



Ohio State Dental Board
77 S. High Street, 17th Floor
Columbus, Ohio 43215-6135

(614) 466-2580 Tel
(614) 752-8995 Fax
Dental.Ohio.Gov

NOTICE OF OPPORTUNITY FOR HEARING Case # 2023-00167

May 1, 2024

Michael J. Brooks, D.D.S. (aka "Doctor MiCah J'King Blaze")
621 E. Mehring Way
Unit 2406
Cincinnati, OH 45402

Via: RPost and Certified Mail

Dear Dr. Brooks,

In accordance with Chapter 119. of the Ohio Revised Code ("O.R.C."), you are hereby notified that the Ohio State Dental Board ("Board") proposes under authority of O.R.C. section 4715.30 to suspend, place on probationary status, revoke, refuse to renew, or refuse to reinstate, or censure your license to practice dentistry for the following reasons:

1. On or about May 4, 2023, in the Probate Court of Hamilton County, Ohio, Case No. 2023000440, you were found by clear and convincing evidence to be mentally ill, in need of treatment, and ordered to be placed in the care of University Hospital.

Section 4715.30(A) (10), O.R.C., authorizes the Board to discipline the holder of a license issued under this Chapter for the inability to practice under accepted standards of the profession because of physical or mental disability, dependence on alcohol or other drugs, or excessive use of alcohol or other drugs. The conduct alleged in paragraph (1), constitutes a violation of Section 4715.30(A)(10), O.R.C.

Accordingly, the Board is authorized to impose one or more of the sanctions cited in Section 4715.30 O.R.C.

Pursuant to Chapter 119. of the Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request a hearing, the request must be made in writing and must be received in the offices of the Board within thirty (30) days of the date of service of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or you may present your position, arguments or contentions

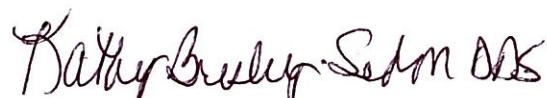
in writing. At the hearing you may present evidence and examine witnesses appearing for or against you.

If you timely request a hearing, you are entitled to receive at least sixty (60) days in advance of the hearing, if so requested, a copy of each item the Board procures or creates in the course of the investigation. Such items may include, but are not limited to, the one or more complaints filed with the Board, correspondence, reports and statements; deposition transcripts; and the patient(s) dental records. The Board may charge a reasonable fee for providing copies. Before providing the copies, the Board shall determine whether the investigative items contain any personal identifying information regarding a complainant. If the Board determines that the investigative items contain such personal identifying information, or any information that would reveal the identity of a complainant, the Board shall redact the information from the copies it provides. The Board shall not provide any information that is subject to the attorney-client privilege or work product doctrine, or that would reveal the investigatory processes or methods of investigation used by the Board. The Board shall not provide any information that would constitute a confidential law enforcement investigatory record.

If you do not request a hearing within thirty (30) days of the date of service of this Notice, the Board may, in your absence and upon consideration of the foregoing charges, determine whether or not to limit, suspend, place on probationary status, revoke, refuse to renew, or refuse to reinstate, or censure your license to practice dentistry.

BY THE ORDER OF THE OHIO STATE DENTAL BOARD

Supervisory Investigative Panel



KATHY BRISLEY-SEDON, DDS
Secretary



PAUL M. KELLEY, DDS
Vice Secretary

S E A L

CC: Katherine Bockbrader, Esq., Assistant Section Chief, Health and Human Services Section

I, Harry Kamdar, Executive Director of the Ohio State Dental Board, hereby certify that the foregoing Notice of Opportunity for Hearing was mailed to Dr. Michael J. Brooks, D.D.S. (aka "Doctor MiCah J'King Blaze") by Certified U.S. Mail on this 6 th day of May 2024.



HARRY KAMDAR, MBA
Executive Director

S E A L

Certified Mail No. 7005 0390 0001 8569 0281



Ohio State Dental Board
77 S. High Street, 17th Floor
Columbus, Ohio 43215-6135

(614) 466-2580 Tel
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BEFORE THE OHIO STATE DENTAL BOARD

IN THE MATTER OF:

DOCTOR MICAH J'KING BLAZE, D.D.S
(AKA "MICHAEL J. BROOKS")

License No. 30.026412

CASE NO. 2023-00167

ADJUDICATION ORDER

This matter came for consideration before the Ohio State Dental Board (hereinafter "Board") on March 12, 2025. At such time the Board verified that it reviewed the following materials prior to consideration of this matter:

State's Exhibits; Respondent's Exhibits; Hearing Transcript; Hearing Examiner's Report and Recommendations; Respondent's Objections to the Report and Recommendation; Respondent's Address to the Board; and State's Address to the Board.

Ronda Shamansky was the Hearing Examiner designated in this matter pursuant to Section 119.09, Ohio Revised Code (ORC). *A true copy of the Report and Recommendation of Ronda Shamansky is attached hereto and incorporated herein.*

A Notice of Opportunity for Hearing (Notice) was issued on May 1, 2024, which provided notice to DOCTOR MICAH J'KING BLAZE, D.D.S ("DR. BLAZE"), that under authority granted by ORC 4715.30, the Board proposed to suspend, place on probationary status, revoke, permanently revoke, refuse to renew, or refuse to reinstate, or censure his license to practice dentistry.

On this date, the Board accepted all of the Hearing Examiner's Findings of Fact and Conclusions of Law, and modified the Recommendation of the Hearing Examiner and ORDERED that DR. BLAZE's license to practice as a dentist in the State of Ohio be suspended indefinitely with the conditions for reinstatement set forth below, and following reinstatement, DR. BLAZE's license to practice dentistry in the State of Ohio shall be subject to a stayed suspension under the probationary terms and restrictions set forth below for a minimum period of five (5) years, including the **Temporary License Restriction, unless otherwise approved in advance**, set forth below.

The rationale for the modification is the following: The Board in its expertise has determined that a period of residential treatment is not necessary to protect the public. However, the Board determined that temporary license restrictions are necessary to protect the public.

SUSPENSION

1. DR. BLAZE's license to practice dentistry in the state of Ohio is indefinitely suspended until he can demonstrate to the Board's satisfaction that he is capable of practicing dentistry according to acceptable and prevailing standards of care, based on the opinion of his prescribing psychiatrist. During this period of suspension, the following conditions shall apply:
 - a. DR. BLAZE may not perform dentistry or dental hygiene duties, administer anesthesia/sedation, or otherwise treat patients in Ohio in any manner during the period of suspension;
 - b. DR. BLAZE shall not derive income from either a legal or beneficial interest in an Ohio dental practice, except income for treatment provided prior to the beginning of the suspension;
 - c. DR. BLAZE may not employ any licensed operators, e.g., dentists, dental hygienists, expanded function dental auxiliaries, radiographers, or dental assistants. Independent contractors are deemed to be employees for purposes of this ORDER; and,
 - d. A receptionist may answer the telephones saying, "Dr. BLAZE's office" or the name of the practice for the sole purpose of answering questions, scheduling/rescheduling appointments, or making referrals.
2. The BOARD shall not consider reinstatement of DR. BLAZE's license to practice dentistry until he provides proof that all of the following requirements have been met:
 - a. DR. BLAZE shall abstain completely from personal use or possession of drugs, except those prescribed, administered, or dispensed to him by another so authorized by law who has full knowledge of DR. BLAZE's history. DR. BLAZE shall self-administer prescribed drugs only in the manner prescribed.
 - b. DR. BLAZE shall abstain completely from the use of alcohol or any products containing alcohol.
 - c. **Prior to requesting reinstatement, at DR. BLAZE's expense**, DR. BLAZE shall obtain a mental health evaluation from a mental health professional approved by the BOARD or its

designee and provide the BOARD with complete documentation of such evaluation. Prior to the evaluation, DR. BLAZE shall provide the mental health professional with a copy of this ORDER. DR. BLAZE shall execute releases to permit the mental health professional to obtain any information deemed appropriate and necessary for the evaluation. The mental health professional shall submit a written opinion to the BOARD that includes diagnoses, recommendations for treatment and monitoring, and any additional restrictions that should be placed on DR. BLAZE's license. Refusal to comply with this section shall constitute a violation of the ORDER in accordance with Section 4715.30(C), ORC.

- d. **Prior to requesting reinstatement, at DR. BLAZE's expense**, DR. BLAZE shall comply with, and provide the BOARD with satisfactory documentation of compliance with, all aspects of the treatment plan developed by the mental health professional described above until released. The BOARD may utilize the mental health professional's recommendations and conclusions from the evaluation as a basis for additional terms and restrictions on DR. BLAZE's license.
- e. **Prior to requesting reinstatement, at DR. BLAZE's expense**, DR. BLAZE shall obtain a substance use disorder evaluation from a substance use disorder professional approved by the BOARD or its designee and provide the BOARD with complete documentation of such evaluation. Prior to the evaluation, DR. BLAZE shall provide the substance use disorder professional with a copy of this ORDER. DR. BLAZE shall execute releases to permit the substance use disorder professional to obtain any information deemed appropriate and necessary for the evaluation. The substance use disorder professional shall submit a written opinion to the BOARD that includes diagnoses, recommendations for treatment and monitoring, and any additional restrictions that should be placed on DR. BLAZE's license. Refusal to comply with this section shall constitute a violation of the ORDER in accordance with Section 4715.30(C), ORC.
- f. **Prior to requesting reinstatement, at DR. BLAZE's expense**, DR. BLAZE shall comply with, and provide the BOARD with satisfactory documentation of compliance with, all aspects of the treatment plan developed by the substance use disorder professional described above until released. The BOARD may utilize the substance use disorder professional's recommendations and conclusions from the evaluation as a basis for additional terms and restrictions on DR. BLAZE's license.
- g. DR. BLAZE must provide a written statement from a licensed psychiatrist approved by the BOARD or its designee as to whether DR. BLAZE is capable of practicing dentistry according to acceptable and prevailing standards of safe dental care.

- h. DR. BLAZE must provide a written statement from a substance use disorder professional approved by the Board or its designee as to whether DR. BLAZE is capable of practicing dentistry according to acceptable and prevailing standards of safe dental care.
- i. DR. BLAZE shall remain medication compliant in accordance with the treatment plan of a psychiatrist, and/or any other mental health professional.
- j. DR. BLAZE shall be responsible for the expenses associated with the above requirements.

PROBATION

Upon reinstatement, DR. BLAZE's license shall be subject to the following PROBATIONARY terms, conditions, and limitations for a minimum period of five (5) years:

- 1. DR. BLAZE shall obey all federal, state, and local laws, and all laws and rules governing the practice of dentistry in Ohio.
- 2. DR. BLAZE shall appear in person for interviews with the BOARD's designated representative, as requested by the BOARD or its designee.
- 3. DR. BLAZE shall fully cooperate with Board investigators in accordance with the Dental Practice Act.
- 4. DR. BLAZE shall comply with, and provide the BOARD with satisfactory documentation of continued compliance with, any recommendations of his treating psychiatrist/mental health provider, during the probationary period. DR. BLAZE shall execute releases to permit his treating psychiatrist/mental health provider to submit monthly reports to the BOARD and allow for the BOARD to be notified of any violations of this ORDER if any violation occurs. DR. BLAZE shall request that his treating psychiatrist/mental health provider provide monthly reports to the BOARD to be received by **the fifth day of the month** for the duration of the probationary period, or until released from treatment by the psychiatrist/mental health provider. The BOARD may utilize the professional's recommendations and conclusions from the reports as a basis for additional terms and restrictions on DR. BLAZE's license.
- 5. DR. BLAZE shall remain medication compliant in accordance with the treatment plan of a psychiatrist, and/or any other mental health professional.
- 6. DR. BLAZE shall abstain completely from personal use or possession of drugs, except those prescribed, administered, or dispensed to him by another so authorized by law who has full

knowledge of DR. BLAZE's history. DR. BLAZE shall self-administer prescribed drugs only in the manner prescribed.

7. DR. BLAZE shall abstain completely from the use of alcohol or any products containing alcohol.
8. Upon request by the BOARD, DR. BLAZE, shall make any or all of the dental records of patients for whom he has provided dental treatment available for inspection and review. At the BOARD's discretion, such records may be reviewed by a consultant to the BOARD.
9. DR. BLAZE shall disclose a copy of this ORDER to every employer on or before his first date of employment as a dentist or first date of employment as a dentist after being re-hired.
10. DR. BLAZE shall submit monthly declarations, to be received by **the fifth day of each month** for the duration of the probationary period, under penalty of BOARD disciplinary action stating whether there has been compliance with all the conditions of this ORDER.
11. DR. BLAZE may not instruct, teach, or present any continuing education courses or training during the probationary period.
12. DR. BLAZE shall be responsible for the expenses associated with the above probation requirements.
13. In the event DR. BLAZE fails to comply with any provision of this ORDER, and is so notified of that deficiency in writing, such periods of noncompliance will not apply to the reduction of the probationary period under this ORDER.
14. In the event that DR. BLAZE should leave Ohio or reside or practice outside Ohio for three (3) continuous months, DR. BLAZE must notify the BOARD in writing of the dates of departure and return. Periods of time spent outside Ohio for three (3) continuous months or more will not apply to the reduction of this probationary period under the ORDER, unless otherwise determined by motion of the BOARD in instances where the BOARD can be assured that probationary monitoring is otherwise being performed.
15. Subject to the provisions of Chapter 119, if, in the discretion of the BOARD, DR. BLAZE appears to have violated or breached any terms or restrictions of this ORDER, the BOARD reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this ORDER.

16. Upon successful completion of his probationary terms, DR. BLAZE must appear before the BOARD or its designee before the BOARD will fully restore DR. BLAZE's license to practice dentistry.

LICENSE RESTRICTIONS

In addition to Probationary Terms and Restrictions, DR. BLAZE's license is subject to the following License Restriction:

Temporary License Restriction

Unless otherwise approved in advance, in writing, by the BOARD or its designee, for a minimum period of one (1) year, DR. BLAZE shall practice only under the supervision of a licensed dentist who is present whenever DR. BLAZE provides dental services to clients. Prior to removing the restriction, DR. BLAZE must demonstrate full compliance with all of the recommendations of the psychiatrist, and/or any other mental health professional, including medication compliance.

DURATION/MODIFICATION OF TERMS

The BOARD may only alter the probationary period imposed by this ORDER if: (1) the Board determines that DR. BLAZE has complied with all aspects of this ORDER; and (2) the BOARD determines that DR. BLAZE is able to practice dentistry according to accepted standards of the profession without BOARD monitoring, based upon an interview with DR. BLAZE by the BOARD or its designee.

The Board hereby certifies that this ORDER shall become effective upon the date of certification of service signed below, and is hereby entered upon the journal of the Board for the 12th day of March, 2025.

TIME AND METHOD TO PERFECT AN APPEAL

Any party desiring to appeal shall file a Notice of Appeal with the Ohio State Dental Board, 77 S. High St., 17th Floor, Columbus, OH 43215, setting forth the order appealed from and stating that the agency's order is not supported by reliable, probative, and substantial evidence and is not in accordance with law. The notice of appeal may, but need not, set forth the specific grounds of the party's appeal beyond the statement that the agency's order is not supported by reliable, probative, and substantial evidence and is not in accordance with law.

The Notice of Appeal shall also be filed by the appellant with the court of common pleas of the county in which the place of business of the party is located or the county in which the party is a resident. If any party appealing from the order is not a resident of and has no place of business in this state, the party shall appeal to the Court of Common Pleas of Franklin County. In filing a notice of appeal with the agency or court, the notice that is filed may be either the original notice or a copy of the original

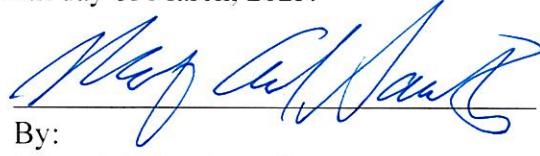
notice. The party filing the appeal shall comply with all requirements of Ohio Revised Code Section 119.12. The notice of appeal shall be filed within fifteen days after the service of the notice of the Ohio State Dental Board's Order as provided in Section 119.05 of the Ohio Revised Code.

**BY ORDER OF THE
OHIO STATE DENTAL BOARD**

The State of Ohio
County of Franklin

I, the undersigned Miguel A. Santiago, Interim Executive Director for the Ohio State Dental Board, hereby certify that the foregoing is a true and exact reproduction of the original Order of the Ohio State Dental Board entered on its Journal, on the 12th day of March, 2025.





By:
Miguel A. Santiago, Esq.,
Interim Executive Director

Date March 24, 2025

(SEAL)

CERTIFICATE OF SERVICE

I hereby certify that a true and accurate copy of the foregoing Order, concerning Doctor MiCah J'King Blaze, D.D.S., was sent electronically via RPost this 24th day of March, 2025, to Doctor MiCah J'King Blaze, D.D.S., at the following email address: idoctorblaze@gmail.com

By 
Miguel A. Santiago, Esq.
Interim Executive Director

cc: Katherine Bockbrader, Assistant Section Chief, Ohio Attorney General's Office
Todd Blackmar, Esq.

