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Sequence Number: 05-07-13  
 Notice ID(s): 2006  
 File Date: 5/9/13

# Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

<b>Agency/Board/Commission:</b>	Tennessee Board of Medical Examiners
<b>Division:</b>	
<b>Contact Person:</b>	Andrea Huddleston, Deputy General Counsel
<b>Address:</b>	Plaza One, 220 Athens Way, Suite 210, Nashville, Tennessee 37243
<b>Phone:</b>	615-741-1611
<b>Email:</b>	Andrea.Huddleston@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

<b>ADA Contact:</b>	ADA Coordinator at the Division of Health Related Boards
<b>Address:</b>	227 French Landing, Suite 501 Nashville, TN 37243
<b>Phone:</b>	(615) 532-4397
<b>Email:</b>	

**Hearing Location(s)** (for additional locations, copy and paste table)

Address 1:	HRB Conference Rooms, Iris Room		
Address 2:	Heritage Place, 227 French Landing Drive		
City:	Nashville		
Zip:	37243		
Hearing Date :	07/23/2013		
Hearing Time:	8:30 a.m.	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

**Additional Hearing Information:**

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**Revision Type (check all that apply):**

- Amendment  
 New  
 Repeal

**Rule(s)** (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
0880-02	General Rules and Regulations Governing the Practice of Medicine
Rule Number	Rule Title
0880-02-.14	Specially Regulated Areas and Aspects of Medical Practice

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rule 0880-02-.14 is amended by adding a new paragraph which shall read as follows:

- (14) Practice of Interventional Pain Management as Defined and Restricted Pursuant to T.C.A. §63-6-244
- (a) For purposes of T.C.A. §63-6-244(a)(2), a recent graduate who is not yet eligible to sit for board-certification by one of the boards listed in §63-6-244(a)(1) may engage in interventional pain management provided the recent graduate is in a practice relationship with a supervising physician who does meet the qualifications of §63-6-244(a)(1), as long as such practice relationship meets the following standards:
    - (1) The recent graduate must be an employee, associate or partner of the supervising physician;
    - (2) During the first six months of the practice relationship, the supervising physician must directly supervise the non-eligible, recent graduate in the performance of at least twenty-four (24) interventional pain management procedures; and
    - (3) The supervising physician shall make a personal review of no less than 10% of the recent graduate's procedures notes/ charts on a quarterly basis and shall so certify by signature on the chart.
  - (b) The exemption provided under T.C.A. §63-6-244(a)(2) and this rule for a recent graduate not yet eligible for board certification expires five years from the date of completion of the recent graduate's post-graduate medical training, at which time the non-eligible recent graduate must cease and desist such practice if board-certification pursuant to T.C.A. §63-6-244(a)(1) has not been achieved and such practice may not be re-instituted until such board-certification is achieved.
  - (c) For purposes of T.C.A. §63-6-244(a)(3), a physician who is board-certified in a different ABMS or ABPS/ AAPS specialty than those listed in (a)(1) may practice interventional pain management upon successful completion of an ACGME pain fellowship or becoming board-certified through the American Board of Interventional Pain Physicians.

Authority: T.C.A. §§ 63-6-101 and 63-6-244.

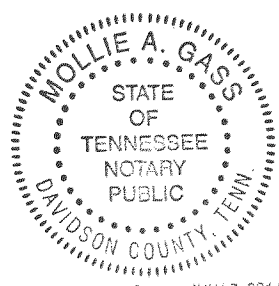
I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 5-7-13

Signature: \_\_\_\_\_

Name of Officer: Andrea Huddleston

Title of Officer: Deputy General Counsel, Tennessee Department of Health



My Commission Expires JULY 7, 2014

Subscribed and sworn to before me on: May 7, 2013

Notary Public Signature: Mollie A. Gasps

My commission expires on: 7/7/14

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Filed with the Department of State on: 5/9/13

Tre Hargett

Tre Hargett  
Secretary of State

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