



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

Tuesday, March 25, 2025

MINUTES

The regular board meeting of the Tennessee Board of Medical Examiners was called to order at 10:00 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Stephen Loyd, Board President.

Board members present:

Stephen Loyd, MD, President
Samantha McLerran, MD, Vice President
Michael Bittel, Consumer Member, Secretary
Ricky Shelton, Consumer Member
John Hale, MD
Keith Anderson, MD
Todd Tillmanns, MD
Randall Pearson, MD
James Diaz-Barriga, Consumer Member
Deborah Christiansen, MD
Bethany Lawrence, MD

Board member(s) absent:

Staff present:

Francine Baca-Chavez, JD, Office of General Counsel
Michael Varnell, JD, Office of General Counsel
Kavita Vankenini, MD, Medical Consultant
Stacy Tarr, BME Executive Director
Brandi Allocco, Administrative Director
Samantha Green, Board Administrator
Rachel LaMascus, Board Administrator

The meeting was called to order by Dr. Stephen Loyd with a moment of silence followed by a roll call of members and staff present.

I. CONSIDERATION OF APPLICATIONS

Medical Doctor Applicant Interview(s):

John Cooper, MD – appeared before the Board without legal representation. Dr. Deborah Christiansen motions to grant Dr. Cooper a full and unrestricted license. Mr. Michael Bittel seconds the motion, and the motion passes unanimously.

Michael Apostle, MD – appeared before the Board without legal representation. Dr. Christiansen motions to grant Dr. Apostle a limited license for up to one (1) year so he may complete a preceptorship as approved by the Board’s Medical Consultant, Dr. Kavita Vankineni, and a Board appointed member, Dr. Samantha McLerran. The preceptor must be ABMS board certified in Dr. Apostle’s practice specialty and Dr. Apostle will not be able to supervise mid-level providers while participating in the preceptorship plan on the limited license. A letter of successful completion shall be submitted to the medical consultant and board appointed member for review. Dr. Todd Tillmans seconds the motion, and the motion passes with Dr. McLerran recused.

Dushyant Dobaria, MD – appeared virtually before the Board with his legal representative, Ms. Kimberly Silvus. Dr. Dobaria is an International Medical School graduate who has not completed three years of US ACGME accredited training. Dr. Dobaria has submitted a petition for declaratory order for the Board to review. Dr. Christiansen motions to approve Dr. Dobaria’s petition for declaratory order. Dr. McLerran seconds the motion and the motion passes. Dr. Christiansen motions to table the application for a period of up to six (6) months to allow Dr. Dobaria to participate in the declaratory hearing process. Dr. McLerran seconds the motion and the motion passes.

Osman Cengiz, MD – appeared before the Board with his legal representative. Dr. Cengiz is an International Medical School graduate who has not completed three years of US ACGME accredited training. Dr. Cengiz has submitted a petition for declaratory order for the Board to review. Dr. Christiansen motions to approve Dr. Cengiz’s petition for declaratory order and to table the application for a period of up to six (6) months to allow Dr. Cengiz to participate in the declaratory hearing process. Dr. John Hale seconds the motion and the motion passes.

Pedro De La Rosa Costa, MD – appeared before the Board without legal representation. Dr. De La Rosa Costa is an International Medical School graduate who was unable to obtain primary source medical school transcripts and postgraduate training verification for two residency programs. Dr. De La Rosa Costa is not currently board certified, however he was board certified up until 2019. Dr. De La Rosa Costa is currently licensed in Florida and New York and maintains an active practice in Miami, FL. Dr. McLerran recused. After a robust discussion, Dr. Keith Anderson motions to grant a full and unrestricted license. Dr. Hale seconds the motion and the motion passes with Dr. McLerran recused, Dr. Tillmanns opposed, and Dr. Christiansen abstained.

The Board took a brief break.

After the break, the Board discussed options they have when discussing applicant interviews when they are hesitant to grant a full and unrestricted license.