RECEIVED
JAN 13 2025

OHIO STATE DENTAL BOARD
77 S. High St., 17th Floor
Columbus, Ohio 43215-6135

In the Matter of
Doctor MiCah J'King Blaze, D.D.S.,
Respondent

Ronda Shamansky
Hearing Examiner

Case No. 2023-00167

January 13, 2025
Report and Recommendation

Appearances: For the Ohio State Dental Board: Dave Yost, OHIO ATTORNEY GENERAL, and Katherine Bockbrader, Assistant Attorney General, Health & Human Services Section, 30 East Broad Street, 26th Floor, Columbus, Ohio 43215-3400. Telephone: (614) 466-8600; Email: katherine.bockbrader@ohioago.gov.

For the Respondent-Licensee: Todd Blackmar, Esq., Bridgeway Practice Transitions, Inc. Telephone: (440) 503-6637; Email: todd@bridgewaytransitions.com

Hearing Dates: November 8, 2024; December 5, 2024; December 6, 2024.

SUMMARY OF THE EVIDENCE

All exhibits, even if not specifically mentioned, were reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Background

1. In a Notice of Opportunity for Hearing [Notice] dated May 1, 2024, the Ohio State Dental Board [Board] notified Doctor MiCah J'king Blaze, D.D.S., that it intended to determine whether to take disciplinary action against his license to practice dentistry in Ohio.¹ The Notice stated that the proposed action was based on the allegation that on or about May 4, 2023, in the Probate Court of Hamilton County, Ohio, Dr. Blaze was found by clear and convincing evidence to be mentally ill and in

¹ At the hearing, Dr. Blaze agreed that he had legally changed his name to "Doctor MiCah J'King Blaze," and that he was formerly known as "Michael J. Brooks." The Probate Court's May 10, 2023 entry showing his name change was also admitted into evidence. (Hearing Transcript [Tr.] at 19; St. Ex. 5)

need of treatment, and was ordered to be placed in the care of University Hospital. The Notice cited Ohio Revised Code Section [R.C.] 4715.30(A)(10), which authorizes the Board to discipline a licensee based on an inability to practice according to accepted standards of the profession because of a physical or mental disability, dependence on alcohol or other drugs, or excessive use of alcohol or other drugs. The Notice advised Dr. Blaze of his right to request a hearing, if he did so in writing within 30 days. (State's Exhibit [St. Ex.] 1)

2. Dr. Blaze requested a hearing through his email to the Board on or about May 16, 2024. The Board initially scheduled the hearing for May 28, 2024, but then continued the hearing on its own motion, and advised Dr. Blaze that he would be notified of the date, time, and location of the hearing. After the Board appointed a hearing examiner, the parties agreed that the hearing would be held by videoconference on November 8, 2024, with the parties waiving any claims that a hearing held by videoconference violated any provision of R.C. Chapters 4715 or 119, or any considerations of due process. The case was later re-assigned to the current hearing examiner, but the hearing date was not changed. (St. Exs. 2, 3, 4)
3. The hearing began on November 8, 2024 using videoconference software, and Dr. Blaze attended the hearing with his counsel. The Board was represented by Assistant Attorney General Katherine Bockbrader, who called six witnesses and introduced the State's Exhibits that were admitted into evidence. Dr. Blaze was represented by his counsel, Todd Blackmar, who called five witnesses and introduced Respondent's Exhibits [Resp. Exs.] A and B, which were also admitted into evidence. At the end of the first day of the hearing, it was agreed that the testimony of two additional witnesses would be helpful to the Board, so the parties agreed to reconvene by videoconference on December 5 and December 6, 2024, for the testimony of Dr. Richard Whitney, and Manfred Schall, D.D.S., respectively. At the end of the hearing, the record was left open for a letter from Logan Jones, M.D., as psychiatrist that Dr. Blaze was scheduled to see on December 12, 2024, and for a letter from his caseworker at Greater Cincinnati Behavioral Health Services. Those letters were submitted on or about January 6, 2025 and the record closed. The letter from Dr. Jones describing his examination of Dr. Blaze, along with the emails transmitting it, is admitted to the record under seal as Respondent's Exhibit C. The letter from Rachel Gunn, LISW-S, his caseworker, is admitted as Respondent's Exhibit D.
4. The hearing provided Dr. Blaze the opportunity to testify, to call witnesses, and to cross-examine the State's witnesses through his counsel. The Hearing Examiner has reviewed the transcripts of the three days of testimony carefully, and has also reviewed the State's and the Respondent's Exhibits that were admitted into evidence, and has given a great deal of thought to the appropriate resolution of this matter in a way that will protect the public from any risk of harm, while also providing for Dr. Blaze to be able to resume his practice of dentistry as soon as the Board can be assured that he is able to do so safely and competently.

Dr. Blaze's Dental Education and Practice; First Episode of Bipolar I Disorder

5. Dr. Blaze was born in Youngstown, Ohio in 1992. (St. Ex. 5) He testified that he lived with his mom when he was growing up and that they were very poor:

I grew up extremely poor. Me and my mother spent a good deal of childhood homeless or staying with relatives who would allow us to stay with them. I didn't have a father growing up because of life decisions that he made that got himself incarcerated. So we didn't have a relationship until I became an adult.

(Tr. at 177)

6. Dr. Blaze earned an undergraduate degree in biology and chemistry at Westminster College in New Wilmington, Pennsylvania in 2014 and then began a dentistry program at the Case Western Reserve School of Dental Medicine. When he was asked why he chose to study dentistry, he explained that he considered going to medical school; however, when he shadowed a neurosurgeon who said that he had "become numb" to patients dying, Dr. Blaze decided that a career in medicine was not for him. (Tr. at 223) He then related that when he was in college, he met a dentist who took him to lunch and explained why he loved practicing dentistry, and this convinced Dr. Blaze that dentistry was his life's calling:

He told me how he takes people's pain away. He told me how grateful his patients are. He told me how fun it is to be his own boss, to make his own hours, to see and treat people and be responsible for them, being proud of when they smile. And I just fell in love with the idea of it and pursued it ever since.

(Tr. at 224)

7. Dr. Blaze explained that when he started dental school at Case Western Reserve, he expected to graduate with the class of 2019. However, he said that during his last year of dental school, he had an episode of intense depression in which he felt suicidal, and this delayed his graduation until January 2020. (Tr. at 19-20, 222; Resp. Ex. A) At the hearing, he explained that this was the worst depression he had ever had, but that he had professors and classmates who supported him and got him help during that time:

What delayed my graduation was I was suffering from depression because of some family members that I had lost, and I had also lost my fiancée during the last semester of dental school, which was more than I had ever -- there was other things on top of that, but those were

the main things. And that was more than I -- at that point in my life I had dealt with.

And it caused me to spiral into the worst depression I had ever experienced. And I kind of was debating whether I wanted to continue, whether I wanted to live. You know what I mean. That's where suicide came into play.

But I had some really great classmates. I had some really great professors who noticed my descent and noticed my lack of interest in the curriculum, as opposed to what it had been before, and they pulled me aside. They got me some counseling. And they really helped me to battle back and value my life and my profession again. It was a real spiritual encounter that led me to have faith.

(Tr. at 25-26)

8. Dr. Blaze testified that he earned his dental school degree in January 2020 and then began a general practice residency at St. Elizabeth's Hospital in Youngstown. However, in October 2020, when he was about 28 years old and was 10 months into his residency, he suffered the first and only episode that he described as a "blackout," in which he was unaware of what he was doing. This resulted in his being "pink-slipped," i.e., involuntarily hospitalized, for 72-hours until he was stable again. (Tr. at 24-26, 222-223; St. Ex. 5, Resp. Exs. A, B) At the hearing, Dr. Blaze described what he recalled about the blackout episode in October 2020:

So I couldn't recall what I was doing. From my perspective at the time, I felt like it was a dream. And that's what I described it as. Like I thought I was dreaming and described it as sleepwalking. But the doctor told me that, no, this is real life. Like this is -- you actually did this. And I couldn't -- I couldn't believe it because I had never experienced anything like it or done anything like it or had an episode like that. And that's what I believed, and that's what I have to this day believed in my mind was manic and bipolar.

(Tr. at 26-27)

9. After his hospitalization in 2020, Dr. Blaze said that he took medication for Bipolar I Disorder, with which he was eventually diagnosed, and he also saw a counselor. (Tr. at 27-29; St. Ex. 14)
10. Once he was stabilized after his 2020 hospitalization, Dr. Blaze became licensed to practice dentistry in Ohio in April 2021, and also became licensed in Kentucky. He then began doing *locum tenens* work, in which he had several different companies that helped him locate contract work with offices where a dentist was on leave from

work, or the practice was without a dentist. Dr. Blaze recalled that those contracts could range from a few days to a few weeks, or even up to a year. (Tr. at 20-21, 220)

Dr. Blaze's Position with Elite Dental Partners in 2023

11. Between February and April 2023, Dr. Blaze worked four days a week (Monday through Thursday) at Elite Dental Partners, a practice in Concord Township, Ohio. Dr. Blaze testified that his work there started at 8:00 a.m. and ended between 5:30 and 7:00 p.m., after which he had to do his documentation, because the patient schedule did not allow time for it during the day. He said that since he had a 2-hour commute each way at that time, he sometimes got home at 11:00 p.m. or midnight. (Tr. at 36-37, 224; St. Ex. 7)
12. Dr. Blaze testified that he loved the people, the practice, and the work he did at Elite Dental, and he stated that "they were going to make [him] the owner of the practice." (Tr. at 36) However, the long commute was wearing on him, and he concluded, "So I didn't have a life, and it was really weighing on my anxiety as a person." (Tr. at 36-37)
13. Dr. Blaze related that sometime in 2021 or 2022, the therapist that he had been seeing told him he did not need to continue seeing her, and he moved closer to Cincinnati, where he was no longer able to see the nurse practitioner who had been prescribing his medication for bipolar disorder. He testified that he believed he no longer needed the medication at that time, so he stopped taking it, and he was off his meds while he was working for Elite Dental Partners. (Tr. at 27-29; St. Ex 14)
14. At the hearing, Dr. Blaze explained that he did not understand at that time that he had to continue taking his medication in order to maintain his mental health and keep his bipolar disorder in check. He added that he had only very recently learned through his work with the Ohio Physicians Health Program [Ohio PHP or OPHP] that his diagnosis requires the ongoing use of medication, explaining:

I thought I was cured, which is why I stopped taking the medication, because I had went about a year without anything happening and I was back to myself before the diagnosis. And they explained to me that this is something that you can't cure, that this is something you can only manage with medication, which was never explained to me before.

I thought the medication was there to help cure it, but it's there to help you manage it. You don't cure it like diabetes or high blood pressure. Like you don't cure those things. You just manage it so it doesn't manifest itself. And when they explained that to me, I had a better understanding of the condition that I deal with.

(Tr. at 27-28)

When Dr. Blaze was asked when he first came to the understanding that he would have to stay on medication in order to manage his Bipolar I Disorder and keep himself in good mental health, he testified that it was "literally this past [Wednesday]" before the hearing began.² (Tr. at 28)

15. After he stopped taking his medication that was prescribed during his 2020 hospitalization, Dr. Blaze's condition deteriorated, and by April 2023, his Bipolar I Disorder was uncontrolled. This appears to have resulted in an incident at Elite Dental that ended his employment there. Dr. Blaze recalled that one day in April 2023, he was in a motor vehicle accident that totaled his car, and when he arrived at work that morning after the accident, the people there thought he was on drugs. (Tr. at 37-38)
16. Michelle Cruz was the regional manager of the Elite Dental Partners location where Dr. Blaze was working in April 2023, and she testified at the hearing about her recollection of that day. She recalled that Dr. Blaze called one morning to say that he had been in an accident, and she told him to take the day off. Ms. Cruz said that she was some distance away from the office when Dr. Blaze called to report that he had been in the accident, but while she was on her way there, the office staff called to say that Dr. Blaze had come to the office with a young woman. (Tr. at 101-103)
17. When Ms. Cruz arrived at the office, she found that Dr. Blaze was there with a woman who was disheveled and wearing slippers. He said that the woman was his daughter, and Ms. Cruz understood that he had been asking the office staff to give the woman a job there. She added that the staff was very concerned and had been texting her that he was yelling at them. (Tr. at 103-105) Ms. Cruz reported, "I wouldn't say that he was yelling directly at them, but it was like an erratic, emotional, louder tone, I would say." (Tr. at 105)
18. Ms. Cruz testified that she asked Dr. Blaze to go out of the office, and he willingly went outside with her. (Tr. at 104-105, 109-110) While he was outside in the parking lot, Ms. Cruz reported hearing Dr. Blaze yelling at someone that he was talking to on his cell phone. She explained that this was a medical building with other offices around the dental clinic, and she stated, "It was concerning as patients were walking in and out." (Tr. at 103-104) She summarized her impression of Dr. Blaze that morning:

You could tell he was going through a lot. He had just wrecked his car. He had some other things going on, so I just heard him out. I told him I

² Dr. Blaze initially said that it was on the Tuesday before the hearing, but then corrected himself and said that it was the Wednesday before the hearing began. (Tr. at 28)

understand. I know he has a lot going on. It's probably not best for the patients or anyone here to see that.

(Tr. at 105-106)

19. Ms. Cruz recalled that she instructed Dr. Blaze to take some time off. He went to his car, and she went back inside the office where she tried to calm the office staff who were "worked up." Ms. Cruz said that the sheriff arrived and talked to Dr. Blaze and the woman who was with him. Although she said that Dr. Blaze was speaking erratically, she agreed that he did not refuse to leave. She further explained that Dr. Blaze was the only provider who was covering the office that day, so patients had to be rescheduled, and she stayed in the office to take care of the rescheduling. Ms. Cruz added that Dr. Blaze did not work at Elite Dental Partners after that day, but that his termination was handled by upper management, and she was not there when he returned to collect his personal belongings. (Tr. at 106-108)
20. On cross-examination, Ms. Cruz agreed that although she heard Dr. Blaze raising his voice, it was not directly to the office staff, and that he willingly went outside to talk with her, when she asked him to. When she was asked to explain her statement that she thought he had "more going on" than just a car accident, Ms. Cruz offered that Dr. Blaze had sent texts expressing hardships within a week or two of this incident, and her boss had asked her to make sure he got help. She also agreed that she learned later that Dr. Blaze had lost custody of his kids around this time, although she was not aware of it on that day. (Tr. at 109-111)
21. When Ms. Cruz was asked if she had ever seen similar behavior by Dr. Blaze before this incident, she agreed that she had not. To the contrary, she said that he had handled the office practice by himself without a manager up until that time:

[H]e was a strong doctor and was left at the practice with no manager. So even with me being three-and-a-half hours away, they kind of stationed me to go help him and streamline the team to make sure that they could maintain what they had going on. So at one point, I was going there multiple times a week to work with him, and I hadn't seen any behavior like that before. The only thing I can say is those text messages that were expressing how he was feeling.

(Tr. at 110-111)

Ms. Cruz further agreed that until shortly before this incident, Dr. Blaze was generally thought to be a good, competent dentist that patients liked:

HEARING EXAMINER SHAMANSKY: But before those couple weeks, he was generally a good doctor? The office thought he was competent? Patients seemed to like him? Is that fair to say?

THE WITNESS: That is fair to say.

