

I. TENNESSEE MEDICAL FOUNDATION UPDATE

Presentation Overview:

Dr. Michael Baron started the presentation by outlining his qualifications and experience, emphasizing the importance of mental health support for healthcare professionals. He then provided updates and key information regarding upcoming events, programs, and statistics relevant to the Board of Physician Assistants. Key Information:

Disclosure of Qualifications:

Board Certified in Anesthesiology, Psychiatry, and Addiction Medicine.

Experience with Tennessee Board of Medical Examiners and various educational roles.

Upcoming Lectures & Meetings:

FSPHP Annual Meeting: April 23-26, 2025, at Hyatt Regency Seattle.

FSMB Annual Meeting: April 24-26, 2025, at Hyatt Regency Seattle.

In 2024, 9 National and 32 In-State lectures were conducted on professionalism, addiction, and burnout.

Remedial Prescribing Course:

Focus on Proper Prescribing of Controlled Substances.

Cost: \$3,000 (\$2,200 for PAs), including materials and CME fees.

Course Dates: February, April, June, and October 2025.

Offers 23.75 AMA PRA Category 1 Credits.

Statistics Overview:

Contracts with Health-Related Boards: BME, BOE, BPA, BRC.

New Identifications (2023-2024):

Substance Use/Abuse: 66 (2023), 64 (2024).

Total Identifications: 102 in 2024, 2,943 since 2002.

Tennessee Medical Foundation - Physician Health Program (TMF-PHP):

Established to assist physicians with impairing conditions.

Confidential resource promoting early detection and intervention. TN-PSQ Initiative:

An online mental health resource for healthcare professionals in Tennessee.

Free, anonymous, and confidential mental health screenings.

835 individuals were screened, and a significant proportion showed high levels of distress.

Call to Action:

Request that the BPA send a blast email to all licensees promoting access to TN-PSQ.

Highlighting the importance of mental health support to address issues such as PA suicide.

David Roberts motioned to send a blast email to licenses promoting access to TN-PSQ. The motion was seconded by Dr. Kasper, the motions passed.

II. APPROVAL OF MINUTES

Dr. Kasper proposed a motion to accept the minutes from the meeting held on September 13, 2024. This motion was seconded by Mr. Cain and subsequently approved by the board.

Dr. Kasper proposed a motion to accept the minutes from the Allen Tate trial held on September 13, 2024. This motion was seconded by Mr. Cain and subsequently approved by the board.

III. DEPARTMENTAL REPORTS

Office of Investigation

Complaint Activity for Physician Assistants Key Highlights:

Complaint Activity Overview:

License Type: Physician Assistants (36)

New Complaints Opened (YTD): 62

Total Closed Complaints (YTD): 54

Currently Open Complaints: 22

Monthly Breakdown of New Complaints:

December 2023: 7

January 2024: 7

February: 1

March: 7

April: 4

May: 1

June: 5

July: 4

August: 4

September: 6

October: 10

November: 6

Closed Complaints Breakdown:

Closed BIV, EMS, HCF, AW: 2

Complaint Closed: 44

Closed - Letter of Concern: 5

Closed - Warning Letter: 3

Analysis of Newly Opened Complaints by Allegation:

Substance Abuse: 1

Sexual Misconduct: 1

Malpractice/Negligence: 1

Unprofessional Conduct: 6
Over-Prescribing: 1
Criminal Conviction: 0
Outside Investigation Scope: 1

Regional Breakdown of Complaints:

East: 11
Middle: 2
West: 1
Unknown: 1

Orthopedic Physician Assistants (License Type 3629):

New Complaints Opened: 0
Total Closed Complaints: 0
Currently Open Complaints: 0

Administrative Office

Activities of the Board on Physician Assistants

New Applications Received (Sept 13, 2024 - Jan 16, 2025):

Physician Assistants:
Full Licenses: 181
Temporary Licenses: 2
Upgrades to Full Licenses: 3
Reinstatements: 8

