



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

Tuesday, May 20, 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
John Hale, MD
Todd Tillmanns, MD
Deborah Christiansen, MD
Bethany Lawrence, MD

Board member(s) absent: Ricky Shelton, Consumer Member
Keith Anderson, MD
Randall Pearson, MD
James Diaz-Barriga, Consumer Member

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):

Andrew Mirocke, MD – appeared before the Board without legal representation. Dr. Deborah Christiansen motions to grant Dr. Mirocke a full and unrestricted license. Dr. John Hale seconds the motion, and the motion passes unanimously.

II. RULE MAKING HEARING

Ms. Francine Baca Chavez had the Board members review the Economic Impact Statement and Regulatory Flexibility Analysis prior to beginning the rule making hearing. The documents are both related to the proposed rules expected effects on small business. Dr. McLerran accepts the documents as written. Mr. Bittel seconds the motion and the motion passes. Ms. Baca-Chavez 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 taken early is accurate meaning the following members were present for voting: Mr. Michael Bittel, Dr. Stephen Loyd, Dr. Samantha McLerran, Dr. Todd Tillmanns, Dr. Bethany Lawrence, Dr. John Hale, and Dr. Deborah Christiansen. This rulemaking hearing is taking place pursuant to T.C.A. § 4-5-204 to solicit comments on the Board’s proposal to amend rule chapter 0880-02: General Rules and Regulations Governing the Practices of Medicine. Ms. Baca-Chavez went over a summary of the information on which the amended rules contained in the notice of rulemaking hearing are based. The proposed rules eliminate the inactive licensure status and licensure inactivation fee established; creates criteria for a short-term visitor clinical training license; and expands eligibility criteria for U.S., Canadian, and International Medical School graduates by accepting the completion of a US residency or fellowship program as a postgraduate training program. These rules are essential to complying with recent statutory changes to T.C.A § 63-6-207 and T.C.A § 63-6-248. The rule also establishes the process for licensure of graduate physicians, specifies supervision requirements and requirements for graduate physician collaborative practice arrangements, sets fees, and establishes other practice requirements and restrictions for the graduate physician which are necessary to protect the public. These rules are necessary to effectuate Public Chapter 470, which was passed and codified as 63-20-101 etc. This became effective January 1, 2025. The rules also establish a process for issuing a foreign training license of limited duration to international medical school graduates who have successfully completed a board approved examination; demonstrated competency; completed a postgraduate training program of a minimum of 3 years in the graduate physician’s licensing country; and has practiced as a medical professional performing the duties of a physician for the last 3 years outside of the United States. This rule is also necessary to effectuate public chapter 929, which is codified as 63-6-207(g) and became effective January 1, 2025. Lastly, the rules establish a process for issuing a temporary license of limited duration to an international medical school graduate who has completed a board approved examination; demonstrated competency; and completed a 1-year postgraduate training program in the United States. The rule is necessary to effectuate public chapter 929, which is codified as 63-6-207(h) and became effective January 1, 2025.

This rulemaking hearing proposes new rules and amendments to Board rule 0880-02-.02 (Fees), 0880-02-.03 (Licensure Process- U.S. and Canada Medical School Graduates), 0880-02-.04 (Licensure process – International Medical School Graduates), 0880-02-.05 (Licensure of Out-of-State and International Applicants), 0880-02-.06 (Training Licenses and Licensure Exemptions), 0880-02-.10 (Licensure Retirement/Inactivation and Reactivation), and 0880-02-.27 (Licensure Process – Graduate Physician). The proposed rules delete subparagraphs (1)(j) in its entirety and the re-lettering of the remaining subparagraphs and is further amended by deleting newly re-lettered subparagraph (1)(l) and substituting instead the following language, and is further re-lettered subparagraph (1)(o), (1)(p), (1)(q), and (1)(r), so that as amended, the new subparagraphs shall read: (l) Licensure Conversion Fee\$225.00; (o) Short-Term Visitor Clinical Training License Fee\$400.00; (p) Graduate Physician License Fee\$500.00; (q) Foreign Training License Fee\$1,000.00; (r) Temporary License Fee\$700.00.

Rule 0880-02-.03 Licensure Process-U.S. and Canada Medical School Graduates is amended by deleting paragraphs (3), (6), (10), and (11) in their entirety and substituting instead the following language, so that as amended, the new paragraphs shall read: (3) An applicant shall submit evidence satisfactory to the Board of successful completion of a one (1) year United States Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program approved by the American Medical Association or its extant accreditation program for medical education or its successor. Such evidence shall include but not be dispositive of this requirement, a notarized certificate of completion and a letter attesting to satisfactory completion issued by the director of the residency or fellowship program which shall indicate that the residency or fellowship was completed entirely after receipt of a medical degree in one continuous program in any one of the recognized medical specialty areas. (6) An applicant shall submit proof of United States citizenship or of being lawfully present in the United States pursuant to T.C.A. § 4-58-103. (10) An applicant who has completed at least nine (9) months of the one (1) year residency or fellowship program required by paragraph (3) of this rule may apply for licensure if all other requirements of this rule are met and the director of the residency or fellowship program submits a letter attesting to the applicant's satisfactory performance in and anticipated successful completion of the residency or fellowship program. However, no license shall be approved or issued until the requirements of paragraph (3) of this rule are met. (11) The applicant shall cause the results of a criminal background check to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials.

Rule 0880-02-.04 Licensure Process-International Medical School Graduates is amended by deleting paragraphs (5), (8), (11), and (14) in their entirety and substituting instead the following language, so that as amended, the new paragraphs shall read: (5) An applicant shall submit evidence satisfactory to the Board of successful completion of a three (3) year United States Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program approved by the American Medical Association or its extant accreditation program for medical education or its successor. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion and a letter attesting to satisfactory completion issued by the director of the program which shows that the residency was completed in one (1) discipline. An applicant who holds a specialty board certification may be deemed to have completed the three (3) year residency requirement of this rule if the specialty board is recognized and is a member of the American Board of Medical Specialties. (8) An applicant shall submit proof of United States citizenship or of being lawfully present in the United States pursuant to T.C.A. § 4-58-103. (11) An international medical school student may apply to the board for licensure within twelve (12) months of completion of the post-graduate training program required by paragraph (5) of this rule if all other requirements are met and the director of the residency or fellowship program submits a letter attesting to the applicant's satisfactory performance in and anticipated successful completion of the residency or fellowship program. However, no license shall be approved or issued until the requirements of paragraph (5) of this rule are met. (14) The applicant shall cause the results of a criminal background check to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials.

Rule 0880-02-.05 Licensure of Out-Of-State and International Applicants is amended by deleting paragraphs (10) and (13), including its subparagraphs and parts, in their entirety and substituting instead the following language, so that as amended, the new paragraphs, subparagraphs, parts, and subparts shall read: (10) Any applicant for any type of licensure authorized by this rule shall cause the results of a criminal background check to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials. (13) International medical school graduates attempting to qualify for a temporary license under T.C.A. § 63-6-207(h) shall obtain an application form from the Board Administrative Office or from the Board's website, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form and this rule to the Board's Administrative Office. (a) An