(Tr. at 111)

In Dr. Blaze's testimony, he conceded that Ms. Cruz gave an accurate account, offering, "I didn't really disagree with anything that Ms. Michelle said. I thought she was very accurate and very honest." (Tr. at 188)

22. The report from the Miami County Sheriff's Office indicates that this incident happened on April 10, 2023, and that the officers who responded classified it as a "mental health issue," after the staff reported that an employee arrived at the office having a mental health episode. The sheriff's report indicates that Ms. Cruz spoke to the responding officers that day and advised them that she believed Dr. Blaze had been diagnosed as "bi-polar and/or suffering from multiple personality disorder along with suspected narcotics usage." (St. Ex. 7 at 4) A supplement to the report states that on the same day, the Dayton Police Department reported that they responded to a motor vehicle accident at 7:30 a.m., in which Dr. Blaze had crashed his car into a guardrail. (St. Ex. 7 at 5)
23. When Dr. Blaze was asked about this incident at the hearing, he explained that he was very emotional and anxious that morning because he had just been in a car accident that totaled his vehicle and could have killed him. When he was asked if he was terminated from Elite Dental Partners, Dr. Blaze stated, "I personally feel like I quit * * *," explaining that he had been considering resigning anyway because of his long commute. (Tr. at 37-38) Looking at the incident in hindsight, however, Dr. Blaze agreed during his testimony that he was having a manic episode that day:
 - A. [By Dr. Blaze:] * * * They had ended up canceling patients, which I'm grateful for because I wasn't in the condition to practice because of the car accident. And they looked at that as me being on drugs. And I'm like, no, I just survived something that should have took my life. I'm not on drugs. And I was offended by that. And then I was already contemplating resigning because of the drive. So I just decided it wasn't worth continuing at that point.
 - Q. [By Ms. Bockbrader:] Do you believe you were in a manic state on that day when you came to work?**
 - A. That's fair to say. That's fair to say. I described it as anxious, but that's another word for it. And that's another area of my condition that I've come to realize is you can -- like that word manic and bipolar, which I was told mean the same thing, that can describe a wide range of emotions because I describe it as anxious. * * *

(Tr. at 37-38)

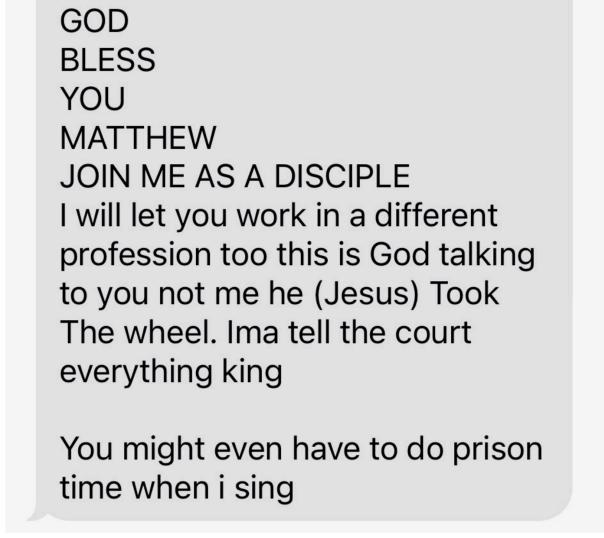
Dr. Blaze's Position at 24/7 Dental in 2023

24. Between January and April 2023, while he was working at Elite Dental Partners, Dr. Blaze was also working at 24/7 Dental, a walk-in clinic. Although he testified that the hours on the door said the clinic was open from 8:00 a.m. until 8:00 p.m., Dr. Blaze said that they would continue seeing patients as long as the staff was willing to stay, sometimes finishing work around midnight if there were patients who needed to be seen. He recalled, “[W]e would see pretty much every patient that showed up and was willing to stay to be seen, and then we would go home.” (Tr. at 43-44)
25. Dr. Blaze testified that he loved the patients he saw at 24/7 Dental, but unlike Elite Dental Partners, where he had a good relationship with his coworkers, he felt that there was a “hostile work environment” at 24/7 Dental. (Tr. at 43-45) He related that he felt as though the management did not want him to be friends with his coworkers, but he explained, “[B]etween these two jobs, I didn't have time to have a life outside of work. So my coworkers were my Elite friends. And they made that seem like that was a hostile offense.” (Tr. at 44) Similarly, Dr. Blaze testified that he was reprimanded for being friends with the patients at 24/7 Dental. In one example, he recalled being reprimanded for having a private conversation with a patient in his office where there were no cameras, but he agreed that after his manager discussed it with him, he understood and agreed to stop doing that, offering, “Me and the patient were friends, but that makes sense. You know what I mean. So I just would never do it again * * * after they explained it to me, it made sense why I shouldn't have done that.” (Tr. at 46)
26. Janelle Robinson was the office manager at 24/7 Dental in April 2023. She testified that the office was open seven days a week, and she admitted, “We work long hours.” (Tr. at 116) Ms. Robinson said that when Dr. Blaze started working there in January 2023, he was “a very hard worker,” and he did everything asked of him, adding, “I can't say anything bad when he first started.” (Tr. at 116)
27. Dr. Blaze's employment at 24/7 Dental ended in April 2023 when he was escorted out of the office by a police officer. Ms. Robinson testified that she had the day off, but on that day in April, she received a call from staff, who told her that Dr. Blaze had come into the office, turned off all the TVs, and was complaining about his children's mother, his inability to see his kids, and other aspects of his personal life. She was also told that he complained about the lack of parking, and that he had asked to leave the door open so that he could see his car out in the parking lot. (Tr. at 116-117, 121)
28. Ms. Robinson testified that she went to the office that day around 9:30 or 10:00 a.m. and found that none of the patients had been seen for their appointments. She related that there was a room full of people, both walk-ins and patients with

scheduled appointments, who had been waiting for upwards of two hours and were starting to complain about their wait and about Dr. Blaze's lack of professionalism. During that time, she said that Dr. Blaze was complaining about his personal life and had not started the patients' treatment, adding, "It was not professional at all." (Tr. at 116-119)

29. Ms. Robinson testified that she called Matt Dass, the owner of the practice, who was located in Indiana, and after discussing the situation, she was told that she should reschedule the patients and that Dr. Blaze would be "let go." (Tr. at 121-122) She related that she had previously spoken with Dr. Blaze about taking a patient from a room into his office to have a personal conversation with the door closed, and she explained, "[I]t was not professional. It was not appropriate. You cannot sit there and talk to these patients about your own personal life. That's not what they're here for. And he basically told me he didn't care." (Tr. at 120) Ms. Robinson explained that the office had begun getting complaints in late February or early March, but the incident in April 2023 was an escalation, and she finally told Dr. Blaze, "[E]nough is enough," concluding, "[T]hat's not the first incident * * * [T]hat was just the day we decided to let him go." (Tr. at 119-120)
30. Dr. Blaze and Ms. Robinson had a disagreement over her rescheduling the patients that day, with Dr. Blaze telling her, "Matt told me I could work today." (Tr. at 121-122) However, Ms. Robinson said that she had already called the police because Dr. Blaze was "going on and on," and "rambling on about his personal life." (Tr. at 121-123) She added that he was "very loud" and "very verbal," and that she wanted a third party there for her own safety and the safety of her staff. (Tr. at 123)
31. For his part, Dr. Blaze maintained that he quit his position with 24/7 Dental, and that he was not terminated, emphasizing, "That one I definitely quit." (Tr. at 45) When he was asked whom he told that he was quitting, Dr. Blaze stated, "No one. I just didn't show up." (Tr. at 48) Dr. Blaze conceded that the owner of the practice, Mr. Dass, sent him a text saying that he was terminated, but he maintained that he had already quit by that time. He further testified that the owner later asked him to return, and when he did, he was then terminated. (Tr. at 45-47)
32. Dr. Blaze agreed on cross-examination that he knew Janelle Robinson, and he described her as "a good lady." (Tr. at 47) He testified that she called the police when he came to get his belongings from the office, but that patients came to his defense and the police did not arrest him. (Tr. at 47-48) A report from the Colerain Township Police Department on April 22, 2023, indicates that the police were called to the 24/7 Dental office by Ms. Robinson because Dr. Blaze had refused to leave when she terminated him. The report states that the police remained on the scene while Ms. Robinson "trespassed" Dr. Blaze, but that after being trespass, he left without issue. (St. Ex. 8)

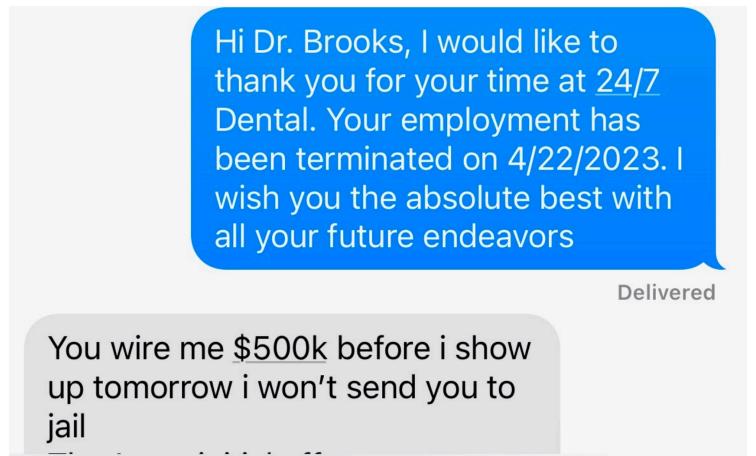
33. At the hearing, the State presented a series of text messages between Matt Dass, the owner of 24/7 Dental, and Dr. Blaze. They include the message below from Dr. Blaze, followed by a text from Mr. Dass on April 22, 2023, informing him that his employment was terminated, and a response in which Dr. Blaze asked Mr. Dass to wire him "\$500k" before the next day so that he would not send him to jail:



GOD
BLESS
YOU
MATTHEW
JOIN ME AS A DISCIPLE
I will let you work in a different
profession too this is God talking
to you not me he (Jesus) Took
The wheel. Ima tell the court
everything king

You might even have to do prison
time when i sing

(St. Ex. 11 at 1)



Hi Dr. Brooks, I would like to
thank you for your time at 24/7
Dental. Your employment has
been terminated on 4/22/2023. I
wish you the absolute best with
all your future endeavors

Delivered

You wire me \$500k before i show
up tomorrow i won't send you to
jail

(St. Ex. 11 at 1)

34. At the hearing, Dr. Blaze agreed that he had stopped taking his meds and was in a manic state at the time of that incident:

I do recognize that I was in a manic state because I was definitely excited. I was definitely – agitated. And I was really, really upset with the way that I was treated in my time there and the things that I had

experienced. And I wanted to basically let all that out and let out everything that I was holding in up until that point.

(Tr. at 54-55)

35. Dr. Blaze was also asked if he recalled sending text messages to the Board's investigator, Aimee Bixler, at 3:00 a.m. on at least one occasion. (Tr. at 60; St. Ex. 9) He replied that he "vaguely" remembered that, but he explained that he sends texts whenever he is awake:

I send text messages whenever I'm awake. So I don't -- I'm not really -- I don't really pay attention to that social cue. And that's one of my faults as a person. And I've been working on that over the years, is not trying to text people after business hours because it's unprofessional.

(Tr. at 60)

36. Dr. Blaze further agreed that it was possible that his recollection of the things that happened in April 2023 might not be accurate because of his mental state at that time:

Q. [By the Hearing Examiner:] * [N]ow that you seem to be in pretty stable mental health and you seem to be doing well, do you think it's possible that your recollection of some of the past events that you were asked about might not be completely accurate?**

A. Absolutely. Because I'm going off of my memory from a year and a half ago, almost two years ago at this point. So I understand that everything I say isn't like factual gospel, you know, like -- but I did the best I could with the memory I have.

(Tr. at 224-225)

Hospitalization at the University of Cincinnati in April or May 2023

37. Dr. Blaze described April 2023 as the "worst month of [his] life." (Tr. at 192) In addition to the automobile accident that totaled his car, and the incidents at Elite Dental Partners and 24/7 Dental in April 2023 that resulted in his employment ending, a woman that he planned to marry "left [him] for someone else," and he lost custody of his two children. (Tr. at 210) Dr. Blaze recalled, "I didn't have anybody at the time to talk to about it, so I just kind of had to deal with it myself." (Tr. at 191)

38. During that time, Dr. Blaze testified that his mom was concerned about the fact that he was not sleeping, so she called the police to ask that they do a welfare check on him. (Tr. at 191-193, 198-199) At the hearing, Dr. Blaze testified that this was what

led to his involuntary hospitalization, when he was “pink-slipped” after the police checked on him:

So the combination of all the life events that I had happening and with no one to talk to, my mother was concerned about me not sleeping because the previous time in 2020 when I was hospitalized, I was not sleeping. And then I had my manic episode. So she was concerned, and she called people to do a wellness check on me. And that led to me being pink slipped for not sleeping, and then I was hospitalized.

(Tr. at 191-193)

39. Dr. Blaze was hospitalized at the University of Cincinnati Medical Center’s Ridgeway Pavilion, where he came under the care of Michael Newton, M.D. on or about May 1, 2023. At the hearing, Dr. Blaze testified that in order for the hospital to keep him longer than 72 hours, there had to be an action in the probate court. This resulted in the involuntary commitment action in the Hamilton County Probate Court on May 4, 2023, in which the Court found that Dr. Blaze was a mentally-ill person and ordered his continued confinement and treatment, based on a proposed treatment plan by Dr. Newton and the doctor’s representation that the benefits of that plan outweighed the risks. The Court’s order stated that it would remain in effect until July 13, 2023, at which time it would be reviewed. (St. Ex. 6)
40. Dr. Blaze testified that he did not feel as though he had a good rapport with Dr. Newton, explaining, “I didn’t feel like the doctor was listening to me as a patient, which didn’t lend me to trust them as a clinician.” (Tr. at 23) He elaborated that Dr. Newton wanted him to take risperidone, but he did not think that medication had helped him in the past, and he wanted to take Abilify, instead:

I wanted to take the medication that I was taking previously, which is Abilify, which I felt helped me really well in the past, and he wanted me to take a medication that I had already taken. And I explained to him that I already took it and that it didn’t do anything for me as a person. Like it didn’t make me any worse, but it didn’t make me any better either. I was still having the same issues that led to the original hospitalization in 2020.

(Tr. at 23)

Dr. Blaze testified that the Court agreed that he should remain under Dr. Newton’s Care at the University of Cincinnati Medical Center, and he concluded, “So I just had to figure it out basically how to cooperate with the doctor that was overseeing my treatment.” (Tr. at 23)

41. Dr. Blaze agreed that he had been off his medications for more than a year when he was hospitalized in May 2023. He further agreed that he had had manic episodes in the time leading up to his hospitalization, but he maintained that the only "blackout" experience he had had, when he could not remember anything that happened, was the episode in 2020 during his residency. (Tr. at 29-30)
42. Dr. Blaze related that he was discharged from the hospital around May 8, 2023, and that he was taking risperidone 10 mg. once a day at that time. He said that before he was discharged, he also had an injection of a medication that his doctor thought would make his condition easier to manage, and that he was supposed to return for another injection two weeks later. However, Dr. Blaze recalled that when he could not pay for the second injection at the hospital, his only alternative was to take his medication in the form of pills, and his prescription from the hospital was written for only two months' worth of the pills. (Tr. at 31-33) This led to difficulty finding a doctor who could authorize a refill of his medications before they ran out. Although he said that he went back to Dr. Newton to try to get a refill, Dr. Blaze explained that Dr. Newton could not prescribe for him once he was out of the hospital:

[T]he injection costs like \$2,000. And I explained to him that I couldn't afford that because I don't make -- like that's a whole paycheck before I pay any other bill. So he explained to me that it was okay as long as I take the medication by mouth, but he couldn't prescribe it for me anymore because I don't -- I may be confusing the words, but I believe he is an inpatient facility and you have to be seen by an outpatient person to continue to get your meds.

(Tr. at 33)

43. After his 60-day prescription ran out, Dr. Blaze remained off his medication for Bipolar I Disorder from about July 2023 until sometime in mid-2024. At the hearing, he explained that he did not understand during that time that it was important to continue treating the condition, because he was not having the same symptoms he had had with the blackout episode in 2020:

Q. [By Ms. Bockbrader:] Okay. Did you find someone else to prescribe that for you after that 60 days would run out?

A. No, I did not. I was not - I did not find anybody to prescribe it for me until recently.

Q. So were you on any -- after that 60 days expired, were you on any medication for your bipolar disorder?

A. No, ma'am. No, ma'am.

Q. Okay. And why not?

A. At that time, I didn't believe that I still suffered from it. * * * In 2020, I stayed on the medication because I knew I had a problem and I wanted to address that problem and I wanted to fix that problem. It

wasn't until recently that it was explained to me this isn't something that gets cured because I didn't have an issue like I had in 2020 where -- where I felt I was out of control.

In 2023, I was perfectly in control and I was just dealing with a lot of adverse life events. Similar to when I was depressed without the depression, and then I was forcefully hospitalized. I wasn't given an option to decline because I was picked up from my house. So I didn't feel like I was dealing with an issue at that time.

(Tr. at 33-34)

44. In hindsight, Dr. Blaze agreed that he was in "the depressive version" of his bipolar disorder in 2020, as he said it was the only time in his life that he had ever attempted suicide and he had never since been "that low." (Tr. at 41) He further agreed that he sometimes has "manic" episodes in which he is very excited and talks very fast, and he acknowledged, "But until it was explained to me, I never looked at that as being manic. I just looked at that as being excited. But I definitely understand it better now." (Tr. at 41) In describing symptoms that indicate a manic episode for him, Dr. Blaze said that he talks fast and jumps from one topic to another quickly, though he added, "But I do that just as a person as well. So that's why it's hard for me to distinguish sometimes because that's just one of my character traits." (Tr. at 42)

Dr. Blaze's Loss of Employment in May 2024; Subsequent Hospitalizations

45. Dr. Blaze testified that in April 2024, he was working at Dental Express. Shortly after the Board's Notice was issued in early May 2023, he lost that job because of the pending Board action on his license. (Tr. at 64-65, 67; St. Ex. 1)
46. Dr. Blaze testified that he was able to pay bills from his savings for a short time, but with no job, he soon lost his home and was forced to live out of his car:

I was able to pay my bills for a few months, but my rent was extremely expensive because I lived in the nicest part of Cincinnati. And after I lost my house, I became homeless. And I've been living out of my car ever since because that's the only place that I can effectively stay.

