



**Tennessee Board of Medical Examiners
Development Committee**

Tuesday, May 20, 2025

MINUTES

The Development Committee meeting of the Tennessee Board of Medical Examiners was called to order at 7:30 a.m. in the Poplar Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Samantha McLerran.

Committee members present: Samantha McLerran, MD Committee Chair
Stephen Loyd, MD
Michael Bittel, Consumer Member

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

I. DISCUSS AND TAKE ACTION AS NEEDED REGARDING ADVISORY OPINION REQUEST

- a. **James Alberta, MD:** Dr. Alberta inquired about the Board's opinion regarding the adequacy of his credentials as it pertains to supervising a nurse practitioner working in a medical spa who does weight loss, cosmetic injections and laser lipolysis and another nurse practitioner treating patients with psychological issues. Dr. Alberta indicates that SVMIC has had several questions about the credentials of nurse practitioners and their supervisors. Dr. Alberta's specific question is whether he, as an internist and hospitalist, can serve as a supervisor to the above-described nurse practitioners. To summarize Dr. Alberta's credentials, he has been practicing medicine since 2004 and are familiar with cosmetic injection procedures but are not familiar with laser lipolysis. Dr. Alberta states that as a physician he has expert knowledge in the use of pharmaceuticals including Botox. Dr. Alberta understands how Botox and fillers are used, removed, and counteracted. Dr. Alberta also states that eighty percent of psychiatric problems are seen by an internist, family practitioner, or primary care provider. Dr. Alberta indicates that as a hospitalist he regularly cares for patients with psychological issues ranging from mild to severe. Dr. Alberta further states that he has experience being a former Addiction Medicine Clinic Director. Pursuant to T.C.A. § 63-6-204(b) of the Medical Practice Act which discusses the practice of medicine, it states that services rendered by a nurse practitioner are not

prohibited, if such service is rendered under the supervision, control and responsibility of a licensed physician. Rule 0880-02-.14 (12) states that, “[a]ny physician who, pursuant to T.C.A. § 63-6-204(b), is required to have control over and responsibility for medical services being provided by any allied health professional regardless of where those services are being provided must have an unencumbered license just as is currently required for physicians who supervise physician assistants pursuant to Rule 0880-02-.18(1) and certified nurse practitioner prescription writers pursuant to Rule 0880-06-.02(1).” Rule 0880-06-.02(3) states that a supervising physician and/or substitute supervising physician shall have experience and/or expertise in the same area of medicine as the certified nurse practitioner. Rule 0880-06-.02(6) further states that the supervising physician shall be responsible for ensuring compliance with the applicable standard of care as outlined and covered in the supervision protocols. Without knowing more information about the specifics of what each of the above-described nurse practitioners do and how that specifically compares to Dr. Alberta’s experience and expertise it is difficult to say whether Dr. Alberta’s current experience and training is acceptable. For example, it is not clear what specific cosmetic procedures are being performed by the nurse practitioner and what Dr. Alberta’s experience and training is with regarding to those specific cosmetic procedures. However, Dr. Alberta has indicated that he is not familiar with laser lipolysis and so currently, he is not capable of supervising a nurse practitioner who performs that procedure. Likewise, the psychological issues that the other nurse practitioner is treating should be the types of psychological issues that Dr. Alberta has experience and/or expertise in. It is advisable that Dr. Alberta review the supervision rules found in Rule 0880-06-.02 and the relevant statutes including T.C.A. § 63-7-123 to ensure that he is fully complying with them. It should be noted that, pursuant to T.C.A. § 63-1-174 (a) private letter rulings shall only affect the licensee making the inquiry and shall have no precedential value for any other inquiry or future contested case to come before the Board. Dr. Stephen Loyd motions to accept the response as drafted by Ms. Francine Baca-Chavez. Mr. Michael Bittel seconds the motion and the motion passes.

II. DISCUSS AND TAKE ACTION AS NEEDED REGARDING APPROVAL OF MEETING MINUTES – MARCH 25, 2025, BME DEVELOPMENT COMMITTEE

Mr. Bittel motions to approve the meeting minutes as written. Dr. Loyd seconds the motion and the motion passes.