Orthopedic Physician Assistants: 0

Licenses Issued:

Total New Licenses Issued: 132

Renewals:

Total Number of Renewals: 535
Total Number of Online Renewals: 516
Average Online Renewal Rate: 96%

Active Licenses as of January 16, 2025:

Total Active Physician Assistants: 4,064
Physician Assistants with Tennessee Mailing Address: 3,316
Active Orthopedic Physician Assistants: 8

Financial Report

Board of Physician Assistants Year-End Report (FY24)

1. Overview

This report summarizes key financial and administrative highlights from the fiscal year 2024 for the Tennessee Board of Physician Assistants (TN Board of PAs). It includes expenditure comparisons, revenue sources, and administrative policies.

2. Financial Summary

2.1 Comparison of Direct Expenditures (FY 2022 - FY 2024)

A chart within the presentation compares direct expenditures across fiscal years 2022, 2023, and 2024.

2.2 Revenue Sources for FY 2024

The primary revenue streams for the board include:

- First-time registrations
- Renewals
- Penalty for late renewal
- Application fees
- Civil penalties
- Duplicate wall licenses
- Permit fees
- Case cost assessments
- Returned check fees

The revenue distribution percentages indicate that first-time registrations and renewals contribute the largest share, with penalties and fees forming a smaller portion.

3. Administrative Policies & Procedures

Slide 8 outlines the DHLR – Administrative Policies and Procedures, which likely cover regulatory compliance, enforcement actions, and governance rules. Specifics of the policies are not detailed in the visible content.

4. Observations & Trends

Increase in direct expenditures over the three years.

Revenue is primarily derived from first-time registrations and renewals, indicating a stable licensure process.

Minimal revenue from penalties and case cost assessments, suggesting compliance among physician assistants.

5. Conclusion

The TN Board of Physician Assistants has maintained stable financial operations through FY24, with a strong reliance on licensure fees. The expenditure increase may reflect administrative or regulatory expansions. Further analysis of policy changes or new initiatives could explain the expenditure trends.

IV. CONDUCT NEW BUSINESS

Ratification of New Licenses

Mr. Hull initiated a motion to approve all licenses, which was seconded by Dr. Kasper. The board approved this motion.

Presentation on high-risk prescribers, top prescriber lists, and discussion and vote on high-risk prescriber policy

The advisory attorney, Tracy Alcock presented an overview of high-risk prescriber policies to the Board of Physician Assistants. The discussion centered around the identification of high-risk prescribers based on a statute that requires the Tennessee Department of Health to compile lists of prescribers related to opioid prescriptions and overdose outcomes.

Key points included:

- **High-Risk Prescriber Identification:** The Department of Health identifies the top 50 prescribers of opioids, the top 20 prescribers of buprenorphine, and the top 10 prescribers in small counties, focusing on clinical outcomes such as patient overdoses.
- **Metrics for High-Risk Designation:** The designation of high-risk prescribers is based on five metrics, including:
 1. Number of opioid overdose deaths while on an active prescription.
 2. Number of non-fatal opioid overdoses while on an active prescription.
 3. Number of opioid-naive patients filling an initial prescription over 50 MME per day.
 4. Average daily MME for all prescriptions written.
 5. Percentage of prescribers' patients receiving prescriptions greater than 90 MME.
- **Current Statistics:** This year's high-risk list includes 20 prescribers—19 from Tennessee and 1 from Virginia. The list is comprised of 7 medical doctors, 11 APRNs, and 1 PA, showing a decrease in PAs from 3 last year to 1 this year.
- **Proposed Policy Updates:** Alcock recommended updating the board's policy to reflect current requirements, including a mandatory 20 hours of continuing education for high-risk prescribers. Suggested courses included those from Vanderbilt, CPAP, Case Western Reserve, and PBI Education.
- **Timeline for Course Completion:** The educational coursework must be completed within seven months from the notification letter sent to the prescribers.

