

Medical Board of Ohio Meeting Minutes November 9, 2022

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

MINUTES REVIEW

Dr. Bechtel moved to approve the minutes of the October 12, 2022 Board Meeting. Dr. Saferin seconded the motion. All members voted aye. The motion carried.

REPORTS AND RECOMMENDATIONS

Ms. Montgomery asked the Board to consider the Reports and Recommendations appearing on the agenda: Arthur T. Armstrong, M.D.; Kory David Brownlee, D.P.M.; Alan Franklin Knull, M.D.; and Elizabeth E. Myers.

Ms. Montgomery asked all Board members the following questions:

- 1.) Has each member of the Board received, read and considered the Hearing Record; the Findings of Fact, Conclusions and Proposed Orders; and any objections filed in each of the Reports and Recommendations?
- 2.) Does each member of the Board understand that the Board's disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from Dismissal to Permanent Revocation or Permanent Denial?
- 3.) Does each member of the Board understand that in each matter eligible for a fine, the Board's fining guidelines allow for imposition of the range of civil penalties, from no fine to the statutory maximum amount of \$20,000?

ROLL CALL:

Dr. Rothermel - aye Dr. Saferin - aye Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - aye Dr. Bechtel - aye Ms. Montgomery - aye

Ms. Montgomery stated that in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further

adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In the disciplinary matters before the Board today, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member. In addition, Dr. Bechtel served as Secretary and/or Supervising Member in the matters of Dr. Armstrong and Dr. Brownlee.

During these proceedings, no oral motions were allowed by either party.

Arthur T. Armstrong, M.D.

Ms. Montgomery directed the Board's attention to the matter of Arthur T. Armstrong, M.D. No objections have been filed. Ms. Lee was the Hearing Examiner.

A request to address the Board has been filed on behalf of the State. Five Minutes will be allowed for that address.

The State was represented by Assistant Attorney General Melinda Snyder.

Ms. Snyder stated that this is a sexual misconduct case involving three patients. The Hearing Examiner's Proposed Order is to permanently revoke Dr. Armstrong's license following a 30-day winddown period. Ms. Snyder stated that there are no complicated legal issues in this case, nor any credibility issues because Dr. Armstrong did not testify at his hearing.

Ms. Snyder had requested to address the Board today for three reasons. First, the public should know about Dr. Armstrong's predatory behavior; he should face the consequences of what he did to these women and he does not deserve the luxury of quietly retiring his practice. Second, Ms. Snyder opined that Dr. Armstrong's license should be revoked immediately, not thirty days from now as provided for in the Proposed Order. Third, and most importantly, Ms. Snyder stated that she is standing before the Board today for the victims. Ms. Snyder stated that these women had the courage to face their abuser on behalf of all the women in the state of Ohio.

Ms. Snyder continued that the Board members have read the hearing transcript, but the transcript does not convey the raw pain and emotion the women exhibited during their testimony, even ten years after the conduct. Ms. Snyder commented that in all of her years representing the Medical Board, she has never seen anything like these victims' testimony. Ms. Snyder could not describe the cadence of the testimony, the pauses, how the victims could not look at Dr. Armstrong during parts of their testimony, or how one could hear a pin drop following the testimony because it had been so poignant and heart-wrenching. Ms. Snyder stated that these women deserve to be recognized as heroes.

Ms. Snyder noted that these three women recounted how Dr. Armstrong groomed them, gained their trust by giving them time and listening to them when they felt other physicians did not, and then methodically found each one's vulnerability and used it against them chipping away at the professional boundary. These are smart, strong women who gave Dr. Armstrong the benefit of the doubt because it is sometimes difficult to decipher where the boundary is. When a women removes her clothes, it is automatically a position of vulnerability but everyone is taught to trust that a physician will touch you for the right reasons. Dr. Armstrong abused that trust.

Patient 1, who is present in the audience at today's meeting, was an Army veteran who wanted nothing more than to get back into the Army. However, Patient 1 had serious health conditions that were keeping her from doing what she loved. Patient 1 went to Dr. Armstrong for help, but instead he took advantage of her vulnerability. Dr. Armstrong had Patient 1 come when nobody else was in the office and kept her there for hours, touching her wherever he wished, groping her like she was an object for his own sexual desire. Dr. Armstrong removed her gown and underwear, caressed her hair, commented on the fitness of her body, and treated her like an object.

Patient 2 is intensely private, and therefore Ms. Snyder stated she will refrain from going into many of the details of her story. Ms. Snyder stated that Patient 2 is strong and this has harmed her in ways that are difficult to articulate. Patient 2 recorded a telephone conversation with Dr. Armstrong which demonstrates how manipulative Dr. Armstrong is. Ms. Snyder stated that these women are strong and smart but they have been damaged, and she found it easy to understand why other victims did not come forward.

Ms. Snyder stated that these victims did not come forward because they had an ax to grind. In fact, the victims had nothing to gain from this process. Instead, the victims went through Hell just to protect other women in Ohio. Ms. Snyder respectfully requested that the Board permanently revoke Dr. Armstrong's medical license without a 30-day winddown period.

Ms. Montgomery asked if Dr. Armstrong or his legal representative wished to respond. Elizabeth Collis, attorney for Dr. Armstrong, stated that she wished to respond.

Ms. Collis stated that the Medical Board has the burden of proof in this case, so Dr. Armstrong does not have to prove that these alleged incidents did not take place. These alleged incidents occurred more than 10 years ago. In 2014 Dr. Armstrong met with Board investigators and answered all their questions. For years, the Board took no action. Following the investigation, Dr. Armstrong made significant changes to his practice. Specifically, Dr. Armstrong stopped doing myofascial release techniques because he found that patients did not understand what he was doing and they were uncomfortable and embarrassed. Ms. Collis stated that 10 years have gone by since that time and the Board has received no further complaints.

Ms. Collis stated that Ms. Snyder has done a wonderful job putting together a narrative in this case, but the facts of this case do not align with that narrative. Ms. Collis stated that Patient 1 was not a vulnerable young person, but rather she is an Army veteran who had served more than 10 years and had been deployed twice to dangerous assignments. Patient 1 had been trained as the sexual assault advocate for the Army and was the person women were to go to if they wanted to file a complaint. Patient 1 was placed on leave from the Army for health reasons; sadly, she had memory and cognitive issues and later had a brain tumor. Patient 1 came to the Board and told a story that Ms. Collis stated, with due respect, was very scripted, detailed, and puttogether. This began when Patient 1 believed that Dr. Armstrong groomed her. Ms. Collis stated that Dr. Armstrong did not groom Patient 1 and he saw her five times, never outside the office.

Ms. Collis stated that Patient 2 suffers from fibromyalgia. Like many of Dr. Armstrong's patients, Patient 2 went to him because she had a very complicated medical condition. Patient 2 was very involved in her care and kept bringing articles for Dr. Armstrong to review, and he spent a lot of time explaining the articles. Ms. Collins acknowledged that Dr. Armstrong erred by inviting Patient 2 to review a manuscript for a book he was writing because it was designed for laypersons. Dr. Armstrong also erred by contacting Patient 2 after he had been contacted by Board investigators. Ms. Collis noted that Dr. Armstrong told the Board investigators that he thought he had a good working relationship with Patient 2 and he did not realize there were any concerns or complaints.

Patient 3 was a patient of Dr. Armstrong's practice, as was her mother. While Patient 3 testified that the treatment she received was very different from the treatment her mother received, Ms. Collis noted that Patient 3's medical conditions was different from her mother's. Ms. Collis further noted that at every appointment Patient 3 was accompanied by a family member who was present in the examination room during the examination.

