



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

**Tuesday, September 21, 2021  
Wednesday, September 22, 2021**

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**MINUTES**

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The regular board meeting of the Tennessee Board of Medical Examiners was called to order at 8:34 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Melanie Blake, Board President.

Board members present: Melanie Blake, MD, President  
Stephen D. Loyd, MD, Vice President  
Robert Ellis, Consumer Member, Secretary  
Deborah Christiansen, MD  
Julianne Cole, Consumer Member  
Samantha McLerran, MD  
Phyllis Miller, MD  
John Hale, MD  
Jennifer Claxton, Consumer Member  
Randall Pearson, MD

Board member(s) absent: W. Reeves Johnson, MD  
Neal Beckford, MD

Staff present: Francine Baca-Chavez, JD, Office of General Counsel  
Rene Saunders, MD, Medical Consultant, BME  
Angela Lawrence, BME Executive Director  
Stacy Tarr, Administrative Director  
Candyce Wilson, Administrative Director  
Brandi Allocco, Board Administrator

**I. CONSIDERATION OF APPLICATIONS**

**Medical Doctor Applicant Interview(s):**

**Mahmoud Hassouba, MD** – appeared before the Board with his legal representative, Mr. James Bradshaw. Dr. Hassouba was scheduled to appear at the July 2021 Board meeting, but due to a delay in his Visa to travel only Mr. Bradshaw was present. At that meeting, the Board tabled his applicant interview to this meeting. Dr. Hassouba is an International Medical School graduate who has not

completed any US ACGME postgraduate training and is not ABMS Board Certified. Additionally, he does not qualify for licensure by reciprocity. Dr. Hassouba requests to petition the Board for a Declaratory Order. The Board has already been provided with his petition for review. Dr. Hassouba provided a brief overview of his education and training. Dr. Christiansen motioned to table the application up to six (6) months to allow time for the applicant to proceed with the Declaratory Order process and to accept the petition for Declaratory Order. Dr. Loyd seconded the motion and it passed.

**Wael Hussein, MD** – appeared before the Board without legal representation. Dr. Hussein is an International Medical School graduate who has not completed three (3) years of U.S. ACGME accredited residency training and is not ABMS Board Certified. Dr. Hussein requests to petition the Board for a Declaratory Order. The Board has already been provided with his petition for review. Dr. Hussein provided a brief overview of his education and training. He reports he is not currently Board eligible. Dr. Christiansen motioned to table the application up to six (6) months to proceed with the Declaratory Order process and to accept the petition for Declaratory Order. Dr. Loyd seconded the motion and it passed.

**Kevin Sairafian, MD** – appeared before the Board without legal representation. Dr. Sairafian resigned from his residency program after “successful completion” of his first year in an online format. The exact length of time for that online format is not clear in the application materials. He is not currently participating in postgraduate medical training. Dr. Sairafian appeared and presented the following information to the Board. In March 2020, there was a severe shortage of PPE because of the pandemic. He reports feeling as though this had a great impact on his work and he brought his concerns to the department head. In an emergency situation, in which he faced a lack of proper PPE, he reported to have lost his temper and cursed. This led to him being on an investigative suspension. He was then presented with three options and one of the options was to change his training to an online format. So, he opted to complete his internship year online from May 26 – June 30, 2020. At the completion of that year, he voluntarily resigned from the residency program. Since then, he has been unable to match with a new residency or find other opportunities for training. The applicant provided more details on how many programs for which he applied and their specialties. He reports he should find out in March 2022 if he matches with a program based off his current application submissions. He reports he does not have a current job opportunity in Tennessee.

Dr. McLerran questioned the applicant on how he plans to cope with the stressors of the pandemic or in general during practice with consideration that he has a responsibility of patient care. He was further questioned if he has sought anger management treatment. The consensus of the Board is that the applicant qualifies for licensure but there are concerns about his competency, the events which occurred during his training and his portion of training being online. Further, the consensus of the Board is the applicant should have put the patients’ needs first and to perform the best he could have under the circumstances he faced.

The Board led a lengthy discussion on their concerns and considered the option of issuing conditional licensure, but this would result in a disciplinary action on his license just as he begins his career. The Board recognizes the applicant has potential and feels he would be best served by receiving more training to clear the concerns of competency and having completed online training within the first year. It was determined that the applicant could match into a program come March 2022 and this license would not be needed for that training program. Further, the Board does not feel there is anymore information the program director could provide, about the online training, which would change their determination. At this time, the Board is uncomfortable issuing a full and unrestricted license based on the concerns identified above. The Board offered the applicant to withdraw based on the consensus of the Board. The applicant requested to withdraw his application.

