



**TENNESSEE BOARD OF OSTEOPATHIC EXAMINATION
Regular Board Meeting**

August 8, 2018

MINUTES

A regular meeting of the Tennessee Board of Osteopathic Examination was held in the Poplar Conference Room, at 665 Mainstream Drive, Nashville, TN 37243 on August 8, 2018.

Members Present: J. Michael Wieting, DO
 Jan Day Zieren, DO
 Shant H. Garabedian, DO
 Jeffrey L. Hamre, DO
 Penny Grace Judd, Consumer Member
 Shannon Kilkelly, DO

Staff Present: Candyce Waszmer, Administrative Director
 Stacy Tarr, Administrative Director
 Rene Saunders, BME Medical Director
 Sherry Williams, Board Administrator
 Francine Baca-Chavez, JD, Deputy General Counsel

The necessary number of Board members joined the meeting and a quorum was established. Board of Osteopathic Examination President, J. Michael Wieting, DO, called the meeting to order at 9:00 a.m.

Minutes

The Board reviewed the previously distributed minutes. Dr. Jan Zieren motioned to ratify the March 7, 2018 meeting minutes. Dr. Shant Garabedian seconded the motion and it passed.

Ms. Francine Baca-Chavez reminded the Board of its obligations to the Conflict of Interest Policy and stated their duty to protect the health, safety and welfare of the citizens of Tennessee.

Midwifery Rule Revisions

Ms. Kyzonte Hughes-Toombs provided the Board with a copy of drafted rules of proposed changes suggested by the Tennessee Midwives Association. Ms. Hughes-Toombs went over all the suggested changes from TMA and there was discussion of language change or language added, the outcome is as follows:

1050-05-.01(3) (proposed change) Collaborative Care Plan – An agreement, written or oral, between a physician and a midwife in which both parties agree to discuss the care of the midwife’s client as stated in “Practice Guidelines” issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010.

Dr. Jeffrey Hamre motioned that the Collaborative Care Plan should be written. Dr. Shannon Kilkelly seconded and the motion carried.

Ms. Baca-Chavez shared with the Board, their authority with approval or denial of the TCA 63-29-101 rules and explained that the Midwifery Council is a sub-committee to the Board of Osteopathic Examination.

Ms. Hughes-Toombs continued to provide the Board with rules of proposed changes.

1050-05-.01(6) Physician – a person who holds an unencumbered license in the State of Tennessee to practice medicine by the state Board of Medical Examiners or to practice osteopathy by the Osteopathic Examination Board.

1050-05-.02 Scope of Practice - “Practice Guidelines” issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010.

Ms. Hughes-Toombs reviewed rule revisions to Rule **1050-05-.09(3)**, Certification Renewal has a 60 day grace period which was inconsistent with the statute and has been updated as follows:

(3) There is a 60-day grace period following the expiration date of a professional midwives’ certification. Any renewal application received after the expiration date, but during the grace period must be accompanied by the late renewal fee provided in Rule **1050-05-.06**. Any professional midwife who does not seek inactive status and allows the certificate to expire after the 60-day grace period must apply for a new certificate as outlined in **1050-05-.05**.

1050-05-.12

- (a)** Adding - The CPM-TN shall form a collaborative care plan with a physician in accordance with the TMA on January 22, 2001 and amended on February 8, 2010.
- (b)** The CPM-TN shall ensure that the client has signed an informed consent form. This form shall include information to inform the client of the qualifications of the CPM-TN. The signed informed consent form shall be placed in each client’s chart.
- (c)** For screening purposes only, the CPM-TN may order routine antepartum and postpartum laboratory analysis to be performed by a licensed laboratory. Abnormal findings would require a consultation with a physician. Guidelines issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010. The midwife shall document the consultation including the physician’s recommendation in each client’s chart.
- (d)** The CPM-TN shall develop an emergency plan that shall be signed by the client and placed in the client chart at the initial visit. The CPM-TN shall consult with the physician previously referenced in subsection (a) in accordance with the “Practice Guidelines” issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010. The emergency plan shall include documentation of this initial consultation. The emergency plan shall also include referral

and transfer plans for the client in the event of an emergency. A copy of the emergency plan shall be sent to physician with whom the CPM-TN has a collaborative plan in place.

