



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

**Tuesday, January 25, 2021**

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**MINUTES**

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The regular board meeting of the Tennessee Board of Medical Examiners was called to order at 8:30 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Melanie Blake, Board President.

Board members present: Melanie Blake, MD, President  
Stephen Loyd, MD, Vice President  
Robert Ellis, Consumer Member, Secretary  
Deborah Christiansen, MD  
Jennifer Claxton, Consumer Member  
John Hale, MD  
Randall Pearson, MD  
Phyllis Miller, MD  
John McGraw, MD  
Keith Anderson, MD

Board member(s) absent: Samantha McLerran, MD

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

**I. CONSIDERATION OF APPLICATIONS**

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

**Elisette Nieto, MDXL** – appeared before the Board without a legal representative. Ms. Nieto is attempting to qualify for licensure by reciprocity with Colorado state whose requirements do not appear to be substantially similar to ours. She has been practicing as an X-ray Tech since 2017. Ms. Nieto explains she has worked as an X-ray technologist for two (2) years in an urgent care setting, and has mainly shot X-rays of extremities, chests and KUBs. Dr. Rene Saunders, Board Medical Consultant, briefly went over the Limited X-ray Operator license for the board and for which modalities one can

apply. Under the current rules for X-ray licensure and practice in the State of Tennessee, limited x-ray operators are not to perform KUBs. Ms. Nieto has not performed on the job training in facial and sinus x-rays. Ms. Francine Baca-Chavez, Office of General Counsel, presented the board with all options for licensure pathways, which includes licensing Ms. Nieto for only the modalities for which she has training and/or requiring additional continuing education in facial and sinus x-rays. Ms. Jennifer Claxton motioned to grant the limited license for basic chest, extremities, and spine. Additionally, Ms. Nieto may be licensed for the skull and sinus modalities once she completes two (2) hours of continuing education in skull and sinus X-rays, approved by the medical consultant. Dr. Deborah Christiansen seconds the motion, and it passes.

**Rhonda McCloud, MDXL** – appeared before the Board without legal representation. Ms. McCloud currently holds a Florida license to practice as an X Ray Operator. The requirements for that license do not appear to be substantially equivalent to the Rules of our state. Dr. John McGraw recused. Ms. McCloud has been an X-Ray tech since 2000. She attended Kaiser University for Medical Assisting, where she took a six (6) month course on the practice of taking X-Rays. As an X-ray tech Ms. McCloud has practiced in both urgent care and family practice settings for over twenty-one (21) years. She has taken the ARRT limited licensing exams and stays up to date through continuing education. Dr. Phyllis Miller motions to grant the limited license. Ms. Claxton seconds the motion, and it passes with Dr. McGraw recused.

**Alicia Hamilton, AMDX** – appeared before the Board without legal representation. Ms. Hamilton was sanctioned by the professional organization ARRT for unprofessional conduct in or around 2019. She has since completed all requirements of the sanction and has been reinstated to good standing. Ms. Hamilton takes responsibility for her actions and has only had the one public reprimand by ARRT. She has attended the required courses and has been an X-ray tech for seventeen (17) years and has been in good standing. The public reprimand resulted from an incident in or around November and December 2019, where quality control protocols were not followed for one week. Ms. Hamilton had completed the documentation the following week and had backdated the information. Dr. Christiansen motions to grant the license. Mr. Robert Ellis, Board Secretary, seconds the motion, and it passes.

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

**Muhammad Janjua, MD** – appeared before the Board without legal representation. Dr. Janjua is an International Medical School graduate who has not completed 3 years of a US ACGME accredited residency and is not ABMS certified. He is certified by a board that has not been recognized previously by the Board. Dr. Janjua briefly went over his education and the states where he is currently licensed. For the last two (2) years, Dr. Janjua has worked as a Neurosurgeon with a primary focus of Trauma Neurosurgery, at a Level I Trauma Center in the state of Illinois. The American Board of Neurological Surgery (ABNS) requires an international medical school graduate to practice for five (5) years as a neurosurgeon to be Board eligible. The ABNS does not count the time during fellowship towards the five years. Dr. Janjua is certified by the American Board of Clinical Neurological Surgery (ABCNS) through the American Academy of Neurological and Orthopedic Surgeons (AANOS). Ms. Baca-Chavez notes Dr. Janjua has filed a petition for declaratory order. Dr. Christiansen motions to table the application for up to four (4) months to allow Dr. Janjua to prepare for a declaratory order. Dr. Miller seconds the motion and the motion passes. Ms. Baca-Chavez briefly reviewed the Board rules for a declaratory order. Dr. Christiansen motions to approve the petition for declaratory order. Dr. Stephen Loyd, Board Vice President, seconds the motion and the motion passes.

