



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

**Tuesday, July 18, 2017  
Wednesday, July 19, 2017**

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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 8:40 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Subhi Ali, Board Chair.

Board members present: Michael Zanolli, MD  
Subhi Ali, MD  
Charles Handorf, MD  
Neal Beckford, MD  
Melanie Blake, MD  
Deborah Christiansen, MD  
Reeves Johnson, MD  
Julianne Cole, Consumer Member  
Phyllis Miller, MD  
Robert Ellis, Consumer Member

Board member(s) absent: Jennifer Claxton, Consumer Member  
John Hale, MD

Staff present: Mary K. Bratton, JD, Chief Deputy General Counsel  
Andrea Huddleston, JD, General Counsel  
Rene Saunders, MD, Medical Consultant, BME  
Maegan Martin, JD, Executive Director  
Stacy Tarr, Administrative Manager  
Candyce Waszmer, BME Administrator  
Tammy Davis, Medical X-Ray Administrator

**I. CONSIDERATION OF APPLICATIONS**

**Medical Doctor X-Ray Applicant Interview(s):**

**Amberlyn Booker, MDXL** – appeared before the Board of Medical Examiners (hereinafter “the board”) without legal representation. Ms. Booker appeared before the board in January 2017 at which time the board tabled her application for six (6) months to complete a remediation plan. A discussion between the

board and Ms. Booker indicated that she experienced difficulty procuring a preceptorship but has recently procured one. Ms. Booker needs the board to table her application for another six (6) months to allow time for her to complete this preceptorship. Ms. Martin stated Ms. Booker would be required to complete another criminal background check. Dr. Neal Beckford motioned to grant a six (6) month extension to table Ms. Booker's application, in the time period Ms. Booker should complete a remedial plan and complete another criminal background check. Dr. Subhi Ali seconded the motion and the motion carried with one abstention.

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

**Eloy Diaz, MD** – appeared before the board without legal representation. Dr. Diaz attended an unapproved medical school and is not currently certified by an ABMS recognized board. Additionally he has not taken a medical licensing examination. He has many years of practice experience in Georgia and Puerto Rico as well as a distinguished service record in the U.S. Army. The board led a discussion on the applicants' qualifications for licensure and the board's limitations within the rules and regulations. Dr. Reeves Johnson motioned to table this application for up to six (6) months in order for Dr. Diaz to either become board certified or petition for a declaratory order. The motion was seconded by Dr. Deborah Christiansen and it carried.

**Medical Doctor X-Ray Applicant Interview(s) continued:**

**Stephanie Hodges, AMDX** – appeared before the board without legal representation. Dr. Melanie Blake recused herself. During the application process the applicant disclosed previous employment termination due to diversion and personal substance abuse which presented following an injury that led to surgery. The applicant has joined an addiction/rehabilitation program that is faith based and not known by the board. The board interviewed the applicant regarding her substance history and concluded that she would benefit from a Tennessee Medical Foundation (hereinafter "TMF") evaluation. Dr. Michael Baron, with TMF, stated he is unfamiliar with Ms. Hodges history but based on what he has heard he would assume she would be recommended to obtain monitoring and possibly treatment. Dr. Charles Handorf motioned to approve licensure contingent upon Ms. Hodges completing a TMF evaluation and to comply with the recommendations made by TMF. The motion was seconded by Dr. Phyllis Miller and the motion carried with one recusal.

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

**William Scott, MD** – appeared before the board without legal representation. Dr. Scott attended an unapproved medical school and is not currently board certified. The medical school he attended did not achieve approval from ACCM until 2010 and continues to be accredited in 2022. Dr. Scott states he is one year away from completing his oral examination to become board certified. Dr. Johnson presented the possibility of issuing Dr. Scott a temporary license to allow him time to achieve board certification. Dr. Scott suggests he desires to become board certified and how quickly he achieves this is up to the certifying body based on when he is scheduled to complete his oral examination. Ms. Mary Katherine Bratton suggested the board is permitted to grant the limited duration temporary license to international medical graduates. Dr. Beckford motioned to grant a temporary license and extend the term of the license for two (2) years and Dr. Zanolli seconded the motion. The motion carried.

The board took a break at 10:28am and resumed at 10:54am.

II. APPROVAL OF MINUTES

The board reviewed the May meeting minutes previously distributed to them. Dr. Zanolli addressed some minor edits that he has already provided to Ms. Martin. Dr. Christiansen motioned to approve the minutes as revised and Dr. Handorf seconded the motion. The motion carried.

### III. REPORT FROM THE DEVELOPMENT COMMITTEE

The Development Committee met on the Monday evening before the meeting and considered several issues. Dr. Johnson, Chair of the Development Committee, presented the deliberations yielded:

1. **Approval of the Development Committees' May 2017 meeting minutes**
2. **Policy Review – “Prescribing for Oneself and One’s Family”**: this order was previously adopted at the May 2017 board meeting and today the board was provided with a revised draft policy to review. In the draft policy the following changes and additions have been made:
  - a. Changing the title of the policy to “Treatment and Prescribing for Oneself and Ones Family”

The board members were agreeable to the title edit and due to no substantive edits being made there was no motion required.

3. **Policy on Committees**: the board was provided with a revised policy for review. Dr. Zanolli motioned to accept the policy as presented and Dr. Handorf seconded the motion. The motion passed.
4. **Sexual Misconduct Policy and Statement**: the Development Committee proposed that the Chair of the board form a taskforce to review and suggest revisions (if applicable) to this policy. Dr. Ali motioned to create this taskforce with nominations for Dr. Beckford, Dr. Miller, Ms. Julianne Cole and Dr. Michael Baron, with TMF, to form the taskforce. The motion carried and the taskforce was created.

### IV. CONDUCT NEW BUSINESS

The board reviewed the newly licensed and reinstated individuals.

- Dr. Blake motioned to ratify the list of medical doctors, Dr. Beckford seconded the motion and it passed.
- Dr. Christiansen motioned to ratify the list of medical x-ray technologists, it was seconded by Dr. Johnson and it passed.
- Dr. Handorf motioned to ratify the list of genetic counselors, it was seconded by Dr. Christiansen and it passed.
- Dr. Blake motioned to ratify the list of physician assistants, Dr. Johnson seconded the motion and it was passed.
- Dr. Handorf motioned to ratify the list of office based surgical suite(s), Dr. Christiansen seconded the motion, Mr. Robert Ellis recused himself and the motion passed.

**TMF Funding Update** – Dr. Zanolli reported that the workgroup met in person on April 6<sup>th</sup> and by phone on May 4<sup>th</sup> and their discussions yielded the following action items and recommendations:

- A national concern that physicians need to seek available assistance prior to the point of impairment.