(e) The CPM-TN shall determine the progress of labor and, when birth is imminent, shall be available until delivery is accomplished.

(f) The CPM-TN shall remain with the postpartal mother during the postpartal period until the conditions of the mother and newborn are stabilized. Should an emergency transfer become necessary, the CPM-TN may accompany the mother to the hospital, shall remain with the postpartal mother and provide hospital staff with relevant health information including, but not limited to, labs and ultrasounds and may accompany mother to the hospital.

(g) The CPM-TN shall instruct the client regarding the requirements of Tennessee Code Annotated § 68-5-202. The CPM-TN shall document in the client's chart that such instructions were given.

(h) The CPM-TN shall instruct the client regarding the requirements of Tennessee Code Annotated § 68-5-401. The CPM-TN shall document in the client's chart that such instructions were given.

(i) The CPM-TN shall maintain a birth certificate for each birth in accordance with the requirements of Title 68. A copy of the birth certificate shall be filed with the department of health.

1050-05-14 PROFESSIONAL ETHICS. All certificate holders shall comply with the Statement of Values and Ethics, revised and approved on August 2010, adopted by the Midwives Alliance of North America except when they conflict with the laws of the state of Tennessee or the rules of the Council and/or Board. If the Statement of Values and Ethics conflict with state laws or rules, the state law or rules govern the matter. Violation of the codes of ethics or state law or rules may subject a certificate holder to disciplinary action.

Dr. Hamre shared with the Board information regarding the rules of the committee opinion of the American College of Obstetricians and Gynecologists Planned Home Births and Obstetric Care Consensus.

There was discussion of education, Ms. Hughes-Toombs stated CPM's are certified by NARM and there will be discussion regarding education at the next meeting. Also, Ms. Hughes-Toombs stated low risk was included in the Practice Guidelines. There was other discussion defining physicians and consent forms.

Ms. Penny Judd made a motion to develop a taskforce to create an informed consent form. Dr. Hamre was appointed by Dr. Wieting, and there will be another appointee from the BME Board. Dr. Garabedian seconded and the motion carried.

Applicant Interview(s):

Jason Brown, DO – appeared before the Board without legal representation. Dr. Brown appeared before the Board to address second period of suspension in anesthesiology during initial postgraduate training and why 2015 residency matter was not included in the application and profile. Dr. Brown explained to the Board a sanction was laid upon him, it was not a suspension. He reported it was a termination which he appealed to the internal committee of the hospital network. They reviewed the sanction, he presented the evidence and the sanction was overturned. He was reinstated fully as a resident with rights. Dr. Brown stated he was told the termination would not be in his file after the ruling of the sanction.

Dr. Hamre made a motion to approve the application. Dr. Garabedian seconded and the motion passed.

Heather Dunlap, DO – appeared before the Board without legal representation. Dr. Dunlap appeared before the Board to address academic probation during her residency. Dr. Dunlap explains during her intern year taking the in-service exam, she scored in the 10% percentile and was put on academic probation. Dr. Dunlap stated the director and hospital staff had an outline of requirements needed for passing. She met with the director weekly and showed progress. The next year Dr. Dunlap was taken off probation and has not been on academic probation since she graduated in June. Dr. Kilkelly made a motion to approve the application. Dr. Garabedian seconded and the motion passed.

Katrina Hutton, DO – appeared before the Board without legal representation. Dr. Hutton was asked to appear before the Board to address her pending malpractice case during her residency which she has been a named party. Dr. Hutton gave an overview of the case, stated it was her intern year in the Emergency Room, she was the intern on the case but had no decision making capabilities at that time. Dr. Hutton reports the case is still pending. Dr. Zieren made a motion to approve the application. Dr. Kilkelly seconded and the motion passed.

Gayle Johnston, DO - appeared before the Board without legal representation. Dr. Johnston was asked to appear before the Board to answer questions regarding licensure issues in the state of Washington and issues in postgraduate training. Dr. Johnston disclosed some personal matters that contributed to her not being at her top performance, she stated she was put on probation and after taking the COMLEX exam she resigned from the family residency program. Dr. Johnston states she is now teaching clinical skills. She reports she has taken hours of Opioid Prescribing CME's but she will not be prescribing. Dr. Garabedian made a motion to approve the application. Dr. Zieren seconded and the motion passed.

