

Sunset Public Hearing Questions for
BOARD OF RESPIRATORY CARE
Created by Section 63-27-103, *Tennessee Code Annotated*
(Sunset Termination June 2016)

1. Provide a brief introduction to the Board of Respiratory Care, including information about its purpose, statutory duties, staff and administrative attachment.

The Board of Respiratory Care was created in 1998 by the State Legislature to succeed the Board of Medical Examiners on Respiratory Care. Its mission is to safeguard the health, safety, and welfare of Tennesseans by requiring those who practice dietetics/nutrition within this state to be qualified. The Board interprets the laws, rules, and regulations to determine the appropriate standards of practice in an effort to ensure the highest degree of professional conduct. The Board is authorized to issue licenses to qualified candidates who have completed appropriate education and successfully completed required examinations. The Board is responsible for the investigation of alleged violations of the Practice Act and rules and is responsible for the discipline of licensees who are found guilty of such violations.

The administrative staff of the Division of Health Related Boards supports the Board by issuing licenses and renewals to those Licensed Registered Respiratory Therapists (RRT), Licensed Certified Respiratory Therapists (CRT), and Respiratory Care Assistants (RCA) who meet the requirements of the law and rules, and collecting fees on behalf of the board. Renewal notices are mailed from the board's administrative office forty-five (45) days prior to the expiration of the license to the current address on record. If a licensee has "opted in" to receive renewal notification via email, an email will be sent out to the licensee reminding them to renew their license approximately forty-five (45) days prior to the expiration date.

The eight (8) member Board has a statutory requirement to meet once a year, however the board generally meets four (4) times a year to conduct administrative business. The meetings are open to the public. All members of the Board are appointed by the Governor and serve three (3) year terms.

2. Provide a list of current members of the board and explain how membership complies with Section 63-27-103, *Tennessee Code Annotated*. Are there any vacancies on the board and, if so, what is being done to fill those vacancies?

| Board Member Name | 60+ Years | *Minority | Non-Minority | Male | Female | Grand Division |
|--|-----------|-----------|--------------|----------|----------|----------------|
| Anna Ambrose, RRT Robertson County | | X | Caucasian | | X | Middle |
| Jeff McCartney, MD Gibson County | | | Caucasian | X | | West |
| Delmar Mack, RRT, PhD. Washington County | X | X | | X | | East |
| Lisa Caldwell, RRT Hamilton County | | | Caucasian | | X | East |
| John Schario, Hospital Administrator Davidson County | | | Caucasian | X | | Middle |
| Troy Hamm, RRT Rutherford County | | | Caucasian | X | | Middle |
| Winston Granville, RRT Shelby County | | X | | X | | West |
| Citizen Member VACANT | | | | | | |
| TOTALS | 1 | 3 | 5 | 5 | 2 | |

Currently, the position of the public citizen member on the board is vacant. Our office is currently working with the Governor’s office to fill this position.

- 3. Does the board’s membership include public/citizen members? Female members? Members of racial minorities? Members who are 60 years of age or older? Does the gender balance of the board reflect the gender balance of the state’s population as required by Section 63-27-103(f), *Tennessee Code Annotated*?

Provided in #2.

- 4. How many times did the board meet in fiscal year 2014 and to date in fiscal year 2015? How many members were present at each meeting?

The Board of Respiratory Care met four (4) times in FY2014 and has also met four (4) times to date in FY2015.

| Meeting Date | Members Present | Meeting Date | Members Present |
|-------------------|-----------------|-------------------|-----------------|
| August 9, 2013 | 5 | August 28, 2014 | 6 |
| December 11, 2013 | 5 | November 20, 2014 | 7 |
| February 27, 2014 | 7 | February 12, 2015 | 7 |
| May 29, 2014 | 5 | May 28, 2015 | 6 |

5. What per diem or travel reimbursement do board members receive? How much was paid to board members during fiscal year 2014 and to date in fiscal year 2015?

Board members receive a per diem rate of \$50.00 per day plus reimbursement of travel expenses for adjusted mileage rates, hotel, and meals.