**Huma Khan, MD** – appeared before the Board without legal representation. Dr. Khan is a graduate of an unapproved International Medical School. She is unable to comply with the Demonstrated Competency Policy by virtue of not completing Step 3 of the USMLE in the prescribed time, as well as not having passed on the first attempt. She has no active state medical license to practice and therefore cannot qualify by reciprocity at this time. Dr. Khan provided a detailed explanation of the education and training she received and the circumstances surrounding her educational path. During the explanation, Dr. Khan alluded that she completed her first medical school in Pakistan, which is not indicated in her application materials. Dr. Christiansen motioned to table the application up to four (4) months for the applicant to provide information about her Pakistan medical education. Ms. Claxton seconded the motion and it passed.

**Jamal Lattimore, MD** – appeared before the Board without legal representation. Dr. Lattimore completed all steps of the USMLE in greater than ten (10) years (specifically 3 months past). Additionally, he has a single DUI conviction greater than twenty (20) years ago. Dr. Lattimore provided an outline of his professional pathway, to include multiple hardships he faced. He did not match to a training program his first round but was able to match eventually in 2018. Based on Board rules, they may consider extraordinary circumstances for not meeting the ten (10) year examination requirement. Dr. McLerran motioned to grant full licensure based on the extraordinary circumstances. Mr. Ellis seconded the motion and it passed.

**Andrea Trotti, MD** – appeared before the Board without legal representation. Dr. Trotti was issued a Letter of Concern by the Florida Medical Board in 2009 based on care he provided to a patient. When applying for a license to practice in Illinois in 2021, the Illinois Medical Board issued a license with Reprimand based on the Florida action from 2009. When the Tennessee Board of Medical Examiners was made aware of this action the Tennessee license was expired and had been for a very long time, therefore no action was taken at that time based on either the Florida or Illinois action. Given the applicants intent to reinstatement his license, it is now up to the Board to consider if there should be any form of discipline based on the other board actions. He reports there have been no further disciplinary issues with his Florida license since 2009. After further discussion, the consensus of the Board is the primary discipline occurred in 2009 and his Florida license is currently in good standing. Dr. Christiansen motioned to grant a full and unrestricted license. Dr. Pearson seconded the motion and the motion passed.

**Eric Thomas, MD** – appeared before the Board without legal representation. Dr. Thomas was allowed to retire his New Jersey Medical license to avoid disciplinary action. This retirement of his license is considered a permanent suspension by the Board. Additionally, he has surrendered his DEA certification. He is not now, nor has he ever been a participant in a PHP. The basis of his disciplinary action, including a summary suspension of his license, is inappropriate prescribing of controlled substances. This action began in 2015. He reports, after the 2015 action he completed certain courses specific to charting, ethics and controlled substances. He reported there are other states which have reviewed this action and granted him a full and unrestricted license. However, there have been at least two other states which were not in favor of granting a license and allowed him to withdraw his application. He stated he has not prescribed any scheduled medications since May of 2015 and does not intend to. However, he currently has a pending application with the DEA. He reports his desire to obtain the DEA certificate is based off on issues with insurance companies wanting him to have one. He reports the majority of his current employment is telehealth, except for in Montana where he resides. At this time, he does not supervise mid-levels. The Board and applicant led a lengthy discussion on the applicant's current employment. Dr. Thomas provided his explanation of the disciplinary concerns from the NJ Medical Board. Dr. Pearson motioned to deny the application. Dr. Hale seconded the motion. The applicant requested to withdraw his application.

**Daniel Butts, MD** – appeared before the Board without legal representation. Dr. Butts has had two (2) DUI convictions in the recent past. He has had an outside evaluation pursuant to a request from the Ohio Medical Board as well as an evaluation with Dr. Baron of the TMF. Dr. Butts provided an overview of the treatments and time period since the second DUI. He reports he intends to pursue Board Certification in addiction medicine. Dr. Baron reports based on the latest evaluation Dr. Butts completed, there appears to be no indication that monitoring is needed. Dr. Christiansen motioned to grant a full and unrestricted license contingent that he signs a two (2) year abstinence agreement with TMF. Dr. Hale seconded the motion. The motion passed with Dr. Loyd opposed.