- Reviewed data on the number of contracts TMF has signed since the year 2012. Currently, there are one hundred and ninety-one (191) total contracts. The cost per contract, with TMF, varies about four to five thousand dollars per year.
- A goal to enhance the awareness and access of TMF service.
- A goal to develop additional programs for all of the board of medical examiners licensees to help prevent burnout and identify tools to cope with the stresses of medical care delivery. This would include young physicians in postgraduate training and other licensees in the board's oversight.
- Data from Mayo Clinic that a healthy physician provides better care to patients
- There is a request to add fifteen to twenty thousand dollars (\$15,000 to \$20,000) to the previous approved amount provided in the TMF grant. The new grant amount, if approved, would be effective for the 2018 fiscal year (July 2017 through June 2018).

Dr. Beckford requested information on what the increased funds would be allocated for. Dr. Zanolli indicated the increase of funds would be applied to:

- Story brochures and updated TMF design, printing, and mailing to licensed Tennessee physicians
- Design and updating to a website
- Site visitations to raise awareness

Dr. Baron spoke on behalf of the need for proactive programs that address physician burnout and promote wellness without the fear of sanctions on licensure. He has identified a high number of physician's that were unaware the TMF existed and did not realize there was an option to seek assistance that did not involve disciplinary action on their medical license. He reported that he is on a mission to promote awareness about the TMF and part of this would include the need to update their brochures but for now would not include the need to increase personnel.

- He reported there are about fifty-four percent (54%) of physicians experiencing burnout symptoms.
- About 50% of the contracts TMF manages are related to alcohol or drug use
- The other 50% is related to disruptive behavior, depression, anxiety, and distressed physicians

The board is currently in their 4<sup>th</sup> year of a 5 year contract, providing \$250,000 per year, with TMF. The request for increased funds would be provided for the current contract, for the current fiscal year. Ms. Huddleston confirmed that the board would not be able to take action on the request for additional funds today, as it was not clearly stated on the public notice as the intent of today's discussion. Also, the request for additional funds will need to go before fiscal review.

Dr. Handorf suggested he would like to have an outline of exactly how the money would be appropriated. Ms. Huddleston suggested the board would need an item on their next agenda to increase the amount of money provided within the TMF contract and perhaps TMF to provide the board with an outline addressing how the funds are to be spent. Dr. Ali suggested TMF, with the workgroup, develop the outline of how funds will be appropriated and this come before the board in September in order to request the increase in funding.

#### V. REPORT FROM THE OFFICE OF INVESTIGATIONS

Ms. Antoinette Welch, JD, Director of the Office of Investigations, presented to the board. Recently, data has been compiled to gather information about sexual misconduct driven complaints. Sexual misconduct complaints involve a vulnerable victim or boundary issues. Any consensual relationship or act would be categorized as unprofessional conduct.

The total number of sexual misconduct complaints received against medical doctors in:

- 2012 is eleven (11),
- 2013 is four (4),
- 2014 is four (4),
- 2015 is four (4),
- 2016 is three (3),
- January 2017 through June 2017 has been thirteen (13).

The total number of complaints received against medical doctors in:

- 2012 is eight hundred and sixty (860),
- 2013 is eight hundred and forty-four (844),
- 2014 is six hundred and seventy-two (672),
- 2015 is eight hundred and sixty-four (864),
- 2016 is nine hundred and eighty-eight (988),
- 2017 is five hundred and nine (509).

Ms. Martin reported that last year the Atlantic journal published a three part series that sought to expose state medical boards in their lack of response to this issue.

Reports from the National Practitioner Databank (hereinafter “NPDB”) and other state reporting for discipline are categorized as out of state action even if they are sexual misconduct related and that has not been calculated in the above numbers on sexual misconduct complaints received.

In light of out of state action also including sexual misconduct complaints, Dr. Beckford requested this data be broken down even more to ensure we have the most accurate and useful information to understand any trends in Tennessee. Dr. Ali concurred with Dr. Beckford’s request and Ms. Welch will bring further detailed information to the board regarding the number of sexual misconduct complaints.

Ms. Martin offered additional clarification from the report provided by Ms. Welch. The drugs allegation includes impairment diversion and over prescribing. Over prescribing does include improper prescribing.

Ms. Welch reported that the office of investigations and office of general counsel compared their reporting categories and worked towards mirroring each other. One change made was for the office of investigations to no longer use the category “negligence of care of services” and replaced it with “malpractice”, where the degree of malpractice can later be defined by the office of general counsel. Ms. Huddleston commented that this was an effort to make the allegation types more granular and more self-evident with a clearer title.

Ms. Martin noted that all complaints received are only counted once and its placement is chosen based on the dominant allegation.

The report displayed the numbers of complaints received, against medical doctors, by region of the state. Ms. Welch stated Middle Tennessee leads in the number of complaints received and West Tennessee receives the least.

Ms. Welch went on to discuss the numbers of medical doctor and x-ray technicians currently being monitored. There are twenty-one (21) medical doctors with a suspended license, sixty-five (65) on probation, sixty (60) with a revoked or surrendered license and thirty-seven (37) with a current board order. There are zero (0) x-ray technicians with a suspended license, one (1) on probation, three (3) revoked and three (3) with a current board order.

She reported in the month of June there was sixty-eight (68) new complaints received and thus far in the month of July there has been twenty-three (23) new complaints received against medical doctors. In June, seventy-nine (79) complaints were closed and thirteen (13) have been closed thus far in July.

Year to date, four hundred and seventy-six (476), new cases have been opened against medical doctors and four hundred and eighty-nine (489) cases have been closed this year.

Ms. Welch reported that the most common complaints received is first malpractice negligence, second is professional conduct, and third is action from another state.

Also, Ms. Welch reports that new legislation went into effect on July 1, 2017 which has increased the office of investigations workload. The new legislation requires the investigations office to inspect every medical office inquiring for a pain clinic license and to perform biannual inspections. She reports that all open investigator positions have been filled and soon there will be three new investigator positions to fill (two for Middle Tennessee and one for Knoxville).

The Board recessed for lunch at 12:09pm and the Board reconvened at 1:05pm

**Presentation by Mr. Yarnell Beatty, Tennessee Medical Association (TMA) General Counsel  
Mr. Ross Miller, CEO of TMA, and  
Dr. Nita Shumaker, President of TMA**

Mr. Yarnell Beatty addressed several resolutions passed by the House of Delegates in April 2017.

