to step up on this topic and start to lay down a foundation that the states can use and have its members dictate what that should be and bring their experiences to the table. He did not think that the article hit the mark, and he supported Dr. Schottenstein's resolution.

Dr. Steinbergh also believed that the paper was not prescriptive enough. She felt that Dr. Schottenstein's resolution was appropriate and the Board should move forward with it. As Dr. Chaudhry sat on the NMA committee and participated, she knows that for him to do so others from the FSMB would have provided input but it is not enough for us to not go forward with the resolution.

Mr. Groeber reported that Dr. Chaudhry had asked the Board to review the document which came in just before the October meeting, so it got placed on the November agenda. He said that Dr. Chaudhry appeared to be very open to the idea of a resolution, but he just wanted to know if the NAM document would satisfy what the Board was looking for. Based on what Ohio had done recently, Dr. Chaudhry was aware that the report might not be enough.

Dr. Steinbergh commented that if the Ohio resolution went forward, the NAM report could be considered by the FSMB workgroup. She wondered how many people would see the National Academy of Medicine's document as we don't know if it is distributed nationally. She thought the guidelines should come from the Federation of State Medical Boards.

Dr. Steinbergh moved that the Ohio resolution go forward. We still need to ask other states for their support. We have a method for contacting the other states and we should do that. Dr. Bechtel seconded the motion

Dr. Schachat agreed but had a general comment about guidelines. There are a proliferation of groups who do guidelines, and if the federal government passes a law there will be a clear guideline. He has been involved in a professional organization establishing guidelines regarding diabetic retinopathy, but several other organizations have also written guidelines. It doesn't make sense to have guidelines from multiple groups. He asked what the Board would want the FSMB workgroup to address. Did we want them to write a model rule, or did we want them to write characteristics of items to be addressed if a board is writing a rule and provide evidence-based resources.

Dr. Steinbergh asked Dr. Schottenstein to briefly review the resolution.

Dr. Schottenstein reported that he had proposed that the FSMB establish a work group to formulate acute opioid prescribing guidelines, and to present these guidelines to the House of Delegates at the FSMB annual meeting in 2019. Essentially the acute pain guidelines would mirror the FSMB's chronic pain guidelines.

Mr. Groeber asked if maybe we should be more specific in resolution to include acute, sub-acute, and chronic guidelines. Committee members agreed that the resolution should address development of acute opioid prescribing guidelines.

Dr. Schottenstein reviewed the resolution he previously submitted for Board consideration:

*Therefore, be it hereby
Resolved,
that the Federation of State Medical Boards (FSMB) perform a comprehensive review of acute
opioid prescribing patterns; and be it further
Resolved,
that the FSMB establish a work group to formulate acute opioid prescribing guidelines, and to
present these guidelines to the House of Delegates at the FSMB annual meeting in 2019*

Committee members agreed to go forth with Dr. Schottenstein's proposed resolution.

PRESCRIBING RULES FOR PHYSICIANS IN THE VETERAN'S ADMINISTRATION SYSTEM

Dr. Soin indicated that Dr. Factora had raised questions on this topic at the last meeting and the Board's legal staff was going to research the issue for the committee. Dr. Soin said to keep in mind that we do not have any jurisdiction over a federal program.

Ms. Anderson said this is totally for the committee's information. Colin DePew assisted her with the research regarding the prescribing regulations pertaining to physicians practicing in federal facilities, such as Veterans Administration (VA) hospitals.

In short, physicians practicing in federal facilities must have a valid license in a state, but they don't have to have a license for the state the physician is in. The physician just needs one valid state license. Some federal entities require the physician be registered with the DEA, or exempt from DEA registration, and medication must be prescribed in the usual course of practice. Ms. Anderson says it looks like the VA typically does not require DEA registration. Ms. Anderson said that the interesting thing, and Dr. Factor's specific question related to OARRS, is that federal physicians are not required to check OARRS and their pharmacies are not required to report to OARRS. However, the VA, as an individual agency, has a directive requiring physicians to check the applicable state prescription monitoring database.

Ms. Anderson also provided some information regarding a pending federal law (Senate bill 892 - the Opioid Addiction Prevention Act of 2017). regarding acute pain prescribing. The pending legislation would require physicians who prescribe opioids to certify that for the initial treatment of acute pain either the lesser / more restrictive between (a) the federal law, or (b) state law:

- (a) Federal Law: They would not write prescriptions for more than 7 days, and prevent refills altogether, or
- (b) State Law: An opioid prescription limit established under state law.

Dr. Bechtel asked if anyone checks to see if VA physicians are checking OARRS. Ms. Anderson said that is not known. He also asked if a physician can check OARRS without an Ohio license? For example, can a doctor working in a VA facility who has a California license get an OARRS account? It was reported that a physician does not need an Ohio license to sign up for OARRS. Any state medical license will work.

