Tennessee Board of Medical Examiners'
Committee on Physician Assistants
Regular Board Meeting

Friday, July 27, 2018

MINUTES

The regular meeting of the Tennessee Board of Medical Examiners' Committee on Physician Assistants (hereinafter, "the Committee") was called to order at 9:03 a.m. in the Poplar Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Mr. Benjamin Hux.

Members Present:	Benjamin Hux, OPA-C
	Barbara Hale Thornton, Consumer Member
	Gregory Cain, PA-C
	Bret Reeves, PA-C
	Donna Lynch, PA-C
Staff Present:	Rene Saunders, MD, Medical Consultant
	Candyce Waszmer, Administrative Director
	Stacy Tarr, Administrative Director
	Brandi Allocco, Board Administrator
	Andrea Huddleston, Office of General Counsel

ELECTION OF OFFICERS

- Ms. Barbara Thornton made a motion to nominate Mr. Bret Reeves for Committee Chair. Mr. Reeves accepted the nomination. Mr. Benjamin Hux seconded the motion and the motion passed.
- Ms. Thornton made a motion to nominate Mr. Gregory Cain for Committee Secretary. Mr. Cain accepted the nomination. Mr. Reeves seconded the motion and the motion passed.

APPROVAL OF MINUTES

The Committee reviewed the minutes from the April 6, 2018 regular meeting. Ms. Thornton made a motion to approve the minutes. Mr. Cain seconded the motion and the motion passed.

INDRODUCTORY PRESENTATION By Dr. Michael Baron, Medical Director of Tennessee Medical Foundation

Dr. Michael Baron, is the Medical Director for the Tennessee Medical Foundation (hereinafter "TMF") Physician Health Program. On July 1, 2018, TMF was awarded a five (5) year contract to monitor and advocate for Physician Assistants. Currently ten (10) Physician Assistants are under monitoring. Dr. Baron reported that TMF's role is to protect the citizens of this state by ensuring that physician assistants that are ill are appropriately monitored and advocate for those that are fully compliant.

APPLICANT INTERVIEWS

William Lindberg – appeared before the Committee without legal representation. Mr. Lindberg is applying for orthopedic physician assistant licensure without a formal orthopedic physician assistant education. He is NBCOPA certified and has several years of on the job training but without formal education he does not qualify for licensure per the Committee's Rules and Statues. Mr. Lindberg discussed his on the job training experience. Mr. Hux stated the on the job training route for OPA licensure has been closed since 1995. Since 1995, one had to attend a formal OPA school and the Board has decided there are no approved OPA schools. Right now, there are no pathways for OPA licensure in this state. Ms. Andrea Huddleston requested the Committee review Mr. Lindberg's transcript and determine if it is comparable to an OPA program. Mr. Lindberg's Supervising Physician Dr. Dalabach joined the meeting by teleconference. Dr. Dalabach provided insight as to Mr. Lindberg's skill set. The census of the Committee is that Mr. Lindberg does not qualify for OPA licensure. Mr. Lindberg opted to withdraw his application for licensure.

Heather Porter – appeared before the Committee without legal representation. Ms. Porter is an applicant for initial licensure. Her California medical license is currently on probation for issues related to inappropriate prescribing of controlled substances and her DEA certificate has negative action. Ms. Porter appears to have a DUI charge which she has failed to supply the requested information for and there is uncertainty in whether or not she had been practicing in Tennessee without a license.

Ms. Porter reported she was charged with a DUI, fifteen (15) years ago, and that matter is resolved. She has been in family practice for over thirty (30) years with her father. She is currently on probation for three (3) years with one (1) and a half years already completed. Furthermore, Ms. Porter reports her probation is due to lack of documentation, her DEA license is current and she stated she works for two (2) supervising physicians in California. She was disciplined while under the supervision of her father and she was not the only licensee disciplined in the practice.