**Brian Wickers, MD** – appeared before the Board without legal representation. Dr. Wickers withdrew from his General Surgery residency program in or around June 2019 for personal/professionalism reasons. He has not practiced Medicine since that time. He has no history of disciplinary action and is not

currently licensed in the United States. Dr. Wickers attended four years of General Surgery residency at the University of Arizona, before withdrawing for professionalism issues. Dr. Wickers has been out of practice from medicine since withdrawing from residency. Dr. Wickers has been applying for residency and has been applying for licensure in Arizona. Dr. Wickers withdrew his application for licensure in Arizona to help his family move to Tennessee. A discussion was held by the Board about possible remediation pathways as well as a TMF evaluation. Ms. Baca-Chavez briefly reviewed the Board Rules for limited licensure. The limited license acts as a remediation pathway for physicians who have been out of practice for an extended period of time. The limited license is for the purpose of one (1) year or shorter, but it cannot be issued for longer than two (2) years. The limited license restricts practice and is not disciplinary. Dr. Christiansen motions to table the application for up to six (6) months, prior to the consideration of the limited license, in order for Dr. Wickers to get an assessment through the Tennessee Medical Foundation (TMF), and to secure a mentorship for a minimum of six (6) months. Dr. McGraw seconds the motion, and it passes with Dr. John Hale opposed. Dr. Loyd and Dr. Saunders will work together on a reentry plan.

**Jeffrey Graham, MD** – appeared before the Board without legal representation. Dr. Graham has been a participant in the North Carolina Physician Health Program (NC PHP) for the past 4 years pursuant to previous criminal history as well as a history of substance use disorder. Dr. Michael Baron, Medical Director of the Tennessee Medical Foundation, spoke to the board on behalf of Dr. Graham. Dr. Graham has been monitored for almost five (5) years on a five-year contract. Should Dr. Graham be monitored by TMF, NC would continue to be his primary state. He has advocacy by the NC PHP. Ms. Baca-Chavez reviewed for the board the differences between conditional and contingent. A conditional license is reported to the National Practitioner Data Bank, while a contingent license is granted once the contingencies are met. Dr. Baron recommends the board may request an extension of the NC monitoring agreement, as it is set to end in five or six months, and it is the primary monitoring state. As Dr. Graham has maintained advocacy for five years, Dr. Christiansen motions to grant the license contingent on the applicant signing a TMF monitoring agreement to run concurrent with the NC monitoring agreement until it ends. Dr. Randall Pearson seconds the motion, and it passes.

**Aranyak Rawal, MD** – appeared before the Board without legal representation. Dr. Rawal is currently participating in a monitoring program with the TMF. Dr. Rawal completed residency in Pediatrics and is currently attending a Cardiology Fellowship program. He is board certified in Internal Medicine and intends to specialize in Cardiology. Dr. Rawal had a relapse in 2020, which he deeply regrets, and called Dr. Baron immediately after consuming alcohol. Dr. Rawal's monitoring agreement will expire in September. Dr. Rawal attends three (3) Alcoholics Anonymous meetings and one (1) Caduceus meeting weekly. Dr. Rawal hopes to maintain advocacy with TMF after his monitoring agreement ends and has spoken with TMF about a recovery monitoring agreement. Dr. Christiansen motions to grant the license contingent on a TMF contract extension of one (1) year and the maintaining of TMF advocacy. Dr. Loyd seconds the motion, and the motion passes.

**Abdul Haji, MD** – appeared before the Board via telephone due to extenuating circumstances without legal representation. Dr. Haji was terminated from a Veterans Administration clinical position after an investigation into a workplace complaint from a subordinate. Although the current policy addresses only the physician-patient relationship, the Board's most recent discussions have been directed toward consideration of other physician-based relationships. Dr. Haji has previously appeared before the board and the application was tabled until Dr. Haji could be evaluated by the Tennessee Medical Foundation. Dr. Baron briefly discussed the evaluation and notes there was no improper prescribing and no patient involved professional boundary concerns. Dr. Haji completed a professional boundary course on the recommendation of Dr. Baron. Dr. Baron does not recommend further monitoring. Dr. Haji reports

having a positive experience from the professional boundary course. Dr. Keith Anderson motions to grant the license and Dr. McGraw seconded the motion. Motion passes.

## II. PRESENTATION: ALZHEIMER'S DIAGNOSIS – NEXT STEPS

Dr. Angela Jefferson, Director of Vanderbilt Memory and Alzheimer's Center, presented to the Board along with Dawne Bunn, Executive Director of the Alzheimer's Association – Tennessee Chapter, and Rachel Blackhurst Director of Public Policy for the Alzheimer's Association – Tennessee Chapter. In 2019 a bill was passed establishing the State of Tennessee Alzheimer's and Related Dementia Council. The Council submits an annual plan to the governor and legislature which exams the current state resources and makes recommendations for addressing Alzheimer's and Dementia in the State presently and for the future. Members of the Council have expressed concern about the lack of information available to individuals and families when they receive a clinical diagnosis of Alzheimer's or Related Dementia from their physicians. Over the last year, a subcommittee of the Council has been working on a one-page PDF to help provide next-steps that physicians and physician offices can provide to patients and families after they provide an Alzheimer's or Dementia diagnosis. Care planning allows patients and their loved ones to better organize care and seek treatment early on, providing for improved quality of life. Dr. Christiansen suggests clinicians should have training to address their approach on delivering the diagnosis to patients, in addition to providing these resources. Ms. Angela Lawrence will speak with Ms. Jennifer Putman regarding placement of the information sheet on the Department of Health website.