**Robert Williams, MD** – appeared before the Board without legal representation. Dr. Williams is a voluntary participant in the Alabama Physicians Health Program. His contract with the AL PHP ends in February 2022. Dr. Williams discussed personal and work-related issues. During an incident at work he reported, he threw a pen which broke an expensive monitor. This led to his termination and subsequently he began receiving assistance with the Alabama PHP. Dr. Baron, with TMF, presented before the Board to discuss the different options in which TMF could be of assistance to the Board with this applicant. One option is for TMF to receive compliance letters from the AL PHP quarterly without him signing a monitoring agreement with TMF. Dr. Christiansen motioned to grant a full and unrestricted license contingent on signing a release for TMF to receive quarterly reports from the AL PHP. Dr. Loyd seconded the motion and it passed.

**Michael Martin, MD** – appeared before the Board without legal representation. On July 20, 2021 the Board determined the applicant has fulfilled the fitness of duty evaluation requirement but still needed to submit to a remediation plan due to time out of practice. Since the last meeting, Dr. Loyd, Dr. Saunders, and the applicant have been working to devise an appropriate remediation plan. Dr. Martin recommended one month, 3 days a week, for four hours a day and they felt it wasn't sufficient. Dr. Saunders and Dr. Loyd offered the applicant a remediation length of six months, 3 days a week, four hours a day. However, the application countered with one month, 3 full days a week. Ultimately, the consideration is the difference of 248 hours versus 144 hours of remediation and the consultant and board member did not feel this was sufficient and that he should reappear before the Board. The applicant reports his preceptor is not available for six months. The Board discussed how devising the remediation plan is not something the consultant and Board members ever go back and forth on with the applicant. Rather, the consultant and selected Board member decide on the requirement necessary for successful remediation. Dr. Christiansen motioned for the applicant to complete a six-month preceptorship, at a minimum of three half days per week and for monthly reports to be sent to the consultant. Dr. McLerran seconded the motion. The motion passed.

## II. REPORT FROM THE OFFICE OF INVESTIGATIONS

Ms. Jamie Byerly, Director of the Office of Investigations introduced Ms. Elizabeth Danler as the new disciplinary coordinator for this Board and Ms. Dorsey Luther as the supervisor of all disciplinary coordinators. Ms. Byerly provided the following report on the currently monitored practitioners and the statistical complaints –

Currently, there are 196 medical doctors and medical x-ray technologists being monitored by Board order. Of the medical doctors currently being monitored, 39 are for board order reprimand, 51 are on probation, 24 are on suspension, and 67 are under revocation. Of the x-ray technologists currently being monitored, 12 are for board order reprimand, and 3 are under revocation.

Since the beginning of 2021, the office has received 730 complaints. Of the complaints received these are the statistical numbers by category: 5 for abuse/neglect, 5 for falsification of records, 3 for fraud or false billing, 13 for substance abuse, 11 for sexual misconduct, 38 for actions by another State, 5 for criminal charges, 72 for malpractice or negligence, 4 for unlicensed practice, 381 for unprofessional conduct, 7 for violation of a Board order, 21 for medical records requests, 53 for overprescribing, 11 for

failure to supervise, 6 for criminal convictions, 2 for mental or physical impairment, 3 for practicing beyond the scope, 2 for prescribing to friends and family, 55 for practicing beyond the investigative scope (the complaint is outside of the office's jurisdiction), and 24 related to Covid-19. For this year, 566 complaints have been closed. Of those closed complaints, 131 closed with insufficient evidence, 82 closed and were sent to the Office of General Counsel, 289 closed with no action, 13 closed with a letter of concern, and 51 closed with a letter of warning.

Ms. Byerly reported the complaints around Covid-19 have included complaints such as an office not following CDC guidelines or an office refusing service because of a mask mandate.

The Board and Ms. Byerly led a discussion on the Office of Investigations process in making sure licensees disciplined are being appropriately monitored. The Board is interested in discussing the process further and making sure this is something strictly followed for accountability of those under board order, to the extent that those not in compliance do receive a board order violation. Ms. Baca-Chavez commented on how the Office of General Counsel has been adding new language to improve board orders. For example, if a licensee should not be supervising mid-levels there is now language included in the order that requires the licensee to submit proof to the disciplinary coordinator within a specified time period that notification of this restriction has been given to mid-levels and colleagues. A discussion was held on the importance of licensees and mid-levels updating their LARS information, practitioner profile and controlled substance monitoring database, when there is a change in their supervisory relationships, to avoid a possible board order violation. Further discussion on the process and ideas for future board orders will be added to the Development Committee agenda to improve consistency.