Mr. Reeves asked for clarification regarding a handwritten statement which stated she worked for two (2) doctors in California and one (1) doctor in Tennessee. Mr. Reeves indicated that this written statement is why there is question to whether or not she has practiced in Tennessee without a license. Ms. Porter reports she is not practicing in Tennessee and that she is the scribe for the Tennessee physician.

It was stated that Ms. Porter's California license was revoked, but the order has a stay of revocation. It was asked if Ms. Porter has any monitoring reports to which she responded she has quarterly reports. Dr. Saunders stated she would like to point out Ms. Porter's criminal allegations; there is what looks like two

(2) DUI charges in two (2) months and Ms. Porter stated there was one (1) fifteen years ago. Dr. Saunders also asked Ms. Porter if she had ever been evaluated for addiction. Ms. Porter stated she did not have two (2) DUI charges in two (2) months and that she had not ever been evaluated for addiction. She also stated she did not have addiction. Ms. Porter reported the current DUI charge was pending and there has not been a conviction.

Dr. Gary Wells spoke on Ms. Porters behalf, in his observations of Ms. Porter he saw a compassionate person that took care of people very well. Dr. Wells stated, Ms. Porter has been offered a position in his practice.

Ms. Huddleston summarized part of the accusation to which Ms. Porter agreed in settlement of this accusation which stated progress notes were brief and of no value for the reason of visit and none of the notes included the reasoning for the opioid controlled substance prescription. Few of the visits had any portion of the exam documented and at no time were an appropriate exam performed, the exam was inadequate, minimal, and at most visits non-existent. Vital signs were rarely obtained, pain or functional scales were never utilized, monitoring with urine drug screens were not utilized, progress notes were minimal and insufficient, risk and benefits of controlled substance were not documented and alternate treatments were not explored. Opioids were prescribed chronically but the patient was never referred to a specialist or outside consultant, no medically legitimate reasoning for the opioids prescribed was documented. Overall the evaluation and management of pain presented represented an extreme departure from the standard of care as this patient was prescribed dangerous medications with little or no ongoing monitoring putting the patient at risk of overdose and/or death. Mr. Reeves added this summary was consistent with the other patients in the documents. It was stated by Dr. Saunders that Attachment 5 of Ms. Porter's application, which shows what classes of drugs Ms. Porter would like to prescribe shows that she has marked to prescribe controlled substances and has a physician's signature which would allow her the opportunity to prescribe these classes of drugs in the State of Tennessee.

Mr. Reeves made a motion to deny the applicant for licensure in the State of Tennessee given the history of the improper prescribing of opioids. Ms. Thornton seconded the motion and the motion passed.

Discuss and consider re-entry policy out of practice trigger

The consensus of the Committee is that requiring remediation after only two (2) years out of clinical practice is too restrictive. Across the nation a two (2) year trigger is common; however it goes up to five (5) years. Data is not available to suggest what length of time skills start to deteriorate after exiting clinical practice.

***Mallory Vinsant* –** appeared before the Committee, without legal representation, as an applicant for reinstatement due to being out of clinical practice since January 2016; greater than two (2) years. She practiced for four (4) months before retiring her license and is currently NCCPA certified. Ms. Vinsant attributes difficulty finding employment in a rural area led to her decision to retire her license, until employment became available. Ms. Thornton made a motion to grant licensure. Mr. Cain seconded. The motion passed with one (1) opposition from Mr. Hux.

Discuss and consider re-entry policy out of practice trigger (continued)

Mr. Reeves proposed the Committee table the discussion on the re-entry policy to allow the members more time to review the documents provided by Ms. Huddleston. A request was made for the Committee

to receive further information on what other physician assistant boards do regarding re-entry. Ms. Katherine Moffat, Executive Director of the Tennessee Academy of Physician Assistants (hereinafter, "TAPA") stated she would speak to the TAPA Board about pulling together a taskforce to help provide information and give recommendations; she stated she would also speak to the American Academy of Physician Assistants which she believes has some state surveys and share that information. Ms. Huddleston informed the Committee that their re-entry decisions will need to be written into rule rather than policy.

