



**TENNESSEE BOARD OF
PHYSICIAN ASSISTANTS
REGULAR BOARD MEETING**

February 16, 2024

MINUTES

The regular meeting of the Tennessee Board of Physician Assistants (hereinafter, "the Board") was called to order on February 16, 2024, at 9:00 a.m. in the Poplar Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive Nashville, TN 37243.

Board Members Present: Robert White, PA-C
 Barbara Thornton, Consumer Member
 J. Seth Weathersby, PA-C
 C. Marie Patterson, Chair, PA-C
 Gregory Cain, PA-C

Board Members Absent: Andrew Hull, PA-C
 Christina Free, Secretary, PA-C
 David Roberts, PA-C
 Robert Kasper, MD

Staff Present: Stacy Tarr, Executive Director
 Brandi Allocco Administrative Director
 Tracy Alcock, Office of General Counsel
 Dexter Hawkins, Administrative Assistant

I. TENNESSEE BUPRENORPHINE GUIDELINES PRESENTATION BY DR. WESLEY GEMINN

Dr. Wesley Geminn shared with the board the latest updates to the Tennessee Nonresidential Buprenorphine Treatment Guidelines. Some fundamental changes include removing references to the federal DATA waiver requirement, which was eliminated by new legislation, and implementing nationally recognized best practices to update the guidelines. The length of the guidelines was also reduced by evaluating appendix resources. Moreover, there is now an emphasis on using a combined buprenorphine/naloxone product for pregnant individuals, requiring justification for mono-product use. The special populations section has been expanded, and a new section on buprenorphine and surgery has been added. More details have been added to general dosing guidelines around various topics like formulations, administration, and roles of APRNs and PAs. The assessment requirements at initiation have been refined and deferred to subsequent appointments, with more details on treatment planning expectations. The latest updates also include a new section highlighting the role of pharmacists in caring for buprenorphine-treated patients. Some sample forms and tools have been removed from the appendix, and the special populations section has also been expanded. Gregory Cain motioned to add the new guidelines to their webpage, which Robert White seconded. The motion passed.

II. APPROVAL OF MINUTES

Mr. Weathersby proposed a motion to accept the minutes from the meeting held on November 20, 2023. This motion was seconded by Robert White and subsequently approved by the board.

III. DEPARTMENTAL REPORTS

Receive reports and/or requests from the Office of Investigations

The Board 's Statistical Complaint report. New complaints for PA's open are (60), total closed complaints are (66), one (1) closed due to insufficient findings, (49) were closed with no action, (7) received a letter of concern, and (6) was sent a letter of warning.

Of those numbers listed above the following are regarding which category they fall under: (2) substance abuse, (1) sexual misconduct, (4) malpractice/negligence, (40) unprofessional conduct, one (1) violation of Board order, (3) overprescribing, and (6) outside the investigative scope.

Under Orthopedic PA's, there were no new complaints.

Administrative Office

The following activity regarding Physician Assistants transpired in the administrative office between November 1, 2023, and January 31, 2024.

New Applications Received:

- Full licensure

105

- Temporary 0
- Upgrade to Full 1
- Reinstatements 4
- OPA Full Licensure 0

Total New Licenses Issued:	72
Total Number of Renewals:	394
Total Number of Online Renewals:	367
Average Renewals Online:	93%
Total Number of Reinstatements	3

As of January 31, 2024, the total number of active Physician Assistant licenses is 3,750. Of those licensees, 3,102 have a Tennessee mailing address. The total number of Orthopedic Physician Assistant licensees as of January 31, 2024, is 8

IV. NEW BUSINESS

Ratification of New Licenses

Mr. Weathersby initiated a motion to approve all licenses, which was seconded by Barbara Thornton. The board approved this motion.