II. CONDUCT NEW BUSINESS

- a. Discuss and take action as needed regarding encumbered license definition: Ms. Francine Baca-Chavez presented a definition proposal which was drafted in response to the Board’s conversation at the January 2025 meeting. The Taskforce regarding public chapter 1042 has adopted a similar definition in their proposed rules. Dr. Michael Baron, Medical Director for the Tennessee Medical Foundation (hereinafter “TMF”), discussed a new bill currently in the Senate, which could change the way conditioned licenses are reported. Ms. Baca-Chavez will further research the latest iteration to discuss with the

- Board at a future meeting. Dr. Christiansen motions to approve the definition as proposed by Ms. Baca-Chavez. Dr. Hale seconds the motion and the motion passes.
- b. Discuss and take action as needed regarding BME Retrospective Rule Review 0880-02-.14: Dr. Todd Tillmanns worked with Ms. Baca-Chavez on an amendment to the current rules regarding chlamydia. Dr. Tillmanns explained the reasoning behind the amendments. Dr. Christiansen motions to accept the rule as amended. Dr. McLerran seconds the motion and the motion passes.
 - c. Discuss and take action as needed regarding rules to allow medical consultant to approve petitions for declaratory order – Ms. Baca-Chavez reviewed the Statutes for both the Declaratory Order process and the medical consultant position in writing the rule. The scope has been limited to applications of initial licensure petitions and has guidance on when these petitioners shall appear before the Board. Dr. Christiansen motions to approve the rule as written. Dr. McLerran seconds the motion. Dr. Christiansen amends her motion to approve the rule with the amendment of adding “the Board may delegate to their medical consultant...”. Dr. McLerran seconds the motion as amended and the motion passes.
 - d. Discuss and take action as needed regarding supervision of residents/clinical fellows regarding Consent Orders – This agenda item stemmed from a recent case heard before the Board where the physician was on probation, however they were supervising residents who were prescribing on that physician’s license. The Board wishes to include a more specific list of who a licensee cannot supervise when their license is encumbered on future Consent Orders. This list includes Medical Doctor medical students, interns, residents, and/or fellows; Doctor of Osteopathic medical students, interns, residents, and/or fellows; APC trainees such as Nurse Practitioners, Physician Assistants, and/or Certified Registered Nurse Anesthetists; and colleague physicians under reentry pathway training, the foreign training act license, and/or the graduate physician act license. Dr. Hale motions to nominate Dr. McLerran to work with Ms. Baca-Chavez to craft language to present to the Board at a future meeting. Mr. Ricky Shelton seconds the motion and the motion passes.

III. CONSIDER AND APPROVE CONSENT AGENDA

Dr. Christiansen motions to accept the consent agenda. Dr. McLerran seconds the motion, and it passes. The Consent Agenda contained the following:

1. Approval of Meeting Minutes:
 - a. January 21-22, 2025, Board of Medical Examiners Meeting
 - b. January 8, 2025, Informal Hearing Panel
 - c. January 9, 2025, Declaratory Order Panel
 - d. February 24, 2025, Contested Case Hearing
2. Ratification of new licenses, reinstatement and renewals of the following professions:
 - a. Medical Doctors, MD X-Ray Operators, Genetic Counselors, Surgical Assistants
 - b. Acupuncture
3. Departmental Reports
 - a. Office of Investigations
 - b. Administrative Office
 - c. Office of General Counsel
4. Agreed Citations
 - a. [Brandy J Lynn, L.Ac](#)
 - b. [Li Zou, L.Ac](#)
 - c. [Shirin Sohrabi, L.Ac](#)

- d. [Lauren Lyles, L.Ac](#)
 - e. [Kourtney Frantz, AMDX](#)
 - f. [Andrea Hafner, AMDX](#)
5. Ratification of Committee Actions