RATIFICATION OF NEW LICENSEES

Mr. Cain made a motion to approve the list as submitted. Mr. Hux seconded and the motion passed.

APPOINT ONE MEMBER TO THE OPIOID MINIMUM TASK FORCE

Proposed taskforce meeting dates were reviewed. Mr. Cain volunteered. Ms. Moffat with TAPA stated that she had a concern with the Rules as they are written now that there is no trigger for supervising physician to notify the PA when the physician has been disciplined and stated the Committee should consider how that communication comes through.

Mr. Reeves made a motion to nominate Mr. Cain to serve on the Opioid Minimum Taskforce. Mr. Hux seconded. The motion passed.

APPOINT ONE MEMBER TO THE CSMD

Ms. Donna Lynch volunteered to be the alternate appointed member. Mr. Reeves volunteered to be the primary appointed member.

Mr. Cain motioned to accept Mr. Reeves as the primary member and Ms. Lynch as the alternate. Ms. Thornton seconded and the motion passed.

REVIEW CENSUS DATA

Mr. Hux reported, in the State of Tennessee there are twenty-two (22) NBCOPA's certified. There have been sixteen (16) males and six (6) females from 1980 – 2018. Mr. Hux reports he is still waiting to receive national data. The Committee stated it would be good to have the information since we have applicants applying for OPA licensure.

VOTE TO APPROVE SPONSORSHIP FOR ATTORNERY TO ATTEND 2018 FSMB WORKSHIP

Ms. Thornton made a motion to approve sponsorship of one attorney. Mr. Hux seconded and the motion passed.

DEPARTMENTAL REPORTS

1. ***Managers' Report***

Statistical data from April 1, 2018 – June 30, 2018:

- 67 New Applications Received
- 64 Licenses Issued
- 223 Renewals
- 2 Reinstatements
- 2,333 Active License
- 2,028 Have a Tennessee Mailing Address
- 15 OPA Licenses

2. Office of Investigations

Ms. Lori Leonard, disciplinary coordinator, reported the following data:

- Currently Monitored Practitioners
    a. Five (5) on Probation
    b. Two (2) Suspended
    c. Six (6) Revoked or Surrendered
    d. Three (3) Board Orders

- Report on Investigations – In 2018 there has been seventeen (17) New Complaints:
    a. Two (2) Falsification of Records
    b. One (1) for Drugs
    c. Five (5) Malpractice Negligence
    d. Six (6) Unprofessional Conduct
    e. One (1) Medical Record Request
    f. Two (2) Right to Know Violations

- In 2018, the Office of Investigations has closed thirty-four (34) Complaints
    a. Twenty-seven (27) closed due to Insufficient Evidence
    b. Three (3) sent to the Office of General Counsel for discipline
    c. Four (4) closed with a warning letter

- Twenty-one (21) Open Pending Investigations for Review

3. Legislation

Mr. Patrick Powell, legislative liaison for the Department, presented the Committee with a 2018 legislative wrap up.

Committee on Physician Assistants Legislative Update - 2018

Public Chapter 610

This changes the terminology regarding the relationship between physicians and physician assistants. Previously the relationship was described in terms of "supervision." The new description of the relationship is described as "collaboration."

This act takes effect on July 1, 2018.

Public Chapter 611

This law requires an agency holding a public hearing as part of its rulemaking process, to make copies of the rule available in "redline form" to people attending the hearing.

This takes effect July 1, 2018.

Public Chapter 638

This chapter prohibits healthcare prescribers and their employees, agents, or independent contractors from in-person solicitation, telemarketing, or telephonic solicitation of victims within 30 days of an accident or disaster for the purpose of marketing services of the healing arts related to the accident or disaster. There are specific exceptions laid out in the chapter.

This act takes effect July 1, 2018.

Public Chapter 674

This chapter allows buprenorphine mono or buprenorphine without naloxone to be directly administered by a healthcare provider acting within the scope of practice. The administration must be for a substance use disorder and pursuant to a medical or prescription order from a physician licensed under title 63 chapter 6 or 9. This does not allow dispensing that would permit administration away from the premises at which it is dispensed.

