



TENNESSEE BOARD OF MEDICAL EXAMINERS'

## COMMITTEE FOR Physician Assistant

Tuesday, June 20, 2017

---

### MINUTES

---

A regular meeting of the Tennessee Board of Medical Examiners' Physician Assistants was held in the Poplar Conference Room at 665 Mainstream Drive, Nashville, Tennessee 37243.

---

#### Members Present

Chair – Omar Nava

Ralph Dailey

Barbara Thornton

Gregory Cain

#### Staff Present

Dr. Rene Saunders

Stacy Tarr

Maegan Martin

Andrea Huddleston

Mary Bratton

---

---

# **Financial Report**

Noranda French

## **Applicant Interviews**

### **Elizabeth Ashe**

Elizabeth Ashe is brought forward as the first applicant interview. Dr. Rene Saunders explains Ms. Ashe's reason for the interview. There is a policy in place in Tennessee which would require a competency examination if one had been out of practice for an extended period of time. Mr. Nava asks Ms. Ashe if she was aware of the policy, and she states that she was not when she originally applied. Ms. Ashe withdrew her application, and agreed to re-apply when she had been in practice in West Virginia for 2 years.

### **Lindsey Keenum**

Lindsey Keenum is brought forward. Ms. Keenum was arrested for suspicion of driving under the influence and open container. She ultimately entered a guilty plea for reckless endangerment and was sentenced to probation. A representative of PHP explains that Ms. Keenum was evaluated through drug screenings and meetings and passed all tests. Chairman Nava states, that since she has been monitored by another state program, we shouldn't need any more monitoring. A motion is made for approval, seconded and passes unanimously

### **Warren Starret**

Mr. Starrett has pled guilty to four offenses involving drugs or alcohol. The last offense, a misdemeanor, occurred in 2001. He has undergone mandatory counseling and reports that he has submitted to random drug screens for the past five years without incident. A motion is made for approval, seconded and passes unanimously



---

# Legislation – James Layman

## Committee for Physician Assistants

### Legislative Update - 2017

#### Public Chapter 42

This sunset provision extends the committee on physician assistants until June 30, 2021.

#### Public Chapter 266

Current law authorizes physicians and health officers to treat minors with STDs without parental knowledge or consent and incur no civil or criminal liability except for negligence. This legislation adds nurse practitioners, nurse midwives, and physician's assistants to those authorized to treat minors with STDs without parental knowledge or consent. This act took effect on July 1, 2017.

#### Public Chapter 350

This will allow healthcare providers to satisfy one hour of continuing education requirements through the performance of one hour of voluntary provision of healthcare services. The maximum amount of annual hours of continuing education that a provider can receive through providing volunteer healthcare services is the lesser of 8 hours or 20% of the provider's annual continuing education requirement. The legislation allows for rulemaking by the division of health related boards in order to administer this section. This took effect on May 12, 2017.

#### Public Chapter 215

This will require state governmental entities that establish or adopt guides to practice to do so through the promulgation of rules, rather than policy. The rules promulgated must specify all provisions included in and relating to the guide to practice. Any changes to guides to practice made after the guides are adopted must also be promulgated by rule in order to be effective. For purposes of this part, guides to practice includes codes of ethics and other quality standards, but does not include tests, examinations, building codes, safety codes, or drug standards. This legislation took effect on April 28, 2017.

#### Public Chapter 240

This legislation was brought by the Department of Health and was designed to address a number of issues throughout all licensing boards, committees, and councils. This legislation will:

- ☑ Insure the integrity of licensure examinations by making examination questions, answer sheets, scoring keys, and other examination data confidential and closed to public inspection.
- ☑ Allow the issuance of limited licenses to applicants who have been out of clinical practice or inactive, or who are engaged in administrative practice. Limited licenses may be of restricted scope, restricted duration, and have additional conditions placed upon them in order to obtain full licensure.
- ☑ Clarify that other documents prepared by or on behalf of the Department with regard to an investigation are confidential until such time as formal disciplinary charges are filed against the provider.
- ☑ Eliminate the "locality rule" for administrative law.
- ☑ Require the chief administrative official for each health care facility to report within 60 days any disciplinary action taken against an employee for matters related to ethics, incompetence or negligence, moral turpitude, or substance abuse, to the employee's respective licensing board. All records pertaining to the disciplinary action shall be made available for examination to the licensing board.