Resolution 03-17: TMA is concerned about the opioid situation and the level of supervision that is given to mid-levels in the state of Tennessee. The House of Delegates placed a firm policy saying that the TMA supports the need for improved supervision, for nurse practitioners and physician assistants by a physician led team based care model of the State of Tennessee.

Resolution 25-17: addressed the independent practice of physician assistants. The national organization for physician assistants has attempted to gain state based legislation that allows for physician assistant independence. TMA is opposed to independent practice of physician assistants because the role of a physician assistant was created for a team based care model.

TMA has discontinued its grievance process and there is a belief that this will not affect the Tennessee Medical Board because typically the same complaints were received by the medical board and TMA. Moving forward, the complainant will be advised to lodge their complaint with the medical board.

In 2010, TMA came out with a resolution that supported legislation to would make the BME quasi-independent; this meaning it would continue to be a state agency but allow for more flexibility of the hiring and firing of staff and of expenditures. Mr. Beatty expressed that a lot of improvements have been made with the hiring of staff and the quality of investigations and queried the board on if this is still a concern or priority of the board.

Mr. Beatty reported that the opioid epidemic in Tennessee is a top priority for TMA. The House of Delegates presented a resolution that asked the TMA to revise its continuing medical education program on prescribing practices to address the withdrawal and tapering of medications. He stated this information will be a part of the next TMA prescribing course.

**Presentation by Dr. Nita Shumaker, President of TMA**

Dr. Nita Shumaker addressed the board, on behalf of the TMA and the work that has been completed. The following are highlights from her presentation:

- If you provide a twenty (20) day supply of opioid medication there is a 15 – 20% chance that patient will still be on opioids at one (1) year.
- The Tennessee Department of Health desires to create a Super Summit which would include THA, TN BME, pain medicine, addiction specialists and the TMA and anyone that writes prescriptions or has to deal with. The Super Summit would address problems regarding the opioid crisis and each organization involved will come up with one solution to address the problem. This will allow each specialty to develop best practices for that specialty. Dr. Shumaker stated her focus area of addressing the problem involves a reactive approach:
  - Preventing excess prescriptions from being written
  - Re-educating prescribers about the dangers of opioids and how to prescribe less to aid in depleting the excess opioids that are in the marketplace
  - On the in-patient side, there is a need to develop drug stewardships in regards to opioids prescribed
  - Develop an addiction team that would help hospitals manage patients whom are already prescribed high doses of opioids
  - There needs to be more primary care and outpatient clinics to provide urgent care and follow up with those on buprenorphine.
  - Hospitals need to compare data between their specialties, per doctor, and compare it with state and national data per procedure, per diagnosis codes, so everyone can establish what best practices are.
  - Develop a Tennessee referral hotline for patients where the parents can call perhaps because they notice educational delays in their child. Someone would go to their house to complete an assessment and offer appropriate treatment options.
  - Education to physicians regarding the abuse of buprenorphine
  - Launch a stop, drop and roll campaign:
    - Stop prescribing opioids to every patient that fits the bill
    - Reduce dosages for patients already on opioids and educate patients on the dangers of opioids
    - Any patient prescribed opioids or anyone who is clearly addicted be referred to an addiction specialist
  - Education on addiction screening before prescribing
  - Change education prescribing requirement to be more diagnosis and patient centered
  - Engage SVMIC and mandate that high prescribers attend a seminar that is patient oriented and data driven to decrease prescribing for certain diagnosis codes and even tailor down to specialties
  - Encourage co-prescribing of naloxone to high risk patients and education to physicians on this method
  - In the emergency room, they have to pass out a two (2) page handout by the FDA that outlines how dangerous the medications are and how to dispose of them properly
    - Information on opioid dangers and disposal instructions could be displayed in the exam room, perhaps on the back of the door.
  - More training on the addiction screening tool is needed
  - Addiction is treated as a chronic disease that takes twenty-four (24) months to reverse
  - Decrease the stigma on addiction
  - Teach families how to look for warning signs
  - State legislation:
    - Spread ability to use drug databases across state lines
    - Include administration of naloxone in drug database

- Consider making naloxone over the counter
- Federal legislation:
  - Unmask methadone clinic participation to be available on drug databases
  - Additional funding for addiction and recovery programs
  - Additional funding for mental health services
  - Additional funding for mental health services for jails including addiction treatment and referral
  - Change CMS and Joint commission guidelines to change pain as fifth vital sign
  - True parity for mental health services
  - Pay for evidence based treatment

Dr. Shumaker requested the board to send licensees information on supervision requirements because she has come identify that many physicians offer supervision but are not aware of their requirements.

Dr. Handorf suggested it would be powerful information if physicians were aware when patients they prescribed opioids have died from an overdose. A discussion was led on ideas about how such information could be shared among state departments. Dr. Beckford asked how often there is a direct line between overdose deaths and the prescriber. Dr. Mutter stated from the 2015 data, about fifty-six percent (56%) of incidences had information logged into the database of having been prescribed an opioid within the preceding sixty (60) days.

A few key players with the super summit will meet on August 3<sup>rd</sup> to create an outline and there is an urgency to get the super summit meetings started.

Dr. Zanolli suggested, to Mr. Beatty, that the TMA have a CME on team based care.

Dr. Ali requested that these presentations continue as appropriate, annually or semi-annually.

## VI. CONDUCT NEW BUSINESS (CONTINUED)

### **Discussion on Rules 0880-02.09(2)(d) and Rules 0880-02-.10**

Ms. Martin presented the rule 0880-02-.09(2)(d), which requires a physician reinstating from expired status to submit proof of all CMEs earned in all calendar years that their license was expired. This requires, some physicians to submit proof of three hundred (300) CMEs in order to reinstate. However, routinely a physician will allow their license to expire while continuing to practice in another state. This rule does not apply to those reinstating from a voluntarily retired or inactive licensure status. Also, there is a board rule that requires licensees to maintain CME records for four (4) consecutive calendar years at one time.

Ms. Martin suggested the board could revise this rule to require CMEs for the two (2) preceding years which matches the requirement for those who are retired and inactive, or a total of four (4) years which matches the rules requirement to maintain CME records.

Dr. Ali and Dr. Zanolli supported a modification of this rule. Dr. Saunders suggested consideration for the second part, of that same rule, which requires all of the CME instruction to be live instruction if the physician has not been practicing in another state.

Dr. Ali proposed this item be referred to the development committee in September, to include rules within 0880-02.09(2)(d) and 0880-02-.10. Ms. Martin requested the scope of this discussion be expanded to



include other provisions relating to the CME requirements at the time of reinstatement. This item will be placed on the September development committee meeting agenda.