Mr. Cain made a motion to accept the proposed policy updates, which was seconded by Mr. Hull. The board will review and vote on these updates in the next meeting.

Discuss Public Chapter 924 – Executive Session.

The recent passage of Public Chapter 924 mandates that boards enter executive sessions for discussions regarding the health conditions of licensees or prospective licensees, particularly concerning mental health and substance use disorders revealed during the application process. This means that any deliberations involving an applicant's health will not be conducted during public meetings and will instead occur in a confidential setting.

Key points include:

- **Confidentiality:** Discussions held in executive sessions are not considered public meetings and are confidential, with minutes and recordings exempt from public record requests.
- **Process for Executive Sessions:** When an application potentially involves a substance abuse issue, the board will convene a private executive session, potentially before the regular meeting. This session will be attended by board members, the applicant, and relevant staff, but it will not be live-streamed or open to the public.
- **Implementation:** The executive session will allow the board to discuss sensitive issues privately before making a final decision during the public meeting. The typical plan is to hold the executive session an hour before the regular meeting starts, ensuring that discussions regarding an applicant's health can be conducted confidentially.
- **Frequency and Scope:** While the board does not often handle applications related to health issues, the law is designed to protect the privacy of applicants dealing with mental health or substance abuse concerns. It targets explicitly substantial issues rather than general criminal background checks.
- **Decision-Making:** A quorum is necessary for the executive session, as members must hear the discussions to make informed decisions during the public meeting.

Overall, the law aims to provide confidentiality for applicants while maintaining the board's ability to address important health-related concerns without public scrutiny. Future meetings will likely include these changes, and adjustments to scheduling will be made to accommodate the new process.

PC1042 update from taskforce.

The update on Public Chapter 1042 (PC1042) from the task force highlighted recent discussions and developments regarding collaborative agreements between physician assistants (PAs) and collaborating physicians. The task force met in December, with all three PA members present, and engaged in productive discussions about finalizing rules related to these agreements. Key points from the update include:

- **Next Meeting:** The task force is scheduled to meet again on January 31st, where there is a strong possibility that the rules will be finalized.
- **Responsibilities Under Collaborative Agreements:**
 - PAs will be responsible for submitting patient charts to the collaborating physician for review. This includes determining when a chart must be signed and ensuring the records are sent for review.
 - If the collaborating physician fails to sign the charts, they are responsible for that oversight.
 - Additionally, the PA will be held accountable for meeting the standard of care, particularly concerning the prescription of controlled substances under the collaborative agreement.

Overall, the task force is making significant progress in defining the roles and responsibilities of PAs and collaborating physicians, focusing on ensuring accountability and compliance in patient care.

PA Compact-Update from September Inaugural Meeting

The discussion surrounding the PA compact update focused on the inaugural meeting that took place in September. Katherine Moffitt from the Tennessee Academy of PAs provided insights into the compact's progress and structure.

Key points included:

- **Meeting Overview:** The first in-person meeting of the compact was an organizational session, with various committees established, including rules, finance, and communications. The rules committee has begun drafting rules for the compact and will meet again later this month.
- **Voting Privileges:** Ms. Patterson, who represents Tennessee on the compact, did not have voting privileges at the first meeting due to the law not being in effect at that time. However, as of January 1, she now has the ability to vote on matters related to the compact.
- **Timeline for Implementation:** The compact is expected to take two to three years to become fully operational. By September 2026, it is anticipated that states will begin granting privileges under the compact.
- **Representation Concerns:** Ms. Moffitt raised concerns about the representation of PAs on the compact board, noting that administrative staff from other states dominate the board. She emphasized the importance of having PAs involved in decision-making processes, as they have a better understanding of practical implications than administrative personnel.
- **Rules Development:** It was suggested that the board should refrain from including any references to the compact in their current rules until the compact's rules are finalized. This approach will allow the board to align its regulations with the compact's established guidelines once they are available.

Overall, the conversation highlighted the ongoing efforts to establish the PA compact, the importance of PA representation, and the need for a strategic approach to rulemaking in relation to the compact's development.

