

**RULES
OF
THE COMMITTEE ON PHYSICIAN ASSISTANTS**

**CHAPTER 1130-01
GENERAL RULES GOVERNING THE PRACTICE
OF A PHYSICIAN ASSISTANT**

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1130-01-.01 DEFINITIONS. As used in these rules, the following terms and acronyms shall have the following meaning ascribed to them:

- (1) A.A.P.A. - American Academy of Physician Assistants.
- (2) Advertising - Informational communication to the public in any manner to attract attention to the practice as a Physician Assistant. Includes, but is not limited to business solicitation, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking, in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, or television broadcasting or other means designed to secure public attention.
- (3) A.M.A. - American Medical Association.
- (4) Applicant - Any individual seeking licensure by the Committee who has submitted an official application and paid the application fee.
- (5) A.R.C.-P.A. - The Accreditation Review Committee on Education for the Physician Assistant or its successor organization, which is the successor organization to C.A.A.H.E.P. for physician assistant education accreditation.
- (6) Board - Tennessee Board of Medical Examiners.
- (7) C.A.A.H.E.P. - The Commission on Accreditation of Allied Health Education Programs or its successor organization, which is the successor organization to C.A.H.E.A.
- (8) C.A.H.E.A. - The Committee on Allied Health Education and Accreditation of the American Medical Association or its successor accrediting agency.
- (9) Closed Files - An administrative action which renders an incomplete or denied file inactive.

(Rule 1130-01-.01, continued)

- (10) Committee - The Committee on Physician Assistants (C.O.P.A.).
- (11) Committee Administrative Office - The office of the administrator assigned to the Committee located on the 665 Mainstream Drive, Nashville, TN 37243.
- (12) Committee Designee - Any person who has received a written delegation of authority from the Committee to perform Committee functions subject to review and ratification by the Committee and the Board where provided by these rules.
- (13) Consultant - Any person who has received a delegation of authority from the Committee to perform Committee functions subject to review and ratification by the Committee and Board where provided by these rules.
- (14) Department - Tennessee Department of Health.
- (15) Division - The Division of Health Related Boards, Tennessee Department of Health, from which the Committee receives administrative support.
- (16) FCVS - The Federation Credentials Verification Service which is a service offered by the Federation of State Medical Boards that provides primary source identification and verification of physician assistant core credentials as required in licensure applications by the states.
- (17) Fee - Money, gifts, services, or anything of value offered or received as compensation in return for rendering services; also, the required application fees.
- (18) Formulary - A list of legend and non-legend drugs arranged by therapeutic categories, included in the protocols, that are approved to be prescribed and/or issued by a physician assistant, which may include controlled substances listed in Schedules II, III, IV and V of Tennessee Code Annotated, Title 39, Chapter 17, Part 4.
- (19) Good Moral Character - The quality of being well regarded in professional ethics.
- (20) Graduate - An individual who has graduated from an accredited P.A. program whose transcript shows that graduation has been completed.
- (21) He/she Him/her - When "he" appears in the text of these rules, the word represents both the feminine and masculine genders.
- (22) HRB - Health Related Boards.
- (23) License - The document issued by the Committee to an applicant who has completed the licensure process.
- (24) N.C.C.P.A - National Commission on the Certification of Physician Assistants.
- (25) P.A. - Physician Assistant.
- (26) Person - Any individual, firm, corporation, partnership, organization, or body politic.
- (27) Physician - Any physician licensed pursuant to T.C.A. Title 63, Chapters 6 or 9.
- (28) Supervising physician - a licensed and actively practicing physician who has been identified as accepting responsibility for supervising a physician assistant

(Rule 1130-01-.01, continued)

- (29) T.A.P.A. - Tennessee Academy of Physician Assistants.
- (30) Use of Title or Description - To hold oneself out to the public as having a particular status by means of stating on signs, mailboxes, address plates, telephone listings, stationery, announcements, business cards, or other means of professional identification.
- (31) Written Evidence - Includes, but is not limited to, written verification from supervisors or other professional colleagues familiar with the applicant's work.
- (32) Written Protocol - A jointly developed written statement by the supervising physician and physician assistant. Includes, but not limited to, problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for these problems and conditions. This protocol will establish a practice specific range of approved tasks, problems, and conditions, including prescribing of any medications if delegated. These protocols shall be signed by both the supervising physician and the physician assistant and reviewed at least every two (2) years.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-107, 63-6-101, 63-19-104, and 63-19-105; Public Chapter 33 of 1999; and Public Chapter 565 of 2021. **Administrative History:** Original rule filed October 7, 1986; effective November 21, 1986. Amendment filed December 9, 1988; effective January 20, 1989. Amendment filed January 29, 1990; effective March 15, 1990. Amendment filed September 16, 1991; effective October 31, 1991. Repeal and new rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed November 13, 1996; effective January 27, 1997. Amendment filed August 13, 1998; effective October 27, 1998. Amendment filed April 19, 1999; effective July 3, 1999. Amendment filed March 31, 1999; effective July 29, 1999. Amendment filed April 10, 2000; effective June 24, 2000. Amendment filed March 9, 2001; effective May 23, 2001. Amendment filed August 6, 2002; effective October 20, 2002. Amendment filed August 28, 2002; effective November 11, 2002. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.02 SCOPE OF PRACTICE.

- (1) A physician assistant who holds state license in accordance with T.C.A. § 63-19-105 may provide selected medical/surgical services as outlined in a written protocol according to T.C.A. § 63-19-106, and when such services are within his skills. The services delegated to the physician assistant must form a usual component of the supervising physician's scope of practice. Services rendered by the physician assistant must be provided under the supervision, direction, and ultimate responsibility of a licensed physician accountable to the Board of Medical Examiners or the Board of Osteopathic Examination under the provision of T.C.A. § 63-19-109.
- (2) Determinations and pronouncements of death shall be governed by T.C.A. § 68-3-512.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-6-101, 63-19-104, 63-19-106, and 68-3-512; Public Chapter 33 of 1999; and Public Chapter 565 of 2021. **Administrative History:** Original rule filed October 7, 1986; effective November 21, 1986. Amendment filed December 9, 1988; effective January 20, 1989. Amendment filed January 29, 1990; effective March 15, 1990. Amendment filed September 16, 1991; effective October 31, 1991. Repeal and new rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed November 13, 1996; effective January 27, 1997. Amendment filed August 13, 1998; effective October 27, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed April 10, 2000; effective June 24, 2000. Amendment filed June 23, 2006; effective September 6, 2006. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.03 NECESSITY OF LICENSE.

- (1) Prior to engagement of the practice as a physician assistant in Tennessee, a person must hold a current Tennessee license or temporary license issued pursuant to rule 1130-01-.14 unless exempted from licensure pursuant to T.C.A. § 63-19-110.
- (2) It is unlawful for any person who is not licensed in the manner prescribed in T.C.A. §§ 63-19-101 et seq. to represent himself as a licensed physician assistant or to hold himself out to the public as being licensed by means of using a title on signs, mailboxes, address plates, stationery, announcements, telephone listings, calling cards, or other instruments of professional identification.
- (3) Use of Titles - Any person who holds a valid license or temporary license from the Committee shall have the right to use the title "physician assistant" or the abbreviations "PA" or "PA-C" and to practice as a physician assistant, as defined in T.C.A. § 63-19-102. Any person licensed by the Committee to whom this rule applies must use one of the titles authorized by this rule in every "advertisement" [as that term is defined in Rule 1130-01-.20(2)(a)] he or she publishes or the failure to do so will constitute an omission of a material fact which makes the advertisement misleading and deceptive and subjects the physician assistant to disciplinary action pursuant to Rule 1130-01-.15(1)(a), (1)(c), (1)(h), (1)(p) and (1)(v).
- (4) The profession of physician assistant is one of the healing arts and as such the practice of which is restricted to those persons credentialed by the Committee. Person engaging in the practice as a physician assistant without being credentialed are in violation of T.C.A. § 63-19-105.

Authority: T.C.A. §§ 4-5-202, 63-1-116, 63-1-145, 63-1-146, 63-6-101, 63-19-104, 63-19-105, 63-19-108, and 63-19-114 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed August 5, 2010; effective November 3, 2010. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.04 QUALIFICATIONS FOR LICENSURE.

- (1) Pursuant to T.C.A. § 63-19-105, the Committee and Board shall license no person as a physician assistant unless:
 - (a) The person is a graduate of a physician assistant training program accredited by C.A.H.E.A., C.A.A.H.E.P. or A.R.C.-P.A.; and
 - (b) The person has successfully completed the examination of the National Commission on the Certification of Physician Assistants.
- (2) Alternatively to 1130-01-.04(1), any person licensed/certified/registered as a physician assistant in another state may be licensed as a physician assistant in Tennessee if both of the following requirements are met:
 - (a) The person is a graduate of a physician assistant program accredited by C.A.H.E.A., C.A.A.H.E.P. or A.R.C.-P.A. at the time of graduation; and
 - (b) Has practiced as a physician assistant in another state for a period of ten (10) consecutive years immediately prior to seeking licensure in the State of Tennessee.
 - (c) All persons licensed pursuant to 1130-01-.04(2) must provide letters of verification of employment. All expenses of verification will be the applicant's responsibility.