Maria Rivera, DO – appeared before the Board without legal representation. Dr. Rivera appeared before the Board to address being out of practice for over two (2) years. Dr. Rivera presented to the Board verification of continuing education. After Board discussion, Dr. Kilkelly made a motion to grant the license. Dr. Zieren seconded and the motion passed.

Ratification of New Licensees

Dr. Hamre made a motion to ratify initial approvals for licensure of DO, DO X-Ray Operators, and Professional Midwifery. This motion was seconded by Dr. Kilkelly and it passed.

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.

- Provided an update on the live opioid prescribing symposia's throughout the year.
- The number of overdose deaths increased from 1,451 to 1,631 in 2016. The results from 2017 are not in.
- Caucasians and males are the most vulnerable population for prescription overdose. Females more frequently use opioids but males more frequently overdose.
- Findings suggest that these overdose deaths were caused mainly by illicit drugs.

Update from the CSMD

Dr. Garabedian provided an update on last month's CSMD meeting. Dr. Garabedian shared with the Board that every Board pays for the CSMD. The Database belongs to the State and TennCare had lobbied

to get access to the Database and it was granted. Comprehensive Pain Specialist (CPS) which is a huge organization of pain clinics all over West Tennessee are going out of business and his concerns are where are people going to get pain meds now.

Opioid Minimum Taskforce

Ms. Baca-Chavez explains to the Board how the taskforce will work. Ms. Judd made a motion to appoint Dr. Wieting to represent the Board on the Opioid Minimum Taskforce. Dr. Hamre seconded and the motion passed.

Dr. Garabedian made a motion to appoint a second representative, Dr. Zieren. Dr. Hamre seconded the motion and it passed.

Legislative Wrap Up for 2018

Legislative Liaison, Ms. Lacey Blair, presented the Board with the legislative updates.

Public Chapter 610

This changes the terminology regarding the relationship between physicians and physician assistants. Previously the relationship was described in terms of “supervision.” The new description of the relationship is described as “collaboration.” This act takes effect on July 1, 2018.

Public Chapter 611

This law requires an agency holding a public hearing as part of its rulemaking process, to make copies of the rule available in “redline form” to people attending the hearing. This takes effect July 1, 2018.

Public Chapter 638

This chapter prohibits healthcare prescribers and their employees, agents, or independent contractors from in-person solicitation, telemarketing, or telephonic solicitation of victims within 30 days of an accident or disaster for the purpose of marketing services of the healing arts related to the accident or disaster. There are specific exceptions laid out in the chapter. This act takes effect July 1, 2018.

Public Chapter 674

This chapter allows buprenorphine mono or buprenorphine without naloxone to be directly administered by a healthcare provider acting within the scope of practice. The administration must be for a substance use disorder and pursuant to a medical or prescription order from a physician licensed under title 63 chapter 6 or 9. This does not allow dispensing that would permit administration away from the premises at which it is dispensed. This act took effect April 12, 2018.

Public Chapter 675

This act requires the department of health to accept allegations of opioid abuse or diversion and for the department to publicize a means of reporting allegations. Any entity that prescribes dispenses, OR handles opioids is required to provide information to employees about reporting suspected opioid abuse/diversion. That notice is to either be provided individually to the employee in writing and documented by the employer OR by posting a sign in a conspicuous, non-public area of minimum height and width stating: “NOTICE: PLEASE REPORT ANY SUSPECTED ABUSE

OR DIVERSION OF OPIOIDS, OR ANY OTHER IMPROPER BEHAVIOR WITH RESPECT TO OPIOIDS, TO THE DEPARTMENT OF HEALTH'S COMPLAINT INTAKE LINE: 800-852-2187.”

Whistleblower protections are also established. An individual who makes a report in good faith may not be terminated or suffer adverse licensure action solely based on the report. The individual also is immune from any civil liability related to a good faith report.

This act takes effect January 1, 2019.

Public Chapter 744

This statute allows a licensing entity the discretion to not suspend/deny/revoke a license in cases where the licensee has defaulted or become delinquent on student loans IF a medical hardship significantly contributed to the default or delinquency.

This act took effect January 1, 2019.

Public Chapter 750

This chapter updates the specific language required to be in the notice given to mammogram patients that are revealed to have dense breasts or extremely dense breasts.

This act takes effect July 1, 2018.