### **III. PRESENTATION BY THE TENNESSEE MEDICAL ASSOCIATION**

Ron Kirkland, President of the Tennessee Medical Association, Russ Miller, CEO of TMA, and Beth Lynch, Director of Leadership and Education program of TMA, and Yarnell Beatty, Vice President of TMA all appeared before the Board.

Ms. Lynch addressed the Board regarding TMA's request for the Boards support of their Prescribing Continuing Medical Education course. Ms. Lynch expressed this course fills the void of the course previously provided by Dr. Mitchell Mutter, who has since retired from the Department of Health. The course being offered comes with costs that TMA cannot continue to support alone. She explained that the online platform is the costliest portion of the course. Currently, the course is projected out for the next two years, with a hope to continue well beyond that timeline. The consensus of the Board is they support this prescribing course, and the work TMA has put into it. Dr. Blake discussed the TMA prescribing course could be listed as an option on the Board's website but not listed exclusively. Dr. Loyd spoke on behalf of the pharmaceutical settlement the State should receive and how the State will need to figure out how to spend that money, so perhaps TMA could lean towards seeking assistance through that. He also reported that the Tennessee Department of Mental Health has a portion of money allotted to prevention and treatment.

Mr. Beatty presented before the Board with TMA's response on some matters currently in discussion by the Board. At a recent Development Committee meeting, there was a review and discussion on the Montana Board's site visit rules. Mr. Beatty collaborated with the Coalition for Collaborative Care (hereinafter "CCC"). The feedback on those rules was mostly positive and that it is a solid reasonable option from the physician perspective. There was concern about physicians collaborating with too many mid-levels during one shift. However, it is noted there is a necessity to ensure there is enough coverage in some large practice settings. There was positive feedback regarding the subject matter on what should be discussed during a site visit. The current Board rules do not address a minimum requirement of what should occur during a site visit, so it is recommended that some guidelines be added in this area. It was

suggested that Collaborative Agreements be required between the supervisor and mid-level. Currently in Tennessee, these are called protocols but requiring an Agreement would make it more formal. There was support for the requirement to complete online training prior to entering into a collaborative agreement.

The CCC believes there is a role for remote site visits, by HIPPA compliant electronic means. However, the CCC feels in person visits are better in general. Dr. Loyd suggested one purpose of an in-person site visit would be to ensure the site is an appropriate practice setting to be treating patients in and that to some extent, certain practice sites are already under strict regulation to ensure this is happening. Dr. Christiansen commented that regarding telemedicine, the “site” might just be the patients’ home so there would not be an office setting to visit.

Mr. Beatty stated, in 2017, the General Assembly passed a law regarding Volunteer Services which allowed healthcare providers to receive a certain number of Continuing Medical Education (hereinafter “CMEs”) hours for their volunteer service. The organization would be able to verify their dates of service. The Board could have a form for the service organization to complete and they would be able to verify the hours completed. The General Assembly gave the Department of Health the petition for rule making for purposes of this CME being verified. Ms. Baca-Chavez stated this authority falls within Health-Related Boards. The Board supported rule making on this and the suggested form.

Truth in Advertising – Resolution 1121 – physicians, and mid-levels advertise themselves as specialists (e.g., A Nurse Practitioner with a dermatology specialty without a Board-Certified Dermatologist on site or in collaboration with staff). This is misleading to the public who in turn thinks they are going to be seen by a Board-Certified specialist. This Board has a rule which prevents one from advertising the wrong credentials.

Definition of a Residency – Resolution 4-20 – the concern here is non-physician professionals saying they completed a residency or fellowship when they are not physicians. TMA’s position statement is they reject the use of these terms by non-physician practitioners and encourage programs who offer such additional training to non-physicians to relabel their training program to minimize confusion and improve clarity for patients. Dr. Blake discussed the need to define these terms because there is definitely a difference in the level of training received from a physician’s residency and fellowship compared to other professions.

The staff and Board members led a discussion on health care professionals who advertise that they offer a specific type of service versus advertising board certification in a specialty to which they are not boarded. The Board can see how the public may not fully understand the difference and assume the health care professional is boarded in the specialty. Ms. Baca-Chavez does not feel as though there is a violation for someone stating they offer a specialty service when that is what they practice. Yet, it would be false advertising to say one is board certified when they are not.

Dr. Blake requested the TMA collect more information on site visits and telehealth provisions. Dr. Loyd stated information on what a site visit is and how to make it meaningful, and to understand what third party payers are saying about telehealth. Dr. Blake also requested any information TMA could offer regarding Covid-19.