### **Discussion of Interstate Medical Licensure Compact: Public Chapter 365**

Dr. Johnson requested this discussion be added to the board's agenda and addressed the board with a concern of his:

- Issuance of licensure via the compact to someone who fits the requirement of the boards' re-entry policy but would be eligible licensure despite this policy. This matter is not addressed within the compact and it would require a statutory change among many states to include it. As for now, it will be up to the individual states to manage this issue.

Dr. Johnson stated he has been informed this would need to be a statutory requirement in order to prevent issuing licensure within the compact for those out of practice for greater than two (2) years. However, the current jurisdiction available would allow the board to impose an action on a license after it has been issued through the compact that match up to the board's re-entry policy. Also, the compact will make applicants aware that they should check with each state board regarding their re-entry policy to avoid failure of meeting requirements, which could potentially create issues later on.

The board consensus was that this remediation matter would be important to address. Dr. Zanolli stated there are likely thousands of physicians who renew their license every two (2) years but are not actively practicing and this factor should be considered as well. Also, he emphasized that the physicians applying for licensure through the compact are the gold standard of physicians (i.e. no prior disciplinary action, active board certification).

Dr. Christiansen spoke in favor of applying the re-entry policy to new licensees that seek licensure through the compact. She emphasized that the re-entry taskforce and the board has taken a stance that re-entry from out of practice is a concern that is greater than the resources available to juggle. However, the issue can certainly be addressed at the time of issuing a new license or reinstating licensure.

Ms. Huddleston raised another foreseeable issue with the compact:

- A physician cannot have any open complaints in order to be licensed through the compact system. Currently, there is no method for states to easily verify whether or not there are open complaints against a physician. It was her understanding that this information would be available through the coordinated information system that is to be created. Also, information pertaining to meeting the requirement of reciprocal disciplinary board action would be handled within that coordinated information system as well. However, she has learned recently that this is not the case. Rather, the applicant will be attesting whether or not they have discipline in other states during their licensure process through the compact.

Dr. Zanolli motioned to bring someone affiliated with the compact commission to engage in conversation, with the board, on this remediation matter. Dr. Ali seconded the motion. Further conversation was held among the board and staff stating the following facts:

- This compact legislation is identical among twenty-two (22) other states.
- Addressing the re-entry problem could be very difficult to manage after licensure has been issued.

- Proposing a bill by January 2018 is the only way to request a change in legislation prior to the compacts effective date and therefore there is not a lot of time left to have a bill drafted.

The motion passed with two abstentions from Dr. Johnson and Dr. Christiansen.

**Presentation by Melissa McPheeters, PhD from the Office of Informatics and Analytics with the Department of Health**

A large team has been working towards developing a large integrated data system which consists of four servers. This system would take the CSMD, death records, hospital discharge records, new fatal overdose and surveillance data along with other additional data sets collect and integrate the data that is entity specific. This data will offer business intelligence by providing information on risks, current practices and diagnostic processes.

The following priority measures are in process in order to develop this system:

- nationally monitor more than twenty-five (25) key indicators (i.e. prescriptions, MMEs, fatal and non-fatal health outcomes, substance use and misuse)
- develop data briefs for every county in the state
- deploy a dashboard, include all indicators at the state, regional and county levels
- providing technical assistance to communities and drug coalitions on how to interpret and use the data
- long term epidemiologic studies to determine what the risks are in terms of prescription drug overdose and use
- subset analyses as requested (i.e. for instance understanding why a generally healthy population is experiencing a high rate of opioid abuse)
- creating models which will identify high risk patients and providers
- reevaluating policies that are put into place
- compiling data from a few key indicators in order to target counties in the state that are high risk (rates of behavior around prescribing, death rates and non-fatal overdoses)
- using the data to understand prescribing patterns and how they relate to fatal overdoses
- TN Database Overdose system is being developed
- develop investigative tools using CSMD and outcome data
- a law passed requiring them to identify what a high risk provider might look like using clinical outcome
- Implementation of Public Chapter 959 which was the law mandating reporting of nonfatal and fatal overdose and substance abuse and misuse. This group is focusing on the nonfatal overdoses and has developed a system, partnering with hospitals across the state, to collect this data.

**VII. PRESENTATION FROM THE DIRECTOR OF SPECIAL PROJECTS, DR. MITCHELL MUTTER**

Dr. Mutter provided a general overview of events and other developments that have transpired since the board's last meeting.

- Mental Health and Substance Abuse is creating buprenorphine guidelines, similar to what the board created for chronic pain guidelines, which a draft will likely be presented to the board in September 2017. This panel met this morning and discussed the topic of NAS. This document could likely recommend frequent urine drug testing and pregnancy testing, for all high risk individuals in an effort to implement an aggressive approach.

- The database overdose systems' goal would be to get this information out to all people involved with education; which is imperative in prevention and adjudication.
- One way to get the information out is during symposiums tailored to each county and to high risk groups. Some of these have already been completed and there are others scheduled.
- Many small counties in Tennessee are listed as a high risk for fentanyl
- Mobile pharmaceutical plants concern: fentanyl is currently on the streets in disguise as Xanax and Percocet and exposure to a small granular is enough to be deadly.
- Public Chapter 1033 regarding Pain Clinics have gone into effect, and there is a rule change hearing July 24th.

## VIII. ADMINISTRATIVE OFFICE REPORTS

Ms. Martin reported the following administrative office updates to the board:

- She attended the Regional Judicial Opioid Initiative meeting in Indianapolis. At this meeting the discussion was on MAT and the obstacles to MAT. There were several speakers and Ms. Martin and Dr. Mutter explained that Tennessee is a leader in the opioid epidemic issue among other states.
- Next week she will attend the Tri-regulator symposium. This meeting brings different professions together, their leaders and regulators to exchange ideas and be sure everyone is communicating appropriately.
- A Legislative Summary report was created as a compilation, although not exhaustive, of the public chapters that were enacted this year which affect the practice of medicine, and will be available to the public on the boards' website.
- A position within the administrative medical board unit has been successfully reclassified. The position has been changed to a regulatory administrative director 1 position and interviewing for this position will likely begin next week. This reclassification will allow Ms. Martin to dedicate more of her time to the Board of Medical Examiners and the Board of Osteopathic Examination.

### Conference Request(s)

Ms. Bratton requested the board sponsor two (2) Office of General Counsel attorneys to attend the November 8<sup>th</sup> and 9<sup>th</sup> Federation of State Medical Boards Attorney Workshop. Dr. Ali motioned to approve this request and Dr. Johnson seconded the motion. The motion passed.