applicant shall cause FCVS to release the applicant's physician information profile to the Board. An applicant shall cause to be submitted a certificate of successful completion of the U.S.M.L.E. and evidence satisfactory to the Board of successful completion of a one (1) year United States postgraduate training program if sufficient evidence is not included in the FCVS physician information profile. The application will not be approved if the applicant fails to provide, at a minimum, a certificate of completion and a letter attesting to successful completion issued by the director of the postgraduate training program. Successful completion means having no adverse action taken during the duration of the postgraduate training program. (b) An applicant shall submit proof of United States citizenship or of being lawfully present in the United States pursuant to T.C.A. § 4-58-103. (c) An applicant shall cause the results of a criminal background check to be submitted to the Board's Administrative Office directly from the vendor identified in the Board's licensure application materials. (d) Demonstrated competency to qualify for the issuance of a temporary license shall be shown through all of the following: 1. An attestation that the applicant does not have criminal history or licensure discipline in any country and that any medical license that the applicant holds in any country is in good standing. Good standing means having no discipline on any medical license and having no pending or open investigations. The applicant shall consent to the use of official verification from other countries, to include but not be limited to, licensure verification and criminal background checks if such forms of official verification are available; 2. Sufficient and satisfactory evidence of having graduated from an international medical school that meets the E.C.F.M.G. requirements and is listed in the World Directory of Medical Schools or its equivalent that meets the following curriculum criteria; (i) All courses must have been completed by personal attendance. No international medical school accepting or providing credits for courses taken by correspondence shall be approved. (ii) Course instruction must consist of the equivalent of at least four (4) academic years with a minimum of thirty-two (32) weeks of relevant medical instruction each academic year. (iii) Acceptable medical educational courses and activities must have been centrally organized, integrated and controlled into a continuous program which was conducted, monitored and approved by the parent institution. 3. An attestation from the applicant that no adverse actions were taken against them in medical school; 4. An applicant shall cause to be submitted an E.C.F.M.G. certification status report if not included in the FCVS physician information profile. 5. Sufficient and satisfactory evidence of successful completion of any postgraduate training program that was attempted. Successful completion means having no adverse action taken during the duration of the postgraduate training program. Such evidence shall include, but not be dispositive of this requirement, a certificate of completion and a letter attesting to successful completion issued by the director of the program; 6. An attestation from a minimum of three (3) physicians from each of the applicant's postgraduate training programs attesting that the applicant is ready to independently practice medicine. One letter should be from the program director and two letters from the applicant's supervising physicians; 7. Sufficient and satisfactory evidence that the applicant passed all steps of the U.S.M.L.E. on the first attempt; and 8. Sufficient and satisfactory evidence that the applicant passed all steps of the U.S.M.L.E. within ten (10) years from the date of whichever step of the examination was successfully completed first. (e) Where the Board determines to grant a temporary license, the following shall apply: 1. The temporary license shall be for a duration of three (3) years. 2. The temporary license shall be nonrenewable and cannot be automatically converted to a full and unrestricted license. 3. All rules and regulations of a full and unrestricted license shall apply to a temporary license. (f) A temporary license is subject to the same disciplinary proceedings as a full and unrestricted license and if a temporary licensee commits a violation of the practice act or rules and regulations promulgated thereto, that violation shall be grounds to deny the temporary licensee's application for a full and unrestricted license and grounds for discipline of the temporary license. (g) A temporary licensee shall be in good standing at the time of application for a full and unrestricted license. Good standing means having no formal discipline or open investigations on the temporary license. In order to apply for a full and unrestricted license, a temporary licensee shall: 1. Submit an application to the Board Administrative Office and pay the conversion fee and state regulatory fee. Submit sufficient and satisfactory evidence to the Board that the temporary licensee has actively practiced clinical medicine in Tennessee for two (2) years after the date of issuance of the temporary

license. Actively practiced clinical medicine means full time and continuous employment with an average of thirty-two (32) hours per week. The applicant shall provide at a minimum, completion of a notarized attestation form by each employer that employed the temporary licensee in the last two years after the date of issuance of the temporary license. 3. The applicant shall cause the result of a criminal background check to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials. 4. Submit proof of United States citizenship or of being lawfully present in the United States pursuant to T.C.A. § 4-58-103. (h) The temporary license, if still active, shall automatically expire upon the issuance of a full and unrestricted license.

Rule 0880-02-.06 Training Licenses and Licensure Exemptions is amended by deleting the introductory paragraph and paragraph (1) in their entirety and substituting instead the following language, and is further amended by adding new paragraphs (2) and (3), including its subparagraphs and parts, and renumbering the remaining paragraphs accordingly, and is further amended by deleting part (6)(a)4, subparagraph (6)(b), paragraphs (9) and (10), and part (9)(b)2 and substituting instead the following language, so that as amended, the new paragraphs, subparagraphs, and parts shall read: Those persons who pursuant to T.C.A. § 63-6-207(d)(1) may be eligible to practice medicine in Tennessee with a special training license issued by the Board may secure such license pursuant to paragraph (1) of this rule. Those persons who pursuant to T.C.A. 63-6-248 may be eligible to practice medicine in Tennessee with a short-term visitor clinical training license issued by the Board for a period not to exceed ninety (90) days may secure such a license pursuant to paragraph (2) of this rule. Those persons who pursuant to T.C.A. 63-6-207 may be eligible to practice medicine in Tennessee with a foreign training license issued by the Board may secure such a license pursuant to paragraph (3) of this rule. Those persons who pursuant to T.C.A. §§ 63-6-201 or 63-6-207(d)(2) may be eligible to practice medicine in Tennessee with a Board issued exemption from licensure may secure such exemptions pursuant to paragraphs (4), (5) or (6) of this rule. Persons who have been issued a license to practice medicine pursuant to either Rule 0880-02-.03, 0880-02-.04, or 0880-02-.05 and whose license has not been revoked or suspended need not obtain an exemption from licensure or a training license pursuant to this rule to be able to participate in a training program. (1) Special Training Licenses: Medical Interns, Residents and Clinical Fellows (2) Short-Term Visitor Clinical Training License: Eligible physician or medical graduate from a foreign country or foreign territory (a) An applicant shall obtain an application form from the Board Administrative Office or from the Board's website, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form and this rule to the Board's Administrative Office. (b) It is the applicant's responsibility to submit a photocopy of their medical school diploma from a medical school recognized in the World Directory of Medical Schools. The diploma must show that the degree has been conferred and carry the official seal of the institution. (c) An applicant shall submit proof of written acceptance from a clinical professional development or short-term clinical training program of one of the accredited medical schools or of a teaching hospital affiliated with an accredited medical school in this state. (d) An applicant shall submit proof that they are able to lawfully enter and remain in the United States during the period of the clinical professional development or short-term clinical training program. (e) An applicant shall submit proof that their credentials have been primary-source verified by the E.C.F.M.G, the FCVS or by the host institution. (f) An applicant shall cause to be submitted the equivalent of a Tennessee certificate of endorsement from the applicant's country or territory of origin or country or territory of practice which indicates that applicant holds a current and active medical license which is unrestricted and in good standing or cause to be submitted proof that the applicant is enrolled in an accredited resident training program in the applicant's country or territory of origin. (g) An applicant shall sign a written statement that they do not have a disqualifying criminal history or history of disqualifying disciplinary action by an educational or training institution, employer, or foreign licensing authority. A disqualifying criminal history includes having been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any felony, gross misdemeanor, or crime of moral turpitude by a