(Rule 1130-01-.04, continued)

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-6-101, 63-19-104, and 63-19-105 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed December 9, 1988; effective January 20, 1989. Repeal and new rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed August 13, 1998; effective October 27, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed March 9, 2001; effective May 23, 2001. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.05 PROCEDURES FOR LICENSURE. To become licensed as a physician assistant in Tennessee, a person must comply with the following procedures and requirements:

- (1) Physician Assistant - Licensure by examination:
 - (a) An application packet shall be requested from the Committee's administrative office.
 - (b) An applicant shall respond truthfully and completely to every question or request for information contained in the application form and submit it along with all documentation and fees required by the form and rules to the Committee's Administrative Office. It is the intent of this rule that activities necessary to accomplish the filing of the required documentation be completed prior to filing an application and that all documentation be filed simultaneously.
 - (c) An applicant shall submit with his application a signed and notarized passport type photograph taken within the preceding 12 months and the photo must be affixed to the proper page of the application.
 - (d) It is the applicant's responsibility to request that a graduate transcript, from an education program approved by the C.A.H.E.A., C.A.A.H.E.P. or A.R.C.-P.A., be submitted directly from the program to the Committee's Administrative Office. The transcript must show that graduation has been completed and carry the official seal of the institution.
 - (e) An applicant shall submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals, attesting to the applicant's personal character and professional ethics on the signatory's letterhead.
 - (f) If the applicant intends to immediately commence practice upon licensure he or she must designate a primary supervising physician. Any change in the primary supervising physician must be reported in writing submitted directly to the Committee's Administrative Office by the physician assistant.
 - (g) An applicant shall disclose the circumstances surrounding any of the following:
 1. Conviction of any criminal law violation of any country, state or municipality, except minor traffic violations.
 2. The denial of professional licensure/certification application by any other state or the discipline of licensure/certification in any state.
 3. Loss or restriction of licensure/certification.
 4. Any civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of

(Rule 1130-01-.05, continued)

contract, antitrust activity or any other civil action remedy recognized under the country's or state's statutory common or case law.

5. Failure of any licensure or certification examination.
- (h) An applicant shall cause to be submitted to the Committee's administrative office directly from the vendor identified in the Committee's licensure application materials, the result of a criminal background check.
 - (i) If an applicant holds or has ever held a license/certificate to practice any profession in any other state, the applicant shall cause to be submitted the equivalent of a Tennessee Certificate of Endorsement (verification of licensure/certification) from each such licensing board which indicates the applicant holds or held an active license/certificate and whether it is in good standing presently or was at the time it became inactive.
 - (j) An applicant shall submit the Application Fee and State Regulatory Fee as provided in Rule 1130-01-.06.
 - (k) All applicants shall cause to be submitted documentation of successful completion of the examination for licensure as governed by Rule 1130-01-.08 once the exam has been successfully completed. This verification must be submitted by the examining agency directly to the Committee's Administrative Office.
 - (l) When necessary, all required documents shall be translated into English and such translation and original document certified as to authenticity by the issuing source. Both versions must be submitted.
 - (m) Personal resumes are not acceptable and will not be reviewed.
 - (n) Application review and licensure decisions shall be governed by Rule 1130-01-.07.
 - (o) All documents submitted for qualification of licensure become the property of the State of Tennessee and will not be returned.
 - (p) The application form is not acceptable if any portion has been executed and dated prior to one year before filing with the Committee. As used in this part, application means the application form approved by the Committee and shall include, as appropriate:
 1. Attached current, notarized passport photograph;
 2. Official transcript from physician assistant training program;
 3. Verification of N.C.C.P.A. exam;
 4. Two (2) original letters of professional recommendation;
 5. Result of a criminal background check;
 6. Certificate of completion or diploma from an approved physician assistant program; and
 7. Certification/licensure from other state boards.
 - (q) All applications shall be sworn to and signed by the applicant and notarized.

(Rule 1130-01-.05, continued)

(2) Physician Assistant - Licensure by Reciprocity:

- (a) An application packet shall be requested from the Committee's Administrative Office.
- (b) An applicant shall respond truthfully and completely to every question or request for information contained in the application form and submit it along with all documentation and fees required by the form and rules to the Committee's Administrative Office. It is the intent of this rule that activities necessary to accomplish the filing of the required documentation be completed prior to filing an application and that all documentation be filed simultaneously.
- (c) An applicant shall submit with his application a signed and notarized passport type photograph taken within the preceding 12 months and the photo must be affixed to the proper page of the application.
- (d) It is the applicant's responsibility to request that a graduate transcript, from an education program approved by the C.A.H.E.A., C.A.A.H.E.P. or A.R.C.-P.A., be submitted directly from the program to the Committee's Administrative Office. The transcript must show that graduation has been completed and carry the official seal of the institution.
- (e) An applicant shall submit evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals, attesting to the applicant's personal character and professional ethics on the signatory's letterhead.
- (f) If the applicant intends to immediately commence practice upon licensure he or she must designate a primary supervising physician. Any change in the primary supervising physician must be reported in writing submitted directly to the Committee's Administrative Office by the physician assistant.
- (g) An applicant shall disclose the circumstances surrounding any of the following:
 - 1. Conviction of any criminal law violation of any country, state or municipality, except minor traffic violations.
 - 2. The denial of professional licensure/certification application by any other state or the discipline of licensure/certification in any state.
 - 3. Loss or restriction of licensure/certification.
 - 4. Any civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under the country's or state's statutory common, or case law.
 - 5. Failure of any licensure or certification examination.
- (h) An applicant shall cause to be submitted to the Committee's administrative office directly from the vendor identified in the Committee's licensure application materials, the result of a criminal background check.
- (i) If an applicant holds or has ever held a license/certificate to practice any profession in any other state, the applicant shall cause to be submitted the equivalent of a

(Rule 1130-01-.05, continued)

Tennessee Certificate of Endorsement (verification of licensure/certification) from each such licensing board which indicates the applicant holds or held an active license/certificate and whether it is in good standing presently or was at the time it became inactive. An applicant must hold a current physician assistant license/certificate in a state to apply by reciprocity.

- (j) An applicant shall submit the Application Fee and State Regulatory Fee as provided in Rule 1130-01-.06.
 - (k) All applicants shall cause to be submitted documentation of successful completion of the examination for licensure as governed by Rule 1130-01-.08. This verification must be submitted by the examining agency directly to the Committee's Administrative Office.
 - (l) When necessary, all required documents shall be translated into English and such translation and original document certified as to authenticity by the issuing source. Both versions must be submitted.
 - (m) Personal resumes are not acceptable and will not be reviewed.
 - (n) Application review and licensure decisions shall be governed by Rule 1130-01-.07.
 - (o) All documents submitted for qualification of licensure become the property of the State of Tennessee and will not be returned.
 - (p) The application form is not acceptable if any portion has been executed and dated prior to one year before filing with the Committee. As used in this part, application means the application form approved by the Committee and shall include, as appropriate:
 - 1. Attached current, notarized passport photograph;
 - 2. Official transcript from physician assistant training program;
 - 3. Verification of N.C.C.P.A. exam;
 - 4. Two (2) original letters of professional recommendation;
 - 5. Result of a criminal background check;
 - 6. Certificate of completion or Diploma from an approved physician assistant program; and
 - 7. Certification/licensure from other state boards.
 - (q) All applications shall be sworn to and signed by the applicant and notarized.
- (3) Submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS to the Committee's Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-6-101, 63-6-214, 63-19-104, 63-19-105, 63-19-106, and 63-19-107 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed March 27, 1989; effective May 11, 1989. Repeal and new rule filed August 5, 1993; effective October 18, 1993. Repeal

(Rule 1130-01-.05, continued)

and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed August 13, 1998; effective October 27, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed March 9, 2001; effective May 23, 2001. Amendment filed August 6, 2002; effective October 20, 2002. Amendments filed March 17, 2006; effective May 31, 2006. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.06 FEES.

- (1) The fees are as follows:
 - (a) Application Fee - A fee to be paid by all applicants including those seeking licensure by reciprocity. This fee includes the Initial Licensure Fee and State Regulatory Fee. In cases where an applicant is denied licensure or the application file closes due to abandonment, only the portion pertaining to the Initial Licensure Fee and the portion of the State Regulatory Fee that applies to initial licensure will be refundable.
 - (b) Biennial Licensure Renewal Fee - A non-refundable fee to be paid prior to the issuance of the “artistically designed” license. This fee must be received on or before the expiration date of the license.
 - (c) Initial Licensure Fee - A fee to be paid at the time of application for initial licensure after approval by the Committee on Physician Assistants and the Board of Medical Examiners.
 - (d) Late Renewal Fee - A non-refundable fee to be paid when a license holder fails to renew his license on or before the expiration date on the license. This is an additional fee which must be submitted with the Biennial Licensure Renewal Fee and State Regulatory Fee.
 - (e) Replacement License Fee - A non-refundable fee to be paid when an individual requests a replacement for a lost or destroyed “artistically designed” wall license or renewal license.
 - (f) State Regulatory Fee - A fee to be paid by all individuals at the time of application and with all renewal applications.
 - (g) Temporary Licensure Fee - A non-refundable fee to be paid at the time of application for applicants requesting a temporary license.
- (2) All fees must be submitted to the Committee’s administrative office by cashier’s check, personal check or money order. Checks or money orders are to be made payable to the Committee on Physician Assistants.
- (3) Fee Schedule:

	Amount
(a) Application Fee (Total)	\$335.00
1. Application Fee	\$ 75.00
2. Initial Licensure Fee	\$250.00
3. State Regulatory Fee	\$ 10.00
(b) Biennial Licensure Renewal Fee	\$175.00

(Rule 1130-01-.06, continued)

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| (c) | Late Renewal Fee | \$ 50.00 |
| (d) | Replacement License Fee | \$ 25.00 |
| (e) | State Regulatory (biennial) | \$ 10.00 |
| (f) | Temporary Licensure Fee | \$ 50.00 |
- (4) Total Application Fee must be paid at the time of application.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 63-1-103, 63-1-106, 63-1-108, 63-1-112, 63-19-104; 63-19-105, and 63-19-113 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed November 27, 1990; effective January 11, 1991. Repeal and new rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed October 14, 1998; effective December 28, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed January 20, 2012; effective April 19, 2012. Amendments filed March 23, 2016; effective June 21, 2016. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.07 APPLICATION REVIEW, APPROVAL AND DENIAL.