## III. CONDUCT NEW BUSINESS

- a. **CME Waiver Request: Alan Kennedy, MD** – The Board reviewed a request to waive the CME requirement for Dr. Kennedy due to personal hardships. Per Board rule, the request for a waiver must be sent prior to the expiration of the calendar year in which the CME was due. In his case, the end of his CME period would have been December 2020. Per the rule, his request should have been submitted prior to the end of 2020. The request was not submitted until December 2021, which was well after the expiration date. Ms. Baca-Chavez notes that while the Board rules do not give latitude to grant a waiver, the Board should consider recommendations for how the Office of General Counsel should proceed with these cases in the future. Dr. Hale motions to decline the waiver, and Ms. Claxton seconded and the motion passes. The Board will stand by the rule going forward.

## IV. UPDATES FROM TASKFORCES & COMMITTEE MEETINGS

- a. **Development Committee Meeting Update (Dr. Loyd, Dr. Blake, Mr. Ellis, and Dr. Christiansen)** –
  - i. The Committee met yesterday, January 24, 2022.
  - ii. TFQPH Opioid Education Proposal – A request for funding was made by the Tennessee Medical Association (TMA) on behalf of a nonprofit, to develop criteria for the TMA's opioid prescribing course. While the Committee felt the proposal was well thought out, the Board does not have a way to fund the course at this time. Dr. Loyd will work with the TMA and the nonprofit to find alternate funding sources. Dr. McGraw strongly supports granting a standardized course on opioid prescribing to prevent misinformation.

- iii. NIH treatment guidelines – Dr. Blake presented an overview of the Committee’s discussion on the standard of care guidance for COVID-19. The Committee strongly encourages licensees to use the resources available from the NIH, CDC, and other evidence-based research to formulate treatment plans for COVID-19.
- iv. Definitions for COVID-19 disinformation and misinformation – A letter was received by the Office of General Counsel from the Government Operations Committee requesting clearly defined exposition of COVID-19 misinformation and disinformation. The Committee revisited the statement adopted on September 21, 2021, which was amended by Ms. Baca-Chavez to include definitions of misinformation and disinformation. Further discussion will be held by the Board after lunch.
- v. Public Chapter 328 – Licensure Rules 0880-02-.03 through 0880-02-.08 were discussed. The Committee recommends the acceptance of amendments made to pages four and five as written. The motion to accept pages four and five as amended passes. The Board discussed the possibility of rotating one Board member per month to review the remaining rules with Board Counsel and Dr. Saunders or another staff member of Health Related Boards and provide a brief overview at the Development Committee going forward.
- vi. Sexual Misconduct Policy – The Federation of State Medical Boards (FSMB) published guidelines for sexual misconduct policies. Dr. Loyd worked with Dr. Baron and Ms. Baca-Chavez in utilizing the FSMB guidelines to propose amendments to the Board’s current sexual misconduct policy. The Board discussed the language in relation to different specialties and made additional amendments to the policy. Dr. Hale motioned to accept the amendments made by the Board. The motion was seconded by Dr. Christiansen and the motion passes. The Development Committee motions to adopt the amended policy on sexual misconduct and the motion passes.
- vii. Out of State Telehealth Providers of Buprenorphine – Currently, there are telehealth Buprenorphine Clinics operating in Tennessee. There are Buprenorphine rules and guidelines, which have been recently updated. The Committee recommends that no further action is needed and that the matter should be handled on a complaint basis with the Office of Investigations.
- viii. Professional Boundaries and Proper Prescribing Courses – The recommendation from the Committee is to invite the programs to present an overview of the content of the courses. In particular, the courses at Vanderbilt University, Case Western University, Stanford University, Professionals Boundary Incorporated, and Martha Brown, which the Board frequently refers licensees. Dr. Baron noted Vanderbilt may have auditor positions in their courses, which may be offered for free.
- ix. Advisory Opinions -
  - 1. Deborah Gross, MD – Dr. Gross is requesting the ability to conduct a site visit via Zoom. Rule 0880-2-.02 #9 states “the supervising physician shall be required to visit a remote site at least once every thirty (30) days.” Dr. Gross is the supervising physician for a psychiatric nurse practitioner who will be providing services to offices in Tennessee via Telehealth. Dr. Gross is reluctant to travel due to risk of the spread of Covid-19 and the Delta Variant. The practice of medicine occurs where the patient is located. Board Rule 0880-06-.02 requires a supervising physician to visit any remote sites of their supervisees every thirty (30) days. This is true even if the nurse practitioner is practicing telemedicine and whether or not they are practicing in a location geographically

- distant from their supervising physician. A remote site visit may not occur via videoconferencing technology. The Committee motions to approve the advisory letter ruling as written and it passes.
2. Glenn Webb, MD – Dr. Webb is requesting clarification on where the clinical site visit must take place when both the supervising physician and the supervisee practice from home via telemedicine. Dr. Webb additionally requested if the site visit could be conducted via video conferencing. Board Rule 0880-06-.02 requires a supervising physician to visit any remote sites of their supervisees every thirty (30) days. This is true even if the nurse practitioner is practicing telemedicine and whether or not they are practicing in a location geographically distant from their supervising physician. A remote site visit may not occur via videoconferencing technology. The remote site visit may occur at the site from which the nurse practitioner is practicing telemedicine; however, the Board will leave where the site visit will occur to the discretion of the supervising physician and the supervisee. The Committee motions to approve the advisory letter ruling as written and it passes.
  3. Thomas Higgins, MD – Dr. Higgins had previously requested an exemption from Rule 0880-2-.14(c) to allow prescribing of amphetamines for hypersomnia, in November. The exemption was granted to Dr. Higgins. Dr. Higgins is planning to fully retire in April and is requesting the Board grant the exemption to the physicians that will continue the care for his patients upon his retirement. The Board has proposed changes to the current rules, which, when they become effective, would allow the prescription of amphetamines for treatment of Food and Drug Administration approved indications, as well as other proposed changes. Pursuant to T.C.A. § 63-6-101(a)(4), private letter rulings shall only affect the licensee making the inquiry and shall have no precedential value for any other inquiry or future contested case to come before the Board. Therefore, should Statcare wish to seek an advisory letter ruling they will have to submit a request to the Board. The Committee motions to approve the advisory ruling as written and it passes.