court of appropriate jurisdiction. A history of disqualifying disciplinary action includes any adverse actions taken by the educational or training institution or employer or formal discipline by a licensing authority in any foreign jurisdiction. (h) An applicant shall submit a copy of a valid professional liability insurance policy provided by the clinical professional development or short-term clinical training program or the school or hospital conducting the program effective for the duration of the applicant's participation in the program. (i) An applicant shall sign a written statement acknowledging that a short-term visitor clinical training license cannot be used to: obtain or hold a position in a residency program in the United States, satisfy United States graduate medical education requirements, or remain in this state to practice medicine beyond the expiration date of the license. (j) An applicant shall submit a clear and recognizable photograph taken within the last six months which shows the full head, face forward from at least the top of the shoulders up. (k) An applicant shall submit the application fee and state regulatory fee as provided in Rule 0880-02-.02. (l) All documents required to be submitted shall be translated into English and such translation certified along with the original documents as to authenticity by the issuing source. (m) The applicant shall cause the results of a criminal background check to be submitted to the Board's Administrative Office directly from the vendor identified in the Board's licensure application materials. (n) Application review and licensure shall be governed by Rule 0880-02-.07. (o) Where the Board determines to grant a short-term visitor clinical training license, the short-term visitor clinical training licensee: 1. Shall not assume independent responsibility for patient care; 2. May only engage in training activities under the supervision and control of a physician licensed under chapter 6 or chapter 9 of title 63. Supervision and control means continuous and direct supervision by the supervising physician; 3. Shall not practice in Tennessee in excess of ninety (90) days. (p) The ninety (90) day period for the license will begin on the start date of the clinical professional development or short-term clinical training program in this state. (q) In accordance with Rule 0880-02-.06(2)(o) and the Accreditation Council for Graduate Medical Education guidelines a short-term visitor clinical training licensee may engage in direct interaction with a patient including, but not limited to, taking a medical history, conducting a physical examination, reading a radiologic study, administering anesthesia, and performing a surgical procedure. (3) Foreign Training License for Graduates of International Medical Schools (a) An applicant shall obtain an application form from the Board Administrative Office or from the Board's website, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form and this rule to the Board's Administrative Office. (b) An applicant shall cause FCVS to release the applicant's physician information profile to the Board. The applicant shall attest to having no adverse actions taken against them in medical school. (c) The international medical school must meet E.C.F.M.G. requirements and be listed in the World Directory of Medical Schools or its equivalent and shall meet the following curriculum criteria: 1. All courses must have been completed by personal attendance. No international medical school accepting or providing credits for courses taken by correspondence shall be approved. 2. Course instruction must consist of the equivalent of at least four (4) academic years with a minimum of thirty-two (32) weeks of relevant medical instruction each academic year. 3. Acceptable medical educational courses and activities must have been centrally organized, integrated and controlled into a continuous program which was conducted, monitored and approved by the parent institution. (d) An applicant shall cause to be submitted an E.C.F.M.G. certification status report if not included in the FCVS physician information profile. (e) An applicant shall cause to be submitted a certificate of successful completion of the U.S.M.L.E. if not included in the FCVS physician information profile. 1. All applicants shall have passed all steps of the U.S.M.L.E. in no more than two attempts for each step. 2. All applicants shall have passed all steps of the U.S.M.L.E. within ten (10) years from the date of whichever step of the examination was successfully completed first. (f) An applicant shall submit evidence of successful completion of a postgraduate training program with a minimum duration of three (3) years in the applicant's licensing country. Successful completion means having no adverse action taken against them during the duration of the postgraduate training program. The applicant shall provide at a minimum, a certificate of successful completion and an attestation from the program director certifying the successful completion of the program. (g) An applicant shall submit evidence that the applicant has actively practiced as a medical professional

performing the clinical duties of a physician for the last three (3) calendar years outside of the United States. Actively practiced means full time and continuous employment with an average of thirty-two (32) hours per week for the last three (3) calendar years prior to application. Such evidence shall include completion of an attestation form by the employer for each place of employment during the last three (3) calendar years. This is separate and distinct from the successful completion of a postgraduate training program as specified above. The applicant shall not have any adverse actions taken against them by any previous employer. (h) An applicant shall submit sufficient evidence satisfactory to the Board that they have an offer for employment as a clinical physician at a healthcare provider, as defined by T.C.A. § 63-6-207 that operates in this state and has a postgraduate training program accredited by the accreditation council for graduate medical education (ACGME) in place. The applicant shall provide at a minimum, a notarized attestation form from the healthcare provider attesting to the applicant's offer of employment as a physician and the healthcare provider's ACGME postgraduate training program in place. (i) An applicant shall submit proof of United States citizenship or of being lawfully present in the United States pursuant to T.C.A. § 4-58-103. (j) An applicant shall submit satisfactory information to the Board of passage of the E.C.F.M.G's Occupational English Test (OET) Medicine. (k) An applicant shall submit a clear and recognizable photograph taken within the last six months which shows the full, head, face forward from at least the top of the shoulders up. (l) An applicant shall submit the application fee and state regulatory fee as provided in Rule 0880-02-.02. (m) All documents required to be submitted shall be translated into English and such translation certified along with the original documents as to the authenticity by the issuing source. (n) An applicant shall cause the results of a criminal background check to be submitted to the Board's Administrative Office directly from the vendor identified in the Board's licensure application materials. An applicant shall also attest that they do not have a criminal history or licensure discipline in any country and that any medical license that they hold in any country is in good standing. Good standing means having no discipline on their medical license and having no open investigations. The applicant shall consent to the use of official verification from other countries, to include but not be limited to, licensure verification and criminal background checks if such forms of official verification are available. (o) Application review and licensure shall be governed by Rule 0880-02-.07. (p) Where the Board determines to grant a foreign training license of limited duration, the following shall apply: 1. The foreign training license shall be of a duration of three (3) years and is not renewable; 2. The foreign training license will not issue prior to 90 days of the applicant's anticipated start date as a physician at a healthcare provider. 3. The practice of medicine shall be limited to providing medical services at a healthcare provider, as defined by T.C.A. § 63-6-207 that has in place a postgraduate training program accredited by the ACGME. 4. Should the foreign training licensee no longer be employed by the same healthcare provider who was listed in the initial application for licensure, the foreign training license shall automatically expire. The foreign training licensee shall notify the Board Administrative Office within thirty (30) days after they are no longer employed by the healthcare provider. Should the physician have a new job offer at a different healthcare provider, the physician must reapply for a new foreign training license. (q) A foreign training license is subject to the same disciplinary proceedings as a full and unrestricted license and if a foreign training licensee commits a violation of the practice act or rules and regulations promulgated thereto, that violation shall be grounds to deny the foreign training licensee's application for a full and unrestricted license and grounds for discipline of the foreign training license. (r) A foreign training licensee shall be in good standing at the time of application for a full and unrestricted license. Good standing means having no discipline or open investigations on the foreign training license. In order to apply for a full and unrestricted license, a foreign training licensee shall: 1. Submit an application to the Board Administrative Office and pay the conversion fee and state regulatory fee; 2. Submit at least two (2) letters from medical professionals who worked closely with the applicant for a majority of time the applicant was employed by the healthcare provider and who can attest to the applicant's professional competence; and, 3. Submit sufficient evidence to the Board that they have actively practiced clinical medicine in this state for two (2) years after the date of issuance of the foreign training license. Actively practiced means full time and continuous employment with an average of thirty-two (32) hours per week. The applicant shall provide at a minimum, completion of a notarized attestation

form by each healthcare provider that employed the applicant during the two years after the date of issuance of the foreign training license. 4. An applicant shall cause the results of a criminal background check to be submitted to the Board's Administrative Office directly from the vendor identified in the Board's licensure application materials. 5. Submit proof of United States citizenship or of being lawfully present in the United States pursuant to T.C.A. § 4-58-103. 6. The foreign training license, if still active, shall automatically expire upon the issuance of a full and unrestricted license. (6) (a) 4. The licensure exemption fee as established in Rule 0880-02-.02(1)(j) for each participant. (b) The application for exemption from licensure is effective, if approved, for a period of no longer than one (1) year from the date of approval. Exemption applications previously approved need not be re-filed for the individuals continuing in the program beyond one (1) year expiration date. However, the program is subject to payment of the fee provided in Rule 0880-02-.02(1)(j) as the annual deadline expires for each such individual. (9) Applicants attempting to qualify for limited licensure under T.C.A. § 63-6-207(i) shall apply pursuant to Rule 0880-02-.03 and pay the application fee and state regulatory fee. The Board will determine on a case-by-case basis whether the applicant's time out of practice and activities during that time warrant a limited license. (b) 2. The applicant shall cause the results of a criminal background check to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials. (10) Applicants attempting to qualify for an administrative license under T.C.A. § 63-6-207(i) shall apply pursuant to Rule 0880-02-.03 and pay the application fee and state regulatory fee. The Board will determine on a case-by-case basis whether the applicant's circumstances warrant an administrative license.

Rule 0880-02-.10 Licensure Retirement/Inactivation and Reactivation is amended by deleting paragraph (1), including its subparagraphs and parts, in its entirety and substituting instead the following language, so that as amended, the new paragraph shall read: (1) Inactivation of License - Individuals who submitted an application for the inactivation of their license under previous rule: As of the effective date of this rule, the Board will no longer accept applications for the inactivation of a license. Individuals who are currently in inactive status will be given until their current expiration date to either reinstate or voluntarily retire their license. The reinstatement fee will be waived for those individuals who submit an application for reinstatement before their expiration date.

Rule 0880-02-.27 Licensure Process - Graduate Physician is a new rule.