Ms. Collis continued that the State would have the Board believe that Dr. Armstrong must be guilty because he did not testify at his hearing. Ms. Collis stated that Dr. Armstrong has the Fifth Amendment right to not provide testimony. Ms. Collis reiterated that it is not Dr. Armstrong's job in this case to explain what happened or disprove the allegations.

Ms. Collis stated that Dr. Armstrong has practiced for many years and has made significant changes to his practice. Dr. Armstrong also recently sold his practice and is not practicing medicine at this time. Ms. Collis

asked that the Board, if it is inclined to take action, limit Dr. Armstrong's license so that he cannot perform patient care and is only allowed to perform research and similar duties. Ms. Collis noted that Dr. Armstrong has both M.D. and Ph.D. degrees and he would like to do research going forward.

Before beginning discussion among the Board members, Ms. Montgomery noted the following quote from Patient 1:

I understood fight or flight, but I did not understand freeze until this happened which is the main reason why I didn't come forward sooner because I was terrified and ashamed and pretty much disgusted with myself that I took it, that I laid there, that I didn't say anything, I didn't fight.

Ms. Montgomery commented that this the most compelling statement she has heard in 30 years of dealing with these sorts of cases and it explains a lot about sexual abuse.

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

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

Dr. Feibel stated that in his three-and-a-half years on the Board, this is by far the worst case he has seen. Dr. Feibel expressed that he felt sickened by this case. Dr. Feibel commended the three women who were brave enough to come forward, noting that they had no reason to put themselves through this except to get a predator off the street. Dr. Feibel had listened to the recordings in the hearing record, including over an hour of Dr. Armstrong talking to Patient 2, coercing her, grooming her, and begging her not to pursue this matter. Dr. Armstrong had used all the buzzwords that a manipulator and sexual predator uses to convince people not to come forward.

Dr. Feibel stated that he is not basing his opinion on the fact that Dr. Armstrong did not testify at his hearing, which was Dr. Armstrong's constitutional right. Dr. Feibel stated that minimizing this case to say that the Board is revoking Dr. Armstrong's license because of his failure to testify was offensive to him. Dr. Feibel found the testimonies of the three victims to be very consistent and very credible.

Dr. Feibel continued that this is the most egregious case he has seen since joining the Board, and he opined that if the Board does not immediately revoke Dr. Armstrong's license then it is not performing its duty to protect the public. Dr. Feibel further opined that any entity that allows Dr. Armstrong to practice would be allowing him to prey on the public.

Dr. Feibel moved to amend the Proposed Order to remove the provision for a thirty-day interim period and to have the permanent revocation of Dr. Armstrong's license be effective immediately. Dr. Schottenstein seconded the motion.

Dr. Schottenstein agreed with Dr. Feibel's comments. Dr. Schottenstein also perceived that Dr. Armstrong has engaged in premedicated and methodical sexual misconduct and that his actions are those of a sexual predator. While the Board has seen cases of licensees who engaged in sexual misconduct due to boundary issues or similar scenarios, Dr. Armstrong's actions were planned and executed according to a system. Dr. Armstrong emailed patients individually to schedule them, he scheduled them on Friday afternoons when no one else would be in the office, he instructed them to come alone and told them there was no need to register for the appointment, and he used bare hands with no gloves. Dr. Armstrong engaged in sexual misconduct under the guise of providing medical care, made inappropriate comments regarding the patients' physical appearance, engaged in grooming behaviors, and disregarded modesty.

Dr. Schottenstein continued that when Dr. Armstrong was confronted with his inappropriate behavior, he pretended to be concerned for the patients' well-being. Dr. Armstrong tried to appeal to the supposed

friendship and to the patients' good nature by explaining how hard it would be for him if there were a formal complaint. Dr. Armstrong engaged in gaslighting, trying to convince the patient that did not experience what she had clearly experienced and that she had somehow misinterpreted his behavior. Dr. Armstrong requested additional contact with the patient so he could talk himself out of the problem. During his deposition with the Board, Dr. Armstrong implied that the patient is unstable with regard to her mental health.

Dr. Schottenstein stated that Dr. Armstrong devised a scheme to engage in sexual predation and get away with it, which he did for a long time. Dr. Schottenstein stated that that ends today because there are credible witnesses who do not know each other and yet give remarkably similar accounts of sexual predation. Defense counsel has speculated that the reason it took so long for the Board to bring action because the patients were not credible. However, Dr. Schottenstein stated that that is demonstrably not true and he suspected that it took so long because it was asking a lot for the victims to come forward and share their stories. Each of the patients had been traumatized and the public recounting of their stories, with cross-examination, is retraumatizing. Dr. Schottenstein likened this to asking someone to touch a hot stove again on purpose knowing how painful it will be. These victims have spent years trying to forget these incidents. The victims have demonstrated real courage in agreeing to testify, having suffered with shame, self-doubt, and the feeling that they had let themselves down by not speaking up or fighting back. These events have led these patients to no longer trust physicians.

Dr. Schottenstein was struck by the fact that in closing arguments, defense counsel stated that Patient 3's story was not credible because she had testified that Dr. Armstrong had molested her even though a family member was on the other side of the curtain in the examination room. Dr. Schottenstein regretted to say that this is something that does happen, even when there is a family member in the room with no curtain, or even when there is a chaperone present whose function is to specifically monitor the practitioner for inappropriate behavior. Dr. Schottenstein recalled that when he worked on the Federation of State Medical Boards (FSMB) Sexual Boundary Workgroup a few years ago, there was a debate about recommending against the use of chaperones altogether. Ultimately, the Workgroup decided to keep the option of a chaperone as a possible recommendation because there were not a lot of good monitoring options, but it is not controversial that predators can act out with a chaperone in the room. Dr. Schottenstein recalled the case of Dr. Agrawal, a pediatric gastroenterologist who sexually molested one of his patients while the patient's mother was in the room and not behind a curtain. Dr. Schottenstein appreciated the defense counsel's incredulity, but stated that this is sadly something that does occur.

Dr. Schottenstein stated that the patients' testimonies are convincing not only because they are similar to each other, but also because they were similar to that of other cases the Board has seen. For instance, Dr. Schottenstein recalled that Patient 1 in the matter of Marcus F. Cox, M.D., in the aftermath of her trauma, woke up from anesthesia for an elective procedure in tears, asking her husband if he was sure that she had not been assaulted her while she was under anesthesia. Dr. Schottenstein stated that Dr. Armstrong's counsel is familiar with that matter of Dr. Cox because she had represented Dr. Cox before the Board. Dr. Schottenstein stated that this is similar to the experience of Patient 2 in the Dr. Armstrong case, who was also terrified to go under anesthesia because of the vulnerability to sexual misconduct in that state.

Dr. Schottenstein also recalled that Patient 1 in the matter of James Shaw, L.M.T., was asked during her testimony why she had not resisted the sexual assault, and she replied that she froze. Dr. Schottenstein noted that Patient 1 in the Dr. Armstrong matter used the exact same word, "froze," to describe her reaction to the trauma. Dr. Schottenstein also noted that Patient 1 in the matter of Dr. Armstrong is an Army veteran who had served in Iraq and had been a sexual assault victim advocate. Like Patient 1 in the Mr. Shaw case, Patient 1 in the Dr. Armstrong case feels that she let herself down because she could not bring herself to fight back. Patient 1 described herself as "terrified" and that she could hear her own self as a victim advocate telling herself to go to the police, but she went on to say that it is different when you are the one who is the victim.

Dr. Schottenstein asked if it is surprising that it might take a long time for a victim to come forward if they have been assaulted in a way that leaves them terrified. Dr. Schottenstein further asked if it is surprising that there may be a lot of vacillation before finally mustering the courage to come forward. Dr. Schottenstein felt that

predators factor the reluctance of victims to come forward into their behavior, knowing how hard it is to speak up. Predators presume victims will stay silent, question themselves, or even blame themselves for the predator's behavior. Predators count on victims' fear of not being believed, on their sense of shame, and on the natural tendency of sexual trauma victims to keep quiet because they just want to put it behind them. Predators count on the experience to inflict trauma and fear.