IV. UPDATES FROM TASKFORCES & COMMITTEE MEETINGS

- a. **Development Committee Meeting Update (Dr. McLerran, Dr. Loyd, Mr. Bittel, and Dr. Christiansen) –**
 - i. The committee met this morning, March 25, 2025.
 - ii. Discuss and take action as needed regarding genetic counselor rules – supervision: The committee approved the language for the definition of supervision of a genetic counselor as well as the requirements for documentation.
 - iii. Discuss and take action as needed regarding High Prescribers Top 50, Top 20 Buprenorphine: The committee discussed the stigma of these lists and heard from Dr. Charles Walker regarding concerns for the difficulties faced by Tennesseans whose providers are on these lists. Ms. Tracy Alcock will present the committee with the letter that is sent out to licensees at the next Development Committee meeting. The committee will look at revising the letter.
 - iv. Discuss and take action as needed regarding APRN supervision rules: This matter has been moved to the next meeting.
 - v. Discuss and take action as needed regarding advisory ruling:
 - 1. Leigh Anne Young Dunlap, MD – The letter was approved by the committee as drafted by Ms. Baca-Chavez. Mr. Stephen Ross Johnson, representative for Dr. Dunlap, and Ms. Tracy Alcock, Deputy General Counsel, provided arguments for each side. Ms. Baca Chavez acted solely in her role as the Board’s advisory attorney on this matter. Dr. Dunlap seeks to clarify whether the mandatory automatic revocation statute, T.C.A 63-1-170, applies to her recent conviction for the misdemeanor offense of aiding and abetting the unlawful dispensing and distribution of a Schedule IV controlled substance by a practitioner in violation of 21 U.S.C. § 842(a)(1), (c)(2)(A) and 18 U.S.C. § 2. Mr. Johnson argues that because it was a Scheduled IV controlled substance, T.C.A 63-1-170 should not apply. Ms. Alcock argues that the law is not specific on what type of controlled substances are involved, any controlled substance conviction is an automatic revocation. Mr. Johnson also argues that the date of the incident was before the law was contemplated. Ms. Alcock states that the law says the day the Board learns of the conviction is the date of revocation. Mr. Johnson then requests that should the Board revoke the license, the period between revocation and reapplication for licensure should be shorter. Ms. Alcock and Ms. Baca-Chavez referred to the Rules as the statute does not have a time frame. Rule 0880-02-.12(e)(3) states that unless a shorter or longer period of time is included in the revocation order, application for a new license will not be accepted or entertained prior to the expiration of at least one (1) year from the effective date of the revocation. As the statute which dictates the revocation is not specific, the rule would require Dr. Dunlap wait at least one (1) year from the effective date of the revocation. Mr. Johnson states that the indictment mentioned in the drafted letter was thrown out and Dr.

Dunlap plead guilty to a separate misdemeanor. Mr. Johnson implores the Board to reconsider the timeline for licensure reapplication as Dr. Dunlap is a primary care physician in a rural region of East Tennessee. The committee motions to approve the advisory opinion letter as drafted. Dr. Anderson seconds the motion and the motion passes.

Next Development Committee Agenda

- a. Discuss and take action as needed regarding APRN Supervision Rules
- b. Discuss and take action as needed regarding Top 50, Top 20 Buprenorphine Letter
- c. Discuss and take action as needed regarding Supervision of Residents/Fellows in regards to Consent Orders
- d. Dr. Tillmanns requested the committee consider discussing gathering data on new licensing methods

The Board recessed for lunch.