V. **CONSIDER AND APPROVE CONSENT AGENDA**

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

1. Approval of November 2-3, 2021, Board meeting minutes
2. Approval of December 7, 2021, Special meeting minutes
3. Ratification of new licenses, reinstatement and renewals of Medical Doctors, MD X-Ray Operators, Genetic Counselors, Polysomnography
4. Review of Administrative Office Statistical Licensing Report
5. Review of the Office of General Counsel Report
6. Review report from the Office of Investigations
7. Review and approve unlicensed practice Agreed Citations – Amanda Dickens, MDXL (license # 7204)
8. Review and approve continuing education Agreed Citations – Rickey Hudson, MD (license #18656), Kevin Hagan, MD (license #14410) Robert Pomphrey, MD (license #29910), William

Shell Jr., MD (license #14260), Marsha Lee, MD (license #26113), James Starnes, AMDX (license #9072), Kristin Pridemore, AMDX (license #5255) and Nathan Hobbs, PSGT (license #783)

The Board recessed for lunch.

**VI. Discuss and take action if needed regarding discipline for issues related to dispensing and prescribing medication for COVID-19**

Rules must be promulgated prior to disciplining providers for dispensing and prescribing medication for COVID-19. The Office of General Counsel recommends the Board seek an Attorney General opinion regarding the recent rulemaking prior to promulgating any rules. The Attorney General's opinion will help in understanding the scope of the new legislation and what cases may be brought to the Board. Additionally, the Government Operations Committee would like the board to define disinformation and misinformation. Dr. Hale defines misinformation and disinformation as information that is in direct conflict to undisputed, universally accepted, evidence-based facts. Dr. Anderson notes that the difference between misinformation and disinformation is the intent of the action. There are many steps between complaints and license discipline, as such not every complaint will be brought before the Board. The Board seeks to provide guidance in the ever-evolving practice of medicine. Dr. Hale motions to adopt paragraph 3 as is and strike all the remaining paragraphs and has defined misinformation and disinformation. Mr. Ellis seconded the motion. After a lengthy discussion the Board has decided to not change the policy, but to respond to legislation with the 3<sup>rd</sup> paragraph of the policy and the definition of misinformation and disinformation given by Dr. Hale. Dr. Hale withdraws the original motion. Dr. Christiansen motions to address a letter to the Government Operations Committee that defines misinformation and disinformation as follows: "Misinformation is defined as content that is false, inaccurate, or misleading, even if spread unintentionally in violation of T.C.A 63-6-214(b)(3). Disinformation is defined as the purposeful spread of false information meant to mislead, damage, or harm in violation of T.C.A 63-6-214(b)(3). T.C.A. 63-6-214(b)(3) gives the board authority to discipline a physician for making false statements or representations. Misinformation or disinformation is information that is in direct conflict to undisputed, widely accepted, evidence-based fact." Dr. Hale seconds the motion and it passes with Ms. Claxton abstained.

**VII. PUBLIC COMMENT –**

Public comment was made by Dr. Katrina Green, MD and Dr. Amy Bono, MD regarding the discussion on misinformation and disinformation related to COVID-19. Dr. Green is an Emergency Medicine physician in Middle Tennessee and expresses the concerns of herself and her colleagues regarding the spread of misinformation and disinformation related to COVID-19 amongst the patient population. This information ultimately leading to patients not seeking treatment and/or patient deaths. Dr. Bono is also a physician in Middle Tennessee and expresses similar concerns as Dr. Green. Dr. Bono brought a letter from a colleague, which she has read to the Board.

**VIII. DISCIPLINARY ORDERS**

**Consent Order(s)**

**Richard Ennis, MD** – did not appear before the Board nor did a legal representative appear on his behalf. Ms. Paetria Morgan represented the State. Respondent was licensed on January 1, 1971, which is currently set to expire on February 28, 2022. Respondent is an orthopedic surgeon. On or about August 31, 2020, the Respondent's clinical privileges at Saint Francis Hospital were suspended due to concerns