Dr. Schachat asked if an Ohio licensed physician worked at the VA one day a month, what rules control the work at the VA. Ms. Anderson said the VA rules apply in that setting.

Dr. Soin said there is a still a gap, as VA on-site pharmacies do not report to OARRS. If they did report to OARRS it would make the report more complete.

Dr. Edgin commented that if an internal medicine specialist is working at the VA, a large part of practice is pain management/prescribing.

RULE 4731-11-09 PERSONS NOT SEEN

Ms. Anderson reported that she wanted to share letters received from outside groups with the committee.

On October 24, 2017, the Board received a letter from James R. Varrell, M.D. and Jonathan Nehrer, M.D., of InSight Telepsychiatry and Center for Family Guidance. A copy of the letter was included in the committee materials.

Ms. Anderson reported that the doctors are concerned with what they perceive as a change in Rule 4731-11-09 which prevents them from prescribing ADHD medication, scheduled II controlled substances, to their patients who are minors without seeing those patients first.

Ms. Anderson said that our rule follows the federal law. The doctors go through the exceptions in the federal law: located at a DEA registered clinic; in the physical presence of another licensed prescriber; or practitioner with a DEA telemedicine registration, but the exceptions do not apply to their practice situation. They are saying that is it impossible for them to do this.

Ms. Anderson pointed out that it was not possible for the doctors to do that previously. The rule did not change in that respect. There was the mental health provision for community mental health centers, and she believed that practitioners may have misinterpreted that to allow for controlled substance prescribing, but it did not. It allowed for *non-controlled* substance prescribing. When it was put in place, it was more for non-controlled medications such as psychotropic drugs, not ADHD medication. Ms. Anderson noted that it may have been a common misinterpretation of the rule as it was often noted whenever the Board provided presentations and we've worked to clear that up. She thinks this is what

happened here. The doctors believe the earlier version of the 11-09 rule allowed it, and now it is not allowed. Ms. Anderson said that rule 4731-11-09 tracks the federal law.

The doctors provided some information about exceptions provided in other states for this fact pattern. But she was not sure how other states made the exceptions as it appears that the federal law would not allow that.

She also said that she is watching federal discussion regarding the federal “opioid emergency declaration.” There may be some relaxation of telehealth requirements, especially related to buprenorphine prescribing. We do not know if this issue would be addressed in those potential changes.

Ms. Anderson said that she had not yet responded back to the letter as she wanted to be sure that the Board was aware of this issue. We can point out that the rule hasn’t changed but we’ll take it under advisement as we watch continuing changes.

Dr. Schottenstein agreed with Ms. Anderson’s planned response. He said it seems like the doctors are asking for an exception because of the few numbers of child psychiatrists. But if you go down that road, there could be lots of other potential exceptions. He believes our rule is reasonable. He also pointed out that non-stimulant medications are available to treat ADHD.

Rule 4731-11-12 OFFICE BASED OPIOID TREATMENT

Ms. Anderson reported that on October 11, 2017, Emily Feely, M.D. and Bradford T. McLane, J.D., of NaphCare sent a letter requesting clarification as to whether the Board’s Rule 4731-11-12 regarding Office-Based Opioid Treatment would apply to the NaphCare’s model of administering buprenorphine in jails to treat opioid withdrawal. NaphCare has received a letter from the Board of Pharmacy that because NaphCare’s licensed prescribers treat 30 patients or less, a Medication Assisted Treatment Provider license is not required.

In the letter, NaphCare first argues that since a Medication Assisted Treatment Provider license is not required by the Board of Pharmacy, the Medical Board’s rule on Office-Based Opioid Treatment should not apply.

Ms. Anderson explained that the Medical Board’s rule 4731-11-12 has been in effect since January 31, 2015 and pre-dates Section 4729.553, Ohio Revised Code and it is not tied to the Pharmacy Board requirements regarding Medication Assisted Treatment Provider licenses. Medical Board rule 4731-11-12 does not provide for an exception for prescribers who are not subject to the Pharmacy Board requirement for a Medication Assisted Treatment Provider license.

However, the second issue is if indeed treating withdrawal is treating addiction, then the Medical Board’s rule may apply. Detoxification in the SAMHSA requirements falls under treating addiction. Based on that, our rule applies.

Ms. Anderson said that we’d like to know what part(s) of rule 4731-11-12 are problematic – lab testing, behavioral issues, or the short-term nature of what they are doing. We’d like to know more about their treatment model.

