

I. CONSIDERATION OF APPLICATIONS

The board reviewed the application and proposed a motion to grant **Miles Mallicote** a full license, contingent on the existing monitoring program being in place for the next year.

- **Motions:** Mr. White motioned to approve the application, which was seconded by Ms. Hughes. The motion passed.
- **Outcome:** The motion passed, and Miles Mallicote was granted a full license.
- **Acknowledgments:** Thanks were extended to Myles Mallicote and Dr. Barron for their contributions and discussions during the first executive session.

II. LEGISLATIVE UPDATE

Holt Whitt welcomed the attendees and provided an overview of his role as the Assistant Commissioner for Legislative Affairs at the department. He introduced two team members who assist in monitoring legislation and providing information relevant to the board.

Holt Whitt reported that the department tracked approximately 250 bills this year, highlighting key legislation that may impact the PA board. He encouraged attendees to direct any specific questions regarding the bills to their board staff or board attorney.

Key Legislation Reviewed:

- **Individualized Investigational Treatment Act:** Expands the right to try experimental drugs, including those tailored to specific genome sequences.
- **Public Chapter 46:** Introduced by the department, requiring hepatitis C and syphilis testing during pregnancy to address rising syphilis cases.
- **Public Chapter 56:** Mandates the addition of alpha-gal syndrome reporting on the department's website.
- **Public Chapter 69:** Deletes references to the WHO without affecting the declaration of states of emergency.
- **Public Chapter 99:** Requires hospitals to provide new mothers with information on warning signs post-discharge.
- **Public Chapter 100:** Allows individuals who completed a peer assistance program to petition for the removal of their information from licensing databases after five years.
- **Public Chapter 125:** Removes the requirement for providers and utilization review agents to notify patients about prior authorization communications.
- **Public Chapter 127:** Authorizes healthcare boards to set up hearing panels for case backlogs and clarifies investigator practices.
- **Public Chapter 213:** Solicits feedback from physician groups regarding workforce challenges.
- **Public Chapter 217:** Clarifies conditions under which abortions may be permitted in Tennessee.
- **Public Chapter 247:** Protects legal fertility treatments and contraception in the state.
- **Public Chapter 266:** Allows providers to decline procedures that conflict with their beliefs.
- **Public Chapter 272:** Requires data collection on psychotropic drug use in mass shooting autopsies.

- **Public Chapter 294:** Prohibits race, color, ethnicity, or national origin considerations in licensing.
- **Public Chapter 295:** Permits PAs and nurse practitioners to prescribe buprenorphine in correctional settings without a collaborating physician agreement.
- **Public Chapter 346:** Authorizes pharmacists to dispense and prescribe bronchodilators.
- **Public Chapter 347:** Allows blanket consent for minor health care procedures in schools for the academic year.
- **Public Chapter 361:** Similar to Public Chapter 69, deletes references to the WHO and other organizations without changing current practices.
- **Public Chapter 390:** Adds potential adoptive parents to the list of those who can consent to vaccinations and medical care for children.
- **Public Chapter 400:** Cleans up food inspection codes and allows updates by rule.
- **Public Chapter 923:** Prohibits DEI activities by departments, with exemptions for public health work.
- **Public Chapter 622:** Expands DEI prohibitions to local governments and higher education institutions.
- **House Bill 1330:** Allows virtual meetings for the board if desired.

Holt Whitt concluded the meeting by inviting attendees to reach out with any further questions or for assistance in understanding the implications of the discussed bills.

III. ELECTION OF OFFICERS

The board discussed the annual election of officers, specifically the positions of Chair and Secretary. It was noted that this election is a standard procedure that must be conducted each year.

Discussion:

- The Chair emphasized that the election is not a formality but a necessary decision that requires a motion and a second for each position.
- Board members were invited to express their opinions or propose changes before proceeding with the motion.

Motion:

- Member Mr. White made the first motion to retain Ms. Patterson as Chair and Mr. Weathersby as Secretary.
- Member Ms. Thornton seconded the motion.

Conclusion:

- Ms. Patterson will continue in her role as Chair, and Mr. Weathersby will remain as Secretary for the upcoming term.

IV. REVIEW AND DISCUSS BOARD RULES

PA Rules

The board reviewed proposed changes to the board rules, with a specific focus on the PA red line rules and the OPA rules. The goal was to secure a vote to move forward with these changes.