Dr. Schottenstein observed Patient 2's testimony that she spoke up in the interest of justice, in the interest of protecting others, and because Dr. Armstrong cannot stop himself. Dr. Schottenstein stated that these are reasons why the Board would be right to permanently revoke Dr. Armstrong's medical license today. Dr. Schottenstein stated that these victims are owed a measure of justice and the Board must protect the public, and Dr. Armstrong cannot or will not stop himself.

Dr. Schottenstein agreed with the proposed amendment to permanently revoke Dr. Armstrong's license without a winddown period. Dr. Schottenstein stated that Dr. Armstrong practices by himself and has a history of hiding his activities, and therefore Dr. Schottenstein did not have confidence that a chaperone requirement would be respected. Dr. Schottenstein opined that it would be terrible if the Board approved an order with a winddown period and Dr. Armstrong went on to perpetrate over the next 30 days. Dr. Schottenstein regretted the inconvenience to patients, but he felt that Dr. Armstrong needs to be out of practice today.

Mr. Giacalone found it incredible to listen to the recording of Dr. Armstrong talking to Patient 2 saying, "You need to help me with my boundary situation." Mr. Giacalone felt it was outrageous to think that the patient needed to help Dr. Armstrong with a boundary situation that he should already know. Mr. Giacalone stated that his only regret is that the Board did not revoke Dr. Armstrong's license 10 years ago.

Dr. Johnson agreed with Dr. Schottenstein's comments. Dr. Johnson noted that the defense counsel commented that Dr. Armstrong had stopped performing myofascial techniques because the patients did not understand what he was doing. Dr. Johnson wished to correct that, saying that the patients understood what Dr. Armstrong was doing and understood that it was wrong, and as long as it took them to reach this point, they still persevered. For this reason, Dr. Johnson agreed with the permanent revocation of Dr. Armstrong's medical license.

Ms. Montgomery reiterated that the patients' testimonies align with each other and the courage it has taken for them to come forward cannot be overestimated. Ms. Montgomery agreed with all the prior Board member comments. Ms. Montgomery stated that it is not a question of whether Dr. Armstrong testified, but that the patients have established well beyond a reasonable doubt that he should not be in practice.

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - ave Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddy - aye Dr. Bechtel - abstain Ms. Montgomery - aye

The motion to amend carried.

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

ROLL CALL:

Dr. Rothermel - abstain
Dr. Saferin - abstain
Mr. Giacalone - aye

Dr. Schottenstein - aye
Dr. Soin - aye
Dr. Johnson - aye
Mr. Gonidakis - aye
Dr. Kakarala - aye
Dr. Feibel - aye
Dr. Reddv - aye

Dr. Bechtel - abstain
Ms. Montgomery - aye

The motion to approve carried.

Kory David Brownlee, D.P.M.

Ms. Montgomery directed the Board's attention to the matter of Kory David Brownlee, D.P.M. No objections have been filed. Mr. Madden was the Hearing Examiner.

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

Dr. Brownlee stated that he is here today overflowing with humility and fighting to continue to practice medicine in the unique and arguable necessary way in which he did. Dr. Brownlee's actions have caused a tidal wave of emotions for his family, his friends, and himself. When Dr. Brownlee reflects on those actions, he is overcome with disbelief, sadness, anger, and frustration. When forced to deal with his relapse, Dr. Brownlee witnessed the effects this had on everyone around him, including those patients who treasure his home visits since leaving home for them is nearly impossible. Dr. Brownlee missed seeing his patients' smiles as he walked through the door to provide this necessary service. Dr. Brownlee stated that knowing he exploited that feeling of gratitude keeps him up at night. Dr. Brownlee stated that he has received countless correspondence from patients asking if he is returning soon to see them again in their homes.

Dr. Brownlee continued that he spent almost nine years in sobriety. In 2019, Dr. Brownlee's wife was diagnosed with a rare form of leukemia. Dr. Brownlee found the thought of losing his wife overwhelming, especially with three challenging boys at home. Instead of diving further into his recovery program, Dr. Brownlee relapsed. Then the Covid-19 pandemic put a strain on Dr. Brownlee's practice because patients were afraid of contracting the disease. Dr. Brownlee noted that he works predominately with the elderly, which is the most vulnerable population. Again, instead of turning to his recovery program, Dr. Brownlee allowed his disease to take over. Dr. Brownlee stated that he is terribly sorry and regretful, and stated that he knows better.

After Dr. Brownlee's disease resurfaced, he knew the next step. Dr. Brownlee admitted himself into the Glenbeigh treatment center for 28 days and had a wonderful experience. Dr. Brownlee's greatest take-away from that experience rests on three ideals: First, to practice rigorous authenticity in all he does; second, to do the uncomfortable work; and third, to surrender to the outcome. Dr. Brownlee stated that these three ideals are at play in his daily life, and the Board's decision today is no exception.

Dr. Brownlee stated that the 12 steps of Alcoholics Anonymous and Narcotics Anonymous is something that he practices in all his affairs. Dr. Brownlee added that for him the 12 steps are not just a cliché, it is a way of life.

Dr. Brownlee stated that one can be sober for years and not necessarily make the life change to remain sober for life. Dr. Brownlee stated that in the last seven months he has made that necessary life change.

Dr. Brownlee stated that today the Board will make a life-altering decision for him, one that he has contemplated, worried about, and prayed about daily. Dr. Brownlee felt that his eldest son, who is autistic, probably said it best when he told him to tell the Board that he is must more than a recovery addict, that he is also a musician, a father, a husband, and a caring doctor who is loved by his patients. Dr. Brownlee's 14-year-old son told him to just be himself and the Board will like him. Dr. Brownlee's 7-year-old son told him not to give up.

Dr. Brownlee wished he could take his action back and wish he had not allowed his disease to rear its ugly head. Dr. Brownlee implored the Board to understand that he has made the life change he discussed earlier and to allow him to practice again. Dr. Brownlee began his practice nearly 20 years ago with high hopes of helping and pleasing the public. Dr. Brownlee did that for many years and he was certain that hundreds of his patients would tell the Board that he did that. Dr. Brownlee understood and was very please that there are entities like the Medical Board to protect the public.

In accordance with his third ideal, Dr Brownlee stated that he will surrender to the outcome of the Board's deliberations. Dr. Brownlee had no control over the Board's decision, but he does have control his reaction to it, good or bad. Dr. Brownlee now realizes that anything he puts before his sobriety will be lost. Dr. Brownlee stated that he is apologetic, humble, and hopeful, and he cannot lose hope. Dr. Brownlee hoped his wife's cancer cures itself, he hoped his autistic son makes it through high school unscathed and attends a college or is able to find employment, and he hoped his younger sons continue on the right path and become productive members of society. Finally, Dr. Brownlee hoped the Board can feel his sincerity and give him a chance to practice medicine again.

Dr. Brownlee stated that his son was right, he is much more than what the Board reads in documents. Dr. Brownlee stated that he is a human being who has made mistakes and is begging to be allowed to continue this new life he has created, which can only create a better life for all those who associate with him, including his beloved patients.

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

Mr. Wilcox supported the Hearing Examiner's Report and Recommendation, including the Proposed Order to permanently revoke Dr. Brownlee's podiatric medical license. Mr. Wilcox stated that what makes this case unique compared to others that involved impaired physicians is that Dr. Brownlee used information about his patients' medications, went into their homes, and stole medications at least one time that the Board knows of and two times that Dr. Brownlee has admitted to. Mr. Wilcox opined that this was the ultimate breach of trust. Dr. Brownlee entered patients' homes under the guise of checking the labels on their medications and he stole pain medication from patients.