0880-02-.27 Licensure Process- Graduate Physician. To practice as a graduate physician in Tennessee a person must possess a lawfully issued license from the Board. The Board in its discretion may issue licensure according to the following criteria, process, and qualifications: Definitions. In addition to the definitions contained in T.C.A. § 63-20-102, the following terms, are applicable to graduate physicians: (a) "Collaborating physician" means a physician who holds an unencumbered license issued pursuant to title 63, chapter 6 or chapter 9 with no disciplinary history, who is actively practicing in Tennessee, has entered into a graduate collaborative arrangement with a graduate physician licensee, and is board-certified in the specialty in which the graduate physician licensee is practicing. (b) "Medically underserved rural area of the state" means: 1. An area or population group in this state designated by the United States Department of Health and Human Services as an area with a shortage of personal health services; or 2. An area that the Tennessee Department of Health considers to be medically underserved based on relevant demographic, geographic, and environmental factors. (c) "Supervision" means overseeing the activities of and accepting responsibility for the primary care services rendered by the graduate physician licensee. Supervision of each graduate physician licensee by the collaborating physician shall be continuous and require the physical presence of the collaborating physician at the place where primary care services are rendered except as provided in T.C.A. 63-20-108(c)(5)(B). (2) Qualifications for licensure. To practice medicine as a graduate physician licensee in Tennessee a person must possess a lawfully issued graduate physician license from the Board of Medical Examiners or Board of Osteopathic Examination. The procedure for obtaining such a license is as follows: (a) An applicant

shall obtain an application form from the Board Administrative Office or from the Board's website, respond truthfully and completely to every question or request for information contained in the form, and submit it along with all documentation and fees required by the form and this rule to the Board's Administrative Office. (b) An applicant shall cause FCVS to release the applicant's physician information profile to the Board. (c) An applicant shall submit proof of United States citizenship or of being lawfully present in the United States pursuant to T.C.A. 4-58-103. (d) An applicant shall submit a clear and recognizable, recently taken, bust photograph which shows the full head, face forward from at least the top of the shoulders up. (e) All applicants shall cause to be submitted a certificate of successful completion of Step 1 and Step 2 of the U.S.M.L.E., or Level 1 and Level 2 of the COMLEX-USA, or a combination of examinations approved by the Board of Medical Examiners or Board of Osteopathic Examination if not included in the FCVS physician information profile. Successful completion must have occurred within the two-year period immediately preceding the date of application for licensure, but not more than three-years after graduation from a medical school or osteopathic school. (f) An applicant shall pay the applicable application fee and state regulatory fee as provided in 0880-02-.02. (g) An applicant shall cause the result of a criminal background check to be submitted to the Board's Administrative Office directly from the vendor identified in the Board's licensure application materials. (h) Application review and licensure shall be governed by Rule 0880-02-.07. (i) An applicant shall submit any other documents as specifically requested by the Board of Medical Examiners or Board of Osteopathic Examination. (3) In addition to the other requirements of this rule, graduates from any allopathic or osteopathic school outside of the United States shall submit the following: (a) An E.C.F.M.G. certification status report if not included in the FCVS physician information profile. (b) All documents required to be submitted by this rule shall be translated into English and such translation certified along with the original document as to authenticity by the issuing source. (4) Issuance of the graduate physician license: (a) If a graduate physician license is granted, the following shall apply: 1. The graduate physician license is restricted, though not disciplinary, to allow the practice of primary care services in the practice settings set forth in T.C.A. §63-20-103. 2. The graduate physician license shall be of a duration of two (2) years from the date of issuance. 3. The graduate physician license shall be nonrenewable and cannot be converted to a full and unrestricted license. 4. A graduate physician licensee may not serve as a supervising or collaborating physician to an advanced practice registered nurse or physician assistant. 5. A graduate physician licensee is subject to the same disciplinary proceedings as a full and unrestricted license under T.C.A. § 63-6-214 and T.C.A. § 63-9-111. (b) Notification of intent to practice. Prior to practicing as a graduate physician, a licensed graduate physician must enter into a graduate physician collaborative practice arrangement, ("Collaborative arrangement") with a collaborating physician no later than six (6) months after initial licensure and in accordance with T.C.A. § 63-20-101, et seq. Failure to enter into a collaborative arrangement with a collaborating physician within this timeframe shall invalidate the license. Any attempt to practice medicine on the invalidated license will constitute the unlicensed practice of medicine. A graduate physician licensee in this state must submit on forms provided by the Board of Medical Examiners and Board of Osteopathic Examination verification of a collaborative arrangement. This notification form shall include but is not limited to the following: 1. The name, license number, business address, email address, telephone number, and specialty in which board certification of the collaborating physician; and 2. The name, license number, business address, email address, telephone number, and the specialty in which the graduate physician is practicing. 3. An attestation by both the graduate physician licensee and the collaborative physician that they have entered into a collaborative arrangement, have accepted the responsibilities of that arrangement, and have read and understand the rules and statutes that govern the practice of graduate physicians in Tennessee. 4. Proof of the collaborating physician completing a certification course that meets the requirements set forth in this rule. (c) A graduate physician licensee shall notify the Board of Medical Examiners or Board of Osteopathic Examination of any additions or changes, including termination of a collaborative arrangement, with a collaborating physician within thirty (30) calendar days of such occurrence. (5) Scope of practice. A graduate physician licensee is limited to only performing primary care services under the supervision of a collaborating physician in the practice settings specified in T.C.A. § 63-20-103. (a) A

graduate physician licensee shall not provide patient care during the absence of the collaborating physician. (b) A graduate physician licensee may perform those duties and responsibilities delegated by the collaborative arrangement, including the prescribing, administering, and dispensing of drugs and providing treatment as long as the primary care services are within the scope of the graduate physician licensee's practice and is consistent with the graduate physician licensee's skill, training, and competence and the skill, training, and competence of the collaborating physician. (6) Collaborative arrangements. A written collaborative arrangement must be in place prior to the practice of medicine by a graduate physician licensee and it must comply with all provisions of T.C.A. § 63-20-101, et seq. along with the following additional requirements: (a) The collaborative arrangement shall be signed and dated by the collaborating physician and the graduate physician licensee signifying that both parties are aware of its contents and agree to be subject to the terms of the collaborative arrangement. (b) The collaborative arrangement shall contain mutually agreed upon protocols and any standing orders for the delivery of primary care services. (c) The collaborative arrangement shall identify the graduate physician licensee's scope of practice. (d) The collaborative arrangement shall establish the relationship and access to the collaborating physician such that guidelines for consultation and referral to the collaborating physician or designated health care facility for services or emergency care that is beyond the education, training, competence, or scope of practice of the graduate physician licensee are developed. (e) The collaborative arrangement shall outline how the graduate physician licensee will provide charts to the collaborating physician for review. (f) The collaborative arrangement shall not allow a graduate physician licensee to see patients through telemedicine. The graduate physician licensee must treat all patients in person. (g) The collaborative arrangement shall create written, measurable, and objective performance goals for evaluating the quality of care provided to patients by the graduate physician licensee. (h) The collaborative arrangement shall require that all prescriptions and orders issued by the graduate physician licensee identify their collaborating physician and conform to all applicable state and federal statutes, rules, or regulations. (i) The collaborative arrangement shall indicate the process for modification or termination of the arrangement by either party. (j) The collaborative arrangement shall be reviewed annually and revised as needed by the collaborating physician and the graduate physician licensee. Documentation of the annual review shall be maintained as part of the collaborative arrangement and shall be made available upon request to the Board of Medical Examiners or Board of Osteopathic Examination. (k) The collaborative arrangement and any subsequent addendum, modification or termination of the collaborative arrangement shall be in writing, signed and dated by the parties, and shall be maintained by the collaborating parties. The collaborating parties shall produce a copy of the collaborative arrangement, including any addendum, modification, or termination upon request by the Board of Medical Examiners or Board of Osteopathic Examination. (l) Physicians shall report to the Board of Medical Examiners or Board of Osteopathic Examination the name of each graduate physician licensee with whom the physician has entered into an arrangement within thirty (30) days of entering into the arrangement, and also within thirty (30) days of the termination of any arrangement. (7) Collaborating physician. In addition to the collaboration requirements and restrictions contained in T.C.A. § 63-20-101, et seq., the following requirements, are applicable to the collaborating physician: (a) The collaborating physician must possess a current, unencumbered license to practice in the state of Tennessee. (b) The collaborating physician must be board-certified in the specialty in which the graduate physician licensee is practicing and is limited to pediatrics, internal medicine, and family medicine. (c) The collaborating physician shall not enter into a collaborative arrangement with more than three (3) graduate physician licensees at the same time. (d) The collaborating physician must conduct a personal review of one hundred percent (100%) of the charts documenting the graduate physician licensee's delivery of primary care services every day for the first month and every other day for months two (2) and three (3). For months four (4) through twelve (12), the collaborating physician must conduct a weekly personal review of seventy-five (75%) of the primary care services delivered by the graduate physician licensee. For months thirteen (13) through twenty-four (24), the collaborating physician shall conduct a personal review of twenty-five (25%) of the charts documenting the graduate physician licensee's delivery of primary care services every fourteen (14) days. The graduate physician licensee is responsible