III. DISCUSS AND TAKE ACTION AS NEEDED REGARDING LANGUAGE FOR CONSENT ORDERS REGARDING SUPERVISION ON PROBATION

Dr. Samantha McLerran provided feedback to Ms. Francine Baca-Chavez in drafting the language for Consent Orders regarding supervision on probation. Ms. Baca-Chavez tried to encompass all of the supervisees in the language based on the feedback from Dr. McLerran. The proposed language reads “during the probationary period, Respondent shall not serve as a supervising or collaborating physician to any students, trainees, or advanced practice providers”. The original language reads “during the probationary period, Respondent shall not serve as a supervising or collaborating physician to advance practice providers, physician assistants and pharmacists”. Dr. McLerran requests pharmacists be listed separately in the new language. The new language shall read “during the probationary period, Respondent shall not serve as a supervising or collaborating physician to any students, trainees, advanced practice providers, or pharmacists”. Dr. Loyd motions to approve the language with the inclusion of pharmacists. Mr. Bittel seconds the motion and the motion passes.

IV. DISCUSS AND TAKE ACTION AS NEEDED REGARDING TENNESSEE MEDICAL ASSOCIATION (TMA) HOUSE OF DELEGATES PRESENTATION

Dr. McLerran updated the Tennessee Medical Associations with recent initiatives, policy developments, and strategic goals. Dr. Michael Baron, Medical Director for the Tennessee Medical Foundation, attended this meeting and gave a presentation as well.

V. DISCUSS AND TAKE ACTION AS NEEDED REGARDING REVIEW OF HIGH PRESCRIBERS

- a. Dr. Stephen Loyd continues to request this matter be addressed at the Development Committee meeting. Dr. Loyd is concerned with the potential for brain drain from the state as these lists include more and more pain management specialists and hospice providers. Ms. Tracy Alcock, Deputy Counsel, presented at previous meetings the differences between the high-risk prescribers list and the top 50 opioid prescribers, top 20 buprenorphine prescriber lists. The letters are required to be sent by legislation, so the Board cannot stop letters from going out. The Board can review and revise the letters as well as the high-risk prescribing policy. The letter was revised in 2024 with input from the Department of Health, the Board’s medical consultant, the Tennessee Pain Society and the Tennessee Medical Association. Ms. Alcock brought a copy of the letter for the committee to review. Dr. Stanley, Board Consultant, explained to the Board the lack of timely response from some providers on the Top 50 and Top 20 lists. The Committee requests the letter for the Top 50 and Top 20 prescribers be softened in tone. Dr. Stanley also points out the limited number of courses the letters contain and if an individual receives several letters, they are taking the same course over and over, which may not be beneficial in the long run. The Board is able to add coursework to the letters. Mr. Bittel requests the high-risk prescriber letter be rearranged to state why they received the letter prior to the legislation that requires the letter be sent. His second request is the portion of the letter that states “Failure to do so shall constitute unprofessional conduct for which disciplinary action may be instituted by your licensing board”, be bolded so it does not get buried in the rest of the language of the letter. The Committee recommends Top 50 and Top 20 letters should have the language softened throughout the letter and rearrange the parts as noted for the High-Prescribers Letter.

VI. PUBLIC COMMENT

- a. Yarnell Beatty – Mr. Beatty spoke on behalf of the Tennessee Medical Association and was joined by Dr. Toye from Vanderbilt University Medical Center and Ms. Robin Hoyle from the Tennessee Pain Society. They are requesting two changes be made to the Continuing Education Requirements for Identified High-Risk Prescribers Policy adopted by the Board. One requested change is to add additional course options to the policy, and the other is to add an educational carveout for those prescribers who provide services in a pain management clinic.

VII. DISCUSS AND TAKE ACTION AS NEEDED REGARDING REVIEW OF HIGH PRESCRIBERS (CONTINUED)

- b. Ms. Alcock responded to Mr. Beatty’s recommended policy changes. She agrees that the addition of a combination of education with a mentorship would be a great option, however the educational carveout for those prescribers in a pain management clinic should not be included. Dr. Loyd motions to add the combination education option to the policy which

includes the following: Targeted Pain Treatment Conference administered by the Tennessee Pain Society; Tennessee Pain Society Annual Meeting; and at least three hours of individual mentoring with a volunteer Pain Management Specialist from the Tennessee Pain Society conducted at the Mentor's clinic with the curriculum developed with the input of the DOH, BME, and TPS for a total of 20 hours combined. Mr. Bittel seconds the motion. The Committee will discuss the second recommendation at the next Development Committee Meeting. The motion passes.

The meeting adjourned at 8:30 am.