Board of Respiratory Care Per Diem and Travel Reimbursement

| | 2014 | 2015 |
|--------------|------------------|------------------|
| Per Diem | \$1050.00 | \$1300.00 |
| Mileage | 1224.82 | 2980.74 |
| Hotel | 395.16 | 1767.41 |
| Meals | 297.00 | 1188.00 |
| Total | \$2966.98 | \$7236.15 |

6. What were the board's revenues (by source) and expenditures (by object) for fiscal year 2014 and to date for fiscal year 2015? Does the board carry a fund balance and, if so, what is the total of that fund balance? If expenditures exceeded revenues, and the board does not carry a fund balance, what was the source of the revenue for the excess expenditures?

Financial statement for FY2013 and FY2014 with projection for FY2015 attached.

For FY14, the Board's revenues were \$323,054.61, with total expenditures of \$202,104.42 and a net of \$120,950.19. The carryover is \$816,345.51.

Projected FY15 the Board's revenue is \$331,850.04, with total expenditures of \$255,155.31 and a net of \$76,694.73. The projected carryover is \$893,040.24.

7. Is the board 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 board have for informing the public of its meetings and making its minutes available to the public?

The board is subject to the Sunshine law requirements of T.C.A. 8-44-101 et seq. A public meeting notice is posted to the board's website on the 15th of the month preceding the month the board meets as well as posting the information on the Public Participation Calendar. The Unit Director ensures that the Sunshine Notice is posted on the Internet and that the

Commissioner's Office is notified. Regarding minutes, the board's administrative staff attends all meetings and takes minutes. Those minutes are then prepared for review and ratification by the board at its next regularly scheduled meeting. After the minutes are ratified, they are then placed on the board's web site. Additionally, as of January 1, 2015, each meeting of the board is streamed live so the public can view the meeting as it is actually being held.

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

The Board has a conflict of interest policy. A copy of this policy is signed by every Board member and Board consultant. Board members are required to sign a conflict of interest statement upon appointment or as soon as practical and annually thereafter. The conflict of interest policy is also reviewed with the Board at the beginning of every Board meeting and a copy is maintained in each member's manual. Board members are also expected to recuse themselves from participating in board matters in which they have a conflict of interest.

9. Does the board have the authority to promulgate rules? If such authority is not granted, does the board feel that authority is needed?

The Board has the authority to promulgate rules under Tenn. Comp. R. & Regs., Chapter 1030-01.

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

The Board of Respiratory Care has a website which it maintains on the Department of Health's website at <http://tn.gov/health/topic/rc-board>. The Board's internet website is an excellent location to find valuable board information for licensees, applicants, and the general public about the mission, duties and responsibilities of the board, license verifications, legislative updates, board rules, regulations and policy statements, licensure information and instructions on how to apply for a license, board publications including application forms and newsletters to licensees, board minutes and meeting schedule.

11. What were the major accomplishments of the board during fiscal year 2014 and to date in fiscal year 2015?

The Board adopted a policy statement to include administration of disease prevention agents like influenza vaccine in the scope of practice for respiratory care therapists while under the supervision of a licensed physician.

Also, the Board has adopted an amendment to its rules on continuing education in Chapter 1330-01-.12 and held a rule making hearing to add an Ethics and Tennessee jurisprudence to its continuing education requirement.

The board also included an amendment for the ability of a licensee to obtain total required hours for continuing competency by multi-media or online format.

Finally, the board recently voted to authorize a rulemaking hearing to decrease fees. Under the proposed amendment to the rules, the total license application fee will be reduced to \$150 from the current \$200 and the renewal fee will be reduced to \$100 from the current \$120. This fee-reduction amendment to the rules has been sent to the Attorney General's office for a review.

12. Please describe any reports prepared by the board during fiscal year 2014 and to date in fiscal year 2015 and specify to whom the reports are sent. Please attach copies of the reports.

The board has not prepared any report.

13. How many practitioners of respiratory care are there in the state of Tennessee? Are they all under the authority of the board? If not, what types of practitioners are not and should they be included under the board's authority?

| Board of Respiratory Care | Number of Licensees |
|--|----------------------------|
| Registered Respiratory Therapists | 3342 |
| Certified Respiratory Therapists | 1531 |
| Respiratory Care Assistants | 11 |

14. The board has the authority over respiratory therapists, technicians and assistants. What are the primary differences between these groups? Are there any overlaps among what each does? How many individuals are licensed in each group?