V. UPDATES FROM TASKFORCES & COMMITTEE MEETINGS (CONTINUED)

- a. **Development Committee Meeting Update (Dr. McLerran, Dr. Loyd, Mr. Bittel, and Dr. Christiansen) –**
 - i. Discuss and take action as needed regarding advisory ruling:
 1. Leigh Anne Young Dunlap, MD (continued) – Ms. Baca-Chavez wanted to clarify that the revocation order has not been mailed to the licensee at this time as they are waiting for a certified copy of the conviction. The letters are standard letters that cite the statute and the conviction of the licensee, pursuant to which their license is automatically revoked. There is no time frame specified in the letter that goes out notifying the prescriber that their license has been automatically revoked. Ms. Baca-Chavez referred to the Rules as the statute does not have a time frame. Rule 0880-02-.12(e)(3) states that unless a shorter or longer period of time is included in the revocation order, application for a new license will not be accepted or entertained prior to the expiration of at least one (1) year from the effective date of the revocation. As the letter is a standard letter and has not been sent out yet, the Board would be able to decide whether they wanted to put a specific time frame for licensure reapplication in the letter. Ms. Baca-Chavez cautions that if the Board decides to shorten the length of time in which Dr. Dunlap can apply after the revocation order is issued, then they may set a precedent for future revocations under this statute. Dr. McLerran motions that the Board is aware of Rule 0880-02-.12(e)(3), that an application for licensure will not be entertained prior to the expiration of at least one year from the date of revocation, due to contextual concerns that exceed Dr. Dunlap's case, that may result in applications for other petitioners before the Board, that the Board will adhere to Rule 0880-02-.12(e)(3). Dr. Pearson seconds the motion and the motion passes with Dr. Loyd and Mr. Bittel opposed.

VI. CONDUCT NEW BUSINESS (CONTINUED)

- c. Presentation from CPEP – Bill O’Neill: Mr. Bill O’Neill, Director of Outreach and Communication for CPEP (Center for Personalized Education for Professionals), briefly went over the history of CPEP for the Board. CPEP was set up as an independent resource in two areas fully focused on health professionals. One area of focus is clinical skills, and the other is a range of seminars or intervention programs for professionalism issues. CPEP has worked with over 9,000 professionals across the United States, of those 140 have been from Tennessee, and 38 of the 140 were referred by the Board of Medical Examiners. Some individuals are referred by medical executive committees, peer review committees, and/or quality assurance committees from different hospital systems. Some individuals have been referred by various ABMS boards related to their board certification and eligibility. Some individuals have self-referred to CPEP if they are looking to get back into practice after a voluntary absence from clinical practice. There are two types of clinical skills assessments. There are competency assessments for individuals who are referred to CPEP by someone questioning the provider’s ability to practice safely. These individuals are usually under discipline or investigation. There are also assessments for individuals who have been out of clinical practice for various reasons (such as retirement or family leave). All assessments have a common structure; however, each assessment is personally tailored to the individual based on their specialty, scope of practice, and in the case of those individuals referred for competency assessments, the questions a third-party (medical board, peer review committee, etc.) needs answered. Since the pandemic all assessments are done remotely with the exception of technical simulations. Each assessment includes several structured clinical interviews which are ninety-minute discussions with a interviewer who is board certified and practicing in the same field as the individual that is being assessed. Chart reviews are done with the same interviewer via HIPAA compliant means. Simulated patient encounters assess patient communication and documentation skills. All individuals also go through a cognitive screen. Once the individual completes the assessment an organizational opinion is rendered. In the executive summary there is a section on findings and recommendations. The opinion falls into one of three categories: appropriate performance, moderate to broad educational needs, or demonstrated deficiencies that are broad and profound, and the individual is not safe to practice independently. Recommendations for educational needs can be made by CPEP but the licensing board or other third-party group would need to enforce the recommendations. Mr. O’Neill went over the costs and length of time for each type of assessment.

VII. ORDERS OF COMPLIANCE

Bill Boswell, MD – appeared before the Board. Ms. Francine Baca-Chavez presented the Order of Compliance. The petition requests the Board lift the probation on Dr. Boswell’s medical license. It is the position of the Disciplinary Coordinator and the Office of General Counsel that he is compliant with the terms of his previous order. Dr. Christiansen motions to accept the order of compliance. Dr. Pearson seconds the motion, and it passes with Dr. Loyd recused.

