



**Tennessee Board of Medical Examiners
Regular Board Meeting**

**Tuesday, September 13, 2016
Wednesday, September 14, 2016**

MINUTES

The regular board meeting of the Tennessee Board of Medical Examiners was called to order at 8:42 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Michael Zanolli, Board Chair.

Board members present: Michael Zanolli, MD
Subhi Ali, MD
Dennis Higdon, MD
Michael Baron, MD
Neal Beckford, MD
Melanie Blake, MD
Deborah Christiansen, MD
Reeves Johnson, MD
C. Allen Musil, MD
Julianne Cole, Consumer Member
Barbara Outhier, Consumer Member

Board member(s) absent: Pat Eller, Consumer Member

Staff present: Andrea Huddleston, Chief Deputy General Counsel
Rene Saunders, MD, Medical Consultant, BME
Maegan Martin, Executive Director
Stacy Tarr, Administrative Manager
Candyce Waszmer, BME Administrator

I. ELECTION OF OFFICERS

Dr. Reeves Johnson nominated Dr. Subhi Ali for President; Dr. Neal Beckford seconded this nomination. Dr. Ali accepted the nomination. Dr. Michael Baron nominated Dr. Michael Zanolli but he declined acceptance of this nomination. There were no further nominations made. Dr. Beckford motioned to close nominations for President and Dr. Musil seconded this motion which carried. The nomination finalized with Dr. Subhi Ali as the new President for the Board of Medical Examiners.

Dr. Dennis Higdon nominated Dr. Reeves Johnson for Vice President and Dr. Beckford seconded this nomination. Dr. Johnson accepted the nomination. There were no further nominations made. Dr. Beckford motioned to close nominations for Vice President and Dr. Ali seconded this motion which carried. The nomination finalized with Dr. Reeves Johnson as the new Vice President for the Board of Medical Examiners.

Dr. Ali nominated Dr. Melanie Blake for Secretary and Dr. Johnson seconded this nomination. There were no further nominations made. Dr. Ali motioned to close nominations for Secretary and Dr. Musil seconded this motion which carried. The nomination finalized with Dr. Melanie Blake as the new Secretary for the Board of Medical Examiners.

II. CONSIDERATION OF APPLICATIONS

Medical Doctor Applicant Interview(s):

Ozioma Akaranta, MD – appeared before the Board without representation. Dr. Akaranta attended an unaccredited medical school, has not held licensure in another state for one year and is not board certified. Dr. Melanie Blake recused herself. Dr. Reeves Johnson motioned to grant an unrestricted medical license contingent on obtaining board certification and to appear at the next Board meeting if she does not pass her boards. Dr. Clinton Musil seconded the motion. The motion carried with Dr. Blake as one recusal.

Mir Ali, MD – appeared before the Board, without representation, to address the issue of successfully completing a 3-year residency program based on two (2) years of training and a one (1) year waiver from the American Board of Internal Medicine (ABIM). The Board addressed concerns on granting licensure based on the one (1) year waiver and two (2) years of training. Dr. Johnson spoke in favor of accepting the proof submitted as evidence of successfully completing a three (3) year residency because there is an e-mail and training verification from the program director indicating successful completion of three (3) years of accredited residency. Dr. Johnson motioned to issue an unrestricted medical license and Dr. Dennis Higdon seconded. The motion carried with Dr. Michael Baron and Dr. Deborah Christiansen abstaining.

Rey Bello, MD – appeared before the Board without representation. Dr. Bello appeared before the Board to address prior Board action in NY and NJ related to alleged billing discrepancies, self-referral, and failure to maintain CME requirements among other charges. He was also asked to surrender his Controlled Substance permit in NJ. Dr. Bello's program director, Dr. Tulio Bertorini, spoke in support on Dr. Bello's fellowship training. Dr. Zanolli motioned to grant a license with a conditional restriction to exclude from working in a pain management clinic setting and one (1) year of monitoring with quarterly reports on billing and medical record keeping updates to the medical consultant. Dr. Musil seconded the motion. The motion carried with an abstention from Dr. Baron and Ms. Outhier.

Brett Butler, MD – appeared before the Board in July 2016 where his application was tabled pending receipt of a copy of his CPEP evaluations. Today Dr. Butler appeared without representation. Previous evaluations and recommendations have suggested retraining in a residency or residency-like setting. No motion was offered. Based on those recommendations the board members spoke against issuing a license with the information presented. Dr. Beckford suggested the applicant withdraw his application, utilize his active AR license to continue clinically practice, retake the CPEP when his skill set would be strong enough to achieve a higher rating and reapply after he achieves that. Dr. Butler withdrew his application.

