

Sunset Public Hearing Questions for
COUNCIL OF CERTIFIED PROFESSIONAL MIDWIFERY
Created by Section 63-29-103, *Tennessee Code Annotated*
(Sunset Termination June 2016)

1. Provide a brief introduction to the Council of Certified Professional Midwifery, including information about its purpose, statutory duties, staff and administrative attachment.

The Council of Certified Professional Midwifery of Tennessee was created in 2000 by the Tennessee General Assembly. It is responsible for safeguarding the health, safety, and welfare of Tennesseans by requiring those who practice as a certified professional midwife (CPM) to be qualified. The Council, working with the Board of Osteopathic Examination, interprets the laws, rules, and regulations to determine the appropriate standards of practice to ensure the highest degree of professional conduct. The Council is authorized to issue licenses to qualified candidates who have completed appropriate education and successfully completed required examinations. The Council, along with the Board, determines the appropriate standard of care, investigates alleged violations of law and rules, and disciplines licensees who are found guilty of such violations.

Administrative staff of the Division of Health Related Boards supports the Council by issuing licenses to those who satisfy all applicable laws and rules.

2. Provide a list of current members of the council and explain how membership complies with Section 63-29-103, *Tennessee Code Annotated*. Are there any vacancies on the council and, if so, what is being done to fill those vacancies?

<u>Member</u>	<u>Representation</u>	<u>Expiration</u>
Carolyn Drake Reisman, CPM	CPM	7/31/16
Margaret Fulmer Brasel, MSN, CNM	CNM	7/31/19
Charles Rush, MD	MD	7/31/18
Jo Nell Montgomery	Consumer	7/31/19
Sandra Tinnin, CPM	CPM	7/31/18
Talitha Mills, CPM	CPM	7/31/16

3. Does the council's membership include public/citizen members? Female members? Members of racial minorities? Members who are 60 years of age or older at the time of his or her appointment?

Yes, the Council is statutorily obligated to consist of one (1) consumer who has no direct or indirect affiliation with the midwifery profession or industry. Jo Nell Montgomery serves as the council's consumer member. Five of the six members are female. There is one (1) racial minority member and one (1) member appointed at age sixty (60) or later.

4. Section 63-29-105, *Tennessee Code Annotated*, allows for the removal of a council member who is absent from three consecutive meetings without excuse. Has any council member been removed for absenteeism?

No.

5. How many times did the council meet in fiscal years 2014 and 2015? How many members were present at each meeting?

The Council met once in FY 2014 and once in FY 2015. There were five (5) members present at the meeting in FY 2014 and four (4) members present at the 2015 meeting.

6. What per diem or travel reimbursement do council members receive? How much was paid to council members during fiscal years 2014 and 2015?

Pursuant to TCA § 63-29-104, members of the council serve without pay. They are entitled to reimbursement for per diem and travel expenses.

Reimbursement in FY 2014: \$0

Reimbursement in FY 2015: \$0

7. What were the council's revenues (by source) and expenditures (by object) for fiscal years 2014 and 2015? Does the council carry a reserve fund balance and, if so, what is the total of that reserve fund balance?

Please see attached for Council's FY 2014 and FY 2015 complete financial reports.

FY 2014

Revenues: \$24,180.02

Expenditures: \$8,168.61

FY 2015 (projection)

Revenues: \$25,246.68

Expenditures: \$2,698.75

Total reserve fund balance: \$60,599.86 (Projected for 2015 \$83,147.79)

8. Is the council subject to Sunshine law requirements (per Section 8-44-101 et seq., *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the council have for informing the public of its meetings and making its minutes available to the public?

Yes, the Council is subject to Sunshine law requirements. All Sunshine Notices, including amended notices, are posted to the Council's meeting schedule page by the 15th day of the month preceding the applicable meeting. The Council's administrative staff attends all meetings and generates minutes which are circulated to the Council and ratified at its next regularly scheduled meeting. After the minutes are ratified, they are placed on the Council's website. As of January 1, 2015, each meeting of the Council is streamed live so the public can view the meeting as it is actually being held.

Additionally, an audio recording of these meetings is maintained by administrative staff and can be duplicated and released to members of the public pursuant to proper request.

9. Please describe what policies and procedures the council has in place to address potential conflicts of interest by council members, staff and employees.

All Council members are educated on the Department of Health's Conflict of Interest Policy during new Council members' orientation to the Council and at least once annually thereafter. Upon appointment, all Council members are required to execute a conflict of interest statement and make all necessary disclosures. This statement is executed annually for the duration of the Council member's term. It is the responsibility of the Council administrator to ensure that all conflict of interest statements are properly and timely executed. Copies of all signed conflict of interest statements are maintained by the Council's administrative office.

Please see attachment for the Conflict of Interest policy.

10. Has the council promulgated rules as authorized in Section 63-29-116, Tennessee Code Annotated? If rules have been promulgated, please cite the reference.