Discussion Highlights:

- The Chair noted that the changes incorporate feedback received from board members and TAPA, aiming to address recent legal changes and improve clarity in the rules.
- Key updates included revisions to the definitions, scope of practice, endorsement application process, and medical record guidelines.
- A significant change allows PAs to prepare death certificates, reflecting updated legal standards.

Specific Points:

- The endorsement qualifications were detailed, requiring a current unencumbered PA license, a minimum of 6,000 hours of documented postgraduate clinical experience, and a collaborating physician willing to enter into a collaborative agreement.
- The endorsement application process was clarified, emphasizing the need for detailed work history, letters from employers, and self-attestations regarding experience.
- The board discussed the ambiguity surrounding the term "extended period of time" for PAs out of clinical practice, opting for flexibility to allow case-by-case evaluations.
- The need for clear definitions and procedures regarding criminal convictions during the licensure process was outlined, emphasizing fairness and due process.

Motion:

- Mr. Weathersby made the first motion to approve the proposed changes and move forward with the rulemaking process.
- Dr. Kasper seconded the motion.

Conclusion:

- The board's revisions will now proceed through the rulemaking process, with the expectation of a rulemaking hearing in early 2026.

OPA Rules

The board revisited the OPA rules, recalling a discussion from February 2024 regarding the retrospective rule review initiated by the governor. The focus was on minimizing and clarifying the rules while maintaining separation between the OPA and PA rules.

Discussion Highlights:

- Board members confirmed their desire to keep the OPA rules separate, rejecting any previous suggestions for combining them to avoid confusion.

- Updates included changing the terminology from "supervision" to "collaboration," in line with current law.
- The board reviewed specific sections of the rules to align them with the statute, including the requirements for obtaining an OPA license, which now must reflect that applicants must have been practicing as an OPA since January 1, 2021.

Key Changes:

- Adjustments were made to sections addressing the application process and criteria for licensure.
- The rules were streamlined to eliminate outdated references and unnecessary language while ensuring clarity and compliance with legal standards.
- Continuing education and professional ethics guidelines remain part of the rules.

Motion:

- Mr. Hull made the first motion to approve the OPA rules as presented for movement into the rulemaking process.
- Mr. Weathersby seconded the motion.

Conclusion:

- The updated OPA rules will proceed through the rulemaking process.

Update on Fee Increase

An update was provided regarding the proposed fee increase for the board. The initial recommendation for an increase was based on an analysis by a fiscal director.

Discussion Highlights:

- Following a recent rulemaking hearing, a new review of the board's fiscal status indicated that a fee increase may not be necessary at this time.
- The board submitted comments to the governor's office regarding this fiscal review, which included a meeting with attorneys and leadership from the governor's office.
- Ultimately, the governor's office declined to approve the fee increase package, agreeing with the findings of the fiscal analysis.

Current Status:

- As a result, the board's fees will remain unchanged for this year.
- A new fiscal presentation is scheduled for the fall, where the board will review its current financial status and discuss the need for a potential fee increase at that time.

Conclusion:

- The board is currently in a stable fiscal position, having closed in the black, and will receive another update in the fall to reassess its financial needs. Documentation of all discussions and decisions has been maintained for future reference.

V. APPROVAL OF MINUTES

Ms. Thornton proposed a motion to accept the minutes from the meeting held on April 4, 2025. This motion was seconded by Dr. Kasper and subsequently approved by the board.

VI. DEPARTMENTAL REPORTS

Office of Investigation

The investigator provided a report on the current status of complaints handled by the Office of Investigations.

Key Statistics:

- Year to date, a total of **39 complaints** were opened.
- **31 complaints** were closed, of which:
 - **3** were closed due to insufficient evidence.
 - **2** complaints were forwarded to the Office of General Counsel.
 - **24** complaints were successfully closed, and **2 letters of concern** were issued.

Administrative Office

The Administrative Director provided a report on the activities of the Administrative Office from April 2025 to July 2025.