#### IV. CONDUCT NEW BUSINESS

- a. **Consider request to send Board Members and staff to FSMB Annual Meeting** – April 28 – 30, 2022, currently this meeting is not scheduled to be conducted virtually, but they are working on that capability. Dr. McLerran motioned to approve two staff members, two Board

members, and one attorney to attend this meeting. Mr. Ellis seconded the motion. The motion passed with Dr. Loyd abstained.

- b. **Consider request to send delegate(s) to the FARB meeting** – Dr. Christiansen motioned for the approval of sending one Board attorney to this meeting. Dr. McLerran seconded the motion and it passed with Dr. Loyd abstained.
- c. **Discuss and consider disciplinary parameters in certain cases** – Ms. Baca-Chavez discussed the process by which the Department is a complaint driven system. She went over the complaint and investigative process. When there are grounds for discipline, the team drafts a proposal of the type of discipline which is warranted for the actions. Ms. Baca-Chavez reports the office has been receiving complaints regarding Covid – 19 and the office is seeking the Boards guidance on how they would like to proceed with different types of cases. The three proposed cases to consider are 1) Physician is vaccine hesitant, 2) Physician makes up inaccurate facts about the vaccine and advises patients to not get vaccinated, and 3) Physician is spreading inaccurate facts about the vaccine and advises patients to not get vaccinated.

Physicians possess a high degree of public trust; they have an ethical and professional responsibility to their patients and must provide factual information. The consensus of the Board is physicians are risking disciplinary action regarding the last proposed case. The Board reviewed the FSMB position on misinformation and agrees with the policy. Dr. Christiansen motioned for the Board to adopt the FSMB Board of Directors position as a policy of this Board. Dr. McLerran seconded.

Dr. Hale questioned who would determine what misinformation is. Dr. Blake stated that is something that could be fleshed out in the investigative process. Dr. Saunders stated if the physician has scholarly proof that the information, they are providing is factual then there are no grounds to discipline. However, if the Board identifies misinformation then the physician could be disciplined.

The Board members discussed that physicians have always been allowed to discuss their opinions with their patients and there have always been physicians that have been vaccine hesitant before Covid. Thus, the consensus is that vaccine hesitancy is not a place where discipline should be issued. Also, it was discussed that it is easy to spread misinformation rapidly, electronically, so these cases should be investigated. The consensus of the Board is to handle the following cases as such:

- 1. Physician is vaccine hesitant** – no investigation, no discipline, the Board doesn't feel like this is practical to enforce. They do feel as though physicians should not be expressing their opinions on hesitancy. These are one-on-one conversations that would be difficult to discipline for. A letter of warning would be appropriate.
- 2. Physician makes up inaccurate facts about the vaccine and advises patients to not get vaccinated** – this should be investigated, this is unprofessional conduct, the office can clearly identify the misinformation being provided and formal discipline is appropriate.
- 3. Physician is spreading misinformation and advising patients to not get vaccinated** – formal discipline is appropriate and the number of people you have reached with the misinformation should be a factor in the level of discipline.

Aggravating factors would increase the level of discipline. Civil penalties and coursework are probable requirements in the disciplinary matter. The motion to adopt the policy passed.

#### I. **Disciplinary Order(s) – Order(s) of Compliance**

**Jacquelyn Jackson, MD** – appeared before the board without a legal representative. Ms. Baca-Chavez presented the order of compliance. It is the position of the Disciplinary Coordinator and the Office of

General Counsel that she is compliant with the terms of her previous order, from September 2018. Dr. McLerran motioned to accept the order of compliance. Dr. Loyd seconded the motion and it passed.

**James Appleton, MD** – appeared before the board without a legal representative. Dr. Loyd and Dr. Blake recused. Ms. Baca-Chavez presented the order of compliance. 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, from July 2016. Dr. Christiansen motioned to accept the order. Dr. Miller seconded the motion and it passed with recusals from Dr. Blake and Dr. Loyd.

**Camillia Bennett, MD** – appeared before the board without a legal representative. Ms. Baca-Chavez presented the order of compliance. It is the position of the Disciplinary Coordinator and the Office of General Counsel that she is compliant with the terms of her March 2021 consent order. This petition shall lift her suspension and place her license on probation for no less than five (5) years. During probation there are limitations and requirements she must meet. Dr. Christiansen motioned to accept the petition to lift her suspension and place her on probation per the terms of the previous order. Mr. Ellis seconded the motion and it passed.

**Gary Murray, MD** – submitted his petition for order of compliance but has passed away recently. The Board decided to still consider this matter. Dr. Christiansen motioned to accept the order of compliance. Dr. McLerran seconded the motion and it passed.