regarding the Respondent's ability to properly sequence procedures, his strength during the procedures, and his pronounced hand tremor. The facts stipulated are grounds for discipline. This order shall voluntarily retire Respondent's medical license. Prior to applying to reinstate his Tennessee medical license, Respondent must, within three (3) months of submitting such application, undergo a comprehensive fitness to practice and neuropsychological evaluation through a program such as the Vanderbilt Comprehensive Assessment Program ("VCAP") or an equivalent program pre-approved in writing by the Board's medical consultant. The Respondent must cause the results of the evaluation and any updates or progress reports to be sent to the Board's disciplinary coordinator. Respondent must also cause the evaluating program to submit a recommendation to the Board's medical consultant regarding whether Respondent is safe to resume the practice of medicine. Respondent must undergo a competence assessment from The Center for Personalized Education for Physicians (CPEP), within three (3) months of submitting an application and shall cause CPEP to submit the assessment findings to the Board's medical consultant. Respondent acknowledges that prior to the reinstatement of his license, Respondent may also be required to comply with the Board's rules and policies regarding reinstatement and re-entry to practice. Respondent shall pay all actual and reasonable costs of the case not to exceed three thousand dollars (\$3,000.00). Dr. Hale motioned to accept this order. Dr. Loyd seconded and the motion passed.

**Ernest Strange, MD** – did not appear before the Board nor did a legal representative appear on his behalf. Mr. Gerard Dolan represented the State. Respondent was licensed on March 10, 1977, which is currently set to expire on February 28, 2023. From about January 2018 to about April 2021, Respondent provided chronic pain management to certain patients in his physician office practice. From those patients, the Department conducted an investigation wherein the Department reviewed fifteen (15) patient charts. On occasion, Respondent prescribed controlled substances and other medication without complete documentation of patient's history, physical exam, diagnoses, or treatment plan with regard to the use of controlled substances and other medication. Respondent failed to include documentation related to consultations and previous hospitalizations in the treatment plan. Respondent failed to properly or consistently monitor for signs of substance abuse on the part of his patients through use of consistent urine drug screens. Although CSMD checks were performed each visit to monitor patients, the documentation was not consistently added to the chart. Respondent did not consistently provide the patient information about the risks and benefits of the drugs being prescribed and alternative treatments. On occasion, the Respondent prescribed patients a combination of opioids and benzodiazepines without documenting his discussion with the patient of the increased risk of respiratory compromise with this combination. The facts stipulated are grounds for discipline. This order shall voluntarily surrender Respondent's medical license. Respondent understands that this action has the same effect as a revocation of his medical license. Respondent agrees that he will not submit a new application for a Tennessee medical license as he permanently retired from the practice of medicine and closed his physician practice. Respondent shall pay all actual and reasonable costs of the case not to exceed two thousand dollars (\$2,000.00). Mr. Ellis motioned to approve the order. Dr. Pearson seconded and the motion passed.

**Shelton Hager, MD** – did not appear before the Board nor did his legal representative, Jimmie C. Miller, Esq. appear on his behalf. Mr. Gerard Dolan represented the State. Respondent was licensed on October 11, 2004, which is currently set to expire on August 31, 2023. Respondent is certified in family medicine by the American Board of Family Medicine and practices family medicine in Kingsport, Tennessee. Respondent is not certified as a pain management specialist. Respondent states that the medical community where he practices has experienced a shortage of pain medicine specialists for several years, and consequently, it can be difficult for primary care physicians to have their patients seen by a pain management specialist on a long-term basis. The Department conducted an investigation wherein the Department reviewed fourteen (14) of the Respondent's patient charts for which Respondent provided chronic pain management during the period from around January 2018 to around September 2020. The treatment Respondent provided included prescribing narcotics and other medications and controlled substances to manage his patients' chronic pain. Respondent prescribed controlled substances for his



patients in dosages with the potential for abuse, and in combination with other medications with the potential for abuse. Respondent prescribed controlled substances and other medication to one (1) patient without documenting a written medication management agreement signed by the patient. Respondent prescribed narcotics and/or other controlled substances to patients when the quantity, duration, and method as such that the patients were at risk of becoming dependent on the controlled substances. Respondent failed to make appropriate adjustments in his prescribing practices for the purpose of decreasing the risk of his patients developing a dependency on a controlled substance. Respondent failed to properly or consistently monitor some of his patients for their risk of developing a dependency, including failing to use urine drug screens with patients. Respondent failed to document that he has checked with the Tennessee Controlled Substance Monitoring Database (“CSMD”) prior to each time he provided patients new prescriptions for controlled substances and/or changed the prescribed doses. In treating some of his chronic pain management patients, Respondent provided opioid prescriptions of 120 morphine equivalent daily doses (“MEDDs”) or more but did not refer said patients to or consult with a pain management specialist, as required by the Tennessee Chronic Pain Guidelines. Respondent prescribed patients with a combination of opioids and benzodiazepines without documenting his discussion with the patient of the increased risk of respiratory compromise with this combination. Respondent prescribed patients carisoprodol without documenting his discussion with the patient of the risks and benefits of such treatment. The facts stipulated are grounds for discipline. This order shall place Respondent’s license on probation for a period of no less than one (1) year. Respondent is restricted from prescribing carisoprodol. Respondent shall not prescribe opioids for a period of at least six (6) months and shall not collaborate with any advanced practice registered nurse or physician assistant who prescribed opioids to his patients for this six (6) month period. At the expiration of the six (6) month period, and after Respondent has provided proof to the Disciplinary Coordinator that he has completed all coursework required by this Order, Respondent may petition the Board to lift the restriction on prescribing of opioids on his license imposed by this Order. Within sixty (60) days, Respondent shall obtain practice monitoring and the monitoring shall continue for two (2) years. Respondent shall complete specific coursework outlined in the Order. Respondent shall pay one (6) Type A Civil penalties for a total of three thousand dollars (\$3,000.00). Respondent shall pay all actual and reasonable costs of the case not to exceed five thousand dollars (\$5,000.00). Dr. Hale motioned to accept the order. Dr. Loyd seconded the motion and the motion passed.

