



A Guide to Physician Retirement and Closing a Medical Practice

September 16, 2015

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INTRODUCTION

Every Physician makes decisions early in his or her career concerning professional interests beginning with a choice of practice style, location and specialty. As a physician matures further into this chosen path there arises the occasion to consider a change of professional activities. This may be motivated by age, health status, or alternative interests coupled with many other considerations. One primary concern is the desire to offer patients the best care possible and to avoid continuing practice beyond physical and mental proficiency. Classically, this has been considered in the framework of retirement from active practice and is a major life decision. Being informed of the retirement process enables a physician to make a better decision. Cessation of active medical practice may lead a physician to medical administrative activities, consulting in different medically-related activities or continuing practice in a voluntary and non-reimbursed fashion.

A physician who decides to close his or her practice needs to begin making plans at least 12 – 15 months before the last day of patient care if the practice will close and not be sold to another physician. If another physician will be taking over in the practice, then the time to close the practice need not be as long. This manual is intended to assist physicians with decisions regarding retirement and to facilitate compliance with Tennessee laws and regulations.

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RETIREMENT DEFINED

One of the first things a physician needs to think about is the status of his/her medical license. A physician may retire from active practice but maintain an active medical license to function in another capacity (e.g. work in another medical practice, volunteer in a clinic). To retire a medical license, a form must be completed and sent to either the Board of Medical Examiners for M.D.s (BME) or the Board of Osteopathic Examination for D.O.s (BOE). The licensure categories available to a physician who retires from active practice are listed below:

1. Active;
2. Retired;
3. Special Volunteer License;
4. Inactive Volunteer License.

Each category has different requirements for practice location, payment of the Tennessee professional privilege tax, and compliance with continuing education requirements. As long as a physician's license is **active**, he/she is responsible for paying the privilege tax and obtaining the required hours of CME, currently set at 40 hours every two years. Two of the license categories above exempt the physician from the privilege tax, but all require compliance with the 40 hours of CME. The four pages that follow this section contain a table that compares the different types of volunteer licenses available to physicians to assist in determining which type best suits the retiring physician.

Please remember that if a physician retires a medical license and obtains a volunteer license, he/she cannot treat, diagnose, write prescriptions or practice medicine on patients in Tennessee unless working as a volunteer physician in a specific type of clinic. Retiring the medical license will **not** allow a physician to treat and write prescriptions for friends and family members with an inactive or volunteer license **unless** the individual is eligible for services at one of the volunteer clinics. Below are links to the appropriate form to retire a license:

[Board of Medical Examiners form](#)

[Board of Osteopathic Examination form](#)

For example, taking a position reviewing insurance compliance and legal case files for remuneration would be considered “the practice of medicine” and would **not** be allowed under a retired license. There is a process to reactivate a retired medical license that may require the physician seeking reinstatement of the medical license to take an examination or appear before the licensing board.

Physicians required to obtain the 40 hours of CME for each license renewal should review TMA’s Law Guide topic titled [Continuing Medical Education](#). The topic explains the requirements of this rule from the licensing boards. Additional information on the professional privilege tax is found in the Law Guide [Professional Privilege Tax](#). The video is only 10 minutes long and provides directions as to how and when to pay the tax.

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Special Volunteer License (passed in 2004)	Special Volunteer License for Out-of-State Practice	Inactive Volunteer License (Inactive Pro Bono Practice) (passed in 1997)	Volunteer Health Care Services Act & Sponsoring Organization (passed in 1995)
§ 63-1-201 et. al. (BME & BOE) Rule 0880-2-.22 (1) (BME) Rule 1050-02-.20 (BOE)	§ 63-1-201 et. al. (BME & BOE) Rule 0880-2-.22(2) (BME) Rule 1050-02-.20 (BOE)	§ 63-6-230 (BME only) Rule 0880-2-.22 (3)	§ 63-6-701 et. al. (BME & BOE) Rule 0880-02-.22 (4) (BME) Rule 1050-02-.20 (2) (BOE)
<p>This license is for a physician that:</p> <p>Has his/her sole practice at a free health clinic;</p> <p>Previously licensed in Tennessee or another state;</p> <p>Never the subject of disciplinary action; and</p> <p>Completes an application and submits relevant documentation as required by the Board of Medical Examiners (BME). BME Application BOE Application not found.</p>	<p>A physician with a retired or inactive license may apply for and receive a special volunteer license for out-of-state practice:</p> <p>Practice only in volunteer service at benevolent or humanitarian service projects locations outside of the state;</p> <p>Previously licensed in Tennessee;</p> <p>Never the subject of disciplinary action;</p> <p>Complete an application and submit relevant documentation as required by the Board of Medical Examiners (BME). BME Application BOE Application not found.</p>	<p>Physician may provide <u>uncompensated care only</u> to patients of 501(c)(3) organizations.</p> <p>Submit Affidavit of Retirement to the licensing board. BME affidavit BOE affidavit</p>	<p>Encourages physician to provide services to patients in remote/rural areas that are typically underserved.</p> <p>Not under a disciplinary order and will not regularly practice.</p> <p>Physician must maintain a current license.</p>