- (1) An application packet shall be requested from the Committee's administrative office.
- (2) Review of all applications to determine whether or not the application file is complete may be delegated to the Committee's administrator.
- (3) If an application is incomplete when received by the Committee's Administrative Office, or the reviewing Committee member or the Committee consultant determine additional information is required from an applicant before an initial determination can be made, the Committee's administrative office shall notify the applicant of the information required.
 - (a) The applicant shall cause the requested information to be received by the Committee's administrative office on or before the ninetieth (90th) day after the initial letter notifying the applicant of the required information is sent.
 - (b) If requested information is not timely received, the application file may be considered abandoned and may be closed by the Committee's administrator. If that occurs, the applicant shall be notified that the Committee will not consider issuance of a license until a new application is received pursuant to the rules governing that process, including another payment of all fees applicable to the applicant's circumstances and submission of such new supporting documents as is required by the Committee or the Committee consultant.
- (4) If a reviewing Committee member or the Committee consultant initially determines that a completed application should be denied, limited, conditioned or restricted, a temporary authorization shall not be issued. The applicant shall be informed of the initial decision and that a final determination on the application will be made by the Committee and the Board at their next meetings. If the Committee and the Board ratify the initial denial, limitation, condition or restriction, the action shall become final and the following shall occur:
 - (a) A notification of the denial, limitation, condition or restriction shall be sent by the Committee's Administrative Office by certified mail, return receipt requested. Specific reasons for denial, limitation, condition or restriction will be stated, such as incomplete information, unofficial records, examination failure, or matters judged insufficient for

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licensure, and such notification shall contain all the specific statutory or rule authorities for the denial, limitation, condition or restriction.

- (b) The notification, when appropriate, shall also contain a statement of the applicant's right to request a contested case hearing under the Tennessee Administrative Procedures Act (T.C.A. §§ 4-5-301 et seq.) to contest the denial, limitation, condition or restriction and the procedure necessary to accomplish that action.
 - 1. An applicant has a right to a contested case hearing only if the adverse decision on an application was based upon subjective or discretionary criteria and only if the request is in writing and received on or before the thirtieth (30th) day after receipt of the notice by the applicant.
 - 2. An applicant may be granted a contested case hearing if the licensure denial, limitation, condition or restriction is based on an objective, clearly defined criteria only if after review and attempted resolution by the Committee's Administrative Staff, the application can not be approved and the reasons for continued denial, limitation, condition or restriction present genuine issues of fact and/or law which are appropriate for appeal. Requests for a hearing must be made in writing to the Committee within 30 days of the receipt of the notice of denial, limitation, condition or restriction from the Committee.
- (5) The initial determination procedures of this rule will not apply if the Committee reviews and makes final determination on any application during its meetings.
- (6) If the Committee finds it has erred in the issuance of a license, the Committee will give written notice by certified mail of its intent to revoke the license. The notice will allow the applicant the opportunity to meet the requirements for licensure within thirty (30) days from the date of receipt of the notification. If the applicant does not concur with the stated reason and the intent to revoke the license, the applicant shall have the right to proceed according to Rule 1130-01-.07(4)(b).
- (7) Submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS to the Committee's Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§ 4-5-102(3), 4-5-202, 4-5-204, 4-5-301, et seq., 63-6-101, 63-19-104, 63-19-105, and 63-19-111 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed September 16, 1991; effective October 31, 1991. Repeal and new rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed November 13, 1996; effective January 27, 1997. Amendment filed October 14, 1998; effective December 28, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed August 6, 2002; effective October 20, 2002. Amendment filed August 28, 2002; effective November 11, 2002. Amendment filed August 5, 2010; effective November 3, 2010. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.08 EXAMINATIONS.

- (1) Licensure Examination - With the exception of applicants qualified pursuant to Rule 1130-01-.05(2) all persons intending to apply for licensure as a P.A. in Tennessee must successfully complete an examination pursuant to this Rule. Such examination must be completed prior to application for permanent licensure. Evidence of successful completion must be submitted by

(Rule 1130-01-.08, continued)

the examining agency directly to the Committee Administrative Office as part of the application process contained in Rule 1130-01-.05.

- (a) The Committee and Board adopt the N.C.C.P.A. examination or its successor examination as its licensure examination. Successful completion of examination is a prerequisite to licensure pursuant to Rule 1130-01-.04(1)(b).
 - (b) The Committee and Board adopt the N.C.C.P.A. determination as to the passing score on its examination.
 - (c) Application for and fees necessary to take the N.C.C.P.A. examination must be sent to the N.C.C.P.A. and not the Committee.
- (2) Submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS to the Committee's Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-19-104, and 63-19-105 and Public Chapter 565 of 2021.
Administrative History: Original rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed August 6, 2002; effective October 20, 2002. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.09 LICENSURE RENEWAL AND REINSTATEMENT OF AN EXPIRED LICENSE.

- (1) All physician assistants must renew their licenses to be able to legally continue in practice. License renewal is governed by the following:
- (a) The due date for license renewal is its expiration date which is the last day of the month in which a license holder's birthday falls pursuant to the Division of Health Related Boards "biennial birthdate renewal system" contained in rule 1200-10-01-.10.
 - (b) Methods of Renewal - Licensees may accomplish renewal by one of the following methods:
 - 1. Internet Renewals - Individuals may apply for renewal via the Internet. The application to renew can be accessed at:

<https://apps.tn.gov/hlrs/>
 - 2. Paper Renewals - Licensees who have not renewed their authorization online via the Internet will have a renewal application form mailed to them at the last address provided by them to the Committee. Failure to receive such notification does not relieve the individual of the responsibility of timely meeting all requirements for renewal. To be eligible for renewal a licensee must submit to the Division of Health Related Boards on or before the license's expiration date the following:
 - (i) A completed and signed renewal application form.
 - (ii) The renewal and state regulatory fees as provided in Rule 1130-01-.06.

(Rule 1130-01-.09, continued)

- (c) Any renewal application received after the expiration date but before the last day of the month following the expiration date must be accompanied by the Late Renewal Fee provided in Rule 1130-01-.06.
 - (d) Any individual who fails to comply with the license renewal rules and/or notifications sent to them concerning failure to timely renew shall have their license processed pursuant to rule 1200-10-01-.10.
 - (e) Anyone submitting a signed renewal form or letter which is found to be untrue may be subject to disciplinary action as provided in Rule 1130-01-.15.
 - (f) Any license holder who receives notice of licensure expiration may, within thirty (30) days of receipt of the notice pursuant to Rule 1130-01-.11, execute and file in the Board's administrative office an affidavit of retirement which will effectively retire the license as of the thirtieth (30th) day after the renewal due date.
- (2) Reinstatement of Expired Licenses - Reinstatement of a license that has expired pursuant to rule 1200-10-01-.10 may be accomplished upon meeting the following conditions:
- (a) Submission of a completed reinstatement application; and
 - (b) Payment of all past due renewal fees, including late renewal fee; and
 - (c) Proof of the required continuing education.
- (3) Renewal and reinstatement decisions pursuant to this rule may be made administratively and are subject to Committee and Board review.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-107, 63-19-104, and 63-19-105 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed November 13, 1996; effective January 27, 1997. Amendment filed August 13, 1998; effective October 27, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed August 28, 2002; effective November 11, 2002. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.10 RANGE OF SERVICES/SUPERVISION.

- (1) The range of services which may be provided by a physician assistant shall be set forth in a written protocol, jointly developed and signed by the physician assistant and the supervising physician and maintained at the physician assistant's practice location.
- (2) A physician assistant is authorized to perform the services outlined in his or her protocol under the supervision of a supervising physician who complies with all the requirements of 0880-02-.18.
- (3) Each physician assistant shall have a designated primary supervising physician and shall notify the Committee of the name, address, and license number of his/her primary supervising physician and shall notify the Committee of any change in such primary supervising physician within fifteen (15) days of the change.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-6-101, 63-19-104, 63-19-106, and 63-19-107; Public Chapter 33 of 1999; and Public Chapter 565 of 2021. **Administrative History:** Original rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed May 7, 1997; effective July 21, 1997. Amendment filed March 31, 1999; effective July 29, 1999. Amendment filed April 10, 2000; effective June 24, 2000. Amendment filed March 9, 2001;

(Rule 1130-01-.10, continued)

effective May 23, 2001. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.11 RETIREMENT AND REACTIVATION OF LICENSE.

- (1) A person who holds a current license and does not intend to practice as a physician assistant may apply to convert an active license to retired status. An individual who holds a retired license will not be required to pay the renewal fee.
- (2) A person who holds an active license may apply for retired status in the following manner:
 - (a) Obtain, complete, and submit to the Committee's Administrative Office, an affidavit of retirement form.
 - (b) Submit any documentation which may be required to the Committee's Administrative Office.
- (3) License holders whose license has been retired may re-enter active status by doing the following:
 - (a) Submit a written request for license reactivation to the Committee's Administrative Office.
 - (b) Pay the licensure renewal fee and state regulatory fee as provided in Rule 1130-01-.06.
 - (c) Submit satisfactory evidence of compliance with the continuing education requirements of rule 1130-01-.12 for the two (2) year period immediately preceding the date of application for reactivation.
 - (d) If retirement reactivation is requested prior to the expiration of one year from the date of retirement, the Committee will require payment of the late renewal fee and past due renewal fee.
- (4) License reactivation applications shall be treated as licensure applications and review decisions shall be governed by Rule 1130-01-.07.

