



**TENNESSEE BOARD OF OSTEOPATHIC EXAMINATIONS**  
**Regular Board Meeting**

**August 10, 2016**

---

**MINUTES**

---

A regular meeting of the Tennessee Board of Osteopathic Examination was held in the Poplar Conference Room, at 665 Mainstream Drive, Nashville, TN 37243 on August 10, 2015.

Members Present:            Jeffrey L. Hamre, DO  
                                      Jan Day Zieren, DO  
                                      J. Michael Wieting, DO  
                                      Shant H. Garabedian, DO  
                                      Shannon Kilkelly, DO  
                                      Penny Grace Judd, Consumer Member

Members Absent:            None

Staff Present:                Kenneth Bowman, Administrator  
                                      Stacy Tarr, Administrative Director  
                                      Rene Saunders, BME Medical Director  
                                      Maegan Carr Martin, JD, Executive Director  
                                      Francine Baca-Chavez, JD, Deputy General Counsel

The necessary number of Board members joined the meeting and a quorum was established. Board of Osteopathic Examination Chair, Jeffrey Hamre, DO, called the meeting to order at 9:03 a.m.

**Minutes**

Dr. Zieren made a motion to approve the minutes from the May 4, 2016 meeting of the Board and Dr. Wieting seconded the motion. The motion carried unanimously.

Dr. Wieting asked that Ms. Martin confirm that the definition of addiction specialist be consistent with the definition that was adopted by the Board when it considered the matter previously. She confirmed that she would.

### **Applicant Interview(s):**

**Kristina Harper, CPM-TN** – Ms. Harper was asked to appear before the Board to address the suspension of her Louisiana professional midwifery license. Ms. Harper described the events leading to her decision to assist an existing client with a vaginal birth after cesarean (VBAC). She explained that her client had delivered her second child by VBAC. Ms. Harper claims that she tried throughout the pregnancy to find a supervising physician, but was unsuccessful. She did consult with her collaborating physician who was not able to create relationship with the patient because she did not accept Medicare patients. The physician did, however, tell her that “she should be fine if she’s already delivered once vaginally, just “watch her.”

During the delivery there were complications. The baby was ultimately delivered without injury, but the patient had to be transported to the hospital for delivery. During delivery, it became known that Ms. Harper had taken a VBAC client without physician approval in violation of Louisiana law. As a result, Ms. Harper’s license to practice midwifery in Louisiana was revoked.

In his questioning of Ms. Harper, Dr. Hamre referenced the American College of Obstetrics and Gynecology’s (ACOG) recent opinion on “home births” which states that ACOG’s “Committee on Obstetric Practice considers fetal malpresentation, multiple gestation, or prior cesarean delivery to be an absolute contraindication to planned home birth.” Ms. Harper was asked whether, in light of this opinion, she would assist in another home birth for a VBAC patient and she said that she would only with physician approval.

Dr. Wieting made a motion to approve Ms. Harper’s application conditioned upon her identification, in writing, of the identity and contact information of the local physician who agrees to supervise her. At the conclusion of each renewal period, Ms. Harper’s supervising physician must submit a written report to the Board of Osteopathic Examination certifying that her skills and decision-making are appropriate and that all deliveries have been carried out safely and professionally.

The motion was seconded by Dr. Garabedian. Dr. Hamre abstained. The motion passed.

### **Dr. Mutter’s Presentation of the Revised Tennessee Chronic Pain Guidelines**

Dr. Mitchell Mutter, Medical Director of Special Projects, presented the The public chapter that required the creation of the “Chronic Pain Guidelines” also includes the requirement that the Guidelines be reviewed and amended as appropriate every September. The most recent review of the Guidelines included the following revisions:

- Recommends that treatment plans be developed at the onset of treatment and should include treatments or modalities beyond opioids, both non-pharmacological and pharmacological.
- Endorses the 3-item PEG Assessment Scale as an appropriate tool in establishing treatment goals with patients.
- Acknowledges that the risk of overdose for all patient populations increase tenfold at 100 MEDD, but may actually start closer to 81 MEDD.
- States that when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days is sometime appropriate but should be documented in the medical record.

- Suggests that a primary care provider starting opioid therapy should generally prescribe immediate-release opioids instead of extended-release or long acting opioids. Acknowledges that deviations are expected and the reason(s) should be documented.

Dr. Wieting made a motion to approve the revised Chronic Pain Guidelines with the revision to Dr. Polk's credential. The motion was seconded by Ms. Judd. Dr. Kilkelly raised a concern about the revised CPG's immunity provision. Ms. Martin clarified that the language is lifted from recent legislation. The motion passed. Dr. Kilkelly and Dr. Garabedian initially abstained from the vote; however, Dr. Mutter confirmed that the language is taken verbatim from state law and the chair voted aye. The motion passed.