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<p>Submits the specific location of the clinic and proof of the clinic's private and not-for-profit status.</p>	<p>Submit to the Board's administrative office the location and details of the benevolent or humanitarian service projects at which the licensee intends to practice.</p> <p>Unless appropriately licensed elsewhere, a physician holding a Special Volunteer License for Out-of-State Practice may not practice medicine anywhere other than at the benevolent or humanitarian service projects specified in the application.</p>	<p>The 501 (c)(3) organization must submit proof of exemption to BME.</p> <p>Physician must submit a written certification that he/she practices exclusively on the patients of the 501 (c)(3).</p>	
<p>There is no fee to obtain or renew the license.</p>	<p>There is no fee to obtain or renew the license.</p>	<p>\$50 fee must be submitted for licensure inactivation.</p>	<p>A physician may volunteer in Tennessee if he/she has a current license in another state that is comparable to Tennessee.</p>
<p>Exempt from \$400 privilege tax. (T.C.A. § 63-1-202)</p>		<p>Exempt from \$400 privilege tax (§ 67-4-1708(a))</p>	

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Must obtain 40 hours of CME in the 2 years prior to the renewal year.	Must obtain 40 hours of CME in the 2 years prior to the renewal year.	Must obtain 40 hours of CME in the 2 years prior to the renewal year. (Rules 0880-2-.22(3)(c); 0880-2-.19(1)(e))	
The physician may practice <u>only</u> at the clinic specified in the application.			The physician must work for a sponsoring organization that: Has registered with the Department of Health; and Will arrange for the voluntary provision of health care services.
The physician and the clinic may <u>not receive</u> compensation from an individual, third-party payor, health plan, insurance policy or federal or state benefit program for any service rendered.	The physician may not receive any remuneration at the project locations outside of Tennessee.		Patient charges: - No fee - On a sliding scale based on income; or - A fee that is no more than \$50. To receive liability protection, the physician may collect the charges described directly above but must forward it to the sponsoring organization.

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			The physician may not receive compensation or remuneration of any kind.
The license is good for 2 years. A fee will not be charged for the issuance or renewal of the license.			The Act applies to physicians licensed in Tennessee or who practice under an exception to licensure requirements in Tennessee or any other state and who do not “regularly practice in Tennessee” which is defined in T.C.A. § 63-6-703(3) as practicing “for more than 60 days within any 90-day period.”
			Civil Liability A physician who engages in the voluntary provision of health care services within the limits of his/her license to a patient of a sponsoring organization is not liable for any civil damages to a patient except for cases of gross negligence or willful misconduct. The volunteer physician may not receive

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			<p>compensation or consideration of any type for the free patient care.</p> <p>In addition, the physician may not provide the service as part of a training program or assignment and must act within the scope of his/her license.</p> <p>This statute states that a physician seeing a patient on behalf of a sponsoring organization is not liable for civil damages unless he/she commits gross negligence or misconduct.</p>

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LIABILITY CONCERNS

Medical liability insurance companies may have special policies for policyholders who retire from active practice and retain an active medical license for perceived future needs. A discussion with your carrier is important when considering retirement options.

If your liability carrier is SVMIC, call 615-377-1999 for assistance.

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CONTINUING MEDICAL EDUCATION OPPORTUNITIES

Often, hospital medical staff organizations have a special category for their physicians known as Senior Staff. These categories likely allow attendance at general medical staff meetings, use of the medical library, and permission to attend CME courses. Such opportunities allow retired physicians to maintain relationships with their former colleagues. Additionally, keeping acquainted with younger physicians and offering mentoring experiences, when requested, can be rewarding experiences for senior physicians.

The Tennessee Medical Association (TMA) offers dues-free membership to retired physicians and access to discounted rates for CME. Access TMA's online CME by clicking [here](#). If you are still interested in your specific field of medicine, some national specialty organizations offer free attendance at their national meetings.

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OPTIONS FOR THE OFFICIALLY RETIRED PHYSICIAN

- Obtain a volunteer license and work in qualifying clinics.
- Serve on committees for TMA or become more involved in the legislative process by volunteering to serve as Doctor of the Day (Tennessee medical license required) or participating in Doctors' Day on the Hill.
- Teach students, residents and nursing personnel with or without remuneration.
- Discuss symptoms, medical matters and offer medical opinions to facilities or practitioners without remuneration.
- Lecture on medical issues or medical history or write editorials, pamphlets, and books on medical experiences. Sale of such literature is allowable even with a retired medical license.
- Provide service on health care boards and committees of institutions or state agencies. The knowledge from an experienced physician can be most beneficial in the decision-making process of these groups.