for the submission of the charts to the collaborating physician. The documentation submission may be accomplished in person or by other electronic means. (e) The collaborating physician shall complete a certification course prior to the practice of medicine by the graduate physician. Such course shall include at a minimum instruction on ethics, supervision principles, review and/or assessment, and risk management and must be at least six (6) hours in length. If the collaborating physician is on the faculty at an accredited medical or osteopathic school, proof of career development courses regarding education and supervising of healthcare trainees may satisfy this requirement. If these hours meet acceptable continuing education requirements, they may also be used to satisfy continuing medical education hours required for state licensure. (f) The collaborating physician shall consider the level of skill, training, and competence of the graduate physician licensee and ensure that the delegated responsibilities are consistent with that level of skill, training, and competence and are within the collaborating physician's level of competence.

Public comment was made by Dr. Kaufman from Vanderbilt University Medical Center regarding the requirements of T.C.A. 63-6-248 for a short-term visitor clinical training license. Specifically, Dr. Kaufman asks how the programs will notify the Board of the start date of the licensee or of potential delays in the start date resulting from a delay in obtaining a visa, as the license is only valid for 90 days. Ms. Baca-Chavez explains that at this time the logistics are still being worked out with the Board's administrative office regarding the notification process. Comment was also made in advance of the meeting in writing by St. Jude Children's Research Hospital. Ms. Baca-Chavez read the comment into the record. The first question regards rules 0880-02-.03 and 0880-02-.04 and the requirement to complete ACGME training. Some international medical school graduates go through non-standard training in the United States. Dr. Christiansen explains that the rules will not be able to meet every single individual need, however there are declaratory pathways for individuals that meet or exceed qualifications determined by rule. The second question regards rule 0880-02-.05 and the requirement that medical education take place over 4 academic years, 32 weeks of instruction per year. The comment states "not all medical schools will meet the 4 academic years, 32 weeks of instruction per year. I think we should ask them to remove the requirement. I also worry that we cannot get this information. Even US based med schools are not 4 years of academics. They are 2 years of academics and 2 years of clinical rotations". The Board states that medical school clinical rotations are still instruction and include didactics and examinations, which would still be academics. They reiterate that in all of these scenarios there is the declaratory pathway to licensure for qualified candidates. Finally, they suggest a language change to 0880-02-.05(13)(d)(5) which reads "sufficient and satisfactory evidence of successful completion of any postgraduate training program that was attempted". The suggestion is to change the language to "sufficient and satisfactory evidence of successful completion of any postgraduate training program in the field in which the applicant will practice". A robust discussion was had regarding the language change. The Board amends the language of 0880-02-.05(13)(d)(5) to say "sufficient and satisfactory evidence of successful completion of any postgraduate training program in the field in which the applicant will practice. Successful completion means having no adverse action taken during the duration of the postgraduate training program, such evidence shall include, but not be dispositive of this requirement, a certificate of completion and a letter attesting to successful completion issued by the director of the program. 0880-02-.05(13)(d)(6) will state "sufficient and satisfactory evidence of having no adverse action taken during any postgraduate training program that was attempted". Mr. Bittel requests 0880-02-.27(1)(b)(1) be amended to "an area or population group in this state designated by the United States Department of Health and Human Services as an area with a shortage of health care services". Dr. McLerran motions to accept the rules as presented with the above amendments. Dr. Tillmanns seconds the motion. The Board voted to approve the rule amendments by roll call vote: Dr. Lawrence – aye, Dr. Hale – aye, Dr. Christiansen – aye, Mr. Bittel – aye, Dr. Loyd – aye, Dr. McLerran – aye, Dr. Tillmanns – aye. The rule amendments passed and the rulemaking hearing concluded.

III. POLYSOMNOGRAPHY RULE APPROVAL

Ms. Ashley Fine, Senior Associate Counsel, presented the rules which have already been approved through Rulemaking Hearing by the Board of Medical Examiners, Polysomnography Professional Standards Committee. The Board of Medical Examiners is required to vote on the rules as well.

- a. 0880-14-.02 was amended by deleting paragraphs (1) and (2) in their entirety and substituting instead the following language: (1) Application Fee\$375.00; (2) Biennial Renewal Fee\$275.00 The Committee voted to approve the amendments as presented to the Board. Dr. McLerran motions to accept the rules as presented. Dr. Tillmanns seconds the motion. The Board voted to approve the rule amendments by roll call vote: Dr. Lawrence – aye, Dr. Hale – aye, Dr. Christiansen – aye, Mr. Bittel – aye, Dr. Loyd – aye, Dr. McLerran – aye, Dr. Tillmanns – aye. The rule amendments have passed. The Committee also approved the Economic Impact Statement and Regulatory Flexibility Analysis for the proposed amendments. Dr. McLerran motions to accept the Economic Impact Statement and Regulatory Flexibility Analysis for this rule packet. Dr. Tillmanns seconds the motion and the motion passes.
- b. 0880-14-.03 Qualifications for Licensure is amended by deleting subparagraphs (1)(h), (1)(j), and parts (1)(k)1, (1)(k)2, (1)(k)3, and (1)(k)4 in their entirety and substituting instead the following language, and is further amended by adding new subparagraph (1)(l), including its parts, and re-lettering the remaining subparagraph accordingly, so that as amended, the new subparagraphs and parts shall read: (1) (h) An applicant who is applying for licensure in Tennessee, and who has never been licensed or practiced in another state, shall complete and obtain a passing score on the national certifying exam given by the BRPT within twelve (12) months of applying for initial licensure. (j) All applicants for licensure must be credentialed by the BRPT. (k) 1. Complete the Committee approved application; and 2. Provide proof of possessing a current license, in good standing, from another state; and 3. Demonstrate that they have completed the educational requirements in T.C.A. § 63-31-106(b)(1); and 4. Demonstrate current credentialing by the BRPT; and, (l) An applicant who is applying for licensure in Tennessee, and who has previously practiced in another state that does not require licensure, shall be eligible for licensure in Tennessee if the applicant: 1. Practiced as a polysomnographic technologist for at least twelve (12) of the preceding thirty-six (36) months from the date of the application, which need not be consecutive; and 2. Submits proof satisfactory to the Committee documenting the applicant’s work history; and 3. Submits proof of having received a passing score on the national certifying exam given by the BRPT within thirty-six (36) months preceding the application for licensure in Tennessee; and 4. Submits proof of having maintained BRPT credentials. The Committee voted to approve the amendments as presented to the Board. Dr. Christiansen motions to accept the rules as presented. Dr. McLerran seconds the motion. The Board voted to approve the rule amendments by roll call vote: Dr. Lawrence – aye, Dr. Hale – aye, Dr. Christiansen – aye, Mr. Bittel – aye, Dr. Loyd – aye, Dr. McLerran – aye, Dr. Tillmanns – aye. The rule amendments have passed. The Committee also approved the Economic Impact Statement and Regulatory Flexibility Analysis for the proposed amendments. Dr. McLerran motions to accept the Economic Impact Statement and Regulatory Flexibility Analysis for this rule packet. Mr. Bittel seconds the motion and the motion passes.

IV. 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. March 25 & 26, 2025, Board of Medical Examiners

2. Ratification of new licenses, reinstatement and renewals of the following professions:
 - a. Medical Doctors, MD X-Ray Operators, Genetic Counselors, Surgical Assistants
 - b. Clinical Perfusion
 - c. Polysomnography
3. Departmental Reports
 - a. Office of Investigations
 - b. Administrative Office
 - c. Office of General Counsel
4. Agreed Citations
5. Ratification of Committee Actions

The Board recessed for lunch.