Review Amended Criminal Conviction Policy

The Board reviewed the new Tennessee Board of Physician Assistants' policy on applications for individuals with criminal convictions. According to the policy, if an applicant has a single misdemeanor conviction over three years ago, they do not need to appear before the Board unless further inquiry is necessary. However, if an applicant has a felony conviction that occurred within the last five years, they MUST appear before the Board. If an applicant has more than one misdemeanor conviction, one that happened within the previous three years, or a felony conviction over five years ago, they may be referred to the Tennessee Medical Foundation for evaluation before an interview. If the evaluation recommends monitoring or other steps, the applicant MUST appear before the Board with those results. The Board Consultant can issue a license without restrictions unless further steps are recommended. Alternatively, as an applicant, you can appear before the Board directly instead of getting an evaluation first. This allows you to have a more direct and immediate interaction with the Board, potentially expediting the process. In this case, the Board will determine next steps, including a possible evaluation. Barbara Thornton motioned to accept the amended policy, which Joseph Weathersby seconded. The motion passed.

Discussion of Rules

Ms. Tracy Alcock, Board Attorney, proposed incorporating the orthopedic physician assistant (OPA) rules as a separate section to the existing physician assistant (PA) rules. After a thorough discussion among the board members, administrative staff, and Ms. Alcock, Mr. Cain

put forth a motion to reject the idea of including OPA rules in the PA rules, which Barbara Thornton seconded. Eventually, the motion was carried, and the proposal was denied.

Propose to Delegate Representatives to Attend 2024 Conferences.

1. Clear 2024 Annual Educational Conference in Baltimore, Maryland, September 16-19, 2024
2. FARB 2024 Regulatory Law Seminar & Innovation Conference | September 19-22, 2024, | Westin Buckhead Atlanta, Atlanta, GA
3. The Federation of State Medical Boards (FSMB) conference, which is scheduled for April 18-20, 2024, in Nashville, TN\

Ms. Tracy Alcock, the Board Attorney, presented two upcoming conferences scheduled for 2024. The first conference, the Clear 2024 Annual Educational Conference, will occur in Baltimore, Maryland, from September 16-19, 2024. The second event, the FARB 2024 Regulatory Law Seminar & Innovation Conference, will be held from September 19-22, 2024, at the Westin Buckhead Atlanta, Atlanta, GA.

After a detailed discussion, the board members agreed to send Ms. Tracy Alcock to one of the two conferences. Joseph Weathersby proposed the motion, which Barbara Thornton seconded. The motion was carried, and Ms. Tracy Alcock will now attend one of the conferences.

Ms. Tracy Alcock once again presented the board with an upcoming Federation of State Medical Boards (FSMB) conference scheduled for April 18-20, 2024, in Nashville, TN. During the meeting, the board discussed the matter, and Robert White motioned to send three board members, two staff members, and the board attorney to the conference. Barbara Thornton seconded the motion and subsequently passed.

License Verification Requirements - PDC Report

Ms. Stacy Tarr brought to the board's attention the possibility of using the PDC report, a document generated by the Federation of State Medical Boards, as a replacement for license verifications from individual states. The board thoroughly discussed the benefits of utilizing the PDC report, particularly regarding reducing the processing time for applications. Following the discussion, Mr. Cain motioned to accept the proposal, which Robert White seconded. The motion was subsequently passed.

Revised Chronic Pain Treatment Guidelines

Ms. Tracy Alcock provided a comprehensive overview of the Tennessee Chronic Pain Guidelines. The guidelines aim to offer recommendations for the safe and effective treatment and monitoring of chronic non-malignant pain with opioids. Chronic pain, as defined by the guidelines, is pain that persists for over 90 days. The guidelines emphasize a multidisciplinary pain management approach involving pharmacological and non-pharmacological therapies. Opioids are considered only after other options have been exhausted.

Healthcare providers must perform a thorough evaluation of patients, screen for risk factors, consult the Controlled Substance Monitoring Database (CSMD), and obtain baseline urine drug tests before initiating opioid therapy. The guidelines also outline ongoing monitoring requirements for patients on opioid therapy. To initiate opioid therapy, the guidelines recommend starting at low doses, obtaining informed consent, developing a treatment plan and agreement, and addressing risks such as addiction, misuse, and abuse. Immediate-release opioids are preferred over extended-release opioids initially. Ongoing therapy requires consulting the CSMD at least every six months, annual urine drug screens, and referring patients to a pain specialist if doses exceed 120 morphine milligram equivalents daily.