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PERSONAL CONSIDERATIONS

When facing major changes such as retiring from active practice, multiple factors should be considered. After all, a physician committed many long and arduous years into attaining that medical license, and this change requires consideration and input from family and other people of importance in one's life. Some, but not all, of those concerns are:

- *Financial-* One of the primary considerations when leaving the practice of medicine must be whether one can meet personal and family financial requirements for the future. For the few, this will be an easy one. For the majority, it will depend on current debts, desires for child education goals, and provisions for family and self for an unknown period. While difficult to predict, there are formulas that offer help. Savings, investments, existing insurance policies, and health provisions all must factor into the decision.
- *Other professional desires or opportunities-* Physicians are intelligent individuals and are capable of achieving success and happiness in many ventures. When these are options and are perceived as maximizing life's opportunities, take the leap. Be sure you are pursuing your personal goals and seize the day. Many businesspeople and athletes succeed in one profession only to move to another with equal acclaim. One example of varying professions is seen in Arty Shaw, the outstanding bandleader and clarinetist of the Big Band era. Shaw left a lucrative music career at the age of 44 and became a renowned marksman competing in the Olympics. He was a writer and novelist, putting his clarinet down and pursuing other interests. Some physicians may have such goals.
- *Emotional attachments to the profession-* Certainly one easily becomes attached to the practice of medicine. It is difficult to step away from what has become a major part of one's persona. Some feel strongly attached, and retirement becomes an emotional separation. For those, there are many options as listed above. Often, continued association with those still active can be rewarding. The experience and wisdom gained through years of practice produce the ideal mentoring position for the next generation. Take that road-fork when available.
- *Travel and expanded avocations-* Many physicians, as informed individuals, will see retirement as the opportunity for world travel and expanded education of worldly cultures. This is that opportunity. One must consider age and health if travel is planned, and certainly more enjoyment can be obtained when health factors are not an issue. While ventures such as golf, tennis, woodworking, and music are not entirely capable of filling one's life spectrum, they can be important and satisfying. Retirement is a time for polishing those talents and participating with others whose interests are similar. When these pursuits merge with family members such as a spouse, a true gift is given.

- *Family concerns-* In some circumstances, family needs factor into a decision for retirement. The health of a spouse may be a major consideration. Children's situations may need time and attention. Often the circumstances of parents require life changes and time dedication. These can be important considerations for the one contemplating retirement. If such issues are in the near future, one may wish to enter them into the decision-making process.
- *Religious concerns-* Many physicians hold a deep commitment to their religion. During practice years they perhaps have devoted time to their faith. Retirement can be a time when greater emphasis can be given to such interests. Mission work of many varieties is available to the retired physician and can offer benefits to both the individual giving and the ones receiving. Visitation and working with aging or impaired church members is an excellent activity for the physician who is very familiar with health requirements.
- *Collegial interaction-* Some years ago, a wise physician commented that his physician father found that he had no male friends and no active hobbies after retiring from medical practice. Therefore, his senior years were less than ideal. This individual promised that such would not be the case for him. He invested in motorcycle riding and joined with others having the same interest. This led to an increased base of friendship outside medical practice. While few physicians may choose motorcycling as their hobby, it does accomplish the goal of achieving skills and friends along with activities that may last for years. Many activities will accomplish that goal, but they take time and attention to maximize the desired result. Lunch groups, golf foursomes, shooting clubs, fishing buddies and tennis partners can achieve the same end product. Keeping active with others is a healthy prescription for us all. Human interaction leads to increased happiness no matter what the format.

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CLOSING THE PRACTICE OR SELLING THE PRACTICE

When the type, location and extent of practice in retirement is determined based on one's personal preference, the physician will need to determine which state licenses, insurance plan contracts, etc. are required to facilitate the type of practice chosen. It should be noted that maintenance of the DEA number is required for controlled drug prescriptions written and for HIPAA compliance and should be deactivated only on complete cessation of practice. The release of unneeded licenses simplifies administrative activity in retirement and, depending on the state involved, may save a variable amount of money.

TMA has developed a checklist of items a physician should follow when closing a practice. It is included in this manual as Attachment 1. Attachment 2 is a template letter that can be used to notify patients when a physician closes a practice. Attachment 3 addresses the proper disposal of controlled substances.

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REACTIVATE A RETIRED LICENSE – [Attachment 4](#)

Should a physician retire a license when closing a practice and later determines that he/she would like to reactivate it, there are steps that must be followed. The Board of Medical Examiners, licensing board for medical doctors, has a policy in the form of a flow chart to assist in the process of reactivating a medical license when the physician has been out of practice for more than two years.

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CONCLUSION

While the discussions above are only a few of the pursuits and concerns for the retiring physician, they may provide some insight into the future lifestyles available. Hopefully, they will provide an outline for official retirement and will serve to answer some questions about a new segment of life. Retirement years have been mislabeled and misrepresented in our culture in many respects. Indeed, retirement simply represents a new phase in life for physicians. The original age requirement of 65 years was a decision arbitrarily made by Otto von Bismarck in 1880. He figured no worker was likely to live that long in the early 19th century, thus not a costly expense for a socialist government. Recent predictions proclaim an increase in the number of American centenarians to be on the rise today. This is coupled with an increased average life expectancy in Western nations. Wise preparation and careful practices can lead to the completion of a life of fulfillment.