Mr. Wilcox stated that the Board understands addiction and that addicts do things that are difficult to understand because they are feeding their addiction. However, Dr. Brownlee's actions crossed a red line. This is in addition to the fact that Dr. Brownlee also called in prescriptions in patients' names to pharmacies and then picked up the medications himself for his own self-use, which is felonious behavior for which he will probably face repercussions in the future. Mr. Wilcox agreed with the Hearing Examiner that Dr. Brownlee's license should be permanently revoked.

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

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

Ms. Montgomery noted that the Hearing Examiner has requested that the Board make some corrections to the Report and Recommendations' Findings of Fact and Conclusions of Law.

Dr. Reddy moved to make the following amendments:

- In Finding of Fact #8, change the word "oxycodone" to "hydrocodone."
- In Conclusions of Law #'s 3, 6, 7, & 8, change the word "oxycodone" to "controlled substances."

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

ROLL CALL: Dr. Rothermel - abstain Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - ave Dr. Feibel - aye Dr. Reddv - aye Dr. Bechtel - abstain Ms. Montgomery - aye

The motion to amend carried.

Mr. Giacalone moved to amend the Proposed Order to remove the \$4,000 fine. Mr. Gonidakis seconded the motion.

Mr. Giacalone opined that if the Board is permanently revoking a license, then adding a fine would constitute "piling on." Mr. Giacalone opined that permanently revoking a license is severe enough and that there is no value in adding a fine. Dr. Feibel agreed that removing the fine would be appropriate in this case because it would put more hardship on someone who is in recovery. However, Dr. Feibel also noted that every case is different and the public should understand that a licensee whose license is being permanently revoke due to an egregious offense may also face a fine.

Dr. Schottenstein had no doubt that Dr. Brownlee has a bad addiction that contributes to his bad choices, but people are ultimately responsible for their own behavior. This is the second time Dr. Brownlee has come before the Board for writing prescriptions for his own use. Of greater concern, Dr. Brownlee also stole prescription pain medications from his patients. Such patients are only allowed a certain quantity of pain medication over a certain period, so Dr. Brownlee knew they would suffer with pain due to his actions. Dr. Schottenstein did not hear any remorse for this in Dr. Brownlee's remarks today. This behavior was not impulsive, but rather was premeditated and part of a well thought-out scheme. Dr. Schottenstein perceived that Dr. Brownlee had lied about his actions to Board investigators and at his Board hearing. The police report indicated that Dr. Brownlee had engaged in this behavior multiple times with multiple patients.

Dr. Schottenstein did not feel the Board could trust Dr. Brownlee to practice medicine in a way that protects the public. Dr. Schottenstein had considered recommending permanently restricting Dr. Brownlee from prescribing controlled substances, but this would not prevent him from stealing medications from patients' homes. Dr. Schottenstein had also considered recommending a permanent restriction from doing house calls, but Dr. Brownlee could still steal medications from patients by telling them he needed to see a pill bottle to verify the medication or go through someone's purse when they are not looking.

Dr. Schottenstein stated that this is a very unfortunate situation. Dr. Schottenstein did not judge Dr. Brownlee and he hoped Dr. Brownlee's recovery goes well. Dr. Schottenstein found it heartbreaking to hear Dr. Brownlee's wife recount their struggles on an audio recording. However, the Board must protect the public. Dr. Schottenstein agreed with the permanent revocation of Dr. Brownlee's medical license. Dr. Schottenstein also agreed that it is appropriate to remove the fine because Dr. Brownlee's behavior was substantially influenced by substance abuse.

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

ROLL CALL: Dr. Rothermel - abstain Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddy - aye Dr. Bechtel - abstain

Ms. Montgomery

The motion to amend carried.

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

- ave

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - ave Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - aye Dr. Bechtel - abstain Ms. Montgomery - ave

The motion to approve carried.

Alan Franklin Knull, M.D.

Ms. Montgomery directed the Board's attention to the matter of Alan Franklin Knull, M.D. No objections have been filed. Mr. Porter was the Hearing Examiner.

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

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

Dr. Bechtel stated that Dr. Knull's Ohio medical license was revoked in 1989, but the revocation was stayed and his license was indefinitely suspended. Dr. Knull did not follow through with the continuing medical education (CME) requirements that were part of the conditions for the reinstatement of his license. Dr. Knull also did not take the Special Purpose Examination (SPEX). Dr. Bechtel expressed concern that Dr. Knull stopped practicing in 2015 and has not practiced diagnostic radiology for about seven years. If the Board only requires Dr. Knull to pass the SPEX, which is a general medical examination, he could return to Ohio and practice diagnostic radiology despite his years away from that challenging field. Dr. Bechtel suggested that Dr. Knull should have a supervising physician for perhaps three years if he returns to practice in Ohio.

Dr. Kakarala agreed with Dr. Bechtel. Dr. Kakarala stated that physicians' skill degrade quickly when they step away from their specialty. Dr. Kakarala stated that many patients are referred to specialists because of radiology reports, and a misread image or ultrasound could prevent an appropriate and timely referral which could be harmful to the patient. Dr. Kakarala echoed Dr. Bechtel's concern about Dr. Knull's current skill set and interpretation skills.

Dr. Schottenstein suggested that a physician reentry program may be appropriate so that Dr. Knull's skills and knowledge can be assessed. Dr. Kakarala agreed. Dr. Schottenstein also suggested that Dr. Knull have a practice plan.

Dr. Schottenstein moved to require Dr. Knull to complete a physician reentry program prior to reinstatement of his medical license, and to require a practice plan with a monitoring physician following reinstatement. Dr. Bechtel seconded the motion.

In response to a question from Dr. Soin, Dr. Schottenstein stated that ideally a physician reentry program will assess Dr. Knull's knowledge base and skill set, then provide the Board with their assessment and recommend remediation. At some point, presumedly after satisfying the recommended remediation, Dr. Knull would have a practice plan and a monitoring physician so the Board can be updated on his practice. Dr. Feibel commented that the Order should specify that Dr. Knull will be required to complete the reentry program's recommended remediation.

Ms. Anderson suggested tabling this topic so that an amended order can be drafted reflecting Dr. Schottenstein's proposed amendment.

Dr. Schottenstein moved to table this topic. Dr. Bechtel seconded the motion. All members voted aye, except Dr. Rothermel and Dr. Saferin, who abstained. The motion to table passed.

Elizabeth E. Myers

Ms. Montgomery directed the Board's attention to the matter of Elizabeth E. Myers. No objections have been filed. Ms. Shamansky was the Hearing Examiner. Ms. Montgomery noted that this matter is non-disciplinary, and therefore all Board members may vote.

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

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

In response to a question from Ms. Montgomery, Ms. Anderson stated that if the Board accepts the Proposed Order to deny Ms. Myers' application due to not meeting the legal requirements for licensure, she would be able to reapply if the legislature changes those requirements. Ms. Montgomery hoped that Ms. Myers would be able to be licensed quickly if the legal requirements were changed and she became eligible for licensure.

Mr. Giacalone commended Ms. Myers for providing a spirited discussion on why she should be licensed. Unfortunately, Ms. Myers still falls short of the legal requirements. Mr. Giacalone noted that Ms. Myers will

become eligible for licensure in 2024 if she maintains her massage therapy certification in California, but could become eligible sooner if the legal requirements in Ohio are changed.