(Tr. at 65)

47. Dr. Blaze's health also continued to decline during that time, as he was not taking any medication to treat his bipolar disorder. In June 2024, he was hospitalized at Good Samaritan Hospital/TriHealth in Cincinnati. (St. Ex. 15) The discharge summary states that he was admitted with acute psychosis and homicidal intent towards homeless people, and that he was manic with severe grandiosity when he

was evaluated. By the time of his discharge a few days later, Dr. Blaze was found to have improved with treatment, and he was noted to have had no aggressive behaviors on the unit. However, it was noted that "delusional thoughts persist[ed]" and that he was still opposed to taking a medication that he believed was the same as risperidone. (St. Ex. 15 at 9-10)

48. Dr. Blaze testified that this was a voluntary hospitalization, because he asked the police to "pink slip" him so that he could be admitted to the hospital, in order to try to get more treatment and more medication. (Tr. at 72-74) When he was pressed about why the hospital records indicated that he was on involuntary status starting June 16, 2024, Dr. Blaze stated, "I don't recall how I was brought in. *** I just remember that I asked the police officer to pink slip me." (Tr. at 74; St. Ex. 15 at 17)
49. Dr. Blaze did not remember making any statements to the effect that he wanted to harm homeless people or the police during that time, but he admitted that it was possible that he did not remember this because he was in a manic state. At the hearing, he testified, "That's definitely possible *** It is definitely possible, I just don't recall doing those things. I don't feel those ways. I don't threaten people." (Tr. at 75)
50. At Good Samaritan, Dr. Blaze was prescribed paliperidone (Invega), and over the course of a few days, his condition improved. While he was noted to be loud and vulgar when he was first admitted, by the time of his discharge on June 19, 2024, Dr. Blaze was generally noted to be pleasant and compliant, with no threat of harm to himself or to others. (St. Ex. 15 at 21-22)
51. At the hearing, Dr. Blaze did not recall being opposed to taking Invega, and in fact, testified that he "enjoyed taking" that medication. (Tr. at 77-78; St. Ex. 15 at 10) However, he testified that after he was discharged from the hospital, he once again could not find a prescribing psychiatrist, and he expressed frustration with the cycle he was finding himself in, because the doctor who treated him in the hospital could not also prescribe medications for him as an outpatient:

I came back to him and I e-mailed him about prescribing me more, but he said he couldn't because he's no longer my doctor, which is the issue that I run into. Every time I go to an inpatient facility is once I leave, they can't help me anymore.

(Tr. at 78-79)

As a result of this lapse in prescribers, Dr. Blaze admitted that he ran out of his medications in July 2024 and went off his meds for about 30 days. (Tr. at 78-79)

52. Shortly after being released from Good Samaritan, Dr. Blaze was admitted to Eastern State Hospital (St. Elizabeth Healthcare) in Fort Thomas, Kentucky in July 2024,

where he was found to have "acute psychosis, delusions, and combative behavior." His providers noted that he was "chronically non compliant with Bipolar medication" and that he had "Mania & acute psychosis – delusions, paranoia, hallucinations," that required him to be hospitalized. (St. Ex. 14 at 17-18) A Kentucky Crisis Intervention report that was attached to the hospital record states that the first responders were called to a Hampton Inn, where Dr. Blaze was threatening staff, and that when they arrived, he agreed to go to the hospital:

GENERAL NARRATIVE:

On the above date and time, the above was refusing to leave the Newport Levee. The above did not make sense when he spoke. The above stated he was not homicidal or suicidal and left the area. A short time later we were called to the Hampton Inn after he was threatening their staff. Officers are familiar with the above and are aware he suffers from mental health. The above appeared to be in a manic or schizophrenic state. When asked he stated he would go to the hospital, The above continued to speak the entire way to the hospital. He never fully made sense, but was speaking clearly and fluently. He was taken to St. Elizabeth Fort Thomas for a mental health evaluation.

(St. Ex. 14 at 20)

Dr. Blaze stated that he recalled an incident at the Hampton Inn with the police, but he did not recall threatening anyone there. (Tr. at 83)

53. After being admitted to Eastern State Hospital, a Kentucky Court granted a petition for involuntary hospitalization in July 2024, and Dr. Blaze was treated with Depakote for his Bipolar Disorder, until his discharge on or about August 2, 2024. The discharge summary stated that Dr. Blaze would be referred to Greater Cincinnati Behavioral Health with a 30-day supply of his medication. (Tr. at 82-84; St. Ex. 14 at 10-12, 123, 474-475, 597-598)
54. Although the records from Eastern State Hospital indicate that Dr. Blaze was scheduled to return for an intramuscular injection of decanoate on August 15, 2024, Dr. Blaze testified that he did not return for the injection because he could not afford it. Instead, he said that he continued taking Depakote and fluphenazine in pill form. (Tr. at 84-86; St. Ex. 14)

Dr. Blaze's Practice with Dental One Beginning in August 2024

55. It was not until August 2024 that things began to get better for Dr. Blaze. It was then that he met Dr. Manfred Schall and began work at Dr. Schall's practice, Dental One, in Cincinnati. At the hearing Dr. Blaze testified that it was difficult to find any kind of work after losing his job with Dental Express in April 2024. He explained that prospective employers always wanted to know his work history, adding, "[I]t's very hard if you become a doctor to get a normal person job." He said that it was also difficult to find another job as a dentist, and that this left him unable to work, and in turn, unable to pay for his medication that he needed to maintain his mental health. (Tr. at 66-67) Dr. Blaze related that he was without income for several months until he met Dr. Schall and found work there with his office, recalling:

And then on the flip side, it's very difficult to get a job as a doctor because I tell them about the Board action, and they would see it even if I didn't tell them, but they wouldn't hire me because of that. So I went from May until I met Dr. Schall without having any source of income.

Like I eventually met him, and then I was able to get income, which allowed me to be able to find a new psych doctor because if you don't have money, you can't pay for your treatment or your medication. So that allowed me to find a new psychiatrist and see him and get the necessary care.

(Tr. at 66-67)

56. Dr. Blaze recalled that he had begun working the night shift in a Coca-Cola bottling factory around the time he met Dr. Schall, but that after a few weeks, he realized he could not work both jobs, so he quit his factory job and continued working only at Dr. Schall's practice in September 2024. (Tr. at 225-226)
57. Since September 2024, Dr. Blaze has worked three days a week, usually 12-25 hours weekly, covering shifts when Dr. Schall is out of the office. He testified that he provides general dentistry services such as fillings, extractions, crowns, and endodontic procedures. Dr. Blaze explained that Dr. Schall currently works four days a week when he is not on vacation, but that Dr. Schall has been in practice for more than 50 years and is looking towards retirement. (Tr. at 67-70, 226) He related that Dr. Schall would like to sell the practice to him, and Dr. Blaze said that he very much wants that opportunity, as he testified, "[T]hat's always been a dream of mine, to own my own dental practice in an underserved community. And I jumped at the opportunity to take on that challenge." (Tr. at 65-66)
58. Dr. Blaze testified that he had been open with Dr. Schall about his mental health history, and that Dr. Schall knew "pretty much everything" about it. He said that Dr. Schall has served as a mentor and friend to him as he has been trying to get back into the practice of dentistry. (Tr. at 70) At the hearing, Dr. Blaze presented the testimony of several co-workers who had worked with him since September 2024 at Dental One, as well as the testimony of Dr. Schall, which are described in more detail later in this report.

Dr. Blaze's Mental Health Treatment Since September 2024

59. Dr. Blaze conceded that he had no prescriber for a time, until he became connected to Dr. Lawson, his prescribing psychiatrist at Greater Cincinnati Behavioral Health in September 2024, which he sometimes referred to as "GCBH" or "GCB." Dr. Blaze related that he asked Dr. Lawson to put him back on Abilify for his bipolar disorder,

and Dr. Lawson prescribed it for him. He said he has been taking it since September 2024. Dr. Blaze said that he feels stable on it and thinks it is working, and there are no adverse effects that would cause him to stop taking it. He acknowledged that when he has had lapses in his medications, it has taken him some time to adjust, after going back on them. (Tr. at 78-80, 217-220)

60. At the time of the hearing, Dr. Blaze testified that was taking 5 mg. per day of Abilify, but he volunteered that his evaluators with the Ohio Physicians Health Program suggested to him that that dose might be too low, and could actually precipitate manic behavior, so he said that he was planning to ask Dr. Lawson if he should be on a higher dose at his next appointment. (Tr. at 86-88)
61. In addition to his medication regimen, Dr. Blaze testified that he has also been seeing a counselor through Neighbor Hub Health once a week and would soon be getting a new counselor through Greater Cincinnati Behavioral Health Services [GCBH]. He added that GCBH is also helping him to find housing and to maintain ongoing treatment for his mental illness. By the third day of the hearing, Dr. Blaze's counsel represented that Dr. Blaze would be seeing a new psychiatrist, Dr. Logan Jones, on December 12, 2024, and that Dr. Blaze intended to form a long-term treating relationship with Dr. Jones. The record was left open so that Dr. Jones could submit a report detailing Dr. Blaze's treatment plan, along with a statement about whether he would be able to continue treating Dr. Blaze for some time, so that he would not have to find another provider. (Tr. at 90-91; Tr. Vol. 3 at 44-46)
62. When he was asked if he was avoiding recreational drugs, Dr. Blaze said that he did not recall ever being advised to avoid the use of marijuana in combination with his mental health medications. (Tr. at 88-90) He offered, however, that it "came up" in the context of a urine screen, and he suggested it could have been the result of a mistake at the vape store:

I told them that I don't smoke marijuana. And they told me that it came up in my urine analysis. So then I had to backtrack to figure out how that happened because I do vape. I vape nicotine, but since it's legal now, nicotine stores sell disposables that have other things. So you've got to make sure you're in the right section of the store when purchasing.

(Tr. at 89-90)

63. When Dr. Blaze was asked if he understood why his condition was a concern to the Board, he quickly replied, "Yes. Yeah. Absolutely," later adding, "Because the Board believes that it affects my ability to treat patients and see patients." (Tr. at 95-96) Dr. Blaze contended, however, that his condition has never affected his patients, testifying, "I've never had issues treating patients or seeing patients. That's one of the few things in my life that gives me absolute joy." Later, Dr. Blaze drew a

distinction between his work and his personal life, suggesting that his condition does not affect his professional life:

I believe that my mental illness affects my personal life, not my professional life. I personally believe that I do a good job of keeping the two separate. When I'm at work, I'm at work. And when I'm in my personal life, that's personal.

(Tr. at 96)

64. On cross-examination, however, Dr. Blaze admitted that he had posted a YouTube video asking patients to "tip" the staff at 24/7 Dental when they worked long hours. (Tr. at 98) When he was asked if he ever messaged patients through social media, Dr. Blaze said that he has a "doctor page" to show his various *locum tenens* assignments so patients could find him after he went to a new location, but he insisted that he was not "looking up patients to reach out to them." (Tr. at 98) Dr. Blaze also admitted that he could not recall accurately if there were patients in the office on his last day at Elite Dental, when the police escorted him out. (Tr. at 43)
65. Dr. Blaze also downplayed the extent of his mental health problems during the time between April 2024 when he lost his job at Dental Express and September 2024 when he began working for Dr. Schall, even though he had two hospitalizations during that time:

Q. [By Ms. Bockbrader:] Were you experiencing any mental health issues during that time?

A. I would say so in the aspect of I wasn't always cheerful. Some days were a little harder than others, and I became really frustrated with the fact that I couldn't find employment. So I had a couple -- I had some days where I just was beside myself and would -- I used my YouTube channel to release stress and to get myself back on track. So I had a few days where I showed a lot of frustration, but nothing like what happened that constituted me being hospitalized the first time. That -- that's always my crux of mental illness.

(Tr. at 71-72)

66. The State introduced some of the YouTube videos that Dr. Blaze posted online, to show the extent that his mental health disorder affected him during that time, although it was not clear exactly when some of them were made. Dr. Blaze agreed that he was in a manic state when he made some of the videos, and only one of the ones showing manic behavior was ultimately admitted into evidence. (St. Ex. 16C; Tr. at 94) In contrast, the State presented another video showing Dr. Blaze in good mental health, interacting with a young adult patient who had just gotten veneers and was very pleased with the work and proud of how he looked. (St. Ex. 16A) The

two videos show a stark difference in Dr. Blaze's demeanor when he is well, and when he is not.

67. Board investigator Aimee Bixler also testified that she interacted with Dr. Blaze about three times through telephone conversations between April and July 2023. She described her conversations with him as "confusing, somewhat erratic," and said that he spoke very quickly, skipping from one topic to the next without finishing a sentence, and that he also exhibited behavior that suggested paranoia, in that he thought the police were tracking his phone. (Tr. at 141-144) Although the conversations were confusing and erratic, however, Ms. Bixler agreed, "But again, he was never yelling at me. He didn't threaten me. Nothing like that." (Tr. at 142)
68. Ms. Bixler also identified text messages Dr. Blaze had sent her during that time, including some in the 3:00 a.m. hour, and one in which he wrote that he was going to petition the government to abolish the need for dental licenses. (Tr. at 135-137; St. Ex. 9) Board Enforcement Officer Barbara Yehnert also identified text messages she received that were forwarded by a patient who texted Dr. Blaze to check on his wellbeing, and got a response from Dr. Blaze asking her to send a check to help pay his rent. (Tr. at 151-152; St. Ex. 12)

Testimony from Dr. Blaze's Current Coworkers at Dental One

69. Multiple people from Dental One testified at the hearing, about their experiences in working with Dr. Blaze since September 2024. Their testimony is summarized below.
70. Raniza Anderson-Irby is a dental assistant who has worked with Dr. Blaze since September 2024. She said that in the time she has known him, Dr. Blaze has always been professional and good-natured and has never done anything to make her uncomfortable. (Tr. at 156-159) She testified that she thinks he makes accurate diagnoses because he listens to patients and "gets to the pinpoint of what the patient comes in for." (Tr. at 157) As a result, she said that patients have enjoyed having him work on their teeth, and she had never heard any complaints about him, adding that she personally "love[s] working with Dr. Blaze." (Tr. at 157-158) On cross-examination, however, Ms. Anderson-Irby conceded that she did not know anything about Dr. Blaze's mental health history before he started working there. (Tr. at 158)
71. Robin Reed has worked as a dental assistant for about 33 years at Dental One, and has worked with Dr. Blaze since September 2024, when he began working in the office four or five days a week. She testified that Dr. Blaze is confident and patient with his dental clients, adding that he makes them feel comfortable, and they get up from the chair smiling and appreciating his work. She stated that Dr. Blaze had never made her feel uncomfortable in any way and had never acted in any way that was inappropriate or erratic, and she has no concerns about his practice. On cross-

examination, Ms. Reed also acknowledged that she did not know anything about his mental health history before he started working there. (Tr. at 171-175)

72. Lora Hawks has been the office manager at Dental One for about 36 years, and she has also worked with Dr. Blaze since September 2024. She said that she had never heard any complaints about Dr. Blaze from staff or patients, and that she feels very comfortable working with him even when Dr. Schall is not in the office. Ms. Hawks estimated that she has worked with about 15 different dentists in her career, and she testified specifically about Dr. Blaze's skill with patients:

I've seen a lot of dentists come through here. That's why I feel comfortable talking about Dr. Blaze because I think he's a very -- he's very good with the patients. He has a calming effect on all of us. I think he's very intelligent. He's very good with the patients.

I actually had a patient the other day that Dr. Blaze had removed a tooth. And we always have them sit -- you know, sit and wait for a little bit before we let them go. And Dr. Blaze had moved on to another room. And by the time he -- by the time the patient was getting up, he was looking -- he was looking all around the room * * * But what he was looking for was Dr. Blaze because he wanted to go and shake his hand and tell him how good of a dentist he was.

I'm just hearing all those kind of things as the patients are checking out, they really like him. The staff likes him. We all get along. He's just -- he's very concerned about the patients. He doesn't want them to be in any pain.

(Tr. at 165-166)

73. Ms. Hawks said that Dental One is predominantly a Medicaid practice, and she believes Dr. Blaze "fits into the practice" very well. (Tr. at 167) She explained:

[W]hen you're in a Medicaid practice, it takes a very specific kind of person to be able to communicate with these patients here. And I think he's going to be able to do that. And he seems very enthusiastic to work here. He actually told -- like I think the first day we saw him he said he came from poverty, and he had a chance to go to school or, you know, something to this effect. And now he wants to give back to the community. And I think that's why he's here. He wants to give back. He wants to take care of patients.

(Tr. at 167-168)

On cross-examination, however, Ms. Hawks likewise testified that she knew nothing about Dr. Blaze's mental health history before he began working at Dental One. (Tr. at 168-169)

Dr. Blaze's Relationship with the Ohio Physicians Health Program [Ohio PHP]

74. Dr. Blaze has been working with the Ohio Physicians Health Program in connection with this case since approximately November 6, 2024. The Ohio PHP report indicates that Dr. Blaze previously had a monitoring agreement in place with Ohio PHP from July 2020 to November 2020, when he terminated the agreement, but that Dr. Blaze did not recall that period of monitoring when he was evaluated in 2024. (St. Ex. 18)
75. Although he had the first episode that led to his diagnosis of bipolar disorder in 2020, Dr. Blaze maintained that he only recently arrived at the understanding that this condition will require ongoing treatment, through his recent work with Ohio PHP. He testified:

Once it was explained to me that bipolar is something that you always want to have medication for so that it's always stabilized so that you don't have the risk of something happening because that's what the OPHP explained to me that helped me understand it as a person is there's a risk that you're mitigating with the medication, as opposed to just letting that risk run rampant. Like if I had high blood pressure and I wasn't taking the medication but I didn't have an issue, there's still that risk of you having a stroke. There's still that risk of me having a manic episode, which I understood. But I've been on my medication since August of this year because I wanted to get ahead of it and be back in control.

(Tr. at 34-35)

76. When Dr. Blaze was asked if he understands why the Board is concerned about his fitness to practice, he quickly responded, "Absolutely, absolutely." (Tr. at 184) He explained that he also cares about his ability to treat patients and does not want to put anyone in danger:

I never want to be a danger to myself and a danger to my patient base. I don't mean to down-play my mental illness or any mental illness, I just didn't understand what I didn't understand. And once it was explained to me in a way I could understand it, I got the ball rolling. Like I sought out help. I sought out help to manage my mental illness and get the help that I need to make sure that I stay on a steady course and I don't have these extreme ups and downs.