### **Report from the Office of Investigations**

Ms. Nichelle Dorroh appeared on behalf of the Office of Investigations and reported that there are 18 complaint cases pending. Dr. Wieting referred to the report and asked, if an individual is revoked or surrendered, what are we monitoring? Ms. Dorroh explained that those individuals were assessed some type of fine or cost that has not yet been paid in full.

### **Reconsideration of Marilyn Greene-Campbell's Application**

Ms. Baca-Chavez provided further clarification on the Board's deliberations on the recent midwifery applications. She stated that on licensure actions the Board has final authority to deliberate on those actions. On matters of discipline, if the Board disagrees with the Council on disciplinary orders, the matter does have to be re-reviewed by the Council.

Ms. Greene-Campbell appeared before the Board for clarification on her previously considered application. At the conclusion of Ms. Greene-Campbell's appearance at the May meeting, the Board voted to approve her Petition for Order of Compliance and her application for licensure conditioned upon her agreement to meet certain requirements. Since that meeting some questions have arisen regarding the conditions on her license and the Board was asked to clarify its intent. The Board again voted to approve Ms. Greene-Campbell's application conditioned upon the following: 1) her license will be approved but it will be placed on probation for the remainder of her criminal probation; 2) she must be supervised by a CPM for a period of two years and during that period, she must be involved in at least fifteen supervised births. She must identify her supervisors in writing to the Board as soon as possible. Ms. Greene-Campbell's supervisors must file quarterly reports attesting to her competency, skills and decision-making. And finally, she must report to the TMF for an evaluation and comply with any resulting recommendations set forth by TMF. Dr. Hamre made a motion to approve with the aforementioned conditions. The motion was seconded by Dr. Zieren and passed.

### **Ratification of New Licensees**

Dr. Weiting made a motion to ratify all initially approved applications. Dr. Zieren seconded the motion which passed.

### **Approve Rulemaking on Midwifery Council Fee Reduction**

Ms. Baca-Chavez had recently presented these rules for approval; however, there was no roll call vote taken at that time. Accordingly, she took a roll call vote in order to observe all formalities. All formalities were observed.

### **Authorization for Rulemaking for Continuing Education Requirements**

Ms. Martin presented the issue. According to the rules, the Board's licensees may earn their 40 required hours of continuing medical education in I-A, II-A or I-B. The Board's policy, however, only specifies a penalty for I-A and II-A.

Dr. Zieren made a number of suggestions regarding the CME rules and ultimately the Board determined that changes to 1050-02-.12(1)(a)-(b) and .12(3) should be considered in accordance with the following:

- a) During the two (2) calendar years that precede licensure renewal, all licensees must complete forty (40) hours of courses approved by the Board in Category I-A, II-A and/or I-B continuing medical education as defined by the AOA. Licensees may not earn more than fifty percent (50%) of the total biennially required continuing medical education in Category I-B continuing medical education.
- b) Licensees must earn at least two (2) of the forty biennially required continuing medical hours in education designed to address controlled substance prescribing. If the licensee is a prescriber with a DEA registration, the 2 hour course must comply with the requirements of Tenn Code Ann 63-1-402. If the licensee is not a prescriber and/or does not have a DEA registration, the education must address controlled substance prescribing.

1050-020.12(2)(a)(2) Stationary is misspelled and should be stationery.

The Board also suggested that "acceptable continuing education" be synthesized with (1)(a). Ms. Baca-Chavez and Ms. Martin will work together to bring a draft of the rule back to the Board at its next meeting. Once a rule has been approved, the Board will consider revising its CME enforcement policy so that it is consistent with whatever changes are ultimately authorized.

### **Appointment of Member to Pain Clinic Taskforce**

The Board appointed Dr. Kilkelly to assist the Commissioner's office in the development of pain clinic rules.

### **Appointment of Members to Serve on the PC 942 Taskforce**

In 2016, public chapter 942 became effective which directs the Board of Pharmacy to work in collaboration with the Board of Medical Examiners and Osteopathic Examination to develop certain minimum standards for the prescribing of hormonal contraceptives by pharmacists. Each of the collaborating boards have appointed two members to the taskforce. Ms. Martin expected that there would be two meetings. The Board appointed Dr. Hamre and Ms. Judd to serve.

### **Office of General Counsel Report**

Ms. Baca-Chavez provided an overview of the rules pending. The intractable pain rules and addiction specialist rules are pending in internal review. There are 23 cases open against 4 osteopathic physicians and no cases open against midwives.

### **Administrative Office Report**

Ms. Tarr provided the statistical licensure report. There are 1,397 DO licensees licensed.

### **Travel Requests**

Ms. Martin requested that the Board authorize her attendance of the CLEAR conference and the AIM Leadership Academy. Ms. Baca-Chavez requested that the Board authorize an attorney's attendance at the FSMB's Board Attorney Workshop. Dr. Wieting made a motion to approve these requests. Dr. Zieren seconded the motion. The motion passed.

Dr. Hamre thanked Board members and staff for their hard work and complimented the Board on the quality of its discussion. There being no further business, the meeting was adjourned.