Mohammad Ibrahim, MD – appeared before the Board, without representation, to address a history of participation with New York and Pennsylvania's Physician Health Programs. Dr. Ibrahim has been in contact with Michael Todd from the Tennessee Medical Foundation (TMF). Mr. Todd spoke highly in the

compliance Dr. Ibrahim has shown by producing all documents requested and completing his other contract. Mr. Todd stated Dr. Ibrahim has successfully completed his monitoring from other states and at this time does not recommend monitoring in Tennessee. Dr. Baron motioned to grant an unrestricted license and Dr. Christiansen seconded the motion. The motion carried.

Phillip Massa, MD – appeared before the Board, without representation, to address his current participation in the Alabama Physician Health Program, suspension of Veteran Affairs privileges, and a criminal history indication. Dr. Massa has requested to be allowed to complete the monitoring program in Alabama before relocating to Tennessee. Mr. Todd, from TMF, stated Dr. Massa is not under contract and typically would not have a contract if he is not practicing in Tennessee. Dr. Baron made a motion to grant a license contingent on PHP monitoring with Alabama and TMF advocacy to complete the length of his current contract and as extended by recommendation. Dr. Ronald Gray, with TMF, stated they would be receiving quarterly reports from the AL monitoring program and whenever that contract is up TMF would decide if they wanted it renewed. Dr. Musil seconded the motion. The motion carried with Ms. Julianne Cole abstaining.

Vicki Rhodes, MD – appeared before the Board, without representation, to address Board action in Florida, reciprocal action in Iowa and Pennsylvania and previous participation with the Florida monitoring program. Dr. Zanolli motioned to grant an unrestricted license and Dr. Beckford seconded the motion. Dr. Gray, with TMF, stated he has received information from her previous monitoring program and feels she would not be in need of a contract due to her length of sobriety and successful completion of that program. The motion carried and Dr. Baron abstained.

The Board recessed for lunch and the Board reconvened at 1:02pm CT.

RULEMAKING HEARING, 1:00 PM CST

Ms. Huddleston described the procedural steps that have been taken in preparation for the rulemaking hearing and established that all formalities were met. The same roll call vote taken early is accurate meaning the following members were present for voting: Dr. Michael Zanolli, Dr. Subhi Ali; Dr. Michael Baron, Dr. Reeves Johnson, Dr. Debbie Christiansen, Dr. Melanie Blake, Ms. Julianne Cole, Dr. C. Allen Musil, Dr. Dennis Higdon, Ms. Barbara Outhier and Dr. Neal Beckford. Ms. Pat Eller was not present.

This rule making hearing proposes amendments to Board rule 0880-02-.14. The proposed rules establish the standards to qualify as an addiction specialist for purposes of Tenn. Code Ann. § 53-11-311. That statute, among other things, authorizes this Board to establish requirements for addiction specialists.

Ms. Huddleston indicated she extended notification to the Department of Mental Health and Substance Abuse on July 27th, 2016. Ms. Huddleston checked the list and the only name was Steven Lloyd. She reports that Mr. Lloyd, herself, and Dr. Baron have communicated prior to today and today prior to this hearing and she believes that the Department of Mental Health and Substance Abuse are agreeable with the proposed rules. Mr. Beatty, with the Tennessee Medical Association, spoke from the audience confirming that they are in agreement with the definition being presented and have no concerns to address.

Ms. Huddleston presented non-substantive edits that have been recommended from the Osteopathic Board since the notice of the rules. Dr. Zanolli made a motion to pass the new rule with the amended changes to the rule making hearing and Dr. Musil seconded the motion. The motion carried unanimously with a roll call.

III. **REPORT FROM THE REENTRY TASKFORCE**

Dr. Johnson, chair of the reentry taskforce, stated the taskforce developed three phases in their plan with the first part discussing the amount time for being out of practice, the second part indicating how to assess an applicant, and lastly options for remediation. He stated Ms. Martin gathered the information discussed at the taskforce meetings and has drafted a report for the Board to review. The Board has been asked to review the report before them after today's meeting so a discussion may be held tomorrow on this matter.

