



**Tennessee Board of Medical Examiners
Development Committee**

Tuesday, July 22, 2025

MINUTES

The Development Committee meeting of the Tennessee Board of Medical Examiners was called to order at 8:00 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
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. **Denise Josey, MD:** Dr. Josey asked for guidance regarding the in-person site requirement when there is not a physical location to visit because the patient care would all be done in the patients' homes. It is the Committee's understanding from the information Dr. Josey provided in writing that the nurse practitioner that Dr. Josey would be entering into a collaborative relationship with would be providing mobile wound care in the patients' homes and there is no patient care site to visit. The supervisory relationship must be in accordance with all applicable rules governing a physician's supervision of a nurse practitioner. Regarding supervision, Board Rule 0880-06-.02 requires a supervising physician to visit any remote sites of their supervisees every thirty (30) days. This is true even if the nurse practitioner is practicing telemedicine and whether or not they are practicing in a location geographically distant from their supervising physician. While this rule has not been amended, on April 29, 2022, recent statutory changes made to both the Nursing and Physician Assistant Practice Acts became effective which permit APRNs and physician assistants, ("PAs") to arrange for the required personal review of the APRN's or PA's charts by a collaborating physician either via HIPAA-compliant electronic means or in person. The term, "HIPAA-compliant" as used in the statutes mean that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 CFR §164.312. The new statutes further provide that the number of required annual remote site visits by a collaborating physician by HIPAA compliant electronic

means rather than at the site of the clinic is capped at ten (10). The term, “annual” as used in the statute means a rolling twelve-month period. In accordance with the statutes, all other of the required site visits by a collaborating physician to a remote site must take place in person at the site of the clinic. This advisory ruling is not intended to supersede or replace any other guidance, policy, rule, or statute of the Board. It should be noted that, pursuant to T.C.A. § 63-6-101(a)(4), 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. Mr. Michael Bittel motions to accept the response as drafted by Ms. Francine Baca-Chavez. Dr. Samantha McLerran 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. McLerran seconds the motion and the motion passes.

III. DISCUSS AND TAKE ACTION AS NEEDED REGARDING ADVISORY OPINION REQUEST (CONTINUED)

- a. **Randal Hartline, MD:** Dr. Hartline has inquired about the Board’s opinion regarding prescribing over the phone to a new patient with whom there was no previous doctor/patient relationship. Dr. Hartline indicated that he has been told that telemedicine providers are prescribing medication over the internet with no previous patient contact. Dr. Hartline further stated that he was considering prescribing non-narcotic medication over the phone but as he reads the rules, he is not permitted to prescribe medication to a patient that he has never met but have only asked a few questions to over the phone. Rule 0880-02-.14(6)(e)(3) and 0880-02-.14(7)(a) direct how physicians may prescribe controlled substances. Rule 0880-02-.14(7)(a) requires that a physician, before prescribing or dispensing any drug to any individual by any means, must 1) perform an appropriate history and physical examination; 2) make a diagnosis upon the examinations and all diagnostic and laboratory tests consistent with good medical care; 3) formulate and discuss a therapeutic plan with the patient, as well as the basis for the plan, the risks and benefits of various treatment options; and 4) insure availability of the physician or coverage for the patient for appropriate follow-up care. Exceptions to this general rule are provided in Rule 0880-02-.14(7)(b). Rule 0880-02-.14(6) discusses the authority of a physician to prescribe for the treatment of pain. Similarly, Rule 0880-02-.14(6)(e)(3) provides that prescribing, ordering, administering, or dispensing dangerous drugs or controlled substances for pain should be done after a documented medical history and physical examination, pursuant to a written treatment plan and after a discussion of the risks and benefits of the use of controlled substances. Please note that Tenn. Code Ann. Section 63-1-155 provides that a healthcare provider who delivers medical services via telemedicine should be held to the same standard of professional practice as a provider working in a traditional, in-person setting. This statute includes with two important caveats: 1) telemedicine encounters will be governed by the Tennessee Chronic Pain Guidelines which explicitly prohibit the treatment of chronic pain through telemedicine; and 2) the general rule of equivalent standards does not apply when medical services are being provided in a pain management clinic. Federal regulation may limit a physician’s ability to prescribe controlled substances electronically without first performing at least one in-person assessment of the patient. Prescribers are encouraged to consult with personal counsel to determine whether their intended prescribing practices violate federal laws or regulations. 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. Mr. Bittel motions to accept the response as drafted by Ms. Baca-Chavez. Dr. McLerran seconds the motion and the motion passes.

IV. **PUBLIC COMMENT** - NONE

The meeting adjourned at 8:20 am.