Public Chapter 754

This chapter prevents any board, commission, committee, etc. created by statute from promulgating rules, issuing statements, or issuing intra-agency memoranda that infringe on an entity member's freedom of speech.

Freedom of speech includes, but is not limited to, a member's freedom to express an opinion concerning any matter relating to that governmental entity, excluding matters deemed to be confidential under TCA 10-7-504.

Violations as determined by a joint evaluation committee may result in recommendations to the general assembly concerning the entity's sunset status, rulemaking authority and funding.

This act took effect April 18, 2018.

Public Chapter 855

Prohibits alcohol and drug treatment facilities (ADTF), healthcare providers and healthcare facilities from certain practices in regard to solicitation and marketing of alcohol and drug treatment services.

This act takes effect July 1, 2018.

Public Chapter 862

This act requires that induced termination of pregnancy (ITOP) reports to include whether a heartbeat was detected IF an ultrasound was performed prior to the ITOP. The department of health shall include data about the detection of heartbeats and the method employed for ITOPs in an annual report. The report shall differentiate between medical and surgical methods and between surgical methods to the extent data permits.

This act also requires that if an ultrasound is performed prior to an abortion, the person who performs the ultrasound shall offer the woman the opportunity to learn the results of the ultrasound. If the woman elects to learn the results, the person performing the ultrasound or a qualified healthcare provider shall inform her of the presence or absence of a heartbeat and document that the patient was informed.

This act takes effect January 1, 2019.

Public Chapter 883

This act lays the framework for e-prescribing practices in the state and the exceptions from electronic prescriptions. Requires that all Schedule II prescriptions be e-prescribed by January 1, 2020 except under certain circumstances. Any health-related board under TCA 68-1-101(a) (8) that is affected by this act shall report to the general assembly by January 1, 2019 on issues related to the implementation of this

section. The commissioner of health is authorized to promulgate rules to effectuate the purposes of this act.

This act took effect May 3, 2018 for rule purposes.

The act takes effect January 1, 2019 for all other purposes.

Public Chapter 901

This act requires that prior to prescribing more than a three day supply of an opioid or an opioid dosage that exceeds at total of 180 MME to a woman of childbearing age (15-44yo), a prescriber must do the following:

1. Advise of risks associated with opioid use during pregnancy;
2. Counsel patient on effective forms of birth control; and
3. Offer information on availability of free or reduced cost birth control

Doesn't apply if previously informed by prescriber in previous three months or prescriber reasonably believes patient is incapable of becoming pregnant. Requirements may be met with a patient under 18 years of age by informing parent of the patient.

The department of health is to publish guidance to assist prescribers in complying with this act.

This act takes effect July 1, 2018.

Public Chapter 929

This act redefines policy and rule and requires each agency to submit a list of all policies, with certain exceptions, that have been adopted or changed in the previous year to the chairs of the government operations committees on July 1 of each year. The submission shall include a summary of the policy and the justification for adopting a policy instead of a rule.

This act also prohibits any policy or rule by any agency that infringes upon an agency member's freedom of speech.

Finally, this act establishes that an agency's appointing authority shall have the sole power to remove a member from a board, committee, etc.

This act takes effect July 1, 2018 and applies to policies adopted on or after that date.

Public Chapter 954

This legislation requires the initial licensure fee for low-income persons to be waived. Low income individuals per the statute are defined as persons who are enrolled in a state or federal public assistance program including but not limited to TANF, Medicaid, and SNAP. All licensing authorities are required to promulgate rules to effectuate the purposes of this act.

This act takes effect January 1, 2019.

Public Chapter 964

This legislation requires the department of children's services (DCS) to develop instructional guidelines for child safety training programs by January 1, 2019 for members of professions that frequently deal with children at risk of abuse. DCS is required to work with each licensing board to ensure any child safety programs created by a licensing board fully and accurately reflect the best practices for identifying and reporting abuse as appropriate for each profession.

This act took effect May 15, 2018.

Public Chapter 978

This act makes a number of revisions to opioid treatment regulations. The definition of "nonresidential office-based opiate treatment facility" (OBOT) has been changed to encompass more facilities.

The commissioner of mental health is required to revise the rules of OBOTs to be consistent with state and federal law for such facilities to establish certain new protocols.