IV. **REPORT FROM THE DEVELOPMENT COMMITTEE**

The Development Committee met on the Monday evening before the meeting and considered several issues. Their deliberations yielded the following recommendations which were presented to the full Board by memorandum:

- Recommendation 1: If the program director attests the resident has successfully completed the program would be accepted as proof of completion. As a motion from the development committee it passes unanimously.
- Recommendation 2: Using Maintenance of Certification (MOC) as proof of CME. As a motion from the development committee it passes unanimously. Dr. Johnson motioned to adopt a policy on this matter and allow for immediate administrative action. Dr. Baron seconded and it passes unanimously.
- Recommendation 3: If the consultant refers an applicant to the TMF, and no monitoring for advocacy is needed, the consultant will be allowed to approve the applicant for licensure without a board interview. As a motion from the development committee it passes unanimously.
- Recommendation 4: If an applicant fails an attempt of a qualifying examination "after three times" in Rule "0880-02.; was stricken to "six times". As a motion from the development committee it passes unanimously. Ms. Huddleston indicated that this does not become effective immediately because it must go before a Rule Making Hearing. Dr. Ali motioned that the Board adopt a policy regarding the change to six examination attempts and Dr. Johnson seconded the motion. The motion carried with Dr. Christiansen opposed.

V. **APPROVAL OF MINUTES**

Minutes from the July board meeting were circulated to members in advance of the meeting. Dr. Johnson indicted grammatical errors that he will e-mail Ms. Maegan Martin. The Board ratified the minutes unanimously.

VI. CONDUCT NEW BUSINESS

Administrative Medicine License

Ms. Huddleston presented a draft policy regarding administrative practice license pursuant to PC 1035. This policy would allow the medical consultant to issue administrative licenses without adverse or negative action and without being reportable to the National Practitioner Data Bank (NPDB). Dr. Zanolli suggested language should be added in the policy that it clarify the medical director will issue a limited license and then the license will be ratified by the Board, similarly to other licenses. It was discussed that if other factors of concern for an applicant arise then the applicant should still appear before the Board.

The Board and staff led a discussion on how would applicants with prior board action or other concerns be dealt with when they are seeking an administrative license. Ms. Martin assured the Board that the administrative license will simply be another form of licensure but all standard processes will remain in that the medical consultant will bring an applicant before the Board when the application presents concerns similarly seen in other types of licensure applications.

Board and staff led a discussion on administrative licenses and special volunteer licenses being held simultaneously. Ms. Martin stated this is a matter that will need further consideration and could be considered more when drafting rules for administrative licensure.

One edit has been requested to add the following language “review and manage claims for third party payers”. Dr. Zanolli motioned to adopt the administrative medicine license policy with the correction made and Dr. Beckford seconded the motion. The motion carried unanimously.

The Board reviewed all medical doctors, all x-ray operators in medical doctors’ offices, genetic counselors, polysomnographers, physician assistants and acupuncturists. Dr. Blake motioned to approve all, followed by a second and pass.

Investigative Report

Antoinette Welch, JD, Director of the Office of Investigations gave the investigative report. To date there have been 147 new complaints opened against medical doctors; none against medical x-ray operators, and three against pain clinics this year. There are currently 285 open complaints.

CSMD Committee Chair

Dr. Mutter discussed the changes to the Chronic Pain Guidelines which were previously provided to the Board members for review. Dr. Musil motioned to approve the changes and Dr. Beckford seconded the motion. The motion carried.

NPDB Reporting Requirements

Dr. Baron presented a history on the development and intent of National Practitioner Data Bank. If someone does not meet the qualifications for licensure and the application is denied, it is not reportable. Resident and interns incidences are not reportable. Regardless of the formal action taken by the state it is reportable if the physician’s competency is in question. A restriction on a license, even an administrative restriction, is reportable because it is related to the physician’s competency. A licensee entering into a treatment and/or monitoring program is not reportable however any adverse action on their license is reportable. If no action is taken on the licensee but only involvement with a monitoring program is

requested this should not be submitted. Ms. Huddleston defined a contingent license issued by the board is considered a referral to advocacy and this is not reported. With this method the licensee could then sign a monitoring contract but later not comply or drop out and since this monitoring was not conditional to maintain licensure they are not in violation. However, if the Board wants a licensee to comply with the monitoring contract and advocacy then they should be issuing the license conditional which would be an on-going requirement and restriction on their license.