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Attachment 1

CLOSING A MEDICAL PRACTICE

I) One Year Before Closure

A) Office Space

1) Space Leased by Physician:

(a) Review the office lease for specifics on termination.

2) Space Owned by Physician:

(a) Consult with advisors to determine if property should be maintained or sold.

3) Space Leased to Another Physician

(a) Leases need to be reviewed for termination or transfer to new owner.

B) Contact attorney and accountant

C) Look at accounts receivable and the possibility of aging. Speed up collection process.

II) Six Months Before Closure

A) Medical Record Retention - Board of Medical Examiners Rule 0880-02-.15 and Board of Osteopathic Examination Rule 1050-02-.18

1) Retention of Medical Records – Medical records shall be retained for a period of not less than 10 years from the physician's or his/her supervisees' last professional contact with the patient except for the following:

(a) Immunization records shall be retained indefinitely.

(b) Medical records for incompetent patients shall be retained indefinitely.

(c) X-rays, radiographs and other imaging products shall be retained for at least 4 years after which if there exist separate interpretive records thereof they may be destroyed. However, mammography imaging and reports shall be maintained for ten years.

(d) Medical records of minors shall be retained for a period of 1 year after the minor reaches the age of majority or 10 years after the date from physician's or his/her supervisees' last professional contact with the patient, whichever is longer.

(e) Notwithstanding the foregoing, no medical record involving services that are currently under dispute shall be destroyed until the dispute is resolved.

2) Where to maintain the medical records?

- (a) If selling the practice, the records may go to the physician purchasing the practice.
- (b) If closing the practice, the records will need to be stored and the location of such storage needs to be determined. Keep in mind that many patients will need access to copies of their records so they need to be easily retrievable.

3) Require that the patient or the patient's personal representative sign a HIPAA compliant authorization for the release of the medical records.

4) Destruction of Medical Records

- (a) No medical record shall be singled out for destruction other than in accordance with established office operating procedures.
- (b) Records shall be destroyed only in the ordinary course of business according to established office operating procedures that are consistent with these rules.
- (c) Records may be destroyed by burning, shredding, or other effective methods in keeping with the confidential nature of the records.
- (d) When records are destroyed, the time, date and circumstances of the destruction shall be recorded and maintained for future reference. The record of destruction need not list the individual patient medical records that were destroyed but shall be sufficient to identify which group of destroyed records contained a particular patient's medical records.

B) Administrative Records

- 1) Malpractice policies, corporation/practice documents, and liability policies should be maintained indefinitely.
- 2) Contact your attorney and/or accountant regarding retention of business records (billing slips, encounter forms, accounts receivable, remittance advices from insurance payors), bank records, employment records, tax records and legal documents.

C) Health Insurance Plan Contracts

- 1) Check all your participating provider agreements for all payors to determine the method for termination of contract.

III) Three Months Before Closure

A) Patient Notification

- 1) Patient Letter (Board of Medical Examiners Rules - 0880-02-.15)
 - (a) Patients must be notified of the closure of a practice when a physician retires/closes the practice. This notification must be provided by the physician or his/her authorized representative. The notification should be prepared and sent to active patients (those

seen within the last 36 months, except for patients with fewer than two office visits within the immediately preceding 18 months).

(b) Letter should include (see Attachment 2 for a sample letter):

- (i) Date of closure
- (ii) List of recommended physicians (if known)
- (iii) An authorization to release records
- (iv) How copies of medical records may be accessed by patients once practice is closed.

(c) Keep a copy of the letter, the mailing list and returned envelopes.

2) Advertisement in local paper regarding office closure (optional).

B) Office Equipment and Furniture

1) Sources for the sale or donation of office equipment and furniture should be explored.

C) Peer Group Letter

1) A letter may be prepared and sent to any of the physician's peer groups (local community physicians, physicians that refer patients to the closing practice.)

D) Miscellaneous Letters (Operations/Maintenance)

- 1) Utility Companies (gas, water, sewer, electricity, etc.)
- 2) Telephone
- 3) Answering service (you may continue to maintain 60-90 days after closing date.)
- 4) Janitorial service
- 5) Linen service
- 6) Landscaping service
- 7) Plant service
- 8) Vending machine service company
- 9) Medical equipment maintenance vendors
- 10) Biohazard removal service
- 11) Uniform or uniform cleaner vendor

E) Office Staff

- 1) Inform the staff of the plan to close the practice.
- 2) One staff member may be needed 60-90 days after practice is closed.

F) Bank Accounts

1) Accounts will probably need to remain open for at least 90 days after practice is closed.

(a) Accounts payable need to be resolved.