Authority: T.C.A. §§ 4-5-202, 63-19-104, and 63-19-113 and Public Chapter 565 of 2021.

Administrative History: Original rule filed August 5, 1993; effective October 18, 1993. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed November 13, 1996; effective January 27, 1997. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.12 CONTINUING EDUCATION. All persons licensed as a P.A. must comply with the following continuing education rules as a prerequisite to licensure renewal.

- (1) Continuing Education - Hours Required
 - (a) All physician assistants must, within a two (2) year period prior to the application for license renewal, complete one hundred (100) hours of continuing medical education satisfactory to the Committee. At least fifty (50) hours shall be obtained in certified medical education Category I and at least two (2) Category I hours of the required continuing education hours shall address education related to controlled substance prescribing, which must include instruction in the Department's treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol and may include topics such

(Rule 1130-01-.12, continued)

as medicine addiction, risk management tools, and other topics approved by the Committee.

- (b) The Committee approves a course for only the number of hours contained in the course. The approved hours of any individual course will not be counted more than once in a calendar year toward the required hourly total regardless of the number of times the course is attended or completed by any individual.
- (c) The committee may waive or otherwise modify the requirements of this rule in cases where there is retirement or an illness, disability or other undue hardship which prevents a physician assistant from obtaining the requisite number of continuing education hours required for renewal. Requests for waivers or modification must be sent in writing to the Committee prior to the expiration of the renewal period in which the continuing education is due.

(2) Continuing Education - Proof of Compliance

- (a) All physician assistants must indicate, by their signature on the license renewal form, that they have completed the required number of continuing medical education hours, during whichever of the following two (2) year periods applies to the applicant:
 - 1. For those certified by the N.C.C.P.A.; the most recent two (2) year period (depending upon the year of initial certification of the applicant by the N.C.C.P.A.) utilized by N.C.C.P.A. to determine whether that person has obtained sufficient continuing medical education hours to maintain his or her professional certification.
 - 2. For those not certified by the N.C.C.P.A.; the most recent two (2) year period (depending upon the year of birth of the licensee rather than the year of initial certification by the N.C.C.P.A.), which if utilized by the N.C.C.P.A. would determine whether that person would have (had he or she been nationally certified) obtained sufficient continuing medical education hours to maintain his or her professional certification.
- (b) All physician assistants must retain independent documentation of completion of all continuing education hours. This documentation must be retained for a period of four (4) years from the end of the renewal period in which the continuing education was acquired. This documentation must be produced for inspection and verification, if requested in writing by the Committee during its verification process.
 - 1. Certificates verifying the licensed individual's completion of the continuing education program(s) consist of any one or more of the following:
 - (i) The National Commission on the Certification of Physician Assistants' "Continuing Medical Education Logging Certificate";
 - (ii) Certificates must include the following: Continuing education program's sponsor, date, length in minutes awarded (continuing education units must be converted to clock hours), program title, licensed individual's name, license number and social security number.
 - (iii) An original letter on official stationery from the continuing education program's sponsor indicating date, length in minutes awarded (continuing education units must be converted to clock hours), program title, licensed individual's name, license number and social security number.

(Rule 1130-01-.12, continued)

- (c) If a person submits documentation for training that is not clearly identifiable as appropriate continuing education, the Committee will request a written description of the training and how it applies to the practice as a physician assistant. If the Committee determines that the training cannot be considered appropriate continuing education, the individual will be given 90 days to replace the hours not allowed. Those hours will be considered replacement hours and cannot be counted during the next renewal period.
- (3) Acceptable continuing education - To be utilized for satisfaction of the continuing education requirements of this rule, the continuing education program must be approved in content, structure and format by the A.M.A., the A.A.P.A., or the N.C.C.P.A.
- (4) Violations
 - (a) Any physician assistant who falsely attests to completion of the required hours of continuing education may be subject to disciplinary action pursuant to Rule 1130-01-.15.
 - (b) Any physician assistant who fails to obtain the required continuing education hours may be subject to disciplinary action pursuant to Rule 1130-01-.15 and may not be allowed to renew licensure.
 - (c) Education hours obtained as a result of compliance with the terms of a Committee or Board order in any disciplinary action shall not be credited toward the continuing education hours required to be obtained in any renewal period.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-6-101, 63-19-104, and 63-19-105 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed August 5, 1993; effective October 18, 1993. Amendment filed August 18, 1994; effective November 1, 1994. Repeal and new rule filed July 7, 1995; effective September 20, 1995. Amendment filed November 13, 1996; effective January 27, 1997. Amendment filed August 13, 1998; effective October 27, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed March 9, 2001; effective May 23, 2001. Amendment filed August 6, 2002; effective October 20, 2002. Amendment filed May 18, 2007; effective August 1, 2007. Amendments filed March 23, 2016; effective June 21, 2016. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.13 PROFESSIONAL ETHICS. The Committee on Physician Assistants may utilize as guidelines T.A.P.A.'s code of ethics. Violation of this Rule may subject the P.A. to disciplinary action pursuant to Rule 1130-01-.15.

Authority: T.C.A. §§ 4-5-202, 63-19-104, and 63-19-108 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.14 TEMPORARY LICENSE.

- (1) A graduate of an accredited P.A. educational program who is awaiting an opportunity to take the licensure examination may practice as a P.A. upon issuance of a temporary license obtained pursuant to T.C.A. § 63-19-105.
- (2) Temporary licenses issued pursuant to T.C.A. § 63-19-105(a)(2) are subject to the following restrictions:

(Rule 1130-01-.14, continued)

- (a) Initial issuance is valid for only the fifteen (15) month period immediately following graduation from an accredited P.A. educational program.
 - (b) If a person attempts but fails the first licensure examination and cannot take the examination again during the time remaining on the initially issued temporary license, that license may be extended for an additional one (1) year period from the date of expiration of the initial license upon proof of examination failure.
 - (c) Temporary licenses are valid only for those who are attempting to take the licensure examination and shall expire if the person fails to take every scheduled examination until successful completion.
 - (d) Temporary Licenses shall become invalid upon the holder obtaining permanent licensure from the Committee and Board or on the last day of the fifteenth (15th) month after graduation unless extended in which case the license shall become invalid on the last day of the twenty-seventh (27th) month after graduation. In any case, the temporary license expires upon failure to take a scheduled examination.
 - (e) Persons holding temporary licenses shall be subject to discipline up to and including revocation for the same causes and pursuant to the same procedures as persons holding permanent licenses.
- (3) Submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS to the Committee's Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-6-101, 63-19-104, and 63-19-105 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed August 6, 2002; effective October 20, 2002. Amendment filed August 5, 2010; effective November 3, 2010. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.15 DISCIPLINARY GROUNDS, ACTIONS, AND CIVIL PENALTIES.

- (1) Grounds and Authority For Disciplinary Actions - The Board and the Committee shall have the power to deny, limit, restrict or condition an application for a license to any applicant who applies for the same. The Board and Committee shall have the authority to suspend or revoke, reprimand or otherwise discipline any person holding a license to practice as a physician assistant. The grounds upon which the Board and Committee shall exercise such power includes, but are not limited to, the following:
- (a) Unprofessional, dishonorable, or unethical conduct;
 - (b) Violation or attempted violation, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of the Physician Assistants Act or any lawful order of the Committee and Board issued pursuant thereto, or any criminal statute of the state of Tennessee;
 - (c) Making false statements or representations, being guilty of fraud or deceit in obtaining admission to practice, or being guilty of fraud or deceit in the practice as a physician assistant;

(Rule 1130-01-.15, continued)

- (d) Gross malpractice, or a pattern of continued or repeated malpractice, ignorance, negligence or incompetence in the course of practice as a physician assistant;
- (e) Habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the person's ability to practice as a physician assistant;
- (f) Violation of the laws governing abortion;
- (g) Willfully betraying a professional secret;
- (h) The advertising of physician assistant business in which untrue or misleading statements are made, or causing the publication or circulation of fraudulent advertising relative to any disease, human ailment, or conditions;
- (i) Willful violation of the rules and regulations promulgated by the Board and the Committee to regulate advertising by practitioners who are under the jurisdiction of such board;
- (j) Conviction of a misdemeanor or felony;
- (k) Making or signing in one's professional capacity any certificate that is known to be false at the time one makes or signs such certificate;
- (l) Dispensing, prescribing, or otherwise distributing any controlled substance or any other drug not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease;
- (m) Dispensing, prescribing, or otherwise distributing any controlled substance to any person in violation of any law of the state or of the United States of America or any rule of the Board or Committee;
- (n) Offering, undertaking, or agreeing to cure or treat a disease, injury, ailment or infirmity by a secret means, method, device or instrumentality;
- (o) Giving or receiving, or aiding or abetting the giving or receiving of rebates, either directly or indirectly for referrals of business or patients;
- (p) Engaging in the practice of a physician assistant under a false or assumed name, or the impersonation of another practitioner, or a like, similar or different name;
- (q) Engaging in the practice of a physician assistant when mentally or physically unable to safely do so;
- (r) Violation of the continuing education provisions of Rule 1130-01-.12;
- (s) Violation of the scope of practice statutes T.C.A. §§ 63-19-106 through 63-19-108 and Rules 1130-01-.02 and 1130-01-.10.
- (t) Violation of prescribing statutes T.C.A. § 63-19-107(2), and rules 1130-01-.10 and 1130-01-.21 to include improper or abusive practices inconsistent with normal prescribing guidelines.
- (u) Disciplinary action against a person licensed, certified, registered, or permitted to practice medicine by another state or territory of the United States for any acts or

(Rule 1130-01-.15, continued)

omissions which would constitute grounds for discipline of a person licensed in this state. A certified copy of the initial or final order or other equivalent document memorializing the disciplinary action from the disciplining state or territory shall constitute prima facie evidence of violation of this section and be sufficient grounds upon which to deny, restrict or condition licensure or renewal and/or discipline a person licensed in this state.