PC 942

Dr. Zanolli briefed the Board on PC 942 and addressed the need to develop rules in collaboration with the Board of Pharmacy and Osteopathic Board. Dr. Ali requested volunteers for the taskforce. Dr. Zanolli recommended Ms. Outhier and Dr. Doug Brown, an OBGYN has agreed to represent the Board. There were no objections to the appointments recommended.

Administrative Office Report

Ms. Martin presented a chart that reflects the significant increase in received applications from January 2014 through August 2016.

Ms. Martin directed the Board to the licensure statistics report.

Supervision FAQ

Ms. Martin presented a frequently asked questions report regarding supervision requirements and requested the Board approve this to be posted to the website. The Board requested to refer back to this at tomorrow's meeting to allow more time for review.

Survey Results

Ms. Martin presented the results from the BME Planning Survey which was submitted to Board members to determine how the administrative staff might better support the Board. Ms. Martin presented some of what she considered to be the key findings. She explained that she hopes to take that document and develop a strategic plan for the Board. The Board was supportive of that endeavor. Ms. Martin offered to circulate the survey results to the Board members and they requested that she do that.

Dr. Musil suggested he is interested in trends within the reports the Board receives. Ms. Martin spoke in favor of wanting to spend more focus on educating licensees. Dr. Beckford suggested educating licensees through e-mail notifications. Dr. Johnson suggested information sent through mail may be costly but would be valuable. Dr. Musil is interested in preventative medicine and student education from the Board's administration and to have a slideshow available for each Board member to take to pass out.

Dr. Zanolli announced that at the November 2016 Board meeting there will be a site visit from the Federation of State Medical Boards.

Press Inquiry Statement

Dr. Zanolli presented a statement he prepared in response to the Atlanta Journal Constitution Articles. It was noted that there may be times when it is appropriate for the Board or Board chair to have a response drafted when there is a press inquiry in this manner. Dr. Zanolli mentioned there is a statement in the works regarding physician burnout.

Discuss Physician Burnout

Dr. Baron stated the Federation of State Medical Boards has a great interest in this matter and it may be something Board collaborates with them on. Dr. Zanolli discussed the need for a statement about options for licensees to know where they can self-report without Board acknowledgment.

Ms. Martin suggested creating an area on the Board's website offering assistance for physician's needing help and possibly offering a self-assessment tool. Dr. Beckford spoke in favor of promoting the Board as an entity concerned about physician wellness rather than only an entity that is punitive.

Conference Requests

Ms. Martin requested authorization to attend the Administrators in Medicine meeting held on Oct 24-25th, 2016. Dr. Ali motioned to permit Ms. Martin to attend the meeting and Dr. Johnson seconded the motion; the motion carried.

Ms. Huddleston requested authorization to send one attorney to the Federation State Medical Board attorney certification seminar in November 2016. There was a motion, seconded, and it carried unanimously.

OGC Report

Ms. Huddleston provided a status update on the following rules:

- Telemedicine rules have been approved and set for an effective date of October 31st, 2016
- Seven year exception rules and election of officers were submitted to the Attorney General's office on August 3, 2016 for review
- Four pending appeals
- The medical spa registry rules are awaiting internal review and approval
- The intractable pain treatment act and fee increase rules are awaiting internal review and approval

Day Two of the Regular Meeting of the Tennessee Board of Medical Examiners Wednesday, September 14th, 2016

Report from the Reentry Taskforce

Dr. Johnson and Ms. Martin requested the Board deliberate and make suggested changes as needed regarding the report on reentry taskforce. Dr. Johnson confirmed that the FSMB's relative policy on reentry was considered when drafting this report. Dr. Zanolli inquired if the taskforce felt the limitations set left enough flexibility for the Board to make determinations on a case by case basis. Dr. Johnson reported there was flexibility for the Board to judge each individual case possibly to even consider the individuals particular specialty. Dr. Christiansen conferred that the taskforce focus was to offer a lot of flexibility for even individuals who have been out of practice for two (2) years when they have recently completed residency training. Ms. Martin stated there are a couple of areas in the document relating to assessment which might be considered just a bit rigid, but as far as a remediation plan there is absolute flexibility.

The Board discussed the option of developing a reentry committee to collaborate with Dr. Saunders in reviewing reentry applicants and developing a remediation plan which would then be considered by the Board in an open session. Several members spoke in favor of developing such a committee as it would

allow time to customize individualized plans and possibly result in greater consistency. The report came to the Board as a motion from the Reentry Taskforce Committee. The Board voted in favor of adopting the report with no opposition. Dr. Higdon made a motion to authorize the committee to continue its work and return to the Board with a proposal for implementing its recommendations by the next meeting. Dr. Beckford seconded the motion and the motion carried.