This act took effect April 12, 2018.

Public Chapter 675

This act requires the department of health to accept allegations of opioid abuse or diversion and for the department to publicize a means of reporting allegations.

Any entity that prescribes, dispenses, OR handles opioids is required to provide information to employees about reporting suspected opioid abuse/diversion. That notice is to either be provided individually to the employee in writing and documented by the employer OR by posting a sign in a conspicuous, non-public area of minimum height and width stating: "NOTICE: PLEASE REPORT ANY SUSPECTED ABUSE OR DIVERSION OF OPIOIDS, OR ANY OTHER IMPROPER BEHAVIOR WITH RESPECT TO OPIOIDS, TO THE DEPARTMENT OF HEALTH'S COMPLAINT INTAKE LINE: 800-852-2187."

Whistleblower protections are also established. An individual who makes a report in good faith may not be terminated or suffer adverse licensure action solely based on the report. The individual also is immune from any civil liability related to a good faith report.

This act takes effect January 1, 2019.

Public Chapter 744

This statute allows a licensing entity the discretion to not suspend/deny/revoke a license in cases where the licensee has defaulted or become delinquent on student loans IF a medical hardship significantly contributed to the default or delinquency.

This act took effect January 1, 2019.

Public Chapter 745 and Public Chapter 793

These public chapters work together to create and implement the "Fresh Start Act." Licensing authorities are prohibited from denying an application or renewal for a license/certificate/registration due to a prior criminal conviction that does not directly relate to the applicable occupation. Lays out the requirements on the licensing authorities as well as the exceptions to the law (ex: rebuttable presumption regarding A and B level felonies).

These acts take effect July 1, 2018.

Public Chapter 750

This chapter updates the specific language required to be in the notice given to mammogram patients that are revealed to have dense breasts or extremely dense breasts.

This act takes effect July 1, 2018.

Public Chapter 754

This chapter prevents any board, commission, committee, etc. created by statute from promulgating rules, issuing statements, or issuing intra-agency memoranda that infringe on an entity member's freedom of speech.

Freedom of speech includes, but is not limited to, a member's freedom to express an opinion concerning any matter relating to that governmental entity, excluding matters deemed to be confidential under TCA 10-7-504.

Violations as determined by a joint evaluation committee may result in recommendations to the general assembly concerning the entity's sunset status, rulemaking authority and funding.

This act took effect April 18, 2018.

Public Chapter 862

This act requires that induced termination of pregnancy (ITOP) reports to include whether a heartbeat was detected IF an ultrasound was performed prior to the ITOP. The department of health shall include data about the detection of heartbeats and the method employed for ITOPs in an annual report. The report shall differentiate between medical and surgical methods and between surgical methods to the extent data permits.

This act also requires that if an ultrasound is performed prior to an abortion, the person who performs the ultrasound shall offer the woman the opportunity to learn the results of the ultrasound. If the woman elects to learn the results, the person performing the ultrasound or a qualified healthcare

provider shall inform her of the presence or absence of a heartbeat and document that the patient was informed.

This act takes effect January 1, 2019.

Public Chapter 883

This act lays the framework for e-prescribing practices in the state and the exceptions from electronic prescriptions. Requires that all Schedule II prescriptions be e-prescribed by January 1, 2020 except under certain circumstances. Any health-related board under TCA 68-1-101(a)(8) that is affected by this act shall report to the general assembly by January 1, 2019 on issues related to the implementation of this section. The commissioner of health is authorized to promulgate rules to effectuate the purposes of this act.

This act took effect May 3, 2018 for rule purposes.

The act takes effect January 1, 2019 for all other purposes.