## IX. OFFICE OF GENERAL COUNSEL

### Office of General Counsel Report

Ms. Bratton gave the report from the Office of General Counsel which included the following updates:

1. The examination and continuing education rule amendments are in the drafting process.
2. Medical spa registry rules, the intractable pain repeal rules, and the fee increase rules are in the internal review process.
3. There are two (2) pending appeals from board action and zero (0) civil suits.
4. As of July 5, there were one-hundred and seven (107) disciplinary complaints against seventy-seven (77) respondents pending in the Office of General Counsel.

### **Petition for Order of Compliance:**

**Alton Ingram, MD** – appeared before the board with legal representation by Dr. Ralph Bard, JD. Ms. Andrea Huddleston represented the state. Dr. Ali recused himself.

Through counsel, Dr. Ingram has filed a Petition for Order of Compliance, seeking to lift the suspension on his license, pursuant to the December 2016 Final Order of the Board. The petition before the board outlines Dr. Ingram’s proposed fellowship plans. According to Dr. Ingram’s Petition, Dr. Ingram has been accepted into a full-time, year-long program at the Marvel Clinic which program he asserts is accredited by the American Academy of Cosmetic Surgery (AACS). Dr. Ingram averred that as part of this program, he will: complete at least 600 operative procedures as primary surgeon, co-surgeon or first assistant; that a procedure log will be maintained documenting each procedure; that Dr. Marvel, the program director and a board-certified ENT and cosmetic surgeon, will approve each procedure; that the AACS will approve the number and type of procedures to be performed; that Dr. Ingram will perform clinical or basis science research and submit such research to a peer-reviewed journal; that Dr. Ingram will participate in monthly didactic sessions based on selected readings by Dr. Marvel; and that there will be a mid-year review of Dr. Ingram’s performance and a year-end evaluation, including a verification and case list sent to the AACS.

Paragraph 12 of the December 2016 order required the fellowship program be “associated with an ACGME accredited surgical residency program.” According to the Petition, such “association” has been established with Baylor College of Medicine’s Department of Plastic Surgery by arranging for Larry Hollier, Chairman of that Department, to review on a monthly basis Petitioner’s operative logs, a list of all intraoperative and postoperative complications and the results of all standardized testing taken by Dr. Ingram during the fellowship. In addition, Jeffrey Kenkel, M.D. FACS, Chairman of the Department of Plastic Surgery at the University of Texas Southwestern (UTSW) has sponsored Dr. Ingram’s application to participate in a Graduate Medical Education Clinical Observership at UTSW between February and March 2018 wherein Dr. Ingram will receive academic and clinical exposure to all aspects of plastic surgery. While there, Dr. Ingram will take and pass the In-service examination of the American Board of Plastic Surgery/ Plastic Surgery Educational Foundation with results to be reported to Drs. Marvel and Hollier.

Based on these representations, Dr. Bard argued that Dr. Ingram has met the requirements outlined in paragraph 12 of the order that would allow him to petition for this order of compliance and they are requesting the board to pass a motion in which will place Dr. Ingram’s license on probationary status. Furthermore, Dr. Bard indicates that details outlined in paragraph 11 of the original order are an unrealistic measure which cannot be completed under Dr. Ingram’s circumstances.

Ms. Huddleston then addressed the board in regards to this petition for order of compliance. The 2<sup>nd</sup> corrected order from December 2016 came pursuant to a contested case hearing. During that hearing, Dr. Ingram introduced into evidence before the board the American Board of Plastic Surgery re-entry pathway guidelines which now presents confusion as to why he now is indicating paragraph 11 based on that pathway is an impossible task. Today, Dr. Bard is asking the board to interpret paragraph 12 of Dr. Ingram’s order. They have indicated that the clinic Dr. Ingram wishes to complete his fellowship with is accredited by the American Academy of Cosmetic Surgery. This is not something that was required in Dr. Ingram’s order, there is no proof this clinic is accredited, and the American Academy of Cosmetic Surgery is not a recognized board of the American Board of Medical Specialties. What is required in paragraph 12 is that the residency or fellowship be full-time and at least twelve (12) months in duration, in one surgical specialties and be associated with an ACGME accredited residency and submit proof from the program director of his acceptance into that program. The board is asked to consider the

documentation in front of them and the department is not sure that the program Dr. Ingram wishes to participate in meets the board order requirement of being associated with an ACFME accredited residency. In April 2017, e-mail correspondence occurred between Dr. Rene Saunders, Dr. Ingram and Dr. Hollier, the Chair of the ACGME accredited program at Baylor. Dr. Saunders requested a statement that the Marvel Clinic was associated with the Baylor surgical residency that is an ACGME accredited program. Dr. Hollier never responded to that inquiry. Ms. Huddleston stated the order required there be an association with an accredited program not a person. As such, the Department does not believe there is sufficient evidence today to determine that Dr. Ingram has met the requirements of the December 2016 board order.

There is also a petition for declaratory order before the board today which the board can decide whether or not they wish to have this matter brought to a contested case.

Dr. Bard argued that the board's order asks for an "association" not a formal association or a written contractual relationship and pointed out that the letter provided indicates Dr. Hollier is the Chief of Plastic Surgery. Dr. Hollier is not interested in providing all of the requested information as he has provided one letter and this should suffice. Dr. Ingram argued that the dictionary definition of association is a connection and that the letter Dr. Hollier has provided meets that criterion.

Dr. Zanolli noted that the intent of the order was for the association to be established with an accredited program not a person. Dr. Beckford and Dr. Handorf commented that based on the specific language in the order what is being presented appears to technically meet the orders criteria despite it not meeting the intent. Dr. Blake pointed out that the lifting of Dr. Ingram's license from suspension would then place his license on probation. With his license on probation, the board will still receive all documentation necessary to prove competence and the board will then have a say when it comes to taking Dr. Ingram off of probation and issuing an unrestricted license. Dr. Handorf called attention to language in the order that will allow Dr. Ingram's license to be lifted off of probation without appearing before the board. Dr. Christiansen noted that the letter provided does not indicate that the program director at Baylor will have any say so about whether or not Dr. Ingram successfully passes.

Based on the representations from Dr. Ingram about his proposed plan, Dr. Beckford motioned to approve the petition for order of compliance which will lift Dr. Ingram's suspension and place his license on probation. Dr. Blake seconded the motion. By roll call vote the motion passed with six ayes, two abstentions, one opposition and one recusal by Dr. Ali.

The Board of Medical Examiners day 1 meeting adjourned.