Supervision FAQ

Ms. Martin referred the Board back to the supervision FAQ which was circulated before the meeting. She prepared the document in response to repeat inquiries received by the administrative office regarding supervision and how a physician might ensure that he or she is properly supervising APRNs and PAs. She felt that it was appropriate to ask the Board to endorse the document since it did include some interpretations of the Board's rules which are sometimes disputed. Dr. Baron asked what is meant by the requirement that "the supervising physician review at least 20% of all charts *monitored or written* by the supervisee." Ms. Martin stated that the phrase is taken from the rules, so what is meant by that phrase is up to the Board to determine. Dr. Musil asked that the word "physical" be added to answer to question 2. Ms. Huddleston stated that she has requested that the questions and answers posed by the recently issued advisory opinions be included. Ms. Martin responded that she would add the appropriate language as a new paragraph under the first question.

Dr. Musil questioned whether the prescribing of controlled substances must be signed off on within 24 hours. Ms. Martin stated that it is not required by the rules and she wasn't aware of a separate requirement, but she would verify with additional research. After full consideration by the Board, Dr. Ali requested that the document be finalized and presented to the Development Committee for consideration and recommendation to the Board.

Applicant Interview

Manuel Selva, MD – appeared before the Board, along with his counsel Mr. Ewing. The Board tabled his application at the March 2016 meeting for a period of up to six (6) months to allow the Board to develop a process for issuance of its newly authorized administrative medicine license. Dr. Musil motioned to approve Dr. Selva's application and issue an administrative medicine license. Dr. Selva was asked to confirm that he understood the scope of his authorized activities under this license. He responded that he did and his counsel stated that he would review the Board's newly adopted policy with Dr. Selva to assure that he was properly apprised. Ms. Outhier asked if he was still planning to do pro bono work and he said that he was not, in light of the administrative medicine license. The motion was seconded and passed.

Petition of Declaratory Order

Michael Smith, MD – Dr. Blake recused herself. Alex Fisher, counsel for Dr. Smith, presented the petition. According to Ms. Fisher and Dr. Smith's petition, Dr. Smith has been on probation for the past three years for an inappropriate sexual relationship with a patient. He has two years of probation remaining. He is requesting a contested case to determine whether an early termination of his probation is warranted in light of recent developments affecting his practice. Basically, a percentage of his patients are covered by an insurer that will not allow Dr. Smith on its panel. Up until now, Dr. Smith has allowed that percentage of the patients in his clinic to be treated by a partner; however, that partner has recently relocated her practice to Oregon and Dr. Smith alleges that his inability to see these patients will keep a number of patients in the underserved area where his satellite clinic is located from OB/GYN services.

Dr. Musil made a motion to bring the matter to a contested case hearing and Dr. Beckford seconded the motion. Ms. Huddleston addressed the Board and stated that although Dr. Smith has filed a petition for

declaratory order, what he's really seeking is that his order be modified such that his probation is terminated early. Dr. Johnson expressed his concern that to grant such a petition would be to treat practitioners in underserved areas differently than practitioners in other practice settings. Dr. Zanolli added that this is an issue between Dr. Smith and the insurance company. It is the insurance company, not the Board's order that prevents Dr. Smith from seeing these patients. Ms. Huddleston added that if the Board begins questioning the orders they issue when a licensee challenges them on the basis that they are difficult or inconvenient to comply with, they will effectively render the orders meaningless.

Ms. Fisher argued that Dr. Smith is not requesting for an order modification, but is rather requesting for a petition for declaratory order which he is eligible to do based on the Board rule. Ms. Huddleston stated the underlying request is for order modification.

Dr. Beckford retracted his second to this motion. Dr. Ali seconded the motion but spoke in opposition of the motion. Dr. Zanolli motioned to end debate, Dr. Musil seconded and the motion to end debate was approved.

The original motion of granting a declaratory order was denied by the Board. Dr. Blake recused herself.