Ms. Anderson reported that due to the passage of the provisions in the budget bill related to Medication Assisted Treatment, the Board is required to adopt rules establishing the standards and procedures to be followed by physicians in the use of all drugs approved for use in medication-assisted treatment. The

rules will need to address detoxification, relapse prevention, patient assessment, individual treatment planning, counseling and recovery supports, diversion control and other topics selected by the Board after considering best practices in medication-assisted treatment. The Medical Board and the Nursing Board must do rather prescriptive rules so we will want feedback from these groups.

Ms. Anderson said she replied to the letter that our rule applies but we will be doing new rules regarding medication assisted treatment and would welcome their input.

She wanted the Board to be aware of the request and that we are starting to be engaged in new medication assisted treatment rules. A meeting is set up with the Nursing Board next week. We will also need to have rules for PAs on this topic. The rules for physicians, nurse practitioners, and PAs will need to be consistent.

Dr. Soin had a separate question. He asked if there are any federal regulations regarding this issue that apply to federal prisons. Mr. LaCross remarked that most federal prisons are privately owned. Dr. Soin said that he hoped we would be sensitive to the fact that people in prison have access to opioid treatment. Mr. Smith commented that there may be one distinction here. The correspondence is talking about jails, and these are usually short-term stays. This is an issue that we could think about but just the fact that these are short-term stays in jail may complicate the issue. Prison stays are usually longer than six months.

ACUTE PRESCRIBING FAQs UPDATE

Ms. Anderson provided an update to the committee. After the last meeting, another question was received inquiring if the treating physician and the prescribing physician were the same person. Since the question was legal in nature, a response was drafted and Question #17 was added to the document so there would be no delay in posting the information to the website.

She said the physician is the same. There is no other way to interpret the rule.

Are the “treating physician” and “prescribing physician” in Rule 4731-11-13(A)(3)(c) the same individual?

The language of paragraph (A)(3)(c) states that the treating physician determines, based upon prevailing standards of medical care, that the patient suffers from medical conditions, surgical outcomes, or injuries of such severity that pain cannot be managed with the 30 MED average limit. The treating physician must document in the record the reason for exceeding the 30 MED average. However, the rule then states that the only “prescribing physician” may exceed the 30 MED average and will be held singularly accountable for the prescription.

As used in 4731-11-13(A)(3)(c)(i) through (v), the term “prescribing physician” must be read to mean “treating physician.” Only the treating physician may write a prescription for a dosage above the 30 MED average per day limit. The treating physician must also write any subsequent prescriptions for the patient that are for a dosage above the 30 MED average per day limit.

Ms. Anderson reported that we have received fewer questions about the rule since the FAQs were posted.

Dr. Schachat suggested we start the response with “Yes” then provide the explanation. He also suggested that when it is a simple answer, maybe all the responses should start that way. The committee agreed with this format change.

RULE REVIEW UPDATE

Ms. Anderson said that a rules status spreadsheet was included in the meeting materials. She reported that two years ago staff came to the Board with a large project to update all the Board’s rules to be within the five-year rule review. We have had some good success with the project so we wanted to share that information.

Currently, all except four rules regarding light based medical devices are completed or in process.

There are several rules at the Common Sense Initiative (CSI) office, particularly rule 4731.15 (Duty to Report) and 4731.16 (Treatment Providers). We would like to ask your permission to go ahead and file any Medical Board rules with JCARR as soon as we receive notification from CSI so that we file them yet this year. Ms. Debolt indicated that we must get the rules filed in November, as no rules can be filed with JCARR in December.

Ms. Anderson also noted that the Treatment Provider rules are going through as an update since we know we will be changing the rules when HB145 is finalized.

Dr. Bechtel moved to authorize staff to file Medical Board rules with JCARR when CSI notification is received in November. Mr. Giacalone seconded the motion. Motion carried.

Ms. Anderson referred the committee to page 309 of the agenda materials. A list of rules the Board is currently working on for 2018 is provided. These included the medication assisted treatment rules. The mental and physical impairment rules are on hold but an interested party meeting is scheduled for November 14th. The pharmacy consult rules are required by statute. The “One Bite” rules will be provided after the passage of HB145. The concussion rule will be reviewed based on a recent update to the Zurich report. We will also review dietitian and respiratory care rules as well. There may also be additional rules revisions based on a legislative amendment.

Ms. Anderson said that a draft of the light-based medical device rules will be provided to the committee in January. She thanked Dr. Bechtel for his help with the draft update to those rules.

LEGISLATIVE UPDATE

Mr. LaCross reported that legislative activity will be light until December.

Board Consolidation amendment: Mr. LaCross said we have a board consolidation amendment that we have been working on for HB145, the “one bite” legislation. He thanked Nate Smith for his efforts in shoring up the amendment and making sure that we had a meeting with dietetics representatives who were adamant about some changes and their advisory council. We came to an agreement. They are willing to move forward with the amendment and so is respiratory care. The amendment is being drafted. We are having conversations with Senator Burke’s office to have him try to convene Senate Health before they break for Thanksgiving so that we can get this out and into the chamber.