Key Statistics:

- **New Applications Received:**
 - **Physician Assistants (PAs):** 136 full applications, 1 temporary application, and 9 reinstatements.
 - **Orthopedic Physician Assistants (OPAs):** No new applications.
- **Total New Licenses Issued:** 140
- **Renewals Processed:** 476
 - **Online Renewals:** 442, achieving a **92% online renewal rate**.
- **Total Active Licensees as of July 2025:**
 - **Physician Assistants:** 4,312
 - **Physician Assistants with a Tennessee Mailing Address:** 3,756
 - **Orthopedic Physician Assistants:** 7

Financial Report

None

VII. CONDUCT BOARD BUSINESS

Ratification of New Licenses

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

Panel Authorities for Conducting Trials

The meeting included a discussion regarding the law that enables the PA board to conduct disciplinary hearings using panels of three members. This approach has been supported by new legislation allowing all health-related boards to adopt a similar structure.

Discussion Highlights:

- The board has previously operated with a panel structure, which has been effective in managing disciplinary cases.
- The benefits of using panels of three include improved efficiency in handling cases and a reduction in scheduling challenges associated with obtaining a quorum for contested cases.
- Other boards have expressed varied opinions on this approach, but the consensus among the board members present was in favor of maintaining the panel structure for future trials.

Motion:

- Mr. Weathersby made the first motion to confirm that the board agrees to hear contested cases with a minimum of three members present.
- Ms. Hughes seconded the motion.
- The motion was put to a vote and unanimously approved by the board.

Conclusion:

- The board has officially supported the use of panels of three for hearing disciplinary cases, enhancing its ability to manage trials efficiently and effectively.

Endorsement Application

The board convened to discuss the endorsement application for physician assistants, with Ms. Allocco providing handouts and updates on the application process.

Key Points of Discussion:

- **Task Force Update:** The task force responsible for creating a uniform rule regarding how endorsed PAs work with collaborating physicians has finalized their rule. A rulemaking hearing will be required once it has gone through the necessary processes. The endorsement application and the new rule must work in tandem to facilitate the application process for PAs.

- **Application Content:**
 - The board discussed adding a line to specify the specialty of the collaborating physician on the application.
 - It was noted that if there are more than four entries for employment information, additional pages will be provided, and the online application will allow for continued entries.
- **Verification Process:**
 - The board agreed on moving from letters of verification to a standardized form for employers to complete, ensuring consistency in the information provided.
 - The application will not require notarization but will include self-attestation by the PA.
 - The employer will verify the PA's employment details, including dates, average hours worked, and total hours worked, with the suggestion to capture both average and total hours for clarity.
- **Submission Responsibility:**
 - It was confirmed that the PA will be responsible for gathering and submitting all forms, including the employment verification, to ensure accountability and reduce the risk of lost documentation.

Next Steps:

- The proposed changes will be incorporated into the application, and Ms. Allocco will work on finalizing the details to present at the next meeting for approval.

IV Hydration Clinics

The board discussed the topic of IV hydration clinics, which has gained attention at recent FSMB meetings. The Board of Osteopathic Physicians and the Board of Medical Examiners have also raised questions regarding the jurisdiction and regulations surrounding these clinics.

Key Points of Discussion:

- **Jurisdiction Concerns:** Currently, the board does not have jurisdiction over IV hydration clinics, but it does oversee the practices conducted within them. This has raised concerns among various health boards about the safety and regulation of these clinics.
- **Formation of a Task Force:** The osteopathic board proposed the creation of a task force to discuss the regulation and best practices for IV hydration clinics. Other boards, including the Board of Pharmacy and the Board of Nursing, have expressed interest in participating.
- **Research Findings:** The board discussed findings from other states that have established policies regarding IV hydration clinics. It was noted that about 14 states are involved in similar discussions, indicating a growing need for regulation in this area.
- **Safety Concerns:** A notable case from Texas was mentioned, where a patient died after receiving a high dose of potassium at an IV hydration clinic, highlighting the potential dangers associated with unregulated practices.

Action Items:

- The board expressed interest in joining the task force to ensure that PAs are represented in discussions about IV hydration clinics.
- **Motion to Appoint:** A motion was made by Mr. White to appoint **Mr. Weathersby** to the task force, which was seconded by Ms. Bennett. The motion passed unanimously.

Conclusion:

- The board will await further updates on the task force's formation and the scheduling of meetings. Mr. Weathersby will represent the board in these discussions to ensure that the interests and regulations surrounding PAs are adequately addressed.

Military Innovative Readiness Training Program Update in Tennessee

The meeting provided an update regarding the Military Innovative Readiness Training Program, which offers free health and dental care services in Ray and Bledsoe counties during July 2025.