- (v) Violation of the use of title statute, T.C.A. § 63-19-114.
- (2) Upon a finding by the Board and Committee that a physician assistant has violated any provision of the Tennessee Physician Assistants Act (T.C.A. §§ 63-19-101 et seq.) or the rules promulgated pursuant thereto, the Board and Committee may take any of the following actions separately or in any combination which is deemed appropriate to the offense;
- (a) Advisory Censure - This is a written action issued for minor or near infractions. It is informal and advisory in nature and does not constitute a formal disciplinary action.
 - (b) Formal Censure or Reprimand - This is a written action issued for one time and less severe violations. It is a formal disciplinary action.
 - (c) Probation - This is a formal disciplinary action which places a physician assistant on close scrutiny for a fixed period of time. This action may be combined with conditions which must be met before probation will be lifted and/or which restrict the individual's activities during the probationary period.
 - (d) License Suspension - This is a formal disciplinary action which suspends the right to practice for a fixed period of time. It contemplates the re-entry into practice under the license previously issued.
 - (e) License Revocation - This is the most severe form of disciplinary action which removes an individual from the practice of the profession and terminates the licensure previously issued. The Committee, in its discretion, may allow reinstatement of a revoked license upon conditions and after a period of time that it deems appropriate. However, no petition for reinstatement and no new application for licensure from a person whose license was revoked shall be considered prior to the expiration of at least one (1) year unless otherwise stated in the Committee's revocation order.
 - (f) Conditions - Any action deemed appropriate by the Board and Committee to be required of a disciplined licensee in any of the following circumstances:
 - 1. During any period of probation, suspension; or
 - 2. During any period of revocation after which the licensee may petition for an order of compliance to reinstate the revoked license; or
 - 3. As a prerequisite to the lifting of probation or suspension or as a prerequisite to the reinstatement of a revoked license; or
 - 4. As a stand-alone requirement(s) in any disciplinary order.
 - (g) Civil penalty - A monetary disciplinary action assessed by the Committee and Board pursuant to paragraph (5) of this Rule.
 - (h) Suspension or revocation of prescribing privileges.

(Rule 1130-01-.15, continued)

- (i) Assessment of costs in disciplinary proceedings shall be as set forth in T.C.A. §§ 63-1-144 and 63-19-104.
 - (j) Once ordered, probation, suspension, revocation, assessment of a civil penalty, or any other condition of any type of disciplinary action may not be lifted unless and until the licensee petitions, pursuant to paragraph (3) of this rule, and appears before the Committee after the period of initial probation, suspension, revocation, or other conditioning has run and all conditions placed on the probation, suspension, revocation, have been met, and after any civil penalties assessed have been paid.
- (3) Order of Compliance - This procedure is a necessary adjunct to previously issued disciplinary orders and is available only when a petitioner has completely complied with the provisions of a previously issued disciplinary order, including an unlicensed practice civil penalty order, and wishes or is required to obtain an order reflecting that compliance.
 - (a) The Committee and Board will entertain petitions for an Order of Compliance as a supplement to a previously issued order upon strict compliance with the procedures set forth in subparagraph (b) in only the following three (3) circumstances:
 - 1. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued reflecting that compliance; or
 - 2. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued lifting a previously ordered suspension or probation; or
 - 3. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued reinstating a license previously revoked.
 - (b) Procedures
 - 1. The petitioner shall submit a Petition for Order of Compliance, as contained in subparagraph (c), to the Committee's Administrative Office that shall contain all of the following:
 - (i) A copy of the previously issued order; and
 - (ii) A statement of which provision of subparagraph (a) the petitioner is relying upon as a basis for the requested order; and
 - (iii) A copy of all documents that prove compliance with all the terms or conditions of the previously issued order. If proof of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed statements from every individual the petitioner intends to rely upon attesting, under oath, to the compliance. The Committee's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.
 - 2. The Committee authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:

(Rule 1130-01-.15, continued)

- (i) Certify compliance and have the matter scheduled for presentation to the Committee and Board as an uncontested matter; or
 - (ii) Deny the petition, after consultation with legal staff, if compliance with all of the provisions of the previous order is not proven and notify the petitioner of what provisions remain to be fulfilled and/or what proof of compliance was either not sufficient or not submitted.
3. If the petition is presented to the Committee and Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.
4. If the Committee and Board finds that the petitioner has complied with all the terms of the previous order an Order of Compliance shall be issued.
5. If the petition is denied either initially by staff or after presentation to the Committee or Board and the petitioner believes compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and rule 1200-10-01-.11.

(c) Form Petition

Petition for Order of Compliance
Board of Medical Examiners
Committee on Physician Assistants

Petitioner's Name: _____
Petitioner's Mailing Address: _____

Petitioner's E-Mail Address: _____
Telephone Number: _____

Attorney for Petitioner: _____
Attorney's Mailing Address: _____

Attorney's E-Mail Address: _____
Telephone Number: _____

The petitioner respectfully represents, as substantiated by the attached documentation, that all provisions of the attached disciplinary order have been complied with and I am respectfully requesting: (circle one)

1. An order issued reflecting that compliance; or
2. An order issued reflecting that compliance and lifting a previously ordered suspension or probation; or
3. An order issued reflecting that compliance and reinstating a license previously revoked.

(Rule 1130-01-.15, continued)

Note - You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show compliance is the testimony of any individual, including yourself, you must enclose signed statements from every individual you intend to rely upon attesting, under oath, to the compliance. The Committee's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the _____ day of _____, 20__.

Petitioner's Signature

- (4) Order Modifications - This procedure is not intended to allow anyone under a previously issued disciplinary order, including an unlicensed practice civil penalty order, to modify any findings of fact, conclusions of law, or the reasons for the decision contained in the order. It is also not intended to allow a petition for a lesser disciplinary action, or civil penalty other than the one(s) previously ordered. All such provisions of Committee and Board orders were subject to reconsideration and appeal under the provisions of the Uniform Administrative Procedures Act (T.C.A. §§ 4-5-301, et seq.). This procedure is not available as a substitute for reconsideration and/or appeal and is only available after all reconsideration and appeal rights have been either exhausted or not timely pursued. It is also not available for those who have accepted and been issued a reprimand.
- (a) 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.
- (b) Procedures
1. The petitioner shall submit a written and signed Petition for Order Modification on the form contained in subparagraph (c) to the Committee's Administrative Office that shall contain all of the following:
 - (i) A copy of the previously issued order; and
 - (ii) A statement of why the petitioner believes it is impossible to comply with the order as issued; and
 - (iii) A copy of all documents that proves that compliance is impossible. If proof of impossibility of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed and notarized statements from every individual the petitioner intends to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.
 2. The Committee authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:

(Rule 1130-01-.15, continued)

- (i) Certify impossibility of compliance and forward the petition to the Office of General Counsel for presentation to the Committee and Board as an uncontested matter; or
 - (ii) Deny the petition, after consultation with legal staff, if impossibility of compliance with the provisions of the previous order is not proven and notify the petitioner of what proof of impossibility of compliance was either not sufficient or not submitted.
3. If the petition is presented to the Committee and Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.
4. If the petition is granted a new order shall be issued reflecting the modifications authorized by the Committee and Board that it deemed appropriate and necessary in relation to the violations found in the previous order.
5. If the petition is denied either initially by staff or after presentation to the Committee or Board and the petitioner believes impossibility of compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and rule 1200-10-01-.11.

(c) Form Petition

Petition for Order Modification
Board of Medical Examiners
Committee on Physician Assistants

Petitioner's Name: _____
Petitioner's Mailing Address: _____

Petitioner's E-Mail Address: _____
Telephone Number: _____

Attorney for Petitioner: _____
Attorney's Mailing Address: _____

Attorney's E-Mail Address: _____
Telephone Number: _____

The petitioner respectfully represents that for the following reasons, as substantiated by the attached documentation, the identified provisions of the attached disciplinary order are impossible for me to comply with:

(Rule 1130-01-.15, continued)

Note - You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show impossibility is the testimony of any individual, including yourself, you must enclose signed and notarized statements from every individual you intend to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the _____ day of _____, 20__.

Petitioner's Signature

(5) Civil Penalties

- (a) Purpose - The purpose of this rule is to set out a schedule designating the minimum and maximum civil penalties which may be assessed pursuant to T.C.A. § 63-1-134. The Committee and Board may assess these civil penalties in lieu of the civil penalties authorized by T.C.A. § 63-19-104(7).

(b) Schedule of Civil Penalties.

1. A "Type A" Civil Penalty may be imposed whenever the Committee finds a person who is required to be licensed, certified, permitted, or authorized by the Committee, guilty of a willful and knowing violation of the Physician Assistant Act, or regulations promulgated pursuant thereto, to such an extent that there is, or is likely to be, an imminent, substantial threat to the health, safety and welfare of an individual patient or the public. For purposes of this section, willfully and knowingly practicing as a physician assistant without a permit, license, certificate, or other authorization from the Committee is one of the violations of the Physician Assistants Act for which a "Type A" Civil Penalty is assessable.
2. A "Type B" Civil Penalty may be imposed whenever the Committee finds the person required to be licensed, certified, permitted, or authorized by the Committee is guilty of a violation of the Physician Assistants Act or regulations promulgated pursuant thereto in such manner as to impact directly on the care of patients or the public.
3. A "Type C" Civil Penalty may be imposed whenever the Committee finds the person required to be licensed, certified, permitted, or authorized by the Committee is guilty of a violation of the Physician Assistants Act or regulations promulgated pursuant thereto, which are neither directly detrimental to the patients or public, nor directly impact their care, but have only an indirect relationship to patient care or the public.