I care a lot about my ability to practice, and I care a lot about my ability to treat people. And I never want to treat people in an inappropriate or unprofessional manner. So I'm doing all I can to show the Board and for myself that I'm fit to practice and fit to be monitored and fit to continue to do what I've been doing because the Board allowed me to continue to practice even after the Board action came down.

And the first thing I did while I was looking for jobs was I tried to find a psychiatrist to help treat me so that I was under continuing care. Because my biggest issue was that once I was told by my counselor that there was no more reason for us to meet is I just dropped everything because I'm like, okay, I'm cured. That was my perspective.

But had I known that this is something that you just don't get rid of, I would have stayed on that course, and I would have had documentation that show like, hey, he's on -- he's on his meds and he's doing what he needs to do. So that's my fault for not -- not doing my due diligence with the researching the mental illness that the Lord blessed me with. But, yeah, I understand the severity. And I understand why we're here.

(Tr. at 184-185)

Testimony of Dr. Richard Whitney

77. Richard Whitney, M.D., is the Medical Director of Ohio PHP and has been board-certified in Addiction Medicine since 1991, after previously practicing emergency medicine for 10 years. He also has a history of working in broader behavioral health capacities, including serving as the Medical Director of Licking Memorial Hospital's Behavioral Health unit (now known as Shepherd Hill) since 2001. Dr. Whitney testified that he frequently conducts evaluations for roughly 77 different licensing agencies including the State Medical Board of Ohio, and he was recognized as an expert without objection from Dr. Blaze's counsel. He said that the goal of Ohio PHP is to give support to licensees in order to improve their health and wellbeing, so that they can return to practice in good health. Dr. Whitney identified the report of his assessment of Dr. Blaze, dated November 21, 2024, which was admitted into evidence. (St. Ex. 18; Tr. at 236-242, 292, 304)
78. Dr. Whitney testified that Dr. Blaze completed multiple online screening tests on his own before he met with the team at Ohio PHP for a clinical interview on November 6, 2024. He testified that Dr. Blaze's history suggested that Type I Bipolar Disorder was the most likely diagnosis, and he compared it to Type I diabetes because it generally occurs at a younger age and is more severe, with a worse prognosis if it is

not treated. (Tr. at 241-245, 329) During the clinical interview, Dr. Whitney recalled, “[Dr. Blaze] acknowledged his diagnosis of Bipolar Disorder. Yes. And we believe that that was accurate.” (Tr. at 245) Dr. Whitney gave an explanation of that condition in his testimony at the hearing:

Bipolar disorder, it used to be called manic depression, but is a mental health condition of unknown cause that leads individuals generally at younger age for Bipolar Type 1 to have very, very, very severe mood swings. Sometimes presenting first as a depressive episode.

Sometimes presenting first as a manic episode. And a manic episode can be thought of as an episode where someone is extremely agitated, irritable, anxious, restless, usually sleep disturbance and usually shows disturbances of thought such as paranoia, delusional thinking, hallucinations and so forth that manifests itself as a true manic episode.

These manic episodes oftentimes are followed by an episode of severe depression. And over periods of time, which can vary dramatically from a matter of weeks to a matter of months sometimes -- sometimes years of swinging between extremes of mania and extremes of severe depression, and then intermittently manifesting as a relatively stable mood between these extremes.

(Tr. at 243-244)

79. Dr. Whitney said that in manic phases, a patient's mania can result in making poor decisions such as excessive spending, gambling, or acting out in other ways that can have legal, financial, and professional repercussions. He added that patients can exhibit “grandiosity” which could include believing that they have super-human abilities such as being able to read minds or believing that they are the reincarnation of Jesus, all of which are manifestations of unstable thinking. Dr. Whitney testified that the episodes of depression that follow the manic times can range from mild to severe when the patient realizes the decisions they made during the manic episode, and can even result in the patient taking their own life. (Tr. at 244-248) He explained:

[T]hese manic episodes can be extreme and very poor decision making because people are not thinking clearly. And then when the depressive phase follows, sometimes the remorse and the grip and the consequences of those decisions come home to roost and people have been known to take their life because they're so remorseful and regretful and the consequences of mania.

(Tr. at 247)

80. Dr. Whitney agreed that during the manic episodes, people who have Bipolar Disorder often behave in ways that do not reflect their true character, and in ways that they sometimes do not even remember:

[E]ven in law sometimes people are so psychotic they can't differentiate between true and false, so they can't be held responsible. The same is true with severe bipolar, mania and psychosis, is it can lead to bizarre behavior that the individual would never ever do if they were not in that state.

(Tr. at 334)

81. Dr. Whitney testified that according to current medical knowledge, the only treatment that is believed to be successful in treating this bipolar disorder is the use of mood-stabilizing medications and/or anti-psychotic medications, which can very effectively control the condition in most patients, although some patients also require the addition of anti-depressant medications. He emphasized, however, that the treatment must be individualized to each patient, because the wrong combination of meds can cause a patient to "switch" episodes. For example, he said that either an anti-depressant or a stimulant, when used incorrectly, can throw the patient into a manic phase. (Tr. at 248-249)

82. Dr. Whitney further testified that a person's medications will likely need to be adjusted over time because, as people age, their liver chemistry and the function of their kidneys changes so that their metabolism of medications also changes. For this reason, he explained that Bipolar Disorder is a "lifetime illness" that requires ongoing treatment:

That's why you don't just say, here is, you know, five years' worth of refills, just keep taking it. You've got to see them on a regular basis because, like I said, as we age, blood levels can change, metabolism can change, needs and requirements can change.

So that's why essentially it's a lifetime illness. There's no cure for bipolar disorder. And regular visits, meaning quarterly or twice a year or monthly, whatever the psychiatrist wants is necessary to make sure that ongoing stabilization occurs. But there is a very high probability of successful treatment in individuals with bipolar illness if all the aforementioned are done.

(Tr. at 332-333)

83. Dr. Whitney summarized that the goal of treating bipolar disorder is mood stabilization, which requires consistent observation by the prescriber and adjustment of the medications as needed for the individual patient:

So careful medical knowledge, experience and ongoing care to prescribe appropriate mood stabilizing medications. Examples would be Lamictal, Tegretol and other anti-seizure medicines, which are commonly used as mood stabilizers; anti-psychotic medications such as Geodon, Risperdal, Prolixin and other anti-psychotic medications; and then a careful adjustment of these medications over time with feedback clinically by observation and from the patient as to how the medications are working. But the goal is prevention of the extreme manic episodes and the prevention of the extreme depressive episodes, generally termed mood stabilization.

(Tr. at 249)

84. Dr. Whitney maintained throughout his testimony that a bipolar disorder diagnosis requires consistent, appropriate treatment in order for a healthcare practitioner with that condition to be able to practice safely and competently. He said that if the condition is untreated or improperly medicated, the practitioner could have episodes of "hypomania," which could present as mild agitation or difficulty concentrating, and could include poor decision-making and poor-quality thinking. (Tr. at 251-252) On the other hand, he said that a switch to a manic episode could present a risk to patients because the provider is not thinking clearly:

The most concerning thing would be something like a switch to a manic episode where an individual is clearly psychotic, agitated, irritable, hallucinating, delusional thinking, can, you know, be paranoid of a patient, can be delusional, can think the patient is out to get them, or can potentially cause some harm to a patient when they're in a hypomanic or manic episode. When a severe depressive episode occurs, again, there can be clouded thinking, poor decision making and so forth. So the concern would primarily be an individual switching between a manic or depressive episode and not using optimal professional judgment in the care of a patient or patients.

(Tr. at 251-252)

85. Although he agreed on cross-examination that Dr. Blaze's practice as a dentist probably poses less risk than that of a heart surgeon or a brain surgeon, Dr. Whitney said that Dr. Blaze is still considered a "Category 1" practitioner because he has prescriptive authority, and he can perform surgical procedures. He testified that there is a potential danger to patients whenever there was the possibility of mania, hypomania, or any form of impaired judgment from a healthcare provider with a psychiatric illness that was not being appropriately treated. (Tr. at 262, 303-304)

86. Dr. Whitney agreed that Dr. Blaze took the initiative to contact Ohio PHP on his own, and that he had voluntarily worked with the organization. He described Dr. Blaze as being very well-educated and easy to talk to, although he said that his knowledge of bipolar disorder was limited:

Very pleasant, very warm and easy to talk to. And, again, what we found very quickly was his education level -- his general education level is very high, but his knowledge of bipolar illness was not as high as it could be. But, again, Dr. Blaze was very easy to work with, very pleasant, articulate, clear.

(Tr. at 293)

87. Dr. Whitney emphasized throughout his testimony that Dr. Blaze was "very, very pleasant and easy to work with." (Tr. at 262-263) However, he also found that Dr. Blaze did not have good insight into his condition at the time he conducted his clinical interview. He said that Dr. Blaze did not seem to recognize that bipolar disorder was a condition that required ongoing treatment, and did not connect the disruptions in his life to his mental health condition, even though Dr. Whitney learned there were two more recent hospitalizations that he did not previously know about:

Dr. Blaze did not seem to have an understanding of bipolar disorder being a chronic illness requiring daily medication or, less often, long-acting injectable medications. *** [H]e seemed to have a belief that these were isolated incidents that were cured or treated effectively and didn't seem to be able to put together the fact that his life was consistently interrupted by first episode of a hospitalization in 2020, and then other hospitalizations because of mania. And then we later found out, which he did not disclose to us at the time, two psychiatric hospitalizations in 2024. And didn't seem to understand that these were all connected and part of a process of a chronic illness, bipolar disorder.

(Tr. at 252-253)

88. Later in Dr. Whitney's testimony, he acknowledged that patients often display elements of denial about a mental health diagnosis, just as they can with substance use disorders. He offered, "[W]e recognize that as being part of the disease. That doesn't mean they're dishonest. *** Sometimes it's just too much for me to accept, so they convince themselves mentally I don't have that." (Tr. at 328-329)

89. Dr. Whitney took issue with the medication regimen that Dr. Blaze was on at the time of his evaluation. He testified that the 5 mg. daily dose of Abilify (aripiprazole) he was taking was "dramatically subtherapeutic," and explained that not only was it

too low to be effective, but it could be "activating" so that it could actually precipitate a manic episode. (Tr. at 253) Dr. Whitney testified that when Abilify is used as the sole medication to treat bipolar disorder, the FDA approved level of treatment is a dosage of 15 mg. per day. However, he said that he had never seen Abilify used as the only medication to treat severe bipolar illness, and that there are almost always mood stabilizers or anti-psychotic medications that are prescribed along with Abilify. Dr. Whitney concluded that a dose of 5 mg. of Abilify per day was not enough to manage severe illness, for which Dr. Blaze has had several hospitalizations for mania in the last few months. (Tr. at 315-316)

90. Although Dr. Whitney said that he would not question what medications a board-certified psychiatrist prescribes for Dr. Blaze, he was not convinced that Abilify was the only medication that had, in fact, been prescribed for him over the course of his treatment. He explained that in reviewing the medical records that were later provided, he found that Dr. Blaze had been started on appropriate stabilizing medications while he was in the hospital, but that he would only agree to take the Abilify. He then discontinued the other medications that were prescribed to him in combination with the Abilify, after he left the hospital. (Tr. at 253-255, 315-316)
91. Dr. Whitney further testified that Dr. Blaze did not seem to understand that the episodes he was having when he went off his meds were preventing him from having a consistent practice in dentistry. He testified that this also suggested a lack of insight into his own condition:

[T]hat demonstrated to us a lack of clear understanding of the diagnosis that he had been provided, the multiple difficulties that has caused in his life; even to the extent of being a licensed dentist that was living in his car because of the severe psychiatric episodes that were preventing him from having a consistent practice in our opinion.

(Tr. at 253-254)

92. However, Dr. Whitney explained that this was not uncommon, and that people with bipolar disorder very often decide to stop taking their medications:

It is very, very common for individuals with diagnosed bipolar disorder, for example, to stop their medications because they don't believe it's helping them. They don't -- they forget how severe the manic episode and depressive episode was. And they say, why should I take this medicine if I feel okay right now, so -- or inconsistency with preventative medications with many patients with bipolar disorder is unfortunately very common.

(Tr. at 264)

93. Dr. Whitney acknowledged that another factor that has prevented Dr. Blaze from getting consistent treatment for his diagnosis was the fact that he was uninsured and could not afford his medications. Although Dr. Blaze eventually discovered that he could get his Abilify for free at NeighborHub Health, it was not conveniently located, so at times he was not able to fill his prescriptions. (Tr. at 253-255) Dr. Whitney concluded, "So the medication dose frequency and administration, so forth, was very irregular and inconsistent, which is not good quality treatment of bipolar disorder." (Tr. at 254-255)
94. Dr. Whitney also described the disconnect between Dr. Blaze's inpatient and outpatient treatment as "unfortunately *** too common." (Tr. at 282) He related, "In the old days, it was the same psychiatrist that worked inpatient then would also see the patient as an outpatient. Nowadays unfortunately there's this disconnect. And oh, no, I only do inpatient psychiatry. I only do outpatient psychiatry." (Tr. at 282-283) Dr. Whitney stated that it was a frustrating system that appears to have worked against Dr. Blaze in seeking treatment and contributed to the inconsistency in managing his condition. He explained that when the same clinician is observing the patient over time, that doctor will be able to notice if anything appears different about the patient's condition, such as if they are more agitated or depressed, which could be an indication of instability. (Tr. at 283) In this case, Dr. Whitney said that it appears that Dr. Blaze has had "discontinuous care that is subtherapeutic," which he said is unfortunately very common. (Tr. at 317-318)
95. Dr. Whitney also acknowledged that there is a shortage of psychiatrists, and that this is also an issue that Ohio PHP sees regularly in the licensees that it monitors. He related, "[Y]ou call a psychiatrist and they say, yep, I can see you in six months. It's a terrible problem." (Tr. at 326-327)
96. Dr. Whitney also had concerns about memory issues that Dr. Blaze's condition might have caused. He testified that during the interview, he asked Dr. Blaze if he had ever worked with Ohio PHP before, and he said that he had not. However, Dr. Blaze had been monitored by Ohio PHP for several months in 2020. (Tr. at 255-256) Dr. Whitney said that even though Ohio PHP is in a different location now than it was in 2020, this was a "datapoint of clear memory disturbance," and offered, "[I]t was important that an intelligent, educated, licensed dentist would not be able to recall that he had worked with us in the past." (Tr. at 256) He added that Dr. Blaze also failed to disclose two other psychiatric hospital admissions that occurred after May 2024, and he was unsure if Dr. Blaze did not remember them, or if he was withholding information, which he said is not uncommon when licensees are hoping to avoid some kind of adverse effect, such as a license suspension or the loss of a job. (Tr. at 256-258)
97. Dr. Whitney testified that these concerns about treatment caused Ohio PHP to ask Dr. Blaze to sign a voluntary agreement that he would not practice dentistry until he had an ongoing relationship with a board-certified psychiatrist who could confirm

his diagnosis, prescribe appropriate medications, and confirm in writing that he was stable and capable of practicing dentistry. (Tr. at 261-263) He concluded, “[B]ecause he did not have an ongoing relationship with a psychiatrist, and was not taking appropriate medication of therapeutic doses, we did not believe it was safe either for Dr. Blaze himself, but also to be working on patients.” (Tr. at 262) Dr. Blaze did not accept that recommendation, however, and Dr. Whitney testified that he believes it is because Dr. Blaze did not appreciate the severity of the disorder and the potential for harm to himself or patients if it was not well-controlled. (Tr. at 259-260, 263)

Positive Screen for Alcohol; Concern about Possible Alcohol Use Disorder

98. Dr. Whitney testified that, as part of Ohio PHP's evaluation, Dr. Blaze submitted to a urine toxicology screen for drugs and alcohol, like nearly everyone who is evaluated, but it took about a week to get the results of that test. As noted in the Ohio PHP report, Dr. Blaze tested positive for ethyl glucuronide [EtG] at a level of 13,751 ng/mL and ethyl sulfate [EtS] at a level of 2,587 ng/mL. Dr. Whitney explained that EtG and EtS are metabolites of alcohol that are excreted by the kidneys and do not appear in human urine unless the person has processed ethyl alcohol in their body within the last week or two before the test. He said that the amount shown by the test is dependent on the amount of alcohol consumed, as well as when the most recent drink occurred. (Tr. at 264-266; St. Ex. 18 at 4-5)
99. In Dr. Blaze's case, his toxicology results were not consistent with what he told his interviewers at Ohio PHP when they were taking his history. Although Dr. Blaze told the team at Ohio PHP that he last drank alcohol in August 2024, Dr. Whitney testified that his EtG and EtS levels were “extremely high elevated.” (Tr. at 266) He explained that the toxicology result was “totally 100 percent inconsistent” with Dr. Blaze's representation that the last time he had a drink was in August, three months earlier, but that the test could not tell how frequently and how heavily he drank. (Tr. at 266-268) He explained:

We had an indication there was more of a drinking problem than Dr. Blaze had let us know. We didn't know how bad it was. We didn't know if he had a couple of stiff drinks the night before he got here or whether he's been drinking a fifth of Jack Daniels every day for the last couple of years. We didn't know. All we know is he didn't tell us the truth how much he was drinking. So in order to monitor someone for the possibility of alcohol withdrawal, then that's why we recommended initially a facility that could evaluate him for that.