Yes, the Council has the authority to promulgate rules pursuant to TENN. CODE ANN. § 63-29-107. Rules must be promulgated with guidance from the Midwives Alliance of North America's Core Competencies. The citation to the Committee's regulatory chapter is TENN. COMP. R. & REGS. 1050-5-.01 *et seq.*

11. Does the council have a website? Is so, please provide the web address. What kind of public information is provided on the website?

The Council's website is <http://tn.gov/health/topic/midwifery-board>. The following information is made available to the public on the website:

- **Statutes and regulations governing the practice of professional midwifery**
- **Policies adopted by the Council**
- **Legislative updates applicable to the Council**
- **Licensure verification (a portal which allows members of the public to verify that a certified midwife is certified and has/has not been subject to disciplinary action in Tennessee)**
- **Information regarding how to file a complaint against a healthcare provider**
- **Past and future meeting dates and minutes**
- **All applicable applications**
- **A roster of all current Council members**

12. Please describe the major accomplishments for the council for fiscal years 2014 and 2015, particularly as they pertain to the responsibilities outlined in Section 63-29-107, *Tennessee Code Annotated*.

In FY 2014, the Council compiled its annual statistics on CPM births. See attached.

13. Please describe any reports prepared by the council during fiscal years 2014 and 2015 and specify to whom the reports are sent. Please attach copies of the reports.

See response to question 12. No other reports were prepared.

14. How many certified midwives are there in the Tennessee? Are they all under the authority of the council? If not, what types of practitioners are not and should they be included under the council's authority?

As of August 24th, 2015, there are forty-six (46) certified midwives in Tennessee. All certified midwives are under the authority of the Council. Certified nurse midwives are under the authority of the Board of Nursing and should not be included under the Council's authority.

15. How many new licenses and how many renewals did the council issue in fiscal years 2014 and 2015? How does the council ensure that licensees meet all licensure requirements?

FY 2014

**New licenses: 3
Licenses renewed: 20**

FY 2015

**New licenses: 9
Licenses renewed: 15**

The Council is authorized by R. 1050-5-.19 to select a consultant to review and make determinations on certification, renewal and reactivation of applications. Accordingly, as applications are received by the administrative office, the administrator reviews the application and supporting documents to confirm that the application is complete. Completed applications are then submitted to a Council consultant for review. This review is intended to ensure that the applicant meets all requirements for licensure. Because the Council is under the jurisdiction of the Board of Osteopathic Examination, a consultant from that Board also reviews the application to determine to confirm that all licensure requirements are met. A list of all applicants "initially approved" by the consultants are presented to the full Council and the full Board at their next regularly scheduled meeting for ratification.

16. How many license applications did the council deny during fiscal years 2014 and 2015? What were the reasons for denial?

The Council did not deny any license applications in FY 2014 or FY 2015.

17. How many licenses did the council revoke or suspend during fiscal years 2014 and 2015? What were the reasons for any revocations or suspensions?

The Council suspended one individual's certification in FY 2014 and none in FY 2015. No civil penalty was assessed, but costs not to exceed \$3,000 were imposed and the individuals license to practice as a CPM was suspended.

18. How many complaints did the council investigate during fiscal years 2014 and 2015? How many resulted in some sort of remedial action being taken by the council?

The Council investigated two (2) complaints in FY 2014 and two (2) complaints in FY 2015. No remedial action resulted from these complaints and subsequent investigations.

19. Describe the process by which the council receives, handles and tracks complaints. Are there written procedures? Are complaints rated by level of seriousness or other priority-handling method? Is a complaint log maintained? At what point is a complaint closed?

Complaints are triaged at intake to ensure that emergency issues are handled immediately, with investigations commencing on the same and/or following day. Routine complaints are processed according to an established review procedure utilizing practicing members of the profession as consultants and a staff attorney assigned by the Department of Health. Complaints are designated by priority code, which can change during the course of an investigation. Complaints are tracked utilizing a computerized database system.

Written procedures are in place to serve as a guideline for the effective investigation and preparation of the necessary evidence for purposes of prosecution.

A complaint can be closed at initial review and/or after an investigation. The average time needed to close a complaint is not readily available as it can vary wildly depending upon the circumstances of the case. (See attached "Investigation Priority Codes" policy.)

20. How many administrative fines did the council assess during fiscal years 2014 and 2015? What was the total amount of fines assessed for each fiscal year?

The Council did not assess any administrative fines during FY 2014 and FY 2015.

21. How many contested cases did the council hear during fiscal years 2014 and 2015? How many such cases were heard by an administrative law judge and reviewed by the council? Of the cases heard, how many resulted in penalties being dismissed? Reduced? Upheld?

The Council did not hear any formal contested cases during FY 2014 or FY 2015.

22. Has the council developed and implemented quantitative performance measures for ensuring it is meeting its goals? (Please answer either yes or no). If the council has developed and implemented quantitative performance measures,

answer questions 23 through 30. If the council has not developed quantitative performance measures, proceed directly to question 31.

Yes.