Imran Mirza, MD – did not appear before the Board. Ms. Francine Baca-Chavez presented the Order of Compliance. Dr. Mirza was not required to appear pursuant to the Order. The petition requests the Board lift the restriction on prescribing on Dr. Mirza’s medical license. It is the position of the Disciplinary Coordinator and the Office of General Counsel that she is compliant with the terms of her previous order. Dr. Christiansen motions to accept the order of compliance. Dr. McLerran seconds the motion, and it passes.

Dinia Cruz, MD – Dr. Cruz was unable to attend this meeting and will appear in May.

Frank Ling, MD – appeared before the Board. Ms. Francine Baca-Chavez presented the Order of Compliance. Dr. Ling’s legal representative, Mr. David Steed, previously appeared at the November 2024 Board of Medical Examiners meeting to petition for an Order of Compliance, as Dr. Ling was not required to appear before the Board. A Controlled Substance Monitoring Database (hereinafter “CSMD”) report was pulled at that time and reports of prescribing were listed under Dr. Ling’s name. The Board requested at that time for additional information to be gathered regarding the prescribing. Dr. Ling obtained information from his place of employment to show that while the prescriptions were attributed to him in the CSMD, he was serving as the program director of a residency program at the time and the residents were prescribing under his name in the electronic medical records. The petition requests the Board lift the restriction on prescribing on Dr. Ling’s medical license. It is the position of the Disciplinary Coordinator and the Office of General Counsel that he is compliant with the terms of his previous order. Dr. Christiansen motions to accept the order of compliance. Dr. Anderson seconds the motion, and it passes with Dr. Tillmanns recused.

Melanie Woodall, MD – appeared before the Board. Ms. Francine Baca-Chavez presented the Order of Compliance. The petition requests the Board lift the probation and restrictions on prescribing on Dr. Woodall’s medical license. It is the position of the Disciplinary Coordinator and the Office of General Counsel that she is compliant with the terms of her previous order. Dr. Christiansen motions to accept the order of compliance with continued practice monitoring. Dr. Hale seconds the motion, and it passes with Dr. Tillmanns and Dr. Anderson recused.

Susan Webb, MD – appeared before the Board with her legal representative, Ms Catalina Goodwin. Ms. Francine Baca-Chavez presented the Order of Compliance. The petition requests the Board lift the probation on Dr. Webb’s medical license. A CSMD report was pulled, and reports of prescribing were listed under Dr. Webb’s name. Ms. Goodwin presented evidence that the prescription was not signed by Ms. Webb and was forged. The pharmacy where the prescription was filled is under federal indictment at this time for forging prescriptions. Dr. Webb was not working at the time of the prescription being forged and there is no electronic record of the prescription coming from Dr. Webb’s clinic at the time it was “written”. It is the position of the Disciplinary Coordinator and the Office of General Counsel that she is compliant with the terms of her previous order. Dr. McLerran motions to accept the order of compliance with lifetime TMF monitoring. Dr. Tillmanns seconds the motion, and it passes with Dr. Christiansen recused.

VIII. UPDATES FROM TASKFORCES & COMMITTEE MEETINGS (CONTINUED)

- a. **Development Committee Meeting Update (Dr. McLerran, Dr. Loyd, Mr. Bittel, and Dr. Christiansen) –**
 - i. Discuss and take action as needed regarding advisory ruling:
 2. Randal Hartline, MD – Letter was approved as drafted by Ms. Baca-Chavez during the Committee Meeting. Dr. Hartline requests guidance on the off-label use of micronized progesterone to counter act the abortion pill mifepristone. While the off-label use of medication is not in and of itself a violation of the Medical Practice Act, physicians are held to the same standard of care when prescribing drugs for off-label use. Pursuant to T.C.A. 63-1-122, for purposes of any action before this Board, in which the standard of care is at issue, the standard of care for such actions is a statewide standard of minimal competency and practice. It is advised that prior to prescribing drugs for off-label use, Dr. Hartline thoroughly analyze the risks and benefits of prescribing the drugs for off-label use and that he receives informed consent. It is also advisable and

prudent to review and consider the position of the American College of Obstetricians and Gynecologists prior to prescribing natural progesterone to counter act mifepristone. Dr. Christiansen motions to accept the response as drafted by Ms. Baca-Chavez. Dr. McLerran seconds the motion and the motion passes.

