

# TENNESSEE BOARD OF ALCOHOL AND DRUG ABUSE COUNSELORS

**DATE:** July 14, 2017  
**TIME:** 9:00 A.M.  
**LOCATION:** Health Related Boards Conference Center  
Poplar Room, 665 Mainstream Drive  
Nashville, TN 37243

## **BOARD MEMBERS**

**PRESENT:** Susan Cunningham, LADAC, Secretary  
Major McNeil, Citizen Member  
Thomas Corman, LADAC  
David Brown, LADAC

## **BOARD MEMBERS**

**ABSENT:** Hilde Phipps, Chair

## **STAFF**

**PRESENT:** Latonya Shelton, ASA 3  
Teddy Wilkins, Unit Director  
Caroline Tippens, Assistant General Counsel  
Dorsey Luther, Office of Investigations

Ms. Cunningham, Secretary, acting as chair in the absence of Ms. Hilde Phipps called the meeting to order at 9:00 a.m. A roll call vote was conducted and all Board members were present.

Ms. Wilkins asked staff to introduce themselves: Teddy Wilkins, Unit Director; Latonya Shelton, ASA3 and Caroline Tippens, Assistant General Counsel.

## **Minutes**

Upon review of the April 7, 2017 minutes Mr. Brown made a motion, seconded by Mr. McNeil, to approve the minutes as written. The motion carried.

## **Office of General Counsel (OGC)**

Ms. Tippens stated there are no cases against Licensed Alcohol and Drug Abuse Counselors in OGC.

Ms. Tippens stated the rulemaking hearing rules pertaining to the deletion of the oral exam are final and effective as of May 7, 2017. The rules voted on by the Board at the April 2017 Board meeting are in the Office of General Counsel's internal review process.

## **Office of Investigations**

Ms. Luther stated her office is currently monitoring two (2) practitioners and there are three (3) open complaints.

## **Legislation**

Jim Layman, with the Office of Legislative Affairs, is here today to give the Board a 2017 legislative update.

### **Public Chapter 396**

Named the “Kenneth and Madge Tullis, MD, Suicide Prevention Training Act,” this legislation requires the professionals licensed under several occupational boards, including the board of alcohol and drug abuse counselors, to complete a suicide prevention training program that is approved by rule by the respective board. Beginning January 1, 2020, this training must be completed once every five years and before initial licensure for those applying for initial licensure on or after that date. TDMHSAS must develop a model list of training programs that cover suicide prevention, assessment, screening, treatment, management, and postvention. The licensing board may approve a program that excludes one of these elements if the element is inappropriate for the profession in question. The hours spent in the training program shall count towards meeting any continuing education requirements and the Board may promulgate rules to effectuate the purposes of this act. This act took effect on May 18, 2017.

### **Public Chapter 413**

As enacted, this legislation allows NGO’s approved by TDH to establish and operate needle and hypodermic syringe exchange programs. The needles and syringes must be provided at no cost and in sufficient quantity to ensure they are not shared or reused. There is no one-to-one exchange requirement. The programs must provide educational materials on the prevention of HIV and AIDS, prevention of drug abuse and overdose, and the treatment of mental illness and substance abuse, including referrals. The programs must also provide access to naloxone or a referral to a program that provides naloxone.

The law provides for limited civil immunity and criminal immunity from drug paraphernalia charges. Finally, the law requires the programs to report certain program information to TDH and allows for TDH to promulgate rules to effectuate the purposes of this act. This act took effect on May 18, 2017.

## **Public Chapter 484**

This legislation requires that any person treated for a drug-related overdose with an opioid antagonist by a first responder be taken to a medical facility by emergency medical services for an evaluation, unless the person is competent and refuses treatment. This act will take 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 legislations 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 so 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.

### **Administrative Report**

Ms. Shelton stated there are 433 licensees; twelve (12) level one applications; four (4) level two applications; three (3) reciprocity applications and two (2) reinstatement applications.

Ms. Shelton stated ten (10) licenses have been issued; two (2) retired; nine (9) expired; and, forty-five (45) renewals. Ms. Shelton said twenty-five (25) licensees renewed on-line for a total of fifty-six percent (56%).

Ms. Wilkins stated the next meeting is October 20, 2017.