We anticipate a little bit of a headache time where we will have to implement the current statutory requirements for dietetics and respiratory care before the latest changes get signed and go into effect.

Mr. LaCross said he is working with Dr. Soin on the CRNA legislation sponsored by Representative Gonzalez.

After HB145 is cleared, we will begin working on the administrative changes identified by the Board.

ADJOURN

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

The meeting adjourned at 9:11 a.m.

Amol Soin, M.D.
Chair

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State Medical Board of Ohio

FINANCE COMMITTEE MEETING
November 8, 2017
30 E. Broad St., Columbus, OH Room 318

Members: Michael Schottenstein, M.D., Chair Bruce R. Saferin, D.P.M. Richard Edgin, M.D. Michael L. Gonidakis	Staff: A.J. Groeber, Executive Director Susan Loe, Director of Fiscal and Human Resources Tessie Pollock, Director of Communications
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Dr. Schottenstein called the meeting to order at 9:02 a.m. Mr. Gonidakis was not present at the beginning of the meeting.

MINUTES REVIEW

Dr. Edgin moved to approve Finance Committee October 11, 2017 meeting minutes. Dr. Saferin seconded the motion. The motion carried.

FISCAL UPDATE

Dr. Schottenstein stated that the Board's revenue for September was \$575,425, compared to a revenue of \$841,280 in September 2015. Dr. Schottenstein stated that the Board would ideally like to be in the \$800,000 to \$900,000 range. Dr. Schottenstein reminded the Board that there has been a substantial decrease in Fiscal Year 2018 first-quarter revenue due to the large surge of early license renewals in Fiscal Year 2017 prior to the eLicense system conversion. The Board's revenue for Fiscal Year 2018 so far is \$1,474,915, compared to \$2,120,915 for the same time in Fiscal Year 2016, representing a year-to-date decrease of 30% over the two-year cycle. Net revenue losses in September 2015 is \$54,571, compared to a net revenue gain in September 2015 of \$252,005. Dr. Schottenstein noted that the Board's revenue began slowly increasing again in September compared to the previous month.

Dr. Schottenstein stated that there is no cause for concern regarding the Board's revenue at this time, noting that the revenue has been affected by two variables. First, there is an ongoing disruption of the typical revenue cycle caused by the early license renewals of Fiscal Year 2017. Second, the Board has altered its notification schedule so that notifications for license renewal are sent to licensees 90 days in advance instead of six months in advance, resulting in fewer renewals from licensees who would typically renew immediately upon receiving the first notification. These factors also make assessment of the revenue cycle by comparing one fiscal year to another less predictable.

Regarding the Board's cash balance, there has been a 24.2% decrease compared to the previous year. Dr. Schottenstein noted that in December 2016, \$1,488,000 was transferred from the Board's fund by the Department of Administrative Services (DAS) to support eLicense development. Another \$1,100,000 is anticipated to be transferred at the end of Fiscal Year 2018, after the Board has built its cash balance back to previous levels. Dr. Schottenstein stated that in general, the Board prefers to keep a minimum of \$3,000,000 in its cash balance as a cushion to cover expenses. Dr. Schottenstein stated that these large cash transfers do not come out of the Board's spending authority, but are simply bulk transfers of funds to DAS and goes toward the development costs of the eLicense system. Dr. Schottenstein commented that the \$1,100,000 transfer at the end of Fiscal Year 2018 is expected to be the last large transfer of funds.

Dr. Schottenstein stated that the Board's total expenditures in September 2017 were \$629,996, compared to expenditures of \$647,805 in September 2016. Year-to-date, there has been a 4% increase in expenditures for this fiscal year. Dr. Schottenstein stated that this is not viewed as a concern because the increase is substantially a function of payroll increases which have resulted from filling vacant positions that needed to be filled, as well as cost-of-living raises, so there is no additional spending that is unreasonable. The current projected spending for Fiscal Year 2018 is about \$8,800,000, well under the allotted spending authority of \$10,200,000. Dr. Schottenstein stated that the Board has been spending under its allotted authority for several years.

Dr. Saferin asked if continually underspending the Board's spending authority could cause the legislature to reduce the Board's spending authority in the future. Ms. Loe responded that the Board's spending allotment could potentially shrink. Mr. Groeber stated that regardless of the Board's spending authority, the Board's revenue still goes into its cash balance and could be accessed if needed by requesting authority from the Controlling Board. Mr. Groeber opined that much of the recent drop in revenue is due to the change in the license renewal notification process previously mentioned by Dr. Schottenstein and that renewal revenue already seems to be picking up for the next renewal cycle. Ms. Loe noted that all allied professional license renewals are due on January 1, so a surge in revenue is expected at about that time.