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

ROLL CALL: Dr. Rothermel - aye

Dr. Saferin - aye Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - aye Dr. Bechtel - aye

Ms. Montgomery

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

Ms. Montgomery stated that in the following matters the Board issued Notices of Opportunity for Hearing. No timely requests for hearing were received. These matters were reviewed by a hearing examiner, who prepared Proposed Findings and Proposed Orders, and they are now before the Board for final disposition. These matters are disciplinary in nature, and therefore the Secretary and Supervising Member cannot vote. In these matters, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member. In addition, Dr. Bechtel served as Secretary and/or Supervising Member in the matter of Dr. Lichten.

- aye

Zavier C. Ash, M.D.

Dr. Bechtel moved to find that the allegations as set forth in the March 9, 2022 Notice of Opportunity for Hearing in the matter of Dr. Ash have been proven to be true by a preponderance of the evidence and to adopt Mr. Greene's Proposed Findings and Proposed Order. Dr. Johnson seconded the motion.

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

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - ave Dr. Bechtel - aye

Ms. Montgomery - aye

The motion carried.

Edward M. Lichten, M.D.

Dr. Johnson moved to find that the allegations as set forth in the January 12, 2022 Notice of Opportunity for Hearing in the matter of Dr. Lichten have been proven to be true by a preponderance of the evidence and to adopt Mr. Greene's Proposed Findings and Proposed Order. Dr. Kakarala seconded the motion.

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

Mr. Giacalone noted that the Proposed Order was a reprimand and a \$3,500 fine. Since this action is based on action by the Michigan Board of Medicine, Mr. Giacalone opined that the Order should mirror the Michigan Board's action by removing the reprimand and including a limitation/restriction from performing sterile compounding until Dr. Lichten's Michigan license becomes unrestricted.

Mr. Giacalone moved to amend the Proposed Order to remove the reprimand and to include a limitation/restriction from performing sterile compounding until Dr. Lichten can demonstrate full and unrestricted licensure in Michigan. Dr. Feibel seconded the motion.

Dr. Feibel recommended retaining the reprimand that was in the Proposed Order. Mr. Giacalone agreed.

Mr. Giacalone wished to change his motion to amend to retain the reprimand that was in the Proposed Order. No Board member objected to the change in the amendment. The change to the amendment was accepted.

The proposed amended order read as follows:

It is hereby ORDERED that:

- A. **REPRIMAND**: Edward M. Lichten M.D.'s license to practice medicine and surgery is reprimanded.
- B. **LIMITATION/RESTRICTION:** The license of Edward M. Lichten, M.D., to practice medicine and surgery in the State of Ohio shall be LIMITED and RESTRICTED as follows: Dr. Lichten shall not perform any sterile compounding.

This Limitation/Restriction shall remain in effect until the Board receives acceptable documentation evidencing Dr. Lichten's full and unrestricted licensure in the State of Michigan. If the sole remaining condition for full and unrestricted licensure in Michigan is that Dr. Lichten must demonstrate full and unrestricted licensure in Ohio, then this requirement may be deemed by the Board to be satisfied.

C. **FINE**: Within thirty days of the effective date of this Order, Dr. Lichten shall remit payment in full of a fine of three thousand five hundred dollars (\$3,500). Such payment shall be made via credit card in the manner specified by the Board through its online portal, or by other manner as specified by the Board.

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

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain
Mr. Giacalone - aye
Dr. Schottenstein - aye
Dr. Soin - aye
Dr. Johnson - aye

Mr. Gonidakis - aye
Dr. Kakarala - aye
Dr. Feibel - aye
Dr. Reddy - aye
Dr. Bechtel - abstain
Ms. Montgomery - aye

The motion carried.

Dr. Johnson moved to find that the allegations as set forth in the January 12, 2022 Notice of Opportunity for Hearing in the matter of Dr. Lichten have been proven to be true by a preponderance of the evidence and to adopt Mr. Greene's Proposed Findings and Proposed Order, as amended. Dr. Feibel seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - ave Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - ave Dr. Bechtel - abstain Ms. Montgomery - aye

The motion carried.

FINDINGS, ORDERS, AND JOURNAL ENTRIES

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

Five Findings, Orders, and Journal Entries appear on today's agenda. Information on these matters have been prepared by the Legal staff and distributed to Board members. Ms. Montgomery asked if any Board member wished to discuss a Findings, Order, and Journal Entry separately. No Board member wished to discuss a Finding, Order, and Journal Entry separately.

Dr. Bechtel moved to approve the Legal staff recommendations in the matters of Malakya Ellis; Stephen E. Hooks, M.T.; Olga V. McDowall, R.C.P.; Shantae'sha L. Young; and Brittany D. Jiles, M.T. Dr. Saferin seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - aye

Dr. Saferin - aye Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - ave Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye

Dr. Reddv - ave Dr. Bechtel - aye Ms. Montgomery - aye

The motion carried.

EXECUTIVE SESSION

Dr. Kakarala moved to go into Executive Session to confer with the Medical Board's attorneys on matters of pending or imminent court action; for the purpose of deliberating on proposed consent agreements in the exercise of the Medical Board's quasi-judicial capacity; and to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official. Dr. Reddy seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - aye Dr. Saferin - aye Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - ave Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv

The motion carried.

The Board went into Executive Session at 11:09 a.m. and returned to public session at 12:00 p.m.

The Board meeting was recessed at 12:00 p.m. The meeting resumed at 12:11 p.m.

Dr. Bechtel

Ms. Montgomery

Dr. Schottenstein moved to remove the topic of Alan Franklin Knull, M.D., from the table. Dr. Bechtel seconded the motion. All members voted aye, except Dr. Rothermel and Dr. Saferin, who abstained. The motion to remove from the table passed.

- aye

- aye

- aye

The Board members reviewed the draft amended order, which read as follows:

It is hereby ORDERED that:

- MODIFICATION OF PRIOR ORDER: The June 14, 1989 Entry of Order issued by the Board in the Α. Matter of Alan F. Knull, M.D., is hereby modified as follows:
 - **CME Requirement Deleted**: The condition for reinstatement set forth in paragraph 2.b is 1. DELETED.
 - 2. Fine: Within thirty days of the effective date of this Order, Dr. Knull shall remit payment in full of a fine of one thousand dollars (\$1,000.00). Such payment shall be made via credit card in the manner specified by the Board through its online portal, or by other manner as specified by the Board.
 - 3. Payment of Fine: Prior to reinstatement, Dr. Knull shall have fully paid the fine as set forth in paragraph A.2, above.

- 4 Practice Reentry Program ("PRP"): Prior to reinstatement, Dr. Knull shall have undergone an assessment concerning his current ability to practice diagnostic radiology and completed the recommended educational activities as developed for Dr. Knull by a PRP such as CPEP, PACE, PLAS, or other such program approved in advance by the Board. Dr. Knull's participation in the PRP shall be at his own expense.
 - a. Prior to the initial assessment by the PRP, Dr. Knull shall furnish the PRP copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record that the Board may deem appropriate or helpful to that assessment.
 - b. Should the PRP request patient records maintained by Dr. Knull, Dr. Knull shall furnish copies of the patient records at issue in this matter along with any other patient records he submits. Dr. Knull shall further ensure that the PRP maintains patient confidentiality in accordance with Section 4731.22(F)(5), Ohio Revised Code.
 - c. Dr. Knull shall ensure that the written Assessment Report by the PRP includes the following:
 - A detailed plan of recommended practice limitations, if any;
 - Any recommended education;
 - Any recommended mentorship or preceptorship;
 - Any reports upon which the recommendation is based, including reports of physical examination and psychological or other testing.

Moreover, Dr. Knull shall ensure that, within 14 days of its completion, the written Assessment Report by the PRP is submitted to the Board.