Both Registered Respiratory Care Therapists (RRT) and Certified Respiratory Therapists (CRT) work to evaluate, treat, and care for patients with breathing disorders. Generally, their duties can overlap. All respiratory care therapists are required to function under the supervision of a physician; however, registered respiratory care therapists may assume primary clinical responsibility for all respiratory care modalities and may also exercise independent clinical judgment. A certified respiratory therapist is only able to assume primary clinical responsibility for specified respiratory care modalities and may not exercise independent clinical judgment.

Regarding their qualifications to practice, registered respiratory therapists are required to provide proof of passage of an advanced level practitioner exam prior to licensure while certified respiratory therapists are only

required to provide proof of passage of the entry-level exam. Respiratory therapists are required to complete either a two- year associate’s degree or a four-year baccalaureate degree. Upon graduation they are eligible to take a national voluntary examination that, upon passing, leads to the credential CRT. Subsequently they may take two more examinations which leads to the RRT credential. The board is no longer issuing new licenses in the Respiratory Care Assistant (RCA) category and is only renewing those current licenses. The RCA is very limited in what duties they can perform and must be under the direct supervision of a physician and/or licensed respiratory therapist.

15. How many new licenses and how many renewed licenses did the board issue in fiscal year 2014 and to date in fiscal year 2015?

| Board of Respiratory Care | FY2014 | FY2015 |
|----------------------------------|---------------|---------------|
| New Licenses -RRT | 292 | 299 |
| New Licenses - CRT | 113 | 115 |
| Renewals - RRT | 1308 | 1439 |
| Renewals - CRT | 645 | 624 |
| Renewals - Assistants | 4 | 6 |

16. Has the board issued any temporary licenses or “by endorsement to an applicant who is currently licensed to practice respiratory care in another state, territory, or country . . . “under the authority of Section 63-27-116, *Tennessee Code Annotated*? If so, how many of each?

The board does not grant a temporary license to an individual who is licensed to practice in another state. Temporary licenses are only issued to those applicants who have never been licensed before and who have not taken and passed the National Board of Respiratory Care (NBRC) examination but have met all other criteria. Temporary licenses are only valid for 1 year and may not be extended or reissued.

All applicants, even if licensed in another state, must complete the entire application process. In fiscal year 2014, the board issued 133 RRT licenses by reciprocity while in fiscal year 2015, the board has issued 78 RRT licenses by reciprocity.

17. How many license applications has the board denied during fiscal year 2014 and to date in fiscal year 2015? What were the reasons for denial?

The board did not deny a license application in fiscal year 2014.

The board denied one (1) application in fiscal year 2015 for making false or misleading statement on the license application, committing fraud in procuring a license, and engaging in the practice of respiratory care when mentally or physically unable to safely do so.

18. How many licenses have been suspended during fiscal year 2014 and to date in fiscal year 2015? What were the reasons for the suspensions? How many licenses have been placed on probation? How many reprimands have been issued?

Suspensions

The board administratively suspended thirteen (13) licenses in fiscal year 2014 for Tennessee Student Assistance Corporation (TSAC) violations – unpaid student loan(s).

In fiscal year 2015, the board has administratively suspended fifteen (15) licenses for Tennessee Student Assistance Corporation (TSAC) violations – unpaid student loan(s).

Probation

The board did not place a license on probation in fiscal year 2014.

The board placed one (1) license on probation in fiscal year 2015 for an impaired driving incident and pleading guilty to driving while under the influence.

Reprimand

The board has not issued a license reprimand in fiscal year 2014 and to date in fiscal year 2015.

19. How many administrative fines did the board assess during fiscal year 2014 and to date in fiscal year 2015? What was the total amount of fines assessed for each fiscal year?

The board has not assessed an administrative fine in fiscal year 2014 and to date in fiscal year 2015.

20. Did the board revoke any licenses during fiscal years 2014 or to date in fiscal year 2015? If so, what were the reasons for revocation, what types of licenses were involved, and how many of each type were revoked?