Rules regarding OBOTs are to be reviewed each even-numbered year and the department of mental health and substance abuse services shall submit the rules for OBOTs to each health related board that licenses any practitioner authorized by the state to prescribe products for treatment of an opioid use disorder. Each board is required to enforce the rules. Each board is required to post the rules on the board's website.

Violation of a rule is grounds for disciplinary action by the board.

The act also makes revisions to the licensing fees of OBOTs.

The act requires revision of the buprenorphine treatment guidelines.

The legislation also requires (subject to 42 CFR part (2) that dispensing of buprenorphine be subject to the Controlled Substance Monitoring Database (CSMD) requirements.

The act prohibits dispensing of buprenorphine except by certain individuals/facilities and requires pharmacies/distributors to report to the department of health (TDH) the quantities of buprenorphine that are delivered to OBOTs in the state.

The act also makes revisions to the high-volume prescriber list compiled by TDH.

The act requires the comptroller to complete a study of statistically abnormal prescribing patterns. After the study, TDH shall identify prescribers and shall inquire with the boards of action taken against the prescribers and the board is required to respond within 30 days. Each board is required to report the total number of prescribers disciplined each year, as well as other information. TDH shall report a summary of the data and of the disciplinary actions to the chairs of the health committees.

The act also comprises a task force to create minimum disciplinary actions for prescribing practices that are a significant deviation from sound medical judgment. The board of medical examiners, osteopathic examination, dentistry, podiatric medical examiners, optometry, nursing, and medical examiner's committee on physician assistants shall select one member each for the task force before September 1, 2018.

This act took effect for rulemaking on May 21, 2018 and takes effect July 1, 2018 for all other purposes.

Public Chapter 1007

This act allows for a prescription for a controlled substance to be partial filled if requested by the patient or the practitioner who wrote the prescription AND the total quantity dispensed through partial fills does not exceed the total quantity prescribed for the original prescription. The act lays out the requirements on the pharmacists and gives details regarding payments.

This act takes effect January 1, 2019.

Public Chapter 1021

This act allows for appeals of contested case hearings to be in the chancery court nearest the residence of the person contesting the agency action or at that person's discretion, in the chancery court nearest the place the action arose, or in the Chancery Court of Davidson County. Petitions seeking review must be filed within 60 days after entry of the agency's final order.

This act takes effect July 1, 2018.

Public Chapter 1037

This act clarifies that a physician may accept goods or services as payment in a direct exchange of barter for healthcare services provided by the physician if the patient to whom the healthcare services are provided is not covered by health insurance coverage. This does not apply to healthcare services provided at pain management clinics.

This act takes effect July 1, 2018.

Public Chapter 1039 This legislation places limits and requirements on the amount of opioids prescribed and dispensed. It limits opioid prescriptions to up to a three day supply with a total of 180 MME (morphine milligram equivalents) for those three days. This limitation is subject to a number of exceptions under certain circumstances. These exceptions include up to a ten day supply with a total of 500 MME, up to a twenty day supply with a total of 850 MME for a procedure that is more than

minimally invasive, and up to a thirty day supply with a total of 1200 MME when other reasonable and appropriate non-opioid treatments have been attempted and failed and the risk of adverse effects from the pain exceeds the risk of the patient developing an addiction or overdose. Prescribing under these exceptions requires the prescriber to check the controlled substance monitoring database, personally conduct a physical exam of the patient, consider non-opioid alternatives, obtain informed consent including counseling about neonatal abstinence syndrome and contraception for women of childbearing age, and document the ICD-10 code for the patient's primary disease (as well as the term "medical necessity" on thirty day prescriptions). These ten, twenty, and thirty day opioid prescriptions will only be filled by dispensers in an amount that is half of the full prescription at a time, requiring patients and pharmacists to consider whether the patient requires the full amount prescribed. There are still further exceptions for those patients undergoing active or palliative cancer treatment, receiving hospice care, diagnosed with sickle cell disease, administered to in a hospital, being treated by a pain management specialist or collaborating provider in a pain management clinic, who have received ninety days or more in the year prior to April 2018 or subsequently do so under one of the exceptions, receiving treatment for medication-assisted treatment, or suffering severe burns or major physical trauma. This act took effect for rule purposes on May 21, 2018, and for all other purposes shall take effect July 1, 2018.