**Day Two of the Regular Meeting of the Tennessee Board of Medical Examiners  
Wednesday, July 19, 2017**

The regular board meeting of the Tennessee Board of Medical Examiners was called to order at 8:43 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Subhi Ali, Board Chair.

Board members present:	Subhi Ali, MD Neal Beckford, MD Melanie Blake, MD Phyllis Miller, MD Deborah Christiansen, MD
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Reeves Johnson, MD  
Robert Ellis, Consumer Member  
Charles Handorf, MD

Board member(s) absent: Jennifer Claxton, Consumer Member  
John Hale, MD  
Michael Zanolli, MD  
Julianne Cole, Consumer Member

Staff present: Mary K. Bratton, JD, Chief Deputy General Counsel  
Andrea Huddleston, JD, General Counsel  
Rene Saunders, MD, Medical Consultant, BME  
Maegan Martin, Executive Director  
Mitchell Mutter, MD  
Stacy Tarr, Administrative Manager  
Candyce Waszmer, BME Administrator  
Tammy Davis, Board Administrator

### **Non-Disciplinary Matter Discussion(s)**

Dr. Blake is the CSMD designee for the Board. However, Dr. Blake is not available to attend the CSMD meeting next week that will take place here in this building. There are quorum issues for this committee. The CSMD Committee is comprised of a number of members from each of the prescribing Boards as well as the Director of the Board of Pharmacy. It is convened to do the business of the Controlled Substance Monitoring Database. There are 2 requests: a permanent consumer member and a substitute for Dr. Blake. Mr. Robert Ellis accepted the consumer member position. There was no one available to fill the vacancy. Ms. Martin stated she will reach out to the absent member(s) to see if they are available to substitute for Dr. Blake next week. Ms. Martin stated that she will connect Mr. Ellis to the Committee via email after today's meeting so that he can get a schedule and any materials that are sent out to the Committee Members.

Ms. Martin distributed a letter from the VA formally requesting feedback from the State Medical Boards on the proposal to amend its medical regulations to authorize VA employed health care providers, acting in the scope of their VA employment and in the service of a beneficiary, to practice their profession through telehealth irrespective of the location of the provider or beneficiary in any State, regardless of State telehealth regulations. It is contemplated that, sometimes, the patient will be in their home. This is a dramatic change. Ms. Martin stated that she didn't feel there had been enough time for the Board to consider this proposal as it was only received one day prior to the meeting. She asked that the Board consider this proposal before the next meeting and open the matter for discussion at that time. Dr. Handorf asked what the Board's options are and whether or not they will take the Board's feedback seriously. Dr. Beckford asked what the FSMB's position on this matter is. Ms. Martin stated that she will reach out to her contact at the FSMB and forward this information to the Board members. Dr. Ali instructed the Board to review the proposal to Ms. Martin and discuss it at the next meeting of the Board in September.

The Manager's report was distributed for review. There was no discussion.

### **Orders of Compliance:**

**Steven B. Stubblefield, MD** – Dr. Stubblefield was present and represented by counsel, Scott McDearman. Dr. Stubblefield petitioned to have the probation on his license removed. Based on the

petition and the statements of counsel, the Board moved to lift the probation and place his license in an unencumbered status. Dr. Beckford made a motion to approve the Order of Compliance. Dr. Johnson seconded the motion. There was one recusal by Melanie Blake, MD. The motion passed.

**Robert E. Korman, MD** – Dr. Korman was not present nor was he represented by counsel. Dr. Korman petitioned to have the probation on his license removed. Based on the petition and the statements of counsel, the Board moved to lift the probation and place his license in an unencumbered status. Dr. Handorf made a motion to approve the Order of Compliance. Dr. Miller seconded the motion. There were no recusals. The motion passed.

**Mark T. Weeks, MD** – Dr. Week’s presence was required. Dr. Weeks notified the Attorney, Andrea Huddleston, that he is currently hospitalized. This Order of Compliance will be moved the to the September agenda.

#### **Consent Orders:**

**Kevin Dennis, MD** – Dr. Dennis was not present, but was represented by counsel, Ms. Alexandra Fisher. Dr. Dennis’ DEA license was revoked on August 13, 2013, effective on September 25, 2013. As of June 22, 2017, the DEA has granted the respondent a registration for Schedule V substances. Dr. Dennis license is reprimanded effective July 19, 2017. He must enroll in and successfully complete the three (3) day medical course entitled “Prescribing Controlled Drugs” offered at the Center for Professional Health at Vanderbilt University Medical Center located in Nashville, Tennessee and mail or deliver proof of compliance to the Disciplinary Coordinator. Respondent shall pay one (1) Type A civil penalty in the amount of \$1,000, representing the Respondent’s failure to exercise appropriate supervision of his registration. Respondent must also pay the reasonable and actual costs of prosecuting this case not to exceed one thousand dollars (\$1,000.00). Dr. Christiansen made a motion to approve the consent order. Dr. Handorf seconded the motion. The motion passed.

**Paul Bing, MD** – Dr. Bing was not present nor was he represented by counsel. On or about January 26, 2017, a malpractice settlement was paid on the behalf of Dr. Bing for failure to diagnose a myocardial infarction that resulted in patient J.B. expiring from a cardiac arrest. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent’s medical license exist. The Tennessee medical license of Dr. Bing is reprimanded effective July 19, 2017. Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed one thousand dollars (\$1,000.00). Dr. Handorf made a motion to approve the consent order. Dr. Blake seconded the motion. Dr. Beckford opposed the motion, which passed.

**Thomas N. Fleming, MD** – Dr. Fleming was not present nor was he represented by counsel. Dr. Fleming entered into a Consent Order with the State of Illinois Medical Board that reprimanded his license after using unprofessional language in his communications with a relative of the patient of his private practice. Respondent was assessed a five thousand dollar fine (\$5,000.00) and required to complete an Ethics and Boundaries Post-Licensure Examination. Respondent failed to report the discipline of his Illinois medical license to the Tennessee Board of Medical Examiners. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent’s medical license exist. The Tennessee medical license of Dr. Fleming is reprimanded effective July 19, 2017. Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed one thousand dollars (\$1,000.00). Dr. Christiansen made a motion to approve the consent order. Dr. Beckford seconded the motion. The motion passed.