Dr. Schottenstein commented that due to the disrupted license renewal cycle ahead of the eLicense system conversion, revenue for Fiscal Year 2017 is essentially artificially inflated and revenue for Fiscal Year 2018 is artificially depleted. Consequently, Dr. Schottenstein expected revenue for Fiscal Year 2018 to be chronically behind that of Fiscal Year 2016, and that of Fiscal Year 2019 to be chronically behind that of Fiscal Year 2017. Mr. Groeber noted that the Board will have three new sources of revenue: New licenses and renewals for respiratory care therapists, new licenses and renewals for dietitians, and disciplinary fines. Mr. Groeber opined that these new sources of revenue will improve the outlook for Fiscal Year 2018. Ms. Loe opined that the end of Fiscal Year 2018 will be better than it appears now due to the addition of the Dietetics Board and the Respiratory Care Board. Mr. Groeber predicted that there will be a surplus for Fiscal Year 2018.

FINE EXPENDITURES AND ALLOCATIONS

Dr. Schottenstein stated that thus far, \$22,500 has been approved for allocation from fine revenue for Fiscal Year 2018. Current projects continue to include allocations for the acute pain prescribing rule video, a continuing medical education (CME) accreditation for a conference on medication-assisted treatment (MAT) of addiction, and a Governor's Cabinet Opiate Action Team (GCOAT) educational video.

ACCOUNTS RECEIVABLE

Dr. Schottenstein stated that about \$13,000 in fines were collected in September. Dr. Schottenstein noted that the older names have been dropped from the Accounts Receivable report because the report was becoming too unwieldy. In total, the Board has levied \$234,500 in fines and has received payments totaling \$102,500. The \$132,000 that is still outstanding includes two \$20,000 fines that will be very difficult to collect and may never be collected.

Dr. Schottenstein provided details on the following licensees:

- Juan Hernandez, M.D. has been ill.
- J. Derek Hollingsworth, D.O.'s whereabouts are unknown at this time because the Attorney General's office cannot locate him.
- Tracy ReAnn Ruedisueli, P.A., is the first licensee to fail to pay a fine that was levied in a consent agreement rather than a Board order. Dr. Schottenstein noted that Ms. Ruedisueli has been noncompliant with the terms of her Agreement in general, not just the fine, which has been sent to collections. Dr. Schottenstein stated that this could generate another citation for violating a Consent Agreement.

In addition, Dr. Schottenstein stated that the Board has received its first non-disciplinary fine for a violation of continuing medical education (CME) requirements. Mr. Groeber gave a brief overview of the process involving the non-disciplinary CME fine.

Ms. Loe stated that yesterday, she learned that Dr. Hollingsworth is currently practicing in a Suboxone clinic in Montana. Ms. Loe stated that she received this information from the West Virginia Board of Osteopathic Medicine, who also provided the address for the clinic. Mr. Groeber stated that he will write a note personally thanking the West Virginia Board for this information.

EDUCATION AND OUTREACH

Ms. Pollock stated that the Board is beginning to send license renewal notices to licensees through the marketing cloud system that was recently purchased. The notices are initially being sent to small groups in order to identify any potential problems before deploying to larger groups. Ms. Pollock stated that the analytic tools available from the marketing system are amazing and provide information such as who has opened an email and who has clicked on what links in the email. Ms. Pollock stated that the Board's next monthly newsletter will be sent out with the marketing system. Dr. Schottenstein asked if all the Board's license renewal notices are being sent through the marketing system. Ms. Pollock replied that some of the renewals are automatically sent by the eLicense system, but the marketing system has the ability to extract the list and to make the email more personalized to the recipient.

Mr. Gonidakis entered the meeting at this time.

Ms. Pollock stated that at Dr. Saferin's request, a shorter version of the video on acute pain prescribing has been produced. Dr. Saferin presented this shorter version at the recent conference of the Ohio Foot and Ankle Medical Association. Ms. Pollock stated that this video is part of a statewide multi-agency campaign, spearheaded by Take Charge Ohio, to encourage better prescribing practices. Ms. Pollock noted that the program also has a patient education component which includes radio and television announcements, billboards, and other efforts to reach the public.

The Committee viewed the shortened video on acute pain prescribing. The Committee was very pleased with the quality of the video.

Mr. Groeber asked that following the Board's December meeting, communication and materials be sent to the Board's licensees advising them on the challenges of including the ICD-9 diagnosis code on prescriptions, as well as best practices that prescribers can use to adhere to the new rule. Ms. Pollock agreed. Mr. Groeber also wished to inform prescribers that prescriptions without a ICD-9 code will still be filled by a pharmacist, but the system will flag the prescription for the Medical Board. Mr.