## II. UPDATES FROM TASKFORCES & COMMITTEE MEETINGS

- a. **Development Committee Meeting Update (Dr. Loyd, Dr. Blake, Dr. Johnson, Dr. Beckford, Mr. Ellis and Dr. Christiansen) – Dr. Loyd presented the following update:**
  - i. The Committee met yesterday, September 20, 2021.
  - ii. Telehealth – this will be addressed shortly during the Boards Public Chapter 328 discussion. The Committee had wanted TennCare to provide an opinion on telehealth as we move forward but they are hesitant to address this matter at this time.
  - iii. Advisory Opinion Considered – Dr. Loyd provided an overview of the request pertaining to visitation of each site within 30 days. The opinion from the Development Committee is this is a practice model issue and not an issue for BME. The Board members reviewed the drafted response to be sent to the requester. Mr. Ellis motioned to accept this response. Dr. Miller seconded the motion and it passed with Dr. Christiansen opposed.
  - iv. Sexual Misconduct Policy – Mr. David Silvus will not be apart of this taskforce moving forward and the Committee is thankful for the assistance provided. The goal will be to draft similar components of the FSMB Sexual Misconduct Policy. Dr. Michael Baron, Dr. Loyd, and Ms. Baca-Chavez will meet to draft this language.
  - v. Minimum Disciplinary Guidelines for Improper Prescribing – The Administrative Law Judge should be presenting these guidelines, when applicable, to the charging panel in hearings. Also, attorneys will address the disciplinary parameters when making their recommendations for discipline. Mr. David Silvus will present to the BME, at the November meeting, on how these guidelines come into play and when they will be presented to the Board during cases.
  - vi. Public Chapter 328 – by December 2023, all current Board rules must have been reviewed with a proposal of any necessary edits, removals, or continuation. The Development Committee will review chunks of the Board rule in each meeting



and bring recommendations back to the Board. The discussion on telehealth will be taken into consideration during rule review.

- vii. The Supervision taskforce will be tabled due to PC 328 and the Development Committee will take on the review of the current rules.

### **Next Development Committee Agenda**

1. PC328 – Rule Review
2. Sexual misconduct policy
3. Looking at specialty/appendix for board orders around compliance and timelines regarding CMEs and penalties.
4. Discuss form for Volunteer CME hours

### **III. CONSIDER AND APPROVE CONSENT AGENDA**

Dr. Christiansen motioned to accept the consent agenda. Dr. Loyd seconded the motion and it passed. The Consent Agenda contained the following:

1. Approval of July 20-21, 2021 Board meeting minutes
2. Approval of July 20, 2021 Telehealth Taskforce meeting minutes
3. Approval of July 19, 2021 Development Committee meeting minutes
4. Ratification of new licenses, reinstatement and renewals of Medical Doctors, MD X-Ray Operators, Genetic Counselors, Polysomnography, and Acupuncture
5. Review of Administrative Office Statistical Licensing Report
6. Review of the Office of General Counsel Report
7. Review and approve unlicensed practice Agreed Citations – Elizabeth Hill, MD (license # 9501), James Womack, PA (license # 1122), Desirae Twilla, PA (license # 2631), Taryn Kendrick, PA (license # 1744), Caroline Mack, PA (license # 3770), Shaneka Matthews, MDXL (license # 8781), Kelly Troutt, AMDX (license # 5986), Natasha P. Taylor, AMDX (license # 7373), Delvyn Liggans, AMDX (license # 5375).
8. Review and approve continuing education Agreed Citations – Mark L. Cunningham, MD (license # 16101), Wesam Ballouk, MD (license # 37027), Jack Morgan, MD (license # 8911), Marshall Johnson, MD (license # 37449), Indurani Tejwani, MD (license # 7366), Kirem Marnett, L.AC (license # 239), Charles McCord, PA (license # 3439), Kendall McCarty, PA (license # 2384), John-Thomas Carrino, PA (license # 2876), John Schuerlein, PA (license # 3383), and Gary Tauxe, OPA (license # 806).
9. January – June 2021 X-Ray Provider Examination Results

### **Applicant Interviews (Continued)**

**Frank Bauer, MD** – appeared before the Board without legal representation. Our office is in receipt of verification of successful completion of a three-year ACGME residency but not his two-year fellowship. Dr. Bauer is unable to obtain verification due to the retention of records policies at the National Capital Consortium Program. He has reportedly queried each medical board for which he holds a license and was told that only a certificate was submitted to obtain his license. The Board discussed that he has met the baseline requirements for licensure and acknowledged he has exhausted his efforts to obtain that one verification. Dr. Christiansen motioned to grant a full and unrestricted license. Dr. Miller seconded the motion and it passed with Dr. Loyd abstained.