This act became effective on May 2, 2017.

#### Public Chapter 481

This legislation creates a new violation of a healthcare practitioner's practice act if that practitioner refuses to submit to or tests positive for any drug the practitioner does not have a lawful prescription for or a valid medical reason for using the drug. It is the duty of the employer to report any violation to the Department of Health. If the practitioner fails a drug test, the practitioner has 3 business days to either produce the requisite prescription or medical reason, or report to their board approved peer assistance program. If the practitioner does not comply with any of these measures, it is the duty of the employer to report this violation of the practice act to the employee's licensing board for investigation and action. If the practitioner reports to the peer assistance program and obtains and maintains advocacy of the program, the employer is not required to notify the board.

As long as a practitioner obtains, maintains and complies with the terms of a peer assistance program, the board shall not take action on the licensee for the sole reason of a failed or refused drug test. If a practitioner fails to obtain or maintain advocacy from the peer assistance program, the program is required to report that information to the appropriate licensing board. The board SHALL suspend the license of a practitioner who fails to comply with the terms of the program. Employer drug testing must be compliant with the Drug-free Workplace requirements. This legislation allows a quality improvement committee to share information regarding substance abuse by a practitioner with other quality improvement committees. Additionally, this legislation specifies that the Department of Health is not required to obtain prior approval from the Attorney General in order to take any emergency action on a licensee. This legislation took effect on July 1, 2017.

#### Public Chapter 230

This legislation authorizes commissioners or supervising officials of departments to evaluate certain actions by a regulatory board to determine whether the action may constitute a potentially unreasonable restraint of trade. Supervising officials must ensure that the actions of regulatory boards that displace competition are consistent with a clearly articulated state policy. If a board action constitutes a potentially unreasonable restraint of free trade, the supervising official must conduct a further review of the action and either approve, remand or veto the action. The supervising official may not be licensed by, participate in, or have a financial interest in the occupation, business or trade regulated by the board who is subject to further review, nor be a voting or ex officio member of the board. The supervising official must provide written notice of any vetoed actions to the senate and house government operations committees.

Prior to filing a regulatory board's rule with the secretary of state, the commissioner or chief executive officer of the administrative department under which a regulatory board operates or to which a regulatory board is administratively attached, or a designee to the extent a conflict of interest may exist with respect to the commissioner or chief executive officer, must remand a rule that may constitute a potentially unreasonable restraint of trade to the regulatory board for additional information, further proceedings, or modification, if the rule is not consistent with a clearly articulated state policy or law established by the general assembly with respect to the regulatory board. This act took effect on April 24, 2017.

---

---

## OGC report

Ms. Bratton

Conflict of Interest policy is brought to the attention of the board

No pending rules

No pending appeals from disciplinary action

No civil suits against the committee

Currently 10 Complaints against 7 respondents that are in the office of the general council

A piece of legislation just passed that will require the department to monitor prescribers that are considered high risk prescribers. That will be liable for more continuing education and must comply with make available to those waiting in their clinic in their waiting rooms, educational literature designed to warn their patience of the dangers of opioid addiction. They will be required to get written consent from some patients over set morphine equivalence. Failure to comply once recognized as a high-risk prescriber could result in disciplinary action. Chairperson Nava, suggests that the board send something out to prescribers to inform them that this is going into effect. OGC explains that these requirements will be implemented in the year going forward, and if they do not comply, then the disciplinary action would take effect.

Federation of State Medical Boards has announced a two day program, focusing on attorney's advisory work. Ms. Bratton believes that 2 attorneys from our boards be sponsored by this committee to attend this program. A motion is made to approve, sending 2 attorneys to this program. The motion is seconded and passes unanimously.

---

---

## **New Licenses**

A motion is made to ratify all of the new licenses, since the previous meeting date. The motion is then seconded and passes unanimously.

---

## **Agreed Citations**

Michelle Vasireddy – Lapsed

The committee was informed that the above named practitioner was assessed a penalty of \$900 for unlicensed practice for the total time of 4 months. This penalty is reported to the National Practitioner Databank.

### **April 7 , 2017 minutes**

Page 2 was amended, under CME policies.

Change was implemented showing that Mr. Dailey recused himself in the situation involving Ms. Percy (page 4)

A motion was made to approve the previous meetings minutes and was then seconded. The motion passes unanimously.

Meeting adjourned

---