V. CONDUCT NEW BUSINESS

- a. Dr. Baron to discuss SB0359: Dr. Michael Baron presented Senate Bill 359 to the Board. The bill was drafted with assistance from General Counsel for the Department of Health. Senator Briggs sponsored the bill in the senate and Representative Kumar sponsored the bill in the House. The bill was amended to include the Board of Osteopathic Examination and with that amendment it passed both the house and the senate unanimously. The bill was signed into law by Governor Lee on May 2, 2025. The law contains a pathway for physicians to be licensed by private advocacy which would not require a report to the National Practitioner Data Bank but would create a pathway for the Board to discipline the physician should they fail to maintain advocacy of their peer assistance program.

VI. CONSIDERATION OF APPLICATIONS

Medical Doctor Applicant Interview(s):

Yishay Orr, MD – appeared virtually before the Board with her legal representatives, Ms. Kimberly Silvus and Ms. Megan Frazier. Dr. Orr is an International Medical School graduate who has not completed US ACGME accredited training. Dr. Orr has submitted a petition for declaratory order for the Board to consider. Dr. Christiansen motions to table the application for a period of up to six (6) months to allow Dr. Orr to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. Hale seconds the motion and the motion passes. After the vote Dr. Seth Karp from Vanderbilt University Medical Center spoke on behalf of Dr. Orr.

Ibukunoluwa Adedugbe, MD – appeared virtually before the Board with her legal representatives, Ms. Kimberly Silvus and Ms. Megan Frazier. Dr. Adedugbe is an International Medical School graduate who has not completed US ACGME accredited training, does not have ECFMG certification, and has not completed any steps of the USMLE. Dr. Adedugbe has submitted a petition for declaratory order for the Board to consider. Dr. Pratik Pandharipande, Vice Chair of Anesthesiology Critical Care Medicine at Vanderbilt University Medical Center, spoke on behalf of Dr. Adedugbe. Dr. Christiansen motions to table the application for a period of up to six (6) months to allow Dr. Adedugbe to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. Hale seconds the motion and the motion passes.

Mark Balavage, MD – appeared virtually before the Board with his legal representatives, Ms. Kimberly Silvus and Ms. Megan Frazier. Dr. Balavage is an International Medical School graduate who has not completed US ACGME accredited training, does not have ECFMG certification, and has not completed any steps of the USMLE. Dr. Balavage has submitted a petition for declaratory order for the Board to consider. Dr. Mark Rice, Division Chief of Multispecialty Anesthesiology at Vanderbilt University

Medical Center, spoke on behalf of Dr. Balavage. Dr. Christiansen motions to table the application for a period of up to six (6) months to allow Dr. Balavage to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. McLerran seconds the motion and the motion passes.

Pedro Ibarra, MD – appeared virtually before the Board with his legal representatives, Ms. Kimberly Silvus and Ms. Megan Frazier. Dr. Ibarra is an International Medical School graduate who has not completed US ACGME accredited training and has not completed the USMLE. Dr. Ibarra has submitted a petition for declaratory order for the Board to consider. Dr. Pratik Pandharipande, Vice Chair of Anesthesiology Critical Care Medicine at Vanderbilt University Medical Center, spoke on behalf of Dr. Ibarra. Dr. McLerran motions to table the application for a period of up to six (6) months to allow Dr. Ibarra to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. Tillmanns seconds the motion and the motion passes.

Katarzyna Kotfis, MD – appeared virtually before the Board with her legal representatives, Ms. Kimberly Silvus and Ms. Megan Frazier. Dr. Kotfis is an International Medical School graduate who has not completed US ACGME accredited training, does not have ECFMG certification, and has not completed any steps of the USMLE. Dr. Kotfis has submitted a petition for declaratory order for the Board to consider. Dr. Pratik Pandharipande, Vice Chair of Anesthesiology Critical Care Medicine at Vanderbilt University Medical Center, spoke on behalf of Dr. Kotfis. Dr. Christiansen motions to table the application for a period of up to six (6) months to allow Dr. Kotfis to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. Hale seconds the motion and the motion passes.

Alice Whyte, MD – appeared virtually before the Board with her legal representatives, Ms. Kimberly Silvus and Ms. Megan Frazier. Dr. Whyte is an International Medical School graduate who has not completed US ACGME accredited training. Dr. Whyte has submitted a petition for declaratory order for the Board to consider. Dr. Mark Rice, Division Chief of Multispecialty Anesthesiology at Vanderbilt University Medical Center, spoke on behalf of Dr. Whyte. Dr. Christiansen motions to table the application for a period of up to six (6) months to allow Dr. Whyte to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. Hale seconds the motion and the motion passes.

Jayanthan Subramanian, MD – appeared before the Board with his legal representative, Ms. Kimberly Silvus. Dr. Subramanian is an International Medical School graduate who has not completed three years of US ACGME accredited training. Dr. Subramanian has submitted a petition for declaratory order for the Board to consider. Ms. Silvus spoke on behalf of Dr. Subramanian. Dr. McLerran motions to table the application for a period of up to six (6) months to allow Dr. Subramanian to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. Tillmanns seconds the motion and the motion passes.

Gul Karagoz, MD – appeared before the Board with her legal representative, Mr. James C. Bradshaw, III. Dr. Karagoz is an International Medical School graduate who has completed two of the three years of US ACGME accredited training required. Dr. Karagoz has submitted a petition for declaratory order for the Board to review. Dr. Christopher Terndrup, Program Director for the LGBTQ+ Health Fellowship at Vanderbilt University Medical Center, spoke on behalf of Dr. Karagoz. Dr. Christiansen motions to table the application for a period of up to six (6) months to allow Dr. Karagoz to participate in the declaratory hearing process and to grant the petition for declaratory order hearing. Dr. Hale seconds the motion and the motion passes.

Hettie Gibbs, MD – appeared before the Board without legal representation. Dr. Tillmanns recused. Dr. Gibbs is an applicant for licensure reinstatement who has been out of clinical practice since 2017. During her discussion with the Board, Dr. Gibbs stated she last worked clinically in 2023 at the Military Entrance Processing Station (hereinafter “MEPS”). Dr. McLerran motions to table the application for a period of up to six (6) months to allow Dr. Gibbs to submit evidence of recent clinical practice to the medical consultant for review. Such evidence shall include a letter from MEPS stating she practiced as a physician and the date range when the practice occurred. Upon determination by the medical consultant of satisfactory evidence of clinical practice, Dr. Gibbs’s license may be reinstated. Mr. Bittel seconds the motion and the motion passes with Dr. Tillmanns recused.

Rajiv Patel, MD – appeared before the Board without legal representation. Dr. Patel is an applicant for initial licensure who has been out of clinical practice since 2019. Dr. Patel holds an active license in Minnesota and has the opportunity to work at a hospital there. Dr. Christiansen motions to table Dr. Patel’s application for three (3) months to allow him to see a minimum of five (5) patients a week for four (4) weeks in Minnesota. At the conclusion of twenty (20) patient encounters a physician who can attest to these patient encounters should submit an attestation that you have met the requirements as outlined by the Board to the Board’s Medical Consultant for consideration. Upon the medical consultant’s determination that you have successfully met the requirements, your license will be issued. Dr. McLerran seconds the motion and the motion passes.

David Kastl, MD – appeared before the Board without legal representation. Dr. Kastl is an applicant for initial licensure who has been out of clinical practice since 2018. Since Dr. Kastl’s retirement in 2018, he has been performing social security disability examinations. He was brought before the Board to determine if they would consider these examinations as the practice of medicine. Dr. Christiansen motions to grant a full and unrestricted license. Mr. Bittel seconds the motion and the motion passes with Dr. Tillmanns abstained.