Order(s) of Compliance

Imhona Eko-Isenalumhe, MD – Dr. Eko was present and was represented by counsel, C.J. Gideon. Ms. Tracy Alcock represented the state. Dr. Eko prescribed controlled substances to patients without performing an appropriate history and physical examination. He did not document discussions regarding potential adverse effects of the medications nor did he offer treatment other than narcotics. Dr. Eko's consent order requires that his license be reprimanded and that the volume of opioids prescribed in his practice be decreased and that decrease documented. He must also obtain practice monitoring, through affiliated monitors, for a period of three years and with quarterly reporting to the Board and chart reviews, he must receive training in appropriate prescribing of controlled substances and complete other coursework and pay costs and penalties. Dr. Beckford made a motion to approve and Dr. Johnson seconded. Dr. Musil suggested that in the future the state consider prohibiting the prescribing of two controlled substances to any one patient in similar situations. The motion passed.

Peter Stimpson, MD – Dr. Stimpson was represented by counsel, Samuel Helmbrecht, but he was not present. Dr. Johnson recused himself. From 1999 to the present, Dr. Stimpson treated numerous chronic pain patients without proper documentation, diagnosis, screenings, and without offering any other treatment modality. Dr. Stimpson's consent order requires that his license be placed on probation for a period of five years and that the volume of opioids prescribed in his practice be decreased by 30% and such decrease documented. He must obtain practice monitoring, through affiliated monitors, for a period of five years with quarterly reporting to the Board and chart review. Dr. Stimpson is ordered to receive appropriate training in controlled substance prescribing and other coursework and pay costs and penalties. Before his probation will be lifted, he must petition the Board and personally appear before the Board.

Dr. Baron conveyed his concern regarding the order's requirement that he limit the total MME's prescribed to the top 5% of his patients. Dr. Baron suggested that counsel consider assigning a per patient decrease instead of an overall percentage decrease. He is concerned that if Dr. Stimpson's patient load increases, the total cap will be diluted and will be much less meaningful. Ms. Bratton attempted to explain the rationale used by the Office of General Counsel and the state's epidemiologist in determining how best to decrease the total number of MME's prescribed. Dr. Mitchell Mutter concurred with Dr. Baron in stating that the goal is to limit the MME's per patient however the process proposed has proved to be effective. Mary Katherine Bratton, counsel for the state, added that, based on the state's epidemiologists' proposals, taking this approach rather than decreasing MME's per patient showed a more

meaningful overall practice change. Ms. Alcock informed the Board that this approach was chosen and each case is very specific based on the details. She stated, one factor, is that Dr. Stimpson has been accepting new patients from a local physician that is leaving and transferring patients. Dr. Blake and Dr. Ali spoke in great concern regarding the number of patients Dr. Stimpson is taking on alone. Dr. Ali requested that Mr. Helmbrecht inform Dr. Stimpson that there are feelings among the Board that his high number of patients is unacceptable.

Ms. Alcock reminded the Board that the question before the Board is not whether or not they agree to revoke licensure but whether or not they agree on the terms of probation and other requirements drawn out in the order. She stated without an order from the Board Dr. Stimpson will be able to continue practicing without any action. Also, if the approach towards revocation were taken the time period leading towards revoking licensure would be very lengthy. Dr. Zanolli made a motion to accept the consent order. Dr. Christiansen seconded the motion. There was six to three in favor of the motion and one recusal from Dr. Johnson. Dr. Christiansen asked Dr. Baron to talk with Dr. Chen, the Departments epidemiologist, to discuss a more favorable decrease in MME's.

The Board broke itself up into panels as authorized by Board rule to expedite the consideration of all scheduled disciplinary matters.

Poplar Room

Vidya Bethi, MD – Dr. Bethi was not present, nor did counsel appear on her behalf. During extended trips out of the country, Dr. Bethi's staff improperly called in suboxone prescriptions without proper consultation or examination. The consent order requires that Dr. Bethi's license be reprimanded and costs and civil penalties paid. Motion and pass.

Dana S. Brown, MD – Dr. Brown was not present nor did counsel appear on his behalf. Ms. Francine Baca-Chavez represented the state. Dr. Brown improperly supervised an APRN despite knowledge that she was improperly prescribing and otherwise engaged in unprofessional conduct. The consent order requires that Dr. Brown's license be placed on probation for a period of five years and successfully complete prescribing and medical recordkeeping coursework. Dr. Brown must also pay costs and fines. Motion and pass.

Cecil Cone, MD – Dr. Cone was not present nor did counsel appear on her behalf. Ms. Jennifer Putnam represented the state. Dr. Cone was unresponsive to an audit by the continuing education unit and an agreed citation that was produced to resolve the matter administratively. Ultimately, the matter was turned over to the Office of General Counsel for further prosecution. Dr. Cone's consent order requires that she voluntarily surrender her medical license. Motion.