(Tr. at 305-306)

100. When the test results came back and Dr. Whitney spoke to Dr. Blaze about the levels, he recalled that Dr. Blaze minimized his drinking and did not acknowledge any

significant use of alcohol at all. Although Dr. Blaze was offered a PeTH test that could measure the level of phosphaditil alcohol present in the red blood cells to confirm the accuracy of the EtG and EtS testing, Dr. Whitney testified that Dr. Blaze said he did not have the funds to pay for that test. (Tr. at 268-269)

101. Dr. Whitney testified that the toxicology screen was an important piece of data because he said that there is “an almost 50 percent co-occurrence” of alcohol use disorder in patients who also have bipolar disorder. (Tr at 266-267) He further explained that alcohol use can affect the stability of a person who is taking meds for this diagnosis:

[I]ntake of alcohol can destabilize an individual who might otherwise be stable in their bipolar disorder. It can change the metabolism of medications. The intoxication can cause individuals to have blackouts and forget to take their medicine and so forth. So accurate diagnosis and treatment of both is very important.

(Tr. at 267)

102. In addition, Dr. Whitney said that there is a question whether the unusual behavior that Dr. Blaze has had in the past when he was thought to be in a manic state could actually be attributable to alcohol withdrawal, rather than mania. He explained, “[A]lcohol withdrawal can have delusional thinking, hallucinations, irritability, anxiety, rapid speech just like mania can.” (Tr. at 322)
103. Dr. Whitney testified that based on the toxicology testing, there is a question whether Dr. Blaze also has an alcohol use disorder that must be treated and managed along with his bipolar disorder to keep him stable and healthy. He explained that, for this reason, as well, Ohio PHP recommends that Dr. Blaze have an evaluation for alcohol use disorder before he continues practicing:

Our concern is we don't know the state of his alcohol use disorder, whether it's present or bad, whether it needs treatment and so forth. But we do know the bipolar disorder, which is almost certainly his primary diagnosis. And for both reasons we believe that it is best for both Dr. Blaze's health and well-being, but also to protect patient safety and care that both of these illnesses should be addressed, evaluated, treated appropriately, stabilized before Dr. Blaze is -- continues in full practice taking care of patients.

(Tr. at 271)

Dr. Whitney concluded that he believes Dr. Blaze should at least “get looked at” by a qualified healthcare professional and be fully honest about his alcohol use with that

provider. He said that if that evaluation determines Dr. Blaze has no issue with alcohol use, then Ohio PHP would be satisfied with that. (Tr. at 321)

104. The Ohio PHP evaluation found that Dr. Blaze was impaired in his ability to practice dentistry according to acceptable and prevailing standards of care without treatment or monitoring, due to a mental health condition. (St. Ex. 18 at 5) At the hearing, Dr. Whitney testified that, even though Dr. Blaze appears to be functioning well and has not had a manic episode in several months, no one can predict when he might have another manic episode, or even a "hypomanic" episode in which his judgment is impaired, particularly because he is on a suboptimal regimen of medications for his bipolar disorder. (Tr. at 271, 277-278, 315-317) He emphasized that this presents a risk to Dr. Blaze's own wellbeing, as well as to his patients:

[W]e believe it is safest not just for Dr. Blaze but for his patients that he be stabilized appropriately before he continues practicing dentistry. He can do beautifully well for an unknown period of time and then all of a sudden for some reason, sleep disturbance, whatever, be thrown off kilter, go into a manic phase. But that -- oftentimes that manic phase will not occur, you know, instantly. It will be a period essentially of ramping up into a hypomanic and then manic phase, but during that hypomanic build-up period, he can manifest poor judgement, poor decision making, psychosis, delusional thinking before he hits the full-blown mania. And to protect Dr. Blaze and to protect the patients, we believe that it's safest overall that he discontinue practice until he gets certification from a board certified psychiatrist that he's okay to practice again.

(Tr. at 278)

105. Dr. Whitney also testified that a stressful life event, such as a bad car crash or the breakup of a long-term relationship can "absolutely" act as a destabilizing trigger in a person who is not appropriately stabilized on medications, and can precipitate either a severe depressive episode or a severe manic one. (Tr. at 334-335)
106. On cross-examination, Dr. Whitney was confronted with a suggestion by counsel that none of Dr. Blaze's current co-workers were aware that he has a mental health diagnosis or that he lives out of his car, showers at the YMCA, and gets dressed out of a storage locker, and that this shows that he has "held it all together" in spite of less than ideal treatment for his diagnosis. (Tr. at 309-310) Dr. Whitney testified that, until Dr. Blaze is getting optimal treatment to stabilize the condition, there is still a possibility that he could have another psychotic episode, as he has had in the recent past:

I understand that, but I also read in the records that he was walked off the job by a police officer because he came in in a manic state, was talking about personal issues and had to be terminated from that position. So, again, people with bipolar illness can have periods of time where they're just as stable as they can be, but you can't predict - - you can't predict, I can't predict and they can't predict when a hypomanic or manic episode or a severe depressive episode is going to occur.

(Tr. at 310)

Ohio PHP's Recommendations

107. Dr. Whitney outlined the recommendations that he and the evaluation team at Ohio PHP have made for Dr. Blaze, which are detailed below, as well as in the Ohio PHP report. (St. Ex. 18)

Residential Treatment of at least 24 to 72 hours; Ongoing Psychiatric Management

108. Ohio PHP recommends that Dr. Blaze have at least a short period of residential treatment in a facility where he can be monitored and provided with intense counseling, for "somewhere between 24 and 74 hours," in order to stabilize his mental health disorder and evaluate him for an alcohol use disorder. (Tr. at 272) Dr Whitney testified that this would allow Dr. Blaze to be observed for signs of withdrawal from alcohol and any other mood-altering substances and given medications to assist in that process. He said that the overwhelming majority of people who are physically dependent on alcohol will show signs of withdrawal within 72 hours, and that a short period of residential treatment would give more information about the nature and extent of any alcohol use disorder, if it exists. (Tr. at 273-274)
109. Dr. Whitney testified that alcohol dependency alone is "a potentially fatal condition," and he added that severe alcohol withdrawal can also be fatal. (Tr. at 273-274) He noted, however, that in hospital records that he had recently received, there was no indication that Dr. Blaze had signs of alcohol withdrawal while he was hospitalized several times in 2024 for mania, except for a single elevated liver enzyme during his hospitalization in Kentucky, which he said could possibly be from a cause unrelated to alcohol use. (Tr. at 306-307, 320-321)
110. The Ohio PHP report recommended three providers who could see Dr. Blaze, to stabilize his bipolar disorder and determine whether he also needs treatment for an alcohol use disorder: Maryhaven and Talbot Hall in the Columbus area, and The Christ Hospital in Cincinnati. Dr. Whitney testified that all three of those facilities are high quality providers that could offer treatment to Dr. Blaze at no cost or on a sliding fee scale, because of his limitations in being able to pay for treatment and the

fact that he is currently uninsured. He added that Maryhaven in Central Ohio was deliberately placed first on the list of acceptable providers, because that facility could treat Dr. Blaze for both his bipolar diagnosis and an alcohol use disorder, if he is found to have one. (Tr. at 267-268, 275-277, 327-328; St. Ex. 18)

111. According to Dr. Whitney's testimony, if a short period of residential treatment determines that Dr. Blaze does not have an alcohol use disorder, then his bipolar disorder can be treated very successfully on an outpatient basis, provided that he has consistent treatment. This would include regular care with a board-certified psychiatrist who can observe the effects of Dr. Blaze's mood stabilizing medications and can adjust dosing as needed, to the point where that psychiatrist is willing to give an opinion that Dr. Blaze is safe to return to practice. Dr. Whitney added that many times, the psychiatrist will also recommend ongoing counseling, because many patients find that it is helpful to work with a counselor to address issues such as childhood trauma or significant losses in their lives. (Tr. at 273-275)
112. Dr. Whitney testified that Ohio PHP recommends relying on a board-certified psychiatrist to determine when Dr. Blaze is stable on his medications so that he is able to resume the practice of dentistry, after a short time out of practice during that process. (Tr. at 323-325) He suggested that Dr. Blaze could return to practice whenever his treating psychiatrist is willing to provide a letter opining that he is able to practice according to the prevailing standards of care:

Whether that's two weeks, two months, whatever the Dental Board agrees with. But what we would want and recommend is a period off practice, get him to see a psychiatrist, see him get on medications and let Dr. Blaze sign obviously a release for the psychiatrist to send us a letter saying, I've seen him, I've evaluated, I'm diagnosing him and I'm treating; and from my psychiatric opinion, he's ready to go back to practice. Then 99 percent of the time, we'll agree with that, go with it and say let's go with it. So we want a psychiatrist to give us a letter saying he's okay.

(Tr. at 324)

Abstinence from Alcohol and Other Mood-Altering Substances with Random Testing

113. Dr. Whitney testified that it is critical for Dr. Blaze to abstain from alcohol and all other mood-altering substances, including recreational drugs, as well as things like sleeping pills and kratom because they can "throw off kilter" the otherwise stabilizing effect of the medications that are taken to treat bipolar disorder, interfering with the ability of those medications to do their job. (Tr. at 279, 329-330) He added that alcohol and other drugs can affect a person's metabolism, which can in turn affect the blood levels of their medications for bipolar disorder, and he

concluded, "So for that reason, we require patients to abstain from marijuana, stimulants, opioids, tranquilizers and other drugs." (Tr. at 279)

114. Dr. Whitney further testified that it was important for Dr. Blaze to practice good "self care," including a healthy diet, good-quality sleep, and avoiding working excessive hours. He said that sleep disturbance can be associated with hypomania, and that eating regular meals will keep blood sugar balanced and will assist with the efficacy of his medications. He agreed that the "HALT" acronym used in the recovery community, in which people with substance addictions are advised not to let themselves get too hungry, angry, lonely, or tired," applies to recovery from a mental health condition, as well. (Tr. at 330-331)

Reports from the Treating Psychiatrist and Self-Reports from Dr. Blaze

115. Ohio PHP also recommends periodic reports from Dr. Blaze's treating psychiatrist, which Dr. Whitney said is a routine requirement in their monitoring contracts with licensed professionals. Although Dr. Whitney said that there are tests to confirm that a patient is actually taking some types of medications, such as lithium, there are no such tests for most other mental health medications. Therefore they would rely on the opinion of the prescribing psychiatrist to report on whether Dr. Blaze appears to be stable on his medications and can practice safely. (Tr. at 279-282)
116. In addition, Ohio PHP recommends that Dr. Blaze submit quarterly self-reports, so that they can see how he is doing over a period of time. Those reports can cover aspects of his treatment such as how he feels about his relationship with his prescribing psychiatrist, and whether he is getting any supports such as participation in a 12-step program. (Tr. at 281-282)

Monitoring for Five Years

117. Dr. Whitney testified that the Ohio PHP's recommendation is for Dr. Blaze to be monitored for a minimum of five years, which is standard in their monitoring agreements with similar professionals. Dr. Blaze did not currently have a monitoring agreement with the Ohio PHP, as of the day of Dr. Whitney's testimony, because he would not agree to stop practicing for a period of time. (Tr. at 279, 326; St. Ex. 18 at 5)
118. In the presentation of Dr. Blaze's case, his counsel suggested that Dr. Blaze wants to partner with Ohio PHP so that he can practice dentistry with a monitoring agreement in place. Dr. Whitney stated that Ohio PHP does just that for about 500 licensees on a regular basis, monitoring them for conditions including substance use, as well as mental health disorders and even physical impairments, such as Parkinson's diagnoses. However, he clarified that Ohio PHP does not provide treatment; it simply monitors licensees who are in various kinds of recovery programs, after providing an initial screening. (Tr. at 308-309, 313-314)

119. Dr. Whitney testified that Dr. Blaze could sign a contract with Ohio PHP "just about anytime," as he said that some people sign an agreement while they are still in residential or outpatient treatment programs. He suggested that the agreement would provide for ongoing monitoring, with random toxicology screens and reports to the Board about Dr. Blaze's progress. (Tr. at 322-323)
120. On cross-examination, Dr. Whitney acknowledged that Dr. Blaze's situation is unusually complex, due to the fact that he is uninsured and does not have housing, and this may be why he would not agree to stop practicing, even for a short time:

[I]t's so much harder when you don't have a stable residence and you don't have money and healthcare insurance. It's hard. We understand that. And believe me, that's why we made these facility recommendations. We took that into consideration. And we agonize what do we do in this situation that's right for Dr. Blaze and right for the patients.

(Tr. at 312)

121. Although Dr. Whitney suggested that Dr. Blaze could apply for Medicaid to help with the cost of his medical care, Dr. Blaze testified that he had previously applied for Medicaid, but was not found eligible because his income was about \$200 above the eligibility level. Dr. Whitney said that Ohio PHP can help people apply for Medicaid or can help them find affordable places to be treated, as he agreed that all too often cost is a barrier to patients trying to get the care they need. (Tr. at 298, 312-313; Tr. Vol. 3 at 45)
122. With respect to Dr. Blaze's current practice in Dr. Schall's office and his plan to begin purchasing that practice, Dr. Whitney expressed concern about how the stressors of owning his own business would affect Dr. Blaze's stability. He testified that the level of stress is necessarily higher for a professional who owns their own business than it is for one who is an employee, because a business owner has to be responsible for paying the practice's bills and managing cashflow, as well as hiring and supervising employees of the practice. He added that he was familiar with those duties and the additional stress they can bring, after having had his own practice at one time. (Tr. at 286-287) Dr. Whitney suggested that it would be better for Dr. Blaze to have a lower-stress position during the time that he is being stabilized on his meds, before he takes on the additional burdens incident to owning his own dental practice:

[I]n a perfect world, what I would like someone in Dr. Blaze's position to do is to have a consistent lower stress, perhaps employed or partnership position while being stabilized on medication for whatever period of time the psychiatrist recommends prior to taking

on the burden of having a solo individual practice and being responsible for the entire practice.

(Tr. at 286-287)

123. Dr. Whitney concluded, “[W]e still want to be a partner and part of the solution and work with Dr. Blaze.” (Tr. at 302) He emphasized that Ohio PHP’s objective is to ensure that Dr. Blaze is in stable mental and physical health so that he can give safe, competent care to his patients:

[O]ur goal is not for Dr. Blaze not to practice dentistry. Our goal is for Dr. Blaze to have good quality psychiatric care instituted to make sure that, No. 1, most important that he’s well and healthy. And, No. 2, that he’s practicing good quality dentistry. So it’s a win-win situation. We want Dr. Blaze to be healthy and happy and psychiatrically stable. And at the same time, we want him, of course, to take good quality care of his patients.

(Tr. at 310-311)

124. When Dr. Whitney was asked on cross-examination how a medical professional can demonstrate that they are stable enough to practice, he offered:

Showing up to the doctor’s office on time, filling the prescriptions or getting an injection, but in most cases taking oral medication. Filling the prescriptions, taking them on a regular basis. If recommended, showing up on a regular basis with any co-occurring therapy. So once a psychiatrist has established a relationship, is prescribing appropriate medications and they are -- and the patient, in this case Dr. Blaze, is suiting up and showing up on time for the appointments, taking the prescription to the pharmacy, filling them, taking the medication for whatever period of time that psychiatrist is satisfied with, whether that’s two weeks or three months, we would not be the one to dictate that. It would be the psychiatrist saying I believe this individual is sufficiently stable to go back, in his case to practice dentistry, then we’re perfectly satisfied with that. We just want ongoing care for a serious illness both for his benefit and for protection of the public.

(Tr. at 319)

Testimony of Manfred Schall, D.D.S.

125. Dr. Manfred Schall graduated from dental school at The Ohio State University in 1974 and has practiced dentistry for about 50 years. Although he worked in

Columbus for a time after finishing dental school, Dr. Schall moved back to Cincinnati in 1988 and opened his own practice in the Over-the-Rhine neighborhood at the corner of Liberty and Vine Streets. Dr. Schall testified that the area is under some redevelopment now, but that before that, it was a very deprived area, where most patients were on Medicaid. He explained that he chose to open his practice there because the dental practice in Columbus where he had worked primarily served Medicaid patients, and he found it rewarding, offering, "I made my niche doing this. *** I enjoyed working with the people I got a lot of appreciation from and was able to give a service that was badly needed." (Tr. Vol. 3 at 5-7)

126. Dr. Schall testified that he has been thinking about retiring and selling his practice for quite some time. In recent years, he has closed his office when he occasionally goes to Florida for a few weeks at a time, but he said that although he loves the practice of dentistry, he would also like to be able to spend more time with his grandchildren. (Tr. Vol. 3 at 12, 26-27)
127. Around the same time that Dr. Schall was consulting an attorney about selling his practice, Dr. Blaze stopped by the office one day when Dr. Schall was out, inquiring about employment with the practice. Dr. Schall related that he followed up with Dr. Blaze the following week and decided to offer him a part-time position:

So I saw him a few days later, talked to him, and let him go about, and saw his skills, and thought he was doing very well. He was looking for a job, and I gave him a part-time job, and he's been very, very accepted by my patients here. He's done a very good job, I feel.