(b) Final bills need to be paid.

G) Drug Disposal

1) Destruction of Controlled Substance in Practitioner's Inventory

(a) The Drug Enforcement Administration (DEA) is responsible for enforcement of the Controlled Substances Act. The DEA published rules in Part 1317 of the Code of Federal Regulations that cover disposal of a controlled substance in a registered practitioner's inventory. Disposal may be accomplished in the following ways:

- (i) On-site destruction;
- (ii) Delivered to or picked up by a reverse distributor;
 - (A) Contact one of the [Tennessee DEA offices](#) for a list of reverse distributors.
- (iii) Return to the manufacturer if a return or recall; or
- (iv) Request assistance from the DEA Special Agent in Charge in the area of the practice's location.
 - (A) DEA Form 41 must be used
 - (B) Contact information for the [Tennessee DEA offices](#)

(b) If a registrant chooses to destroy controlled substances, the method of destruction must render any controlled substance non-retrievable. Destruction procedures are addressed in a rule from the federal government that is found at 21 C.F.R. § 1317.05.

(c) Controlled Substance Considered Pharmaceutical Waste

- (i) When a medicine is administered to a patient and there is some leftover, it is no longer considered part of the practitioner's inventory. It is now considered pharmaceutical waste. The DEA discusses wastage in a [letter to registrants in 2014](#) and states "If that substance is not fully exhausted (e.g., some of the substance remains in a vial, tube, or syringe after administration but cannot or may not be further utilized), then the DEA registrant is obligated to destroy the remaining, unusable controlled substances. The DEA registrant shall not place such remaining, unusable controlled substance in a collection receptacle as a means of disposal." The letter goes on to state that after administration to a patient, any remaining substance is not required to be destroyed in accordance with Part 1317 but should be destroyed in accordance with 21 C.F.R. § 1304.22 (see Attachment 3). The DEA also strongly encourages all to adhere to security controls and procedures so that any wastage is not diverted. The letter cites an example of security and control is to have two individuals witness the destruction of wastage.

2) Non-Controlled Substances

(a) The Food and Drug Administration and the White House Office of National Drug Control Policy developed federal guidelines on how to dispose of unused medicines.

- (i) Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
- (ii) Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The U.S. Drug Enforcement Administration, working with state and local law enforcement agencies, periodically sponsors National Prescription Drug Take-Back Days.
- (iii) If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps.
 - 1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
 - 2. Place the mixture in a sealable bag, empty can, or other container to prevent the drug from leaking or breaking out of a garbage bag.

(b) In 2015, the TMA Legal Department spoke with Kathy Glapa at the Tennessee Department of Environment and Conservation and Reginald Dilliard at the Tennessee Board of Pharmacy, and they both said that Tennessee does not have any regulations regarding the disposal of non-controlled substances. Mr. Dilliard said that the federal rules should be followed when destroying controlled substances.

3) The Tennessee General Assembly passed the Ensuring Patient Access to Pharmacy Drug Disposal Programs Act that is effective on July 1, 2015. Any Tennessee-licensed pharmacy located within this state is authorized to participate in a pharmacy drug disposal program that meets or exceeds the minimum requirements set forth in federal rules and regulations regarding collection and destruction of prescription drugs, including controlled and non-controlled substances. The Board of Pharmacy will promulgate rules to implement this law and will also maintain a list of Tennessee-licensed pharmacies located within this state that participate in pharmacy drug disposal programs.

H) Professional Liability Coverage

- 1) Inform your medical malpractice carrier of the intent to close the practice and the physician's plans (no longer practice, locum tenens, new practice, etc.)
- 2) Depending on the type of policy, arrangements may be needed for tail coverage.

I) Creditors

- 1) Notify all creditors of closure in writing.
 - (a) Request a final bill.
- 2) Keep a record of all correspondence with creditors.

IV) One Month Before Closure

A) Mail Change of Address

1) File a change of address form with Post Office.

B) Change address or cancel subscriptions with all periodicals, journals, etc.

C) Notify Board of Medical Examiners or the Board of Osteopathic Examination of your new address or if you wish to retire your medical license. The licensing board needs your correct address if you will maintain an active license.

1) A downloadable form for both is available by going to:

- (a) BME: <http://health.state.tn.us/boards/Me/applications.htm> or
BOE: <http://health.state.tn.us/boards/Osteo/applications.htm>;
- (b) Click on Name and Address Change Form or Affidavit of Retirement; OR
- (c) You may update your license address information on-line by clicking [here](#).

D) Controlled Substance Monitoring Database

- 1) Log onto your account and update your current address in the settings section of the database.
- 2) The licensing board notifies the database once it processes the paperwork to retire an active medical license.
- 3) The database allows a supervising physician at any time the opportunity to review, accept, and update the existence of a supervisory relationship between the physician and an Advanced Practice Registered Nurse or Physician Assistant.

E) Professional Privilege Tax

1) Call Center - (615) 253-0600 to change address.