3. Harold Duke, MD – Letter was approved as drafted by Ms. Baca-Chavez. Dr. Duke requests for the Tennessee Board of Medical Examiners to support attempts to establish a legal never event in the Tennessee State judicial system. To explain the request, Dr. Duke describes a “never event” in the medical system as an event that should never occur, such as a surgeon operating on the wrong limb. Dr. Duke explains that it is a “medical never event” because there are several people meeting in the operating room who should know the correct procedure and therefore the wrong operation should never occur. It is the Board’s understanding that Dr. Duke believes that similarly a “legal never event” should be formally established and that such an event be considered prima facie evidence of bias. In support of Dr. Duke’s belief, he states that the biggest risk to the citizens of Tennessee is “Translational Research” which he defines as research where expert opinion equals fact. Dr. Duke further states that the concept of medical expert opinion equaling fact is validated in the Tennessee state court system. Dr. Duke goes on to say that “small crappy trials” has, among other things, validated the science of “Translational Research” including the Studio methodology, which is driving the development of many novel treatments in medicine. Dr. Duke indicates that he has evidence to support these allegations. Dr. Duke indicates that the mission of the Board is to protect the health, safety, and welfare of people in Tennessee, and Dr. Duke believes that as a licensed physician it is his duty to bring this issue before the Board as he feels that this falls within the mandate of the Board to fully evaluate the credibility of these allegations. Requests for advisory rulings are permitted pursuant to T.C.A. § 63-1-174(a) when requested by any affected person who is certified, licensed, or registered by a state entity under title 63 that is administratively attached to the division of health-related boards and who makes such a request regarding any matters within the state entities’ primary jurisdiction. While Dr. Dule is an affected person since he is licensed by this Board, his request for an advisory opinion does not relate to a matter within the Board’s primary jurisdiction. The duties of the Board are delineated at T.C.A. § 63-6-101(3). Specifically, “[i]t shall be the board’s duty to examine the qualifications of all applicants for certification of fitness to practice medicine or surgery in this state, to conduct disciplinary hearings, and to make such rules and regulations as are necessary to carry out and make effective this chapter.” Consequently, the Board does not have jurisdiction over the Tennessee state judicial system and can therefore not effectuate changes to Tennessee state judicial system. Therefore, the Board is unable to assist Dr. Duke in his request. Dr. Christiansen motions to accept the draft as written by Ms. Baca-Chavez. Dr. Tillmanns seconds the motion and the motion passes.

The Board took a brief break.

IX. DISCIPLINARY ORDERS

Consent Order(s)

Robert Hanson, AMDX* – did not appear before the Board nor did a legal representative appear on his behalf. Ms. Jessica Turner represented the State. Dr. Christiansen motions to approve the order. Dr. Hale seconds, and the motion passes.

Stephen Leedy, MD* – did not appear before the Board nor did a legal representative appear on his behalf. Ms. Regan Cothron represented the State. Dr. McLerran motions to approve the order. Dr. Hale seconds, and the motion passes.

Julie Taylor, MD* – did not appear before the Board nor did a legal representative appear on her behalf. Ms. Paetria Morgan represented the State. Dr. Christiansen motions to approve the order. Mr. Diaz-Barriga seconds, and the motion passes.

Stanley Kaplan, MD* – did not appear before the Board nor did his legal representative, Mr. David Steed, appear on his behalf. Ms. Paetria Morgan represented the State. Dr. Christiansen motions to approve the order. Dr. McLerran seconds, and the motion passes.