23. What are your key performance measures for ensuring the council is meeting its goals? Describe so that someone unfamiliar with the program can understand what you are trying to measure and why it is important to the operation of your program.

The Council's Administrative Office has established benchmarks for the processing of initial applications and renewal applications. The application benchmark is one hundred (100) days from the date the application is received in the administrative office to issuance of the license. The benchmark for renewals is fifty (50) days. The benchmark measures how long it takes the administrative office, with the assistance of the Council consultant, to process an initial application or renewal from receipt of application to application decision.

The benchmark is important to the operation of our program because it is an accurate measure of how effectively and efficiently our staff completes one of its primary responsibilities: issuing certifications to qualified applicants. The certification process itself is crucial because it is the process by which the Council ensures that professional lay midwives who seek to become licensed in our state are properly qualified to provide services to Tennessee patients.

24. What aspect[s] of the program are you measuring?

In addition to application benchmark data, the Administrative Office collects data regarding the number of new licenses issued, licenses renewed and total number of licensees.

25. Who collects relevant data and how is this data collected (e.g., what types information systems and/or software programs are used) and how often is the data collected? List the specific resources (e.g., report, other document, database, customer survey) of the raw data used for the performance measure.

All data is collected electronically using HRB's computerized licensure system (LARS). As applications are received and processed, they are logged into the LARS system by the Council administrator. Consequently, the date of the application will be noted in the system, as well as the date a decision was made to either approve or deny the application. The data is entered into the system as it is received in the administrative office, so it is collected in near real-time.

The licensure statistics are also captured by the LARS system which can be queried on an as-needed basis. Statistical licensure data is presented to the Council at each Council meeting.

26. How is the actual performance measure calculated? If a specific mathematical formula is used, provide it. If possible, provide the calculations and supporting documentation detailing your process for arriving at the actual performance measure.

The executive director requests that a semi-annual application processing report be prepared (January 1 through June 30 and July 1 through December 31). The report is generated through LARS and identifies all applications which fell outside the processing benchmarks within the six-month time frame selected. Once these files are identified, the Council administrator reviews each identified file to determine the cause of the application delay. All files are reviewed and then categorized based on the cause of the delay. A summary is prepared and presented to the executive director and the director of HRB for review. The purpose of the report and review is to determine whether staff and/or internal processes are working efficiently and effectively or whether changes are needed.

Statistical licensure data reports are generated monthly by the administrative director and collected in an effort to identify trends in licensure and renewal.

27. Is the reported performance measure result a real number or an estimate? If an estimate, explain why it is necessary to use an estimate. If an estimate, is the performance measure result recalculated, revised, and formally reported once the data for an actual calculation is available?

The performance measure is a real number.

28. Who reviews the performance measures and associated data/calculations? Describe any process to verify that the measure and calculations are appropriate and accurate.

See answer to # 24.

29. Are there written procedures related to collecting the data or calculating and reviewing/verifying the performance measure? Provide copies of any procedures.

Yes, see "Application Processing Benchmarks," File No. 106.04 (enclosed).

30. Describe any concerns about the council's performance measures and any changes or improvements you think need to be made in the process.

No concerns at this time.

31. Provide an explanation of any items related to the council that may require legislative attention, including your proposed legislative changes.

None at this time.

32. Should the council be continued? To what extent and in what ways would the absence of the council affect the public health, safety, or welfare of the citizens of the State of Tennessee?

Yes, the Council should be continued. The General Assembly found in 2000 when the Council was created, that Tennesseans should have the freedom to choose the manner, cost and setting for giving birth and that access to prenatal care and delivery services is limited by an inadequate number of birth providers. The licensure and regulation of CPMs was thought to be a proper response to these priorities and concerns. Absent the existence of the Council, members of the public who receive services from individuals practicing as CPMs would be uncertain that their healthcare provider is fully qualified to practice his/her profession in a safe and ethical manner that meets or exceeds the standard of care for a CPM in the state of Tennessee.

33. Please list all council programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

No federal funds received.

If the council does receive federal assistance, please answer questions 34 through 41. If the council does not receive federal assistance, proceed directly to question 40.

34. Does the council prepare a Title VI plan? If yes, please provide a copy of the most recent plan.
35. Does the council have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.
36. To which state or federal agency (if any) does the council report concerning Title VI? Please describe the information your council submits to the state or federal government and/or provide a copy of the most recent report submitted.
37. Describe the council's actions to ensure that association staff and clients/program participants understand the requirements of Title VI.
38. Describe the council's actions to ensure it is meeting Title VI requirements. Specifically, describe any council monitoring or tracking activities related to Title VI, and how frequently these activities occur.
39. Please describe the council's procedures for handling Title VI complaints. Has the council received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).

40. Please provide a breakdown of current council staff by title, ethnicity, and gender.

Executive Director	Caucasian	Female
Administrative Director	Caucasian	Female
Medical Consultant	African American	Female
Administrator	Caucasian	Female
Licensing Technician	African American	Male
Licensing Technician	African American	Female
Licensing Technician	Hispanic	Female

41. Please list all council contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

No contracts at this time.