F) Mandatory Profile Practitioner Questionnaire

1) Also referred to as Health Care Consumer Right-to-Know Act of 1998.

(a) Any changes to the practitioner profile must be made within 30 days and sent to:

Healthcare Provider Information Manager, Tennessee Department of Health, Division of Health Related Boards, 227 French Landing Drive, Suite 300, Nashville, TN 37243, (888) 310-4650 or (615) 532-3202

G) Contact information for DEA License

- 1) [Change your address on-line.](#)
- 2) Call the DEA at (800) 771-9539 for instructions on how to change your address.

H) Professional Organizations

- 1) Local and State Medical Society (TMA Membership Department (800) 659-1862)
- 2) American Medical Association
- 3) Specialty Society – board certification

I) Magazines

J) Hospitals and Insurance Plans

- 1) Notify all hospitals where the physician has staff privileges.
- 2) National Provider Identifier (NPI) - Change the address in the [NPPES system](#) within 30 days of the effective date of the change.
- 3) TennCare Plans – Contact each plan that the physician participates in for its change of address instructions. This information may also be included in the Participating Provider Agreement and/or the plan’s Provider Manual.
- 4) Medicaid address change form: <http://www.tn.gov/tenncare/pro-misc.shtml>
- 5) Medicare
 - (a) Change address in [PECOS](#).
 - (b) Change payment assignment in PECOS (if applicable).
 - (c) Medicare enrollment application and EFT form – <http://www.cahabagba.com/forms/part-b-medicare-forms/>
- 6) Commercial Plans - Contact each plan that the physician participates in for its change of address instructions. This information may also be included in the Participating Provider Agreement and/or the plan’s Provider Manual.

V) After Final Patient Is Seen

- A) Destroy remaining prescription pads.
- B) Keep narcotics ledger for a minimum of 2 years.
- C) Fulfill all requirements of drug disposal.

Attachment 2

SAMPLE LETTER

Dear (Patient Name):

At this time I would like to inform you that I will no longer be able to attend to you as your physician because (reason).

- I am retiring/moving out of area (effective date).
- I am closing my practice (effective date).

This letter is to advise you that I will no longer provide medical services to you after (date – usually 30 days after date of letter to give the patient time to find another physician.) I will continue to treat you and provide medical services to you until (above date.) I have enclosed an authorization to release medical records for you to complete so that you can have your records forwarded to your new physician.

Please choose a new physician promptly and place yourself under his/her care. [If patient has a condition that necessitates follow up also state: Your current condition requires follow up and I encourage you to find a new physician promptly to continue this care.]

Sincerely,

Physician Name

Attachment 3

§ 1304.22 Records for manufacturers, distributors, dispensers, researchers, importers, exporters, registrants that reverse distribute, and collectors.

Each person registered or authorized (by §§ 1301.13(e), 1307.11, 1307.13, or part 1317 of this chapter) to manufacture, distribute, dispense, import, export, reverse distribute, destroy, conduct research with controlled substances, or collect controlled substances from ultimate users, shall maintain records with the information listed in paragraphs (a) through (f) of this section.

(a) Records for manufacturers. Each person registered or authorized to manufacture controlled substances shall maintain records with the following information:

- (1) For each controlled substance in bulk form to be used in, or capable of use in, or being used in, the manufacture of the same or other controlled or noncontrolled substances in finished form,
 - (i) The name of the substance;
 - (ii) The quantity manufactured in bulk form by the registrant, including the date, quantity and batch or other identifying number of each batch manufactured;
 - (iii) The quantity received from other persons, including the date and quantity of each receipt and the name, address, and registration number of the other person from whom the substance was received;
 - (iv) The quantity imported directly by the registrant (under a registration as an importer) for use in manufacture by him/her, including the date, quantity, and import permit or declaration number for each importation;
 - (v) The quantity used to manufacture the same substance in finished form, including:
 - (A) The date and batch or other identifying number of each manufacture;
 - (B) The quantity used in the manufacture;
 - (C) The finished form (e.g., 10–milligram tablets or 10–milligram concentration per fluid ounce or milliliter);
 - (D) The number of units of finished form manufactured;
 - (E) The quantity used in quality control;
 - (F) The quantity lost during manufacturing and the causes therefore, if known;
 - (G) The total quantity of the substance contained in the finished form;
 - (H) The theoretical and actual yields; and
 - (I) Such other information as is necessary to account for all controlled substances used in the manufacturing process;
 - (vi) The quantity used to manufacture other controlled and noncontrolled substances, including the name of each substance manufactured and the information required in paragraph (a)(1)(v) of this section;
 - (vii) The quantity distributed in bulk form to other persons, including the date and quantity of each distribution and the name, address, and registration number of each person to whom a distribution was made;
 - (viii) The quantity exported directly by the registrant (under a registration as an exporter), including the date, quantity, and export permit or declaration number of each exportation;
 - (ix) The quantity distributed or disposed of in any other manner by the registrant (e.g., by distribution of complimentary samples or by destruction), including the date and manner of distribution or disposal, the name, address, and registration number of the person to whom distributed, and the quantity distributed or disposed; and

(x) The originals of all written certifications of available procurement quotas submitted by other persons (as required by § 1303.12(f) of this chapter) relating to each order requiring the distribution of a basic class of controlled substance listed in Schedule I or II.