(Tr. Vol. 3 at 7)

128. Since that time, Dr. Blaze has worked in Dr. Schall's office. Dr. Schall also works part-time, but he said during his testimony that he was planning to go to Florida on December 19, 2024 and stay for 1 ½ months, until the first week of February 2025, when he intends to return to the office and work a few hours a week. When he was asked to quantify how many hours he plans to work in February, Dr. Schall said that he would be in the office working at least five hours a week. (Tr. Vol. 3 at 19-20)
129. Dr. Schall testified that it is hard for established patients to start seeing a new dentist when they have seen only him for so long, but he said that Dr. Blaze is confident and reassuring when he talks to patients, and whenever he has asked patients how they felt about work that Dr. Blaze did for them, they say they are comfortable with him and have confidence in him. (Tr. Vol. 3 at 8-9) He also testified that he had observed Dr. Blaze's work himself, and he believes Dr. Blaze has strong clinical skills:

I feel very confident with what he's shown as far as his work. He feels very confident about it, and I think his clinical skills are very good.

I've been able to observe that, and, you know, patients have been very receptive to him. *** I trust him and [am] very comfortable with him working on my patients, yes.

(Tr. Vol. 3 at 8)

130. Dr. Schall testified that when Dr. Blaze first started working in his office in September 2024, he worked on Monday and Tuesday afternoons, as well as Friday mornings. At the time of the hearing, Dr. Blaze was working Monday and Tuesday all day, as well as Wednesday, Thursday, and Friday mornings. (Tr. Vol. 3 at 18-19) Dr. Schall said that there have been no patient complaints about any of Dr. Blaze's work or behavior, and that to the contrary, patients are impressed with him, and are pleased that he may be transitioning into the practice fulltime. (Tr. Vol. 3 at 11-12)
131. Dr. Schall also testified that Dr. Blaze is well-liked by his staff, who tell him they enjoy working with Dr. Blaze and that he "fits in very well" at the practice. He said that Dr. Blaze has been friendly, and he communicates well with staff, and there have been no interactions between Dr. Blaze and the staff that have caused him any concern. (Tr. at 9, 11) He offered the following observation:

[H]e's just been a very pleasant person to me, and I don't think he's just putting up a front, either. I think this is a genuine feeling. You know, I'm all in his corner and I just want to see him have a great future because he seems like a very, very nice young man that deserves something.

(Tr. Vol. 3 at 38)

132. Dr. Schall related that he has had multiple other dentists who worked for him in the past, as he previously had two other satellite offices in addition to his main location. Comparing the other dentists with Dr. Blaze, Dr. Schall stated:

I've had some pretty good associates, and they've gone on, on their own, but I would rate him as far as his clinical skills and his communicating skills and his confidence as one of my top associates.

(Tr. Vol. 3 at 17)

133. Dr. Schall stated that he had learned of Dr. Blaze's mental health issues from the attorney who represented Dr. Blaze at the hearing, and he related, "[H]e said it was mental issues, but I did not dwell into it any deeper than that. If [Dr. Blaze] wanted to tell me more, I left it up to him." (Tr. Vol. 3 at 9, 23-24) Although he agreed that he knew that Dr. Blaze's diagnosis was bipolar disorder, when Dr. Schall was asked what his understanding was of that condition, he offered, "people have different personalities at different times." (Tr. Vol. 3 at 25) When he was asked if he knew if

Dr. Blaze was being compliant with his treatment regimen, Dr. Schall stated, “[A]s far as his compliance with anything, I really am not aware of that.” (Tr. Vol. 3 at 25-26)

134. Although Dr. Schall testified that he had not asked Dr. Blaze if he was taking his medication, he said that it was not concerning to him because he had not noticed any difference in his behavior. (Tr. Vol. 3 at 26) Instead, he stated, “[A]ll I've seen with Dr. Blaze so far is a level headed and mind.” (Tr. Vol. 3 at 37) Dr. Schall further testified that he has always found Dr. Blaze to be reliable, offering, “He's always been here on time, ahead of time, prepared for the day's work, and very enthusiastic about coming to work and helping people here.” (Tr. Vol. 3 at 10)
135. Under his current arrangement with Dr. Schall, Dr. Blaze receives “25% of his production,” which Dr. Schall explained means 25% of the fee that the office is paid for each service he provides, “minus lab fees and stuff.” (Tr. Vol. 3 at 29-30) He estimated that the gross receipts from Dr. Blaze's services are about \$8,000 per month, before those fees are deducted. However, Dr. Schall recounted that, after Dr. Blaze had been working in the office for a week or so, he asked him if he would be interested in transitioning to owning the practice. Dr. Blaze said he would love to do that, and he has since signed an “intent to purchase” agreement. Under the proposed agreement, Dr. Blaze would pay Dr. Schall \$5,000 per month for 2 ½ years, in order to purchase the practice from him. Dr. Schall testified that Dr. Blaze has not yet started making payments to buy the practice. (Tr. Vol. 3 at 13, 22, 29-30)
136. If Dr. Blaze becomes the owner of the practice, Dr. Schall said that he would receive 100% of the office's receipts, but he conceded that he would have to pay the office's rent and utilities, and presumably, he would have to pay the office staff. Dr. Schall testified that in 2024, Medicaid reimbursements were increased about 95%, which he said was a long-overdue incentive for more dentists to provide services to Medicaid patients. Despite this, Dr. Schall said that there are still very few dentists who want to serve this population, and there are only “a couple city clinics” where Medicaid patients can get dental care. He stated that his practice is “just about 100% Medicaid.” (Tr. Vol. 3 at 30-31, 33)
137. Dr. Schall testified that he realized Dr. Blaze has never owned his own practice before, but he pointed out that he had also never owned a dental practice before, when he opened Dental One many years ago. (Tr. Vol. 3 at 13-14) He offered that he would be willing to assist Dr. Blaze in that transition:

I would be here, you know, to help him if he's got any problems as far as business or clinical-wise. I'd be a support group for him, you know, to help him with any problems that might come along.

(Tr. Vol. 3 at 13-14)

138. Dr. Schall conceded that it would be easier for him to sell the practice to someone for a single, outright payment, but he suggested that he had a personal interest in seeing Dr. Blaze succeed in the practice:

I'd like to see this happen for this young man because I think he's got a good future, and this opportunity would definitely help him with his recovery, and, you know, he's got a great positive mental attitude at this time I feel.

(Tr. Vol. 3 at 14)

139. Dr. Schall represented that his office manager is going to be staying on after he retires, and he said that she will continue to handle financial aspects of the office such as the Medicaid billing and authorizations, as well as the payroll. He testified that she is willing to stay and teach Dr. Blaze or other office staff to handle those responsibilities, and Dr. Schall later added that most of his office staff are not yet of Social Security age, so they will not be retiring at the same time he does. (Tr. Vol. 3 at 16, 34-36)

140. Additionally, Dr. Schall testified that he would be willing to stay connected to the office, having regular, periodic contact to monitor Dr. Blaze's transition to the new practice, as he explained that he wants to see the practice continue to be successful, and he has a long relationship with his office staff that he intends to maintain. Dr. Schall also expressed that he is concerned that if his practice ends with his retirement, the area's Medicaid patients will have no other access to dental health care services. (Tr. Vol. 3 at 15-17, 31)

141. Dr. Schall also expressed a recognition of the Board's duty to protect the public, but he offered that he believes Dr. Blaze is "on the right track" and that "being able to do his dentistry that he enjoys and seems to have a love to do in helping people would only be good for his benefit." (Tr. Vol. 3 at 14-15) When he was asked if he would be willing to help put in place any guardrails that would help the Board feel more comfortable, Dr. Schall stated, "For sure. * * * I would definitely be part of that and help out with that and make sure that everything's on the right track." (Tr. Vol. 3 at 15) However, when he was asked if his practice had any ability to offer Dr. Blaze health insurance coverage, Dr. Schall said he did not, as he said that the only person on his staff whose coverage he pays for is his office manager. (Tr. Vol. 3 at 35)

142. Although Dr. Schall agreed that he knew there was a possibility that Dr. Blaze's license could be suspended for a time, he said that he was still willing to enter into the agreement for him to buy the practice because he wants to do anything he can to help Dr. Blaze succeed in his dentistry career, and he would "take it one day at a time." He explained, "I just have a lot of confidence in this young man that if given the opportunity I think he will do very well, and it will also be good for his future outlook and worth and purpose in life." (Tr. Vol. 3 at 26, 29, 32)

143. Dr. Schall admitted that he did not know very much about bipolar disorder, but he testified that he would be willing to learn more about the condition, in order to help monitor Dr. Blaze's progress. He said that if the purpose was to help him learn to recognize "red flags" that could signal a problem, he would absolutely be willing to do that. Dr. Schall also testified that although he had thought about retiring sooner, he has decided he will probably wait until his license expires at the end of 2025 to retire, and he does not plan to renew his license at that time. (Tr. Vol. 3 at 19-20, 32-33)
144. On cross-examination, Dr. Schall admitted that he signed a Consent Agreement with the Board in 2024, which was related to his prescribing controlled substances without documenting the reasons. He stated that he had just submitted proof of his continuing education courses that he took as part of that agreement, and that he will also provide records monthly for the Board to review and will be on probation for two years. (Tr. Vol. 3 at 27-28)

Dr. Blaze's Plans for Future Practice; Willingness to Comply with Monitoring

145. At the end of his testimony on the first day of the hearing, Dr. Blaze said that he was still homeless. He related that he sleeps in his car at night and then goes to the gym each morning to shower, and to a storage unit to get clean clothes, before going to work at Dr. Schall's office. Dr. Blaze said that his coworkers do not know that he has nowhere to live, because he purposely does not volunteer that information, so that people will not judge him or feel bad for him. (Tr. at 177-178)
146. Dr. Blaze testified that he does not want to get an apartment until he is sure he can pay his rent, as he does not want to risk getting evicted. (Tr. at 180) He explained that by living in his car, he cut out his largest expense so that he is able to pay his other bills:

I can't afford a house at the moment because my bills are too large, especially with my student debt that I have to pay regularly. So the housing bill was the biggest bill that I could eliminate and still tread water kind of.

(Tr. at 179)

However, he admitted, "I really don't like being homeless. It does something to you." (Tr. at 180)

147. Dr. Blaze said that interacting with his patients and taking care of them is very important to him, and he described dentistry as "the one thing that life hasn't taken away from [him]." (Tr. at 180-181) He offered an example of a patient who had many missing teeth and felt like she did not want to live because of how "horrific"

her smile was. (Tr. at 182) He testified that his practice of dentistry gives him a reason to take pride in himself:

I decided just to continue practicing because it's the most important thing to me. It gives me a reason to get up in the morning. It gives me a reason to take pride in myself. It gives me a reason to push on. And it gives me something to look forward to each day, which is -- especially when you're homeless, it's very useful having something to look forward to. Having something meaningful to do, knowing that you're going to impact somebody's life and impact somebody's smile.

(181-182)

148. Dr. Blaze testified that Cincinnati is his "favorite place," and he wants to provide dentistry services to Medicaid patients in an area of Cincinnati that is underserved. (Tr. at 36) He elaborated:

I feel like you don't see Medicaid patients because you're in it for the money because they don't pay you a lot for the service. They pay a fraction of what they pay you in like a PPO or fee-for-service practice. You do it because you genuinely care about the people that you're servicing and the quality of care that they're getting. And I consider myself from a clinical and from a patient care perspective one of the best clinicians that I know. And I take great pride in treating everybody better than I would treat myself. So I don't do anything to a patient that I wouldn't do to myself or allow someone to do to me, which I think is the highest standard that you can hold yourself to.

So, yeah, dentistry is everything to me. I sacrificed to get the degree, and I sacrificed everything to keep it as long as I can to allow myself to impact somebody's day because people remember what you -- what you say to them and how you treat them. And I hold those two to a very high standard.

(Tr. at 182-183)

149. Dr. Blaze denied a suggestion that he resisted treatment until the "11th hour," just to make himself look compliant. He pointed out that he went to Ohio PHP on his own volition, and that he paid for drug screening with that organization out of his own pocket, rather than using that money for housing. (Tr. at 185-186, 196-197) The letter from Ohio PHP indicates that Dr. Blaze first contacted the organization on October 7, 2024. (St. Ex. 18) dc

150. Dr. Blaze testified that he is willing to comply with any monitoring terms the Board believes are necessary, stating, "I welcome the Board to monitor me for as long as

they feel necessary, even it was for the rest of my career because I have nothing to hide. I feel like I am a genuine person, and I feel like I'm authentic as a person." (Tr. at 186)

151. Dr. Blaze appeared to recognize the adverse events that his diagnosis has caused while his condition went untreated in the last two years, and he said that he intends to continue taking his medication so that he does not have any more lapses in his treatment that create additional problems:

I plan to hold myself to these standards. *** I don't want there to be a period where I don't have medication anymore because I don't want there to be a lapse because that's the part that makes everything make sense to me is you go off the medication, you have a lapse. You go off the medication, you have a lapse. And it might not be as traumatic as it was in 2020, but it's still an adverse event. It's still you causing an issue. *** And I don't want that for myself. I don't like having to call off of work and not see patients. I don't like having to defend myself. I don't like having to do these things. And I want to do everything possible to make sure that this never happens again. Whatever the Board decides is what they decide, and it will be just.

But as long as I'm able to practice, that's the most important thing to me. If I'm not able to practice, then we've just got to find something else to be the most important thing to me. But either way, we will find our way back. We will always find our way back.

(Tr. at 195-196)

152. When he was asked if he knew of any opportunities to practice in a setting where there are other dentists working with him, however, Dr. Blaze said that he was not aware of any practices like that. He said that in his experience, even when a practice has multiple dentists, they do not work in the office at the same time, but instead, they take turns covering the office. (Tr. at 220-221)
153. Dr. Blaze also appeared to acknowledge that some safeguards need to be in place, so that if he has another psychotic episode, it will be recognized quickly. He offered, "I've learned a lot about recognizing the disease. One of the biggest things I've learned is having a support system in place." (Tr. at 189) He conceded that he should not have stopped seeing his counselor in 2021 or 2022, and he said that he now sees a new counselor, explaining, "[T]hat way I'm having someone to speak to and monitor me to see if my behavior or if my life circumstances change." (Tr. at 190) Dr. Blaze volunteered that another sign that he is not in good control of his condition is when he begins talking about personal matters with clients at work, as Michelle Cruz testified he was doing at Elite Dental Partners. He recalled, "And they

were like, keep it professional. That's one of the things that let me know, like, hey, we're a little beside ourselves right now." (Tr. at 190)

154. Dr. Blaze testified that Greater Cincinnati Behavioral Health, which he referred to as "GCBH" or "GCB," had helped connect him with services he needs, as opposed to Ohio PHP, which only provides monitoring services. He suggested that his involvement with both organizations would serve as the "checks and balances" needed to make sure he stays in compliance with his treatment plan:

The GCB offers features that the OPHP couldn't afford me, such as seeing a psychiatrist regularly and seeing a counselor. [OPHP] pretty much informed me that they were mainly there to just monitor me, not to provide services for me. But the GCB fills in that role and then some. So that would be my answer to that question is just having a support system and having institutions in place that serve as checks and balances to make sure that if there's something going on that I'm not privy to, they will bring it to my attention, and then I can get that corrected with my psychiatrist and possibly a different medication or a different dosage or something along those lines.

(Tr. at 190-191)

155. Finally, Dr. Blaze testified that he is working to address his bipolar diagnosis so that he can maintain his mental health and provide the best care for his patients:

I'm actively trying to address the problem. I'm not trying to let it just sit there and fester. I'm trying to find the best cure for the problem and to stay on my meds and to do what is recommended of me by my caring physician.

I'm also the one who -- like I plan to go back based on the conversation that I had with the OPHP. They were the ones who informed me like, hey, the dosage of medication that you're on actually could contribute to causing you to have a manic episode because it's not a high enough threshold for that -- that level of disease. So I'm the one who is going back to my psychiatrist to ask him to increase the dosage of the medication to see if I can get better results.

I'm not trying to let things fester or let things be what they are or do what's comfortable for me. I'm trying to do what's comfortable for me to exist as a normal clinician and provide the best possible care for my patients.

(Tr. at 187)

Additional Information Admitted After the Hearing

156. At the end of the hearing, the record was left open for two additional exhibits. At the request of Dr. Blaze's counsel, a new psychiatrist affiliated with the GCBH, Dr. Logan Jones, was permitted to send a letter describing his December 12, 2024 evaluation with Dr. Blaze and any treatment plan that emanated from that visit; and the Hearing Examiner also requested that a caseworker from the GCBH submit a letter addressing the types of services that Dr. Blaze would be able to receive through that organization, to address the continuity of care problem that has persisted throughout his treatment. (Tr. Vol. 3 at 40-46) Those additional exhibits were submitted by January 6, 2025, following a very brief extension, and have been admitted into evidence as Respondent's Exhibits C and D, respectively. Emails accompanying the psychiatrist's letter were also admitted because they address the plan for continuing Dr. Blaze's treatment after the retirement of that psychiatrist in February 2025.

Letter from Logan Jones, M.D.