In fiscal year 2014, the board revoked one (1) certified respiratory therapy license for practicing without being licensed in polysomnography or having an endorsement to certified respiratory therapy license to perform polysomnographic services. Licensee also employed and trained individuals who had neither a respiratory care license nor a polysomnography license, yet, performed polysomnographic services as part of their job responsibilities at a sleep study facility.

In fiscal year 2015, the board revoked one (1) registered respiratory therapy license who had surrendered her privilege to practice nursing in the State of Tennessee by a Consent Order issued by the Tennessee Board of Nursing. Licensee was disciplined for being under the influence of drugs while on duty in the workplace. Licensee held both a license to practice as a registered respiratory therapist and a privilege to practice nursing in Tennessee at the time of the incident.

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

The board held no contested case hearing in fiscal year 2014.

The board has held two (2) contested case hearings so far in fiscal year 2015 and both cases were heard by an administrative law judge. One of the cases is currently under appeal at the Chancery Court.

So far, none of the 2 cases has had penalties issued reduced or dismissed.

22. Has the board developed and implemented quantitative performance measures for ensuring it is meeting its goals? (Please answer either yes or no). If the board has developed and implemented quantitative performance measures, answer questions 23 through 30. If the board has not developed quantitative performance measures, proceed directly to question 31.

Yes.

23. What are your key performance measures for ensuring the board 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.

To promote the mission of the Department of Health which is to protect, promote and improve the health and prosperity of the people in Tennessee, the Board's administrative office has established benchmarks for the processing of applications and renewals. The Health Related Boards' role in that mission is to ensure that only the best, most qualified practitioners provide healthcare services in the state. In order to balance that obligation with our desire to provide excellent customer service to healthcare providers, the Health Related Boards has established benchmarks to assure that applications for licensure are received, processed and processed in a timely manner. The application benchmark is one hundred (100) days from the date the application is received in the administrative office to issuance of licensure. The benchmark for renewals is fourteen (14) days. Twice a year, a benchmark report is prepared and reviewed to determine if board staffs are meeting those benchmarks.

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

We are measuring whether or not board administrative staffs are processing applications and renewals in a timely manner within the established benchmark timeframes.

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.

Relevant data is collected twice yearly by the director from reports generated by the licensing system used by the Health Related Boards. Data is generated in an excel spreadsheet.

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 performance measure is a calculation of the average application processing time or duration from the date it is received in the board office until a license is issued or renewed in order to establish if applications are being processed within targeted goals.

| Performance Measure - RRT | Goal | FY 2014 Average (Days) | *FY2015 to Date Average (Days) |
|-----------------------------|----------|------------------------|--------------------------------|
| Renewal Proccession Time | 14 Days | 2 | 2 |
| Application Processing Time | 100 Days | 92 | 147 |

***Available to date for FY2015.**

| Performance Measure - CRT | Goal | FY 2014 Average (Days) | *FY2015 to Date Average (Days) |
|-----------------------------|----------|------------------------|--------------------------------|
| Renewal Proccession Time | 14 Days | 2 | 2 |
| Application Processing Time | 100 Days | 62 | 206 |

***Available to date for FY2015.**

| Performance Measure – Respiratory Care Assistants | Goal | FY 2014 Average (Days) | *FY2015 to Date Average (Days) |
|---|---------|------------------------|--------------------------------|
| Renewal Proccession Time | 14 Days | 1 | 1 |

***Available to date for FY2015.**

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 reported performance measure result 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.

The benchmark report is reviewed by the Director of the Division of Health Related Boards who validates and verifies collected data manually. Report is forwarded to the Assistant Commissioner for the Bureau of Health Licensure and Regulations under which the Health Related Boards are housed.

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

Yes. The attached document from the Health Related Boards Administrative Policies and Procedures explains the process by which reported data is collected.

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

Upon graduation, licensees in this profession have the ability to apply for a temporary license to practice which expires annually until they are able to pass the national examination in order to apply for a full license. Upon passage of the exam, the same temporary permit number that was previously issued is applied to the application file to issue a full license, which may be many months after the temporary license was issued.