**Pamela Davis, PA** – did not appear before the Board nor did a legal representative appear on her behalf. Mr. Gerard Dolan represented the State. Respondent was licensed on February 6, 2006, which is currently set to expire on May 31, 2022. Since being licensed in Tennessee as a Physician Assistant (P.A.), Respondent has provided treatment to multiple patients at pH7 Dermatology, a dermatology practice that Respondent owns and operates along with Joshua Gapp, M.D., who serves as Respondent’s collaborating physician. The Department conducted an investigation that included the review of patient chart E.B. Respondent acknowledges that it was an oversight that she wrote prescriptions, including for controlled substances, on a prescription pad that does not state the name, address, and telephone number of Respondent’s collaborating physician, Dr. Gapp. Respondent prescribed a schedule II controlled substance, Adderall, on several occasions to patient E.B., who is Respondent’s family friend and coworker. Respondent maintained a medical record for patient E.B. which reflects that Respondent prescribed the Adderall to patient E.B. for Attention Deficit Disorder and Acne. Respondent did not document that she conducted any pill counts or urine drug screens on patient E.B. Respondent’s collaborating physician did not review and sign on hundred percent (100%) of Respondent’s charts in which Respondent prescribed a controlled substance to a patient, including when Respondent prescribed Adderall to patient E.B. Respondent took a course entitled Opioid and Diversion Awareness on the Current State of the Opioid Epidemic by the Federation of State Medical Boards in or around July 2021. The facts stipulated are grounds for discipline. This order shall reprimand Respondent’s license. Respondent shall not prescribe any Schedule II controlled substance in Tennessee for two (2) years.

Respondent shall pay all actual and reasonable costs of the case not to exceed eight hundred dollars (\$800.00). Dr. Christiansen motioned to accept the order. Mr. Ellis seconded the motion and it passed.

**Jillian Goles, PA** – did not appear before the Board nor did a legal representative appear on her behalf. Mr. Gerard Dolan represented the State. Respondent was licensed on May 2, 2017, which is currently set to expire on April 30, 2022. On or about July 19, 2021, the Maryland State Board of Physicians (“Maryland Board”) suspended Respondent’s P.A. license to practice in Maryland for a minimum of one (1) year and ordered Respondent to enroll in the Maryland Professional Rehabilitation Program (“MPRP”). The Maryland Board found the following facts which led to the suspension of Respondent’s Maryland P.A. license. Respondent altered her medical record at Respondent’s place of employment on three (3) occasions, when Respondent accessed Respondent’s own electronic medical record without authorization and added Adderall to her medication list. Respondent also added Attention Deficit Disorder (ADD) and General Anxiety Disorder (GAD) to her problem list. Further, Respondent prescribed Adderall to herself on or about March 25, 2020, and March 26, 2020. Respondent wrote and mailed three (3) prescriptions for Adderall #120 to a person in Tennessee who was not a patient at Respondent’s place of employment, and Respondent admitted that she did not keep a medical record for this patient. Respondent self-prescribed Adderall on six (6) occasions. Respondent prescribed Adderall to a family member on four (4) occasions between about February 28, 2019, and April 25, 2020. Respondent prescribed Adderall to a person who lived in the same building as Respondent on three (3) occasions between about March 15, 2019, and July 15, 2019. Respondent’s medical record from her former primary care physician shows that on or about October 9, 2019, Respondent’s physician notified Respondent that she could no longer prescribe Adderall to Respondent because she discovered that Respondent had self-prescribed Adderall on two (2) occasions. On or about October 18, 2019, Respondent’s physician notified Respondent that she was discharging Respondent as a patient due to Respondent’s self-prescribing. Respondent failed to produce medical records for three (3) individuals to whom Respondent prescribed Adderall to Maryland Board within ten (10) business days or anytime thereafter despite the Maryland Board’s subpoena for the records. Respondent has not been practicing as a PA in any state since about June 2020. The facts stipulated are grounds for discipline. This order shall place Respondent’s license on suspension for no less than five (5) months. At the end of the minimum five-month suspension, and after Respondent has provided proof to the Disciplinary Coordinator that the MRP finds Respondent to be safe to return to the practice of medicine, Respondent may petition the Board to lift the suspension on her license. Immediately thereafter, Respondent’s license shall be placed on probation for no less than two (2) years. If the MRP requires Respondent to continue a monitoring agreement, then during the period of probation, Respondent must maintain 100% compliance with the MRP monitoring agreement and with its terms for the duration of the agreement and any amendments thereto. If the MRP does not require Respondent to continue a monitoring agreement once it deems her safe to return to the practice of medicine, then no such compliance shall be required. Respondent must enroll in and successfully complete within the year 2022, the prescribing course entitled “*Intensive Course in Controlled Substance Prescribing*” offered by The Case Western Reserve University Continuing Medical Education Program at The Case Western Reserve University School of Medicine located in Cleveland, Ohio, or an equivalent course approved by the Committee’s Consultant. Respondent shall pay all actual and reasonable costs of the case not to exceed five hundred dollars (\$500.00). Dr. Christiansen motioned to accept the order. Dr. Anderson seconded the motion and the motion passed.