- d. Any Learning Plan recommended by the PRP shall have been developed subsequent to the issuance of a written Assessment Report, based on an assessment and evaluation of Dr. Knull by the PRP. Dr. Knull shall successfully complete the educational activities as recommended in the Learning Plan, including any final assessment or evaluation.
- e. At the time he submits his application for reinstatement or restoration, Dr. Knull shall submit to the Board satisfactory documentation from the PRP indicating that he has successfully completed the recommended educational activities.
- 5. **PRP Following Reinstatement**: Dr. Knull shall practice in accordance with the Learning Plan developed by the PRP, unless otherwise determined by the Board. Dr. Knull shall cause to be submitted to the Board quarterly declarations from the PRP documenting Dr. Knull's continued compliance with the Learning Plan.
 - Dr. Knull shall obtain the Board's prior approval for any deviation from the Learning Plan.

If, in a manner not authorized by the Board, Dr. Knull fails to comply with the Learning Plan, Dr. Knull shall cease practicing medicine and surgery beginning the day following Dr. Knull's receiving notice from the Board of such violation and shall refrain from practicing until the PRP provides written notification to the Board that Dr. Knull has reestablished compliance with the Learning Plan. Practice during the period of noncompliance shall be considered practicing medicine without a license, in violation of Section 4731.41, Ohio Revised Code.

6. Practice Plan and Monitoring Physician: Prior to Dr. Knull's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Knull 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. Knull's activities will be directly supervised and overseen by a monitoring physician approved by the Board. The practice plan shall, as determined by the Board, reflect, but not be limited to, the PRP Learning Plan. Dr. Knull shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Knull 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. Knull and who is engaged in the same or similar practice specialty.

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

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Knull shall immediately so notify the Board in writing. In addition, Dr. Knull 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. Knull 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. Knull's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Knull's monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

B. **OTHER TERMS REMAIN IN EFFECT**: All other terms and conditions of the June 14, 1989 Entry of Order shall remain in full force and effect.

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

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

ROLL CALL:

Dr. Rothermel - abstain
Dr. Saferin - abstain
Mr. Giacalone - aye
Dr. Schottenstein - aye
Dr. Soin - aye
Dr. Johnson - aye

Mr. Gonidakis - aye
Dr. Kakarala - aye

Dr. Feibel - aye
Dr. Reddy - aye
Dr. Bechtel - aye
Ms. Montgomery - aye

The motion to amend carried.

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - ave Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - aye Dr. Bechtel - aye Ms. Montgomery - aye

The motion to approve carried.

SETTLEMENT AGREEMENTS

Darlene M. Tarbet, L.M.T.

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddy - aye Dr. Bechtel - aye Ms. Montgomery - aye

The motion carried.

Heather Jagoda, M.D.

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddy - aye Dr. Bechtel - aye Ms. Montgomery - aye

The motion carried.

Deepak Raheja, M.D.

Dr. Johnson moved to ratify the proposed Permanent Surrender with Dr. Raheja. Dr. Reddy seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddy - aye Dr. Bechtel - abstain Ms. Montgomery - aye

The motion carried.

Alberto Leon, M.D.

Dr. Reddy moved to ratify the proposed Permanent Surrender/Retirement with Dr. Leon. Dr. Kakarala seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddy - ave Dr. Bechtel - abstain Ms. Montgomery - aye

The motion carried.

Michaela D. Savona, L.M.T.

Dr. Johnson moved to ratify the proposed Consent Agreement with Ms. Savona. Dr. Bechtel seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddy - aye Dr. Bechtel - aye Ms. Montgomery - aye

The motion carried.

William R. Wood, M.D.

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - ave Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - aye Dr. Bechtel - aye Ms. Montgomery - aye

The motion carried.

Manoj Kumar Dhariwal, M.D.

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

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - ave Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye

Dr. Reddy - aye
Dr. Bechtel - aye
Ms. Montgomery - aye

The motion carried.

John Spencer, M.T.

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

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

Dr. Saferin Mr. Giacalone - ave Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - aye Dr. Reddv - aye Dr. Bechtel - aye Ms. Montgomery - aye

The motion carried.

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

Ms. Pokorny presented the following Citations to the Board for consideration:

- 1. John L. Davis, Jr., M.D.: Based on a criminal conviction in Michigan.
- 2. William L. Doss, III, M.D.: Based on action taken by the Virginia Board of Medicine.
- 3. Timothy A. Lusk, L.M.T.: Based on violation of the Board's sexual misconduct rules.
- 4. Mahendra J. Panchal, M.D.: Based on action from the Medical Board of California involving minimal standards concerning five patients.
- 5. Sarah J. Ritchie: To be issued to a massage therapist applicant, based on a criminal conviction.
- 6. Emil A. Saify, M.D.: Based on an action by the Medical Board of California.
- 7. Dmitry A. Shelchkov, M.D.: Based on a permanent action taken by the Commissioner of Health, New York State Health Department.
- 8. Cynthia Joan Johnson, P.A.: A Summary Suspension, based on impairment or relapse.

Dr. Reddy moved to approve and issue proposed Citations #'s 1 through 7. Dr. Johnson seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain
Mr. Giacalone - aye
Dr. Schottenstein - aye
Dr. Soin - aye
Dr. Johnson - aye

Mr. Gonidakis - aye
Dr. Kakarala - aye
Dr. Feibel - aye
Dr. Reddy - aye
Dr. Bechtel - aye
Ms. Montgomery - aye

The motion carried.

Dr. Bechtel moved to approve and issue proposed Citation #8, a summary suspension. Dr. Johnson seconded the motion. A vote was taken:

ROLL CALL: Dr. Rothermel - abstain

Dr. Saferin - abstain Mr. Giacalone - aye Dr. Schottenstein - aye Dr. Soin - aye Dr. Johnson - aye Mr. Gonidakis - aye Dr. Kakarala - aye Dr. Feibel - ave Dr. Reddy - aye Dr. Bechtel - aye Ms. Montgomery - aye

The motion carried.

OPERATIONS REPORT

<u>Human Resources</u>: Ms. Loucka stated many new hires have started recently or will be starting in the near future. Ms. Loucka noted that the Board's cash balance will decrease once the Board is fully staffed. Staff is also developing a new onboarding program for new employees, cross-training opportunities, and standardization of how things are entered into the Salesforce system.

<u>Compliance</u>: Ms. Loucka stated the Compliance department, which currently consists of only Ms. Dorcy, is working smoothly. The Board is in the process of hiring an additional manager for Compliance.

<u>Complaints</u>: Ms. Loucka stated that complaint numbers and case numbers remain steady. The Investigations department has been resolving complaints at a more rapid rate, either closing or turning them over to Enforcement. There are still a significant number of complaints, some of which have been on the docket for a long time for various legitimate reasons, such as a law enforcement hold. Over the next year, the staff will focus on case timelines from inception through ultimate resolution. Becoming fully staffed will aid in these efforts. Ms. Loucka comments that addressing complaints more quickly will be a benefit to the public and to the Board's licensees.

<u>Victim Advocate</u>: Ms. Loucka stated that the Board's victim advocate, Michelle Richards, has been doing a phenomenal job with sexual misconduct cases, of which today's case of Dr. Armstrong was an example. Ms. Loucka stated that the Board would not have seen some of the cases it has were it not for Ms. Richards working with some of the victims. Two other Board investigators have volunteered to undergo victim advocacy training.

<u>Conferences</u>: Ms. Loucka stated that the Board, along with the Department of Public Safety, hosted two conferences led by Board investigators Jason Almeda, Chad Yoakam, and Jason Shawver, with help from

Shawn McCafferty, Jerica Stewart and Jacob Lammers. The purpose of the conferences was recognizing signs of illicit massage and the Board's goals in this area.

<u>Fining Guidelines</u>: Per recent requests by Board members, the staff is reviewing the Board's fining practices and will bring the subject to a future Board meeting for discussion.