Public Chapter 901

This act requires that prior to prescribing more than a three day supply of an opioid or an opioid dosage that exceeds at total of 180 MME to a woman of childbearing age (15-44yo), a prescriber must do the following:

1. Advise of risks associated with opioid use during pregnancy;

2. Counsel patient on effective forms of birth control; and

3. Offer information on availability of free or reduced cost birth control

Doesn't apply if previously informed by prescriber in previous three months or prescriber reasonably believes patient is incapable of becoming pregnant. Requirements may be met with a patient under 18 years of age by informing parent of the patient.

The department of health is to publish guidance to assist prescribers in complying with this act.

This act takes effect July 1, 2018.

Public Chapter 929

This act redefines policy and rule and requires each agency to submit a list of all policies, with certain exceptions, that have been adopted or changed in the previous year to the chairs of the government operations committees on July 1 of each year. The submission shall include a summary of the policy and the justification for adopting a policy instead of a rule.

This act also prohibits any policy or rule by any agency that infringes upon an agency member's freedom of speech.

Finally, this act establishes that an agency's appointing authority shall have the sole power to remove a member from a board, committee, etc.

This act takes effect July 1, 2018 and applies to policies adopted on or after that date.

Public Chapter 954

This legislation requires the initial licensure fee for low-income persons to be waived. Low income individuals per the statute are defined as persons who are enrolled in a state or federal public assistance program including but not limited to TANF, Medicaid, and SNAP. All licensing authorities are required to promulgate rules to effectuate the purposes of this act.

This act takes effect January 1, 2019.

Public Chapter 964

This legislation requires the department of children's services (DCS) to develop instructional guidelines for child safety training programs by January 1, 2019 for members of professions that frequently deal with children at risk of abuse. DCS is

required to work with each licensing board to ensure any child safety programs created by a licensing board fully and accurately reflect the best practices for identifying and reporting abuse as appropriate for each profession.

This act took effect May 15, 2018.

Public Chapter 978

This act makes a number of revisions to opioid treatment regulations. The definition of "nonresidential office-based opiate treatment facility" (OBOT) has been changed to encompass more facilities.

The commissioner of mental health is required to revise the rules of OBOTs to be consistent with state and federal law for such facilities to establish certain new protocols.

Rules regarding OBOTs are to be reviewed each even-numbered year and the department of mental health and substance abuse services shall submit the rules for OBOTs to each health related board that licenses any practitioner authorized by the state to prescribe products for treatment of an opioid use disorder. Each board is required to enforce the rules. Each board is required to post the rules on the board's website. Violation of a rule is grounds for disciplinary action by the board.

The act also makes revisions to the licensing fees of OBOTs.

The act requires revision of the buprenorphine treatment guidelines.

The legislation also requires (subject to 42 CFR part 2) that dispensing of buprenorphine be subject to the Controlled Substance Monitoring Database (CSMD) requirements.

The act prohibits dispensing of buprenorphine except by certain individuals/facilities and requires pharmacies/distributors to report to the

department of health (TDH) the quantities of buprenorphine that are delivered to OBOTs in the state.

The act also makes revisions to the high-volume prescriber list compiled by TDH.

The act requires the comptroller to complete a study of statistically abnormal prescribing patterns. After the study, TDH shall identify prescribers and shall inquire with the boards of action taken against the prescribers and the board is required to respond within 30 days. Each board is required to report the total number of prescribers disciplined each year, as well as other information. TDH shall report a summary of the data and of the disciplinary actions to the chairs of the health committees.

The act also comprises a task force to create minimum disciplinary actions for prescribing practices that are a significant deviation from sound medical judgment. The board of medical examiners, osteopathic examination, dentistry, podiatric medical examiners, optometry, nursing and medical examiner's committee on physician assistants shall select one member each for the task force before September 1, 2018.

This act took effect for rulemaking on May 21, 2018 and takes effect July 1, 2018 for all other purposes.

Public Chapter 1007

This act allows for a prescription for a controlled substance to be partial filled if requested by the patient or the practitioner who wrote the prescription AND the total quantity dispensed through partial fills does not exceed the total quantity prescribed for the original prescription. The act lays out the requirements on the pharmacists and gives details regarding payments.