(c) Amount of Civil Penalties.

1. "Type A" Civil Penalties shall be assessed in the amount of not less than \$500 nor more than \$1000.
2. "Type B" Civil Penalties may be assessed in the amount of not less than \$100 and not more than \$500.

(Rule 1130-01-.15, continued)

3. "Type C" Civil Penalties may be assessed in the amount of not less than \$50 and not more than \$100.

(d) Procedures for Assessing Civil Penalties.

1. The Division of Health Related Boards may initiate a civil penalty assessment by filing a Memorandum of Assessment of Civil Penalty. The Division shall state in the memorandum the facts and law upon which it relies in alleging a violation, the proposed amount of the civil penalty and the basis for such penalty. The Division may incorporate the Memorandum of Assessment of Civil Penalty with a Notice of Charges which may be issued attendant thereto.
2. Civil Penalties may also be initiated and assessed by the Committee during consideration of any Notice of Charges. In addition, the Committee may, upon good cause shown, assess a type and amount of civil penalty which was not recommended by the Division.
3. In assessing the civil penalties pursuant to these rules the Committee may consider the following factors:
 - (i) Whether the amount imposed will be substantial economic deterrent to the violator;
 - (ii) The circumstances leading to the violation;
 - (iii) The severity of the violation and the risk of harm to the public;
 - (iv) The economic benefits gained by the violator as a result of non-compliance; and
 - (v) The interest of the public.
4. All proceedings for the assessment of civil penalties shall be governed by the contested case provisions of Title 4, Chapter 5, T.C.A.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 4-5-217, 4-5-223, 63-1-102, 63-1-122, 63-1-144, 63-6-101, 63-19-104, 63-19-111, and 63-19-114 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed July 7, 1995; effective September 20, 1995. Amendment filed November 13, 1996; effective January 27, 1997. Amendment filed August 13, 1998; effective October 27, 1998. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed August 28, 2002; effective November 11, 2002. Amendment filed September 8, 2004; effective November 22, 2004. Amendment filed June 23, 2006; effective September 6, 2006. Amendment filed August 5, 2010; effective November 3, 2010. Amendments to rules (1)(j), (2), (3), (4), and (5) filed January 20, 2012; effective April 19, 2012. On April 17, 2012, the Board of Medical examiners filed a withdrawal of amendments to (2), (3), (4), and (5). Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.16 LICENSE.

- (1) Display of License - Every person licensed by the Committee in this state shall display his/her license in a conspicuous place in his/her office and, whenever required, exhibit such license to the Committee or its authorized representatives.
- (2) Replacement License - A license holder whose "artistically designed" license has been lost or destroyed may be issued a replacement document upon receipt of a written request in the

(Rule 1130-01-.16, continued)

Committee's Administrative Office. Such request shall be accompanied by an affidavit (signed and notarized) stating the facts concerning the loss or destruction of the original document and the required fee pursuant to Rule 1130-01-.06.

Authority: T.C.A. §§ 4-5-202, 63-1-106, 63-19-104, and 63-19-105 and Public Chapter 565 of 2021.

Administrative History: Original rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.17 CHANGE OF NAME AND/OR ADDRESS.

- (1) Change of Name - An individual registered with the Committee shall notify the Committee in writing within 30 days of a name change and will provide both the old and new names. A request for name change must also include a copy of the official document involved and reference the individual's profession, board, social security, and license numbers.
- (2) Change of Address - Each person holding a license who has had a change of address or place of employment, shall file in writing with the board his/her current address, giving both old and new addresses. Such requests shall be received in the Committee's Administrative Office no later than 30 days after such change is effective and must reference the individual's name, profession, social security number, and license number.

Authority: T.C.A. §§ 4-5-202, 63-1-108, and 63-19-104 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.18 FREE HEALTH CLINIC AND VOLUNTEER PRACTICE REQUIREMENTS.

- (1) Free Health Clinic Practice Pursuant to T.C.A. § 63-1-201
 - (a) Any physician assistant licensed to practice in this state or any other state who has not been disciplined by any licensure board may have his/her license converted to or receive a Tennessee "Special Volunteer License," as defined in T.C.A. § 63-1-201, which will entitle the licensee to practice without remuneration solely within a "free health clinic," as defined by T.C.A. § 63-1-201, at a specified site or setting by doing the following:
 1. Obtaining from the Committee's administrative office a "Special Volunteer License" application, completing it and submitting it along with any required documentation to the Committee's administrative office; and
 2. Have the licensing authority of every state in which the physician assistant holds or ever held a license to practice submit directly to the Committee's administrative office the equivalent of a "certificate of fitness" as described in T.C.A. § 63-1-118 which shows that the license has never been subjected to any disciplinary action and is free and clear of all encumbrances; and
 3. For physician assistants who have not been licensed in Tennessee, comply with all provisions of subparagraphs (2)(c), (2)(e), and (2)(g) of rule 1130-01-.05 and the Health Care Consumer-Right-To-Know Act compiled at T.C.A. §§ 63-51-101, et seq.; and

(Rule 1130-01-.18, continued)

4. Submitting the specific location of the site or setting of the free health clinic in which the licensee intends to practice along with proof of the clinic's private, and not-for-profit status.
- (b) A physician assistant holding a Special Volunteer License is not required to pay any fee for its issuance or the required biennial renewal pursuant to the Division of Health Related Board's biennial birthdate renewal system.
- (c) A physician assistant holding a Special Volunteer License may not do any of the following:
 1. Practice anywhere other than in the free health clinic site or setting specified in the application; and
 2. Charge any fee or receive compensation or remuneration of any kind from any person or third party payor including insurance companies, health plans and state or federal benefit programs for the provision of medical or any other services; and
 3. Practice for any free health clinic that imposes any charge on any individual to whom health care services are rendered or submits charges to any third party payor including insurance companies, health plans and state or federal benefit programs for the provision of any services.
- (d) Special Volunteer Licenses are subject to all of the following
 1. All rules governing renewal, retirement, reinstatement and reactivation as provided by rules 1130-01-.09 and .11, except those requiring the payment of any fees; and
 2. A requirement to successfully complete twenty (20) hours of Category I continuing medical education annually; and
 3. Disciplinary action for the same causes and pursuant to the same procedures as all other licenses issued by the Committee.
- (2) Practice Pursuant to the "Volunteer Health Care Services Act" T.C.A. §§ 63-6-701, et seq.
 - (a) Any physician assistant licensed in this or any other state, territory, district or possession of the United States whose license is not under a disciplinary order of suspension or revocation may practice in this state but only under the auspices of an organization that has complied with the provisions of this rule and T.C.A. §§ 63-6-701 through 707 and rule 1200-10-01-.12 of the Division of Health Related Boards.
 - (b) Any person who may lawfully practice in this or any other state, territory, district or possession of the United States under an exemption from licensure and who is not under a disciplinary order of suspension or revocation and who is not and will not "regularly practice," as defined by T.C.A. § 63-6-703(3) may practice in this state but only under the auspices of an organization that has complied with the provisions of this rule and T.C.A. §§ 63-6-701 through 707 and rule 1200-10-01-.12 of the Division of Health Related Boards.
 - (c) A physician assistant or anyone who practices under an exemption from licensure pursuant to this rule may not charge any fee or receive compensation or remuneration of any kind from any person or third party payor including insurance companies, health

(Rule 1130-01-.18, continued)

plans and state or federal benefit programs for the provision of medical or any other services; and may not practice for any organization that imposes any charge on any individual to whom health care services are rendered or submits charges to any third party payor including insurance companies, health plans and state or federal benefit programs for the provision of any services.

- (d) Any organization that organizes or arranges for the voluntary provision of health care services on residents of Tennessee may utilize persons described in subparagraphs (a) and (b) to practice only when it has complied with the provisions of T.C.A. §§ 63-6-701 through 707 and rule 1200-10-01-.12 of the Division of Health Related Boards.
- (3) Submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS to the Committee Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).
- (4) Application review and licensure decisions for these types of licensure or organization registration shall be governed by rule 1130-01-.07.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-201, 63-6-701 through 63-6-707, 63-19-104, 63-19-105, and 63-19-115 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed December 2, 2005; effective February 15, 2006. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.19 COMMITTEE MEMBERS, OFFICERS, CONSULTANTS, RECORDS, DECLARATORY ORDERS AND SCREENING PANELS.

- (1) The Committee shall at its first meeting after July 1 of each year elect from its members the following officers:
 - (a) Chairperson - who shall preside at all meetings of the Committee.
 - (b) Secretary - who along with the Committee Administrator shall be responsible for correspondence from the Committee.
- (2) The Committee has the authority to select a Committee consultant who shall serve as a consultant to the Division and who is vested with the authority to do the following acts:
 - (a) Review complaints and recommend whether and what type disciplinary actions should be instituted as the result of complaints received or investigations conducted by the Division.
 - (b) Recommend whether and upon what terms a complaint, case or disciplinary action might be settled. Any matter proposed for settlement must be subsequently reviewed, evaluated and ratified by the full Committee and full Board of Medical Examiners before it becomes effective.
 - (c) Undertake any other matter authorized by a majority vote of the Committee or Board of Medical Examiners.
- (3) Responsibilities of the Committee include, but are not limited to:
 - (a) Adopt and revise rules and regulations as may be necessary to carry out its powers and duties.