Linda Moor, MD – was not present nor did a legal representative appear on her behalf. Ms. Putnam represented the state. Dr. Moor improperly prescribed a controlled substance to a family member without appropriate physical and examination. The practice monitor from affiliated monitors indicates Dr. Moor is compliant with all requirements referencing the respondent's initial probationary agreement. However, the consent order provided is related to a new violation of the practice act. The consent order requires the respondent to extend her current probation, by two (2) years, to end in 2019, and that she must comply with affiliated monitors for those two (2) years as well. Dr. Musil motioned to approve the order and Ms. Outhier seconded the motion. The motion carried.

Robert Lee Penn, MD – Dr. Penn did not appear; however, Mr. Robert Kramer, Esq. appeared on his behalf. Ms. Baca-Chavez represented the state. Dr. Penn entered into an Agreed Order which restricted/limited his medical license for an indefinite period of time on November 5, 2014 in Kentucky.

The consent order mirrors Kentucky's provisions and include the additional requirement that he prove his clinical competence prior to reentering practice. Dr. Musil made a motion to approve the order and Ms. Outhier seconded the motion. The motion carried.

Iris Room

Joseph Montgomery, MD – Dr. Montgomery was not present nor was he represented by counsel. From 1999 to the present, Dr. Montgomery improperly treated numerous chronic pain patients without proper documentation, diagnosis, screenings, physical and examination and without offering any other treatment modality. He prescribed some controlled substances to patients based on their statements and requests alone. Dr. Montgomery's consent order requires that his license be placed on probation for not less than and that he permanently surrender his DEA registration for Schedule II controlled substances and never seek reinstatement. Dr. Montgomery may not practice in a pain management clinic and he must obtain monitoring for a period of three years with quarterly reporting to the Board. He must also complete a documentation course and other coursework and pay costs and penalties. Dr. Zanolli made a motion to accept the consent order. Dr. Ali seconded the motion which passed.

Steven Austin, MD – was scheduled before the Board on a Petition for Order of Compliance. Ms. Huddleston represented the state. Dr. Austin was disciplined in 2012 for practicing medicine while impaired. At that time, Dr. Austin's license was placed on probation for a period of four years. He has maintained compliance with the order at all times and is entitled to have his petition granted. Dr. Higdon made a motion to approve. Dr. Zanolli seconded the motion which passed.

William Walker, MD – was scheduled before the Board on a Petition for Order of Compliance. He appeared in person, without counsel. Ms. Huddleston represented the state. Dr. Walker was disciplined by the Board in 2012 for improper prescribing. At that time his license was placed on probation for a period of five years. Dr. Walker has maintained compliance with his order and is entitled to have his petition granted. Dr. Christiansen made a motion to accept which was seconded by Dr. Higdon. Drs. Musil and Baron recused themselves.

Agreed Citations (CME)

Ms. Martin presented the agreed citations which were disseminated to the Board in advance of the meeting.

Bradley Freeman, MD – was not present nor did a legal representative appear on his behalf. Dr. Freeman has agreed to pay \$200.00 in civil penalties for failure to obtain two (2) CME hours of prescribing practices with instruction on the Department's Chronic Pain Guideline's.

Diane James, AMDX – was not present nor did a legal representative appear on his behalf. Ms. James has agreed to pay \$400.00 in civil penalties for failure to obtain twenty (20) CE hours, to include two (2) hours of instruction on appropriate statutes, rules, regulations, and A.R.R.T. Standards of Ethics.

Linda Moore, AMDX – was not present nor did a legal representative appear on his behalf. Ms. Moore has agreed to pay \$400.00 in civil penalties for failure to obtain twenty (20) CE hours, to include two (2) hours of instruction on appropriate statutes, rules, regulations, and A.R.R.T. Standards of Ethics.

Rachael Thompson, MDXL – was not present nor did a legal representative appear on his behalf. Ms. Thompson has agreed to pay \$400.00 in civil penalties for failure to obtain twenty (20) CE hours, to

include two (2) hours of instruction on appropriate statutes, rules, regulations, and A.R.R.T. Standards of Ethics.

Shawna McComb, AMDX – was not present nor did a legal representative appear on his behalf. Ms. McComb has agreed to pay \$400.00 in civil penalties for failure to obtain twenty (20) CE hours, to include two (2) hours of instruction on appropriate statutes, rules, regulations, and A.R.R.T. Standards of Ethics.