(2) For each controlled substance in finished form,

(i) The name of the substance;

(ii) Each finished form (e.g., 10–milligram tablet or 10–milligram concentration per fluid ounce or milliliter) and the number of units or volume of finished form in each commercial container (e.g., 100–tablet bottle or 3–milliliter vial);

(iii) The number of containers of each such commercial finished form manufactured from bulk form by the registrant, including the information required pursuant to paragraph (a)(1)(v) of this section;

(iv) The number of units of finished forms and/or commercial containers acquired from other persons, including the date of and number of units and/or commercial containers in each acquisition to inventory and the name, address, and registration number of the person from whom the units were acquired;

(v) The number of units of finished forms and/or commercial containers imported directly by the person (under a registration or authorization to import), including the date of, the number of units and/or commercial containers in, and the import permit or declaration number for, each importation;

(vi) The number of units and/or commercial containers manufactured by the registrant from units in finished form received from others or imported, including:

(A) The date and batch or other identifying number of each manufacture;

(B) The operation performed (e.g., repackaging or relabeling);

(C) The number of units of finished form used in the manufacture, the number manufactured and the number lost during manufacture, with the causes for such losses, if known; and

(D) Such other information as is necessary to account for all controlled substances used in the manufacturing process;

(vii) The number of commercial containers distributed to other persons, including the date of and number of containers in each reduction from inventory, and the name, address, and registration number of the person to whom the containers were distributed;

(viii) The number of commercial containers exported directly by the registrant (under a registration as an exporter), including the date, number of containers and export permit or declaration number for each exportation; and

(ix) The number of units of finished forms and/or commercial containers distributed or disposed of in any other manner by the registrant (e.g., by distribution of complimentary samples or by destruction), including the date and manner of distribution or disposal, the name, address, and registration number of the person to whom distributed, and the quantity in finished form distributed or disposed.

(b) Records for distributors. Except as provided in paragraph (e) of this section, each person registered or authorized to distribute controlled substances shall maintain records with the same information required of manufacturers pursuant to paragraphs (a)(2)(i), (ii), (iv), (v), (vii), (viii) and (ix) of this section.

(c) Records for dispensers and researchers. Each person registered or authorized to dispense or conduct research with controlled substances shall maintain records with the same information required of manufacturers pursuant to paragraph (a)(2)(i), (ii), (iv), (vii), and (ix) of this section. In addition, records shall be maintained of the number of units or volume of such finished form dispensed, including the name and address of the person to whom it was dispensed, the date of dispensing, the number of units or volume dispensed, and the written or typewritten name or initials of the individual who dispensed or administered the substance on behalf of the dispenser. In addition to the requirements of this

paragraph, practitioners dispensing gamma-hydroxybutyric acid under a prescription must also comply with § 1304.26.

(d) Records for importers and exporters. Each person registered or authorized to import or export controlled substances shall maintain records with the same information required of manufacturers pursuant to paragraphs (a)(2) (i), (iv), (v) and (vii) of this section. In addition, the quantity disposed of in any other manner by the registrant (except quantities used in manufacturing by an importer under a registration as a manufacturer), which quantities are to be recorded pursuant to paragraphs (a)(1) (iv) and (v) of this section; and the quantity (or number of units or volume in finished form) exported, including the date, quantity (or number of units or volume), and the export permit or declaration number for each exportation, but excluding all quantities (and number of units and volumes) manufactured by an exporter under a registration as a manufacturer, which quantities (and numbers of units and volumes) are to be recorded pursuant to paragraphs (a)(1)(xiii) or (a)(2)(xiii) of this section.

(e) Records for registrants that reverse distribute. Each person registered or authorized to reverse distribute controlled substances shall maintain records with the following information for each controlled substance:

(1) For controlled substances acquired for the purpose of return or recall to the manufacturer or another registrant authorized by the manufacturer to accept returns on the manufacturer's behalf pursuant to part 1317 of this chapter:

(i) The date of receipt; the name and quantity of each controlled substance received; the name, address, and registration number of the person from whom the substance was received; and the reason for return (e.g., recall or return); and

(ii) The date of return to the manufacturer or other registrant authorized by the manufacturer to accept returns on the manufacturer's behalf; the name and quantity of each controlled substance returned; the name, address, and registration number of the person from whom the substance was received; the name, address, and registration number of the registrant to whom the substance was returned; and the method of return (e.g., common or contract carrier).