Public Chapter 1040

This act revises various provisions of the law regarding controlled substances and their analogues and derivatives, including updating identifications of drugs categorized in Schedules I - V. The act also creates an offense for the sale or offer to sell Kratom, unless it is labeled and in its natural form. It is also an offense to distribute, sell, or offer for sale, kratom to a person under 21 years of age. It is also an offense to purchase or possess kratom if under 21 years of age. This act takes effect July 1, 2018.

Office of Investigations

The Board reviewed the complaints and currently monitored practitioners report provided. Dr. Rene Saunders spoke on behalf of Ms. Lori Leonard, disciplinary coordinator, in her absence.

Re-entry Policy

The re-entry policy was discussed by the Board and the Board decided to hold off on the policy.

Preparing cover sheets

Ms. Candyce Waszmer explained to the Board what the cover sheet is and its purpose and questioned if the reviewer of the applicant's file would like prepare the cover sheet. The Board decided to continue practice.

Office of General Counsel

Rules

Ms. Baca-Chavez presented to the Board that the rules are in the internal review process. Changes have been combined into one rulemaking packet and they are moving forward.

Ms. Baca-Chavez presented to the Board that there are twenty-six (26) cases open against seven (7) osteopathic physicians and there are no open cases against midwives. One (1) open case will be presented today in the form of a consent order. There are twenty-one (21) cases that involve allegations of over-prescribing and are being handled by another attorney and there are no appeals pending at this time.

Ms. Baca-Chavez also shared with the Board that at the Sunset Review Hearing before the Government Operations Committee decided to extend the Board for six (6) more years.

Consent Order(s)

Daniel Bercu, DO – was not present nor did a legal representative appear on his behalf. Dr. Bercu, on March 16, 2017, generated electronic prescriptions for controlled substance MS Contin and Oxycodone for a friend of his in the driveway of her home. He also created medical records solely for the purpose of creating that prescription without actually seeing her at the hospital. He also prescribed Phentermine 37.5mg #30 on four (4) occasions for patient K.S., who Respondent admits is an acquaintance who was not a patient of his practice. Respondent also admits the prescriptions were not pursuant to an emergency situation. Respondent did not keep a medical record for patient K.S. While at various facilities, respondent wrote multiple prescriptions for patient B.L. not pursuant to an emergency situation while she was not a patient at those facilities and did not keep a medical record for these visits.

Respondent was reprimanded has agreed to pay nine (9) ‘Type B’ civil penalties in the amount of two hundred dollars (\$200.00) each for a total of one thousand eight hundred dollars (\$1,800.00). He agreed to enroll in a two (2) day medical course entitled “*Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers*” or an equivalent course approved by the Board’s Medical Director. He has also agreed to take a course entitled “*Prescribing Controlled Drugs* and a one day medical ethics course such as “*Medical Ethics for Professionals— Physician Edition* or an equivalent course. Also, respondent shall pay costs shall not to exceed two thousand dollars (\$2,000.00). Dr. Hamre motioned to approve the order. Dr. Garabedian seconded the motion and it passed.

Sponsorship to attend Conference

Ms. Baca-Chavez asked the Board to consider sponsoring an attorney from her office to attend the FSMB conference in Austin, TX on November 8th and 9th. Dr. Hamre made a motion to appoint one (1) attorney to attend the FSMB conference. Dr. Kilkelly seconded the motion and it passed.

Administrative Office Report

The Board was presented with the May 1, 2018 through July 2018 data as follows:

New applications received:	Total New Licenses Issued:
Osteopathic Physician – 77	Osteopathic Physicians – 72
Locum Tenens – 0	Locum Tenens – 0
Telemedicine – 0	Telemedicine – 1
Special Training –5	Special Training – 2
X-Ray – 1	X-Ray – 0
Reinstatements – 0	

Total number of active licensees as of July 31, 2018 is 1,581.

Total number of active licensees as of July 31, 2018 with a Tennessee mailing address is 1,564.

Total number of Telemedicine licensees as of July 31, 2018 is 29.

Total number of Active DO X-Ray Operators as of July 31, 2018 is 15.

Total number of Active Professional Midwives as July 31, 2018 is 46.

Ms. Baca-Chavez asked the Board to consider authorizing the Director of Health Related Boards to promulgate rules for PC 954 on behalf of all licensing Boards. Dr. Zieren made a motion to approve. Dr. Kilkelly seconded and the motion passed.

Adjournment