Groeber stated that isolated instances of leaving off the ICD-9 code will only be noted by the Board, but persistent failure to include the ICD-9 code may trigger a closer look. Ms. Pollock stated that the Department of Health has received funding to send such materials out. Mr. Groeber also stated that small cards with this information should be made available to hospitals, as well as to the Board's investigators for distribution to licensees as opportunities arise.

Dr. Edgin commented that there is still a lot of confusion among physicians regarding the new rules. Mr. Gonidakis recommended that Ms. Pollock form a workgroup with the directors of communications of various Ohio hospitals in order to further disseminate information on the new rules. Ms. Pollock agreed.

Ms. Pollock stated that the Board has been tasked by the Governor's Cabinet Opiate Action Team (GCOAT) with creating a group of videos. Ms. Pollock asked that one particular video, to be entitled "Pregnant and Addicted," be produced by a production company. Ms. Pollock is working with the Ohio Department of Mental Health and Addiction Services for the video's content, and the video will be refined with input from a focus group of mothers. Ms. Pollock asked for approval of \$10,000 to contract with the production company to produce the video.

Dr. Saferin moved to approve \$10,000 to contract for the production of the video "Pregnant and Addicted." Dr. Edgin seconded the motion. The motion carried.

ADJOURN

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

The meeting adjourned at 9:33 a.m.

Michael Schottenstein, M.D.
Chair

blt

State Medical Board of Ohio

COMPLIANCE COMMITTEE MEETING

November 8, 2017

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

<p>Members: Anita Steinbergh, D.O., Chair Amol Soin, M.D. Robert Giacalone Michael Schottenstein, M.D.</p> <p>Other Board members present: Kim G. Rothermel, M.D. Ronan M. Factora, M.D.</p>	<p>Staff: Alexandra Murray, Managing Attorney Annette Jones, Compliance Officer Angela Moore, Compliance Officer Benton Taylor, Board Parliamentarian</p>
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Dr. Steinbergh called the meeting to order at 1:58 p.m.

INITIAL PROBATIONARY APPEARANCES

John K. Krebs, M.D.

Dr. Krebs is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Krebs' history with the Board.

Dr. Schottenstein asked Dr. Krebs what had led to his recent relapse. Dr. Krebs responded that he had had eight years of sobriety and when his sponsor moved to Florida he began the process of finding a new sponsor. Dr. Krebs stated that he had essentially stopped attending rehabilitation meetings. Dr. Krebs also became overwhelmed with his practice, was preparing for an oral recertification examination in orthopedics, and had other personal issues at that time. Dr. Krebs stated that he did not rely on his tools and exercised poor judgment, leading to his relapse.

Dr. Schottenstein agreed that meetings and a sponsor are very important to recovery. Dr. Schottenstein commented that in his experience, the risk of relapse is fairly minimal when people are working their recovery program hard and are very consistent in terms of interacting with their sponsors. Dr. Schottenstein further commented that becoming less compliant with the recovery program or stopping medications that are keeping one healthy can lead to relapse. Dr. Schottenstein stated that relapse can also be a learning opportunity so that one can be clear on the importance of consistency with the recovery program going forward. Dr. Krebs agreed.

Dr. Schottenstein noted that Dr. Krebs has had some anxiety and depression in his history. Responding to further questions from Dr. Schottenstein, Dr. Krebs stated that he is currently being treated by a psychiatrist as well as a therapist.

In response to questions from Dr. Steinbergh, Dr. Krebs stated that his sobriety date is July 21, 2017 and that he understands his Consent Agreement. Dr. Steinbergh agreed with Dr. Schottenstein's comments and encouraged Dr. Krebs to follow his recovery program closely.

Dr. Soin moved to continue Dr. Krebs under the terms of his August 9, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Schottenstein seconded the motion. The motion carried.

Steven S. McNutt, M.D.

Dr. McNutt is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. McNutt's history with the Board.

In response to questions from Mr. Giacalone, Dr. McNutt stated that he had had a history of chronic back pain that had been in remission for a number of years. When Dr. McNutt's back pain began to return, he was started on pain medication. Dr. McNutt stated that between the back pain, a divorce, and other things he was going through at that time, he began to take more of the pain medicine by buying pills from people who had extra. Dr. McNutt began to take other opiates and his use became more recreational. Dr. McNutt soon migrated to using heroin when he learned that it was cheaper and basically did the same thing as the pain medication. Soon thereafter, Dr. McNutt was arrested for possession of heroin.

Regarding his recovery, Dr. McNutt stated that he attends rehabilitation meetings regularly and has a very strong support group, particularly his fiancé and his children. Dr. McNutt stated that his medical license is currently suspended and he is working at a basically minimum-wage job. Mr. Giacalone asked if Dr. McNutt feels that he is getting past some of the hurdles in his life. Dr. McNutt replied that he is, noting that his divorce is finalized and is behind him, he has more support than he had before, and he is dealing with the everyday stressors in his life. Dr. McNutt stated that his sobriety date is July 16, 2016.