In the future, we may need to adjust the benchmark for calculating our performance measure for initial application processing for licensed registered respiratory therapists and licensed certified respiratory therapists due to noted variables in how the application for this professions are calculated.

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

None

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

Respiratory Care is a highly specialized allied health profession. Respiratory care practitioners are trained to care for patients under the supervision of a licensed physician and in multiple clinical settings. They must undergo unique and rigorous formalized training, programs of which are nationally accredited. They are qualified by a valid and reliable national testing system and work under the leadership of qualified physicians and have done so for many years. Respiratory Care practitioners work not only on improving the respiratory care services delivered to patients but also place their entire focus on disease management for citizens of Tennessee. Respiratory

Therapists across the state continue to get involved in how to improve the quality of life for patients, many with different debilitating lung diseases.

The history of the Respiratory Care Act, while it does establish the profession and scope of practice is overwhelmingly aimed at protecting the patient from unskilled, untrained caregivers who are not competent in delivering respiratory care. The Respiratory Care board believes that to ensure safe and effective care for all consumers requiring respiratory therapy, documentation of the provider's competency to do so must possess the same rigor and validity as the examination process that CRT's and RRT's must undergo in order to achieve their respective credentials. The board has been effective in establishing procedures for identifying, and when necessary, sanctioning or removing incompetent and unethical practitioners.

The need for respiratory care professionals is expected to grow in the coming years due to the large increase in the elderly population; the impact of environmental problems that have already contributed to the yearly rise in number of reported asthmas and respiratory disease cases, as well as the problem of premature births. The continuation of the board will ensure that the citizens of Tennessee are given needed respiratory care by qualified professionals who have met strict standards.

33. Please list all board 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.

None

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

34. Does the board prepare a Title VI plan? If yes, please provide a copy of the most recent plan.
35. Does the board 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 board report concerning Title VI? Please describe the information your board submits to the state or federal government and/or provide a copy of the most recent report submitted.
37. Describe the board's actions to ensure that association staff and clients/program participants understand the requirements of Title VI.
38. Describe the board's actions to ensure it is meeting Title VI requirements. Specifically, describe any board monitoring or tracking activities related to Title VI, and how frequently these activities occur.

39. Please describe the board's procedures for handling Title VI complaints. Has the board 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 board staff by title, ethnicity, and gender.

| Title | Ethnicity | Gender |
|--------------------------------|-------------------------|---------------|
| Administrative Director | African-American | Male |
| Administrator | African-American | Female |
| Licensing Technician | African-American | Female |

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

The Board works with the Tennessee Professional Assistance Program (TNPAP) to provide peer assistance to impaired practitioners in an effort to both protect the public and rehabilitate practitioners who can safely return to the practice of respiratory care. TNPAP is a non-profit organization under the Tennessee Nurses Foundation. The Board's grant of funds to TNPAP is budgeted at \$17,000.00 per year. Mark Harkreader, MS, RN, Caucasian, is the Executive Director of TNPAP.

**Tennessee Board of Respiratory Care
Actual Revenue and Expenditures thru December 31, 2014
and Projection for Fiscal Year Ending June 30, 2015**