Weston Welker, MD – appeared before the Board without legal representation. Dr. Welker is an applicant for licensure reinstatement. Dr. Welker had overprescribing board action out of Alabama in or around 2017, which led to the revocation of his board certification and staff privileges. In or around 2018, Dr. Welker violated his board order and had more action for overprescribing. As of 2021, Dr. Welker has complied with all actions out of Alabama and has had his board certification reinstated. In 2017, Dr. Welker retired his Tennessee Medical License in lieu of discipline. The Board discussed reinstating Dr. Welker’s Tennessee license with discipline similar to the 2017 action taken by the Alabama Board. Before the Board voted on Dr. Welker’s application, Dr. Welker was offered the opportunity to withdraw his application. Dr. Welker withdrew his application.

Abraham Garcia Ortega, MD – appeared before the Board with his legal representative, Mr. Parker Johnson. Dr. Garcia Ortega is an applicant for a Foreign Training License. He initially applied for licensure with an application for a provisional license under Public Chapter 211, however the Board’s administrative office did not receive that application until March 2025, when Public Chapter 211 had already been replaced by Public Chapter 929. Dr. Garcia Ortega had contacted members of the Tennessee legislature prior to applying, who stated Public Chapter 211 and Public Chapter 929 are different pathways, however it is the understanding of the Office of General Counsel that Public Chapter 929 amended Public Chapter 211 as of January 1, 2025. Dr. Garcia Ortega does not qualify for a Foreign Training License under Public Chapter 929 as he has not taken USMLE, has not worked outside of the United States for the last 3 years, and has not completed 3 years of postgraduate training outside of the United States. Dr. Garcia Ortega was contacted by Mr. David Silvus and Ms. Mary Katherine Bratton to explain the amendment to the statute prior to the meeting. Before the Board voted on his application, Dr. Garcia Ortega was offered the opportunity to withdraw your application. Dr. Garcia Ortega withdrew.

The Board took a brief break.

VII. ORDERS OF COMPLIANCE

Monte W. Penner, MD – appeared virtually before the Board. Ms. Francine Baca-Chavez presented the Order of Compliance. The petition requests the Board lift the probation on Dr. Penner’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. Mr. Bittel motions to accept the order of compliance. Dr. Hale seconds the motion, and it passes.

Richard Rolan, MD – did not appear before the Board. His legal representative, Mr. Bo Murphy, appeared on his behalf. Mr. Gerard Dolan represented the State. The petition requests the Board lift the restrictions on prescribing on Dr. Rolan’s medical license. Opening remarks were made by both Mr. Murphy and Mr. Dolan. Mr. Murphy states the restriction on prescribing carisoprodol has hindered Dr. Rolan from participating in the Blue Cross Blue Shield of Tennessee managed care plan. It is the position of the Office of General Counsel that the restriction should not be lifted at this time. The Disciplinary Coordinator reports that he is compliant with the terms of his previous order. The Board feels that given the short amount of time since the Order was signed, Dr. Rolan’s compliance with the Order is not indicative of future prescribing habits. Dr. Christiansen motions to deny the petition to lift the restriction. Dr. Tillmanns seconds the motion, and it passes with Dr. Loyd abstained.

VIII. CONDUCT NEW BUSINESS (CONTINUED)

- b. Discuss and take action as needed regarding BME retrospective rule review – 0880-13 Genetic Counselors: Mr. Michael Varnell presented the proposed amendments to the Genetic Counselor rules. Dr. McLerran motions to approve the amendments to the rules as proposed. Dr. Christiansen seconds the motion and the motion passes.
- c. Discuss and take action as needed regarding designation authority for license restrictions as outlined in 63-1-170: Ms. Tarr brought up the occasional difficulty with having these orders signed immediately by the Board Chair. Dr. Loyd further explained the matter. Ms. Tarr is requesting the Board delegate authority to sign these orders to Ms. Tarr should Dr. Loyd be unavailable. Dr. McLerran motions to designate authority to Ms. Tarr should Dr. Loyd be unavailable. This authority would not carry to new Board Chairs or Executive Directors and will only be utilized on a case-by-case basis. Dr. Christiansen seconds the motion and the motion passes with Dr. Loyd abstained.
- d. Discuss and take action as needed regarding BME Case Consultant – William Byrd III, MD: The Office of Investigations is requesting the Board approve this consultant to help with review of some of the cases they are investigating. Dr. Christiansen motions to accept the appointment of Dr. William Byrd III as a BME Case Consultant. Dr. Tillmanns seconds the motion, and the motion passes.
- e. Discuss and take action as needed regarding IV Hydration Clinics – At the 2025 Federation of State Medical Board’s annual meeting IV Hydration Clinics were discussed. The Board Chair for the TN Board of Osteopathic Examination requested a taskforce be formed with a member from the Board of Osteopathic Examination, Board of Medical Examiners, Board of Pharmacy, Board of Nursing, and Board of Physician regarding IV Hydration. The taskforce would not be promulgating rules, rather they would be providing an advisory opinion or statement regarding IV Hydration. Dr. Loyd requests this matter also be addressed during Development Committee. Dr. Loyd recommends Mr. Bittel sit on the taskforce for IV Hydration. Dr. Hale motions to nominate Mr. Bittel to sit on the IV Hydration taskforce. Dr. Christiansen seconds the motion and the motion passes with Mr. Bittel abstained.

- f. Discuss and take action as needed designate a member to assist the attorney with rules for Anesthesiologist Assistants, HB979/SB764 – Dr. Hale motions to nominate Dr. Randall Pearson to work with Ms. Baca-Chavez to craft language to present to the Board at a future meeting. Mr. Bittel seconds the motion and the motion passes.

IX. UPDATES FROM TASKFORCES & COMMITTEE MEETINGS

- g. **Development Committee Meeting Update (Dr. McLerran, Dr. Loyd, Mr. Bittel) –**
 - i. The committee met this morning, May 20, 2025.
 - ii. Discuss and take action as needed regarding advisory opinion – Dr. James Alberta: The committee motions to approve the response as drafted by Ms. Baca-Chavez. The motion passes and the letter will be sent as drafted.
 - iii. Discuss and take action as needed regarding approval of meeting minutes – March 25, 2025, BME Development Committee: The committee approved the minutes.
 - iv. Discuss and take action as needed regarding language for Consent Orders regarding supervision on probation: As proposed, the Orders shall now state “during the probationary period, Respondent shall not serve as the supervising or collaborating physician to any students, trainees, advanced practice providers, or pharmacists.” The Committee brings this as a motion. The motion passes.
 - v. Discuss and take action as needed regarding Tennessee Medical Association (TMA) House of Delegates Presentation: Dr. McLerran gave an update from the House of Delegates. She lobbied for TMA to continue contributing to TMF funding.
 - vi. Discuss and take action as needed regarding Review of High Prescribers: Ms. Tracy Alcock presented the letters sent to those on the high prescriber list for the Committee to review. The committee motions to approve the amendments to the letters regarding remediation options. The motion passes.

Next Development Committee Agenda

- a. Discuss and take action as needed regarding IV Hydration

X. DISCIPLINARY ORDERS

Consent Order(s)

[Sharon Luncheon, RPSGT*](#) – did not appear before the Board nor did a legal representative appear on her behalf. Ms. Regan Cothron represented the State. Dr. Christiansen motions to approve the order. Dr. Hale seconds, and the motion passes.

[Becky Reid, RPSGT*](#) – did not appear before the Board nor did a legal representative appear on her behalf. Ms. Regan Cothron represented the State. Dr. Hale motions to approve the order. Dr. McLerran seconds, and the motion passes.

[Gary Griffith, MD*](#) – did not appear before the Board nor did his legal representative, Mr. James Sperring appear on his behalf. Ms. Regan Cothron represented the State. Mr. Bittel motions to approve the order. Dr. McLerran seconds, and the motion passes.

XI. ORDERS OF COMPLIANCE (CONTINUED)

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

Timothy Bunker, MD – did not appear before the Board. Ms. Francine Baca-Chavez presented the Order of Compliance. Dr. Bunker was not required to appear pursuant to the Order. The petition requests the Board lift the restriction on prescribing on Dr. Bunker’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. Tillmanns seconds the motion, and it passes.

XII. **PUBLIC COMMENT**

There was no public comment.

The Board recessed at 4:45 pm CT.