**Hrishi M. Kanth, MD** – Dr. Kanth and his counsel, Samuel P. Helmbrecht were present. From at least 2009 to 2016, Respondent treated multiple patients at CORE Physicians, and subsequently CORE Family

Health Group. The Department conducted an investigation of respondent's practice at CORE that included the review of sixteen (16) of the patient records prepared and kept by respondent. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent's medical license exist. The Tennessee medical license of Dr. Kanth is reprimanded effective July 19, 2017. Respondent shall obtain practice monitoring through Affiliated Monitors or another practice monitoring program preapproved by the Board's Consultant within in ten (10) days. The monitoring shall continue for a period of three (3) years. Respondent shall receive additional training in appropriate prescribing of controlled medication and medical record keeping, if recommended by the practice monitor or practice monitoring program. Said instruction shall be in addition to any continuing medical education required to maintain licensure. Respondent shall have, not less than ten (10) of his patients' medical records seen within the prior ninety (90) days receiving controlled substances review by the practice monitor every ninety (90) days respondent will be solely responsible for the payment of all costs associated with the practice monitor program. Respondent will cause the practice monitor to issue a report to the Board's Consultant every three (3) months detailing the findings of the practice monitor in regards to the respondent's compliance with these orders. Respondent must enroll in and successfully complete the three (3) day medical course entitled "*Intensive Course in Medical Documentation*" offered at Case Western Reserve University Continuing Medical Education Program in Cleveland, Ohio and provide proof of compliance to the Disciplinary Coordinator within thirty (30) days of completion. Respondent must enroll in and successfully complete, within one hundred twenty (120) days the three (3) day course entitled "*Prescribing Controlled Drugs: Critical Issues and Common Pitfalls*" offered by Vanderbilt University Medical Center and provide proof of compliance to the Disciplinary Coordinator within thirty (30) days of completion. Respondent assessed sixteen (16) Type "A" Civil penalties in the amount of one thousand dollars (\$1,000.00) for a total Civil Penalty of sixteen thousand dollars (\$16,000.00). Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed five thousand dollars (\$5,000.00). Dr. Christiansen made a motion to approve the consent order. Dr. Handorf seconded the motion. The motion passed.

**Barbara Rogowski-Kent, MD** – Dr. Rogowski-Kent was not present nor was her counsel, W. Justin Adams. From April 30, 2013 until August 16, 2016, Dr. Rogowski-Kent was the certificate holder, medical director, and sole practitioner for Kent Clinic, PLLC, a licensed pain management clinic. The Department conducted an investigation of respondent's practice and the practice at Kent Clinic that included the review of seventeen (17) patient records prepared and kept by respondent. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent's medical license exist. The Tennessee medical license of Dr. Rogowski-Kent is reprimanded effective July 19, 2017. Respondent must enroll in and successfully complete the three (3) day medical course entitled "*Intensive Course in Medical Documentation*" offered at Case Western Reserve University Continuing Medical Education Program in Cleveland, Ohio and provide proof of compliance to the Disciplinary Coordinator within thirty (30) days of completion. Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed five thousand dollars (\$5,000.00). Dr. Beckford made a motion to approve the consent order. Dr. Johnson seconded the motion. The motion passed.

#### **Agreed Orders:**

**Andrew K. Averett, MD** – Dr. Averett was not present but he was represented by counsel, Sam Helmbrecht. The respondent admits that he failed to ensure that protocols were developed for an APRN he was supervising. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent's medical license exist. The Tennessee medical license of Dr. Averett is reprimanded effective July 19, 2017. Respondent shall pay one (1) "Type B" civil penalty in the amount of five hundred dollars (\$500.00). Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed one thousand dollars (\$1,000.00). Dr. Christiansen made a motion to approve the consent order. Dr. Handorf seconded the motion. Dr. Ali recused himself. The motion passed.



### **Introduction of Kenneth Lister, MD:**

Dr. Mutter introduced Dr. Kenneth Lister. Dr. Lister will serve as Pain Management Clinic Director. Dr. Lister will start out one (1) day a week reviewing pain clinics and how we inspect them and move through the process. Dr. Lister is board certified in anesthesiology and is certified by the ABMS (American Board of Medical Specialties). This adds integrity to the process.

### **Consent Orders (continued):**

**Richard Coffey, MD** – Dr. Coffey was not present but was represented by counsel, Robert Kraemer, Jr. Respondent became addicted to and began abusing Fentanyl in 2005. The findings of fact are sufficient to establish the ground for discipline of respondent's medical license. The Tennessee medical license of Dr. Coffey is placed on probation effective July 19, 2017 for the duration of his contract with the TMF inclusive of whatever, if any, extensions may be required. As part of the conditions of probations, respondent shall maintain 100% compliance with all provisions of the monitoring contract and extension thereto has entered into with TMF. The respondent shall cause TMF to issue quarterly reports to the disciplinary coordinator detailing respondent's compliance with the terms of the TMF contract including any extension of the contract beginning three months from July 19, 2017. Respondent will comply with all recommendations of TMF. This probation constitutes an encumbrance of respondent's license which, by law, prevents him from serving as a supervising physician or a substitute supervising physician for the clinical practice of nurse practitioners and/or physician assistants until such time as it is lifted.

Respondent has submitted proof of his successful completion of the Vanderbilt Controlled Substance Prescribing Course that he attended on June 21-23, 2017. Any CME hours earned for this course will be in addition to the CME hours required to maintain licensure. Respondent shall pay five (5) Type A civil penalties in the amount of six hundred dollars (\$600.00) each, for a total of three thousand dollars (\$3,000.00). Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed three thousand dollars (\$3,000.00). At the expiration of the probationary period and upon completion of the conditions of the order, respondent becomes eligible to petition the Board for an "Order of Compliance" lifting the restrictions imposed by this order. Respondent shall appear personally before the board to petition the board for the order. Dr. Handorf made a motion to approve the Consent Order. Dr. Beckford seconded the motion. Dr. Johnson and Dr. Christiansen recused themselves. Dr. Blake opposed the motion, which passed.

**Nabil Nader Kamel Cyleman, MD** – Dr. Cyleman was not present but was represented by counsel, Tonya Coleman. Dr. Cyleman was among the top fifty (50) prescribers in the State of Tennessee during the 2014 and 2015 calendar years. The Department conducted an investigation that included a review of thirty-seven (37) patient records prepared and kept by respondent. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent's medical license exist. The Tennessee medical license of Dr. Cyleman is on probation for not less than one (1) year effective July 19, 2017, or until respondent completes a Center for Personalized Education for Physicians evaluation, signs a CPEP monitoring agreement, and successfully completes all CPEP recommendations, whichever is longer. Upon the filing of a petition for order of compliance by respondent, and demonstrating to the board compliance with all current recommendations and other terms, respondent's probation will be lifted. Respondent shall cause a copy of the CPEP assessment, and any and all reports and recommendations, to be forwarded to the board's consultant by CPEP within thirty (30) days of the date of such report. Respondent shall comply with all recommendations therein and shall complete any remedial actions prior to the expiration of the one (1) years' probation. If such recommendations are not completed within one (1) year of the effective date of the probation, respondent's probation shall continue until such recommendations are completed. Any other noncompliance will be a violation of the order. During the period of probation, respondent agrees that he will not prescribe more than sixty (60)

morphine equivalent daily doses per patient. Respondent shall pay Civil Penalties in the amount of five hundred dollars (\$500.00) per patient record reviewed by the Division, for a total Civil Penalty of eighteen thousand five hundred dollars (\$18,500.00). Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed five thousand dollars (\$5,000.00). Dr. Christiansen made a motion to approve the consent order. Dr. Beckford seconded the motion. Dr. Blake recused herself and the motion passed.