Laura Settle, AMDX – was not present nor did a legal representative appear on his behalf. Ms. Settle has agreed to pay \$40.00 in civil penalties for failure to obtain (2) CE hours of instruction on appropriate statutes, rules, regulations, and A.R.R.T. Standards of Ethics.

Marinos Soteriou, MD – was not present nor did a legal representative appear on his behalf. Dr. Soteriou has agreed to pay \$2,175.00 in civil penalties for failure to obtain twenty-one and three quarters (21.75) CME hours, to include two (2) CME hours of prescribing practices with instruction on the Department’s Chronic Pain Guideline’s.

Guy Takahashi, MD – was not present nor did a legal representative appear on his behalf. Dr. Takahashi has agreed to pay \$200.00 in civil penalties for failure to obtain two (2) CME hours of prescribing practices with instruction on the Department’s Chronic Pain Guideline’s.

Mahinder Singh Talwar – was not present nor did a legal representative appear on his behalf. Mr. Talwar has agreed to pay \$1,800.00 in civil penalties representing a \$100 per month penalty for unlicensed practice as a polysomnographic technologist.

Maggie Briley – was not present nor did a legal representative appear on her behalf. Ms. Briley has agreed to pay \$300.00 representing a \$100 penalty for three months of unlicensed practice as a polysomnographic technologist.

Dr. Higdon made a motion to approve all agreed citations presented. Dr. Zanolli seconded the motion which passed.

Contested Case (Iris Room)

Administrative Law Judge:	Rachel Waterhouse
Petitioner:	Andy Perez
Petitioner’s counsel:	Alex Fisher
State’s counsel:	Andrea Huddleston
Panelists:	Dr. Ali, Dr. Higdon, Dr. Zanolli

Dr. Gerrah does not qualify for a Tennessee medical license because he has not completed a three year residency in a program accredited by the ACGME as required by Tenn. Code Ann. § 63-6-207. Dr. Gerrah has completed a US fellowship. Dr. Gerrah is a graduate of one of the most prestigious medical universities in the world and was being recruited by LeBonheur Children’s Hospital in Memphis. There are only two sites in Tennessee that provide pediatric cardiac surgery. There is a great need for his services in Tennessee. Dr. Gerrah passed all steps of the USMLE in a period of 7 months.

The state did not oppose the petition. All portions of the proposed order were adopted by proper motion and second and the declaratory order was granted. Dr. Gerrah will receive a full and unrestricted medical license.

Contested Case (Poplar Room)

Administrative Law Judge: Thomas G. Stovall
Petitioner: Bryan Mitchell Lee, MD
Petitioner's counsel: None present
State's counsel: Jennifer Putnam
Panelists: Dr. Beckford, Dr. Musil and Ms. Outhier

Dr. Lee did not appear, nor did a legal representative appear on his behalf. Dr. Lee's Florida medical license was revoked after he was convicted of unlawful sexual conduct with a person believed to be less than 18 years old, knowingly using a cell-phone or two-way communication to facilitate the further commission of a felony and knowingly using a computer or internet service to attempt to seduce or solicit another person believed to be less than 18 years old to engage in unlawful sexual conduct. Ms. Putnam presented evidence that she made due diligence to notify the respondent about today's hearing. In light of the foregoing, the state requested that it be permitted to proceed in default and that Dr. Lee's license be revoked. Ms. Outhier made a motion to hold Dr. Lee in default and Dr. Musil seconded. The motion passed.

Contested Case (Poplar Room)

Administrative Law Judge: Thomas G. Stovall
Respondent: Susan Hayes, MD
Petitioner's counsel: None present
State's counsel: Jennifer Putnam
Panelists: Dr. Beckford, Dr. Musil and Ms. Outhier

Dr. Hayes did not appear, nor did a legal representative appear on her behalf. Dr. Hayes was first disciplined by the Board in May 2015 for prescribing controlled substances to several individuals who were not patients. Dr. Hayes has failed to comply with the terms of the disciplinary order and she has lost the advocacy of the Tennessee Medical Foundation. Ms. Putnam presented evidence that she made due diligence to notify the respondent about today's hearing. In light of the foregoing, the state requested that it be permitted to proceed in default and that Dr. Hayes' license be revoked. Dr. Musil made a motion which was seconded by Dr. Beckford. The motion passed.