**Douglas Young, PA** – did not appear before the Board nor did a legal representative appear on his behalf. Mr. Gerard Dolan represented the State. Respondent was licensed on November 29, 2001, and that license expired on February 28, 2021. Respondent has been employed at the Nashville Pain and Wellness Center (“Nashville Pain”), as a Physician Assistant from approximately 2009 until 2021. The Department conducted an investigation that included a review of thirteen (13) medical records for patients to whom Respondent has prescribed controlled substances. A review of Respondent’s records indicates that the treatment Respondent provided to his patients included prescribing narcotics and other medications and

controlled substances in amounts and/or for durations not medically necessary, advisable, or justified for a diagnosed condition. Respondent prescribed combinations of controlled substances for his patients without a clear objective finding of a chronic pain source to justify ongoing and increasing prescribing. Respondent prescribed controlled substances and other medication without documenting a written treatment plan with regard to the use of controlled substances and other medication. Respondent prescribed narcotics and/or other controlled substances to patients when the quantity, duration and method was such that the patients would likely become addicted to the habit of taking said controlled substances yet failed to make a bona fide effort to cure the habit of such patients or failed to document any such effort. Respondent frequently failed to hold patients accountable for violations of pain management contracts. Respondent failed to make appropriate adjustments in his prescribing practices for the purpose of decreasing his patients' addiction habits. Respondent failed to perform pill counts and counsel or reprimand patients who were receiving opioids or benzodiazepines from other providers as well as from Nashville Pain. Respondent failed to properly or consistently monitor for or seek out and respond to signs of substance abuse on the part of Respondent's patients and failed drug screens were frequently ignored. The treatment Respondent provided did not include providing the patient information about the risks and benefits of the drugs, and/or combinations of drugs being prescribed. Respondent provided few modalities of treatment other than the prescription of controlled substances and failed to adjust patients' treatment when they failed to follow these recommendations. The facts stipulated are grounds for discipline. This order shall voluntarily surrender Respondent's license. Respondent shall pay all actual and reasonable costs of the case not to exceed five thousand dollars (\$5,000.00). Dr. Hale motioned to accept the order. Mr. Ellis seconded the motion. The motion passed.

**Thirukandeeswara Swaminathan, MD** – did not appear before the Board nor did a legal representative appear on his behalf. Ms. Jessica Turner represented the State. Respondent was licensed on October 26, 2011, which is currently set to expire on June 30, 2022. Respondent is a board-certified neurologist with Tri-State Neurology, which is located in Memphis, Tennessee. Respondent was the supervising physician for M.J., a polysomnographer, from about May 2017 to February 2020. M.J. practiced on an expired license for a total of thirty-four (34) months from about May 2017 to February 2020 during the time she was supervised by the Respondent. The facts stipulated are grounds for discipline. This order shall reprimand Respondent's medical license. Respondent shall pay thirty-four (34) Type C Civil penalties for a total of thirty-four hundred dollars (\$3400.00). Respondent shall pay all actual and reasonable costs of the case not to exceed four thousand dollars (\$4,000.00). Dr. Hale motioned to approve the order. Dr. McGraw seconded the motion and it passed.

**Walter Simmons, MD** – did not appear before the Board nor did a legal representative appear on his behalf. Ms. Jessica Turner represented the State. Respondent was licensed on August 10, 2005, which is currently set to expire on March 31, 2023. On or about March 10, 2021, in *US v. Simmons*, Respondent pleaded guilty to three (3) counts of Wrongful Use of a Unique Health Identifier. The facts stipulated to in this pleading are as follows: Respondent admits and agrees that on or before September 12, 2014, he obtained a Medical History Questionnaire that contained L.M.'s unique health identifiers including L.M.'s name, address, social security number, insurance member ID number, description of health history, and description of symptoms. Respondent admits and agrees that on or about September 12, 2014, he knowingly used L.M.'s unique health identifiers by writing a prescription for two (2) compound drugs for L.M. and faxing the prescription form to J.C. in Dallas, Texas. Respondent admits and agrees that on or before September 19, 2014, he obtained a Medical History Questionnaire that contained D.P.'s unique health identifiers including D.P.'s name, address, social security number, insurance member ID number, description of health history, and description of symptoms. Respondent admits and agrees that on or about September 19, 2014, he knowingly used D.P.'s unique health identifiers by writing a prescription for three (3) compound drugs for D.P. and faxing the prescription form to J.C. Respondent admits and agrees that on or before September 20, 2014, he obtained a Medical History Questionnaire that contained J.E.'s unique health identifiers including J.E.'s name, address, social security number, description of