This act takes effect January 1, 2019.

Public Chapter 1021

This act allows for appeals of contested case hearings to be in the chancery court nearest the residence of the person contesting the agency action or at that person's discretion, in the chancery court nearest the place the action arose, or in the chancery court of Davidson County. Petitions seeking review must be filed within 60 days after entry of the agency's final order.

This act takes effect July 1, 2018.

Public Chapter 1039

This legislation places limits and requirements on the amount of opioids prescribed and dispensed. It limits opioid prescriptions to up to a three day supply with a total of 180 MME (morphine milligram equivalents) for those three days. This limitation is subject to a number of exceptions under certain circumstances. These exceptions include up to a ten day supply with a total of 500 MME, up to a twenty day supply with a total of 850 MME for a procedure that is more than minimally invasive, and up to a thirty day supply with a total of 1200 MME when other reasonable and appropriate non-opioid treatments have been attempted and failed and the risk of adverse effects from the pain exceeds the risk of the patient developing an addiction or overdose. Prescribing under these exceptions requires the prescriber to check the controlled substance monitoring database, personally conduct a physical exam

of the patient, consider non-opioid alternatives, obtain informed consent including counseling about neonatal abstinence syndrome and contraception for women of childbearing age, and document the ICD-10 code for the patient's primary disease (as well as the term "medical necessity" on thirty day prescriptions). These ten, twenty, and thirty day opioid prescriptions will only be filled by dispensers in an amount that is half of the full prescription at a time, requiring patients and pharmacists to consider whether the patient requires the full amount prescribed. There are still further exceptions for those patients undergoing active or palliative cancer

treatment, receiving hospice care, diagnosed with sickle cell disease, administered to in a hospital, being treated by a pain management specialist or collaborating provider in a pain management clinic, who have received ninety days or more in the year prior to April 2018 or subsequently do so under one of the exceptions, receiving treatment for medication-assisted treatment, or suffering severe burns or major physical trauma.

This act took effect for rule purposes on May 21, 2018, and for all other purposes shall take effect July 1, 2018.

Public Chapter 1040

This act revises various provisions of the law regarding controlled substances and their analogues and derivatives, including updating identifications of drugs categorized in Schedules I - V. The act also creates an offense for the sale or offer to sell Kratom, unless it is labeled and in its natural form. It is also an offense to distribute, sell, or offer for sale, kratom to a person under 21 years of age. It is also an offense to purchase or possess kratom if under 21 years of age.

This act takes effect July 1, 2018.

4. Office of General Counsel

Ms. Huddleston reported the following information. There is no pending rulemaking at this time. There is one (1) pending appeal. There are ten (10) open cases regarding seven (7) respondents.

a. Consent Orders:

- **Joseph Sears, PA** – was not present nor was legal representation. Ms. Tracy Alcock represented the State. Respondent has been licensed since 1987 with an expiration date in 2020. Two (2) medical records were reviewed and the investigation showed that from 2005-2017 Respondent provided chronic pain treatment to multiple patients. Respondent improperly treated members of his immediate family and himself. Respondent agreed to the grounds of discipline and acknowledges that he has violated several Statues and Rules that regulate the Physician Assistant Committee including not being supervised by a Physician. Respondent has agreed to five (5) years' probation beginning at the time this consent order is approved. He has agreed to take three (3) medical courses. He also agrees to not provide chronic nonmalignant pain treatment as defined by statue for ninety (90) days or more in a twelve (12) month to any patient for pain unrelated to cancer or palliative care. At the completion of the five (5) year probation Respondent may petition the Committee for an Order of Compliance to lift

the probation. Respondent also agreed to civil penalties and to pay the costs of the case. Mr. Hux made a motion to accept the consent order as presented. Ms. Thornton seconded and the motion passed.