Agreed Order(s)

Ning Wang, L.Ac – did not appear before the Board nor did a legal representative appear on his behalf. Ms. Brittani Kendrick represented the State, and Ms. Paetria Morgan presented the Order. Respondent was licensed on October 27, 2011, which expired on June 30, 2024. Respondent's certificate is on probation effective August 15, 2022. On August 15, 2022, the Committee ratified a Consent Order, signed by Respondent on June 6, 2022, for failure to exercise proper care of a patient. Under the terms of the Consent Order, Respondent agreed to the following: a. Acupuncture certificate being placed on probation for a period of not less than twelve (12) months. b. Complete ten (10) hours of continuing education in ethics and sexual boundaries. This is in addition to completing the continuing education hour requirement for the current year. Respondent was to provide proof of completion of the CE credits within twelve (12) months of the effective date of the Order. c. Pay fifteen (15) Type C civil penalties in the amount of fifty dollars (\$50.00) each, for a total of seven hundred and fifty dollars (\$750.00). The civil penalty was to be paid within twelve (12) months of the effective date of the Order. Proof that respondent completed the CE credit hours was due by August 15, 2023. Respondent's civil penalty of seven hundred and fifty dollars (\$750.00) was due by August 15, 2023. On September 14, 2023, the Department sent a thirty (30) day correspondence to Respondent regarding his failure to comply with the Committee's August 15, 2022, Consent Order, specifically as it related to the civil penalty and completion of the CE coursework. On October 19, 2023, the Department sent Respondent a final notice regarding his failure to comply with the Committee's August 15, 2022, Consent Order. To date, the Department has not received any proof of completion of the CE credits or payment for civil penalties. At all times pertinent hereto, Respondent practiced acupuncture as the owner of Nashville Acupuncture and Herbs located in Nashville, Tennessee. On or about November 17, 2020, Respondent conducted a consultation for acupuncture treatment with C.P. at Nashville Acupuncture and Herbs. C.P. decided not to obtain acupuncture treatment through Respondent's practice. From about September 2023 through about October 2023, C.P. reported that Respondent attempted to contact her on several occasions via her telephone number leaving her voicemails providing but not limited to asking to meet her, see her, visit with her, and stating that he loved her. In or around December 2023, a petition was filed to appoint a limited healthcare fiduciary for Respondent as Respondent suffers from a major neurocognitive disorder. This disorder causes short-term memory loss. On or about December 26, 2023, an Order for the Appointment of an Expedited Limited Healthcare Fiduciary was entered into the Second Circuit Court of Davidson County, Tennessee. On or about February 21, 2024, an Order for the Appointment of a Conservator was filed in the Second Circuit

Court of Davidson County, Tennessee. The facts stipulated are grounds for discipline. This order shall voluntarily surrender, same as revocation, Respondent's certificate. Dr. Christiansen motioned to approve the order. Dr. McLerran seconded and the motion passed.

[Candace Bilings, L.Ac*](#) – did not appear before the Board nor did a legal representative appear on her behalf. Ms. Paetria Morgan represented the State. Dr. Hale motions to approve the order. Dr. Christiansen seconds, and the motion passes.

X. **PUBLIC COMMENT**

There was no public comment.

The Board recessed at 3:30 pm CT.



Tennessee Board of Medical Examiners Regular Board Meeting

Day Two of the Regular Meeting of the Tennessee Board of Medical Examiners

Wednesday, March 26, 2025

Panels of the Tennessee Board of Medical Examiners were called to order at 9:00 a.m. in the Iris Room, Poplar Room, and Dogwood Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243.

Board members present:

Samantha McLerran, MD, Vice President
Michael Bittel, Consumer Member, Secretary
John Hale, MD
Keith Anderson, MD
Todd Tillmanns, MD
Randall Pearson, MD
James Diaz-Barriga, Consumer Member
Deborah Christiansen, MD
Bethany Lawrence, MD

Staff present:

Francine Baca-Chavez, JD, Office of General Counsel
Michael Varnell, JD, Office of General Counsel
Kavita Vankenini, MD, Medical Consultant
Stacy Tarr, BME Executive Director
Brandi Allocco, Administrative Director
Samantha Green, Board Administrator
Rachel LaMascus, Board Administrator

Contested Case – Iris Room

Naomi Paschall, MD* v. State of Tennessee Board of Medical Examiners

Iris Room

Administrative Law Judge: Richard Murrell

Panelists: Todd Tillmanns, MD, Keith Anderson, MD, and James Diaz-Barriga, Consumer Member

Counsel for State: Justin Harleman, Senior Associate General Counsel

Counsel for Respondent: Samuel Helmbrecht, Esq.