### **Financial Report**

Ms. Noranda French reviewed the Financial Report stating for fiscal year 2017 actual revenue and expenditures thru March 31, 2017 with fiscal year 2017 year end projection. The Board had direct expenditures of \$43,997.42 and allocated expenditures of \$14,921.39 for total expenditures of \$58,918.81. Ms. French said Board Fee Revenue totaled \$76,124.00, current year net \$17,205.19 and LARS improvements of \$3,485.67 for a total cumulative carryover of \$116,579.42.

### **Ratify newly licensed/reinstated applications**

Mr. Brown made a motion, seconded by Mr. McNeil, to approve the following newly licensed and reinstated applicants, the motion carried.

#### **Level 2**

Diane Conley	Ebonye Dillard	Dewayne Howard	Christopher Moore
Reginald Nesbitt	Deborah Shaffer		

#### **Level 1**

James Graczyk	Tamara Robinson	Michael Webb
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#### **Reinstated**

Claudyne Jefferson

## **Application Review**

Upon review of the application of **Ms. Natalie Broadway**, Mr. Corman made a motion, seconded by Mr. McNeil, to approve Ms. Broadway to sit for the Level 2 written exam. The motion carried.

Upon review of the application of **Melody Darling**, Mr. McNeil made a motion, seconded by Mr. Corman, to approve Ms. Darling to sit for the Level 1 written exam. The motion carried.

Upon review of the application of **Marie Daverio**, Mr. Corman made a motion, seconded by Mr. McNeil, to approve Ms. Daverio for a Level 2 licensure through reciprocity. The motion carried.

Upon review of the application of **Gary David**, Mr. McNeil made a motion, seconded by Mr. Corman, to approve Mr. David to sit for the Level 2 written exam. The motion carried.

Upon review of the application of **Donna Jones**, Mr. McNeil made a motion, seconded by Mr. Corman, to approve Ms. Jones for a Level 2 licensure through reciprocity. The motion carried.

Upon review of the application of **Jerry Jordan**, Ms. Cunningham requested to have a letter sent to Mr. Jordan requesting an updated criminal background check regarding any current arrest or convictions. Once this issue has been cleared the applicant will be approved to sit for the level 1 written exam.

Upon review of the application of **Robin Ledford**, Mr. Brown made a motion, seconded by Mr. McNeil, to approve Ms. Ledford to sit for the Level 2 written exam. The motion carried.

Upon review of the application of **Kimberly McLaurin**, Mr. Corman made a motion, seconded by Mr. Brown, to approve Ms. McLaurin to sit for the Level 2 written exam. The motion carried.

Upon review of the application of **Zachery Ragan**, Mr. Brown made a motion, seconded by Mr. McNeil, to approve Mr. Ragan to sit for the Level 1 written exam. The motion carried.

Upon review of the application of **Jessica Rains**, Ms. Cunningham made a motion, seconded by Mr. Corman, to approve Ms. Rains to sit for the Level 1 written exam. The motion carried.

Upon review of the application of **Christie Thompson**, Mr. McNeil made a motion, seconded by Mr. Corman, to approve Ms. Thompson to sit for the Level 2 written exam. The motion carried.

Upon review of the application of **Dawn Vogt**, Ms. Cunningham made a motion, seconded by Mr. McNeil, to approve Ms. Vogt to sit for the Level 2 written exam. The motion carried.

Upon review of the application of **Mary Wayne**, Ms. Cunningham made a motion, seconded by Mr. Brown, to approve Ms. Wayne to sit for the Level 2 written exam. The motion carried.

## **Correspondence**

The Board agreed to table Ms. Anita Wilson's letter regarding proposed education for licensure until the next rule making hearing.

## **Review, discuss and consider approval of continuing education programs**

Upon review of the application package of **Matt Callihan, LADAC, QCS** with Cornerstone of Recovery, to provide alcohol and drug abuse ethics education and training. It was discovered that this class was given prior to the Boards approval process. For future continuing education and training hours to be approved this course will have to be resubmitted for approval according to rule 1200-30-01-11(3) -Continuing education program approval process for providers of education. Mr. Brown made a motion, seconded by Mr. Corman, to deny Mr. Callihan as a continuing education provider. The motion carried.

With no other business to conduct, Ms. Cunningham made a motion, seconded by, Mr. Brown to adjourn at 11:49 a.m. The motion carried.

These minutes were ratified at the October 20, 2017 Alcohol and Drug Abuse Counselor Board meeting.