- **Jeffrey Miller, PA** – was not present nor was legal representation. Mr. Andrew Coffman represented the State. Mr. Miller entered into a consent order the Committee agreed to and was placed on probation for prescribing controlled substances. The probation had terms associated with it and Mr. Miller did not comply with all terms. Mr. Miller did not make a full payment or enter into a payment plan and did not complete the course agreed to. Mr. Miller has now consented to the facts and has agreed to be suspended. Mr. Miller has completed the course and paid all the costs. With the new order he has agreed to five (5) years' probation from the day this order is entered. Mr. Cain made a motion to accept the consent order as presented. Ms. Thornton seconded and the motion passed.

- **Kristen Jensen, PA** was not present nor was legal representation. Mr. Andrew Coffman represented the State. Ms. Jensen engaged in suspicious behavior at work and was given a drug and alcohol screen in which she tested positive for alcohol. Ms. Jensen has completed a course of inpatient treatment for alcohol abuse and agreed to have her license suspended until further evaluation and advocacy is obtained. Ms. Jensen's suspension will remain in effect until an appearance before the Committee to request that it be lifted. Ms. Jensen agreed to pay the costs of this case. Ms. Thornton made a motion to accept the consent order as presented. Mr. Cain seconded and the motion passed.

b. Order of Compliance:

- **Marcy Peercy, PA** was not present nor was legal representation. Ms. Thornton made a motion to postpone allowing Ms. Peercy to appear. Mr. Reeves seconded the motion and the motion passed.

  Ms. Huddleston sent an email stating Ms. Peercy did not fail to appear. Rather, Ms. Peercy had agreed to appear at the October5, 2018 Committee Meeting.

c. Request for Order Modification:

- **Walter Blankenship, PA –** appeared before the Committee without legal representation. Ms. Huddleston summarized Mr. Blankenship's reason to appear and stated: Mr. Blankenship had appeared before the Committee at the April 6, 2018 meeting. Mr. Blankenship's license had been suspended for some period related to a criminal indictment pursuant to his practice at a pain clinic in East Tennessee. While his license was suspended he allowed the license to expire. Mr. Blankenship submitted a reinstatement application and by that time the Committee also saw him for his conviction. The Committee approved to reinstate the license based on verification that

Mr. Blankenship completed one hundred (100) Category 1 CME hours and successful completion of the NCCPA. The Committee also ratified an order that once Mr. Blankenship was licensed he would be placed on probation for seven (7) years and have required monitoring. The terms of that order have not been triggered yet due to the fact that Mr. Blankenship's license has not been reinstated. Mr. Blankenship has submitted proof of the CME hours; however the NCCPA will not allow him to sit for the exam. Based on that, Mr. Blankenship has requested an Order of Modification.

Mr. Blankenship referenced the re-entry policy and that the tier of (2) to five (5) years requires a twelve (12) week remediation program. Mr. Blankenship reported he has been working with Dr. McElligot since February of 2018. He stated that since he had worked with Dr. McElligot for six (6) months he was here to ask the Committee to modify the order. Mr. Reeves asked what was outstanding that the NCCPA would not allow Mr. Blankenship to sit for the exam. Mr. Blankenship replied it was because he is currently on criminal probation. Mr. Blankenship stated he had approximately eighteen (18) months left of criminal probation. Mr. Blankenship stated he plans to sit for the exam as soon as he is eligible.

Ms. Huddleston referred to Rule 0880-03-.15, Section (3) (c) (4) (a) which states: *The Committee and Board will entertain petitions for modification of the disciplinary portion of previously issued orders upon strict compliance with the procedures set forth in subparagraph (b) only when the petitioner can prove that compliance with any one or more of the conditions or terms of the discipline previously ordered is impossible. For purposes of this rule the term "impossible" does not mean that compliance is inconvenient or impractical for personal, financial, scheduling or other reasons.* Ms. Huddleston stated that if the Committee decides Mr. Blankenship has proven impossibility, the Committee still needs to determine how he must prove competency. The Committee can issue a limited license for whatever period the Committee deems appropriate and limit it to practicing with Dr. McElligot or limiting Mr. Blankenship's scope in some way.