COUNCIL OF CERTIFIED PROFESSIONAL MIDWIFERY

(Updated August 6, 2015)

NAME	60+ YEARS	MINORITY	NON-MINORITY	MAN	WOMAN	GRAND DIVISION
Brasel			*		*	Middle – 2nd
Montgomery					*	West – 1st
Mills		*			*	Middle – 1st
Reisman			*		*	East – 1st
Rush			*	*		Middle – 1st
Tinnin			*		*	West – 1st
	0	1	5	1	5	E-1, M-3, W-2

COUNCIL OF CERTIFIED PROFESSIONAL MIDWIFERY
(T.C.A. Sections 63-29-103 and 104)

Six (6) members appointed by the Commissioner of Health for four (4) year terms or until their successors are appointed. Three (3) members are certified professional midwives, one (1) consumer, one (1) certified nurse midwife, and (1) physician. No more than two consecutive terms.

<u>MEMBER</u>	<u>TITLE</u>	<u>REPRESENTATION</u>	<u>APPOINTED</u>	<u>EXPIRATION</u>
Margaret M. Fulmer Brasel, MSN, CNM 7490 Ziegler Road Chattanooga, TN 37421	Member	Certified Nurse Midwife	06-02-15	07-31-19
Talitha Mills 502 Chipman Road Bethpage, TN 37022	Member	Certified Professional Midwife	08-13-12	07-31-16
Jo Nell Montgomery 869 Montgomery Road Scotts Hill, TN 38374	Member	Consumer	07-13-15	07-31-19
Carolyn Drake Reisman 606 Belvoir Avenue Chattanooga, TN 37412	Member	Certified Professional Midwife	08-13-12	07-31-16
Charles B Rush, MD Vanderbilt University Medical Center 719 Thompson Lane, Suite 27100 Nashville, TN 37204	Member	Physician	11-03-14	07-31-18
Sandra Elliott Timmin 1180 Sulpher Creek Road Centerville, TN 37033	Member	Certified Professional Midwife	01-07-15	07-31-18

Updated August 7, 2015

**Tennessee Council of Certified Professional Midwifery
Actual Revenue and Expenditures
for Fiscal Year ending June 30, 2014**

<u>Acct. Code</u>	<u>Description</u>	<u>FY 2014</u>	<u>FY 2013</u>	<u>FY 2012</u>
701	Salaries & Wages	\$2,876.26	\$3,934.74	\$0.00
70102	Longevity	\$77.34	\$0.00	\$0.00
70104	Overtime	\$0.00	\$0.00	\$0.00
702	Employee Benefits	<u>\$1,485.10</u>	<u>\$1,833.42</u>	<u>\$0.00</u>
Payroll Expenditures (701-702)		\$4,438.70	\$5,768.16	\$0.00
703	Travel	\$0.00	\$0.00	\$0.00
704	Printing & Duplicating	\$0.00	\$0.00	\$0.00
705	Utilities & Fuel	\$0.00	\$0.00	\$0.00
706	Communications	\$9.31	\$0.00	\$0.00
707	Maintenance & Repairs	\$0.00	\$0.00	\$0.00
708	Prof. Svc. & Dues	\$0.00	\$641.09	\$89.77
709	Supplies & Materials	\$0.00	\$0.00	\$0.00
710	Rentals & Insurance	\$0.00	\$0.00	\$0.00
711	Motor Vehicle Ops.	\$0.00	\$0.00	\$0.00
712	Awards & Indemnities	\$0.00	\$0.00	\$0.00
713	Grants & Subsidies	\$0.00	\$0.00	\$0.00
714	Unclassified	\$0.00	\$0.00	\$0.00
715	Stores for Resale	\$0.00	\$0.00	\$0.00
716	Equipment	\$0.00	\$0.00	\$0.00
717	Land	\$0.00	\$0.00	\$0.00
718	Buildings	\$0.00	\$0.00	\$0.00
721	Training of State Employees	\$0.00	\$0.00	\$0.00
722	Computer Related Items	\$0.00	\$0.00	\$0.00
725	State Prof. Svcs.	<u>\$146.64</u>	<u>\$892.77</u>	<u>\$82.61</u>
Total Other Expenditures (703-725)		\$155.95	\$1,533.86	\$172.38
Total Direct Expenditures		\$4,594.65	\$7,302.02	\$172.38
Allocated Expenditures				
	Administration	\$469.78	\$399.53	\$342.61
	Investigations	\$2,131.77	\$0.00	\$0.00
	Legal	\$939.43	\$1,301.15	\$4,429.50
	Cash Office	<u>\$32.98</u>	<u>\$38.95</u>	<u>\$30.00</u>
Total Allocated Expenditures		\$3,573.96	\$1,739.63	\$4,802.11
Total Expenditures		\$8,168.61	\$9,041.65	\$4,974.49
Board Fee Revenue		\$24,180.02	\$23,570.00	\$21,365.88
Current Year Net		\$16,011.41	\$14,528.35	\$16,391.39
Cumulative Carryover		\$60,599.86	\$44,588.45	\$30,060.10