| <u>Acct. Code</u> | <u>Description</u> | <u>thru Dec. 31, 2014</u> | <u>FY 2015 Projection</u> | <u>FY 2014</u> | <u>FY 2013</u> | <u>FY 2012</u> | <u>FY 2011</u> |
|-------------------|---|---------------------------|---------------------------|---------------------|---------------------|---------------------|---------------------|
| 701 | Salaries & Wages | 27,796.90 | \$55,593.80 | \$45,871.42 | \$46,353.12 | \$36,497.82 | \$41,685.99 |
| 70102 | Longevity | 2,900.00 | \$5,800.00 | \$1,200.00 | \$2,881.36 | \$1,000.00 | \$1,240.92 |
| 70104 | Overtime | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 702 | Employee Benefits | 15,513.34 | \$31,026.68 | \$20,042.78 | \$19,945.47 | \$17,152.31 | \$18,661.02 |
| | Payroll Expenditures (701-702) | \$46,210.24 | \$92,420.48 | \$67,114.20 | \$69,179.95 | \$56,650.13 | \$61,587.93 |
| 703 | Travel | \$9,406.54 | \$20,576.76 | \$3,408.20 | \$4,239.23 | \$4,181.35 | \$4,261.48 |
| 704 | Printing & Duplicating | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 705 | Utilities & Fuel | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 706 | Communications | \$3,711.23 | \$6,856.56 | \$6,639.56 | \$5,706.15 | \$10,737.84 | \$4,939.60 |
| 707 | Maintenance & Repairs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,409.76 | \$0.00 |
| 708 | Prof. Svc. & Dues | \$2,475.03 | \$4,961.28 | \$2,770.00 | \$2,229.61 | \$0.00 | \$3,517.53 |
| 709 | Supplies & Materials | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$437.49 |
| 710 | Rentals & Insurance | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 711 | Motor Vehicle Ops. | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 712 | Awards & Indemnities | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 713 | Grants & Subsidies | \$4,080.39 | \$17,000.00 | \$15,046.95 | \$16,996.99 | \$17,719.85 | \$15,583.34 |
| 714 | Unclassified | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 715 | Stores for Resale | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 716 | Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 717 | Land | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 718 | Buildings | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 721 | Training of State Employees | \$1,325.00 | \$5,500.00 | \$0.00 | \$400.00 | \$0.00 | \$950.00 |
| 722 | Computer Related Items | \$0.00 | \$0.00 | \$1,840.85 | \$0.00 | \$2,530.00 | \$2,216.00 |
| 725 | State Prof. Svcs. | \$5,262.21 | \$10,182.00 | \$16,467.56 | \$15,456.99 | \$12,865.99 | \$15,317.33 |
| | Total Other Expenditures (703-725) | \$26,260.40 | \$65,076.60 | \$46,173.12 | \$45,028.97 | \$50,444.79 | \$47,222.77 |
| | Total Direct Expenditures | \$72,470.64 | \$157,497.08 | \$113,287.32 | \$114,208.92 | \$107,094.92 | \$108,810.70 |
| | Allocated Expenditures | | | | | | |
| | Administration | \$22,699.24 | \$59,234.98 | \$61,690.57 | \$49,179.02 | \$62,427.42 | \$63,642.91 |
| | Investigations | \$2,322.70 | \$4,645.40 | \$10,106.54 | \$12,713.30 | \$12,165.56 | \$16,575.03 |
| | Legal | \$15,026.37 | \$30,052.74 | \$13,241.84 | \$12,374.25 | \$41,620.93 | \$31,681.71 |
| | Cash Office | \$1,862.56 | \$3,725.11 | \$3,778.15 | \$4,222.44 | \$3,957.79 | \$4,281.09 |
| | Total Allocated Expenditures | \$41,910.87 | \$97,658.23 | \$88,817.10 | \$78,469.01 | \$120,171.70 | \$116,160.74 |
| | Total Expenditures | \$114,381.51 | \$255,155.31 | \$202,104.42 | \$192,697.93 | \$227,266.62 | \$224,971.44 |
| | Board Fee Revenue | \$183,177.50 | \$331,850.04 | \$323,054.61 | \$335,837.66 | \$346,678.37 | \$371,235.61 |
| | Projected Current Year Net | | \$76,694.73 | \$120,950.19 | \$143,138.73 | \$119,411.75 | \$146,264.17 |
| | Projected Cumulative Carryover | | \$893,040.24 | \$816,345.51 | \$695,395.32 | \$552,255.59 | \$432,843.84 |



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 replying 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:

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. Being employed by or serving as an officer in an educational, professional, religious, charitable, or civic organization does not constitute 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 matter involving a party if the board member serves as a director, advisor, lobbyist, or other active participant in the affairs of such party.
- E. . It is a conflict of interest for a board member to vote in a matter involving a party in which the board member, or the board member's immediate family members, holds a financial interest.
- F. . 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.
- G. . 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.

H. . 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



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
Revised: February 11, 2014

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.

15. **Board of Physical Therapy.** There is established a benchmark for processing initial applications for licensure for physical therapists of not to exceed four hundred (400) 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.