### **Disciplinary Order(s) – Consent Order(s)**

**Derron Allen, MD** – did not appear before the Board nor his legal representative, Mr. Jordan Scott, appeared on his behalf. Mr. Gerard Dolan represented the State. Respondent was licensed on April 20, 2009 and that license expired on February 28, 2021. On or about December 11, 2015; December 20, 2016; and October 17, 2017, Respondent prescribed patient YD temazepam, a benzodiazepine. Each of these prescriptions included several refills and were filled by YD a total of eight (8) times. On or about August 6, 2018, Respondent attempted to call in an additional temazepam prescription for YD to a pharmacy located in Brentwood, Tennessee. Respondent had a family relationship with YD. YD had a history of chronic insomnia that has been treated with controlled substances by other nonfamily physicians both prior to and subsequent to the prescriptions made by Respondent. None of the prescriptions provided to YD on the dates stated were provided in an emergency situation. Respondent failed to maintain medical records for YD. Respondent prescribed controlled substances and other medication without documenting adequate support for diagnoses sufficient to justify the treatment rendered. The facts stipulated are grounds for discipline. This order shall place Respondent's license on probation for no less than one (1) year. Respondent is prohibited from supervising all other healthcare professionals during probation. During probation, Respondent must maintain good and lawful conduct. Respondent shall pay nine (9) Type B Civil penalties for a total of nine hundred dollars (\$900.00). Respondent shall complete specific course work outlined in the order. Respondent shall pay all actual and reasonable costs of the case not to exceed five thousand dollars (\$5,000.00). Mr. Ellis motioned to approve the order. Dr. Christiansen seconded the motion and it passed.

**David Hawk, AMDX** – did not appear before the Board nor did a legal representative appear on his behalf. Ms. Francine Baca-Chavez represented the State. Respondent was licensed on September 10, 2013 which is currently set to expire on October 31, 2021. From November 2017 through September 2020, Respondent worked as a medical x-ray operator for thirty-five (35) months while his medical x-ray operator certificate was expired. The facts stipulated are grounds for discipline. This order shall reprimand Respondent's license. Respondent shall pay thirty-three (33) Type C Civil penalties for a total of three thousand three hundred dollars (\$3,300.00). Respondent shall pay all actual and reasonable costs of the case not to exceed two thousand dollars (\$2,000.00). Dr. Christiansen motioned to approve the order. Dr. Hale seconded the motion and it passed.

**Stephanie Hodges, AMDX** – did not appear before the Board nor did a legal representative appear on her behalf. Ms. Francine Baca-Chavez represented the State. Dr. Blake recused. Respondent was licensed on September 12, 2017 which is currently set to expire on December 31, 2022. On or about February 5, 2021, while the Respondent was employed as a medical x-ray operator at the Vascular Institute of Chattanooga, Respondent observed removing an unknown item from the anesthesia cart in the surgical suite. The Respondent was then found to have several items found in a pouch and locker. The Respondent was terminated from that place of employment for theft. Respondent admits to withdrawing residual fentanyl from used vials and admits to taking the other items for personal use. On or about August 15, 2017, Respondent underwent an initial evaluation with TMF. Based on that evaluation, monitoring by TMF was recommended to include random drug screens and a 12-step program. On or about May 7, 2018, the Respondents TMF monitoring agreement was terminated due to non-compliance. The facts stipulated are grounds for discipline. This order shall permanently revoke the Respondents license. Respondent must pay all actual and reasonable costs of the case not the exceed one thousand dollars (\$1,000.00). Dr. Hale motioned to approve this order. Dr. Christiansen seconded the motion. The motion passed with Dr. Blake recused and Dr. Loyd abstained.

**Monte Penner, MD** – did not appear before the Board nor did a legal representative appear on his behalf. Mr. Marc Guilford represented the State and Ms. Baca-Chavez presented the order on his behalf. Respondent was licensed on August 14, 2018 which is currently set to expire on August 31, 2022. Respondent is also licensed as a medical doctor by the Medical Board of California, since 1991. Effective March 10, 2021, the California Board adopted a stipulated settlement and disciplinary order disciplining

Respondents California license. This order outlines the allegations against Respondent's California license. The facts stipulated are grounds for discipline. This order shall place Respondent's license on probation. The period of probation shall continue until the probation of Respondent's California license is lifted. Respondent shall submit copies of documents showing compliance with the California order to this Board's disciplinary coordinator. Respondent shall comply with the terms of the California order. During probation, Respondent shall not serve as a supervising physician. Respondent shall maintain good and lawful conduct. Respondent shall pay forty (40) Type C Civil penalties for a total of one thousand dollars (\$1,000.00). Respondent shall pay all actual and reasonable costs of the case not to exceed three thousand dollars (\$3,000.00). Dr. Christensen motioned to approve the order. Dr. Miller seconded the motion and it passed.