Tennessee Council of Certified Professional Midwifery
Actual Revenue and Expenditures thru December 31, 2014
and Projection for Fiscal Year Ending June 30, 2015

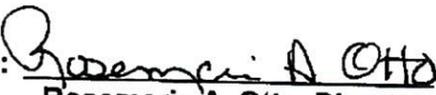
Acct. Code	Description	thru Dec. 31, 2014		
		Actual	FY 2015 Projection	FY 2014
701	Salaries & Wages	543.96	\$1,087.92	\$2,876.26
70102	Longevity	\$0.00	\$0.00	\$77.34
70104	Overtime	\$0.00	\$0.00	\$0.00
702	Employee Benefits	156.04	\$312.08	\$1,485.10
Payroll Expenditures (701-702)		\$700.00	\$1,400.00	\$4,438.70
703	Travel	\$0.00	\$0.00	\$0.00
704	Printing & Duplicating	\$0.00	\$0.00	\$0.00
705	Utilities & Fuel	\$0.00	\$0.00	\$0.00
706	Communications	\$0.00	\$0.00	\$8.31
707	Maintenance & Repairs	\$0.00	\$0.00	\$0.00
708	Prof. Svc. & Dues	\$0.00	\$25.00	\$0.00
709	Supplies & Materials	\$0.00	\$0.00	\$0.00
710	Rentals & Insurance	\$0.00	\$0.00	\$0.00
711	Motor Vehicle Ops.	\$0.00	\$0.00	\$0.00
712	Awards & Indemnities	\$0.00	\$0.00	\$0.00
713	Grants & Subsidies	\$0.00	\$0.00	\$0.00
714	Unclassified	\$0.00	\$0.00	\$0.00
715	Stores for Resale	\$0.00	\$0.00	\$0.00
716	Equipment	\$0.00	\$0.00	\$0.00
717	Land	\$0.00	\$0.00	\$0.00
718	Buildings	\$0.00	\$0.00	\$0.00
721	Training of State Employees	\$0.00	\$0.00	\$0.00
722	Computer Related Items	\$0.00	\$0.00	\$0.00
725	State Prof. Svcs	\$59.60	\$118.68	\$148.64
Total Other Expenditures (703-725)		\$59.60	\$143.68	\$155.95
Total Direct Expenditures		\$759.60	\$1,543.68	\$4,594.65
Allocated Expenditures				
	Administration	\$177.31	\$400.90	\$469.78
	Investigations	\$61.12	\$122.25	\$2,131.77
	Legal	\$298.70	\$597.41	\$939.43
	Cash Office	\$17.25	\$34.51	\$32.98
Total Allocated Expenditures		\$554.39	\$1,155.07	\$3,573.96
Total Expenditures		\$1,313.99	\$2,698.75	\$8,168.61
Board Fee Revenue		\$12,916.00	\$25,246.68	\$24,180.02
Projected Current Year Net			\$22,547.93	\$16,011.41
Projected Cumulative Carryover			\$83,147.79	\$60,599.86



**Tennessee Department of Health
Division of Health Related Boards
Administrative Policies and Procedures**

Subject: Conflict of Interest

File No: 302.01

Approved by: 
Rosemarie A. Otto, Director

Effective: September 1, 2002
Revised: June 1, 2013

Purpose: To assure that activities of Health Related Boards employees and board members do not conflict or have the appearance of conflicting with the provision of unbiased service to the public.

Policy: All full-time employees and board members of Health Related Boards shall adhere to the Department of Health's and the Health Related Boards' Conflict of Interest Policies (attached).

Procedure:

Employees: All employees will be required to read and sign the Health Related Boards' Conflict of Interest Policy for Employees (Exhibit 1) and the Department's Personnel Confidentiality Statement Form PH-3131 (Exhibit 2) upon initial hire and annually thereafter. A copy of both documents will be provided to each employee each time a signature is required. Signed copies shall be retained in the administrative office of the Division of Health Licensure and Regulation.

Board Members: All Board members will be asked to read and sign the Department's Conflict of Interest Policy for Board Members (Exhibit 3). Board members will be required to read and sign the Conflict of Interest Policy upon initial appointment and annually thereafter. Signed copies will be maintained on file in the Division of Health Licensure and Regulation.