Responding to questions from Dr. Schottenstein, Dr. McNutt stated that his specialty is pediatrics. Dr. McNutt stated that he has never taken opiate blockers and he has no cravings for narcotics at this point. Dr. McNutt stated that he is doing well emotionally. Dr. McNutt stated that he has the stress of having gone from the medical profession to working a minimum-wage job, but that is his fault and is a blow to his pride more than anything else.

Mr. Giacalone asked how Dr. McNutt's back pain is now. Dr. McNutt replied that his back pain is doing well. Dr. McNutt stated that his back pain began in college "out of the blue" and was not related to an injury. Dr. McNutt was diagnosed with problems with his discs. Throughout college and medical school and into the initial stages of his practice, Dr. McNutt had tried everything from pain medicine to physical therapy to spinal injections, and had even considered neurosurgery. The pain medicines Dr. McNutt had used included hydrocodone and methadone. Dr. McNutt eventually asked his doctor to wean him off all medication because it was not helping. Dr. McNutt's pain initially got worse, but in a couple of months his back pain was significantly better. Dr. McNutt commented that he does not know how much of his back pain had been opioid-induced pain. From that point, Dr. McNutt's back pain would occasionally flare up but it was not the chronic pain he had had. Dr. McNutt stated that this recent incident occurred during a period when he was having a lot of back pain and a friend offered him some extra pain pills that he had. Dr. McNutt stated that he has not had much back pain since that time.

Responding to questions from Dr. Steinbergh, Dr. McNutt stated that he attended medical school at Texas Tech University in Lubbock, Texas, and residency at the University of Illinois College of Medicine in Peoria, Illinois. Dr. McNutt stated that he had been taking narcotics off-and-on during medical school and residency. Dr. McNutt stated that he had always taken the narcotics as prescribed until the most recent incident. Dr. Steinbergh asked if Dr. McNutt had ever felt that the narcotics had compromised his decision-making during his training. Dr. McNutt replied that his decision-making had never been compromised because he made it a point to never take the medicine when he was going to be working at the hospital; instead, Dr. McNutt would just deal with the pain

while he was working. Dr. McNutt commented that when he had asked his physician to take him off of pain medicine, it was not because of any impairment, but rather it was because the medicine was not helping him.

Dr. Schottenstein stated that when someone says they have terrible pain and pain medicine does not help, it makes him wonder about the possibility of psychiatric issues manifesting themselves as pain. Dr. Schottenstein asked Dr. McNutt to clarify his earlier statement about not knowing how much of his back pain had been opioid-induced. Dr. McNutt stated that after being removed from pain medications for a few weeks, his back pain got much better. Dr. McNutt related his physician's statement that one can have opioid-induced pain. Dr. Schottenstein agreed with that statement. Dr. McNutt stated that his physician had thought, in retrospect, that perhaps Dr. McNutt's pain had not gotten better because he had been on the pain medications.

Mr. Giacalone asked if Dr. McNutt had any questions about his Consent Agreement. Dr. McNutt had no questions.

Dr. Soin moved to continue Dr. McNutt under the terms of his August 9, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Mr. Giacalone seconded the motion. The motion carried.

Stephen Lee Moore, D.O.

Dr. Moore is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Moore's history with the Board.

In response to questions from Dr. Soin, Dr. Moore stated that his sobriety date is August 28, 2016, and his recovery has been going excellently for him. Dr. Moore stated that he has a sponsor and attends at least three rehabilitation meetings per week, as well as aftercare. Dr. Moore stated that he is currently practicing cardiac electrophysiology in Kentucky and he has no plans to return to Ohio at this time. Dr. Moore stated that he has no questions about his Consent Agreement.

Dr. Schottenstein observed that according to the Board's information, Dr. Moore had had an issue with alcohol and stimulants. Dr. Moore asked to clarify that information. Dr. Moore stated that he had been in Adderall for about six or seven years, prescribed by a psychiatrist to treat his attention deficient hyperactivity disorder (ADHD). At one point Dr. Moore was switched to the medication Vyvanse, which he took strictly as prescribed. However, in an instance of bad judgment, Dr. Moore had some low-level alcohol consumption and then was called in to perform a simple procedure. Dr. Moore stated that under the hospital bylaws, practicing while under the influence of any substance, regardless of the amount, led to a suspension. Dr. Moore commented that he agrees with that hospital bylaw. Dr. Moore continued that he self-reported this situation to the Kentucky Physicians Health Program (KPHP). Because Dr. Moore had taken Vyvanse with some alcohol, even though the Vyvanse was prescribed, the Kentucky Board of Medical Licensure required Dr. Moore to undergo a minimum of 90 days of inpatient treatment. Two days later, Dr. Moore entered recovery at MARR, a men's recovery center in Atlanta, Georgia, and spent 92 days there.