**Lou Ponce, MD** – Dr. Ponce was not present nor was his attorney, Michael Ponce. Dr. Ponce was placed on probation for a period of five (5) years for multiple violations of the Tennessee Medical Practice Act in 2013, including improper prescribing. Respondent has complied with the terms and conditions of the 2013 consent order thus far. In April 2016, while respondent was still in his probationary period, one of the respondent's patients died of cardiac arrest. On August 16, 2016, the Department conducted an investigation that included an interview with the respondent, a review of the patient's records, and an additional sample of eleven (11) other records of respondent's patients that were prepared and kept by respondent in the course of his practice. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent's medical license exist. The Tennessee medical license of Lou Ponce, MD shall be voluntarily surrendered effective July 19, 2017. Respondent shall not apply for reinstatement of his medical license or for a new Tennessee medical license following entry of this order. Respondent agrees to surrender any and all Drug Enforcement Administration (DEA) registrations and agrees not to seek reinstatement or apply for a new DEA registration. Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed ten thousand dollars (\$10,000.00). Dr. Blake made a motion to approve the consent order. Dr. Beckford seconded the motion. The motion passed.

#### **Agreed Order(s) - continued**

**Christine Kasser, MD** – Dr. Kasser was not present but was represented by counsel, Dan Warlick. The Department conducted an investigation that included the review of thirteen (13) patient records prepared and kept by the respondent. The facts stipulated in the stipulations of fact are sufficient to establish that grounds for discipline of respondent's medical license exist. The Tennessee medical license of Dr. Kasser is reprimanded effective July 19, 2017. Respondent shall not practice in a pain management clinic nor provide pain management services. Respondent will taper the volume of prescribed opioids as outlined in the consent order. Respondent must enroll in and successfully complete, within one hundred twenty (120) days the three (3) day course entitled "*Prescribing Controlled Drugs: Critical Issues and Common Pitfalls*" offered by Vanderbilt University Medical Center and provide proof of compliance to the Disciplinary Coordinator within thirty (30) days of completion. Respondent must enroll in and successfully complete the three (3) day medical course entitled "*Intensive Course in Medical Record Keeping*" offered at Case Western Reserve University Continuing Medical Education Program in Cleveland, Ohio and provide proof of compliance to the Disciplinary Coordinator within thirty (30) days of completion. Respondent shall pay six (6) "Type A" civil penalties in the amount of one thousand dollars (\$1,000.00) each for a total Civil Penalty of six thousand dollars (\$6,000.00). Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed fifteen thousand dollars (\$15,000.00). Dr. Christiansen made a motion to approve the Consent Order. Dr. Miller seconded the motion. Dr. Beckford recused himself. The motion passed.

#### **Agreed Citations:**

**Michelle Vasireddy, PA** – Ms. Vasireddy practiced on an expired license for four (4) months. She was assessed a civil penalty in the amount of nine hundred dollars (\$900.00) which must be paid within sixty (60) days. If the penalty is not paid within this time period, the Committee is authorized to assess additional civil penalties in the amount of three hundred dollars (\$300.00) for every month of

respondent's practice as a physician assistant in excess of thirty (30) calendar days from the expiration date of her license and respondent will be referred to the Office of Investigations and Office of General Counsel for formal disciplinary action. Dr. Handorf made a motion to approve the agreed citation. Dr. Miller seconded the motion. The motion passed.

**Levi Benson, MD** – Dr. Benson admitted to the failure to obtain eighteen and three quarters (18.75) hours of required continuing medical education credits including two (2) hours of prescribing practices with instruction on the Department's "Chronic Pain Guidelines". He was fined eighteen hundred and seventy five dollars (\$1,875.00), which represents a one hundred dollar (\$100) per hour civil penalty for each deficient hour. Dr. Beckford made a motion to approve the Agreed Citation. Dr. Ali seconded the motion. The motion passed.

**Carol Cistola, MD** – Dr. Cistola admitted to the failure to obtain thirty one and a half hours (31.50) hours of required continuing medical education credits to include two (2) hours in a Tennessee-specific controlled substance prescribing course. She was fined three thousand one hundred fifty dollars (\$3,150.00) representing a penalty of one hundred dollars (\$100.00) per delinquent credit hour. Dr. Blake made a motion to approve the agreed citation. Dr. Miller seconded the motion. The motion passed.

**Kim Collinson, MD** – Dr. Collinson admitted to the failure to obtain twenty-two and three quarter (22.75) hours of required continuing medical education credits. She was fined two thousand two hundred and seventy-five dollars (\$2,275.00) representing a penalty of one hundred dollars (\$100.00) per delinquent credit hour. Dr. Blake made a motion to approve the agreed citation. Dr. Miller seconded the motion. The motion passed.

**Jason Dunn, MD** – Dr. Dunn admitted to the failure to obtain thirty (30) hours of required continuing medical education credits. He was fined three thousand dollars (\$3,000.00) representing a penalty of one hundred dollars (\$100.00) per delinquent credit hour. Dr. Johnson made a motion to approve the agreed citation. Dr. Miller seconded the motion. The motion passed.

#### **Final Order:**

Norma J. Sparks, PA – Ms. Sparks' final order was presented to the board for ratification after being heard and approved by the Tennessee Board of Medical Examiners' Committee on Physician Assistants on July 10, 2017. The license of respondent is hereby reprimanded. Respondent shall pay one "Type B" civil penalty for each of three violations in the amount of five hundred dollars (\$500.00) each, for a total civil penalty of one thousand five hundred dollars (\$1,500.00). Respondent must pay the actual and reasonable costs of prosecuting this case not to exceed two thousand five hundred dollars (\$2,500.00). Dr. Blake made a motion to approve the final order. Dr. Ali seconded the motion. A vote was taken by hand; there were two abstentions, two in opposition and the motion passed.