**DEPARTMENT OF HEALTH
CONFLICT OF INTEREST POLICY
EMPLOYEES**

EXHIBIT 1

1. **PURPOSE:** To assure that an employee's activities do not conflict or have the appearance of conflicting with the provision of unbiased service to the public.
2. **APPLICABILITY:** This policy shall apply to all full-time employees of the Tennessee Department of Health.
3. **DEFINITIONS:**
 - A. **CONFLICT OF INTEREST:** a situation in which an employee's activities impair, or give the appearance of impairing, the person's ability to provide full unbiased public service.
 - B. **SUBSTANTIAL FINANCIAL INTEREST:** ownership by an employee or by the employee's spouse of ten percent (10%) or more of the stock of a corporation or ten percent (10%) or more of any other business entity.
 - C. **ORGANIZATIONAL UNIT** – a subdivision designated by the Commissioner of Health for administrative purposes.
4. **CONDUCT WHICH CREATES A CONFLICT OR THE APPEARANCE OF A CONFLICT:**
 - A. An employee shall not engage in any conduct, employment, or other activity which impairs, or gives the appearance of impairing, the person's ability to provide full unbiased public service.
 - B. An employee shall not violate applicable state or federal laws concerning conflict of interest
 - C. An employee shall not knowingly take any action which might prejudice the department's interest in a civil or criminal case.
5. **FINANCIAL INTERESTS:**
 - A. It is a conflict of interest for an employee, who has a public duty to recommend, approve, disapprove, monitor, regulate, investigate, or superintend, in any manner, a contract or other activity, to have a substantial financial interest in a business that does, or seeks to do, business with the employee's organizational unit.
 - B. An employee shall not have a financial interest in an outside entity of such significance that the departmental responsibilities and duties of the employee cannot be rendered in a fair and impartial manner.
 - C. An employee shall not engage in a financial transaction for personal gain relying upon information obtained solely through one's employment.
 - D. An employee shall not receive any compensation from a private source for services which are, or should be, performed as part of one's official duties, except as provided by statute or as approved by the Commissioner.

6. OUTSIDE EMPLOYMENT AND ACTIVITIES:

- A. An employee who has a public duty to recommend, approve, disapprove, monitor, regulate, investigate, or superintend program activities shall not engage in outside employment with an entity that is regulated by the employee's organizational unit.
- B. An employee shall not serve on a board of directors for a non-state agency that is regulated by, or that has or seeks funding from the employee's organizational unit unless the Commissioner deems such to be in the Department's interest and grants a waiver of this restriction.

7. **GIFTS AND FAVORS:** An employee shall not accept any item of significant monetary value (e.g., gift, gratuity, favor, entertainment, loan, unusual discount) except usual social and business courtesies (e.g., a meal, box of candy, samples) from a person who has or is seeking to obtain a contractual or other financial relationship with the employee's organizational unit or whose activities are regulated by such.

8. **HONORARIA:** An employee shall not accept honoraria or other compensation for activities which are, or should be, performed as part of one's official duties, except as provided by the Comprehensive Travel Regulations of the Department of Finance and Administration.

9. **ACTION TO RESOLVE A CONFLICT OF INTEREST:** An employee who has a conflict of interest must immediately eliminate such conflict. If an employee's activities give the appearance of a conflict of interest, such activities must be eliminated. If there is uncertainty whether a current or proposed activity is a conflict of interest, an employee should notify the Commissioner in writing of the potential conflict and receive approval for such activity.

10. **VIOLATION OF CONFLICT OF INTEREST:** An employee with a conflict of interest in violation of this policy is subject to disciplinary action in accordance with the Department of Human Resources' rules and regulations. An employee who violates a statutory conflict of interest is also subject to sanctions provided by statute.

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and agree to comply with the Department of Health's Conflict of Interest Policy for Employees and certify that I shall notify the Division of Health Related Boards immediately in writing if I feel that there may be a conflict of interest in an assignment. I also understand that the release of any confidential information obtained to any unauthorized person is prohibited. Further, to the extent a conflict of interest may exist, I have disclosed same in the space provided below.

DISCLOSURE OF CONFLICT OF INTEREST

I wish to disclose the following conflict. Please provide details about the nature of the conflict in the space provided:

Subject: Conflict of Interest

File No: 302.01

Signature

Supervisor's Signature

Print Name

Print Name

Date

Date

Social Security Number

PH-3131

TENNESSEE DEPARTMENT OF HEALTH

EXHIBIT 2

PERSONNEL CONFIDENTIALITY STATEMENT

By signing below, I acknowledge and understand that, as a State employee of the Tennessee Department of Health or as a County, Contract, or Municipal employee working for the Tennessee Department of Health, I am prohibited from releasing to any unauthorized person any medical information which may come to my attention in the course of my duties.

Moreover, I acknowledge and understand that any breach of confidentiality, patient or otherwise, resulting from my written or verbal release of information or records provides grounds for disciplinary action, which may include my immediate termination as an employee of the department.

DRUG-FREE WORKPLACE

I, as a State employee of the Tennessee Department of Health, or as a County, Contract, or Municipal employee working for the Tennessee Department of Health, hereby certify that I have received a copy of the Tennessee Department of Health's policy regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace or on state property and violation of this policy can subject me to discipline up to and including termination. I realize that as a condition of employment, I must abide by the terms of this policy and will notify the employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to a federal agency, where appropriate, and I hereby waive any and all claims that may arise for conveying this information to the federal agency. By signing below, I acknowledge that I have agreed to comply with the Drug-Free Workplace Policy of the Tennessee Department of Health.