(2) For controlled substances acquired from registrant inventory for destruction pursuant to § 1317.05(a)(2), (b)(2), and (b)(4) of this chapter:

(i) The date of receipt; the name and quantity of each controlled substance received; and the name, address, and registration number of the person from whom the substance was received; and

(ii) The date, place, and method of destruction; the name and quantity of each controlled substance destroyed; the name, address, and registration number of the person from whom the substance was received; and the name and signatures of the two employees of the registrant that witnessed the destruction.

(3) The total quantity of each controlled substance shall be recorded in accordance with the following:

(i) For controlled substances in bulk form: To the nearest metric unit weight or volume consistent with unit size;

(ii) For controlled substances in finished form: Each finished form (e.g., 10–milligram tablet or 10–milligram concentration per fluid ounce or milliliter); the number of units or volume of finished form in each commercial container (e.g., 100–tablet bottle or 3–milliliter vial); and the number of commercial containers of each such finished form (e.g., four 100–tablet bottles or six 3–milliliter vials); and

(iii) For controlled substances in a commercial container, carton, crate, drum, or other receptacle that has been opened: If the substance is listed in Schedule I or II make an exact count or measure of the contents; or if the substance is listed in Schedule III, IV, or V, make an estimated count or measure of the contents, unless the container holds more than 1,000 tablets or capsules in which case an exact count of the contents shall be made.

(4) For each sealed inner liner acquired from collectors or law enforcement and each sealed mail-back package acquired from law enforcement pursuant to § 1317.55 of this chapter:

(i) The number of sealed inner liners acquired from other persons, including the date of acquisition, the number and, for sealed inner liners the size (e.g., five 10-gallon liners, etc.), of all sealed inner liners and mail-back packages acquired to inventory, the unique identification number of each sealed inner liner and mail-back package, and the name, address, and, for registrants, the registration number of the person from whom the sealed inner liners and mail-back packages were received, and
(ii) The date, place, and method of destruction; the number of sealed inner liners and mail-back packages destroyed; the name, address, and, for registrants, the registration number of the person from whom the sealed inner liners and mail-back packages were received; the number and, for sealed inner liners the size (e.g., five 10-gallon liners, etc.), of all sealed inner liners and mail-back packages destroyed; the unique identification number of each sealed inner liner and sealed mail-back package destroyed; and the name and signatures of the two employees of the registrant that witnessed the destruction.

(5) For all records, the record of receipt shall be maintained together with the corresponding record of return or destruction (DEA Form 41).

(f) Records for collectors. Each person registered or authorized to collect controlled substances from ultimate users shall maintain the following records:

(1) Mail-Back Packages:

(i) For unused packages that the collector makes available to ultimate users and other authorized non-registrants at the collector's registered address: The date made available, the number of packages, and the unique identification number of each package;

(ii) For unused packages provided to a third party to make available to ultimate users and other authorized non-registrants: The name of the third party and physical address of the location receiving the unused packages, date sent, and the number of unused packages sent with the corresponding unique identification numbers;

(iii) For sealed mail-back packages received by the collector: Date of receipt and the unique identification number on the individual package; and

(iv) For sealed mail-back packages destroyed on-site by the collector: Number of sealed mail-back packages destroyed, the date and method of destruction, the unique identification number of each mail-back package destroyed, and the names and signatures of the two employees of the registrant who witnessed the destruction.

(2) Collection receptacle inner liners:

(i) Date each unused inner liner acquired, unique identification number and size (e.g., 5-gallon, 10-gallon, etc.) of each unused inner liner acquired;

- (ii) Date each inner liner is installed, the address of the location where each inner liner is installed, the unique identification number and size (e.g., 5-gallon, 10-gallon, etc.) of each installed inner liner, the registration number of the collector, and the names and signatures of the two employees that witnessed each installation;
- (iii) Date each inner liner is removed and sealed, the address of the location from which each inner liner is removed, the unique identification number and size (e.g., 5-gallon, 10-gallon, etc.) of each inner liner removed, the registration number of the collector, and the names and signatures of the two employees that witnessed each removal;
- (iv) Date each sealed inner liner is transferred to storage, the unique identification number and size (e.g., 5-gallon, 10-gallon, etc.) of each sealed inner liner stored, and the names and signatures of the two employees that transferred each sealed inner liner to storage;
- (v) Date each sealed inner liner is transferred for destruction, the address and registration number of the reverse distributor or distributor to whom each sealed inner liner was transferred, the unique identification number and the size (e.g., 5-gallon, 10-gallon, etc.) of each sealed inner liner transferred, and the names and signatures of the two employees that transferred each sealed inner liner to the reverse distributor or distributor; and
- (vi) For sealed inner liners destroyed on-site by the collector: The same information required of reverse distributors in paragraph (e)(4)(ii) of this section.

[Return to TOC](#)

Attachment 4 – [Link to Reentry Diagram on BME’s Website](#)

NOTE TO THE READER: This document is offered for informational purposes only and is not a substitute for Board deliberation and/or action on a specific application. You should not attempt to remediate without prior Board approval.

