



**Tennessee Board of Medical Examiners
Development Committee**

Monday, May 15, 2023

MINUTES

The Development Committee meeting of the Tennessee Board of Medical Examiners was called to order at 4:05 p.m. in the Poplar Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Stephen Loyd, Committee Chair.

Committee members present: Stephen Loyd, MD Committee Chair
Melanie Blake, MD
Robert Ellis, Consumer Member

Staff present: Francine Baca-Chavez, JD, Office of General Counsel
Stacy Tarr, BME Executive Director

The meeting was called to order by Dr. Loyd with a roll call of members and staff present. Having determined a quorum with three members present, Dr. Loyd opened the meeting with a brief moment of silence in memory of the victims of the Covenant School tragedy.

I. DISCUSS AND TAKE ACTION AS NEEDED REGARDING PUBLIC CHAPTER 949

Public Chapter 949 amends TCA § 63-19-107(2) by adding a new subdivision allowing for remote site visits to be conducted electronically for up to ten (10) of the required annual remote site visits by a collaborating physician. Two (2) of the site visits must still be in person. Ms. Francine Baca-Chavez presented the Committee with proposed changes to supervisory rules to align with the amended statute. Mr. Ellis motions to approve the revisions to the rules. Dr. Blake seconds the motion, and it passes.

II. DISCUSS AND TAKE ACTION AS NEEDED REGARDING UPDATE ON RULES FOR NEW LICENSE TYPE – PUBLIC CHAPTER 970

Public Chapter 970 amends TCA Title 63, Chapter 6, Part 2, by adding a new section which allows the Board of Medical Examiners to issue a short-term visitor clinical training license to an eligible physician or medical graduate from a foreign country or foreign territory for a period of time not to exceed ninety (90) days. Ms. Baca-Chavez presented the Committee with proposed rules regarding this new licensure type. Dr. Kaufman from Vanderbilt University Medical Center was in the audience and has been instrumental in pushing forth the legislation. Dr. Pearson suggested a fee range of \$300 to \$500 for discussion as other states with a similar licensure type had fees that were lower than the standard licensure fee. Dr. McGraw added to the discussion surrounding the suggested fee for this licensure type application. Dr. Kaufman commented on the partnerships Vanderbilt and other training hospitals in

Tennessee have with training hospitals in other countries and estimated an average of fifty applicants for this licensure type annually. After a robust discussion, the Committee proposed some revisions to the language of the rules proposed by Ms. Baca-Chavez. Dr. Blake motions to accept the proposed rules with the Committee's amendments. Mr. Ellis seconds the motion, and it passes.

III. **DISCUSS AND TAKE ACTION AS NEEDED REGARDING UPDATE ON PUBLIC CHAPTER 747**

Public Chapter 747 amends TCA § 63-6-207(a)(2)(F) by removing the word "residency" from the satisfactory completion of a three-year post-graduate training program required for an applicant who graduated from an international medical school. Ms. Baca-Chavez proposed revisions to the current Rules for licensure to reflect the change in statute. The Committee felt the amendments to the Rules should also be expanded to U.S. and Canadian medical school graduates. Ms. Baca-Chavez will draft the proposed changes to the rules for U.S. and Canadian medical school graduates. Dr. Blake motions to accept the proposed Rule changes to include the amendments regarding U.S. and Canadian medical school graduates. Mr. Ellis seconds, and the motion passes.

IV. **DISCUSS AND TAKE ACTION AS NEEDED REGARDING TELEHEALTH**

This is a standing Development Committee item as information is still forthcoming regarding the future of telehealth. It is of the opinion of Dr. Loyd that the future of telehealth will be determined by third-party payers. There is uncertainty in how these third-party payers will reimburse providers and healthcare facilities for telehealth visits going forward. While there is no action to be taken at the moment, the future of telehealth has implications in the prescribing of buprenorphine and other controlled substances.

V. **DISCUSS AND TAKE ACTION AS NEEDED REGARDING OFFICE-BASED SURGERY**

The current Office-Based Surgery Committee members are Dr. Miller, Dr. Beckford, and Dr. Hale. As Dr. Beckford is no longer on the Board of Medical Examiners, new members will need to be appointed to the taskforce. The new members shall be charged with reviewing the Office-Based Surgery rules. The Office-Based Surgery Committee is required to meet twice a year. Ms. Baca-Chavez will look into the statutes surrounding holding meetings virtually.

REQUEST FOR ADVISORY RULING

Randall Curnow, MD – Dr. Curnow requested clarification on how to satisfy the requirement for supervising APRNs with active Tennessee licenses who are providing remote care to patients in Tennessee. It is the Committee's understanding from the information provided that Dr. Curnow resides in Ohio and the company he works for partners with health systems to deploy remote patient monitoring and chronic care management solutions to support patients managing chronic conditions such as congestive heart failure and type 2 diabetes from home. A remote team of advanced practice registered nurses ("APRNs") virtually monitor patient-recorded vitals and titrate medications to national guidelines. Several current health system partners are inquiring into expanding your remote care services to patients of their clinics in Tennessee. It is the intention to utilize your current APRN workforce who will be licensed in Tennessee, but not physically present within Tennessee to provide remote care services to Tennessee patients. The APRNs typically work out of their homes and use their home addresses as their practice site. 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 the 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. The Committee motions to approve the advisory letter ruling as written and it passes.

Michael Catausan, MD – Dr. Catausan asked if the required monthly site visits between supervising physicians and mid-level providers be allowed through virtual monthly meetings via a video platform like zoom because Dr. Catausan’s healthcare company, Community Wellness, provides healthcare services to patients in a completely virtual environment with no brick-and-mortar facility. It is the Committee’s understanding from the information provided in writing that all Dr. Catausan’s providers including supervising physicians and mid-level providers along with the patients are at different remote sites. 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. The Committee motions to approve the advisory letter ruling as written and it passes.

VI. **PUBLIC COMMENT** - No public comment

The meeting adjourned at 5:48 pm.