Key Points:

- The military is conducting this program as part of their training for military professionals. It has been implemented in Tennessee before and allows military personnel licensed in other U.S. jurisdictions to provide care without needing a Tennessee license.
- A list of participating professionals was shared, which included two Physician Assistants (PAs) licensed in California, Nevada, and Arizona.
- The PAs are providing healthcare services as part of their training and can potentially prescribe medications, although specifics on their scope of practice during this event were not detailed.
- The program aims to serve rural communities in Ray and Bledsoe counties, where healthcare resources may be limited.

Discussion Points:

- Questions were raised regarding the nature of the services provided by the military professionals and whether they are allowed to prescribe medications.
- A humorous note was made regarding a typographical error in the title "physician's assistant" as it was highlighted in the provided list, which prompted a light-hearted discussion about proper terminology.

VIII. DISCUSS AND CONSIDER CHANGES TO THE HIGH PRESCRIBER POLICY

Robin Hoyle introduced herself and provided a brief background on her experience in pain management, including her role with the Pain Medicine Academy of Advanced Practice Providers. She highlighted the mission of the Tennessee Pain Society, which focuses on education related to pain management.

Key Proposal:

- Ms. Hoyle requested the Board of Physician Assistants to adopt changes to the high prescriber policy in line with the Board of Medical Examiners' recent decision.
- The proposal includes two educational courses as options to fulfill the mandatory 20 Continuing Medical Education (CME) credits required for those who receive a high prescriber letter:
 1. The annual meeting of the Tennessee Pain Society in September.
 2. The Targeted Pain Treatment Conference, a one-day meeting in collaboration with the University of Tennessee, Knoxville.
- Additionally, the proposal includes a mentoring component, offering three hours of one-on-one mentoring with a pain specialist, specifically including a PA from the specialist's office.

Department Response:

- Tracy Alcock, advisory attorney and deputy of the prescribing team, responded by stating that the department does not oppose the proposed changes. She noted that the courses align with the required 20 hours and offer beneficial information for those on the high-risk list.
- The department will review the changes for appropriateness but supports the board's decision to adopt the new coursework options.

Board Discussion:

- Board members expressed support for the proposal, with one member stating there were no contraindications to adding the additional educational opportunities.
- Mr. Weathersby made a motion to add the new courses, and Mr. Hull seconded the motion. The motion was unanimously approved.

IX. OFFICE OF GENERAL COUNSEL AND PRESENTATION OF DISCIPLINARY ORDERS

OGC Report

Tracy Alcock provided a comprehensive report on the Office of General Counsel (OGC) activities and updates relevant to the PA board.

Key Points:

1. **Conflict of Interest Policy Reminder:**
 - Board members were reminded to disclose any conflicts of interest related to family, friends, or financial matters for the record.
2. **Legislative Updates:**
 - Several bills passed during the legislative session will necessitate rule amendments for the PA board.
 - The board discussed the ongoing rulemaking process for fee increases and collaboration rules between physicians and PAs, which are nearing completion.

3. **Policy Review:**
 - Board members were encouraged to consider reviewing existing policies at the next meeting. Options include making changes to policies to reflect the current needs of the board rather than those of a committee.
 - It was suggested to add a comprehensive policy review to the agenda for the next meeting, allowing for a thorough discussion and potential updates.
4. **Litigation Update:**
 - As of June 2025, the OGC is managing four open cases pertaining to PAs, with one consent order scheduled for presentation during the meeting.
5. **Legislative Highlights:**
 - **Public Chapter 100:** Allows healthcare providers to petition the board to remove adverse action information from public licensing verification websites after five years of completing treatment or peer assistance programs.
 - **Public Chapter 127:** Removes the requirement for health-related board licenses to be signed by board members prior to issuance.
 - **Buprenorphine Prescription Law:** Authorizes PAs and nurse practitioners to prescribe buprenorphine for opioid use disorder in state correctional facilities, subject to specific limitations.
 - **Electronic Meeting Law (Public Chapter 524):** Permits state boards to meet electronically without prior filing requirements, allowing flexibility in meeting arrangements while maintaining a quorum.
6. **Meeting Logistics:**
 - The board discussed the operational aspects of electronic meetings, including the importance of notifying members of their participation method in advance.
 - Members were encouraged to respond promptly to quorum emails to facilitate efficient planning for meetings, especially in cases of inclement weather or low attendance.

Consent Order(s)

The board discussed the disciplinary case involving **Steven. Brewer, PA 2651**. The allegations stem from out-of-state discipline related to misconduct while practicing as a Physician Assistant (PA) in Virginia.