The guidelines also provide specific recommendations for addressing abnormal test results or behaviors. For higher-risk patients, such as those on benzodiazepines or those taking over 100mg MEDD, the guidelines recommend more frequent screening and consideration of naloxone co-prescribing. Women must also discuss contraception and pregnancy plans, while pregnant patients require coordination between their obstetrician and pain management team. The guidelines also provide tapering recommendations to minimize withdrawal risks when discontinuing opioids and summarize resources for addiction treatment. Appendices include sample forms, CSMD information, MEDD calculations, non-opioid therapy options, and links to relevant rules and guidelines.

During the presentation, Robert White motioned to add the new guidelines to their organization's webpage, which Joseph Weathersby seconded. The motion passed, indicating the importance and relevance of these guidelines for the safe and responsible treatment of chronic pain with opioids.

V. APPROVAL OF AGREED CITATIONS

There were no citations for approval.

VI. OFFICE OF GENERAL COUNSEL AND PRESENTATION OF DISCIPLINARY ORDERS

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

Ms. Tracy Alcock, the Deputy General Counsel of the Tennessee Department of Health, has presented the following updates and recommendations to the Board of Physician Assistants:

Firstly, she advised the board members to disclose any personal or financial interests related to any issues before the board to avoid any appearance of bias or impropriety. Secondly, the Office of General Counsel has conducted a retrospective review of the PA rules and intends to present proposed edits to the board for review. Thirdly, as of October 2023, there are four open legal cases related to physician assistants, with no appeals cases or civil suits. She also notified the board about a potential appeal regarding Allen Tate, PA 1129. Fourthly, Ms. Alcock informed the board that the Tennessee legislature's 113th general assembly reconvened on January 9th, 2024. Fifthly, Senate Bill 2136/House Bill 2318 is being considered. It would allow PAs and APRNs to practice with a collaborative agreement rather than written protocols after 6,000 hours of experience. This would require the PA board to amend its rules. Lastly, Senate Bill 1727/House Bill 1862 would enact the Physician Assistant Interstate Licensure Compact. However, it has only been adopted by three states and could be more effective. It has also been introduced in 11 other states, including Tennessee.

Consent Order(s)

1. Benjamin Reese, PA 2381

As delineated in the consent order, Ms. Tracy Alcock provided an overview of the disciplinary proceedings concerning Benjamin Reese, PA, bearing license number 2381.

- Benjamin Reese holds licensure as a physician assistant in Tennessee.
- An investigation conducted by the Tennessee Department of Health scrutinized Reese's patient records and prescribing practices.
- Findings revealed that Reese prescribed narcotics, opioids, benzodiazepines, and Soma in quantities and durations deemed medically unjustified for the diagnosed conditions, as evidenced in 15 reviewed patient records.
- Reese adopted an escalating dosage pattern of controlled substances without adequately documenting a chronic pain etiology while also lacking written treatment plans for controlled substance administration.
- Patient education regarding the risks associated with medication combinations, notably opioids and benzodiazepines, was found to be deficient.
- Clinical documentation in patient records exhibited inadequacies in correlating physical examination findings with patient complaints and medical decision-making processes, particularly regarding opioid and benzodiazepine prescription justifications.
- Reese exhibited inconsistency in conducting urine drug screens and implementing pain contracts before initiating opioid prescriptions.
- These actions contravened Tennessee statutes concerning the inappropriate prescription and dispensation of controlled substances.
- Consequently, Reese's license is subject to reprimand, inclusive of a prohibition from prescribing opioids, benzodiazepines, and Soma for six months or until completion of mandated continuing education courses.
- Reese must undergo courses focusing on proper prescribing practices and medical documentation.

Reese was imposed with monetary penalties amounting to \$1,000 in civil penalties and up to \$3,000 in prosecution costs.

Reese is obliged to apprise collaborating physicians of the disciplinary measures taken against him and to furnish the Tennessee Department of Health with proof of payment and course completion.

Upon thorough review of the facts of the consent order, Mr. White made a motion to approve it, which Ms. Thornton seconded. Following a successful vote, the motion was passed.

Public Comment

None

The meeting adjourned at 11:23 am.

These meeting minutes were ratified by the Board at their June 7, 2024, meeting.