SEXUAL HARRASSMENT ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and agree to comply with the Tennessee Department of Health's Personnel Confidentiality Statement.

Signature

Supervisor's Signature

Print Name

Print Name

Date

Date

Social Security Number

PH-3131

RDA N/A

TENNESSEE DEPARTMENT OF HEALTH
CONFLICT OF INTEREST POLICY
BOARD MEMBERS

EXHIBIT 3

PURPOSE: To assure that the individual interests of board members do not conflict with their responsibilities to the Board to which they are appointed.

APPLICABILITY: This policy shall apply to all board members.

I. DEFINITIONS:

- A. **CONFLICT OF INTEREST:** A circumstance in which a board member's individual interest impairs or impedes, or gives the appearance of impairing or impeding, his or her ability to make full, unbiased decisions or to provide full, unbiased service to the Board.
- B. **FINANCIAL INTEREST:** Ownership by a board member or a board member's immediate family members of ten percent (10%) or more of the stock of a corporation or ten percent (10%) or more of any other business entity; or a relationship as a director, advisor, or other active participant in the affairs of a party. An office in an educational, professional, religious, charitable, or civic organization is not a financial interest.

II. CONDUCT:

- A. A board member shall not engage in conduct which impairs or impedes, or gives the appearance of impairing, the board member's ability to make full unbiased decisions, or to provide full, unbiased public service to the Board.
- B. A board member shall not knowingly take any action which might prejudice his or her ability, or other members of the board's ability, to make an unbiased decision on any matter in which the board member, or the board member's immediate family members, has a financial interest.
- C. A board member will not willingly participate as an expert witness in a contested case hearing before the Board.
- D. It is a conflict of interest for a board member to vote in a manner involving a party in which the board member, or the board member's immediate family members, holds a financial interest.
- E. A board member shall not accept any item of significant monetary value, except usual social and business courtesies, from a party or provider seeking specific board approval of action.
- F. A board member who is employed by, or has contracted to provide services to, a health care provider seeking specific board approval or action, shall abstain from voting on the board approval or action.
- G. A board member shall not accept honoraria or other compensation for activities which are, or should be, performed as part of one's official duties, except as provided by the Comprehensive Travel Regulation of the Department of Finance and Administration.

III. DISCLOSURE:

- A. Each board member shall disclose to the Board on a case-by-case basis, any personal relationship, interest or dealings that impairs or impedes, or gives the appearance of impairing or impeding, his or her ability to make full, unbiased decisions on a matter.
- B. For the purposes of contested cases, the Board will be governed by Tennessee Code Annotated Sec. 4-5-302, attached as Exhibit A to this policy.

IV. RECUSAL:

- A. Any board member who has a conflict of interest as defined above must recuse himself/herself from any matter and is prohibited from participating in any discussion or vote on the matter, and shall leave the hearing room during the discussion or vote.
- B. It is improper for any board member having a conflict of interest to attempt to influence another board member at any time, including prior to the discussion on the matter for which the conflict exists.
- C. In business matters, the board chair, with the advice of the advising attorney, shall be the final authority to determine whether a board member must be recused.

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and agree to comply with the Department of Health's Conflict of Interest Policy for Board Members. Further, to the extent a conflict of interest may exist, I have disclosed same in the space provided below.

DISCLOSURE OF CONFLICT OF INTEREST

I wish to disclose the following conflict. Please provide details about the nature of the conflict in the space provided:

Signature

Print Name

Date

The following is based on all 87,184 births recorded in Tennessee in 2014
(whether to a TN resident mom or out-of-state mom)

Professional Code	Frequency	Percent
Medical Doctor	78313	89.82
Osteopathic Examiner	2121	2.43
CNM/CM/SNM/GNM	5004	5.74
LM/AM/RNC	783	.90
Certified Professional Midwife	578	.66
Other-EMT, LPN, RN, fireman, neighbor, etc	372	.43
Unknown	13	.01

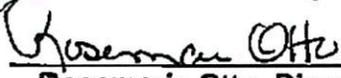


State of Tennessee Department of Health

Division of Health Related Boards Administrative Policies and Procedures

Subject: Application Processing Benchmarks

File No: 106.04

Approved by: 
Rosemarie Otto, Director

Effective Date: May 31, 2013

PURPOSE: To establish fair benchmarks that measures the timeliness of application processing (both initial and renewal) by board administrative staff and, consistency in reviewing and retaining reports relative thereto.

POLICY: It is the policy that staff effectiveness in achieving benchmarks be reviewed on a semi-annual basis. A report shall be prepared by the Director of Health Related Boards and transmitted to the Assistant Commissioner for the Division of Health Licensure and Regulation. Said report shall be retained in the Office of the Director for Health Related Boards for ten (10) years.

PROCEDURES:

A. **Frequency of Report:** Each Unit director shall request that a semi-annual report be prepared twice a year (January 1 through June 30 and July 1 through December 31) the purpose of which is to evaluate the effectiveness of board staff in achieving the benchmarks for application processing set forth below.