(Rule 1130-01-.19, continued)

- (b) Adopt and/or administer examinations;
 - (c) Examine for, deny, withhold, reactivate, and approve the license of applicants and renew licenses;
 - (d) Appoint designee(s) to assist in the performance of its duties, (i.e., examination proctors); and
 - (e) Conduct hearings.
- (4) Records and Complaints
 - (a) Minutes of the Committee meetings and all records, documents, applications and correspondence will be maintained in the Committee's Administrative Offices.
 - (b) All requests, applications, notices, other communications and correspondence shall be directed to the Committee's Administrative Office. Any requests or inquiries requiring a Committee decision or official Committee action except documents relating to disciplinary actions, or hearing requests must be received fourteen (14) days prior to a scheduled meeting and will be retained in the Administrative Office and presented to the Committee at the Committee meeting. Such documents not timely received shall be set over to the next Committee meeting.
 - (c) All records of the Committee, except those made confidential by law, are open for inspection and examination, under the supervision of an employee of the Division at the Committee's Administrative Office during normal business hours.
 - (d) Copies of public records shall be provided to any person upon payment of a fee.
 - (e) All complaints should be directed to the Division's Investigations Section.
- (5) The Committee members or the Consultant are individually vested with the authority to do the following acts:
 - (a) Review and make determination on licensure, renewal and reactivation of licensure applications subject to the rules governing those respective applications and subject to the subsequent ratification by the Committee and Board.
 - (b) Serve as Consultant to the Division to decide the following:
 - 1. Whether and what type disciplinary actions should be instituted upon complaints received or investigations conducted by the Division.
 - 2. Whether and under what terms a complaint, case or disciplinary action might be settled. Any proposed settlement must be subsequently ratified by the Committee and Board.
- (6) The Committee authorizes the member who chaired the Committee for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-04-01-.18 regarding petitions for reconsiderations and stays in that case.
- (7) Requests for Verification of Licensure for Physician Assistants desiring to practice in another state must be made in writing to the Committee's Administrative Office.

(Rule 1130-01-.19, continued)

- (8) Requests for duplicate or replacement Licenses must be made in writing to the Board Administrative Office and be accompanied by the fee provided in Rule 1130-01-.06.
- (9) Declaratory Orders - The Committee adopts, as if fully set out herein, rule 1200-10-01-.11, of the Division of Health Related Boards and as it may from time to time be amended, as its rule governing the declaratory order process. All declaratory order petitions involving statutes, rules or orders within the jurisdiction of the Committee shall be addressed by the Committee pursuant to that rule and not by the Division. Declaratory Order Petition forms can be obtained from the Committee's administrative office.
- (10) Screening Panels - The Committee adopts, as if fully set out herein, rule 1200-10-01-.13, of the Division of Health Related Boards and as it may from time to time be amended, as its rule governing the screening panel process.

Authority: T.C.A. §§ 4-5-105, 4-5-202, 4-5-204, 4-5-223, 4-5-224, 63-1-115, 63-1-117, 63-1-138, 63-6-101, 63-19-103, 63-19-104, 63-19-105, 63-19-111, and 63-19-113 and Public Chapter 565 of 2021.

Administrative History: Original rule filed July 7, 1995; effective September 20, 1995. Amendment filed August 21, 1997; effective November 4, 1997. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed April 19, 1999; effective July 3, 1999. Amendment filed June 23, 2006; effective September 6, 2006. Amendment filed April 17, 2007; effective July 1, 2007. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.20 ADVERTISING.

- (1) Policy Statement. The lack of sophistication on the part of many of the public concerning medical services, the importance of the interests affected by the choice of a physician assistant and the foreseeable consequences of unrestricted advertising by physician assistants which is recognized to pose special possibilities for deception, require that special care be taken by physician assistants to avoid misleading the public. The physician assistant must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by physician assistants is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.
- (2) Definitions
 - (a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of a physician assistant who is licensed to practice in Tennessee.
 - (b) Licensee - Any person holding a license to practice as a physician assistant in the State of Tennessee. Where applicable this shall include partnerships and/or corporations.
 - (c) Material Fact - Any fact which an ordinary reasonable and prudent person would need to know or rely upon in order to make an informed decision concerning the choice of practitioners to serve his or her particular needs.
 - (d) Bait and Switch Advertising - An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised service or merchandise, in order to sell something else, usually for a higher fee or on a basis more advantageous to the advertiser.

(Rule 1130-01-.20, continued)

- (e) Discounted Fee - Shall mean a fee offered or charged by a person for a product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a "discounted fee".
- (3) Advertising Fees and Services
 - (a) Fixed Fees. Fixed fees may be advertised for any service. It is presumed unless otherwise stated in the advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.
 - (b) Range of Fees. A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.
 - (c) Discount Fees. Discount fees may be advertised if:
 - 1. The discount fee is in fact lower than the licensee's customary or usual fee charged for the service; and
 - 2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular, non-discounted fee for that service.
 - (d) Related Services and Additional Fees. Related services which may be required in conjunction with the advertised services for which additional fees will be charged must be identified as such in any advertisement.
 - (e) Time Period of Advertised Fees. Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time. If no time period is stated in the advertisement of fees, the advertised fee shall be honored for thirty (30) days from the last date of publication or until the next scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.
- (4) Advertising Content. The following acts or omissions in the context of advertisement by any licensee shall constitute unethical and unprofessional conduct, and subject the licensee to disciplinary action pursuant to Rule 1130-01-.15:
 - (a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed, or used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.
 - (b) The misleading use of an unearned or non-health degree in any advertisement.
 - (c) Promotion of professional services which the licensee knows or should know are beyond the licensee's ability to perform.
 - (d) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective patient.
 - (e) Any appeals to an individual's anxiety in an excessive or unfair manner.

(Rule 1130-01-.20, continued)

- (f) The use of any personal testimonial attesting to a quality of competency or a service or treatment offered by a licensee that is not reasonably verifiable.
- (g) Utilization of any statistical data or other information based on past performances for prediction of future services, which creates an unjustified expectation about results that the licensee can achieve.
- (h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.
- (i) Any misrepresentation of a material fact.
- (j) The knowing suppression, omission or concealment of any material fact or law without which the advertisement would be deceptive or misleading.
- (k) Statements concerning the benefits or other attributes of medical procedures or products that involve significant risks without including:
 - 1. A realistic assessment of the safety and efficiency of those procedures or products; and
 - 2. The availability of alternatives; and
 - 3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.
- (l) Any communication which creates an unjustified expectation concerning the potential results of any treatment.
- (m) Failure to comply with the rules governing advertisement of fees and services, or advertising records.
- (n) The use of “bait and switch” advertisements. Where the circumstances indicate “bait and switch” advertising, the Committee may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.
- (o) Misrepresentation of a licensee’s credentials, training, experience, or ability.
- (p) Failure to include the corporation, partnership or individual licensee’s name, address, and telephone number in any advertisement. Any corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:
 - 1. Upon request provide a list of all licensees practicing at that location; and
 - 2. Maintain and conspicuously display at the licensee’s office, a directory listing all licensees practicing at that location.
- (q) Failure to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement make the fact of compensation apparent.

(Rule 1130-01-.20, continued)

- (r) After thirty (30) days of the licensee's departure, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings. This rule shall not apply in the case of a retired or deceased former associate who practiced in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign.
 - (s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.
 - (t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.
- (5) Advertising Records and Responsibility
- (a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such firm or entity.
 - (b) Any and all advertisements are presumed to have been approved by the licensee named therein.
 - (c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the Committee or its designee.
 - (d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission or representation of material fact set forth in the advertisement or public communication.
- (6) Severability. It is hereby declared that the sections, clauses, sentences and parts of these rules are severable, are not matters of mutual essential inducement, and any of them shall be rescinded if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instances shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-145, 63-1-146, 63-6-101, 63-19-104, and 63-19-114 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Amendment filed March 22, 2007; effective June 5, 2007. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.21 PRESCRIPTION WRITING.

- (1) Prescription writing shall be governed by Tennessee Code Annotated, Section 63-19-107 and Title 53, Chapter 10, Part 2.

(Rule 1130-01-.21, continued)

- (2) A physician assistant authorized by his or her supervising physician to prescribe drugs shall complete a Notice of Authorization for Prescribing form, including the biographical information and formulary, and submit it to the following addresses:

Committee on Physician Assistants
665 Mainstream Drive
Nashville, TN 37243

Tennessee Board of Pharmacy
665 Mainstream Drive
Nashville, TN 37243

- (3) As required by T.C.A. § 53-10-104, a physician assistant may not accept the delegated authority to issue a prescription or dispense any drug or medication whose sole purpose is to cause or perform an abortion.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 53-10-201, et seq., 63-6-101, 63-19-104, and 63-19-107 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed July 7, 1995; effective September 20, 1995. Amendment filed May 7, 1997; effective July 21, 1997. Amendment filed April 19, 1999; effective July 3, 1999. Amendment filed March 31, 1999; effective July 29, 1999. Amendment filed April 10, 2000; effective June 24, 2000. Amendment filed March 9, 2001; effective May 23, 2001. Amendment filed June 26, 2003; effective September 9, 2003. Amendment filed June 23, 2006; effective September 6, 2006. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.22 UNIVERSAL PRECAUTIONS FOR THE PREVENTION OF HIV TRANSMISSION. The Committee adopts, as if fully set out herein, rules 1200-14-03-.01 through 1200-14-03-.03 inclusive, of the Department of Health, and as they may from time to time be amended, as its rules governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.

Authority: T.C.A. §§ 4-5-202, 63-19-104, and 68-11-222 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed July 7, 1995; effective September 20, 1995. Repeal and new rule filed March 31, 1999; effective July 29, 1999. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.23 CONSUMER RIGHT-TO-KNOW REQUIREMENTS.