157. Logan Jones, M.D., is a board-certified psychiatrist who met with Dr. Blaze one time for an intake evaluation on December 12, 2024, and confirmed in a letter dated January 1, 2025 that Dr. Blaze's diagnosis is Bipolar I Disorder. His letter noted that Dr. Blaze has had six psychiatric hospitalizations, starting in 2020, the most recent of which was in "July-August 2024." Dr. Jones also wrote that the hospital records indicate the severity of Dr. Blaze's illness when he is decompensated. He observed that Dr. Blaze's hospitalizations have been brought on, in part, by his difficulty in finding and then maintaining follow-up treatment as an outpatient, after each discharge from a hospital. Dr. Jones wrote that Dr. Blaze was referred to NeighborHub Health for medication management in September 2024, and NeighborHub Health, in turn, referred him to GCBH. Dr. Jones indicated that when Dr. Blaze first presented to GCBH, he said that he was interested in therapy but wanted to get off the medication that the hospital had prescribed for him. Dr. Blaze then was not seen by a prescriber for three months thereafter, and his case was closed due to the inability to contact him. (Resp. Ex. C at 1-2)

158. When Dr. Jones met with Dr. Blaze in December 2024, Dr. Jones found him to be stable and polite, though he noted some eccentricities, such as his name change, which he wrote was prompted by his being robbed and shot in 2022. He related that as a spiritual person, Dr. Blaze felt that he had been blessed by God to survive the attack, and since people that God blessed in the Bible took on new names, he chose a new name for himself. (Resp. Ex. C at 2)

159. With respect to the plan of treatment, Dr. Jones wrote that he increased Dr. Blaze's dose of Abilify (aripiprazole), and also agreed that Dr. Blaze would need to follow up and take medication on a long-term basis, writing in relevant part as follows:

He was on a low dose of aripiprazole, an antipsychotic medication, used in the treatment of schizophrenia and bipolar disorder. I told him that I did not feel the 5 mg a day dose he was prescribed was adequate to maintain stability. He agreed to increase it and was prescribed aripiprazole 10 mg tablet, one tablet every morning.

Doctor Blaze suffers from bipolar disorder and becomes psychotic when decompensated. He will require follow-up and medication on a chronic basis. He has not been compliant with medication in the past. With the possibility of losing his dental license he is motivated for treatment now. If he maintains follow-up with GCB he will have access to case management and medications.

Currently, Doctor Blaze is on our assessment team. He will eventually be moved to one of our regular treatment teams for ongoing case management and psychiatric management. I am retiring from practice at the end of February 2025. I will meet him two more times before then. Following my retirement his psychiatric management will be with one of our psychiatric prescribers.

I was asked to comment if Doctor Blaze can practice dentistry according to acceptable and prevailing standards of care. This is not something I am able to do. I can say that he was stable from a psychiatric standpoint when I met with him on December 12, 2024. Given that I am retiring in two months and that he will be going to a different prescriber and case manager, I am recommending that the Dental Board continue its review of Doctor Blaze. The Dental Board should request periodic reports from his psychiatric prescriber regarding his stability and compliance with treatment.

(Resp. Ex. C at 2-3)

160. In a follow-up email on January 2, 2025, Dr. Jones wrote, "Even though I am retiring at the end of February, Doctor Blaze will continue to be seen by a psychiatric prescriber at Greater Cincinnati Behavioral for medication management. His care will continue with GCB." (Resp. Ex. C)

Letter from Rachel Gunn, LISW-S

161. Rachel Gunn is a licensed independent social worker with Greater Cincinnati Behavioral Health Services who submitted a letter concerning the services Dr. Blaze is currently receiving from GCBH, and confirming that he will have access to those services for as long as he chooses to participate and remains eligible. Her letter provided in relevant part as follows:

Doctor Micah J'Blaze [*sic*] has been enrolled in our mental health services since 11/7/2024. Doctor Blaze is currently enrolled in case management services, housing supportive services through a program called Homelink, and psychiatry services. These are supportive and rehabilitative services focused on stabilizing basic needs and reducing mental health symptoms to improve overall functioning. Doctor Blaze will have access to these services for as long as he chooses to participate in them and maintains eligibility status.

(Resp. Ex. D)

FINDINGS OF FACT

1. Doctor Micah J'King Blaze, D.D.S., has been licensed by the Board to practice dentistry in Ohio since April 2, 2021. His license is currently active and is valid through December 31, 2025.³
2. On or about May 4, 2023, in the Probate Court of Hamilton County, Ohio, Case No. 2023000440, Dr. Blaze was found by clear and convincing evidence to be mentally ill, in need of treatment, and ordered to be placed in the care of University Hospital.
3. R.C. 4715.30(A) permits the Board to take action against a license for any of the reasons contained in that statute's subsections. R.C. 4715.30(A)(10) permits the Board to act against a license based on an "inability to practice under accepted standards of the profession because of a physical or mental disability, dependence on alcohol or other drugs, or excessive use of alcohol or other drugs."
4. Upon a finding of that violation, and after a hearing provided under R.C. Chapter 119, the Board may take any of the following actions, pursuant to R.C. 4715.30(C), which provides as follows:
 - (C) Subject to Chapter 119. of the Revised Code, the board may take one or more of the following disciplinary actions if one or more of the grounds for discipline listed in divisions (A) and (B) of this section exist:
 - (1) Censure the license or certificate holder;
 - (2) Place the license or certificate on probationary status for such period of time the board determines necessary and require the holder to:

³ elicense.ohio.gov, accessed January 9, 2025.

- (a) Report regularly to the board upon the matters which are the basis of probation;
- (b) Limit practice to those areas specified by the board;
- (c) Continue or renew professional education until a satisfactory degree of knowledge or clinical competency has been attained in specified areas.

- (3) Suspend the certificate or license;
- (4) Revoke the certificate or license.

5. The Hamilton County Probate Court's order placing Dr. Blaze in the care of University Hospital upon finding clear and convincing evidence that he was mentally ill and in need of treatment, as described in Finding of Fact 2, demonstrates by a preponderance of the evidence that Dr. Blaze has an "inability to practice under accepted standards of the profession because of a physical or mental disability," as that language is used in R.C. 4715.30(A)(10), until the Board has satisfactory information to show that he is in treatment to manage his condition and can practice according to acceptable and prevailing standards of care.

CONCLUSION OF LAW

The Board has the authority to take action against Dr. Blaze's license to practice dentistry in the State of Ohio pursuant to R.C. 4715.30(A)(10) because the evidence presented at the hearing demonstrated that he currently has an inability to practice under accepted standards of the profession because of a physical or mental disability," as that language is used in R.C. 4715.30(A)(10).

DISCUSSION

The hearing in this case lasted three days, and during that time, the many attributes that Dr. Blaze brings to the field of dentistry, as well as the challenges and setbacks he has faced in recent years, were on full display. Dr. Blaze is a remarkable young man who overcame enormous challenges growing up in poverty and became, by all accounts, a talented dentist. As Dr. Logan noted, he is somewhat eccentric, but his eccentricities pose no harm. What is overwhelmingly clear against the backdrop of those qualities is that Dr. Blaze is a person with a compassionate heart and a good mind, who wants to use his talents and his training to serve people who are truly in need by providing them with skilled dental care.

When he is in stable mental health, Dr. Blaze is a very competent dentist, and it is evident that he genuinely loves being a dentist. His patients trust him, his coworkers like him, and no one has ever raised a concern about his clinical skills as a dentist. His testimony suggested that during difficult times, his career and the reward that it brings him is all that keeps him going. Through no fault of his own, however, Dr. Blaze happens to have a chronic condition that must be medically managed in order for him to maintain his own health and to be able to provide safe care for his patients. As Dr. Whitney testified, it is

often difficult for patients with a diagnosis of Bipolar I Disorder to accept that they have this condition, and that, like Type I diabetes, unless there is some new medical discovery that provides a cure, it will have to be managed for the rest of his life. Dr. Blaze appears to be just now coming to that realization.

For much of the past four years, Dr. Blaze's mental health diagnosis has not been well-managed, and as a result, he has had multiple psychiatric hospitalizations that have cost him several jobs and have put his professional license in jeopardy. Some of the challenges to treating this condition involve factors that are arguably beyond Dr. Blaze's control. When he has been discharged from a hospital with a temporary supply of medication, he has not been able return to that prescriber because doctors who see hospitalized patients generally do not also prescribe for outpatients. There is a shortage of psychiatrists, so it takes a long time to get an appointment with a new provider who sees outpatients, and because of the toll this disease has taken on his career, Dr. Blaze often has not been able to pay for a prescription or an injection of a long-acting medication that could keep the condition in check. As a result, he has another psychotic episode, the police are called, and he ends up back in the hospital, where the cycle repeats itself.

There are several other factors, however, that have been within Dr. Blaze's control. He has discontinued some of the medications that were prescribed for him when he was hospitalized and, based on the toxicology results of the Ohio PHP screen, it appears that he has not abstained from alcohol and possibly other substances such as marijuana, that can compromise the efficacy of his mental health medications. He has not always prioritized his health and practiced good self-care where he is able to, even though that is undoubtedly difficult, given his current economic situation. And, Dr. Blaze still exhibits some elements of denial, such as in his assertion that he is able to separate his mental health condition from his professional life so that it has no impact upon his ability to care for patients. As Dr. Whitney testified, when a person with this diagnosis has a manic or hypomanic episode, they do not think clearly and exercise good judgment. That necessarily affects patients.

The testimony of Dr. Whitney from Ohio PHP at the hearing was enlightening and compelling. He gave extensive testimony about the nature of Bipolar I Disorder, the challenges faced by patients with this diagnosis, and what must ultimately be done in order to treat the condition effectively and keep the patient in sound mental health. His testimony was very informative to the Hearing Examiner and may have been just as informative to Dr. Blaze, who also listened to it intently. Dr. Whitney's testimony has been quoted at length in this report, for the benefit of any Board members who might also be unfamiliar with the condition.

Dr. Blaze's treatment is made much more complex by the fact that he lacks adequate housing, and he is uninsured. Ohio PHP has made recommendations, including a list of facilities where he may be able to receive an evaluation and treatment at no cost or on a sliding fee scale, and Dr. Whitney testified that Ohio PHP can also help him apply for Medicaid, if he is able to reapply. Importantly, Dr. Whitney testified that an inpatient evaluation of only 72 hours should be sufficient to determine if he has an alcohol use

disorder, and if it is found that he does not, then his bipolar disorder can be successfully treated on an outpatient basis, provided that he complies with his treatment plan and does not stop taking some or all of the medications that are prescribed to him.

It has also been a challenge for Dr. Blaze to find a prescribing psychiatrist who can see him consistently, on an ongoing basis for more than one or two appointments. Although Greater Cincinnati Behavioral Health Services has been of assistance in connecting Dr. Blaze to services that can help with housing, counseling, and access to his prescription medications, the board-certified psychiatrist that he saw there, Dr. Logan Jones, is about to retire, and he will have to see a new provider. The Board must consider whether treatment from a nurse practitioner or physician assistant working under the supervision of a psychiatrist for any length of time is acceptable, given the shortage of psychiatrists.

Another challenge will likely be finding an appropriate source of monitoring for Dr. Blaze as he returns to practice. The evidence suggested that, in most dental offices, there is only one doctor on duty on any given day, although Dr. Schall referred to "a couple city clinics" where there are multiple dentists working together. (Tr. Vol. 3 at 30-31) Although Dr. Schall is planning to retire within a year, he may be willing to provide greater oversight and mentoring to Dr. Blaze as he transitions back to practice and possibly to an ownership role in Dental One, if that is acceptable to the Board. Both Dr. Schall and his office staff may also need to be educated about the nature of bipolar disorder, so that they are able to recognize any signs that Dr. Blaze is beginning to decompensate and needs additional support.

The Hearing Examiner believes that Ohio PHP has offered recommendations that will serve the purpose of keeping Dr. Blaze on his treatment plan and in good health, while also protecting the public from the possibility that he could have another episode of compromised mental health that could pose a legitimate risk to his patients. The Board should adopt those recommendations in resolving this case, assuming that the 72-hour inpatient evaluation does not reveal a substance use disorder that also requires further treatment. In light of Dr. Blaze's unique circumstances and the importance of dentistry to him, the Board may consider whether a full suspension of his license is needed after the 72-hour exam, or if Dr. Blaze could possibly work only under the supervision of another dentist present in the office, while he is demonstrating his long-term stability to the Board.

Dr. Blaze is a young person with his whole career ahead of him, and he gave credible, compelling testimony that he feels a calling to serve patients who are in the greatest need. With support from the Board and Ohio PHP, Dr. Blaze has the potential to provide care for the rest of his career to the most underserved population in this State - a population that many dentists decline to serve because of low Medicaid reimbursements. And, with appropriate safeguards in place through monitoring, the Board can assure that he maintains his health so that he can provide good, safe care to those patients. After spending much of three days in hearing with Dr. Blaze and people who know him, the Hearing Examiner believes that that kind of support would be a worthwhile investment, not only for this young dentist's professional career, but also for the goal of making care more accessible to the population that is most underserved and in need in this State.

RECOMMENDATION

I recommend that the Board suspend the license of Doctor MiCah J'King Blaze, D.D.S. to practice dentistry in the State of Ohio until he demonstrates that he has complied with the recommendations of the Ohio PHP that are detailed in the letter from Dr. Whitney dated November 21, 2024, and can demonstrate to the Board's satisfaction that he is capable of practicing dentistry according to acceptable and prevailing standards of care, based on the opinion of his prescribing psychiatrist. In the alternative, the Board may choose to impose a restriction on Dr. Blaze's license, rather than a suspension, requiring him to practice only under the supervision of a licensed dentist present whenever he provides services to clients, until he has demonstrated full compliance with all of the recommendations.

Those recommendations include having a 72-hour inpatient evaluation by one of the recommended providers to rule out an alcohol use disorder or make treatment recommendations if he is found to have such a diagnosis. That evaluation should also confirm his mental health diagnosis and determine that he is following a treatment plan that can adequately stabilize his condition, as well as following any recommendations made to address any substance use disorders that he may have.

I further recommend that Dr. Blaze demonstrate to the Board that he has signed a monitoring agreement with Ohio PHP for a minimum of five years that will provide for: random toxicology testing to ensure that he is abstaining from alcohol and other drugs; regular contact with an Ohio PHP case manager; submission of quarterly reports from his treatment providers, including his prescribing psychiatrist and therapist; and submission of quarterly self-reports.

I further recommend that Dr. Blaze avail himself of the counseling services offered by GCBH, as well as the assistance of any professional support groups, such as attending Caduceus or AA meetings, and that he provide information to the Board in his self-reports about the kinds of supportive services he is receiving to maintain his recovery from his mental health diagnosis and any substance use disorder that may be found during his 72-hour evaluation.

Following the 72-hour evaluation, if it is determined that Dr. Blaze does not have a substance use disorder, then the Board may continue the suspension or restriction of his license while he is being treated for his mental health disorder on an outpatient basis, until a board-certified psychiatrist provides a letter confirming that he is able to practice dentistry according to acceptable and prevailing standards of care.

Following the reinstatement of his dental license, I recommend that Dr. Blaze comply with probationary terms, including quarterly reports from his prescribing psychiatrist to ensure that he remains in treatment, for the period of time that the Board believes is warranted.

In its discretion and expertise, the Board may modify these terms, or may adopt any additional terms that it finds necessary or appropriate.

Ronda Shamansky
Ronda Shamansky
Hearing Examiner

June 13, 2025

DOCTOR MICAH J'KING BLAZE, DDS
621 E MEHRING WAY, UNIT 2406
CINCINNATI, OH 45202

Dear Dr. Blaze:

On or about March 12, 2025, the Ohio State Dental Board (Board) issued you an Adjudication Order (Order). Your license to practice dentistry in Ohio was suspended indefinitely, effective March 24, 2025. Paragraph 2 of the Order set forth the requirements for reinstatement of your license.

We have verified your compliance with the reinstatement requirements. Your license to practice dentistry is REINSTATED effective June 11, 2025, subject to the probationary terms, conditions and limitations set forth in the Order for a minimum period of five (5) years.

Finally, the Board requests your appearance at the November 5, 2025 Board meeting.

If you have any further questions, please contact the Board office at (614) 466-2580.

Sincerely,
OHIO STATE DENTAL BOARD
Supervisory Investigative Panel



PAUL M. KELLEY, DDS
Secretary



KATHY BRISLEY-SEDON, DDS
Vice Secretary

PK/KBS/hm

November 12, 2025

Doctor Micah J'King Blaze, DDS
621 E. Mehring Way, Unit 2406
Cincinnati, OH 45202

Re: Case No. 2023-00167

Dear Dr. Blaze:

The purpose of this letter is to confirm that at its meeting on November 5, 2025, the Ohio State Dental Board (Board) considered removing the Temporary License Restriction set forth in your March 2025 Adjudication Order, which required that you practice only under the direct supervision of a licensed dentist.

The Board voted to **remove** the Temporary License Restriction, effective immediately. Please be advised that you remain subject to the remaining probationary terms, conditions and limitations set forth in your Adjudication Order.

Finally, the Board requests your appearance at the January 28, 2026, Board meeting. Please contact Enforcement Officer Jerry Zachariah at Jerry.Zachariah@den.ohio.gov or (614) 506-6382 for the exact time and place to appear.

If you have any questions or concerns, please contact the Board office.

Sincerely,
OHIO STATE DENTAL BOARD
Board Supervising Members



PAUL M. KELLEY, DDS
Secretary

PK/KBS/hm



KATHY BRISLEY-SEDON, DDS
Vice Secretary