B. **Timeliness of Report:** The report must be requested not more than thirty (30) days following the conclusion of the reporting period above.

C. **Content of Report:** Each Unit director must review the report and identify those applications whose processing times exceed the established benchmarks and provide an explanation for application processing times in excess of established benchmarks. The Unit director may utilize administrators for the purpose of preparing a report to the Director of Health Related Boards relative to those applications exceeding established benchmarks.

D. **Reporting Time Frames.** For the *period January 1 through June 30*, the report must be available to the Director of Health Related Boards on or before August 15 and transmitted to the Assistant Commissioner for the Division of Health Licensure and Regulation on or before August 31. For the period *July 1 through December 31*, the report must be available to the Director of Health Related Boards on or before February 15 and transmitted to the Assistant Commissioner for the Division of Health Related Boards on or before February 28.

E. Form of Reports: Computer-generated reports will be prepared for initial and renewal applications. The first report will be prepared by the director of health related boards or his/her designee and contain the profession number and name, the duration of time the application was pending, the number of initial applications over the benchmark and the total number of application approved during the reporting period. The second report, prepared by directors and/or managers, will be in the form of an excel spreadsheet containing the license number, type of application, and a hand-generated note stating the reason for not meeting the established benchmark, when applicable.

F. Transmittal and Retention of Reports: The Director for Health Related Boards is responsible for receiving the individual reports and providing an electronic copy to the Assistant Commissioner for the Division of Health Licensure and Regulation. An electronic copy must be maintained in the Office of the Director of Health Related Boards for at least ten (10) year following the reporting period.

BENCHMARKS:

A. One Hundred Day Benchmark: Except for the boards specifically identified below, all initial applications must be processed within one hundred (100) days from the date the application is date stamped as received in the administrative office until the license is issued.

B. Exceptions:

1. **Board of Veterinary Examiners.** There is established a benchmark for processing initial applications for licensure for veterinarians of not to exceed three hundred and sixty-five (365) days.

2. **Board of Examiners for Nursing Home Administrators.** There is established a benchmark for processing initial applications for licensure of nursing home administrators of not to exceed seven hundred thirty (730) days.

3. **Board of Social Worker Licensure.** There is established a benchmark for processing initial applications for licensure of social workers of not to exceed five hundred fifty (550) days.

4. **Board of Podiatric Medical Examiners.** There is established a benchmark for processing initial applications for licensure of podiatrists of not to exceed five hundred fifty (550) days.

5. **Board of Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists.** There is established a benchmark for processing initial applications for licensure of professional counselors, marital and family therapists and clinical pastoral therapists of not to exceed seven hundred thirty (730) days.

6. **Board of Alcohol and Drug Abuse Counselors.** There is established a benchmark for processing initial applications for licensure of alcohol and drug abuse counselors of not to exceed five hundred fifty (550) days.

7. **Board of Examiners in Psychology.** There is established a benchmark for processing initial applications for licensure of psychologists of not to exceed three hundred sixty-five (365) days.

8. **Board of Communication Disorders and Sciences' Council for Licensing Hearing Instrument Specialists.** There is established a benchmark for processing initial applications for licensure of hearing instruments specialists of not to exceed seven hundred thirty (730) days.

9. **Board of Dispensing Opticians.** There is established a benchmark for processing initial applications for licensure of dispensing opticians of not to exceed three hundred sixty five (365) days.

10. **Board of Pharmacy.** There is established a benchmark for processing initial applications for licensure of pharmacists of not to exceed one hundred twenty (120) days.

11. **Polysomnography Professional Standards Committee.** There is established a benchmark for processing initial applications for licensure of Polysomnography technologists of not to exceed four hundred fifty-five (455) days.

12. **Genetic Counselors.** There is established a benchmark for processing initial applications for licensure of Polysomnography technologists of not to exceed four hundred fifty-five (455) days.

13. **Board of Nursing.** There is established a benchmark for processing initial applications for licensure by **examination** of registered and practical nurses of not to exceed one thousand twenty-five (1025)days in order to comply with Rule 1000-01-.01(3)(f)2 and 1000-02-.01(3)(f)2 which allow an applicant failing NCLEX three years to qualify by re-examination.

14. **Medical Laboratory Board.** There is established a benchmark for processing Medical Laboratory Facility application of not to exceed two hundred (200) days.

C. Fourteen Day Benchmark: Except for the boards specifically identified below, all renewal applications must be processed within fourteen (14) days from the date the renewal application is date stamped as received in the administrative office until the license is renewed.

D. Exceptions:

1. **Veterinary Facilities.** There is established a benchmark for processing of renewal applications for veterinary facilities of not to exceed 90 days.

2. **Certified Animal Control Agencies.** There is established a benchmark for processing of renewal applications for certified animal control agencies of not to exceed 90 days.

3. **Certified Professional Midwifery.** There is established a benchmark for processing of renewal applications for certified professional midwives of not to exceed 50 days.