The Respondent appeared before a panel of the Board along with her legal representative, Mr. Samuel Helmbrecht, Esq. A panel of the Board, chaired by Dr. Tillmanns, heard from both parties. After discussion and questions, the matter was continued and will be taken up at a future date.

Contested Case – Poplar

Deborah Poteet-Johnson, MD* v. State of Tennessee Board of Medical Examiners

Poplar Room

Administrative Law Judge: Carolyn Reed

Panelists: John Hale, MD, Randall Pearson, MD, and Bethany Lawrence, MD

Counsel for State: Gerard Dolan, Senior Associate General Counsel

Counsel for Respondent: Respondent was not represented

The Respondent did not appear before a panel of the Board nor did a legal representative appear on her behalf. A panel of the Board, chaired by Dr. Hale, voted to proceed in default. After discussion and questions, the panel motioned and seconded, which was followed by an approval of the Final Order with all findings of fact and conclusions of law considered and agreed upon.

Declaratory Order Hearing – Dogwood Room

Indira Thirkannad, MD v. State of Tennessee Board of Medical Examiners

Dogwood Room

Administrative Law Judge: Steve Darnell

Panelists: Samantha McLerran, MD, Deborah Christiansen, MD, and Michael Bittel, Consumer Member

Counsel for State: Francine Baca-Chavez, Deputy General Counsel

Counsel for Respondent: Petitioner represented self

A panel of the Board, chaired by Dr. Samantha McLerran, heard the position of the Petitioner and the State and reviewed any evidence presented. After discussion and consideration, the panel motioned and seconded, which was followed by an approval of the following Final Order with all findings of fact and conclusions of law considered and agreed upon.

The Petitioner, Indira Thirkannad, attended the Bangalore Medical College in Bengaluru, Kamataka in India and graduated with a Bachelor of Medicine, Bachelor of Surgery (MBBS) in 1992. Bangalore Medical College is listed in the World Directory of Medical Schools. Petitioner completed a MS (Master of Surgery) general surgery residency at St. Johns Medical College Hospital from July 1991 through July 1994 in Bagalore, India. From August of 1994 through July of 1996, Petitioner worked as a Senior House Officer at St. Johns Medical College Hospital in cardiothoracic and pediatric surgery. Petitioner was selected for a fellowship in pediatric surgery and pediatric urology at Post Graduate Institute of Medical Education and Research in Chandigarh, India. Petitioner started the fellowship in July of 1996 and completed the fellowship in July of 1999. From October of 2000 to June of 2003, Petitioner served as an assistant professor in pediatric surgery within the Department of Surgery at M.S. Ramaiah Medical College in Bengaluru, Karnataka in India. From July of 2003 through December of 2005, Petitioner completed a pediatric surgery fellowship at the University of Louisville, Kosair Children's Hospital in Louisville, Kentucky. None of the Petitioner's post-graduate training was ACGME accredited. Petitioner is board certified by the Post Graduate Institute of Medical Education and Research (PGIMER) in India. Petitioner has ECFMG certification and has passed steps one through three of the USMLE in less than two years. Petitioner has active medical licenses in Illinois, New Jersey, Florida, Kentucky, and New York. Petitioner has had no disciplinary actions taken against any of her medical licenses. Petitioner has approximately twenty-six (26) years of practice experience in India and the United States. Petitioner does ongoing continuing medical education in excess of twenty hours a year. The petition for Declaratory Order, for this Petitioner, and the relief requested therein was approved.

This concludes the Board of Medical Examiners Day 2 meeting.