Review of the PA Rules.

Key points from the discussion included:

1. **Virtual Participation:** There was a question about whether board members could participate virtually as long as a quorum was physically present. It was clarified that while a quorum must be present in person, virtual participation is possible for others.
2. **Review of PA Rules:** The board began a detailed review of the PA rules, with an emphasis on streamlining language and aligning with legislative requirements. Feedback was sought on several definitions and provisions, including advertising and collaborative agreements.
3. **Medical Records Rule:** The suggestion to add a rule regarding medical records was discussed, emphasizing the need to clarify ownership depending on the practice structure (PA-owned vs. physician-owned practices).
4. **Continuing Education (CE) Requirements:** Changes to the CE requirements were considered, including the need for documentation for Category 2 CME and ensuring that the language aligns with current practices.

5. **Application Fees:** The board discussed potential fees for the endorsement application, with suggestions ranging from \$50 to \$200. A consensus was reached to set the fee at \$200.
6. **Endorsement Process:** The board agreed to further discuss the qualifications and procedures for endorsement at the next meeting, including how to document the required 6,000 hours of practice.
7. **Final Thoughts:** The meeting concluded with a reminder for board members to provide feedback via email and to consider the various changes before the next meeting. The chair expressed appreciation for the collaborative efforts and thorough discussions.

V. OFFICE OF GENERAL COUNSEL AND PRESENTATION OF DISCIPLINARY ORDERS

Report from the Office of General Counsel by Tracy Alcock, Board Attorney

The Office of General Counsel (OGC) report covered several key updates regarding the PA board and ongoing matters:

1. **Conflict of Interest Reminder:** Board members are reminded to disclose any personal or financial interests when reviewing applications or cases, and to recuse themselves if necessary.
2. **Legislative Updates:** Multiple bills passed last year require rule amendments for the PA board, which are currently in the drafting stage. Notably, the board has already voted to increase fees, which is also undergoing the rulemaking process.
3. **Fee Increase Review:** The governor's office is currently reviewing the necessity and implications of increasing board fees. There is a motivation for the increase due to financial reasons, but the final outcome is yet to be determined.
4. **Task Force Meetings:** The task force has met to discuss rules related to collaboration, and updates on high-risk policies were previously covered in the meeting.
5. **Litigation Status:** The OGC currently has three open cases involving PAs. An agreed order will be presented during the meeting, and there may be a trial in the near future, though it has not yet been scheduled.
6. **Key Legislative Bills:** Two significant bills affecting the board were highlighted: the PA Compact and changes to the endorsement process. The third bill pertains to the executive session discussions held earlier.
7. **Legislative Session:** The new legislative session has begun, and potential bills affecting the board and the Department of Health will be monitored and communicated to board members.

Board members were invited to ask questions regarding the report, but none were raised.

Agreed Order(s)

1. **Thomas Esser, PA 995**

Regan Cothron from the Office of General Counsel presented an agreed order concerning Thomas Esser, a licensed practitioner from Maryville. The case involved serious misconduct, as Mr. Esser performed inappropriate massages on multiple female patients both during and after clinic hours while employed at the Chiloe Pain Center. Following a summary suspension of his license in March 2022, further investigations revealed more serious violations.

Mr. Esser began treatment with TMF in April 2022 but ceased contact after admitting to inappropriate behavior during a polygraph examination. Due to a high risk of re-offending, the disciplinary action taken was the permanent voluntary surrender of his medical license, which equates to permanent revocation. He is also required to pay costs totaling up to \$6,000, with a payment period of 36 months.

After the presentation, Mr. Cain made a motion to accept the agreed order, which was seconded by Dr. Kasper. The motion passed unanimously.

Public Comment

None

Mr. Cain motioned to adjourn the meeting, and Dr. Kasper seconded the motion. The motion carried.

The Board ratified these meeting minutes at their April 4, 2025, meeting.