Key Points:

- Mr. Brewer's Virginia PA license was disciplined due to serious allegations, which included sending inappropriate text messages, making inappropriate comments to patients, and engaging in sexual activity with patients.
- The Virginia Board of Medical Examiners suspended Mr. Brewer's license for a minimum of four years. Should he wish to reinstate his license, he must undergo an administrative proceeding and pay the necessary fees.
- For his Tennessee PA license, the board proposed a consent order that includes the following:
 - An indefinite suspension of his Tennessee license for no less than four years, effective from the date of the consent order.
 - Mr. Brewer will be responsible for all costs associated with the prosecution of this matter, which must be paid within 12 months of the cost assessment.

- Upon successful completion of all requirements related to his Virginia disciplinary order, Mr. Brewer may petition the board for a compliance order to lift the suspension of his Tennessee license. He must personally appear before the board at that time, where additional disciplinary measures may be considered.

Motions:

- Ms. Hughes made the first motion to accept the consent order.
- Mr. White seconded the motion.
- The motion was passed unanimously with all in favor.

Petition for Order(s) of Compliance

The meeting addressed the petition of **Walter Blankenship, PA 1171**, who was present to request the removal of his probationary status and the reinstatement of his license as an unencumbered license.

Background:

- Walter Blankenship has undergone a series of disciplinary measures since his initial consent order in 2018, which placed his license on probation for a period of seven years due to issues related to prescribing practices.
- In April 2023, the board granted him an order of compliance allowing him to prescribe Schedule IV controlled substances, contingent upon continued practice monitoring.
- The discussion revolved around whether Mr. Blankenship has met the requirements outlined in the consent order and whether he should be granted full licensure.

Key Points Discussed:

1. Current Status of Mr. Blankenship's License:

- Mr. Blankenship's license remains on a seven-year probation, and he is currently not prescribing Schedule II or III controlled substances due to his practice in occupational medicine.
- He expressed concerns regarding the requirement for affiliated monitoring since he does not prescribe narcotics as part of his practice, which creates a challenge for compliance with the monitoring program.

2. Board Concerns:

- The board attorney, Tracy Alcock, indicated uncertainty about whether Mr. Blankenship has fully met the requirements of the consent order, particularly paragraphs related to practice monitoring and prescribing controlled substances.
- It was noted that Mr. Blankenship has completed parts of the order, including obtaining positive reports required for his petition.

3. Discussion of Compliance Difficulties:

- Mr. Blankenship argued that he has been unable to comply with the monitoring requirements because he does not prescribe controlled substances, which makes it difficult to fulfill the obligations outlined in the consent order.

- The board discussed whether the inability to prescribe should exempt him from certain monitoring requirements.
4. **Support from Board Members:**
- Several board members, including Mr. White, expressed personal support for Mr. Blankenship, citing his long-standing commitment to occupational medicine and the challenges he faces in meeting the monitoring requirements due to his current practice.
 - There was a consensus among board members that Mr. Blankenship has demonstrated accountability and a commitment to his profession.
5. **Petition for Modification:**
- Mr. Blankenship formally requested to modify his consent order to remove the probationary status and allow for an unencumbered license while retaining the ability to prescribe controlled substances if needed in the future.
6. **Board Vote:**
- A motion was made by Mr. Weathersby to grant Mr. Blankenship an unencumbered license, with a recommendation for continued diligence in prescribing practices. This motion was seconded by Mr. Hull.
 - The motion was passed unanimously, with Rob White recusing himself due to a personal connection with Mr. Blankenship.
7. **Outcome:**
- Mr. Blankenship's probationary status was removed, and he was granted an unencumbered license. The board acknowledged the complexities surrounding his situation and expressed confidence in his ability to practice safely.
8. **Final Remarks:**
- Mr. Blankenship thanked the board for their grace and support throughout his journey, expressing hope that this would be the last time he would need to appear before them regarding his licensure issues.

Conclusion:

- The board will draft an official order reflecting the decision made regarding Mr. Blankenship's license, confirming that it is now unencumbered and that certain compliance paragraphs were deemed impossible to fulfill based on his current practice. The attorney will prepare the documentation for signatures in the following week.

Public Comment

None

Adjournment

The meeting adjourned at 12:31 CST

The Board ratified these meeting minutes at their October 17, 2025, meeting.