FSMB Attorney Workgroup: Last Friday, Ms. Loucka made a presentation to an attorney workgroup hosted by the Federation of State Medical Boards (FSMB) on how the State Medical Board of Ohio is handling sexual misconduct cases. An attorney from the North Carolina Medical Board made a similar presentation. Ms. Loucka stated that Ohio's work in this area is far ahead of most other states and is setting a good example.

Interstate Medical Licensing Compact Commission: Ms. Loucka stated that the Interstate Medical Licensing Compact Commission (IMLCC) met yesterday afternoon. Ms. Loucka and Dr. Schottenstein attended as commissioners representing Ohio. On yesterday's agenda was the topic of proposed rule changes which the Ohio Board has discussed in its last three meetings. The proposed rules would change the way discipline can be done in the state. Ohio has taken the position that those proposed rule changes supersede the statutory authority of the Compact and are in conflict with Sections 10.b and 10.d of the Compact. Ohio commented formally on those proposed rule changes, as did Maryland.

Ms. Loucka commented that the meeting proceeded in an unusual manner. Although there seemed to be agreement amongst the states that it would be a good idea to table the rules for now, and it was expected that there would be an opportunity to make a motion to table, there was no such opportunity. Instead, the meeting moved straight to a vote on the rule changes, apparently without even a motion. The vote was 52% in favor of the changes and 41% opposed, with some abstentions.

Ms. Loucka stated that since the happened only yesterday afternoon, the Board staff will discussion concerns and bring the matter to a future Board meeting for discussion. Dr. Schottenstein opined that Ms. Loucka and the staff did a great job in this matter.

<u>CDC Guidelines</u>: Ms. Loucka stated that the Centers for Disease Control and Prevention (CDC) updated its prescribing guidelines recently. The Board will review these updates and bring the matter back to the Board for discussion. Dr. Soin commented that, as a practitioner, he would like to see consistency between Ohio and the federal guidelines; such consistency would be helpful to the Board and all practitioners.

RULES & POLICIES

Rule Review Update

Ms. Anderson stated that four packages of rules that had been pending at the Common Sense Initiative (CSI) have recently been released from CSI. Ms. Anderson will file the packages with the Joint Commission on Agency Rule Review (JCARR)

Light-Based Medical Device Rules

Ms. Anderson stated that the proposed light-based medical device rules are intended to reflect statutory changes that became effective in September 2021. The proposed rules are currently still with the Common Sense Initiative (CSI) and two comments have been received from the public. In addition, a comment was received last night from Amanda Nelson of the Cosmetic Therapy Association of Ohio requesting that cosmetic therapists be added to the list of individuals to whom use of a non-ablative vascular laser could be delegated.

Ms. Montgomery noted that the Board had discussed this issue in April 2022 and the discussion is available in that meeting's minutes. Dr. Johnson agreed, noting that Dr. Bechtel had given a detailed explanation of the reasons for the Board's position.

Dr. Bechtel commented that vascular lasers and hair-removal lasers are very different technologies. Dr. Bechtel added that skin cancers and skin lesions can sometimes have a vascular appearance that can be misinterpreted as dilated blood vessels. For reasons of patient safety, possible missed diagnoses, and the differing technologies between vascular and hair-removal lasers, Dr. Bechtel opined that there should be no changes in the proposed rules at this time.

Mental or Physical Impairment Rules

Ms. Anderson stated that this rule is on its five-year review. Ms. Anderson recommended adding dietitians and respiratory care professionals to the rule for clarification purposes.

Dr. Saferin moved to approve sending the proposed amended rule to interested parties for initial circulation. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Controlled Substance Prescribing Rules

These rules include Rule 4731-11-03, stimulant prescribing; and Rules 4731-11-04 and 4731-11-04.1, weight loss rules. The rules are currently pending at the Common Sense Initiative (CSI). A few comments on the rules have been received.

For Rule 4731-11-03, there are comments from two physicians at MetroHealth asking that Section (B)(2)(e) be removed. This Section, which has been in place for some time, allowed for prescribing of stimulants as an adjunct in the treatment of chronic pain. The commenting physicians had concerns about stimulant abuse and asked that the Section be removed. Ms. Anderson, Dr. Schottenstein, and Mr. Mabe had a call with the physicians to discuss the matter. Dr. Schottenstein has recommended leaving the Section in place, and an article in support of Dr. Schottenstein's position has been provided to Board members for review.

Dr. Schottenstein stated that it was a pleasure to make the acquaintance of Dr. Neera Gupta and Dr. Joan Papp and he appreciated that they took time to help the Board with the rule. Drs. Gupta and Papp are concerned that stimulant medication as adjunct to the treatment of chronic pain is lacking in evidence and not Food and Drug Administration (FDA) approved. They have recommended deleting that indication from the rule and supported their position with data from the most recent national survey on drug use. This would make it illegal for chronic pain specialists in Ohio to prescribe a stimulant as an adjunct to the treatment of chronic pain.

Dr. Schottenstein stated that if this recommendation is followed, patients who are currently being treated with stimulant medication to improve their functionality will abruptly find themselves cut off. Consequently, those patients who have diminished quality of life at baseline and experience relief and improved functionality from their stimulant medication will potentially find themselves with a substantially reduced quality of life. Dr. Schottenstein commented that under this logic, the Board would have a rule that stimulants may not be used for any off-label indication. However, the physicians did not advocate for that, only for removal of the indication for the adjunctive treatment of chronic pain. Dr. Schottenstein added that the article submitted by Drs. Gupta and Papp for review does not indicate that chronic pain patients have a unique susceptibility to misuse of stimulants or an increased risk of cocaine abuse and death. The article also does not show causal relationships with this data, and the authors specifically state they are unable to analyze whether prescription misuse led to other substance use.

Dr. Schottenstein opined that if the Board removed this indication, the chronic pain patient population would probably see that action as capricious and arbitrary and question why the Board is trying to solve society's drug problem by singling them out. Dr. Schottenstein further opined that such action would feel heavy-handed and disruptive to ongoing care. Dr. Schottenstein also pointed out that there is no groundswell of interested party concerns on this matter and the only comment expressing this concern was from MetroHealth.

Dr. Soin agreed with Dr. Schottenstein. Dr. Soin appreciated the comment of Drs. Gupta and Papp, but found it to be an outlier. Dr. Soin stated that pain is complicated and pain specialists are always looking for adjuncts or non-opioids. Dr. Soin stated that there is a lot of recent data indicating that some stimulants are helpful in the treatment of chronic pain. In fact, selective norepinephrine reuptake inhibitors is currently FDA-approved for the treatment of chronic pain, and norepinephrine is a stimulant. Ketamine, which stimulates the release of norepinephrine, is another drug that is used often for the treatment of pain and there is a lot of data on its use for chronic pain. Dr. Soin stated that from a scientific basis, stimulants seem to be helpful in a certain cohort of patients.

Regarding the weight-loss rules, Ms. Anderson stated that many comments have been received and some proposed changes were made based on comments. The Cleveland Clinic has recommended changing the term "caloric restriction" to "a lifestyle intervention" and changes to the "personally furnishing" language. Also, in 4731-11-04(C)(4)(a), which required the checking of patients' blood pressure, heart and lungs every three months, the Cleveland Clinic recommended changing "heart and lungs" to "heart rate."

Ms. Anderson stated that that "personally furnishing" language reflects statutory language, so that should probably remain unchanged. Ms. Anderson asked for Board discussion of the other comments. Dr. Soin liked the phrase "lifestyle modification" but opined that it may be too vague. Dr. Soin recommended using that phrase, but following it with items in parentheses such as caloric restriction and exercise. The Board agreed. The Board agree with the suggested change to "heart and lungs."