Mr. Cain stated that the Committee approved Mr. Blankenship eligible for re-entry once he met the set forth conditions. The NCCPA condition is not possible, so the question becomes clinical competence.

Dr. McElligot is attesting to his ability. Mr. Hux asked to speak to Mr. Blankenship's supervising physician, Dr. McElligot. Dr. McElligot stated that things are going very well. Mr. Hux stated he just wanted to know that Dr. McElligot understood the scope and it appears that he does.

Mr. Cain motioned to grant a two (2) year limited license with the stipulation that Mr. Blankenship pass the NCCPA exam at the end of two (2) years. Mr. Hux asked Mr. Cain to amend his motion to limit Mr. Blankenship to work only with Dr. McElligot. Mr. Reeves requested the same amendment. Mr. Cain agreed to amendment of the

motion. Mr. Hux seconded. It was stated the terms of the original order will be triggered once Mr. Blankenship's license is reinstated.

Ms. Huddleston asked if Mr. Blankenship would need to appear in front of the Committee at the end of the two (2) years. Mr. Cain stated if Mr. Blankenship has complied with the terms and passed the NCCPA there was no need for him to appear. Dr. Saunders stated that would make his next appearance in front of the Committee at the end of seven (7) years to petition for compliance. Ms. Huddleston confirmed.

Dr. Saunders stated today if this motion goes through the Committee is giving him the opportunity to be issued a limited license on the current reinstatement application the administrative office has open that will last for two (2) years, stipulating that he works only for Dr. McElligot, that he successfully completes the NCCPA exam within the two (2) year period, the order that is in place now stands which is the seven (7) years' probation, with affiliated monitors and reports coming to the administrative office . When the two (2) year period is up and Mr. Blankenship has passed the exam, Mr. Blankenship submits verification of passing the exam along with an application for full licensure to the administrative office. At that time, because it does not require an appearance, the administrative office can issue Mr. Blankenship a full license. Mr. Blankenship will then be working under a full license for a period of five (5) years until the terms of his probation are completed. At that time, Mr. Blankenship petitions for an Order of Compliance. During the time period that he is on probation and once the full license is granted Mr. Blankenship should continue to renew that license until the Committee lifts the probation and restore Mr. Blankenship to a fully unencumbered license.

Ms. Huddleston stated it would be put in writing and sent to Mr. Blankenship and Mr. Reeves. It will be stated that Mr. Blankenship will only work for Dr. McElligot and if that should change he will need to appear in front of the Committee to request another supervising physician.

Mr. Blankenship asked if he needed to add the two (2) other supervising physicians from the clinic. Dr. Saunders stated when the discussion started Dr. McElligot was the supervising physician. Mr. Reeves asked if these were physicians at Dr. McElligot's practice to which Mr. Blankenship replied they were. Mr. Reeves asked if there was a legal requirement to add the names of the other two (2) providers associated with that practice. Ms. Huddleston answered no, not for the reinstatement of license today, but Mr. Blankenship will need to be sure his Notice and Formulary is accurate.

Ms. Tarr stated on the administrative staff side the administrative office is issuing a limited license on the current application; limited license is good for two (2) years. Mr. Blankenship will receive a letter with an expiration date of that limited license. If the administrative office does not receive an application for full licensure that limited license will expire. Mr. Blankenship needs to understand the he will need to apply for full licensure at that time. Mr. Blankenship will receive a letter on the front end with an expiration date and he is responsible for that.

Mr. Cain motioned to grant a two (2) year limited license with the stipulation that Mr. Blankenship pass the NCCPA exam at the end of two (2) years. Mr. Hux asked Mr. Cain to amend his motion to limit Mr. Blankenship to work only with Dr. McElligot. Mr. Reeves requested the same amendment. Mr. Cain agreed to amendment of the motion. Mr. Hux seconded. It was stated the terms of the original order will be triggered once Mr. Blankenship's license is reinstated. The motion passed.

The meeting was adjourned at 1:28