IV. **PUBLIC COMMENT** – None.

The regular Board business concluded; only hearings will be heard during the Day 2 meeting. The Board recessed at 4:35pm CT.



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

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

**Wednesday, September 22, 2021**

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Two panels of the Tennessee Board of Medical Examiners were called to order at 9:30 a.m. in the Iris and Poplar Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243.

Board members present: Melanie Blake, MD, President  
Deborah Christiansen, MD  
Samantha McLerran, MD  
Jennifer Claxton, Consumer Member  
John Hale, MD  
Randall Pearson, MD

Staff present: Francine Baca-Chavez, JD, Office of General Counsel  
Rene Saunders, MD, Medical Consultant, BME  
Angela Lawrence, BME Executive Director

**Contested Case – Poplar Room**

**Gladys Regina Gregory, MD v. State of Tennessee Board of Medical Examiners  
Poplar Room**

**Administrative Law Judge: Richard M. Murrell**

**Panelists: Melanie Blake, MD, Randall Pearson, MD, and Jennifer Claxton, Consumer Member**

**Counsel for State: Paetria P. Morgan, Senior Associate General Counsel**

**Counsel for Respondent: James Edwards, Esq.**

After consideration of the Notice of Charges, the evidence presented by both parties, and the record as a whole, the Board finds as follows:

Respondent was granted a Tennessee medical license on October 9, 2001 and this license is currently set to expire on May 31, 2023. Respondent offered discounts to patients in exchange for recruitment of other patients. The conclusions of law are outlined in the order. This order shall issue the Respondent a letter of warning. The Respondent shall pay one (1) Type B Civil Penalty for a total of five hundred dollars (\$500.00). Respondent shall complete the course entitled *Medical Ethics, Boundaries & Professionalism*. Respondent must pay actual and reasonable costs of the case not to exceed twenty thousand dollars (\$20,000).

**Hearing for Declaratory Order – Iris Room**

**Karthik Ramakrishnan, MD v. State of Tennessee Board of Medical Examiners  
Iris Room**

**Administrative Law Judge: Claudia Padfield**

**Panelists: John Hale, MD, Deborah Christiansen, MD, and Samantha McLerran, MD**

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

**Counsel for Respondent: William J. Haynes, III**

A panel of the Board 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, Karthik Ramakrishnan, MD, attended Govt Kilpauk Medical College and obtained a MBBS degree in 2003. Petitioner has not submitted evidence of satisfactory completion of an ACGME accredited postgraduate training and is not currently certified by an American Board of Medical Specialties, specialty board. Petitioner has completed more than eleven (11) years of post-graduate training in India, Australia, and the United States. This includes training in general surgery in India from July 2002 through June 2005; training in cardiac surgery in India from July 2005 through July 2008; training in thoracic surgery in India from July 2008 through November 2008; training in pediatric cardiac surgery in Australia from December 2011 through June 2014; and a senior fellowship in pediatric cardiac surgery at Children's National Medical Center (CNMC) in Washington, D.C. from July 2014 through June 2017. While the fellowship at CNMC is not accredited, their congenital heart program is affiliated with Virginia Commonwealth University, which has an ACGME accredited cardiac surgical fellowship program. CNMC is also associated with George Washington University, which has an ACGME accredited cardiac surgical residency program. Cardiac surgical fellows from both programs would rotate at CNMC and undergo training in congenital cardiac surgery. During Petitioner's senior fellowship he was actively involved in the training of residents and fellows attending ACGME accredited programs. Petitioner has practiced in the specialty of cardiac surgery since 2005 and has worked in the specialty of congenital cardiac surgery in the U.S. since 2016. Petitioner currently holds full and unrestricted medical licenses in three other states. The Petitioner has satisfied by preponderance of evidence that he has

sufficient medical training, clinical competence, and professional experience to hold an unrestricted medical license. The petition for Declaratory Order, for this Petitioner, was approved.

This concludes the Board of Medical Examiners day 2 meeting.