Ms. Anderson stated that at the suggestion of the Board of Pharmacy about the "personally furnishing" language, the word "shall" should be changed to "may."

Dr. Saferin moved to amend the rules as discussed and communicate that change to CSI and to the commenters. Dr. Bechtel seconded the motion. All members voted aye. The motion carried.

Rule 4731-11-14, Chronic Pain

Ms. Anderson stated that House Bill 193 became effective at the end of September and created a category of drugs called "overdose reversal drugs" in addition to naloxone. Ms. Anderson requested changing instances of the word "naloxone" in the rule to "overdose reversal drug," which would include naloxone and any other drug that is FDA-approved for that purpose.

Dr. Johnson moved to approve the proposed amended rule with use of "overdose reversal drug" in place of "naloxone" for 4731-11-14 and to circulate that to interested parties. Dr. Soin seconded the motion. All members voted aye. The motion carried.

Legislative Update

Senate Bill 364 and House Bill 730: Mr. Mabe stated that these companion bills would require the Medical Board to license individuals as certified mental health assistants. If passed, Ohio would become the first state in the country to recognize this license type. Mental health assistants would practice under a physician in a supervision agreement and would be able to order diagnostic, therapeutic, and other medical services; order, prescribe, personally furnish, or administer drugs and medical devices; and prescribe physical therapy and occupational therapy. Licensure eligibility would include being at least 18 years of age, holding either a master's degree or higher from a Board-approved program; or holding a medical school diploma and completing a 12-month course of a Board-approved program. Due to time constraints, these bills will not be able to pass the General Assembly in this session, but they are likely to be reintroduced next year.

Dr. Schottenstein stated that the bill would create a new license type that substantially mimics that of a physician assistant with added qualifications in psychiatric care. Under this legislation, a mental health assistant working in the context of a supervision agreement with a physician would be able to prescribe controlled substances, order tests and medical services, engage in telehealth, and refer patients to involuntary

admission if the supervising physician agrees. The mental health assistant would not be able to make an initial diagnosis or engage in procedural activities.

Dr. Schottenstein stated that if passed, this legislation has substantial implications for the Board. The Board would be required to approve master's-level programs to qualify people for licensure, specify the number of hours of instruction, and specify clinical requirements for education. The Board would also establish an application process, set an application fee, and adopt standards and procedures for mental health assistant's use of the Ohio Automated Rx Reporting System (OARRS).

Dr. Schottenstein opined that this would be difficult for the Board to operationalize, noting that there are no mental health assistant masters programs, no national organization, no accrediting body, and no national board examination to demonstrate efficiency. Also, the Board would not be able to look to other states for guidance. Dr. Schottenstein stated that this would take a lot of staff hours and resources, so he is glad to have this issue on the Board's radar.

Approval of 2024 Board Meeting Dates

Dr. Saferin moved to adopt the proposed 2024 meeting dates for the State Medical Board of Ohio, as listed in the agenda materials. Dr. Kakarala seconded the motion. All members voted aye. The motion carried.

COMMITTEE BUSINESS

Finance Report

Dr. Schottenstein stated that for September 2022, which was a license renewal month, the Board's revenue was \$1,171,078. Net revenue was a negative number, -\$103,319, which is substantially function of the annual eLicense bill that was \$494,000. The Board's payroll is also increasing, due to both built-in cost of living increases and newly hired staff to fill vacancies. Total expenditures was \$1,274,397. The Board's cash balance is healthy at \$8,537,468. Dr. Schottenstein noted that the Board received its second influx of revenue from the Interstate Medical Licensing Compact (IMLC), which was \$45,440.

In September, The Board received \$8,500 in disciplinary fines and \$13,500 in continuing medical education (CME) non-disciplinary fines.

Massage Therapy Advisory Council Report

Dr. Saferin stated that the Massage Therapy Advisory Council (MTAC) met yesterday. Ms. Reardon provided the Board with a general Medical Board update.

Shawn McCafferty, the Board's Chief of Investigations, spoke to the Council about the annual meeting of the Federation of State Massage Therapy Boards (FSMTB), which he attended as a representative of Ohio. A significant focus of the meeting was the prevalence and impact of human trafficking on massage therapy and states' efforts to combat this illegal activity. Mr. McCafferty also spoke about recent training by the Medical Board and the Department of Public Safety's Human Trafficking Task Force to help law enforcement agencies recognize human trafficking in illegal businesses. Mr. McCafferty spoke about the Board's continuing efforts to partner with law enforcement entities and other public entities to combat human trafficking in Ohio. Mr. McCafferty's presentation was well-received and spawned robust conversations.

MTAC member Jacqueline Wolf gave brief presentation on her background and career.

James Spector, Senior director of Government and Industry Relations with the American Massage Therapy Association, and Laura Embleton, government Relations Director with the Associated Bodywork and Massage Professionals, attended the meeting by phone. They gave an update on the progress of the National Massage

Therapy Compact and House Bill 81, which has been has introduced in the legislature and would make changes in laws governing massage establishments and massage therapy. Specifically, the bill would require that only license massage therapists provide massages.

Dr. Saferin thanked Ms. Reardon for doing an excellent job running the MTAC meeting.

Reappointments to Massage Therapy Advisory Council

Dr. Saferin moved to reappoint Jacqueline Wolf and Heather Roenker each to a two-year term on the Massage Therapy Advisory Council as licensed massage therapists beginning October 13, 2022. Dr. Bechtel seconded the motion. All members votes aye. The motion carried.

PROBATIONARY REPORTS AND REQUESTS

Probationary Requests

Dr. Reddy moved to approve the Secretary and Supervising Member's recommendations for the following probationary requests, as follows:

- a) Christopher G. Alsager Lee, M.D.: To approve release from the terms of the November 8, 2017 Consent Agreement.
- b) Pau R. Brown, P.A.; To approve release from the terms of the April 17, 2017, Step II Consent Agreement.
- c) Raju Fatehchand, M.D.: To approve the previously completed course *Personal and Professional Ethics In Medicine*, offered by Donna Homenko, Ph.D., to fulfill the professional ethics/boundaries course requirement.
- d) Dale A. Harris, M.D.: To approve discontinuance of psychiatric treatment with Dr. Amy Mattern, D.O.
- e) Yamini Jadcherla, M.D.: To approve the request to administer controlled substances to patients; discontinuance of the drug log requirement; and discontinuance of the monitoring physician.
- f) Gregory Johnson, M.D.: To approve the submitted practice plan request for Brightview Health.
- g) Vincent J. Malkovits, D.O.: To approve Anthony Casacchia, M.D., to serve as an additional monitoring physician.
- h) Whitaker Michael Smith, M.D.: To approve the course *Prescribing Controlled Drugs*, offered by Vanderbilt University, to fulfill the controlled substance prescribing course requirement; and the course *Intensive Course in Medical Ethics, Boundaries and Professionalism*, offered by Case Western Reserve University, to fulfill the personal/professional ethics course requirement.

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

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Soin	- aye
	Dr. Johnson	- aye
	Mr. Gonidakis	- aye
	Dr. Kakarala	- aye
	Dr. Feibel	- aye
	Dr. Reddy	- aye
	Dr. Bechtel	- abstain
	Ms. Montgomery	- aye

The motion carried.

Office Conference Reviews

Dr. Reddy moved to approve the Compliance staff's Reports of Conferences for October 11, 13, 26, and 27, 2022. Dr. Johnson seconded the motion. All members voted aye, except Dr. Rothermel, Dr. Saferin, and Dr. Bechtel, who abstained. The motion carried.

ADJOURN

Dr. Reddy moved to adjourn the meeting. Dr. Feibel seconded the motion. All members voted aye. The motion carried.

The meeting adjourned at 1:17 a.m.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on November 9, 2022, as approved on December 14, 2022.

(SEAL)