health history, and description of symptoms. Respondent admits and agrees that on or about September 20, 2014, he knowingly used J.E.'s unique health identifiers by writing a prescription for three (3) compound drugs for J.E. and faxing the prescription form to J.C. As a result of Respondent's guilty plea, he was sentenced to nine (9) months incarceration on each Count, to run concurrently. The facts stipulated are grounds for discipline. This order shall suspend Respondent's license for the entire period of Respondent's incarceration. During the period of suspension and while Respondent's license remains encumbered, Respondent shall not serve as a supervising/collaborating physician or substitute supervising/collaborating physician to any advanced practice registered nurse, physician assistant, or pharmacist. When respondent is released from incarceration, Respondent may petition the Board for an "Order of Compliance" to lift the suspension. Upon successful petition for Order of Compliance lifting the suspension, Respondent's license shall be placed on Probation for a period of two (2) years. Within six (6) months of being placed on probation, Respondent must complete the course titled "*Medical Ethics, Boundaries and Professionalism*," which is offered at the School of Medicine, Case Western Reserve University in Cleveland, Ohio, or an equivalent course preapproved in writing by the Board's medical director. Respondent shall pay three (3) Type B Civil penalties for a total of one-thousand-five-hundred dollars (\$1500.00). Respondent shall pay all actual and reasonable costs of the case not to exceed four thousand dollars (\$4,000.00). Dr. Hale motioned to approve the order. Dr. Christiansen seconded the motion and it passed.

#### **Final Order(s)**

**Kevin Plemons, PSPG** – did not appear before the Board nor did a legal representative appear on his behalf. Mr. Gerard Dolan represented the State. Respondent was licensed on August 11, 2010, which is currently set to expire on January 31, 2022. Respondent failed to obtain ten (10) of the ten (10) required hours of continuing medical education in the 2016 continuing education cycle, and ten (10) of the ten (10) required hours of continuing education in the 2017 continuing education cycle. The facts stipulated are grounds for discipline. This order shall reprimand Respondent's license. Respondent shall pay twenty (20) Type C Civil penalties for a total of six hundred dollars (\$600.00). Respondent agrees to obtain the twenty (20) hours of continuing education for the 2016 and 2017 cycles that Respondent was deficient plus ten (10) additional hours of Board approved continuing education, for a total of thirty (30) continuing education hours. Respondent shall pay all actual and reasonable costs of the case not to exceed ten thousand dollars (\$10,000.00). Dr. Hale motioned to approve the order. Dr. McGraw seconded the motion and it passed.

#### **Agreed Order(s)**

**Harry Zain, MD** – did not appear before the Board, his legal representative, Mr. Mark Hammervold, appeared via telephone on his behalf. Ms. Jessica Turner represented the State. Dr. Loyd, Ms. Claxton, and Dr. McGraw are recused. Respondent was licensed on October 1, 1987, which is currently set to expire on September 30, 2023. Respondent is board-certified in obstetrics and gynecology. For over twenty-five years, Respondent has operated a private practice called "Five Rivers Obstetrics and Gynecology" in Morristown, Tennessee. L.M. was Respondent's patient from approximately 2011 until June 16, 2016, the date of her last office visit with Respondent. L.M. is a computer specialist. In or about May 2016, L.M. approached Respondent about helping with his web presence and several other IT-related issues. After Respondent accepted her offer, L.M. and Respondent began communicating much more frequently outside the context of the patient-doctor relationship. L.M. and Respondent's communications also became increasingly personal and affectations. After about June 16, 2016, L.M. discontinued care with Respondent and communicated to Respondent and Respondent's office that she was changing over her OB/GYN care to Dr. Penny Knight. On or about July 18, 2019, L.M. requested that her medical records be sent to Dr. Penny Knight's office to effectuate that change. While L.M. had

communicated that she would no longer be Respondent's patient and took steps to transition her care to Dr. Knight, Respondent did not formally terminate the doctor-patient relationship. As a result, Respondent wrote the several prescriptions for L.M. approximately between August 2016 to October 2016 without patient encounters, and without appropriately documenting the prescriptions in L.M.'s medical records. In or around 2009, Respondent was reprimanded by the Board for a misdemeanor assault conviction. In or around 2011, following a contested case hearing before the Board, Respondent was reprimanded for providing medical care and treatment to a patient with whom he was in a pre-existing sexual relationship, and for prescribing to that patient controlled substances. The facts stipulated are grounds for discipline. This order shall reprimand Respondent's medical license. Respondent must enroll in and successfully complete within one (1) year, one of the following courses: "*Intensive Course in Managing Inappropriate Communications in Medical Practice*" offered by The Case Western Reserve University Educational Program; "*Professional Boundaries and Ethics (PB-24)*" offered by PBI Education University of California Irvine Medical School; or other equivalent course pre-approved by the Board's consultant. Respondent shall pay six (6) Type B Civil penalties for a total of six hundred dollars (\$600.00). Respondent shall pay all actual and reasonable costs of the case not to exceed ten thousand dollars (\$10,000.00). Dr. Christiansen motioned to approve the order. Dr. Miller seconded the motion and it passed with Dr. Loyd, Ms. Claxton, and Dr. McGraw recused.

#### **Next Development Committee Agenda**

- a. Public Chapter 328 – Rule review of sections 0880-02-.14, 0880-02-.23, and 0880-02-.25

Ms. Angela Lawrence will be promoted to the Director of Health Related Boards, and her last meeting with the Board will be March. Ms. Stacy Tarr will be the interim Administrative Director of Board of Medical Examiners.

**The Board adjourned at 3:40pm CT.**