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

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

Wednesday, May 21, 2025

The regular board meeting of the Tennessee Board of Medical Examiners was called to order at 9:00 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
John Hale, MD
Todd Tillmanns, MD
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

XIII. UPDATES FROM TASKFORCES & COMMITTEE MEETINGS (CONTINUED)

- a. **Office Based Surgery Committee Meeting Update (Dr. Hale and Dr. Tillmanns) -**
The Office-Based Surgery Committee met this morning, May 21, 2025:
 - i. Dr. Hale asked Ms. Baca-Chavez to provide a summary of the meeting. Ms. Baca-Chavez note the Committee last met in November 2024 and approved some revisions to the Office-Based Surgery rules at that time. At this meeting, the discussion was centered around fees. Discussions have been held at several meetings regarding level 3 office-based surgery suite inspections. The Department of Health is working with Health Facilities Commission to conduct inspections related to life-safety code. The Department of Health investigators will conduct most of the suite inspections, however the life-safety inspections will be conducted by the Health Facilities Commission investigators as they are trained in that specific code. A fee will be paid to the Health Facilities Commission for their services, so the discussion of today's meeting was regarding the fees for that service as well as the plans review for these level 3

office-based surgery suites. At the July meeting a breakdown of the fees will be considered to apply a fee for applications.

- ii. Ms. Baca-Chavez presented some amendments for the Board to approve that were made to the office-based surgery rules by the Committee in November 2024. An updated version will be presented in July with the new fee amount. The Board votes to approve the amendments as presented.

Declaratory Order Hearing – Iris Room

Osman Cengiz v. State of Tennessee Board of Medical Examiners

Iris Room

Administrative Law Judge: Claudia Padfield

Panelists: Stephen Loyd, MD, Todd Tillmanns, MD, and Bethany Lawrence, MD

Counsel for State: Michael Varnell, Associate General Counsel

Counsel for Petitioner: Travis Swearingen and Larry Cheng of Butler Snow LLP

A panel of the Board, chaired by Dr. Stephen Loyd, 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.

Petitioner, Osman Cengiz, MD, is an international medical school graduate who has not submitted evidence of the satisfactory completion of a three-year U.S. ACGME accredited residency and is not currently certified by an American Board of Medical Specialties (“ABMS”) member board or eligible for board certification through ABMS. Petitioner attended Ankara University Medical School in Ankara, Turkey, and obtained a medical degree in 2003. Upon graduating medical school, Petitioner was granted a full license to practice medicine in Turkey. Upon graduating from medical school, in 2009, Petitioner completed a five-year ophthalmology residency at Istanbul Haydarpasa Numune Training and Research Hospital. During this time, Petitioner also completed a three-month observership at the Wilmer Eye Institute at Johns Hopkins University. Following completion of his five-year ophthalmology residency, from 2009 to 2010, Petitioner completed an obligatory one-year public service assignment at the equivalent of a Veterans Administration hospital in Denizli, Turkey. From 2010 to 2012, Petitioner completed two years of obligation state service at Istanbul Haydarpasa Numune Training and Research Hospital where he primarily provided vitreoretinal services. From 2012 to 2014, Petitioner was a practicing ophthalmologist at Mardin Kiziltepe State Hospital in Mardin, Turkey. From 2014-2016, Petitioner was a practicing ophthalmologist at Elazig Training and Research Hospital in Elazig, Turkey. From 2016 to 2019, Petitioner was a practicing ophthalmologist at Derince Training and Research Hospital in Derince, Turkey. From 2020 to 2022, Petitioner returned to Mardin Kiziltepe State Hospital in Mardin, Turkey, as a practicing ophthalmologist. From 2023 to 2024, Petitioner completed a Cornea Fellowship at Albany Medical College in Albany, New York. During this time, Petitioner obtained a full, unrestricted license to practice medicine in New York. From 2024 to 2025, Petitioner participated in a Retina Fellowship at the Medical College of Georgia in Augusta, Georgia. During this time, Petitioner obtained a full, unrestricted license to practice medicine in Georgia. Prior to completing the fellowship, Petitioner resigned to take his current position as a fellow at the Charles Retina Institute in Germantown, Tennessee. Currently, Petitioner is an observational vitreoretinal fellow with the Charles Retina Institute in Germantown, Tennessee. The Charles Retina Institute is associated with the Hamilton Eye Institute of the University of Tennessee Health Science Center and is the only retinal clinic in the Memphis metropolitan area for uninsured and underinsured patients at risk for vision threatening diseases, such as diabetic and sickle cell retinopathy. Petitioner has passed all USMLE steps. Petitioner obtained his Educational Commission for Foreign Medical Graduates certificate in 2020. Petitioner currently holds a full and unrestricted medical license in Turkey. His medical license was first issued in 2003. Petitioner

has had no disciplinary action taken against this license. Petitioner also currently holds a full and unrestricted medical license in New York. He obtained this medical license in 2023. Petitioner has had no disciplinary action taken against this license. Petitioner also currently holds a full and unrestricted medical license in Georgia. He obtained this medical license in 2024. Petitioner has had no disciplinary action taken against this license. Petitioner has written peer-reviewed articles and given several oral presentations in national and international meetings regarding surgical procedures. There is a significant need for a physician with Petitioner's qualifications in Tennessee. The petition for Declaratory Order, for this Petitioner, and the relief requested therein was approved.

Declaratory Order Hearing – Iris Room

Dushyant Dobaria, MD v. State of Tennessee Board of Medical Examiners

Iris Room

Administrative Law Judge: Claudia Padfield

Panelists: Stephen Loyd, MD, Todd Tillmanns, MD, and Bethany Lawrence, MD

Counsel for State: Michael Varnell, Associate General Counsel

Counsel for Petitioner: Kimberly Silvus, Esq.

A panel of the Board, chaired by Dr. Stephen Loyd, 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, Dushyant Dobaria, attended Smt. B. K. Shah Medical College and Research Institute in India and graduated with a medical degree in 2016. Smt. B. K. Shah Medical College and Research Institute is recognized by the Medical Board of California. From 2017 to 2020, Dr. Dobaria completed a three-year post-graduate Diagnostic Radiology program at Yerevan State Medical University in Armenia. Yerevan State Medical University is recognized by the Medical Board of California. Yerevan State Medical University is listed in the World Directory of Medical Schools. From 2021 to today, Dr. Dobaria is participating in a four-year Pediatric Radiology fellowship through the University of Tennessee Health Science Center in Memphis, Tennessee. His fellowship has included time at Regional One Health Hospital as well as Le Bonheur Children's Hospital. In November 2020, Dr. Dobaria successfully completed the ECFMG Certification. Dr. Dobaria has successfully passed the Radiology Qualifying (Core) Exam. Dr. Dobaria has an offer to work for The University of Tennessee Health Science Center as a Radiology Attending specializing in pediatric imaging at Le Bonheur Children's Hospital with an anticipated start date of August 2025. The Petitioner will complete a four-year postgraduate radiology training with The University of Tennessee Health Science Center in July 2025. The Petitioner has made significant academic contributions to the field, having authored and published multiple research studies in prestigious publications. The Petitioner participates as a peer-reviewer for Radiology Case Reports with ScienceDirect, an Elsevier publication, reviewing 25 cases to date. The Petitioner has been offered a position as a Radiology Attending specializing in pediatric imaging at Le Bonheur Children's Hospital in Memphis, Tennessee, with an anticipated start date of August 2025. He has accepted this role pending the approval of his license to practice medicine in Tennessee. Le Bonheur Children's Hospital in Memphis, Tennessee, has an immediate need for qualified pediatric radiologists and will continue to have this need for the foreseeable future. The Petitioner will bring his invaluable skillset to Le Bonheur to make a positive impact on children in the State of Tennessee. The Petitioner completed five and a half years of medical school at a California-list-approved school in India; a three-year residency in Armenia; and will complete in July 2025 a four-year program at The University of Tennessee Health Science Center with a focus on Pediatric Radiology. Although the Petitioner did not complete a three-year residency in the United States pursuant to Rule 0880-02-.04(5) and Tenn. Code Ann. § 63-6-207(a)(2)(F), his education, training, experience, and skillset meet or exceed any competency requirement for physicians in the State

of Tennessee. Given the Petitioner's skillset and the need for his exceptional expertise in pediatric radiology, the citizens of the State of Tennessee would benefit by him having a full and unrestricted license to practice medicine. 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.