- (1) Malpractice Reporting Requirements - The threshold amount below which malpractice judgments, awards or settlements in which payments are awarded to complaining parties need not be reported pursuant to the "Health Care Consumer Right-To-Know-Act of 1998" shall be ten thousand dollars (\$10,000).
- (2) Criminal Conviction Reporting Requirements - For purposes of the "Health Care Consumer Right-To-Know-Act of 1998" the following criminal convictions must be reported:
- (a) Conviction of any felony; and
 - (b) Conviction or adjudication of guilt for any misdemeanor, regardless of its classification, in which any element of the misdemeanor involves any one or more of the following:
 - 1. Sex.
 - 2. Alcohol or drugs.
 - 3. Physical injury or threat of injury to any person.
 - 4. Abuse or neglect of any minor, spouse or the elderly.
 - 5. Fraud or theft.

(Rule 1130-01-.23, continued)

6. Unlicensed practice of any health related profession regulated pursuant to T.C.A. Titles 63 or 68.
- (c) If any misdemeanor conviction reported under this rule is ordered expunged, a copy of the order of expungement signed by the judge must be submitted to the Department before the conviction will be expunged from any profile.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-19-104, 63-51-105 (Public Chapter 1073 of the Public Acts of 1998, Section 5, Subsection (5)), and 63-51-106 and Public Chapter 565 of 2021. **Administrative History:** Original rule filed February 10, 2000; effective April 25, 2000. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.24 TAMPER-RESISTANT PRESCRIPTIONS.

(1) Purpose.

This rule is designed to implement the law requiring that licensed physician assistants have all written, typed, or computer-generated prescriptions issued on tamper-resistant prescription paper.

(2) Definitions.

The following definitions are applicable to this rule:

- (a) “Drug” shall have the same meaning as set forth in T.C.A. § 63-10-204(16).
- (b) “Prescriber” means an individual licensed in Tennessee as a medical doctor, podiatrist, advanced practice nurse with a certificate of fitness to prescribe, dentist, optometrist, osteopathic physician, or physician assistant.
- (c) “Prescription order” shall have the same meaning as set forth in T.C.A. § 63-10-204(38).
- (d) “Tamper-resistant prescription” means a written prescription order with features that are designed to prevent unauthorized copying, erasure, modification, and use of counterfeit prescription forms.

(3) Tamper-Resistant Prescription Requirements.

- (a) A prescriber shall ensure that all handwritten, typed, or computer-generated prescription orders are issued on tamper-resistant prescriptions. Tamper-resistant prescriptions shall contain the following features:
 1. Either a void or illegal pantograph or a watermark designed to prevent copying;
 2. Either quantity check-off boxes with refill indicators or a uniform, non-white background color designed to prevent erasure or modification; and
 3. Security features and descriptions listed on the prescriptions designed to prevent use of counterfeit forms.

(4) Security Measures and Recordkeeping.

(Rule 1130-01-.24, continued)

- (a) Each prescriber shall undertake adequate safeguards and security measures to ensure against loss, improper destruction, theft, or unauthorized use of the tamper-resistant prescriptions in the prescriber's possession.
- (5) Use of Tamper-Resistant Prescriptions.
- (a) Facsimile Prescription Transmission.
 - 1. Prescriptions sent by facsimile transmission are not required to be placed on tamper-resistant prescription paper.
 - 2. If a prescriber transmits a prescription order to a pharmacy by facsimile transmission, the prescriber or someone designated by the prescriber shall document in the patient's medical record the name of the drug, strength, and quantity prescribed. The prescriber may, but is not required to, document the means by which the prescription was transmitted.
 - (b) Electronic Prescription Transmission.
 - 1. Prescriptions sent by electronic transmission are not required to be placed on tamper-resistant prescription paper.
 - 2. If a prescriber transmits a prescription order to a pharmacy by electronic transmission, the prescriber shall document the prescription in the patient's file and in accordance with the applicable laws and rules for each of the prescribers' respective professions as well as applicable federal laws and rules. The prescriber, may, but is not required to, document the means by which the prescription was transmitted.

Authority: T.C.A. §§ 53-10-401, 63-19-104, and 63-19-107(2)(E) [effective October 1, 2008 for TennCare prescriptions and July 1, 2009 for non-TennCare prescriptions]; Public Chapter 1035 of 2008; and Public Chapter 565 of 2021. **Administrative History:** Public necessity rule filed June 30, 2009; effective through December 12, 2009. Public necessity rule filed June 30, 2009 expired; on December 13, 2009, the rule reverted to its prior status. Emergency rule filed December 21, 2009; effective through June 19, 2010. Original rule filed March 22, 2010; effective June 20, 2010. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.

1130-01-.25 MINIMUM DISCIPLINE FOR OPIOID PRESCRIBING.

- (1) If the board or committee finds that its licensee has prescribed, dispensed, or administered opioids in a manner that violates the board's or committee's statutes or rules (for example, by prescribing in a manner that constitutes gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence), the board or committee shall make a finding that the licensee engaged in a significant deviation or pattern of deviation from sound medical judgement. For purposes of such a finding, sound medical judgment is the equivalent to the standard of care as defined in T.C.A. § 63-1-122.
- (2) Having made such a finding, the minimum discipline that the board or committee assesses shall include the following:
 - (a) Reprimand;
 - (b) Successful completion of a board or committee approved intensive continuing education course or program regarding treatment with opioids;

(Rule 1130-01-.25, continued)

- (c) A restriction against prescribing opioids for at least six (6) months, and until successful completion of the required continuing education;
 - (d) One or more Type A civil penalties;
 - (e) Proof to the licensee's board or committee that they have notified any physicians, podiatrists, advanced practice registered nurses, or physician assistants with whom they collaborate of the discipline; and
 - (f) Where the licensee is a physician or podiatrist, a restriction against collaborating with any advanced practice registered nurses or physician assistants for issuing opioids during the period in which the licensee is restricted from prescribing opioids.
- (3) The prescribing boards and committee recognize that a higher level of minimum discipline is required for those licensees who have been disciplined for opioid-related prescribing violations but continue to violate the standard of care. As set out in paragraph (1) of this rule, the following findings are synonymous, though the boards or committee may have used one or more sets of language to describe a violation. If a licensee commits an order violation in which the prior order contains one or more of the following findings, the licensee has committed an opioid-related order violation for purposes of paragraph (5) of this rule:
 - (a) That the licensee had prescribed, dispensed, or administered opioids in a manner that constituted gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence;
 - (b) That the licensee engaged in a significant deviation or pattern of deviation from sound medical judgement related to the issuance of opioids;
 - (c) That the standard of care related to the issuance of opioids was violated;
 - (d) That the licensee had dispensed, prescribed or administered opioids not in the course of professional practice, or not in good faith to relieve pain and suffering or not to cure an ailment, physical infirmity or disease;
 - (e) That the licensee was unfit or incompetent by reason of negligence, habits or other cause related to the licensee's prescribing or issuance of opioids; or
 - (f) That the licensee violated the rules of the licensing entity with regard to prescribing or issuance of opioids.
- (4) If within one (1) year from the date a licensee's opioid-prescribing privileges are reinstated, having been restricted by an opioid-related order, that licensee's board or committee finds that, during that year the licensee had prescribed, dispensed, or administered opioids in a manner that violates the board's or committee's statutes or rules (for example, by prescribing in a manner that constitutes gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence), the board or committee shall make a finding that the licensee re-engaged in a significant deviation or pattern of deviation from sound medical judgement such that they are a repeat offender. For purposes of such a finding, sound medical judgment is the equivalent to the standard of care as defined in T.C.A. § 63-1-122.
- (5) If the licensee commits an opioid-related order violation within one year of the opioid-related order, or if the licensee is found to be a repeat offender, the minimum discipline that the board or committee assesses shall include the following:

(Rule 1130-01-.25, continued)

- (a) Probation;
 - (b) Successful completion of a practice monitoring program which shall include at a minimum:
 - 1. Board or committee approval of the monitor or monitoring program;
 - 2. Quarterly reports to the board or committee which include the practice monitor's findings with regard to the licensee's:
 - (i) Non-opioid prescribing practices;
 - (ii) Medical record keeping;
 - (iii) Pain management;
 - (iv) Opioid treatment practices—where the practice monitoring is longer than the restriction against prescribing opioids; and
 - (v) Compliance with the practice monitor's recommendations, including completion of any additional education recommended by the practice monitor;
 - (c) A restriction against prescribing opioids for twice the amount of time that was assessed in the initial board or committee order, and for no less than one (1) year;
 - (d) One or more Type A civil penalties totaling at least twice the amount that was assessed in the initial board or committee order;
 - (e) Proof to the licensee's board or committee that they have notified any physicians, podiatrists, advanced practice registered nurses, or physician assistants with whom they collaborate of the discipline; and
 - (f) Where the licensee is a physician or podiatrist, a restriction against collaborating with any advanced practice registered nurses or physician assistants during the period in which the licensee is restricted from prescribing opioids.
- (6) Nothing in this rule shall prohibit the board or committee from taking action in excess of the minimum disciplinary action outlined herein. Each case shall be judged independently and may result in additional discipline including other restrictions or a higher level of discipline, including revocation, where appropriate. Further, nothing in this rule shall prohibit the board or committee from taking disciplinary action against a licensee based on a finding that the licensee violated the practice act in manners additional to those outlined in paragraph (1) above, suggesting a need for a higher level of discipline.

Authority: T.C.A. § 63-1-162 and Public Chapter 565 of 2021. **Administrative History:** Emergency rule filed March 29, 2019; effective through September 25, 2019. Original rule filed May 14, 2019; effective August 12, 2019. Transferred from chapter 0880-03 on August 16, 2021, pursuant to Public Chapter 565 of 2021.