Dr. Moore continued that he had gone in to MARR "kicking and screaming," but after four or five weeks it dawned on him that he had been handling personal and emotional affairs the wrong way. Dr. Moore stated that, speaking bluntly, he was emotionally and spiritually bankrupt. Dr. Moore stated that he had been raised a Southern Baptist, but he had gotten away from that in the previous ten to twelve years and it caught up with him.

Dr. Schottenstein asked about Dr. Moore's depression. Dr. Moore responded that his family physician is actually a psychiatrist and he still sees that physician once per month. Dr. Moore stated that he is prescribed Wellbutrin. Dr. Moore commented that he has a home and lives with his wife and 14-year-old child; his other sons are in college.

Dr. Soin moved to continue Dr. Moore under the terms of his August 9, 2017, Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Schottenstein seconded the motion. The motion carried.

Wayne J. Myles, D.O.

Dr. Myles is making his initial appearance before the Committee pursuant to the terms of his August 9, 2017 Consent Agreement. Dr. Steinbergh reviewed Dr. Myles' history with the Board.

Dr. Schottenstein asked if Dr. Myles, when he was having the relationship with a co-worker to whom he had also provided treatment, had been aware of the prohibition on that in terms of medical ethics, or if he had only realized it in hindsight. Dr. Myles replied that he had only realized it in hindsight. Dr. Myles stated that he had known the co-worker for a few months and had seen her a couple of times before the dating relationship began. The relationship ended in March. In April, Dr. Myles agreed to perform osteopathic manipulation on the co-worker. Dr. Myles commented that he had thought he was just doing something nice because the co-worker's last visit to her chiropractor had resulted in more pain rather than less. Dr. Myles stated that he had not thought about the prohibition of seeing a former significant other as a patient within 90 days of the relationship.

Dr. Steinbergh asked if either Dr. Myles or the co-worker had been married at the time of their relationship. Dr. Myles replied that they were both separated at that time. Dr. Schottenstein asked if Dr. Myles still saw the co-worker. Dr. Myles replied that he does not see her because he has relocated to West Virginia, though they do keep in touch by phone. Dr. Schottenstein asked if Dr. Myles has taken his required boundaries course yet. Dr. Myles answered that he has taken the course and found it to be an excellent course.

Dr. Schottenstein asked if Dr. Myles had questions about his Consent Agreement. Dr. Myles had no questions.

Mr. Giacalone moved to continue Dr. Myles under the terms of his August 9, 2017 Consent Agreement, with future appearances before the Board's Secretary or Designee. Dr. Schottenstein seconded the motion. The motion carried.

Dr. Steinbergh asked if there has been any action taken on Dr. Myles' West Virginia medical license based on the Ohio action. Dr. Myles answered that he notified the West Virginia Board of Osteopathic Medicine of the issue when he relocated, but he has not heard anything from that Board yet. Dr. Myles stated that he had reinstated his West Virginia medical license before this incident occurred. Dr. Steinbergh commented that the West Virginia Board may still take an action in the future. Dr. Myles agreed that that may occur.

TREATMENT PROVIDER APPLICATIONS

Dr. Schottenstein moved to recommend approval the renewal applications for a Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Glenbeigh and from Metro Atlanta Recovery Residences (MARR, Inc.). Dr. Soin seconded the motion. The motion carried.

APPROVAL OF REPORTS OF CONFERENCES

Dr. Schottenstein noted that according to the Board's information, Michael J. Palma, M.D., has right-arm paralysis from his C5 vertebrae, causing pain and making his life and work difficult. Dr. Schottenstein asked if Dr. Palma is still able to practice as an anesthesiologist. Ms. Jones replied that Dr. Palma is not currently practicing. Ms. Jones explained that although Dr. Palma is American, he attended medical school in the West Indies and is therefore considered a foreign medical graduate. When the Board action occurred, Dr. Palma had not yet completed the 24 months of training required of foreign medical graduates and he has not yet been able to get into another residency program. Ms. Jones stated that she will update the Board's information on Dr. Palma accordingly.

Dr. Schottenstein moved to approve the Compliance Staff's Reports of Conferences for October 10 & 11, 2017. Mr. Giacalone seconded the motion. The motion carried.

MINUTES REVIEW

Dr. Schottenstein moved to approve the draft minutes from October 11, 2017. Mr. Giacalone seconded the motion. The motion carried.

ADJOURN

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

The meeting adjourned at 2:28 p.m.

Anita M. Steinbergh, D.O.
Chair

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